



## UNGAVA TULATTAVIK HEALTH CENTER CENTRE DE SANTÉ TULATTAVIK DE L'UNGAVA

2024  
2025

# Annual Management Report

## Ungava Tulattavik Health Center

## **Coordination**

Executive Direction

Performance, Business Intelligence and Advanced Analytics

Communications Department

## **Ungava Tulattavik Health Center**

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# Message from the President of the Board of Directors and the Executive Director

As we close another chapter in Ungava Tulattavik Health Center (UTHC)'s history, we are filled with deep pride and gratitude. The past year has once again demonstrated the strength, compassion, and extraordinary resilience of our teams. Faced with ever-changing challenges and growing needs, our employees have remained true to their mission to serve, care for, and comfort.

From the heart of our hospitals to the far reaches of our communities, the work accomplished by our staff is nothing short of remarkable. They are caregivers, advocates, and protectors. They provide solutions to ensure the well-being of Nunavimmiut, comfort in times of uncertainty, hope in challenging times, and dignity to those who need it most. Their dedication is not only a reflection of their professional excellence, but also a testament to the human spirit.

We are particularly proud of how our teams continue to adapt and innovate. Whether through new approaches to care, enhanced collaboration between services, or the integration of culturally sensitive

practices, our employees are shaping a proactive, inclusive, and forward-looking social and health services network. Their work is rooted in respect for the diversity of the realities of the people they serve and in a shared commitment to equity and accessibility.

To the users, individuals, families, and communities who place their trust in us, we thank you. Your voices guide our decisions, your experiences shape our services, and your courage inspires our efforts. We are here because of you. We are here for you. Every action we take is based on the belief that everyone deserves compassionate care, regardless of their circumstances.

This year was also a period of reflection and renewal. We took important steps to strengthen our organizational culture, support the well-being of our staff, and reinforce our values of collaboration, transparency, and accountability. These efforts are essential to building a sustainable future for our health center, where every employee feels valued and every user feels heard.

Looking ahead, we remain committed to continuous improvement. We know that the road ahead will require creativity, resilience, and unity. But we are confident that together, we will rise to the occasion. The strength of our network lies in the people who make it thrive, and with such dedicated individuals at every level, the future is full of promise.

To each member of our team: thank you for your tireless work, compassion, and courage. To our users: thank you for your trust and partnership. It is a privilege to walk this path with you.

With our sincere gratitude,

Original signed by

**Claude Gadbois**  
President of the Board of Directors

Original signed by

**Larry Watt**  
Executive Director

# Declaration of Data Reliability

Ungava Tulattavik Health Center's Executive Direction assumes full responsibility for the information presented in this annual management report. Throughout the fiscal year, effective information systems and control mechanisms were maintained to ensure that established objectives were met.

During the year, UTHC continued to develop tools and use its information systems to support the orientations of the various departments and promote collaboration with its partners.

The results presented in the 2024-2025 management report aim to:

- Illustrate the actions taken and services offered to the population by UTHC.
- Define the objectives and targets that will guide our future actions in the face of upcoming challenges.
- Provide reliable, accurate, and representative data.

The data presented in this annual management report reflects the Ungava Tulattavik Health Center's situation as of March 31, 2025.

Original signed by

**Larry Watt**  
Executive Director

# Organization and Territory Description

## Mission

To provide safe, accessible, quality health and social services to the seven communities of the Ungava Bay coast, and rehabilitation services to the fourteen communities of Nunavik.

## Commitments

- Offer quality services.
- Respect users' culture, spirituality, and social values.
- Provide on-the-job training and mentoring for Inuit staff.
- Give Inuit priority access to jobs.
- Recognize cultural diversity as a major strength of our teams.
- Remain alert to opportunities for collaboration with partners and the community.
- Make cultural consultants or interpreters available whenever necessary.
- Offer the best possible accessibility to our services to users in the territory we serve.
- Contribute to improving living conditions for the people of Nunavik.

## Youth, a Priority

UTHC advocates prevention and places particular importance on youth development. Some 60% of Nunavik residents are under the age of 30, and 34% are under 14. That is why, over the past few years, UTHC has set up several programs designed to identify needs early on and ensure effective care for both young people and their parents.

We emphasize on-the-job training and mentoring for Inuit staff, as well as preferential access to employment. To achieve this goal, several practical training courses are offered on site in Nunavik, including midwifery, administrative technician, community worker, educator, manager, beneficiary attendant, pharmacy technical assistant, etc.

We believe that cultural diversity is a great strength of our teams and enables us to contribute to improving the lives of the people of Nunavik.

## Aging Population

The population of Nunavik, and more specifically that of the Ungava region, is constantly growing.

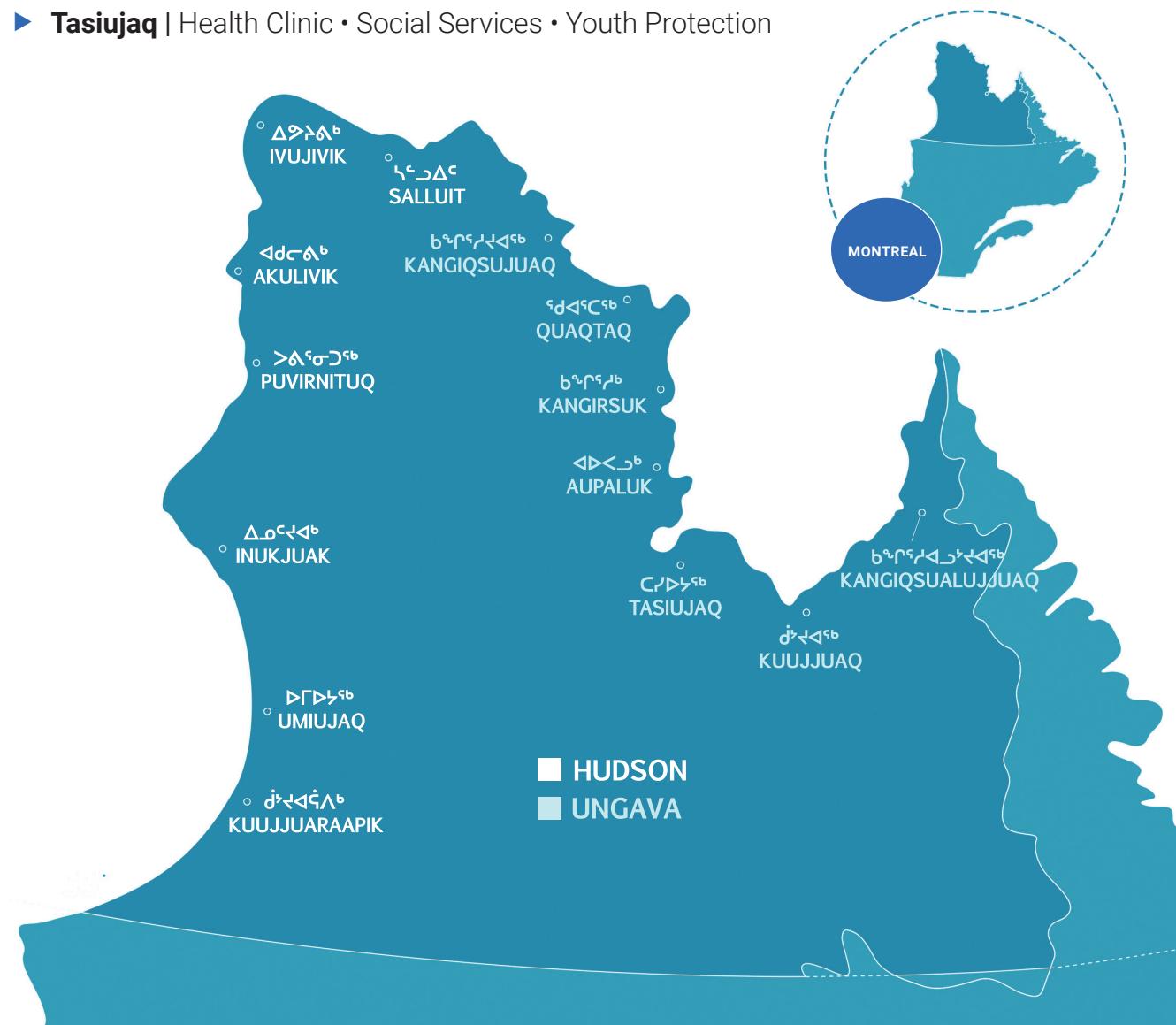
Between 2001 and 2024, Ungava's population increased by 69%. This growth has been accompanied by a gradual aging of the population, thanks to improvements in health care and increased life expectancy.

The proportion of people aged 65 and over has doubled, from 3% in 2001 to 6% in 2024.

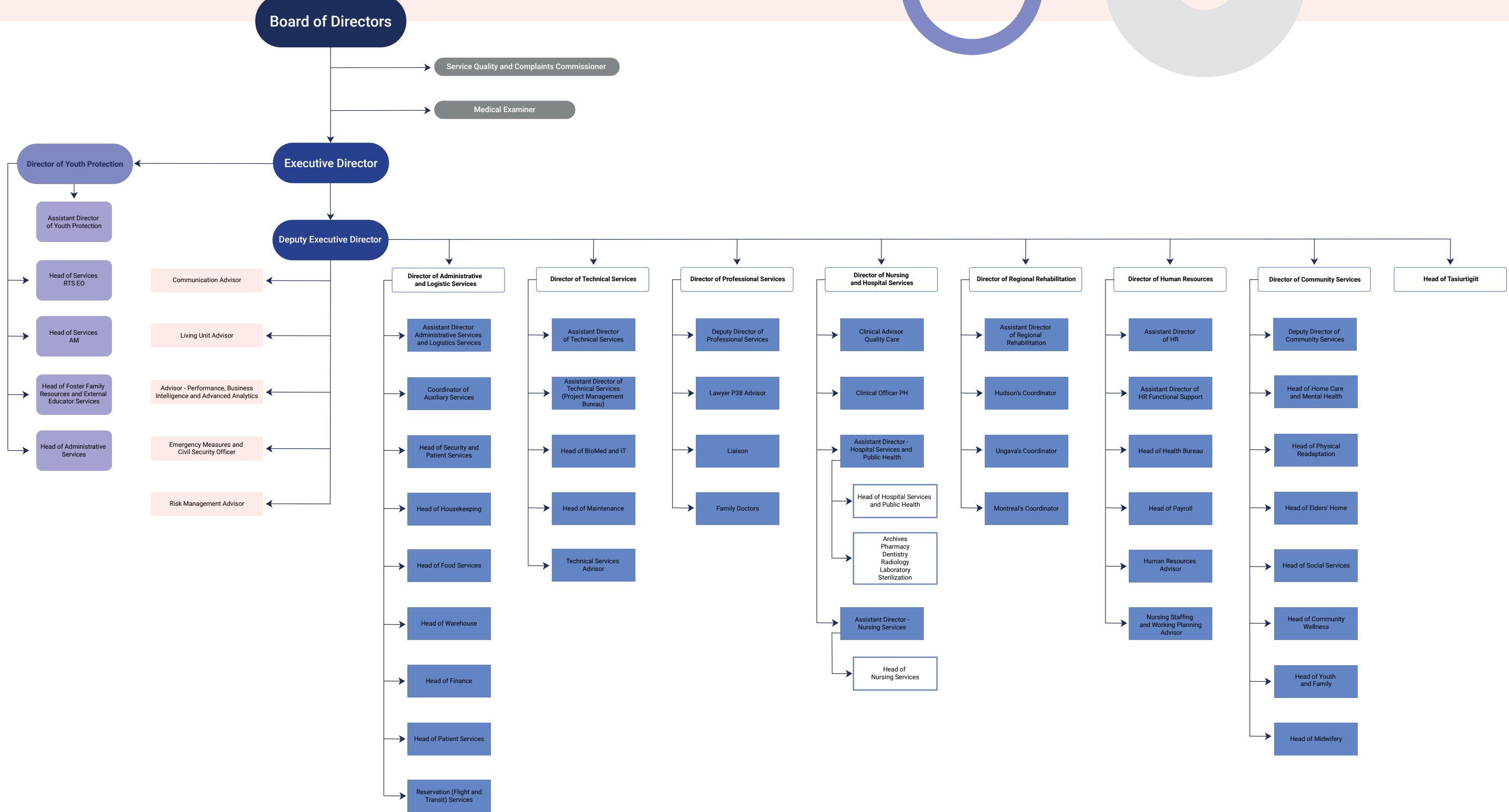
This demographic aging is prompting the region to adapt and expand its services for seniors. This includes the development of safe and adapted spaces that can accommodate seniors in optimal conditions and offer them quality services.

UTHC has the following facilities to serve the population throughout Nunavik:

- ▶ **Aupaluk** | Health Clinic • Social Services • Youth Protection
- ▶ **Inukjuaq** | Reception Center for young persons with adjustment problems
- ▶ **Kangiqsualujuaq** | Health Clinic • Social Services • Youth Protection
- ▶ **Kangiqsujuaq** | Health Clinic • Social Services • Youth Protection
- ▶ **Kangirsuk** | Health Clinic • Social Services • Youth Protection
- ▶ **Kuujjuaq** | Health Clinic • Social Services • Youth Protection • Hospital Mission • Reception Center for young persons with adjustment problems • Group Homes
- ▶ **Kuujjuaraapik** | Group Home
- ▶ **Montreal** | Reception Centers
- ▶ **Puvirnituq** | Group Home
- ▶ **Quaqtaq** | Health Clinic • Social Services • Youth Protection
- ▶ **Tasiujaq** | Health Clinic • Social Services • Youth Protection



# Organization Chart



# Committees

## EXECUTIVE COMMITTEE

Claude Gadbois	Chair
Sarah Airo	Vice-Chair
Patrick Tassé	Corporate Secretary
Johnny Jr. May	Executive Member
Larry Watt	Executive Director

## AUDIT COMMITTEE

Claude Gadbois	Chair
Sheila Ningiuvik	Quaqtaq Representative
Pasha Berthe	Tasiujaq Representative
Johnny Jr. May	Community Sector Representative
Eva Kauki Gordon	Kativik Ilisarniliriniq (KI) Representative

## WATCHDOG & QUALITY SERVICE COMMITTEE

Claude Gadbois	Chair
Lizzie Johannes	Quality Service & Complaint Commissioner
Larry Shea	User Committee Representative
Larry Watt	Executive Director
Annie Akpahatak	Aupaluk Representative

## GOVERNANCE & ETHICS COMMITTEE

Claude Gadbois	Chair
Pasha Berthe	Community Representative
Kitty Johannes	Employee Representative
Patrick Tassé	Employee Representative
Larry Shea	User Committee Representative
Joyce Morin	Employee Representative

## RISK MANAGEMENT & INFECTION PREVENTION COMMITTEE

Larry Watt	Executive Director
Larry Shea	User Representative

## USER COMMITTEE

Larry Shea	User Representative
Sheila Ningiuvik	Quaqtaq Representative
Annie Akpahatak	Aupaluk Representative
Eva Kauki Gordon	Kativik Ilisarniliriniq (KI) Representative

# List of Acronyms

<b>AM</b>	Application of Measures
<b>CLSC</b>	Local Community Services Center
<b>CMDPSF</b>	Council of Physicians, Dentists, Pharmacists and Midwives
<b>CSN</b>	Confederation of National Trade Unions
<b>DCS</b>	Direction of Community Services
<b>DHS</b>	Direction of Hospital Services
<b>DNS</b>	Direction of Nursing Services
<b>DPS</b>	Direction of Professional Services
<b>DTS</b>	Direction of Technical Services
<b>DYP</b>	Direction of Youth Protection
<b>EO</b>	Evaluation/Orientation
<b>EPC</b>	Enzyme-producing Enterobacteriaceae
<b>EVAQ</b>	Airborne medical evacuation (all aircraft types)
<b>FIQ</b>	Quebec Interprofessional Health Federation
<b>HR</b>	Human Resources
<b>IHC</b>	Inuulitsivik Health Center
<b>INSPQ</b>	Quebec National Institute of Public Health
<b>IPC</b>	Infection Prevention and Control
<b>KI</b>	Katikivik Ilisarniliriniq
<b>KRG</b>	Katikivik Regional Government
<b>MRSA</b>	Methicillin resistant Staphylococcus aureus
<b>MSSS</b>	Ministry of Health and Social Services
<b>NIHB</b>	Nunavik Non-Insured Health Benefits
<b>NIP</b>	Nunavimmi Ilagijit Papatauvinga
<b>NPS</b>	Nunavik Police Service
<b>NRBHSS</b>	Nunavik Regional Board of Health and Social Services
<b>PDRH</b>	Human Resources Development Program
<b>SIPPE</b>	Integrated perinatal and early childhood services
<b>SISSS</b>	Healthcare safety information system
<b>STBBIs</b>	Sexually transmitted and blood-borne infections
<b>Ullivik</b>	Accommodation Center for Nunavik users during their appointments in Montreal
<b>UTHC</b>	Ungava Tulattavik Health Center
<b>VRE</b>	Vancomycin-resistant enterococci

# Youth Protection

## Main Changes to Services

The 2024-2025 fiscal year saw the stabilization of the Direction of Youth Protection (DYP) on the Ungava coast with the appointment of a new director.

At the request of the National Director of Youth Protection, Ms. Lesley Hill, the Director of the DYP in Ungava assumed the same role on an interim basis for Hudson Bay until the position was filled.

Although this dual mandate slowed down development projects, it helped strengthen ties with the Inuulitsivik Health Center (IHC) and, more importantly, raise awareness and promote Nunavik's reality among various government agencies. The National Director of Youth Protection, Ms. Hill, and her team rallied to support the DYPs of Nunavik in developing culturally safe practices in accordance with Bill C-92 and the new sections of the Youth Protection Act (YPA).

A survey conducted by the Human Resources Department was also carried out among DYP employees to gather their views on the work environment, areas for improvement, and their needs. The results were presented to managers and employees. They will serve as the basis for the development of the 2025-2028 Action Plan.

## New Challenges and Upcoming Priorities

### Priorities for 2025-2026

- Reduce the number of children placed in foster care.
- Reorganize the evaluation and orientation service to reduce wait times between reporting and assessment.
- Strengthen collaboration with partners and organizations.
- Increase the number of voluntary agreements to enable better collaboration, which helps reduce the stress associated with the legal process.
- Continue collaborating with Nunavimmi Ilagiit Papatauvinga (NIP) to establish family councils and continue the transfer of the foster care department.
- Implement training on the application of Bill C-92 and appropriation workshops.
- Increase employee retention.
- Revise our standards of practice.
- Reduce the assessment waiting list.

## YOUTH PROTECTION HIGHLIGHTS



**1299** Yearly Reports Received



**431** Processed Reports



**271**  
Evaluations Completed

EVALUATION	2024-25
FF SDC (founded facts with compromised security or development)	116
FF SDNC (founded facts with uncompromised security or development)	150
Closure for other reasons	5



**82**  
Completed Orientations

### RETAINED REPORTS BY CATEGORY

27% Neglect
18% Conjugal violence exposure
17% Serious risk of neglect
15% Physical abuse
5.6% Serious behavioral risk

**458**

Active Clients at Application of measures

ORIENTATION	2024-25
Agreement on voluntary measures	31
Short-term agreement	1
Application of judicial measures	34
Dismissal of the motion by the court	0
Closure for other reasons	16



**289**  
Children in Foster Care

**98**

Children placed in the South

# Nursing and Hospital Services

## Main Changes to Services

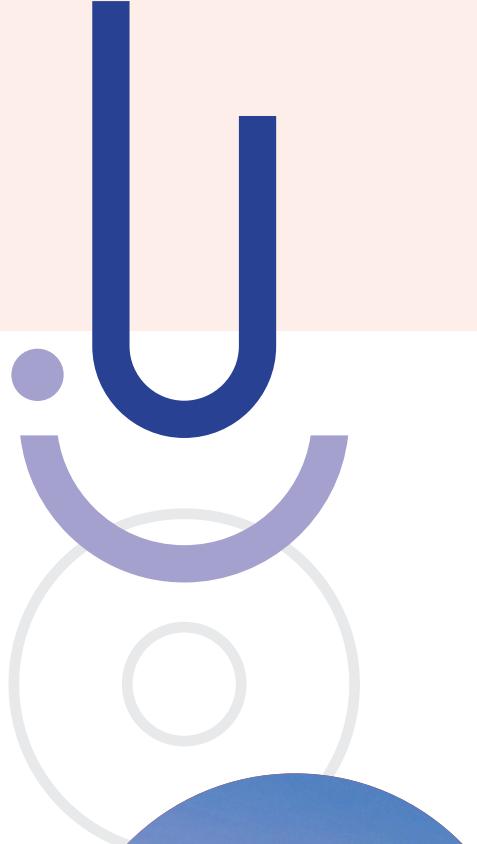
As part of the ongoing improvement of health services, several initiatives have been implemented.

First, the **harmonization of the role of assistant head nurses (AIC)** has been initiated across the seven CLSCs. This standardization of responsibilities aims to ensure greater equity between institutions, greater consistency in the services offered, and more efficient resource management.

In Kangiqsualujjuaq, a **nurse-enlarged role position** was created to meet the increased need for care. This addition to the team was made possible by the availability of new staff housing.

**Strengthening tuberculosis screening** is also a priority. In Kangiqsujuaq, modular units equipped with portable X-ray machines and sputum testing devices have been installed, reducing the need for transfers. Screening campaigns are also planned in Kangiqsualujjuaq and Kangiqsujuaq.

Finally, a **position for a nurse practitioner specializing in mental health (IPSSM)** has been posted to strengthen mental health follow-ups. The hiring process is underway with the goal of improving accessibility and continuity of care in this area.

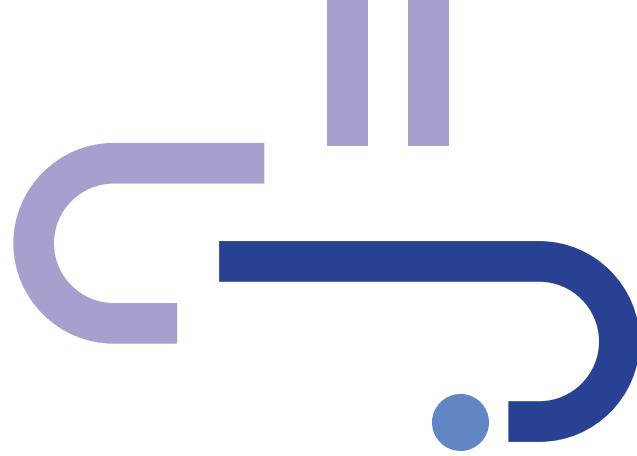


# Objectives Reached and Main Achievements

The commissioning of the Dash-8 aircraft for medical evacuations was an important milestone in 2024-2025. The inauguration of this aircraft, along with the training of nurses and first responders, has optimized medical evacuations while improving the speed and efficiency of emergency responses.

A local public health action plan has been developed. This initiative aims to structure public health interventions in a more coherent manner that is better adapted to local realities. Significant progress has also been made in improving the procurement process, with some of the difficulties encountered being partially resolved through better coordination with the administrative services department. The modernization of hospital services has continued successfully. The servers for the electronic medical record were installed in February 2024, followed by the launch of clinical consultations in October of the same year. In December 2024, IT tests proved conclusive, and the digitization of records began, to be completed in June 2025 thanks to the work of a dedicated team of six people.

Finally, community engagement was strengthened in Kangiqlualujuaq through various awareness-raising activities, including radio spots, educational videos, and information sessions. These activities focused on key topics such as vaccination, nutrition, and tuberculosis control. Several of these initiatives were shared with communities in the seven villages of Ungava through social media.



## New Challenges and Upcoming Priorities

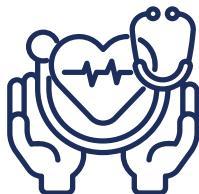
### Priorities for 2025-2026

- Resolving supply issues remains a priority. Efforts are continuing to centralize and optimize processes to ensure better resource availability. Improved coordination with Ullivik is also underway, including the implementation of new procedures to reduce information errors and strengthen collaboration between the nursing teams at both facilities.
- The development of a perinatal program is progressing with the completion of a six-month project led by a specialized nurse practitioner (SNP). This project aims to review procedures for monitoring pregnant women and strengthen obstetric services.
- In Kuujjuuaq, the capacity to accommodate seniors is a major issue. Eight seniors have occupied hospital beds because the seniors' home is at full capacity, limiting the number of beds available for other patients to five. The hospital environment, which is not well suited to their needs, combined with a shortage of patient attendants, exacerbates the difficulties.
- Finally, the high smoking rate, which affects approximately 70% of Nunavimmiut, is a significant public health challenge. As resources for smoking cessation are limited, the implementation of the Ottawa Model of Smoking Cessation (OMSC) program is planned for 2025 to provide structured support for smoking cessation.

## NURSING AND HOSPITAL SERVICES HIGHLIGHTS

### Nursing Care in CLSCs

#### Regular Health Services



**26 724** \*

Individual Interventions

**5 661** ✦

Unique Users

#### Nursing Services Analysis

Improvement in the number of interventions recorded in the intervention system. The nursing department, in collaboration with the performance division, was able to provide up-to-date tools and support nursing staff.



## Aeromedical Evacuations (EVAQ)



# 838

Aeromedical Evacuations  
North-North and North-South

# 909

in 2023-2024 (-7.81%)



### NUMBER OF EVAQ, BY REASON:

150	Traumatology	74	Respiratory
157	Gastric/Abdominal	26	Obstetrics/ Gynecology
112	Psychiatry	40	Pediatric
77	Neurology	20	Intoxication
91	Cardiac	91	Others

### Analysis - Medical Evacuation by Air

The main reasons for evacuation over the years remain the same: traumatology, gastric/abdominal, and psychiatry.

## Hospital Admissions

	2023-24	2024-25	GAP %
Number of admissions	1 453	1 267	-12.8%
Number of days present - Short Term	3 007	3 115	1.24%
Number of days present - Same-day surgery	168	96	-42.86%

### DEPARTMENTS WITH THE MOST ADMISSIONS:

Medecine	759 admissions
Psychiatry	155 admissions
Pediatrics	118 admissions
Dental Care	86 admissions
Pedopsychiatry	45 admissions
Obstetrics: Delivered	36 admissions



# Public Health (STBBI-Tuberculosis)

## Incidence Rate per 100,000 People - STI

	2023-24	2023-24	GAP % 23-24 VS 24-25
Chlamydia trachomatis infection	4 217,06	5 824,02	38%
Gonococcal infection	2 721,20	3 242,56	19%
Syphilis	47,74	62,96	32%
Hepatitis C	15,91	0,00	

## Incidence Rate per 100,000 Population – MVA (Airborne diseases)

	2023-24	2024-25	GAP % 23-24 VS 24-25
Tuberculosis	445,58	236,11	-47%
Group A streptococcal infection	63,65	15,74	-75%

### Analysis of airborne diseases:

Tuberculosis remains the public health priority in Ungava. Steps have been taken to conduct new population-based screening for 2025-2026 in communities already identified as endemic.

## Number of Radiology and Ultrasound Examinations



**5 465** X-Ray

+6% compared to 2023-2024



**973** Ultrasounds

+13% compared to 2023-2024

## Laboratory: Number of Unweighted Tests

FINANCIAL YEAR	UTHC	EXTERNAL	TOTAL	GAP %
2023-2024	129 954	1601	131 555	
2024-2025	138 305	1 479	139 784	+6%

## Laboratory: Number of Tuberculosis Tests

	2023-24	2024-25	GAP % 23-24 VS 24-25
<b>UTHC</b>			
Expectorations (Bacteriology)	24	50	
Mycobacteria (Ex. direct on clinical spec.) (Auramine and/or Ziehl)	519	419	
<b>REGIONAL</b>			
Mycobacteria (culture on solid and liquid media)	519	419	
Mycobacterium Tuberculosis (BK) (NAAT) (on solid or liquid culture)	153	124	
<b>Total</b>	<b>1215</b>	<b>1012</b>	<b>-17%</b>

## Archives

	2023-24	2024-25
New files (file opening)	706	729
Births in Nunavik (Hospital and communities)	27	34
Requests for access to information	695	838
Examination results sent in villages	26 170	22 055
Number of files borrowed and returned	66 700	65 908
Deaths (SIED)	94	109

# Community Services

## Main Changes to Services

Due to the increase in the number of requests for accommodation for people with reduced autonomy, representations were made to the Nunavik Regional Board of Health and Social Services (NRBHSS). In order to better meet needs, home support services were strengthened by adding nurses and Family Helpers. Two nursing positions have also been created at the Tusaajiapik seniors' residence, maximizing the fluidity and complementarity of services offered to this vulnerable clientele.

In addition, the importance of prioritizing the construction of a seniors' home in Kuujjuaq was reiterated to the NRBHSS, given the growing number of people waiting for suitable accommodation.

To ensure better coverage of psychosocial services in Kangiqsualujjuaq and Kangiqsujuaq, additional resources have been deployed. This enhancement also reduces the need to use external agencies and ensures better continuity of services tailored to local needs.

Efforts are continuing to improve interdepartmental collaboration. Partnership remains a key priority. Structural work is underway to optimize responsibilities, expertise, and communication between departments, particularly through training, supervision, and the establishment of middle management committees. These initiatives aim to ensure a more fluid and consistent service provision to the public.

## Objectives Reached and Main Achievements

For the 2024-2025 fiscal year, the Direction of Community Services continued to strengthen its direct service delivery to the population, recording an increase of 18.5%. In order to promote access to local services, it remains essential to continue the deployment of robust, accessible, and culturally appropriate front-line services.

### General Social Services

**General social services** are intended for the entire population. They must therefore be adapted to a variety of social and psychological issues, ranging from everyday difficulties to severe situations, including risk cases and crises.

The general psychosocial services team works in five main areas:

- Reception, analysis, orientation, and referral – Psychosocial reception.
- Crisis interventions in natural settings, available 24/7.
- Social consultations.
- Psychological consultations.
- Psychosocial interventions in civil security contexts.

## Services for Children, Youth, and Families

The **Children, Youth, and Families Program** is delivered by a multidisciplinary team offering a range of interventions in communities along the Ungava coast. Travel to Kuujjuaq can be arranged for children requiring specialized assessment, while follow-up visits via videoconference are offered to maintain service accessibility for all youth in the region. The team also includes **two dental hygienists. Two youth psychologist** positions have been created for the villages of **Kangiqsualujuaq** and **Kangiqsujuaq**.

## Accommodation and Support for People with Reduced Independence

The **Isurvivik** resource, a living environment for people with reduced independence, was used at full capacity throughout the year, with four full-time residents. The respite bed was also occupied on a regular basis.

The **Tusaajiapik** elders' residence had maximum occupancy throughout the year, with 13 places filled. However, the number of people waiting for accommodation remains higher than current capacity. Despite this pressure, the priority remained focused on the well-being of residents, while maintaining community activities. As part of our continuous improvement process, a **nursing advisor** position was created for Tusaajiapik.

## Physical Rehabilitation

Physical rehabilitation services have seen their continuum of care optimized thanks to **Tasiurtigiit**, thereby strengthening the accessibility and quality of services in this sector. Nutrition services are now the responsibility of the physical rehabilitation team.

## Midwives

Recruiting new midwives continues to be a challenge. The team has been able to meet the growing demand for services. Training continues. A second Inuk midwife has been recruited.

In 2024-2025, the prenatal transfer rate for medical reasons represented 48% of the clientele, a decrease of fifteen points compared to 2023-2024.

## Pregnancy Follow-ups :



**133** in 2024-25

**103** in 2023-24

**143** in 2022-23



## Number of Births

**40 in Ungava**  
(36 in Kuujjuaq &  
4 in other communities)

**92 in Montreal**

## Wellness Workers

Over the past year, six new wellness workers have been recruited. These professionals play a key role in the development of various community projects. Their responsibilities include organizing and promoting wellness activities, as well as managing project logistics: purchasing snacks, tracking invoices, managing purchase orders, etc.

Many projects have been carried out as part of the Wellness Program. For example, the worker assigned to suicide prevention led “Reach Out” workshops to raise community awareness of this issue.

Other significant initiatives include:

- Distributing food baskets to single parents, low-income families, and welfare recipients.
- Organizing the Open House Festival.
- Holding a weekly girls’ club.
- A day of appreciation dedicated to first responders.
- Support for bereaved families.
- Fishing trips for single women.
- The Sobriety Challenge.
- Activities to celebrate Mother’s Day.

These actions demonstrate the team’s active involvement in improving community well-being. However, it is important to note that there are currently no well-being workers in Kangiqsualujjuaq, Tasiujaq, and Aupaluk, which is an issue that needs to be addressed.

## Mental Health Services

The mental health team provides specialized services to adults with serious mental disorders whose condition is unstable or fragile and who require medium to high-intensity care. The main objective is to support their recovery, promote their integration into the community, and develop their independence. Interventions are personalized: services, intensity of follow-up, and meeting locations are adjusted according to each person’s specific needs.

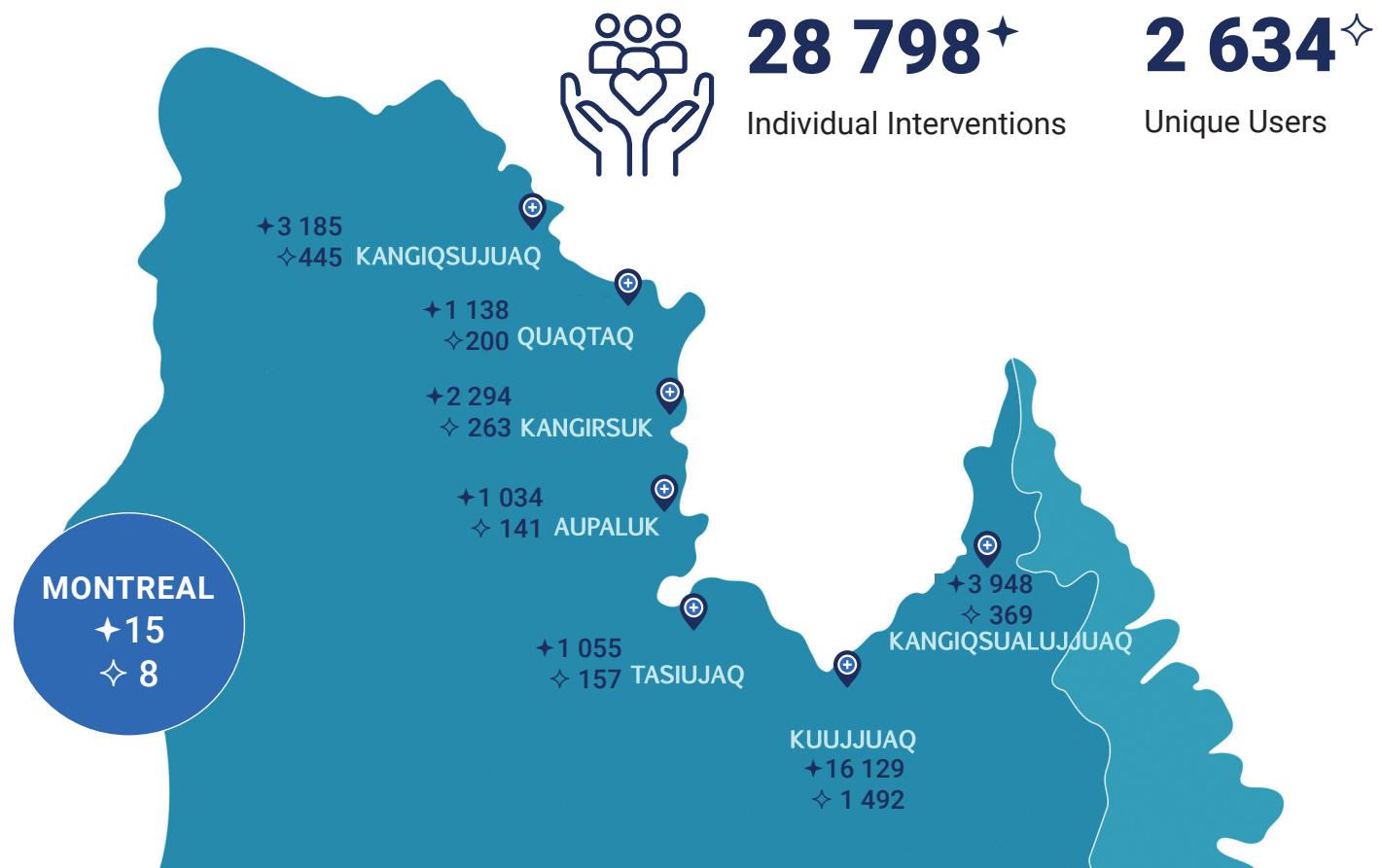
## New Challenges and Upcoming Priorities

### Priorities for 2025-2026

- Obtain housing resources for people with reduced autonomy, as well as service corridors for specialized services.
- Strengthen collaboration with NIP to increase Ilagiiluta (SIPPE) services, offering targeted support to youth in need. Coordinate joint initiatives and resource sharing to maximize impact.
- Increase midwifery services by recruiting additional midwives.
- Continue to consolidate DYP and social services referral processes.
- Improve Ullivik referrals to establish and implement quality information transfer protocols between Nunavik and specialized centers in Montreal.

## COMMUNITIES SERVICES HIGHLIGHTS

### Community Services- All Services



#### INDIVIDUAL INTERVENTIONS BY JOB TITLE

TS/ARH	14 260 interventions <span>+18%</span>
Psychoeducator	969 interventions <span>+80%</span>
Physical therapist	1 286 interventions <span>+33%</span>
Dental hygienist	887 interventions <span>+21%</span>
Occupational therapist	768 interventions <span>+15%</span>

#### INDIVIDUAL INTERVENTIONS BY SUB-PROGRAM

General Psychosocial Services	6 915 interventions <span>+56%</span>
Intake	1 052 interventions <span>+58%</span>
Home care	11 381 interventions <span>+17%</span>
Agir-tôt	835 interventions <span>+7%</span>
SIPPE	663 interventions <span>+80%</span>

# Professional Services

## Main Changes to Services

In 2024-2025, the Department of Dentistry was transferred to the Direction of Professional Services.

## Objectives Reached and Main Achievements

To meet the population needs of Kangiqsualujuaq, a second full-time position has been added. Regarding the specialist component, the introduction of a new model of walk-in dermatology visits has greatly satisfied our users. In addition, digestive endoscopy departments were able to be allocated more weeks of procedures. Finally, new procedures in the operating room for general surgery have been developed.

## New Challenges and Upcoming Priorities

### Priorities for 2025-2026

With the ongoing goal of improving access to health services for users, an evaluation is underway to improve medical coverage and determine the feasibility of adding a second full-time physician in Kangiqsujuaq, to ensure full medical coverage over 52 weeks.

On the **dental services** side, efforts will be made to recruit three full-time dentists. This initiative is accompanied by improved working conditions and compensation, with the goal of expanding dental care coverage in the various communities.

At the same time, a **centralized booking system** is being planned for dental services, to facilitate appointment scheduling and optimize schedule management.

In the area of **medical liaison**, measures are being taken to maximize the effectiveness of programming and improve local access to specialized medical services. This includes the hiring of a clinical advisor to review the protocols and procedures related to the liaison service with a view to continuous improvement.



## PROFESSIONAL SERVICES HIGHLIGHTS



### Medical and Dental Staff



#### 72 Specialist Physicians

15 PEM-PRO  
(Physician Workforce Plan - Mandatory Network Position)  
57 minority practices



#### 25 Family Medicine Physicians

4 34+ weeks  
15 22+ weeks  
3 18+ weeks  
3 12+ weeks  
11 on call (21 weeks in total)



#### 26 Dentists

2 full time  
24 on call



#### Public Health

6 Community Health Specialists  
13 Family Physicians  
1 Dentist



**Liaison: Number of appointments per specialty in Ungava**

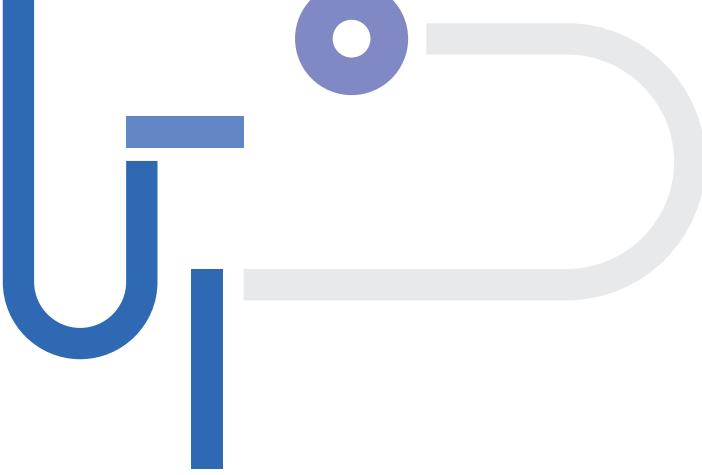
258	Optometry
215	Psychiatry
175	Pediatrics
171	Gynecology
116	Gastroenterology
109	Internal medicine
95	Child psychiatry
81	ENT
76	Ophthalmology
53	Pain clinic
51	Pneumology
45	Pediatric cardiology
24	Allergology
22	Neurology
20	General surgery
11	Dentistry
10	N/D
10	Retino
3	Psychotherapy
2	Nutrition
1	Endocrinology

63 Teleconsultations

# Regional Rehabilitation Services for Young Persons with Adjustment Problems

## Reception Centers and Group Homes

RESOURCES	COMMUNITY	DESCRIPTION
Atsanirq Group Home	Puvirnituq	Law/measure: YP & voluntary measures 10 places: Mixed Teens 12-17 years old
Pirutsaivik Group Home	Kuujjuaraapik	Law/measure: YP & voluntary measures 8 places: Mixed Children 6-12 years old
Qaumajuapik Group Home	Kuujjuaq	Law/measure: YP & voluntary measures 8 places: Mixed Children 6-12 years old
Qulliq Reception Centre / open	Inukjuak	Law/measure: YP & voluntary measures 10 places: girls Teens 12-17 years old
Saturvik Group Home	Kuujjuaq	Law/measure: YP & voluntary measures 10 places: Mixed Teens 12-17 years old
Sapummivik Reception Centre / open	Kuujjuaq	Law/measure: YP & voluntary measures 5 places: boys Teens 12-17 years old
Ulluriaq Boys Reception Centre / Closed	Montreal	Law/measure: YCJA and YP 10 places: boys Teens 12-17 years old *Also offers Intensive Supervision (EI) placements
Ulluriaq Girls Reception Centre / open	Dorval	Law/measure: YP & voluntary measures 10 places: girls Teens 12-17 years old



## Main Changes to Services

The year 2024-2025 was a period of adaptation for Sapummivik, the open rehabilitation centre for boys aged 12 to 17. Established in Salluit since its opening, it was closed in January 2024 and moved to Kuujjuaq temporarily. The lack of stable staff, the continuous rotation of agency staff and the non-adaptation of the equipment of the new facility (including the absence of isolation rooms) have made it more difficult to manage the day-to-day operations. However, the manager and the team in place have managed to stabilize the youth who are placed there.

The management team has also had to adapt, as there were a few promotions within the team and new players have been added. Learning to navigate a new role while maintaining quality service is no small task, but managers have risen to the many challenges with flying colors.

Regional rehabilitation services are constantly evolving and are on the lookout for best practices. The ways of doing things are reviewed and corrected as soon as it is possible to improve them. Group dynamics, both among young people placed and staff, fluctuate with arrivals and departures. Adjustments are continuous, and despite everything, the staff, regardless of their job titles, are adjusting, adapting, deploying, renewing and developing to offer quality care and services to a clientele that has suffered far too much.

## Objectives Reached and Main Achievements

During the year, the Search and Seizure Policy and Procedure was reviewed and adopted. The implementation phase went very well in all the living units.

The Policy and Procedure on Control Measures (Physical Restraint and Isolation) has also been revised. It is currently in the consultation phase and will be presented to the Board of Directors for adoption in November 2025.

Regional rehabilitation services have developed a trajectory for young people placed in rehabilitation. This trajectory places the young person and their family at the centre of all actions and decisions that concern them. The trajectory is at the consultation stage and will also be presented to the Board of Directors for adoption in November 2025.

The Clinical Plan has taken off. It aims to bring together four rehabilitation centres in Pierrefonds, two existing centres and two new ones, and to build three living units in Nunavik, one reconstruction in Kuujjuaq, as well as one reconstruction and one overflow unit in Puvirnituq. The Functional and Technical Plan (TFP) for Pierrefonds has been submitted to the MSSS for approval to move on to the plans and specifications stage. For the three units to be built in Kuujjuaq and Puvirnituq, the TFPs will be submitted to the MSSS soon.

All educators, clinical activity specialists and managers have received ARC (Attachment, Regulation, Competence) training from Dr. Delphine Collin-Vézina, a world authority in the field of complex trauma in children and adolescents.

# New Challenges and Upcoming Priorities

## Priorities for 2025-2026

- Finalize the Policy and Procedure on the Prevention of Suicide and Self-Injury.
- Continue the work on the Clinical Plan.
- Increase the recruitment of qualified staff and work on retention by providing a healthy work environment, training based on best practices and necessary coaching. The aim is to put an end to the use of independent labour.
- Find a way to obtain traditional food (caribou, Arctic char, misiraq, beluga, sea urchins, etc.), according to the seasons, on a regular and continuous basis for all living units so that young people can eat at least one traditional meal per week.
- Implement the Youth Integration Program (YIP) in all living units. Obtaining funding to recruit a YIP pilot was very well received. The YIP is an MSSS database containing standardized and comparable information about the services provided to users served by all youth centres in Quebec in connection with the application of the Youth Protection Act (YPA), the Youth Criminal Justice Act (YCJA) and the Act respecting health services and social services (AHSSS).
- Providing appropriate and quality services to young people placed in rehabilitation services is always the priority.

## REGIONAL REHABILITATION SERVICES FOR YOUNG PERSONS WITH ADJUSTMENT PROBLEMS HIGHLIGHTS

### Number of Youths Receiving Services

UNIT	2023-24	2024-25	GAP % 23-24 VS 24-25
Atsanirq (12-17 Puvirnituq)	21	14	-33%
Pirutsaivik (6-12 Kuujjuarapik)	17	10	-41%
Qaumajuapik (6-12 Kuujjuuaq)	13	12	-8%
Qulliq (12-17 Inukjuak)	28	24	-15%
Sapummivik (12-17 Kuujjuuaq)	20	11	-45%
Saturvik GH (12-17 Kuujjuuaq)	16	14	-13%
Ulluriaq-garçons (12-21 Montreal)	28	21	-25%
Ulluriaq-filles (12-17 Dorval)	20	20	0%
Others CISSS or CIUSSS	24	18	-25%
<b>Total</b>	<b>187</b>	<b>144</b>	<b>-23%</b>

Note : Many young people are transferred from one unit to another and therefore appear in several places. As a result, the totals shown above do not reflect the number of young people who were placed in our services in 2023-2024 (131) and in 2024-2025 (108).

# Technical Services

## Main Changes to Services

2024-2025 was a year of stability and continuity for the Direction of Technical Services. No major changes were made to the organizational structure and staff turnover remained very low. This stability testifies to a structure that has now reached maturity, capable of projecting itself into the future with increased predictability, in contrast to the periods of adaptation of previous years.

## Objectives Reached and Main Achievements

Several important objectives were achieved:

The first full year of operation of the vehicle maintenance garage in Kuujjuaq has significantly reduced the need for external services, which are often very expensive.

An ambitious renovation plan has also been developed for the most dilapidated residential buildings: this \$82 million program over seven years aims to renovate 19 buildings, representing approximately 100 rooms.

In addition, strong ties have been forged with the NRBHSS, allowing to actively participate in the planning of major infrastructure projects funded by the Quebec Infrastructure Plan (QIP). UTHC is now directly involved in the drafting of Clinical Plans and Functional and Technical Programs.

Finally, efforts to strengthen preventive maintenance have continued with the signing of numerous service contracts, thus ensuring better sustainability of the installations.



# New Challenges and Upcoming Priorities

However, the year was marked by many important challenges:

- The drastic reduction in asset maintenance allocations, cut by nearly 60% compared to previous years, represented a major challenge for the planning and execution of essential work.
- The significant increase in the number of dwellings under the responsibility of UTHC is putting increasing pressure on the maintenance team, whose numbers have remained unchanged.
- Prioritizing the projects to be included in the QIP also required complex trade-offs.

## Priorities pour 2025-2026

For the coming year, the priorities will be to:

- Secure the minimum funding needed for infrastructure maintenance.
- Maintain the project portfolio based on available resources.
- Increase the number of maintenance team members.
- Continue the work of rationalizing and cleaning up the inventory.

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## TECHNICAL SERVICES HIGHLIGHTS



**183** Buildings Owned by UTHC (+12)



**149** Vehicles (+1)

	MAINTENANCE	BIOMED	IT
Number of hours worked	20 427 (-19%)	6 397 (-31%)	13 046 (14%)
Number of service calls received	N/A	867 (+9%)	8 472 (+28%)

# Human Resources

The Direction of Human Resources (DHR) plays a central role within the institution by ensuring that human capital is aligned with organizational priorities. In 2024-2025, DHR continued to contribute to strategic planning, process modernization, and the promotion of employee well-being.

## Key Changes in Services

### Development of Guidelines to Prevent Violence in the Workplace

This global initiative was launched to:

- Foster a common understanding of what constitutes violence in the workplace.
- Provide clear and accessible guidelines for all employees.
- Provide support tools and resources to staff and managers.
- Facilitate the organization of training sessions.
- Promote appropriate reporting and documentation of violent events.
- Strengthening overall prevention efforts and improving employees' sense of safety.

A practical guide has been developed with an employee-focus. This document was approved by the Executive Board. Its publication and deployment are planned for 2025-2026.



### Launch of a New Recruitment Process

A new recruitment process and platform has been implemented to streamline recruitment efforts.

Key changes:

- Introducing the Zoho Recruit platform for applications.
- Automation of job posting and applicant management.
- Implementation of a standardized four-week recruitment cycle.

This new system reduces recruitment times, improves transparency and consistency in the hiring process, and saves the organization time and money.

## Implementation of the New Collective Agreement Measures

Significant efforts have been made to ensure the proper implementation of the new provisions of the collective agreements.

Key actions implemented that have contributed to improved compliance, fairness, and employee satisfaction:

- Retroactive payments for salary adjustments.
- Payment of the doubling of overtime hours in accordance with the new standards.
- Premiums introduced for specific categories, including youth services and medical evacuation missions.
- Partial reimbursement of membership fees to a professional order.
- Compensation for nurses working three consecutive weekends.

## Updating the Job Register

An update of the employment register has been carried out to improve financial performance and planning. Meetings have been held with finance managers and directors to analyze the current job register.

### Objectives:

- Ensure compliance with the measures of the Strategic Regional Plan.
- Improve budget planning (staff compensation component) for future years.
- Stabilization of recurring missions through the creation of permanent positions.

## Salary Insurance and CNESST

FINANCIAL YEAR	UTHC SALARY INSURANCE	SSSS QUÉBEC SALARY INSURANCE	UTHC CNESST	SSSS QUÉBEC CNESST
2022-23	6,88%	7,11%	1,27%	2,08%
2023-24	7,36%	7,13%	1,11%	1,86%
2024-25	8,77%	N/A	1,67%	N/A

The wage-loss replacement rate is higher than last year, which represents significant costs for the organization. Occupational health services will focus on disability prevention and management to improve attendance. In addition, the rate of the *Commission des normes, de l'équité, de la santé et de la sécurité du travail* (CNESST) has increased significantly, but 1.57% remains an acceptable performance, since the rest of the health and social services network is usually around 2%.



## Objectives Reached and Main Achievements

### Optimization of Operations

- Successfully launched the Zoho Recruit platform, which improved the efficiency of the recruitment process.
- Development of internal Excel-based validation tools to ensure the accuracy of payroll data and payroll audits.

### Review of the Human Resources Policy

- Consultation with the Human Resources Advisory Committee to ensure the relevance and applicability of the revised policies.
- Working with tax experts to validate regulations related to employee taxable benefits.
- Continued review of key policies, including Accommodation Policy, Civility and Harassment Prevention Policy, Expense Accounts.

### Implementation of the Prevention Program

- Presentation of information sessions to unions and the Joint Committee on Occupational Health and Safety on the new Occupational Health and Safety Act in partnership with the Joint Association for Occupational Health and Safety in the Social Affairs Sector (ASSTSAS).
- Collaboration with the CNESST to ensure the proper deployment of occupational health and safety representatives throughout the organization.

### Assessment of the Welcome and Integration Day

- Some presentations were pre-recorded to increase flexibility and ensure better time management.
- Onboarding practices have been reviewed with the support of DHR marketing experts to improve the experience for new employees.



## New Challenges and Upcoming Priorities

### Priorities for 2025-2026

- Improving and standardizing Inuit working conditions with the NRBHSS and the Inuulitsivik Health Centre (IHC):

Work collaboratively with the NRBHSS and the IHC to align the working conditions of Inuit employees with current standards and expectations. The focus will be on housing, bonuses, job stability, career development and cultural safety.

- Reorganising the Welcome and Integration Day:

Update the onboarding process to better reflect the realities of employees in the North and South. New formats and content will be developed to strengthen engagement, improve understanding of organizational culture, and ensure a smooth transition in the workplace.

- Reduce time to hire:

Analyze and revise internal processes and hiring timelines to reduce the time between application and hiring decision. Implement strategies such as better coordination with hiring managers and increased use of recruitment technology.

- Improving prevention and management of occupational health and safety:

Strengthen the framework and tools used to identify, prevent and manage occupational health and safety risks. Invest in training, awareness campaigns and stronger monitoring processes in collaboration with the Occupational Health and Safety Committee.

- Develop HR dashboards and data tools for managers:

Develop and deploy data visualization and decision-making tools for managers. These include dashboards with key metrics related to HR activities.

## HUMAN RESOURCES HIGHLIGHTS

Number of Employees



**270** Inuit employees

**705** non-Inuit employees

Turnover

**24,07%** (same as 2023-2024)

**259** Hires

**250** Departures

DIRECTIONS	HIRES
Community Services	63
Nursing Hospital Services	58
Rehabilitation Services	36
Youth Protection	23
Professional Services	23
Administrative and Logistics services	23
Human Resources	16
Technical Services	12
Executive Management	5

### Number of Hours Worked per Job Title

STAFF CATEGORY	HOURS	PF - FINANCIAL YEAR		
		2023	2024	2025
01 - Nursing and Cardio-Respiratory Care staff	REGULAR	131 983,44	126 993,64	138 325,22
	OVERTIME	30 557,56	30 379,82	31 266,28
02 - Paratechnical, Auxiliary and Trades personnel	REGULAR	204 668,24	197 791,03	201 785,94
	OVERTIME	42 147,41	46 358,70	42 634,65
03 - Office staff, Technicians and Administrative Professionals	REGULAR	102 472,19	115 216,70	121 797,89
	OVERTIME	9 970,67	10 432,51	8 143,34
04 - Health and Social Services Technicians and Professionals	REGULAR	232 139,30	252 319,67	244 096,62
	OVERTIME	30 046,81	30 855,36	28 031,33
97 - Other staff categories	REGULAR	17 076,68	13 475,38	10 651,83
	OVERTIME	2 519,68	2 084,44	2 303,11
99 - Executive staff	REGULAR	49 794,33	59 989,51	74 578,41
	OVERTIME	129,76	793,58	2 889,03
<b>Total</b>		<b>853 506,07</b>	<b>886 690,34</b>	<b>933 507,72</b>

# Administrative and Logistics Services

## Main Changes to Services

In 2024-2025, the administrative and logistics department underwent a period of profound change. These changes particularly affected management, with two rotations of the head of the first responders, patient services, and security department. Additionally, interim staff were brought in to the management team to ensure continuity of operations and maintain the organization's strategic stability. Despite these changes, the management team remained cohesive and achieved its objectives for the year.

To optimize logistics, additional warehouse staff were hired at the North and South warehouses. This measure aims to streamline the management of requests and strengthen the logistical capacity of the entire structure. Additionally, the first responder team was reinforced with two local employees who received specialized training from the establishment. This initiative improves operational efficiency while promoting cultural security and local cohesion, both of which are essential for ensuring an adapted and respectful response to the specific characteristics of the northern communities.

## Objectives Reached and Main Achievements

### Financial Situation

Despite an initial deficit of \$14.9 million, sustained efforts throughout the year reduced this deficit. By the end of the fiscal year, we recorded a surplus of \$2.3 million. This surplus demonstrates our commitment to strengthening the organization's financial stability and complying with MSSS requirements.

### Supplies and Logistics

This service has faced major challenges for several years, mainly due to the logistical complexity of its geographical location. The opening of the Dorval warehouse in June 2024 is a significant milestone. Additionally, implementing a *Lean* approach and continuously reviewing processes has enabled us to reduce delivery times and decrease returns due to dissatisfaction. We are building on these efforts as part of a continuous improvement process.

### Transport and Transit

The introduction of a dedicated bus with a driver in Innilavik responds to a long-standing demand by offering a service better suited to north-south transit passengers. Additionally, renovations have been carried out to improve the Innilavik-Kuujjuaq transit service with a focus on passenger comfort and safety. However, vigilance remains essential regarding the impact of long stays and compliance with governance to guarantee sustainable, quality service.

### Hygiene and Sanitation

Recruiting a specialist consultant allowed us to conduct a thorough evaluation of our practices. We developed procedures in line with best practices by using process mapping tailored to each site (clinic, transit, office). We are continuing these efforts to ensure the sustainability of these improvements and to strengthen our teams' commitment to excellence and continuous improvement.

# New Challenges and Upcoming Priorities

## Priorities for 2025-2026

In a context of transition within the management team, marked by the arrival of a new director, the imminent recruitment of a new assistant director and the head of financial resources, it is essential to continue stabilizing staff and services. Prioritizing and identifying areas for improvement in all areas of management activity is essential to ensuring consistent and effective progress.

Financially, the main objective at the end of the 2025-2026 fiscal year will be to develop a balanced budget and achieve a satisfactory financial result, despite the increase in needs and projects.

The shortage of qualified personnel in patient transit remains a daily challenge. Nevertheless, it is imperative that we continue our efforts to provide users with a high-quality welcome and maintain the efficiency of the service. In addition, increased vigilance must be maintained in view of the impact of long stays and the risks associated with shortcomings in implementing of the governance policy.

In villages other than Kuujjuaq, the absence of a development plan and the lack of housing undermine the management of key services (transportation, hygiene, safety), requiring a strategic response to ensure their sustainability. Internal recruitment remains limited, and the use of costly independent labor increases the financial burden. Therefore, it is essential to develop a realistic strategy to strengthen these services and promote better collaboration with front-line resources to provide communities with better care and services.

## ADMINISTRATIVE AND LOGISTIC SERVICES HIGHLIGHTS

### Transit

2024-2025	NUMBER OF USERS	NUMBER OF DAYS ATTENDANCE
Users	2 599	4 127
Medical Escorts	1 342	2 269



### Meals

**221 830**  
(+52% 2023-24)

### Patient Transportation Services

**44 750** Average 123/day

Including 33,800 passenger transports and 10,950 meal deliveries (group homes, shelters, YP, daycare centers, etc.)

### Ambulance Calls Covered

**632** (24-25) vs **426** (23-24)

### Reservations (Flights and Transit)

**62 652**  
(+9.7% 2023-24)

Medical Users: 52 569

Employees: 10 083

# Financial Resources

## Use of Budgetary and Financial Resources by Program

PROGRAM	PREVIOUS YEAR		CURRENT YEAR		CHANGES IN EXPENSES	
	EXPENSES	%	EXPENSES	%	GAP	%
<b>Programs &amp; Services</b>						
Public Health	\$3 763 606	1,86%	\$3 951 109	1,77%	\$187 503	4,98%
General Services - Clinical and Support Activities	\$17 988 376	8,90%	\$19 351 969	8,67%	\$1 363 593	7,58%
Independent Living for the Elderly	\$9 497 579	4,70%	\$10 673 219	4,78%	\$1 175 640	12,38%
Physical Disabilities	\$8 299 435	4,11%	\$9 541 258	4,27%	\$1 241 823	14,96%
Intellectual Disability and ASD	\$741 743	0,37%	\$836 474	0,37%	\$94 731	12,77%
Youth in Difficulty	\$37 944 238	18,78%	\$40 665 220	18,22%	\$2 720 982	7,17%
Addictions	\$0	0,00%	\$0	0,00%	\$0	-
Mental Health	\$399 414	0,20%	\$449 026	0,20%	\$49 612	12,42%
Physical Health	\$56 472 487	27,95%	\$64 334 696	28,82%	\$7 862 209	13,92%
<b>Support Programs</b>						
Administration	\$27 835 332	13,78%	\$31 071 512	13,92%	\$3 236 180	11,63%
Service Support	\$12 155 742	6,02%	\$13 590 238	6,09%	\$1 434 496	11,80%
Building and Equipment Management	\$26 930 831	13,33%	\$28 755 549	12,88%	\$1 824 718	6,78%
<b>Total</b>	<b>\$202 028 783</b>	<b>100%</b>	<b>\$223 220 270</b>	<b>100%</b>	<b>\$21 191 487</b>	<b>10.49%</b>

\* : Difference between expenses in the previous year and those in the current fiscal year.

\*\* : Result of the difference divided by expenses in the previous year.



## Balanced Budget

### Financial Results 2024-2025

Despite an initial budget deficit of \$14,904,527, the Ungava Tulattavik Health Center ended the 2024-2025 fiscal year with a surplus of \$2,293,475. This positive outcome was achieved through the collaborative efforts of UTHC teams and management, in partnership with the NRBHSS, to implement concrete actions, particularly in managing program funding and resolving outstanding accounts receivable.

## Contract Management and Service Agreements

Service contracts involving an expense of \$25,000 or more, entered into between April 1, 2024, and March 31, 2025:

	NUMBER	VALUE
Total of service contracts	88	\$62 896 624

\*\* 88 contracts, including 7 tenders.

# Risk and Quality Management

## Safety and Quality of Care and Services (AH-223)

In 2024-2025, the total number of events, amounting to 845, are separated as follows:

- ▶ Total incidents: 115
- ▶ Total accidents: 349
- ▶ Total of minor events: 381

Below is a description of the three main types of incidents and accidents:

**Table Summarizing the Nature of the Three Main Types of Incidents (severity indexes A and B) Identified by the Local Monitoring System in 2024-2025**

3 MAIN TYPES OF INCIDENTS	NUMBER	PERCENTAGE OF TOTAL INCIDENTS	PERCENTAGE OF ALL EVENTS
Medication	35	30,43%	4,14%
Other (non-compliance with procedures + other)	32	27,83%	3,79%
Hardware-related event	10	8,70%	1,18%
<b>Total</b>	<b>77</b>	<b>66,96%</b>	<b>9,11%</b>

**Table Summarizing the Nature of the Three Main Types of Accidents (severity indices C to I) Identified by the Local Monitoring System in 2024-2025**

3 MAIN TYPES OF ACCIDENTS	NUMBER	PERCENTAGE OF TOTAL ACCIDENTS	PERCENTAGE OF ALL EVENTS
Other (Runaways)	172	49,28%	20,36%
Medication	83	23,78%	9,82%
Other (Other)	23	6,59%	2,72%
<b>Total</b>	<b>278</b>	<b>79,65%</b>	<b>32,90%</b>

# Actions Taken by the Risk Management Committee and Measures Implemented by the Establishment

Following the analysis of AH-223 for the year 2024-2025, measures have been taken to improve services, in particular to:

- Emphasize training on event reporting.
- Adjust the SISSS software to our facilities.
- Reduce medication errors among patients.
- Reduce the number of falls among users.
- Enhance the safety of users and staff.
- Ensure the effective implementation of recommendations from the coroner, public curator, Risk Management Committee, Medical Act Evaluation Committee, and other organizational committees.
- Strengthen the monitoring of escapes from our facilities.
- Make the Ullivik Center's mission statement available to UTHC managers.
- Create a process for reviewing new risk management policies and procedures.

# Objectives Reached and Main Achievements

## Priorities for 2025-2026

- Install cameras and magnetic doors in certain departments where patients and other users are at risk.
- Raise awareness among users about compliance with policies and procedures.
- Make it a necessity, or even an obligation, for professionals to provide feedback after an accident.
- Ensure that professionals' notes in patient files are always up to date.
- Raise awareness among professionals about prevention and measures for counting medications, including narcotics and other controlled substances.
- Ensure that the organization's professionals comply with the disclosure process.
- Evaluate the effectiveness of user representation on the Risk Management Committee.

## New Challenges and Upcoming Priorities

- Improve the quality of summary analyses conducted by managers.
- Strengthen teamwork in resolving reported adverse events.
- Improve the choice of criticality for reported events.
- Ensure that physicians sign AH-223 reports on sentinel events.
- Strengthen the patient/partner process in the activities of our Risk Management Committee.
- Improve our relationships with external partners regarding the quality of services offered to our users.
- Increase supervision of new nurses when administering medications.

# Coroner

DATE	REPORT NUMBER	RECOMMENDATIONS	RESPONSE STATUS
2024-06-18	2022-06007	[R-6] provide clear and culturally appropriate information to future Ullivik residents (patients and caregivers) regarding safety issues before...	The recommendation is or will be fully implemented.
2024-06-18	2022-06043	[R-3] provide clear and culturally appropriate information to residents (patients and caregivers) regarding safety issues before their departure to...	The recommendation is or will be fully implemented.

Source : <https://www.coroner.gouv.qc.ca/rapports-et-recommandations/repertoire>

# Quebec Ombudsman

No ombudsman recommendations for 2024-2025.

# Service Quality and Complaints Commissioner



**50** Complaints in total\*

- Access → 6
  - Care and services → 16
  - Financial aspects → 1
  - Human relations → 14
- 
- Material & physical organisation → 2
  - Medical, dental, and pharmaceutical → 3
  - Other rights → 8

## Corrective Measures Implemented

For Aupaluk and Tasiujaq: it is recommended that the process of hiring dentists be implemented within the limits of available resources or that adequate planning be organized to meet dental needs.

Complaints targeting other administrations were referred to the relevant authorities (DYP in Gatineau and Inuulitsivik for matters relating to Ullivik).

\* The complaints addressed to Ullivik in the table were made by Ungavamiut; that is why they are included.

## Quebec Ombudsman's Requests

The Quebec Ombudsman can act on its own to enquire about a situation where it is alleged that certain user rights have not been respected. It has a power of investigation vested by the law to enquire on its own or following a report made by a citizen.

UTHC was asked to collaborate on an issue involving the Elder's house. The relevant departments have addressed their requests, and the Ombudsman's investigation is ongoing. Currently, we have no information regarding the subject of the report they received. They will communicate with the relevant department to further their investigation and collect the caregiver's point of view.

## Quebec Act Respecting the Prevention of Maltreatment

It is mandatory since the existence of the law that the annual report of the complaint commissioner presents any denouncement it was made aware of concerning mistreatment to an Elder or an adult in a vulnerable situation. The law expressly designates the Quality service and complaint commissioner to be the one receiving the reports in this matter and seeing to the processing it requires.

We received three reports of mistreatment. Two of them have been resolved, and the third is awaiting the use of a service corridor to provide proper accommodations for the assailant (another elder) that responds to his needs. This will most likely be in an elder's resource in Montreal.

## Time Limits for Reviewing Complaints

The Quebec Act respecting health and social services aims to process a complaint within 45 days. This delay could be longer for many reasons, such as unreliable assistance from the complainant or employee sick leave or vacation time. Issues concerning referrals to Inuulitsivik or another resource are not included (they were automatically processed within a day).

Chart disclosing processing delays as requested by law:

DEADLINES	NUMBER	%
1 day	6	14
2 to 5 days	20	45
6 to 20 days	13	30
21 to 45 days	3	7
45 days or more	2	4
<b>Total</b>	<b>44</b>	<b>100</b>

## Commissioner's activities during this period

- The leaflet concerning users' rights has been edited in both English and French, and the Inuktitut version has been corrected. According to the information we have, it will be distributed soon and presented on the radio. The contents are already on the UTHC website.
- Participation in all meetings of the association of commissioners, including those on cultural security.
- Presentation of our role during the orientation for new UTHC employees.
- Meeting with residents of the rehabilitation unit for girls in Montreal.
- Participation in the Human Resources Subcommittee on the Prevention of Violence Against Employees. The developed policy was presented to the members of the board of directors in April.

## Surveillance, Prevention and Control of Nosocomial Infections

### Monitoring nosocomial infections

#### PART 1

2024-2025	Apr. 1 - May 4	May 5 - June 1	June 2 - June 29	June 30 - July 27	July 28 - Aug. 24	Aug. 25 - Sept. 21	Sept. 22 - Oct. 19
Number of MRSA screening tests	18	9	12	34	20	52	17
Number of ERV screening tests	3	5	2	16	1	2	3
Number of BGNMR tests	2	1	2	4	1	0	1
MRSA positive (other than screening)	5	3	5	5	6	0	10
MRSA positive (screening)	1	0	0	0	1	0	0
ERV positive	0	1	0	2	0	0	0
Cdiff positive	0	1	0	0	0	0	0

#### PART 2

2024-2025	Oct. 20 - Nov. 16	Nov. 17 - Dec. 14	Dec. 15 - Jan. 11	Jan. 12 - Feb. 8	Feb. 9 - Mar. 8	March 9 - Mar. 31	Total
Number of MRSA screening tests	34	52	32	40	47	51	<b>418</b>
Number of ERV screening tests	1	2	1	4	2	5	<b>47</b>
Number of BGNMR tests	0	2	0	4	1	3	<b>21</b>
MRSA positive (other than screening)	6	4	3	6	4	4	<b>61</b>
MRSA positive (screening)	0	1	0	1	1	2	<b>7</b>
ERV positive	0	0	0	0	0	0	<b>3</b>
Cdiff positive	0	0	0	0	0	0	<b>1</b>

SECTION	OBSERVATION
Surveillance of nosocomial infections	See summary surveillance table according to SI-SPIN.
Tuberculosis Surveys - PCI	The PCI team conducted follow-ups following tuberculosis infections. Eighty-four users were contacted and are currently being monitored to ensure their safety and that of their community.
Outbreak management	An outbreak at the Qulliq group home in Inukjuak required the intervention of our team.
Policies, procedures, and support measures implemented in PCI	<p>Drafting of the following documents:</p> <ul style="list-style-type: none"> <li>• Hand Hygiene Policy DSI-POL-004.</li> <li>• Procedure: Hand Hygiene Technique: DSI-PROC-013.</li> <li>• UTHC Protocol for Managing Candida auris Outbreaks.</li> <li>• Collective prescriptions for screening for multi-resistant bacteria: OC-18.01 and OC-18.02 on ERV and MRSA screening.</li> <li>• Hand Hygiene Audit Procedure: DSI-PROC-014</li> </ul>
Education and training	<ul style="list-style-type: none"> <li>• Training sessions on basic measures: Hand hygiene, respiratory etiquette.</li> <li>• PCI training for newly hired UTHC nurses.</li> <li>• PCI training for the hygiene and sanitation team in English and French.</li> </ul>
Quality assessment and continuous improvement	<ul style="list-style-type: none"> <li>• Accompanying visits to healthcare teams at various UTHC facilities.</li> <li>• Hand hygiene audits are ongoing.</li> </ul>

## Application of User Control Measures (Section 118.1 of the LSSSS)

UTHC works realistically to be able to carry out an annual evaluation of the application of the control measures implemented in its establishment. The tools used for this purpose are based on ministerial directives and legislation. Meanwhile, the principles taught to the professionals working in our institution are those of minimal and exceptional use of control measures, the use of the latter with the aim of preventing the user from harming themselves or others, and the obligation to consider the physical and mental state of the person in the decision to be made.

## Number of Custodial Sentences in a Facility, by Mission

TYPE OF CUSTODY 2023-24	CH MISSION	CHSLD MISSION	CLSC MISSION	CR MISSION	TOTAL
Number of preventive confinements applied	x	x	x	Not applicable	<b>140</b>
Number of motions for provisory confinements made to the court by the institution on behalf of a physician or other professional practicing at its premises	Not applicable	Not applicable	Not applicable	Not applicable	<b>0</b>
Number of motions of provisory confinements obtained and enforced	x	x	x	Not applicable	<b>17</b>
Number of motions for authorized confinements under section 30 of the Civil Code submitted to the court by the institution	Not applicable	Not applicable	Not applicable	Not applicable	<b>0</b>
Number of authorized confinements under section 30 of the Civil Code obtained and executed (including renewal of authorized confinement)	x	x	x	Not applicable	<b>7</b>

## Application of the Law on End-of-life Care

There were no cases of medical aid in dying and no cases of continuous palliative sedation at UTHC in 2024-2025.

## Acknowledgements

The Ungava Tulattavik Health Center would like to thank everyone—employees, professionals, regional partners, and community organizations— who work tirelessly every day to improve the health and well-being of the Ungava communities through their ongoing commitment and exemplary dedication.





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