

Coordination

Executive Direction

Performance, Business Intelligence and Advanced Analytics

Communications Department

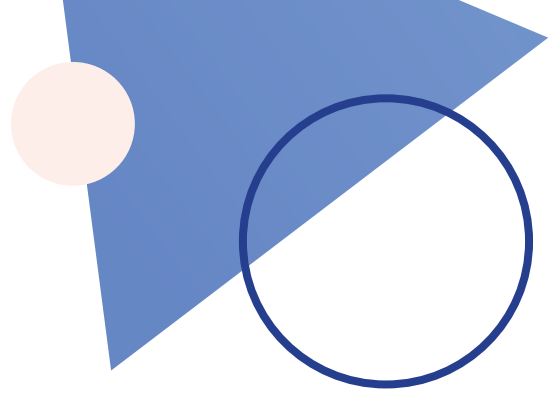
Ungava Tulattavik Health Center

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



As we conclude another year of consistent dedication and progress, we would like to take this moment to express our deepest gratitude to the employees of the Ungava Tulattavik Health Center (UTHC). Their unwavering commitment, resilience and compassion continue to have a profound positive impact on the lives of individuals and communities. Thanks to their hard work, expertise and shared vision, UTHC is able to offer appropriate care and support to those who need it most.

Every day, our employees embody the values that define our mission: caring for the wellbeing of others, fostering hope, and promoting healing. Whether in hospitals, clinics, homes, or through social and community services, our employees are on the front line. They work tirelessly to improve the quality of life of the most vulnerable. Their efforts do not go unnoticed. It is with great pride that we recognize the dedication and professionalism they bring to our health and social services network.

Equally important to our success are the users of our health and social services network. It is you—the individuals and families we serve—who inspire us to continually strive for excellence. Your trust in our care and your feedback shapes the way we evolve and adapt to meet your needs. The health and well-being of our communities remain at the core of everything we do, and we remain committed to ensuring that every person receives the respect, dignity, and care they deserve and expect.

Together, we have accomplished so much. As we look to the future, we are convinced that, thanks to your continued dedication, we will meet new challenges and responsibilities with the same unwavering commitment to improving lives.

Thank you for everything you do. It is a privilege to serve alongside you.

Sincerely,

Original signed by

Claude Gadbois
Chair

Original signed by

Larry Watt
Executive Director

Declaration of Data Reliability

The information contained in this annual management report is the responsibility of UTHC's Executive Management. Throughout the year, reliable information systems and controls were maintained to ensure that the objectives of the Management and Accountability Agreement with the Minister of Health and Social Services were met.

During the year, UTHC developed tools and continued to use our information systems to support the objectives of our divisions and our collaboration with our partners.

The results and data presented in this report for the fiscal year 2023-2024 are intended to:

- Demonstrate our actions and the services that UTHC provides to the community.
- Set goals and targets for our future actions and challenges.
- Provide reliable and accurate data.

The data presented in this annual management report reflects UTHC's situation as of March 31, 2024.

Original signed by

Larry Watt
Executive Director

Organization and Territory Description

Our Facilities

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

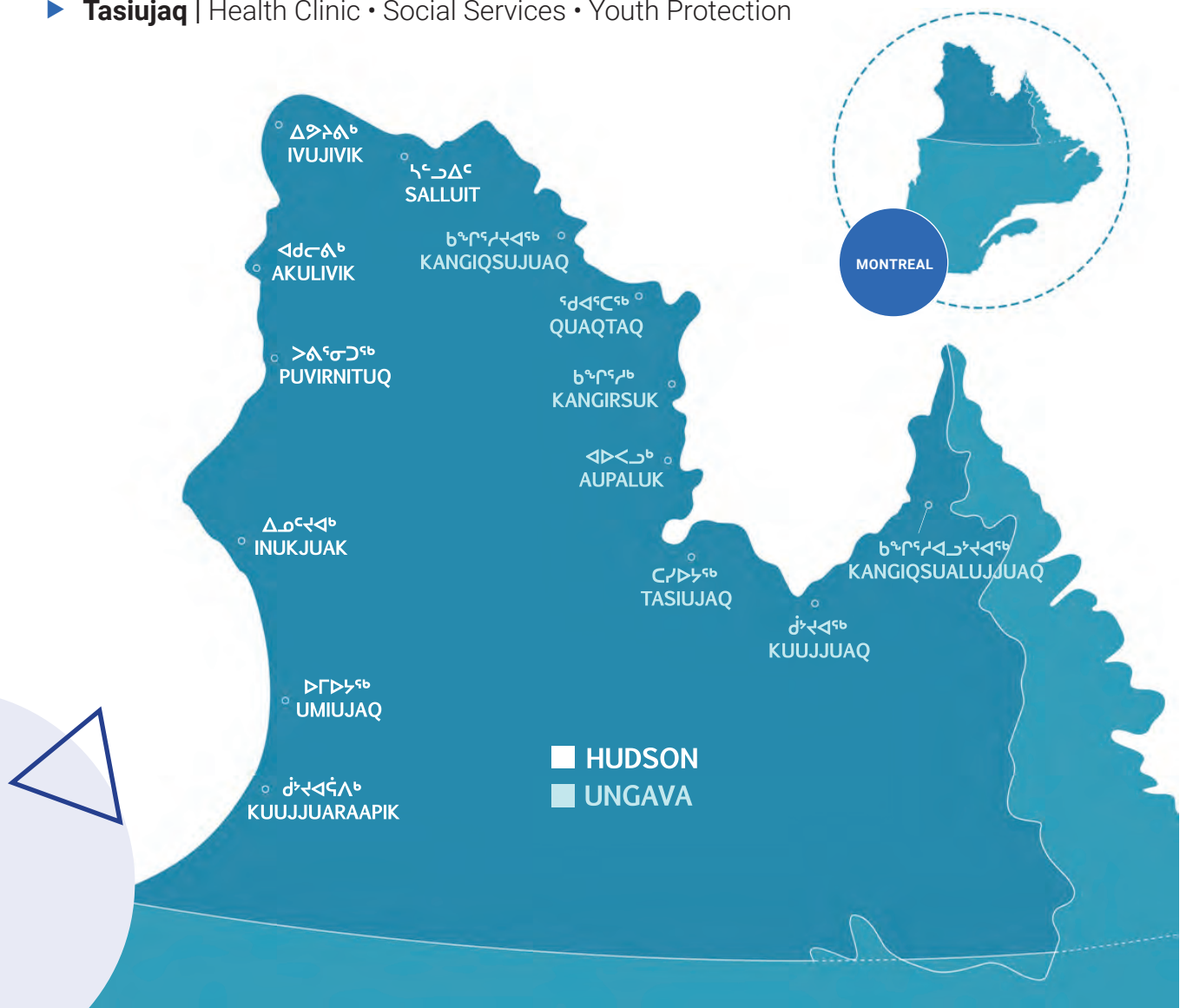
UTHC advocates prevention and places particular importance on youth development. Some 60% of Nunavik residents are under the age of 30, and 34% are under 14. That's why, over the past few years, UTHC has set up a number of programs designed to identify needs early on and ensure effective care for both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

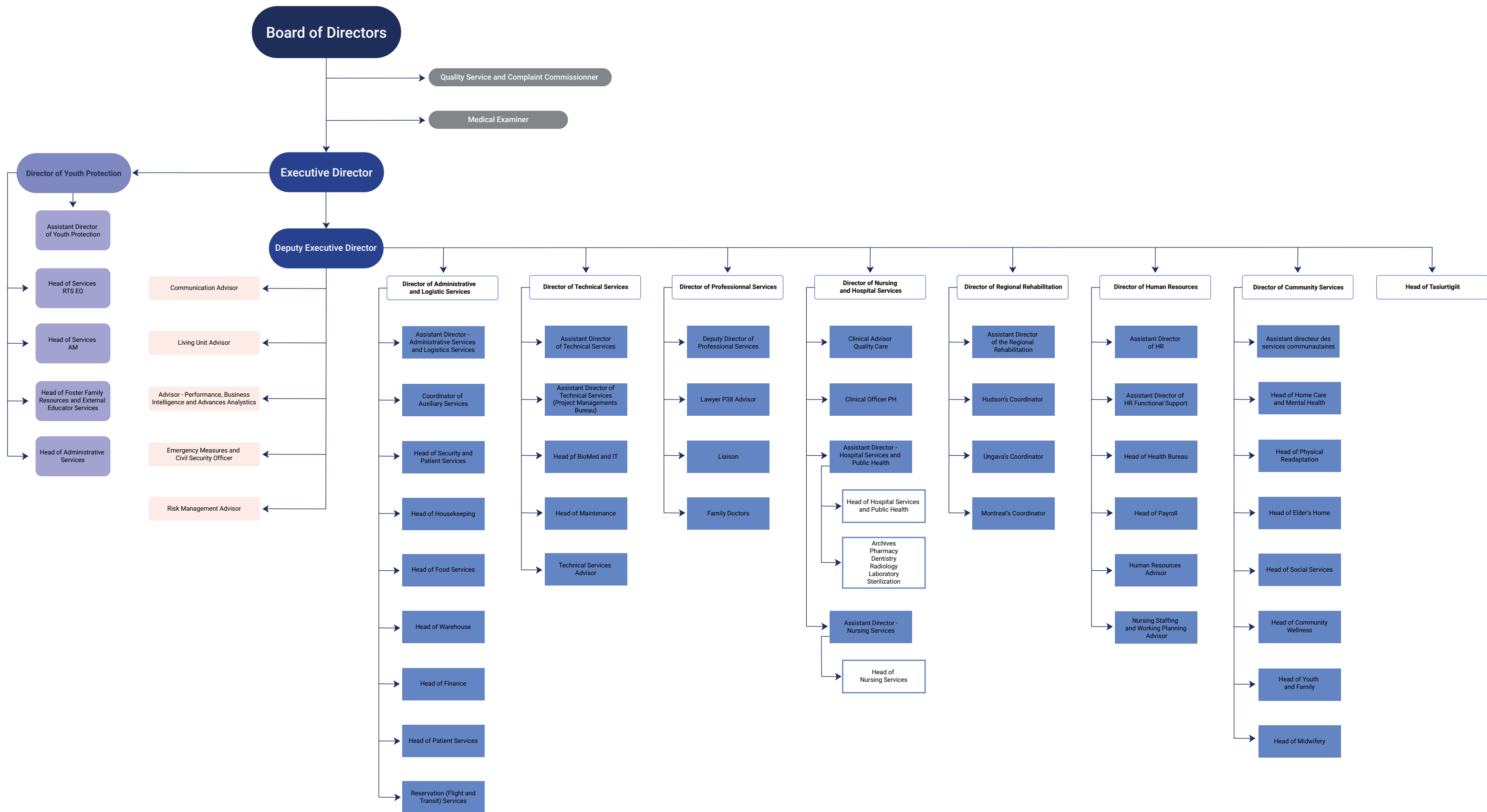
We emphasize on-the-job training and mentoring for Inuit staff, as well as preferential access to employment. To achieve this goal, a number of practical training courses are offered on site in Nunavik, including midwifery, administrative technician, community worker, educator, manager, beneficiary attendant,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

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
- ▶ **Kangiqsualujjuaq** | Health Clinic • Social Services • Youth Protection
- ▶ **Kangisujuaq** | Health Clinic • Social Services • Youth Protection
- ▶ **Kangirsuk** | Health Clinic • Social Services • Youth Protection
- ▶ **Kuujuuaq** | Health Clinic • Social Services • Youth Protection • Hospital Mission • Reception Center for young persons with adjustment problems and Group Homes
- ▶ **Kuujuaraapik** | Group Home
- ▶ **Montreal** | Reception Centers
- ▶ **Puvirnituk** | Group Home
- ▶ **Quaqtaq** | Health Clinic • Social Services • Youth Protection
- ▶ **Tasiujaq** | Health Clinic • Social Services • Youth Protection







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 Ningiuruvik	Quaqtaq Representative
Pasha Berthe	Tasiujaq representative
Johnny Jr. May	Community Sector Representative
Eva Kauki Gordon	Kativik Ilisarnilirinik representative

WATCHDOG & QUALITY SERVICE COMMITTEE

Claude Gadbois	Chair
Lizzie Johaness	Quality Service & Complaint Commissioner
Larry Shea	User Committee Representative
Larry Watt	Executive Director
Lizzie Gordon	Aupaluk Representative

GOVERNANCE & ETHICS COMMITTEE

Claude Gadbois	Chair
Pasha Berthe	Community Representative
Kitty Johaness	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

List of Acronyms

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

Youth Protection

Main Changes to Services

Several changes were made to the Youth Protection (YP) team's leadership. Collaboration with Nunavimmi Ilagiit Papatauvunga (NIP) was established in February 2024. In addition to service delivery, YP's priorities included the work environment and staff retention.

Objectives Reached and Main Achievements

Our main achievements this year were:

- Increased hiring, resulting in nearly all positions being filled through 2023-2024.
- A new, simpler court reporting model was implemented.
- The new practitioner welcome booklet is ready for use.
- Increased collaboration with other Tulattavik Health Center departments.
- Faster assessment of foster home applicants.

New Challenges and Upcoming Priorities

Priorities for 2024-2025

- Reduce the number of children in foster care.
- Reduce the number of delayed reports through the creation of an intensive and rapid intervention team within the Assessment Orientation.
- Increase collaboration with other partners and organizations.
- Increase the number of voluntary and judicial agreements.
- Work with Nunavimmi Ilagiit Papatauvunga (NIP) through the Life Project Committee and our Foster Care Department.
- Promote cultural safety in all youth protection interventions.
- Increase staff retention.
- Review our standards of practice.
- Reduce the waiting list for assessments.

YOUTH PROTECTION PARTNERS

Nunavimmi Ilagiit Papatauvunga
Nunavik Police Service
Kativik Ilisarniliriniq School Board
UTHC Community Services
Inuulitsivik Health Center

Highlights | Youth Protection



998

Yearly Reports
Received



846

Processed
Reports



329

Evaluations Completed

EVALUATION	2023-24
FF SDC (founded facts with compromised security or development)	127
FF SDNC (founded facts with uncompromised security or development)	174
Closure for other reasons	11
Finished IMV EO	17



108

Completed Orientation

ORIENTATION	2023-24
Agreement on voluntary measures	28
Short-term agreement	2
Application of judicial measures	50
Dismissal of the motion by the court	5
Closure for other reasons	22

RETAINED REPORTS, BY ISSUE

21% Physical Abuse

20% Neglect

18% Conjugal Violence exposure

14% Serious risk of physical abuse

12% Serious risk of neglect

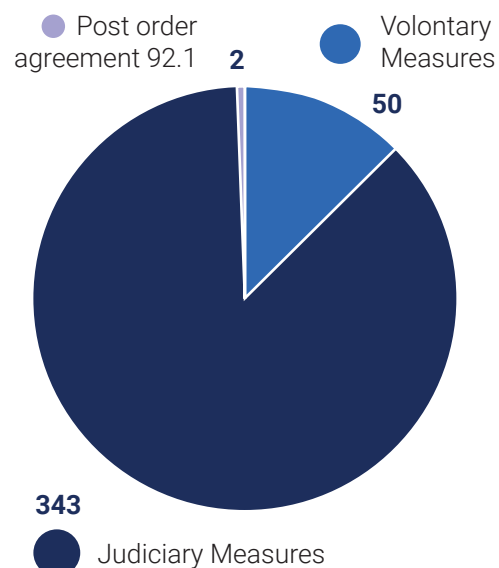


263

Children in Foster Care

395

Active Client at Application of measures





Nursing and Hospital Services

Main Changes to Services

The Nursing and Hospital Services Direction strengthened its team with the hiring of a new assistant to the director of nursing and a new public health program manager.

We expanded our services in Kangiqsualujjuaq, in response to an increase in tuberculosis cases, by hiring a radiology technologist for 26 weeks a year.

We also hired a new public health and ICP consultant to provide ICP coverage 12 months a year.

A new school nurse was hired to improve services to schools in Kuujjuaq and on the Ungava Coast.

Several reorganizations took place within the UTHC's Directions to provide better continuity and fluidity of services. Home care services were transferred to the Community Services Direction, and Liaison Services were transferred to the Professional Services Direction. As for the respiratory therapy service, it is now under the Nursing and Hospital Services Direction.

Finally, at the Kuujjuaq clinic, we have moved from booking appointments for users to a walk-in and triage mode according to the Canadian Triage and Severity Scale, which allows us to provide a more efficient service to our users.



Objectives Reached and Main Achievements

During the year, numerous collaborations took place to improve our efficiency and impact on the provincial map. First, the Hospital Care and Services Department decided to integrate the Lean approach to optimize care-related processes in Ungava's dispensaries.

Optimization projects include the implementation of iPads in the CLSCs to enable translation into Inuktitut; the optimization of the public health advisory team with the hiring of two new public health advisors; and finally, the hiring of the first pivot mental health nurse for the adult clientele.

A collaboration was established with nursing students from Cégep Garneau in Quebec City for a three-week internship in UTHC facilities.

Finally, four members of the Ministry of Advanced Education visited the territory, including the new CLSC in Aupaluk, which opened in August 2023.

New Challenges and Upcoming Priorities

Priorities for 2024-2025

- Improve procurement processes in collaboration with responsible management.
- Implement a local public health plan.
- Relocate Kangiqsualujjuaq public health staff to the Saillivik building after work is completed to optimize ventilation in the building.
- Renovate the Kuujjuaq unit care.
- Implement our medical evacuation service with UTHC's purchase of a DASH-8.
- Continue work on the implementation of the Computerized Clinical Record (DCI).

Highlights | Nursing and Hospital Services

Nursing Care in CLSCs

Regular Health Services



19,075⁺

Individual Interventions

4,666⁺

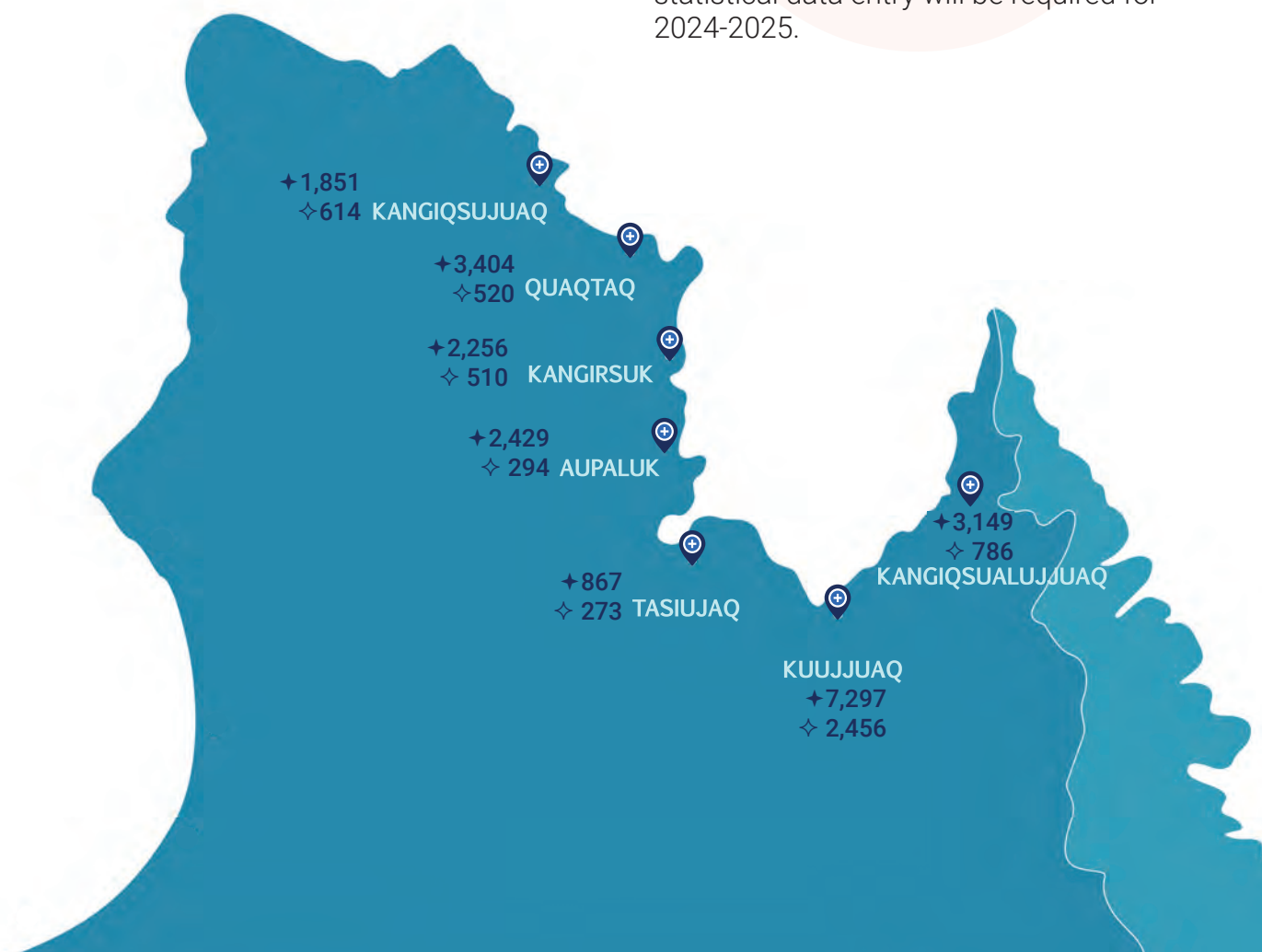
Unique Users

by CLSC for all the nursing department

Nursing Services Analysis

Although a reduction in interventions is associated with the end of the COVID-19 pandemic, it should be noted that staffing challenges in certain CLSCs have impacted the number of interventions entered into the information systems.

Greater effort and monitoring of statistical data entry will be required for 2024-2025.



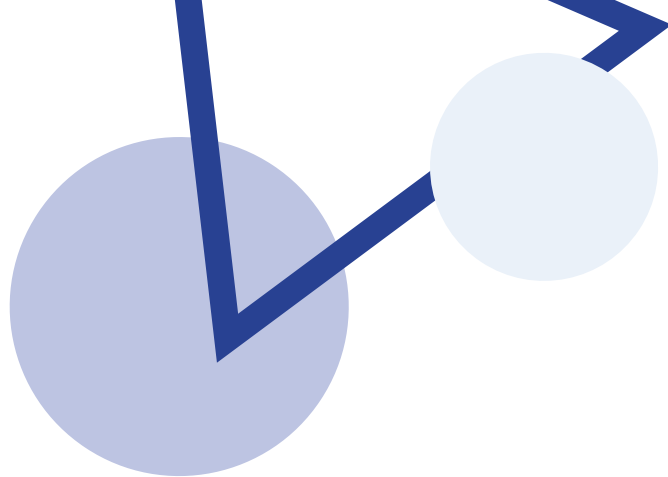
Aeromedical Evacuations (EVAQ)



909

Aeromedical Evacuations
North - North and North - South

776 in 2022-2023 (+17%)



NUMBER OF EVAQ BY REASONS

181	Traumatology	70	Respiratory
180	Gastric/Abdominal	40	Obstetrics/ Gynecology
129	Psychiatry	34	Pediatric
91	Neurology	17	Intoxication
88	Cardiac	79	Others

Analysis of Medical-Aeromedical Evacuations

A steady increase in the number of medical-aeromedical evacuations has been observed for our region. The three main reasons remain the same through the years: Traumatology, Gastric/Abdominal, and Psychiatry.

Hospital Admissions

	2022-23	2023-24	GAP%
Number of admissions	1,443	1,453	+ 1%
Number of days present	7,718	8,559	+11%

DEPARTMENTS WITH THE MOST ADMISSIONS

Medicine	953 admissions
Pediatrics	154 admissions
Dental Care	136 admissions
Psychiatry	90 admissions
Obstetrics: Delivered	31 admissions

Public Health (STBBI-Tuberculosis)

Incidence Rate per 100,000 People - STI

	2021-22	2022-23	2023-24	GAP% 22-23 VS 23-24
Chlamydia trachomatis infection	3,388.48	3,814.37	4,207.68	10%
Gonococcal infection	1,368.12	556.26	2,715.15	388%
Syphilis	79.54	79.47	47.63	-40%
Hepatitis C	0	0	15.88	

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

	2021-22	2022-23	2023-24	GAP% 22-23 VS 23-24
Tuberculosis	174.99	286.08	444.59	55%
Group A streptococcal infection			63.51	

MVA analysis

Increase in the number of tuberculosis carriers in 2023-2024. Mass screening was conducted in Kangiqsualujuaq and Kangiqsujuaq to prevent the exponential spread of tuberculosis in the region.

Number of Radiology and Ultrasound Examinations



5,155 X-ray

+3% compared to 2022-2023



861 Ultrasounds

-5% compared to 2022-2023

Laboratory : Number of Unweighted Tests

FINANCIAL YEAR	UTHC	EXTERNAL	TOTAL	GAP%
2022-2023	123,414	1916	125,330	
2023-2024	129,954	1601	131,555	+5%

Laboratory : Number of Tuberculosis Tests

	2022-23	2023-24	GAP% 22-23 VS 23-24
UTHC			
Expectorations (Bacteriology)	41	24	
Mycobacteria (Ex. direct on clinical spec.) (Auramine and/or Ziehl)	369	519	
REGIONAL			
Mycobacteria (culture on solid and liquid media)	369	519	
Mycobacterium Tuberculosis (BK) (NAAT) (on solid or liquid culture)	100	153	
Total	879	1,215	38%

Archives

INDICATORS	2022-23	2023-24
New files (file opening)	672	706
Births in Nunavik (Hospital and communities)	47	27
Requests for access to information	577	695
Examination results sent in villages	26,481	26,170
Number of files borrowed and returned	62,354	66,700
Deaths (SIED)	93	94

Community Services

Main Changes to Services

Partnership is a key concern. To this end, work is well underway to improve cooperation between the various departments. Responsibilities, expertise and communication have been improved, in particular through training, supervision, and middle management committees to ensure the smooth flow of services.

In response to the growing number of requests for specialized mental health services, three new professionals have been added to the team. A specialist in clinical activities has also joined the team.

With regard to services for people losing their autonomy, the Home Care Services team has been moved back under the Direction of Community Services in the summer. This will maximize the fluidity and complementarity of services for this vulnerable population.

In accordance with government guidelines, program management for the Tasiurtigiit (Agir-tôt) team has been transferred to Executive Direction.

Objectives Reached and Main Achievements

The Community Services Direction has significantly increased its direct services to the community, with an increase of over 32 percent.

To facilitate local services, it is important to emphasize strong, accessible frontline social services.

General social services are aimed at the entire population. In this sense, services must be adapted to a variety of social and psychological problems, ranging from the common to the serious, including at-risk and crisis situations.

The General Psychosocial Services team provides services in five areas:

- Intake, analysis, orientation and referral (AAOR).
- 24/7 crisis intervention in the community.
- Social consultation.
- Psychological consultation.
- Psychosocial component in emergency situation.

The **Child, Youth and Family Program** is a multidisciplinary team that provides a range of promotion, prevention, and intervention services to communities on the Ungava Coast. The child psychologist and the neuropsychologist are based in Kuujjuaq. The professionals can arrange travel to Kuujjuaq for clients who need assessments or offer video calls for follow-ups to ensure accessibility to all children on the coast. Two dental hygienists and a nutritionist are also part of the CYF team.

As for the **Isurivik** resource (living environment for people who are losing their independence), its capacity was fully utilized throughout the year with four full-time residents. In addition, the respite bed was used regularly. As for the **Tusaajiapik** residential resource (residence for the elderly), occupancy was at its peak throughout the year, with 13 places. Our priority continues to be the well-being of our clients while maintaining community activities. In addition, several management indicators improved significantly.

In terms of physical rehabilitation services, the continuum of services is optimized, thanks to the Tasiurtigiit offer.

Midwives

Despite difficulties in recruiting new midwives, the team has been able to meet the growing demand for services. Training continues, and we hope to welcome a second Inuk midwife next year.

In 2023-2024, prenatal referrals for medical reasons represented 63 percent of our clients, an increase of six points from 2022-2023.



103 Pregnancy Follow-ups

143 in 2022-23

122 in 2021-22



Number of Births

33 in Ungava :
27 in Kuujuaq and
6 in other communities
70 in Montreal



Wellness Workers

The **Wellness Workers** developed various community projects throughout the year. Their responsibilities included organizing and promoting wellness activities, managing all logistics associated with the projects, as well as purchasing and managing snacks, invoices, purchase orders, and more.

Numerous projects were completed as part of the wellness program. For example, the Suicide Prevention Worker led “**Reach Out**” workshops on suicide prevention. Initiatives such as the distribution of food baskets to single parents, low-income families and those on welfare, the organization of the “**Open Door**” Festival, a weekly girls’ club, a first responder appreciation day, bereavement support, fishing trips for single women, a frontline appreciation day, the sobriety challenge, a Mother’s Day activity, and a food bank illustrate some of the services provided by the team. It should be noted, however, that there are no wellness workers in Kangiqsualujjuaq, Tasiujaq and Aupaluk.

The **Mental Health Team** provides services to adults with serious mental disorders who are unstable and fragile and require moderate to high intensity services. The goal is to promote recovery, community integration, and increased autonomy. Services, intensity of care, and location of meetings are tailored to the needs of each individual.

New Challenges and Upcoming Priorities

Priorities for 2024-2025

1. Strengthen collaboration with Nunavimmi Ilagiit Papatauvunga (NIP) to increase Ilagiiluta services (SIPPE) that provide targeted support to youth in need. Coordinate joint initiatives and share resources to maximize impact.
2. Strengthen midwifery services by recruiting additional midwives.
3. Improve YP referral system to mainstream social services. Consolidate referral processes between YP and social services. Referral mechanisms were formalized to clarify roles and responsibilities and optimize service delivery.

Improve referrals from **Ullivik**: establish and implement quality information transfer protocols between Nunavik and specialized centers in Montreal.

Highlights | Communities Services

Community Services – All Services



26,640⁺

Individual Interventions

by CLSC for all community services

2,793⁺

Unique Users



INDIVIDUAL INTERVENTIONS BY JOB TITLE

TS/ARH	13,056 interventions +56%
Psychoeducator	585 interventions + 9%
Occupational Therapist	669 interventions +43%
Physiotherapist	697 interventions +57%
Dental hygienist	732 interventions +20%

INDIVIDUAL INTERVENTIONS BY SUB-PROGRAM

General Psychosocial Services	4,943 interventions +65%
Intake	703 interventions +46%
Home Care	10,206 interventions +49%
Agir-tôt	1,001 interventions +105%
SIPPE	406 interventions -34%



Professional Services

Main Changes to Services

The liaison service was transferred from the Nursing Services Direction to the Professional Services Direction to ensure a more seamless flow of services. Pediatric and psychiatric pivot nurses were also integrated into the team to support specialists during their stay in the Ungava region.

Objectives Reached and Main Achievements

To continue providing quality care to our population, the number of specialist visits to the Ungava Coast has increased. Partnerships with other specialties, such as the pain clinic, allergology, and dermatology, have been established and are eagerly awaited by users.

As part of the drive to improve practice, trauma training was offered to all Kuujjuaq family doctors, and a management tool was introduced for the Council of Doctors, Dentists, Pharmacists, and Midwives.

Finally, non-negotiated retention measures were introduced for dentists at UTHC, again with the aim of maintaining quality services to meet growing user demand.

New Challenges and Upcoming Priorities

Priorities for 2024-2025

- Maintain and develop the Medical Appointment Center for family doctors and dentists.
- Implement a pilot project to develop dental hygienist services in all Ungava communities.
- Improve service coverage by creating a second permanent physician position in Kangiqsualujjuaq and develop internship opportunities for dental and pharmacy residents.

Highlights | Professional Services

Medical and Dental Staff



71 Specialist Physicians

20 PEM-PRO
51 minority practice



23 Family Medicine Physicians

7	34+ weeks
11	22+ weeks
2	18+ weeks
2	12+ weeks



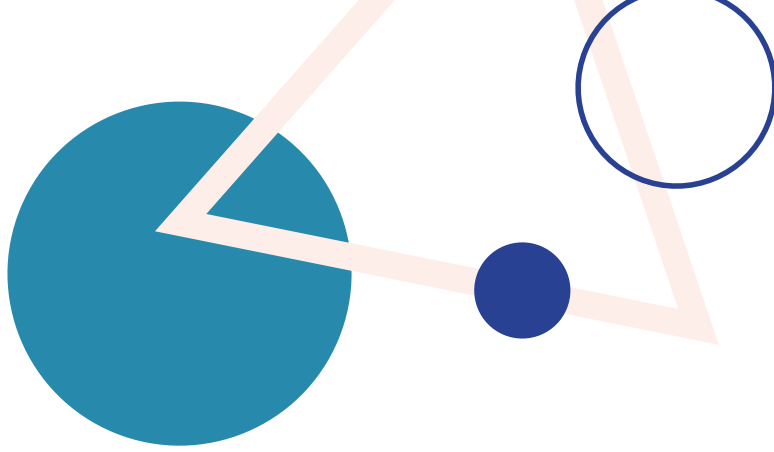
17 Dentists

2 full time
14 on call



Public Health

5 Community Health Specialists
14 Family Physicians
1 Dentist



Regional Rehabilitation Services for Young Persons with Adjustment Problems

Reception Centers and Group Homes

RESSOURCES	COMMUNITIES	DESCRIPTION
Atsanirq Group Home	Puvirnituq	Law/measure: YP and voluntary measures 10 places: Mixed Teenagers, 12-17 yrs.
Pirutsaivik Group Home	Kuujjuaraapik	Law/measure: YP and voluntary measures 8 places: Mixed Children, 6-12 yrs.
Qaumajuapik Group Home	Kuujjuaq	Law/measure: YP and voluntary measures 8 places: Mixed Children, 6-12 yrs.
Qulliqa Reception Center	Inukjuak	Law/measure: YP and voluntary measures 11 places: girls Teenagers, 12-17 yrs.
Saturvik Group Home	Kuujjuaq	Law/measure: YP and voluntary measures 10 places: Mixed Teenagers, 12-17 yrs.
Sapummivik - Reception Center; Opened custody	Kuujjuaq	Law/measure: YP and voluntary measures 5 places: 5 boys Teenagers, 12-17 yrs.
Ulluriaq - Reception Center; Closed Custody	Montreal	Law/measure: YCJA 10 places: boys Teenagers, 12-17 yrs. *Also offers Intensive Mentoring
Ulluriaq - Reception Center; Opened Custody	Dorval	Law/measure: YP and Voluntary Measures 10 places: girls Teenagers, 12-17 yrs.



Main Changes to Services

In January 2024, the Sapummivik reception center for boys aged 12-17 in Salluit had to close and move to Kuujuaq. However, the Kuujuaq Center can only accommodate five boys instead of ten. As a result, some young people had to be transferred to the Batshaw Units, and the Pathway to Autonomy Program that was due to get underway was not able to get off the ground.

Since the transfer from Salluit to Kuujuaq, there have been major challenges. The absence of stable UTHC staff, the continual turnover of agency personnel and the non-adaptation of equipment at the Kuujuaq facility (notably the lack of isolation rooms) make the day-to-day management of operations at the Sapummivik reception Center more difficult.

There have been a number of changes to the management team. There is now an assistant to the director, the three program manager positions have been transformed into coordinator positions, and most of the head of unit positions have been filled.

All these changes have made it possible to review certain ways of doing things, as well as several policies, procedures and protocols.

Objectives Reached and Main Achievements

The MSSS gave their approval for the clinical plan, which aims to bring together 4 reception centers at 5001 Château-Pierrefonds in Pierrefonds. The second part aims to build a three-unit complex in Nunavik. This complex will be used to relocate two existing units and open an overflow unit.

At the same time, efforts will be made to find a site in the greater Montreal area to relocate Sapummivik and open an overflow unit on a temporary basis until the three-unit complex is built in Nunavik. This will allow us to keep our clients in UTHC's services instead of sending them to another CISSS or CIUSSS in the territory, such as Batshaw, and to launch the long-awaited new Pathway to Autonomy service.

During the year, a code of conduct was reviewed and adopted for the Reception center and group homes, which applies to all users of our services, their families, and caregivers.

The policy and protocol on the use of certain supervision measures for young people in regional rehabilitation services were reviewed and adopted.

New Challenges and Upcoming Priorities

Priorities for 2024-2025

In the coming year, certain policies and procedures will need to be reviewed, such as the Secure Search and Seizure Policy and Procedures and Education Methods. We'll also need to work on improving existing protocols to prevent and/or effectively respond to potential public health issues such as COVID, tuberculosis, measles, and others.

Other priorities include:

- Completion and adoption of the Trajectory in Regional Rehabilitation Services document.
- Continuing work on the clinical plan.
- Improving and/or continuing to provide a healthy work environment for staff. Training and coaching are necessary to keep staff motivated and committed to our mission.
- The priority at all times is to provide quality, adapted services to young people between the ages of 6 and 17.

Highlights | Regional Rehabilitation Services for Young Persons with Adjustment Problems

Number of Youths Receiving Services

UNIT	2022-23	2023-24	GAP% 22-23 VS 23-24
Atsanirq (Puvirnituq GH)	22	21	-5%
Pirutsaivik (6-12 Kuujjuarapik)	12	17	42%
Qaumajuapik (6-12 Kuujjuaq)	14	13	-7%
Qulliq (Inukjuak-girls)	23	28	22%
Sapummivik (Salluit)	23	20	-13%
Saturvik GH (12-17) (Kuujjuaq)	22	16	-27%
Ulluriaq-boys (Montreal)	15	28	87%
Ulluriaq-girls Annex (Montreal)	20	20	0%
Outside Nunavik	22	24	9%
Total	173	187	8%

Despite an increase in placements in rehabilitation services, there has been a steady decline in the use of special measures involving isolation and physical restraint every year for the past five years.



Technical Services

Main Changes to Services

The Technical Services Direction upgraded its administrative structure to split into two distinct branches (Operations and Projects), each under the authority of an Assistant to the Director. As part of this new structure, a candidate for the position of Assistant to the Director of Technical Services - Operations has been appointed.

A permanent Telecommunications Analyst position was created for UTHC development projects.

Finally, the opening of a workshop in Kuujjuaq for the maintenance and repair of road vehicles will allow us to be more responsive and operational in the field.

Objectives Reached and Main Achievements

This year has been marked by the opening of the new Aupaluk CLSC and its commissioning.

The Kangiqsujaq, Quaqtaq, and Tasiuq CLSCs will undergo major renovations to better serve the community.

In Kuujjuaq, the hospital's oxygen and medical air production units are being replaced.

At the same time, the departments updated the portfolio of PCFI (*Planification des investissements en infrastructures dans le réseau sociosanitaire québécois*) projects in the Network's **Actif+**. This update has reduced the number of registered projects from 160 to 50.

In addition, over \$20,000,000 in backlogs of PCFI projects billed to the NRBHSS was eliminated.

New Challenges and Upcoming Priorities

Priorities for 2024-2025

- Complete the updating of project files in *Actif+ Réseau*.
- Review inventory management and warehousing processes in Kuujuaq and in the community.
- Implement a five-year major renovation plan for the real estate portfolio.
- Implement a prioritization process for PCFI projects.
- Establish a clinical planning team.

In parallel, work will be done to address specific issues:

- Improve technical staff recruitment capacity.
- Rebalance the funding of maintenance activities to meet the two percent VAR (Current replacement value) standard.
- Optimize fleet management; Securing funding for major renovation projects with the NRBHSS.
- Secure funding for major renovation projects with the NRBHSS.

Highlights | Technical Services



171 Buildings Owned by UTHC



148 Vehicles

	MAINTENANCE	BIOMED	IT
Number of hours worked	25,187	9,222	15,111
Number of service calls received	N/A	793	6,602

A person wearing a blue jacket and a hat is walking away from the camera on a wide, unpaved dirt road. The road curves through a vast, open landscape with green grass, small ponds, and distant mountains under a blue sky with light clouds.

Human Resources

Main Changes to Services

A number of changes have been made in the Human Resources (HR) Direction with the aim of better structuring, optimizing, and developing services in line with the needs of the organization.

Process Optimization

The HR has made several process improvements, including:

- The revision, automation, and mapping of various processes;
- Creation of an HR dashboard for Power BI to track management indicators:
 - Turnover rate
 - Number of hires, rehires, departures
 - Full-time equivalent per manager
- Creation of various follow-up tools and reports;
- Optimization of recruitment work methods and tools: procedures, use of the Applicant Tracking System (ATS) platform, and Microsoft planner.

Digital Turn

With a significant proportion of HR staff teleworking, several adjustments were made last year. The computerization of HR processes and the digitization of active and semi-active employee files were implemented to provide secure access to employee files for teleworking HR staff. Other projects aimed at implementing best practices in document management were initiated and will be continued in the coming year, in particular the filing tree structure for collaborative folders and files and file naming.

Dynamic web forms have been developed for pre-employment health questionnaires and leave requests, and several others will be created in the near future. These forms allow for the creation of workflows and approvals between the people who need to review or approve them, standardizing processes and increasing efficiency.

Implementation of the ATS also continued. The need to create additional video capsules to better train new recruiters and user managers was identified.

Addition of Occupational Health and Safety Support Services

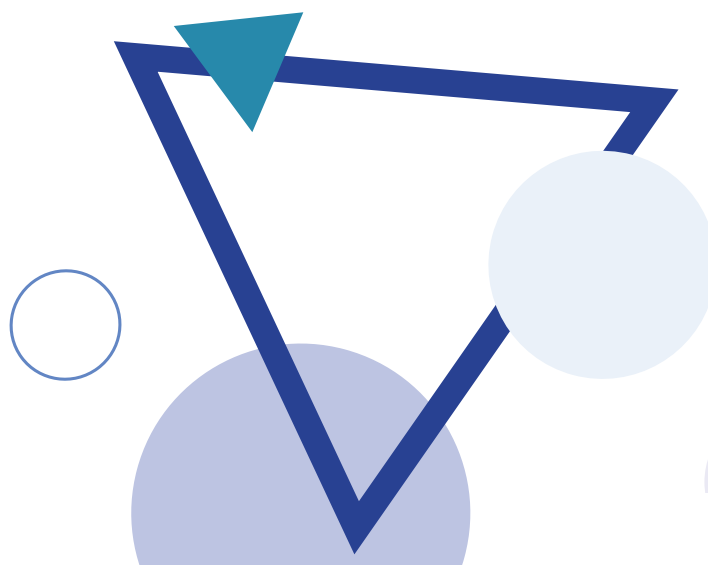
By adding resources to the Occupational Health and Safety team, HR can now provide occupational health and safety coaching services to the organization. The team can assist managers and work teams in analyzing, managing and preventing occupational health and safety risks. In particular, a joint initiative with the “*Association paritaire pour la santé et la sécurité du travail du secteur des affaires sociales*” (ASSTSAS) to prevent risks related to violence in the workplace was implemented at one site.

New Data Entry Software for Accidental Event and Risk Situation Declarations and Medical Administrative Management

Following the implementation of SIGMA-RH software in the Health and Care Services Network (RSSS), the OHS team is now able to effectively document declarations of accidental events and situations involving health and safety risks. In the area of medical-administrative management, the use of SIGMA-RH allows better traceability of files and the generation of detailed follow-up reports tailored to our needs, facilitating decision-making and performance monitoring. Sigma-RH has also added a workplace immunization registry and a registry for monitoring respirator fit testing.

Salary Insurance and CNESST

FINANCIAL YEAR	UTHC Salary Insurance	SSSS QUÉBEC Salary Insurance	UTHC CNESST	SSSS QUÉBEC CNESST
2019-20	7.97%	7.66%	2.18%	1.51%
2020-21	8.04%	7.54%	1.67%	2.08%
2021-22	8.09%	7.52%	1.79%	1.93%
2022-23	6.88%	7.11%	1.27%	2.08%
2023-24	7.36%	7.13%	1.11%	1.86%



Objectives Reached and Main Achievements

Human Resources Development and Training Plan

The achievements of the HR team are numerous.

First, the Human Resources Development Plan (HRDP) was implemented in a new way, allowing for better identification of needs and better coordination of training activities for the organization. **In 2023-24, 11,990 hours of training were paid for, compared to 8,588 hours in 2022-23 and 8,870 hours in 2021-22.**

The online training offered by INALCO to deliver Inuktitut courses continues to be a great success with staff. A total of 23 employees (including doctors) have registered for this training from September 2023 to April 2024. In addition, training courses offered by Collège Marie-Victorin for Inuit employees have been renewed, with a total of six Inuit employees benefiting this year.

14 Inuit employees enrolled in Recognition of Prior Learning Training training in administrative communication, human resources supervision and helping relationship communication. These courses allow graduates to be promoted to a higher job title. UTHC has two Inuit employees who are completing the DEC in social work and three Inuit employees who are completing the Inuit Management Training McGill program.

Participation in Various MSSS Programs and Initiatives

Finally, HR participated in various MSSS programs and initiatives. HR coordinated UTHC's participation in the MSSS National Leadership Development Program and National Coaching Program, a first for UTHC. Participation in these programs helped to develop management skills and promote internal management succession. UTHC participated in joint development groups on psychosocial risks in the workplace with CPNSSS, INSPQ, and ASSTSAS. UTHC also participated in various training and co-development activities led by Global Watch, through the subscription provided.

Training on the prevention of burnout and compassion fatigue, developed in 2022-2023 as part of a project submitted to the MSSS for the employee experience, was implemented among DYP employees.

Labour Relations and the Common Front Strike

Last year was also marked by the common front strike, as collective agreements expired in 2023. The Labor Relations team saw its workload increase significantly as it took on the responsibility of providing strike plans and acting as the central point of contact between management and unions. Despite this hectic year, they managed to negotiate long-awaited agreements on teleworking with the two main unions, FIQ and CSN.

Recruitment

Thanks to the KRG's Challenge Summer Employment Program, UTHC was able to hire two students to work in Community Services in the summer. Finally, in partnership with the Kativik School Board, the team participated in the two-day Future Fair event in Tasiujaq in February 2024. Together with representatives from the NRBHSS, the event introduced high school students to the jobs available in the health and social services network, as well as the programs for Inuit employees. The aim was to encourage young people to continue their studies and to see the different job opportunities available to them, depending on their qualifications. An information booth about UTHC was set up for students, parents, and the community.

HR also represented the organization at several job fairs and conventions in cities across Quebec (Montreal, Sherbrooke, Quebec City, Lévis, Mont Saint-Anne, Thetford Mines, and Rimouski) and in other provinces (Toronto, Hamilton, Cornwall, Ottawa, and Moncton). UTHC also increased its presence on social networks: 1,472 photos were taken as part of a tour covering all the villages with a service point, and five promotional videos were shared, reaching a total of 1,226,869 people.

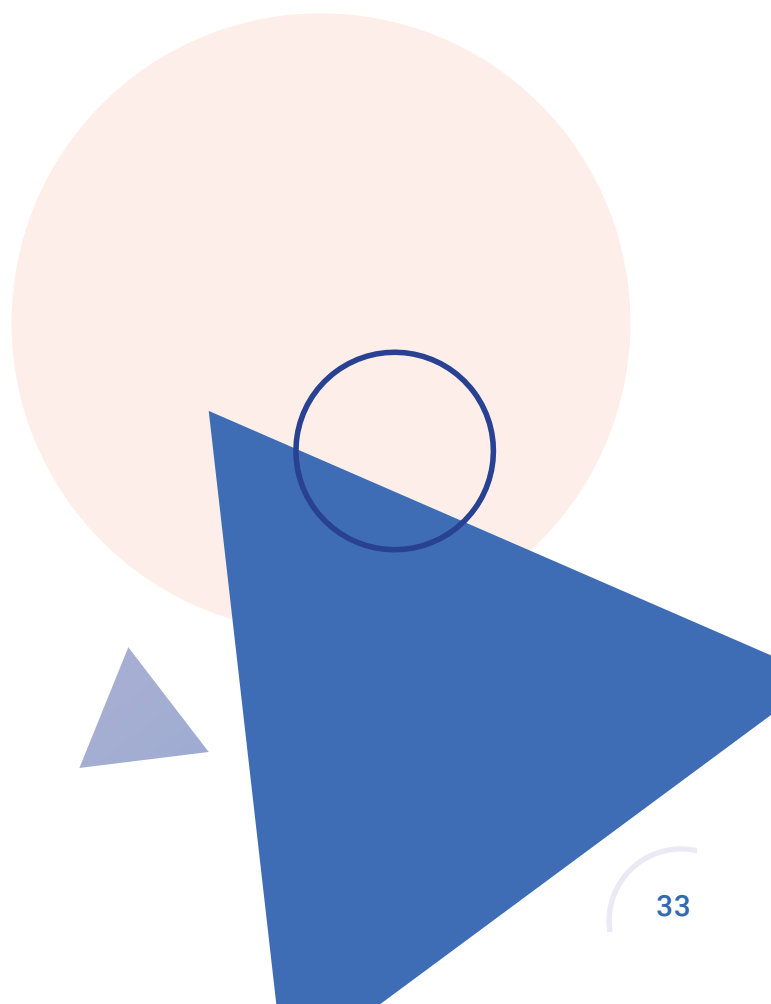
Payroll and Remuneration

Human Resources is also proud of the payroll team's hard work in implementing the COVID Ministerial Ordinance and Collective Bargaining Agreement regulations for 2021-2023, which extended into 2024, as well as taking over the expense accounts. This arduous task required a great deal of overtime. An expense account analysis tool was also created. Then, with an eye toward continuous improvement, the team developed a payroll validation tool to ensure that compensation and benefits files were in compliance with current collective agreements and covenants.

Support for Managers

Management also worked on the development of tools to support managers in the appropriation of HR processes. Notably, tools were created for the hiring process, bonuses and per diems, requests for crisis management services through the Employee Assistance Program, etc. In addition, HR has developed a dynamic form to facilitate the completion of accident reports. The new form allows for efficient input into the newly implemented Sigma-RH software.

To better equip the team of HR generalists, a probation tracking program was developed. In parallel with this program, the labor lawyers created a summary file of probationary periods by job title and union certification, with pay code inclusions and exclusions. Together, these two tools greatly improved the quality of probation monitoring. The next step is to make these tools available to managers in Power BI and provide the necessary training to use them to diligently monitor probationary employees.



Health and Safety at Work

In terms of health and safety in the workplace, HR helped set up processes to counter the spread of measles in Nunavik, and shared proactive communications with staff to limit the risk of measles spreading. For its part, the organizational committee for the prevention of violence towards employees, set up following the Global Health Forum, achieved a number of successes, including the purchase of security cameras, the preparation of an internal promotional campaign aimed at raising awareness among employees and managers, and the development of a practical guide to the prevention of violence in the workplace, bringing together best practices, procedures and support resources. The promotional campaign and prevention guide will be distributed at the end of 2024.

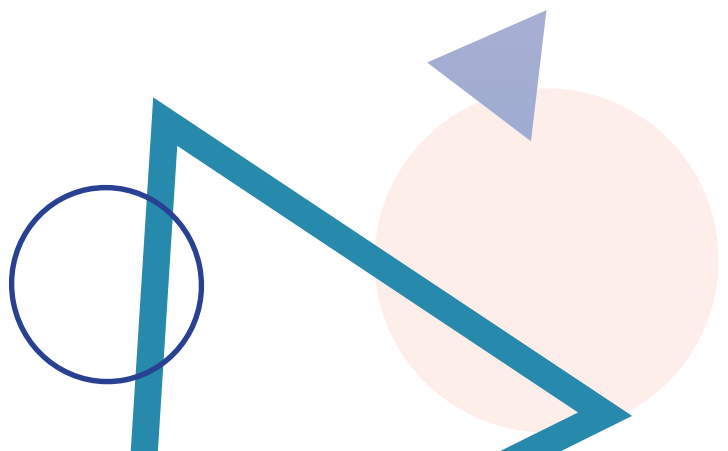
The joint occupational health and safety committee (*Comité paritaire de santé et sécurité du travail* - CPSST), headed by two HRD co-chairs, achieved a number of objectives, including the purchase of ear muffs for medical evacuations, the purchase of anti-slip soles in view of the high risk of falls on slippery surfaces outdoors at the UTHC, and the implementation of a PDSP program in Nunavik in collaboration with ASSTSAS. Then, to better equip employees with best practices in workplace violence prevention, Omega training was offered to 40 employees in 2023-2024. Other groups are planned for the coming year, with managers also invited to participate. Finally, several training courses on the prevention of psychosocial risks in the workplace were offered to managers: intervening in workplace conflicts, effective communication, benevolent communication, managing difficult behaviours in the workplace, and crisis intervention for psychological trauma.

New Challenges and Upcoming Priorities

Priorities for 2024-2025

HR's priorities for the coming year, taking into account the many developments and significant achievements, will be as follows:

1. Continue to optimize the department: automate administrative tasks, review processes.
2. Review policies under the HRD's responsibility (regional disparities, housing, civility and harassment, reimbursable travel expenses).
3. Implement a prevention program in compliance with the law modernizing the occupational health and safety system.
4. Review the Integration day formula.





Highlights | Human Resources

Number of Employees



268 Inuit employees

746 Non-Inuit employees

Turnover rate

24.06% (24.43% in 2022-23)

In 2023-2024, the turnover rate at UTHC was 24.06%, an improvement on previous years (24.43% in 2022-2023 and 34.62% in 2021-2022).

401 Hires

242 Departures

DIRECTIONS	HIRES
Nursing Hospital Services	132
Community Services	102
Administrative Services	45
Rehabilitation Services	31
Youth Protection	31
Human Resources	23
Professional Services	20
Technical Services	14
Executive Management	3

Number of Hours Worked per Job Title

HOURS		PF - FINANCIAL YEAR			
PERSONNEL CATEGORY	ELEMENT GROUP 1 - LEVEL 2	2022	2023	2024	GRAND TOTAL
01 - Nursing and Cardio-Respiratory Care staff	REGULAR	129,499.10	131,983.44	126,993.64	388,476.18
01 - Nursing and Cardio-Respiratory Care staff	OVERTIME	33,606.84	30,557.56	30,379.82	94,544.22
02 - Paratechnical, Auxiliary and Trades personnel	REGULAR	206,969.16	204,668.24	197,791.03	609,428.43
02 - Paratechnical, Auxiliary and Trades personnel	OVERTIME	33,858.46	42,147.41	46,358.70	122,364.57
03 - Office staff, Technicians and Administrative Professionals	REGULAR	86,972.83	102,472.19	115,216.70	304,661.72
03 - Office staff, Technicians and Administrative Professionals	OVERTIME	9,768.19	9,970.67	10,432.51	30,171.37
04 - Health and Social Services Technicians and Professionals	REGULAR	226,143.49	232,139.30	252,319.67	710,602.46
04 - Health and Social Services Technicians and Professionals	OVERTIME	24,602.03	30,046.81	30,855.36	85,504.20
97 - Other staff categories	REGULAR	16,362.58	17,076.68	13,475.38	46,914.64
97 - Other staff categories	OVERTIME	2,622.37	2,519.68	2,084.44	7,226.49
99 - Executive staff	REGULAR	48,864.75	49,794.33	59,989.51	158,648.59
99 - Executive staff	OVERTIME	688.56	129.76	793.58	1,611.90
Total		819,958.36	853,506.07	886,690.34	2,560,154.77

Administrative and Logistic Services

Main Changes to Services

This year was marked by the acquisition of a new warehouse in Dorval and new administrative offices in Montreal.

A new minibus adapted for patient services was added to the fleet in Kuujuaq.

The Administrative and Logistic Services Direction expanded with the addition of 4 new middle managers, two warehouse clerks, an administrative technician (procurement), and an administrative technician (transit).

Objectives Reached and Main Achievements

During the year, we increased operational efficiency by moving the Kuujuaq warehouse to Dorval and improving contract management governance.

Safety levels were improved, and emphasis was placed on management training.

Patient services were improved with the acquisition of an adapted minibus and the quality of life in patient transit (Innilavik).

Finally, better booking services are offered thanks to a centralized booking system for Transit (Nomadis).

New Challenges and Upcoming Priorities

Priorities for 2024-2025

For 2024-2025, improving order delivery times (maximum seven days) and requisition processing will be a priority.

On the financial side, obtaining more financial support for asset maintenance and improving departmental financial management will allow us to reduce the financial deficit without cutting services.

Highlights | Administrative and Logistic Services

Transit

2023-2024	NUMBER OF USERS	NUMBER OF DAYS ATTENDANCE
Users	2,570	3,744
Medical Escorts	1,232	1,796

Financial Resources

Use of Budgetary and Financial Resources by Program

PROGRAM	PREVIOUS YEAR		CURRENT YEAR		CHANGES IN EXPENSES	
	EXPENSES	%	EXPENSES	%	GAP	%
Programs & Services						
Public Health	\$11,224,864	6.67%	\$3,763,606	1.86%	-\$7,461,258	-66.47%
General Services - Clinical and Support Activities	\$14,402,690	8.56%	\$17,988,376	8.90%	\$3,585,686	24.90%
Independent Living for the Elderly	\$8,816,779	5.24%	\$9,497,579	4.70%	\$680,800	7.72%
Physical Disabilities	\$6,623,270	3.94%	\$8,299,435	4.11%	\$1,676,165	25.31%
Intellectual Disability and ASD	\$840,962	0.50%	\$741,743	0.37%	-\$99,219	-11.80%
Youth in Difficulty	\$33,498,766	19.92%	\$37,944,238	18.78%	\$4,445,472	13.27%
Addictions	\$0	0.00%	\$0	0.00%	\$0	
Mental Health	\$201,050	0.12%	\$399,414	0.20%	\$198,364	98.66%
Physical Health	\$43,758,778	26.02%	\$56,472,487	27.95%	\$12,713,709	29.05%
Support programs						
Administration	\$17,899,613	10.64%	\$27,835,332	13.78%	\$9,935,719	55.51%
Service Support	\$10,275,042	6.11%	\$12,155,742	6.02%	\$1,880,700	18.30%
Building and Equipment Management	\$20,655,073	12.28%	\$26,930,831	13.33%	\$6,275,758	30.38%
Total	\$168,196,887	100.00%	\$202,028,783	100.00%	\$33,831,896	20.11%

*: Difference between previous year's expenses and those of the completed fiscal year.

**: Result of variance divided by previous year's expenditure

For further financial information, readers may consult the Financial Statements included in the AS-471 Annual Financial Report, at: tulattavik.com



Balanced Budget

Financial Results 2023-2024

UTHC recorded a total deficit of \$13,929,273, consisting of a deficit of \$15,934,453 in the operating fund, offset by a surplus of \$2,005,180 in the investment fund.

UTHC was unable to meet its commitment to maintain a balanced budget due to a number of challenges and reasons that will be discussed in the following sections.

These challenges included unanticipated increases in operating costs, fluctuating demands for health services, and external economic factors that strained financial resources. As a result, the UTHC's financial planning and management faced significant obstacles that led to the current deficit and highlighted the need for an analysis of the contributing factors.

After a thorough assessment of the current financial situation, it is clear that several factors have contributed to this financial outcome.

Key elements of our analysis include:

- Inflation-related increases affect many areas, including self-employed labor, air travel prices, and various other goods and services.
- Increased user travel for DYP/REHAB services.
- Increased post-COVID security and cleaning costs, which have a significant impact on the budget.
- Medical escort payments of over \$2,000,000.
- Unconfirmed claims related to insured and non-insured health benefits (NIHB) totaling \$12,471,423 as of March 31, 2024, for 2017 and prior years.
- Unconfirmed receivables related to various programs totaling \$100,089,018 as of March 31, 2024 (\$65,025,353 as of March 31, 2023), which has a significant negative impact on UTHC's cash flows and overall financial position.

Corrective Measures

Given the deficit facing UTHC, it is essential to implement a series of corrective budgetary measures aimed at restoring financial stability and ensuring the long-term viability of the institution. These measures are aimed at eliminating overspending and improving efficiency in various operational areas. By strategically eliminating unnecessary costs and optimizing resource allocation, UTHC can work towards balancing its budget and improving its overall financial health. In addition, it is essential to foster collaboration with other partners to gain a full understanding of the challenges ahead and to jointly develop effective strategies for financial recovery and sustainable growth.

Main Budgetary Corrective Measures:

- ▶ **Elimination of housing leases to reduce overhead costs:** The NRBHSS will build and purchase new housing, generating savings through the termination of several leases. Savings of \$400,000 have been earmarked for this purpose in 2024-2025.
- ▶ **Lease financing to optimize space utilization:** Presented to the NRBHSS leases signed in recent years for which financing is not assured in order to obtain financing. These leases were necessary to create certain positions in the previous regional strategic plan.
- ▶ **Renovate the real estate portfolio to improve facility conditions and operational efficiency:** A request was made to NRBHSS to use unused capital budget funds to renovate over 25 buildings, averaging 36 years old, to reduce repair and maintenance costs in 2025-2026.
- ▶ **Adjust the budget baseline to ensure more accurate financial planning:** We plan to use \$2,000,000 from our 2025-2026 Regional Strategic Plan to complete the base budget revision. Clinical services were revised in 2019-2020 and community services in 2020-2021. In 2025-2026, we will review youth protection programs and rehabilitation programs for youth with adjustment difficulties.
- ▶ **Reduce the cost of labor (MOI) by minimizing unnecessary expenditures:** The MOI rate will be reduced according to the CAG tenders, saving \$3 to \$7 per hour. A further 5% reduction is planned for 2025-2026, in line with the Minister's measures to reduce the use of MOI.
- ▶ **Shift spending to SSNA programs to allow for better financial management and resource allocation:** A request has been made to the NRBHSS to allocate \$2,000,000 of NIHB program expenditure to the Southern Accompaniment Payments.
- ▶ **Provide inflationary funding to mitigate rising costs and their impact on the budget:** A request was made to the NRBHSS to receive an inflation-linked offset of \$2,500,000, excluded from SSNA calculations, to address recent inflationary pressures.

Service Contracts

Service contracts with an expenditure of \$25,000 or more recorded into between April 1, 2023, and March 31, 2024.

	NUMBER	VALUE
Service contracts with a natural person	22	\$588,235.68
Service contracts with a contractor other than a natural person	66	\$20,823,877.00
Total service contracts	88	\$21,412,112.68

Risk and Quality Management

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

In 2023-2024, the total number of events will be 840, broken down as follows:

- ▶ Total incidents: 115
- ▶ Total accidents: 446
- ▶ Total of minor events: 279

The following is a description of the three main types of incidents and the three main types of accidents.

Table Summarizing the Nature of the Three Main Types of Incidents
(severity indexes A and B) Identified by the Local Monitoring System in 2023-2024

3 MAIN TYPES OF INCIDENT	NUMBER	PERCENTAGE OF TOTAL INCIDENTS	PERCENTAGE OF ALL EVENTS
Other (Any type of event)	35	30.43%	4.17%
Medication	22	19.13%	2.62%
Errors related to equipment	17	14.78%	2.02%
Total	74	64.34%	8.81%

Table Summarizing the Nature of the Three Main Types of Accidents
(severity indices C to I) Identified by the Local Monitoring System in 2023-2024

3 MAIN TYPES OF ACCIDENT	NUMBER	PERCENTAGE OF TOTAL ACCIDENTS	PERCENTAGE OF ALL EVENTS
Other (Runaways)	207	46.43%	24.64%
Medication	74	16.59%	8.81%
Other	43	9.64%	5.12%
Total	324	72.66%	38.57%



Actions Taken by the Risk Management Committee and Measures Implemented

Following the analysis of AH223 measures have been taken to improve services, in particular to:

- Reduce patient medication errors.
- Reduce the number of user falls.
- Improve the safety of users and clinical and administrative staff.
- Ensure effective implementation of recommendations made by the coroner, public curator, risk management committee, medical act evaluation committee, and other organizational committees.
- Provide UTHC managers with the Montreal Ullivik Center mission statement.
- Implement a review process for new risk management policies and procedures.

Coroner

List of Recommendations Addressed to the Establishment

No coroner's recommendations for 2023-2024

Summary of Measures Put in Place to Address Recommendations

No coroner's recommendations for 2023-2024

Québec Ombudsman

No ombudsman recommendations for 2023-2024

Service Quality and Complaints Commissioner

Corrective Measures Recommended and Implemented



44 Complaints in total

- Access → 7
- Care and services → 27
- Financial aspect → 1
- Human relation → 3
- Material & physical organisation → 0
- Medical, dental and pharmaceutical → 0
- Other rights → 6

Corrective Measures Implemented

- Aupaluk: initiative file for follow-up on dental situation.
- Inukjuak: referral to the right person for first responders.
- Kuujuaq: adjustment of medication pick-up with pharmacist and escorts.
- Salluit: referral to the appropriate person for tuberculosis.
 - Information on protocol and practice.
 - Consultation with complainant's psychiatrist to update care plan.

Complaint processing times

The Quebec Health and Social Services Act sets a 45-day deadline for the Commissioner to review a complaint. In some cases, this period may be longer due to the unreliability of the complainant, or the sick or vacation leave of an employee. In all cases, the complainant is invited to attend these meetings and generally agrees with the Commissioner's position.

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
Total	44	100

Responding to abuse of the elderly or vulnerable adults

During the 2023-2024 annual period, no complaints were received or dealt with concerning the abuse of an elderly person or a vulnerable adult.

Interventions related to the Québec Ombudsman

There was no intervention by the Québec Ombudsman following the handling of complaints by UTHC commissioners.

Activities of the Complaints Commissioner

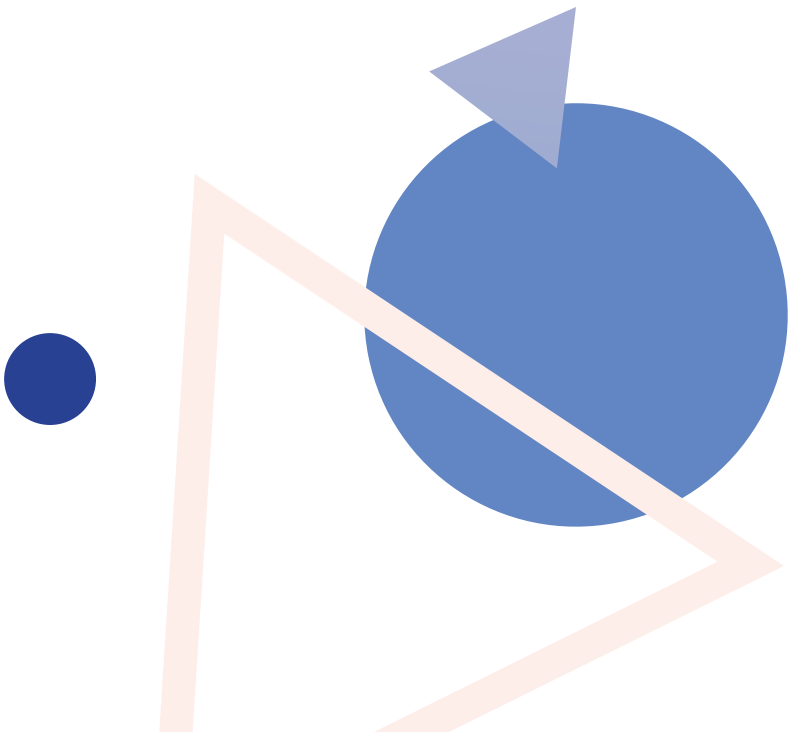
Published a brochure for UTHC users on users’ rights, their responsibilities, the role of the complaint’s commissioner, and the complaints process.

UTHC’s Medical Act Assessment Committee

Following the recommendations made by the Medical Act Assessment Committee, the following measures have been suggested.

Table of Measures Recommended by the Medical Act Assessment Committee

MEASURE	PERCENTAGE OF COMPLETION
Access to CT scans in Nunavik	10%
Set up an awareness campaign against smoking, especially during pregnancy and childbirth.	10%
Incorporate into UTHC's arsenal, pamphlets in Inuktitut informing patients about the symptoms to watch out for after a craniocerebral trauma.	100%



Surveillance, Prevention and Control of Nosocomial Infections

Table Summarizing the Activities of the Infection Prevention and Control Department

COMPONENT	OBSERVATIONS
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Monitoring nosocomial infections

See SI-SPIN monitoring summary table

PART 1

2023-2024	April 1 - April 23	April 24 - May 21	May 22 - June 18	June 19 - July 16	July 17 - August 13	August 14 - Sept. 10	Sept. 11 - Oct. 8
Number of MRSA tests	22	24	28	18	29	31	25
Number of VRE tests	5	3	9	3	6	7	4
Number of Cdiff tests	2	2	0	2	4	1	4
Number of BGNMR tests	6	7	8	3	5	6	3
MRSA-positive (other than screening)	3	5	9	4	4	5	4
MRSA positive (screening)	2	0	0	2	3	1	0
VRE positive	0	0	0	0	0	0	0
Cdiff positive	0	0	0	0	0	0	0
BGNMR positive	0	0	0	0	0	0	0

PART 2

2023-2024	Oct. 9 - Nov. 5	Nov. 6 - Dec. 3	Dec. 4 - Dec. 31	Jan. 1 - Jan. 28	Jan. 29 - Feb. 25	Feb. 26 - March 31	Total
Number of MRSA tests	38	40	27	15	25	27	349
Number of VRE tests	15	6	8	4	4	4	78
Number of Cdiff tests	0	2	1	4	3	2	27
Number of BGNMR tests	11	7	6	0	1	2	65
MRSA-positive (other than screening)	8	10	7	6	8	7	80
MRSA positive (screening)	1	3	0	0	2	2	16
VRE positive	2	2	0	0	0	1	5
Cdiff positive	0	0	0	0	0	0	0
BGNMR positive	0	0	0	1	0	0	1

Outbreak Management	<ul style="list-style-type: none"> COVID-19 outbreaks: <ul style="list-style-type: none"> Elder's Home (July 2023) Elder's Home (November 2023) Outbreaks of other respiratory viruses: Influenza-A: <ul style="list-style-type: none"> Kuujuuaq Department (January 2024) Elder's Home (February 2024)
Risk Management	Participation in Risk Committee meetings.
PCI Policies, Procedures, and Support Measures	<p>Drafting of documents:</p> <ul style="list-style-type: none"> Construction Policy-UTHC-2023. Contribution to the drafting of the DYP Daycare Health Policy. Collective prescriptions. PCI protocols (drafting and updating).
Communication and Information	<p>Development of:</p> <ul style="list-style-type: none"> Annual report for the 2022-2023 financial period, sent to the NRBHSS PCI team. Participation in the weekly dispatch of information from the team of advisors - UTHC. Streptococcus A invasive surveillance alerts. COVID-19 and Influenza A outbreak reports. <p>Occasional communications with Dr. Michael Libman, UTHC's first PCI officer, when asked about local issues.</p>
Education and Training	<p>Training sessions on basic measures: hand hygiene, respiratory etiquette.</p> <p>PCI training for newly hired UTHC nurses.</p> <p>PCI training directed at the hygiene and sanitation team in English and French versions.</p>
Quality Assessment and Continuous Improvement	Application of the PCI-UTHC 2023-2024 activity tracking tool. These activities were programmed according to the reference framework for health and social services establishments in Quebec, 2017.

Number of Nosocomial Infections and Outbreaks 2023-24



6 Nosocomial infections (+1)

4 Outbreaks (-1)

The Main Findings of the Annual Assessment of the Application of User Control Measures (art 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 himself or others, and the obligation to take into account the physical and mental state of the person in the decision to be made.

The Number of Custodial Sentences in a Facility, by Mission

Type of custody 2023-24

INDIVIDUAL INTERVENTIONS BY SUB-PROGRAM	
Preventive	131 (-18%)
Provisional	17 (-26%)
Authorized	8 (-38%)

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 2023-2024.

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