



# ANNUAL REPORT

YEAR ONE REVIEW AND OUTLOOK

# 15 / 16

APRIL 1<sup>st</sup>, 2015  
MARCH 31<sup>st</sup>, 2016

Centre intégré  
universitaire de santé  
et de services sociaux  
de l'Ouest-de-  
l'Île-de-Montréal

Québec 

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# 1. MESSAGE FROM THE PRESIDENT AND CEO AND THE PRESIDENT OF THE BOARD OF DIRECTORS: CHALLENGES AND ACHIEVED RESULTS

**In Québec's Health and Social Services network, 2015-2016 will be remembered as a turning point year. Three hundred and sixty-six (366) days of changes of unprecedented magnitude, which led to the constitution of our *Centre intégré universitaire de santé et de services sociaux de l'Ouest-de-l'Île-de-Montréal (CIUSSS de l'Ouest-de-l'Île-de-Montréal)* (Montréal West Island Integrated University Health and Social Services Centre). On March 31, we have already come a long way and much progress has been achieved.**

Integrating our seven constituent institutions, most of them located outside of our territory, is undoubtedly the founding element of our CIUSSS. Unification was made possible through sharing of common values. Interlaced within our actions exists an unwavering commitment to provide ongoing service to our various clientele.

Favoring and simplifying access to services for the population, contributing to improve the quality and safety of care and increasing efficiency and network effectiveness remain our watchwords.

To establish our CIUSSS on solid foundation, we quickly created a new administrative structure consisting of fourteen directorates. We rigorously repeated the same exercise at the clinical level, keeping in mind the preservation and improvement of services provided to our users.

Early dynamic small steps allowed us to provide perfectly adapted care and services to our users' condition, within an appropriate framework. And that is just the beginning.

We are very proud of our many improvements, many of which are reported in this Annual Management Report. On the ground, the benefits are visible; it is the fruit of an ongoing collaboration, both internally and with our partners.

In the coming year, the *CIUSSS de l'Ouest-de-l'Île-de-Montréal* will pursue its momentum and work relentlessly for its clientele, which is at center of its concerns.

Together, the Board of Directors, management, managers, staff, doctors, volunteers and partners, we will achieve our desire to make things better every single day.

Happy 2016-2017!

Richard Legault

President of the Board of Directors

Benoit Morin

President and CEO

## 2. DECLARATION REGARDING THE RELIABILITY OF DATA AND RELATED CONTROLS

As President and CEO, I have the responsibility to ensure the reliability of the data contained in this Annual Management Report and related controls.

The results and data of the *CIUSSS de l'Ouest-de-l'Île-de-Montréal* 2015-2016 Management Report:

- accurately reflect the mission, mandates, responsibilities, activities and strategic directions of the organization;
- present the objectives, indicators, targets and outcomes;
- present accurate and reliable data.

I declare that the information enclosed in this Annual Management Report and management controls associated with these data are reliable and reflect the situation as it existed on March 31, 2016.

Benoit Morin

President and CEO

### 3. PRESENTATION OF THE INSTITUTION

- Mission and services offered
- University designation and primary services
- Regional and supraregional vocation
- Organizational structure

#### MISSION AND SERVICES OFFERED

The Centre intégré universitaire de santé et de services sociaux (CIUSSS) de l'Ouest-de-l'Île-de-Montréal is an institution that provides integrated health care and services to the population of the West Island and Dorval-Lachine-LaSalle and to the clients of its facilities that provide general and specialized care across the Island of Montréal and in different regions of Québec.

The mission of the CIUSSS de l'Ouest-de-l'Île-de-Montréal is to provide a true integration of the services it delivers to the population.

- The institution is at the core of a territorial service network (TSN) made up of local service networks (LSN) in the West Island and Dorval-Lachine-LaSalle.
- It is responsible for delivering health care services to the population in its health and social service territory, including a public health component.
- It has a responsibility towards the people in its health and social service territory.
- As part of its multiple missions, it oversees the organization of services in its territory and sees to their complementarity, according to the needs of the population and its territorial realities.
- It enters into agreements with other facilities and partner organizations of its TSN (university hospitals, medical clinics, family medicine groups, network clinics, community agencies, community pharmacies, external partners, etc.).

Source: [ministère de la Santé et des Services sociaux](#)

Through the missions of its founding facilities, the CIUSSS de l'Ouest-de-l'Île-de-Montréal carries out the five major missions defined in *An Act Respecting Health Services and Social Services* to achieve better service integration for its target population and clientele. Between April 1, 2015 and March 31, 2016, the institution operated:

- Four local community service centres (CLSC)
- Four hospital centres: three hospitals that provide general and specialized care and one psychiatric hospital
- Six residential and long-term care centres (CHSLD)
- One child and youth protection centre (DPJ)
- Two rehabilitation centres: one for people with intellectual disabilities or a pervasive development disorder (CRDITED) and one rehabilitation centre for youth with adjustment problems

## UNIVERSITY DESIGNATION AND MAIN SERVICES

University designated because of its location in a health region where an university offers a complete undergraduate program in medicine, the CIUSSS de l'Ouest-de-l'Île-de-Montréal includes two university designated facilities, i.e. Douglas Mental Health University Institute and St. Mary's Hospital Center, as well as two research centres: Douglas Institute's Research Centre (FRQS accredited and second among top-performing centres in its area of expertise in Canada) and St. Mary's Research Centre.

Moreover, more than 3,000 university trainees are present annually across all facilities. They come from various university programs, including some 2,000 medical students and residents, 1,100 interns (social work, occupational therapy, nursing, law, etc.) and 235 post-graduate students and post-doctoral trainees.

The CIUSSS de l'Ouest-de-l'Île-de-Montréal is also a member of *McGill University's Réseau Universitaire Intégré de Santé* (RUIS-McGill), offering several specialized and highly specialized services within the covered region.

## REGIONAL AND SUPRAREGIONAL VOCATION

The CIUSSS de l'Ouest-de-l'Île-de-Montréal also has a provincial mandate to provide ultra-specialized care and services for eating disorders as well as youth protection services and English-language residential and rehabilitation services to all youth in the province who require these services.

The CIUSSS de l'Ouest-de-l'Île-de-Montréal was created on April 1, 2015.

As of March 31, 2016, it comprised the following facilities\*:

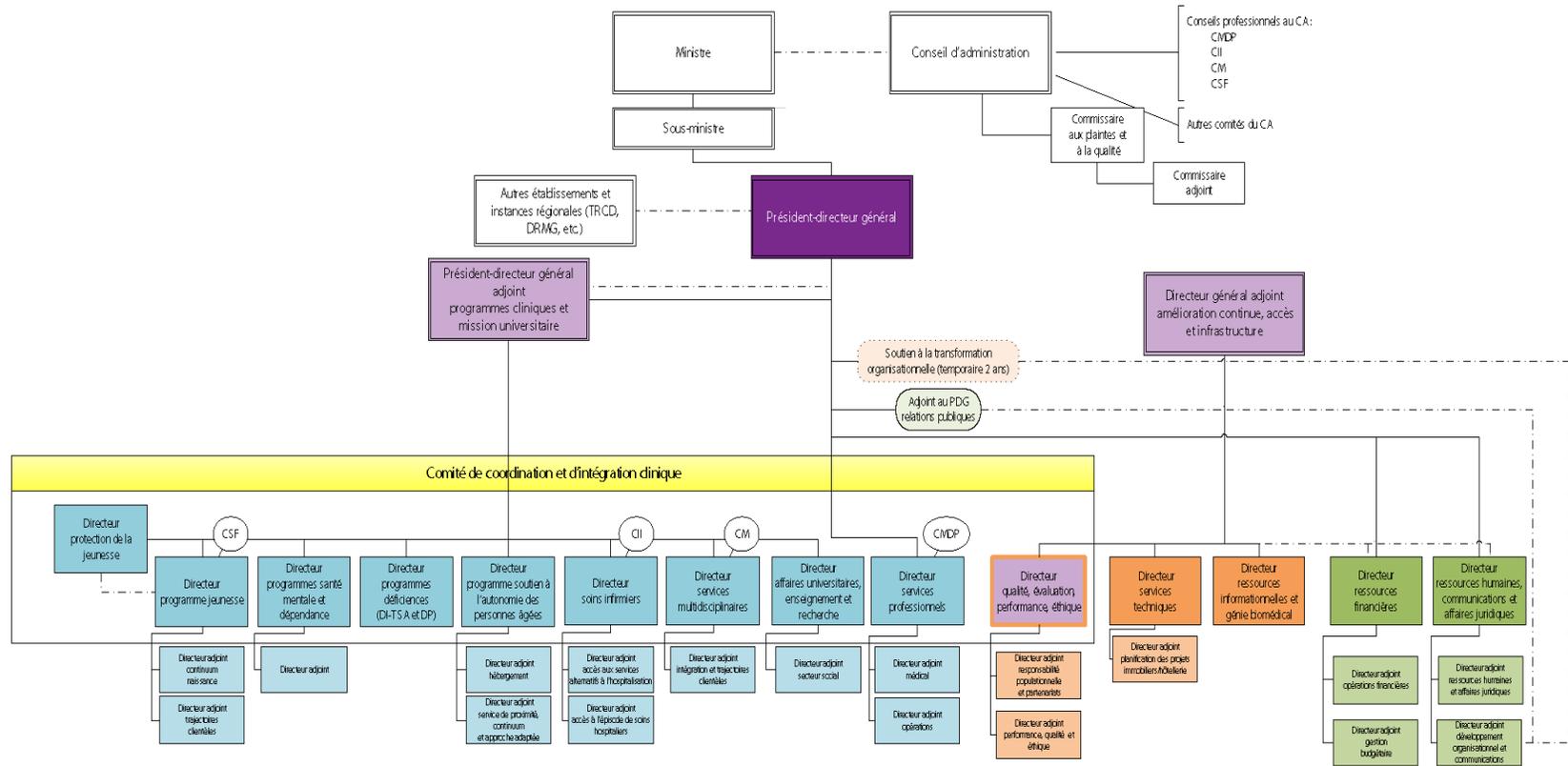
- West Montreal Readaptation Centre (WMRC)
- Centre de santé et de services sociaux de Dorval-Lachine-LaSalle (CSSS-DLL)
  - CLSC de Dorval-Lachine
  - CLSC de LaSalle
  - CHSLD de Dorval
  - CHSLD de Lachine
  - CHSLD de LaSalle
  - CHSLD Nazaire-Piché
  - Hôpital de LaSalle
- West Island Health and Social Services Centre (WIHSSC)
  - CLSC de Pierrefonds
  - CLSC du Lac-Saint-Louis
  - CHSLD Denis-Benjamin-Viger
  - Lakeshore General Hospital
- Grace Dart Extended Care Centre (GDECC)
- St. Mary's Hospital Center (SMHC)
- Batshaw Youth and Family Centres (Batshaw)
- Douglas Mental Health University Institute (DMHUI)

\*On April 1, 2016, Ste. Anne's Hospital became a facility of the MWI CIUSSS.

\*The RUIS McGill covers 63% of the province's territory and includes the regions of Nunavik, the Cree Territory of James Bay, Nord-du-Québec, Abitibi-Témiscamingue, Outaouais, Western Montréal, and the Montréal West Island.

# ORGANIZATIONAL STRUCTURE

## Centre intégré universitaire de santé et de services sociaux de l'Ouest-de-l'Île-de-Montréal



## BOARD OF DIRECTORS

### Members of the Board of Directors of the CIUSSS de l'Ouest-de-l'Île-de-Montréal

Mr. Richard Legault	<b>President</b> Human, property and information resources competency
Ms. Isabelle Brault	<b>Vice-president</b> Governance and ethics competency
Mr. Benoit Morin	<b>Secretary</b> President and Chief Executive Officer
Ms. Claudette Allard	Expertise in mental health
Ms. Micheline Béland	Users Committee
Dr. Samuel Benaroya	Affiliated universities
Mr. Alain Berinstain	Experience as a social service user
Ms. Nada Dabbagh	Regional Pharmaceutical Services Committee
Ms. France Desjardins	Expertise with community organizations
Ms. Marianne Ferraiuolo	Multidisciplinary Council
Mr. Rafik Greiss	Auditing, Performance and Quality Management Competency and English Language Committee
Dr. Nebojsa Kovacina	Regional Department of General Medicine
Ms. Liette Lapointe	Affiliated universities
Ms. Judy Martin	Expertise in youth protection
Ms. Maya Nassar	Council of Nurses
Dr. Suj Sivaraman	Council of Physicians, Dentists and Pharmacists
Ms. Caroline Storr-Ordolis	Expertise in rehabilitation
Mr. Marcel Villeneuve	Risk management, finance and accounting competency
Mr. Gary Whittaker	Expertise in rehabilitation

Each member of the Board of Directors took an oath on December 16, 2015, and, on that same day, signed the form *Personal commitment and affirmation of office of the member of the Board of Directors*, found in Appendix 2 of this document. The form is also available at [www.ciuss-s-ouestmtl.gouv.qc.ca/en/home/](http://www.ciuss-s-ouestmtl.gouv.qc.ca/en/home/).

## COMMITTEES OF THE BOARD OF DIRECTORS

The Board of Directors has set up the following committees during 2015-2016:

### Governance and Ethics Committee

Mr. Marcel Villeneuve	<b>Committee Chairman</b>
Mr. Alain Berinstain	
Ms. Marianne Ferraiuolo	
Dr. Nebojsa Kovacina	
Ms. Maya Nassar	
Mr. Richard Legault	Ex Officio Member President of the Board of Directors
Mr. Benoit Morin	Ex Officio Member President and Chief Executive Officer

### Audit Committee

Mr. Rafik Greiss	<b>Committee Chairman</b>
Ms. Claudette Allard	
Ms. France Desjardins	
Mr. Richard Legault	Ex Officio Member President of the Board of Directors
Mr. Benoit Morin	Ex Officio Member President and Chief Executive Officer

### Watchdog and Quality Committee

Ms. Judy Martin	<b>Présidente du comité</b>
Ms. Micheline Béland	
Ms. Isabelle Brault	
Mr. Benoit Morin	President and Chief Executive Officer
Ms. Sarah-Beth Trudeau	Service Quality and Complaints Commissioner
Mr. Richard Legault	Ex Officio Member President of the Board of Directors

The Watchdog and Quality Committee has met three times during the year. Its activities focused on developing the knowledge of its members to share a global vision of quality. Here are a few highlights:

- Participation in the Accreditation Canada conference;
- Mapping of all quality-related parties of the organization including, namely the notion of client-partner;

- Planning the schedule of presentations from all parties to the committee, over the course of one year, including presentations from all directors about services offered within their directorate as they relate to quality;
- Review of the committee’s mandate and addition of the notion of quality monitoring associated with the reform;
- Accountability in terms of risk management and of service quality and complaints;
- Organization of a theme day on the tabling of annual reports by parties involved in the quality of care and services.

The first recommendations of the committee will be submitted at the June 2016 Board of Directors.

## Review Committee

Ms. Claudette Allard	<b>Committee Chairwoman</b>
Dr. Isabelle Girard	
Dr. Chryssi Paraskevopoulos	

## University Affairs Committee

Dr. Samuel Benaroya	<b>Committee Chairman</b>
Ms. Nada Dabbagh	
Ms. Liette Lapointe	
Dr. Suj Sivaraman	
Ms. Caroline Storr-Ordolis	
Mr. Richard Legault	Ex Officio Member President of the Board of Directors
Mr. Benoit Morin	Ex Officio Member President and Chief Executive Officer

## Forum on Philanthropy Committee

Mr. Gary Whittaker	<b>Committee Chairman</b>
Mr. Richard Legault	President of the Board of Directors
Mr. Jacques Boyer	Fondation du Foyer Dorval
Mr. David Cescon	Fondation de l'Hôpital général du Lakeshore
Ms. Yolande Chartier	Fondation du CLSC du Vieux La Chine
Mr. Camille Couturier	Fondation du Centre d'hébergement de Lachine
Mr. Luciano Di Sante	Fondation de l'Hôpital LaSalle
Mr. Tom Fisher	CLSC Lac-Saint-Louis and Pierrefonds Foundation
Ms. Marisa Giannetti	Douglas Mental Health University Institute Foundation
Ms. Karma Hallward	Batshaw Youth and Family Centres Foundation
Mr. Neil R. Hindle	St. Mary's Hospital Foundation
Dr. Fiore Lalla	Lakeshore General Hospital Foundation
Mr. Michel Massie	Centre Marc-Vanier
Ms. Susan McKercher	Centre d'hébergement Denis-Benjamin-Viger Foundation
Mr. Ian Moodie	Service d'adaptation et d'intégration de Montréal
Ms. Elise Nesbitt	The Grace Dart Foundation
Mr. Jacques Nolin	Taylor-Birks Foundation
Mr. Pierre-Paul Pharand	Ste. Anne's Hospital Foundation

There is also an integrated Users Committee, continued users committees– made up of local users committees from the seven constituent institutions of the CIUSSS that are still in existence and active and whose mandates are now integrated within that of the CIUSSS – and residents committees.

The table below lists the members of the CIUSSS integrated Users Committee and their originating facility:

### Users and Residents Committee

Ms. Micheline Béland	<b>President</b> Dorval-Lachine-LaSalle, users committee
Ms. Evelyn Meaney	<b>Vice-president</b> Ouest-de-l'Île, users committee
Mr. John Brkich	<b>Treasurer</b> Grace Dart, users committee
Mr. Elgadi Abdelkarim	Douglas Institute, users committee
Mr. François Beauregard	Centre d'hébergement Nazaire-Piché, residents committee
Ms. Ilona De Montgazon	Batshaw Centres, residents committee
Mr. Joseph Malko	WMRC, users committee
Ms. Patricia McDougall	St. Mary, users committee
Mr. Claudel St-Pierre	Centre d'hébergement Denis-Benjamin-Viger, residents committee

### PROFESSIONAL COUNCILS

The following four professional councils are established within the institution: the Council of Physicians, Dentists and Pharmacists (CPDP), the Council of Nurses (CN), the Multidisciplinary Council (MC) and the Council of Midwives (CM). In putting together the transitional executive committees (CPDP, CN & MC), particular attention was paid to membership representation from the entire CIUSSS. The tables below show which facility each member is from.

#### Council of Physicians, Dentists and Pharmacists (CPDP)

Dr. Alfred Homsy	<b>President</b> St.Mary's
Dr. Geneviève Richer	<b>Vice-president</b> Dorval-Lachine-LaSalle
Dr. Mathieu Walker	<b>Vice-president</b> West Island
Dr. Barbara Black	<b>Treasurer</b> St. Mary's
Dr. Catherin Duong	<b>Secretary</b> Grace Dart
Dr. Tom Kaufman	Dorval-Lachine-LaSalle
Dr. Phillippe Lageix	West Island
Dr. Rolf Loertscher	Douglas Institute
Dr. Chryssi Paraskevelopoulos	West Island
Dr. Jacques Tremblay	St. Mary's
Dr. Louise Ayotte	Douglas Institute
Mr. Benoit Morin	Director of Professional Services

## Transitional Council of Nurses (CN)

Ms. Martine Lafleur	<b>President</b> Douglas Institute
Ms. Maya Nassar	<b>Vice-president</b> West Island
Ms. Shelja Arya	WMRC
Ms. Karen Bentley	Batshaw Centres
Mr. Olivier Bergeron	Grace Dart
Ms. Woodeline Dorlean	St. Mary's
Ms. Diane Major	Dorval-Lachine-LaSalle
Ms. Madeleine Senosier	Ste. Anne's Hospital
Ms. Liana Urbanova	Representing the Nursing Assistants' Committee
Ms. Geneviève Ménard	Director of Nursing
Mr. Benoit Morin	President and Chief Executive Officer

## Multidisciplinary Council (MC)

Ms. Dominique Dufort,	<b>President</b> Grace Dart
Ms. Monique Laverdure	<b>Vice-president</b> Batshaw Centres
Ms. Élizabeth Bellei	Ste. Anne's Hospital
Ms. Monique Bureau	WMRC
Ms. Laura Costin	Dorval-Lachine-Lasalle
Ms. Nathalie Desormeaux	Douglas Institute
Ms. Marianne Ferraiuolo	West Island
Ms. Filomena Novello	St. Mary's
Mr. Mathieu Sabourin	Ste. Anne's Hospital
Ms. Venise Calluzzo	Assistant to the Director of Multidisciplinary Services
Ms. Sophie Ouellet	Director of Multidisciplinary Services
Mr. Benoit Morin	President and Chief Executive Officer

## Executive Committee of the Council of Midwives (CM)

Ms. Trista Leggett	<b>President</b>
Ms. Cynthia Perreault	<b>Vice-president</b>
Ms. France Richard	<b>Secretary</b>
Mr. Benoit Morin	President and Chief Executive Officer

## OTHER COMMITTEES AND CONSULTATIVE BODIES

Other committees and consultative bodies are also in place within the institution such as the Clinical Integration and Coordination Committee, the Clinical Ethics Committee, the Research Ethics Committee, the Risk Management Committee, and the Committee on the Application of Control Measures.

## Risk Management Committee

Ms. Shelja Arya	<b>President</b> Head of Early Childhood and Youth Continuum
Ms. Christiane Léonard	<b>Vice-president</b> Person in charge of Midwives Services
Ms. Manon Allard	Associate Director of Access to Hospitalization
Ms. Louise Audet	Associate Director of Long-Term Care
Ms. Brigitte Auger	Director of Intellectual Disability, Autism Spectrum Disorder and Physical Disability Programs
Ms. Assunta Gallo	Director of Youth Protection
Ms. Anca Ghiran	Head of Risk Management Services
Ms. Najia Hachimi-Idrissi	Director of Mental Health and Addiction Programs
Ms. Sylvie Hébert	Pharmacist
Ms. Stéphanie Iasenza	Director of Multidisciplinary Services
Ms. Nelea Lungu-Bezman	Assistant Director of Performance, Quality and Ethics
Ms. Katherine Moxness	Director of Youth Program
Ms. Merilyne Ng Ah Chey	User
Ms. Filomena Novello	Head of Ergotherapy and Physiotherapy Services
Mr. Sylvain Pomerleau	Associate Director of Operations, PSD
<i>Vacant</i>	CPDP member
<i>Vacant</i>	User

## THE HIGHLIGHTS

- Organizational activities
- Our directorates in action

## KEY ORGANIZATIONAL ISSUES

### Setting up an organizational structure

The year 2015-2016 was marked by a new organizational structure and new management positions. This process was done to simplify and facilitate access to care and services while increasing efficiency. All CIUSSS directorates were involved in the process. Our organizational charts were reviewed and now reflect the vision of integrated services. Once services for each directorate were established, work had to be done

to connect them to the different care and service pathways and to integrate any required cross-cutting roles supported by the organizational choice—the only of its kind in Québec—of consolidating all clinical directorates under the President and CEO’s responsibility.

### **Integration of Ste. Anne’s Hospital**

In 2015-2016, an agreement was reached between the provincial and federal governments for the transfer of Ste. Anne’s Hospital. The institution’s integration into the CIUSSS de l’Ouest-de-l’Île-de-Montréal was scheduled for April 1, 2016.

The success of the integration relied on a careful planning of each step of the transfer, on a constant collaboration between Ste. Anne’s Hospital managers and those of the CIUSSS, and on ongoing communications. The CIUSSS was able to achieve this in 2015-2016.

The institution’s project team, under the coordination of the Associate President-Director General, included most CIUSSS directorates affected by the integration. Its purpose was to ensure continuity of care and services as of April 1. Particularly, this concerned the following directorates: Support for Elderly Autonomy Program Directorate (SEAPD), Mental Health and Addiction Programs Directorate (MHAPD), Professional Services Directorate (PSD), Multidisciplinary Services Directorate (MSD), and Nursing Directorate (ND).

Naturally, the Human Resources, Communications and Legal Affairs Directorate (HRCLAD) was heavily involved. The staff at Ste. Anne’s Hospital was met several times to explain the transition, which generated close to 300 staff movements and created more than 180 jobs without affecting the quality of the service provided.

As for the Financial Resources Directorate (FSD) work to prepare the arrival of Ste. Anne’s Hospital was carried out during 2015-2016, including setting up a new financial system and upgrading accounting practices relating to the MSSS’ financial administration manual and integration into the common accounting charter

A great deal of work was also invested in technological systems. Due to the difference in systems at Ste. Anne’s Hospital from those at the CIUSSS, we had to get acquainted with these technologies, either to ensure an appropriate migration to the new environment or to familiarize ourselves in order to provide adequate technical support.

Lastly, residents of Ste. Anne’s Hospital and their families were met several times to keep them informed on the project and developments, but most of all to reassure them on the continuity of care and services provided to veterans.

### **Implementation of *An Act Respecting End-of-Life Care***

The coming into force of *An Act Respecting End-of-Life Care* mobilized most directorates of the CIUSSS. As the first organizational project to be entirely managed in a CIUSSS mode, it allowed us to harness our resources expertise and test their integration.

The CIUSSS established a multidisciplinary team to ensure the various aspects of the Act were duly covered and part of the documentation produced for professionals and the public. Protocols, policies, a code of ethics, a clinical program and various tools, including a pocket guidebook and a memory aid, were produced, distributed and explained to teams involved.

The CIUSSS was therefore able to address patients' requests starting on December 10, 2015, the very date the new provisions came into force.

Furthermore, an interdisciplinary support group (ISG) was put in place and a tactical team is available to provide support to healthcare professionals when a request for medical aid in dying is made. The exceptional leadership of the team makes it possible to offer quality services and personalized interventions to patients and their loved ones, as well as support for staff.

The ISG meets every six weeks in addition to being convened each time a medical aid in dying request is made. Each intervention is reviewed and allows the team to continuously improve its service offer and its support for the person at the end of life.

### **Accreditation: an exceptionally successful goal reached**

The Douglas Mental Health University Institute and the Grace Dart Extended Care Centre recently conducted their own process with Accreditation Canada in May and October 2015, respectively, which they had begun prior to their integration into the CIUSSS de l'Ouest-de-l'Île-de-Montréal.

First, the Douglas Institute received unconditional accreditation until 2020, with a standards compliance rate assessed at 97.3%. The Institute's re-entry into the labor force program, conducted in partnership with the Centre d'action, de développement et de recherche en employabilité (C.A.D.R.E.), was identified as a leading practice.

Grace Dart, on their part, received accreditation from Accreditation Canada, with an honorable mention for standards compliance levels of 99.58%. These impressive levels clearly demonstrate how much importance staff places on residents' wellbeing, which is reflected in all aspects of the quality and safety of health and social services, each and every day.

### **Patient Flow**

Under the aegis of the Clinical Integration Coordinating Committee (CICC), several directorates got together to look at the patient flow in the emergency (review of all coordination mechanisms and client movements) to understand the causes of blockages. As a result of this first step, a priority organizational project was born aimed at improving fluidity in the institution's emergencies. This project will be taking place over the next two years.

### **Fourteen foundations and as many partners**

On March 31, the CIUSSS had 14 foundations. An ambassador from the senior management team was appointed for each of these foundations and a coordination mechanism was developed by the AED to clarify the new collaboration model and make it possible to link requests for support and projects that foundations want to sponsor with strategic directions. The Board of Directors has also set up a Philanthropy Committee to keep bridges open.

## **OUR DIRECTORATES IN ACTION!**

### **Youth Protection Directorate (YPD)**

The YPD teams were assigned new territories after the reform. This led to structural changes, such as an increase in the number of clinicians per team and a decrease in the number of clinical managers.

The number of reports to the directorate and completed evaluations also increased compared to last year. The YPD still offers the same services to the population, including an advisory role regarding diversity. This position was created specifically to ensure that child protection services, in collaboration with the Youth Program Directorate, are sensitive to cultural aspects. The YPD is also working to incorporate the recommendations of the 2015 Truth and Reconciliation Commission.

Again from a concern for cultural issues, the YPD is continuing to collaborate with the African Canadian Development and Prevention Network on the Strengthening Black Families and Empowering Parents and Families programs. This project has been such a success that parents must register on a waiting list in order to attend these sessions.

Finally, two clinical practice directives were completed: one for children exposed to conjugal violence and the other regarding violence in teenage romantic relationships.

An appendix was added herein to address data compiled by and for the YPD of the CIUSSS de l'Ouest-de-l'Île-de-Montréal as part of the YPD-PD 2016 Balance Sheet.

### **Youth Program Directorate**

Youth Services conducted a major reorganization by grouping Batshaw Youth and Family Centres services with the measures application team. In concrete terms, this approach has created a direct link between first-line psychosocial services and the measures application team.

The Family Birthing Unit at the LaSalle Hospital now has a neonatal unit status, which means that it can conduct deliveries involving premature babies. This is indeed a vote of confidence in the quality of care provided to clients.

It should be noted that the three birthing units and the birthing centre are now under a single directorate and are working together to share best practices and clinical protocols.

The Youth in Difficulty Program provides services of varying intensities, from first-line to specialized services.

### **Mental Health and Addiction Program Directorate (MHAPD)**

The first priority for the MHAPD was to quickly implement an intensive manager training and orientation program to ensure the soundness of its management structure. After the organizational restructuring process, the 20 first-level management positions in the MHAPD included 4 new managers and 5 managers who were not familiar with the field of mental health. This project was the result of a close cooperation between HRCLAD, AATRD, and ND.

The MHAPD has completed the first phase of a pilot project to evaluate the RAI-MH (*Resident Assessment Instrument-Mental Health*) as a measurement and evaluation tool in the forensic psychiatry unit. The results in terms of the team's ownership of the tool and the clinical impact on clients have been sufficiently

encouraging to continue Phase 2. This will be an important asset in the future deployment of the forensic psychiatry pathway, for which we are currently involved in developing ministerial orientations.

In addition to bringing together multiple organizational cultures, the MHAPD has also had to integrate a world-renowned mental health university institute whose community had major concerns about its future. The CIUSSS de l'Ouest-de-l'Île-de-Montréal's values, its commitment to this institute's mission, and the credibility that it has built helped to create a positive dialogue and let everyone work together to support our broader mission.

One of the first clinical projects that the MHAPD started related to access to 2nd- and 3rd-line services and the flow of mental health emergency patients. An access management committee meets weekly to analyze complex cases and guide the clinical pathway to avoid undue delays. Through the integrated management of mental health beds and three psychiatric emergency departments, the CIUSSS de l'Ouest-de-l'Île-de-Montréal has found a long-term solution to relieve overcrowding in the St. Mary's emergency department, which had been a problem for a number of years.

### **Intellectual Disability, Autism Spectrum Disorder and Physical Disability Programs Directorate (ID-ASD-PD)**

Client-based management has encouraged inter-directorate collaboration and improved access to specialized services. For example, a child in a crisis can be placed in a home within 24 hours. Similarly, a current project is being studied regarding a work integration program for these clients at the facilities of our CIUSSS de l'Ouest-de-l'Île-de-Montréal.

The ID-ASD-PD has developed a structure that provides better fluidity and knowledge sharing between general services, specific services (CLSC) and specialized services [i.e., Montréal's rehabilitation centres for intellectual disabilities and pervasive developmental disorders (CRDITED)]. For example, a number of coordination positions now include the 1st and 2nd line, which means that parents can now navigate from different services that are more transparent. They can also do so after a single assessment and get faster service as a result.

The ID-ASD-PD is continuing to integrate its services to ensure that clients get the right service, at the right time, with the right intensity, and without disruption. The directorate also continued implementing best practices guides and exceeded the required levels, which garnered recognition from the *Institut national d'excellence en santé et services sociaux* (INESSS).

The Youth Program Directorate and the ID-ASD-PD are providing improved access to their respective services. Children with behaviour disorders, an intellectual disability, or an autism spectrum disorder can more easily access the youth program's specialized housing services.

### **Support for Elderly Autonomy Program Directorate (SEAPD)**

**Residential care:** The SEAPD's first project involved consolidating its mechanism for access to a residential and long-term care bed. It also looked at the continuous improvement of these services and created an inter-directorate committee to support the deployment of the "Milieu de vie" quality program in residential and long-term care centres.

**Inpatient care:** The SEAPD is working to have all facilities implement the specialized approach to senior care in hospitals. In this area, the directorate developed a single access point for post-acute care and added rehabilitation beds.

**Home care:** The SEAPD implemented mechanisms for increased collaboration to better meet the needs of clients who receive home support services. We also met with community organizations, which are willing to work with our directorate.

The SEAPD is participating in a research project to implement shared decision-making and create a decision-making tool for interprofessional home support teams. In the long term, this tool will allow seniors and their families to make an informed choice about whether to receive home care or take a bed at a long-term care facility.

The SEAPD's interactive psychoeducation workshop series for family caregivers and its "Neurons in Action" cognitive stimulation group were recognized as leading practices. The directorate also supervised nursing students from Japan and participated in the database interpretation pilot project for the Réseau de services intégrés pour les personnes adultes (RSIPA), an IT tool that supports the adult clinical evaluation process.

### **Nursing Directorate (ND)**

The new ND organizational structure now reflects its mandates in terms of both the hierarchical structure and coordination of inpatient care unit activities and the cross-departmental role to develop and create the policy for the care pathway and its deployment. These services take changing client needs into account based on available budgets thanks to sound resource management and improved clinical performance.

The ND is working as an interdisciplinary and complementary partner with different clinical directorates to find innovative solutions to implement different types of integrated care. The ND is also actively improving the flow of and access to 1st-line services through a single access point.

### **Multidisciplinary Services Directorate (MSD)**

In collaboration with the Youth Directorate and the ACCESS research project, the MSD began offering services that provide continuity for clients aged 0 to 25 years. The child psychiatry programs expanded their services to young adults up to age 25, particularly for the ADHD and ASD clinics. A transformation is also underway to structure services for adolescent eating disorders in continuity with the adult program, which is recognized for its expertise at the provincial level and beyond.

The MSD has played an important role in the project to improve the flow of inpatients. This has been done through committees responsible for rehabilitation and for the emergency room contingency plan.

The new MSD structure has led not only to better service quality but also to an improved patient experience. More specifically, its new structure for technicians and professionals who work in short-term care and its horizontal management structure will facilitate practice integration, harmonization and optimization.

### **Professional Services Directorate (PSD)**

The PSD has started work to standardize medication forms. Quality is a result of the standardization of professional practices and the tools put in place to support these practices.

The PSD also started work to implement the new program to fund family medicine groups.

The CIUSSS de l'Ouest-de-l'Île-de-Montréal has worked with surgeons to achieve greater efficiency in the management of surgery wait times at St. Mary's Hospital Center.

## **Academic Affairs, Teaching and Research Directorate (AATRD)**

As the AATRD is still in development, the directorate has held various meetings to align its services with the organization's needs and priorities. Since fall 2015, consultations have been held to define the management structure of medical and non-medical university internships.

The goal is to optimize and harmonize the practices of both research ethics committees at the CIUSSS de l'Ouest-de-l'Île-de-Montréal while accounting for the specific needs of research teams.

In terms of knowledge transfer, the directorate organized three cross-training sessions with its mental health partners, and these sessions were attended by about 600 people. A conference was organized on practice guides and evaluation in the social services sector.

The Health Intervention and Technology Assessment Unit (UETMIS) is working to improve patient flow in the emergency department and guide the development of youth mental health services. Overall, this approach will support evidence-based decision-making.

The AATRD also supports the development of state-of-the-art practices, including the implementation of the RAI-MH, or the Resident Assessment Instrument-Mental Health (a system widely used in Ontario), which is an evaluation and monitoring tool in adult clinical psychiatry.

Moreover, the Douglas Institute inaugurated its Centre for translational research on Mood Disorders and Suicide on August 24, 2015, in the presence of Health and Social Services Minister Gaétan Barrette. The state-of-the-art research infrastructure will help advance knowledge about neurodegenerative and psychiatric diseases. It was funded by the Québec government and by a major donation of \$2 million from Bell Let's Talk.

As part of the FRQS accreditation process, the Douglas Hospital Research Centre received a perfect score for all of its activities. Two themes received an "Outstanding" rating, while a third theme obtained an "Excellent" rating. FRQS accreditation is one of the basic requirements needed to maintain a university institute designation.

## **Office of the Associate President (OAP) and Quality, Assessment, Performance and Ethics Directorate (AQPED)**

One of the OAP's main roles is to support the CIUSSS de l'Ouest-de-l'Île-de-Montréal's transformation. During this first year of operation, a transition support office was created and "war rooms" for strategy, tactics and operations were launched. The OAP also set up a project office to help the CIUSSS de l'Ouest-de-l'Île-de-Montréal meet its goals to improve the care and services delivered to the population in its territory and to its various clients through best practices in project management and continuous improvement.

### *Associate Quality, Performance and Ethics Directorate (AQPED)*

Throughout the year, the AQPED worked on several activities to harmonize practices. For example, the team of the Associate Director of Performance and Ethics developed a framework for the continuous improvement of quality and organizational performance, and these activities have already begun. This framework will include the quality and safety of care and services, performance, and ethics. The

performance coordination team also started developing a new production and automated distribution platform for tools to measure performance and help managers meet their targets.

The CIUSSS has also established a Clinical Ethics Committee (CEC) to help provide fair and informed support to professional practices, and to provide some possible solutions to complex questions and issues on which the CEC is consulted.

#### *Associate Populational Responsibility and Partnerships Directorate (APRPD)*

The mandate of the Associate Populational Responsibility and Partnerships Directorate is to provide leadership for the CIUSSS de l'Ouest-de-l'Île-de-Montréal's directorates and partners in order to put the populational approach into practice. The focus has been on strengthening existing partnerships, creating new partnerships, and updating public health services in collaboration with the territorial network. No fewer than 137 community organizations were visited during a tour to introduce the organization and the main staff members from the clinical directorates.

Coordinating public health partnerships within the same associate directorate has made it easier to integrate the work of public health teams with that of various partners so that everyone can act collectively on the health determinants prioritized in the regional public health action plan.

The CIUSSS' first population-based influenza vaccination campaign received a satisfaction rating of 95%. The CLSC Quit Smoking Centre helped the Douglas Mental Health University Institute achieve its objective of creating a smoke-free environment.

#### *Project Office*

The CIUSSS established a project office to help improve the provision of care and services within its territory and to various clients by promoting best practices in project management and continuous improvement.

The most important projects supported during the year include the transfer of Ste. Anne's Hospital to the CIUSSS, which became effective April 1, 2016, and the establishment of necessary conditions for the entry into force of the *Act respecting end-of-life care* (B-52), in December 2015.

#### *Emergency Measures and Civil Protection*

The coordination of emergency measures with civil protection allowed the creation of a single window accessible by phone or email, making this crucial sector for the organization much easier to reach.

### **Information Resources and Biomedical Engineering Directorate (IRBED)**

To increase efficiency, the IRBED relocated clinical and administrative teams throughout the CIUSSS de l'Ouest-de-l'Île-de-Montréal's eight constituent institutions, and more than 400 employees have moved. Having teams closer has made communications easier, prevented duplicate services, and helped us work more consistently. This work was done in collaboration with the TSD.

Following a ministerial request, the IRBED migrated nearly 1,500 computers from Windows XP to Windows 7 and finalized integration and upgraded plans for all servers at the CIUSSS de l'Ouest-de-l'Île-de-Montréal's facilities. Technology plays a vital role in a CIUSSS that covers 185 square kilometres.

The Directorate finalized the plan to integrate and upgrade all of the servers at the CIUSSS de l'Ouest-de-l'Île-de-Montréal's facilities. This plan involves securing and archiving data and rolling out a single email client for all staff.

The IRBED is also contributing to various provincial projects, including strategic planning to integrate the technological solutions from ministerial orientations (e.g., electronic patient records).

It should be noted that the IRBED has been actively involved in the development of the Rossy Cancer Network (RCN), whose goal is to centralize oncology clients from St. Mary's Hospital Center, the Jewish General Hospital, and the McGill University Health Centre. This platform could be deployed across the entire province. The IRBED is also providing ongoing support for current clinical projects in laboratories and pharmacies.

### **Technical Services Directorate (TSD)**

The key element to effective technical services is to practice standardization. In collaboration with the HRCLAD, the TSD began standardizing and implementing management practices for food services staff.

An analysis is in progress to optimize gift shops to improve their operations and tasks and decrease losses. The gift shops at the Lakeshore General Hospital and the LaSalle Hospital have ergonomic equipment to help staff in their work and reduce the risk of accidents.

The TSD is actively working with the MHAPD to define clinical nutrition rules that will guide the creation of plans and menus with the SEAPD.

The TSD has standardized hygiene and food safety practices and set up composting in some kitchens. The Douglas Mental Health University Institute achieved BOMA BEST Gold® for its exemplary sustainable development management and its contribution to protecting the environment, an evaluation that was based on performance indicators.

### **Human Resources, Communications and Legal Affairs Directorate (HRCLAD)**

The HRCLAD coordinated administrative integration during the transition. It developed customer service channels for all CIUSSS de l'Ouest-de-l'Île-de-Montréal staff and created specific services to help management staff and to aid with change management. The goal was to ensure a smooth transition for all staff at the CIUSSS de l'Ouest-de-l'Île-de-Montréal's constituent institutions.

Moreover, the HRCLAD has deployed essential internal communication tools to create a shared vision and increase staff members' sense of belonging. The CIUSSS de l'Ouest-de-l'Île-de-Montréal also started an internal newsletter and began consolidating its facilities' existing intranets and websites.

For the public at large, the CIUSSS de l'Ouest-de-l'Île-de-Montréal's website gives general information they may need, including ministerial publications, and provides the number for a phone line dedicated to the territory's population.

### **Financial Resources Directorate (FRD)**

When the CIUSSS was created, the Financial Resources Directorate had to deal with seven non-integrated financial and payroll systems from various suppliers. To address this issue, a common accounting chart was created along with a consolidated financial database. Tools have also been deployed to release the CIUSSS' financial results periodically and to help directorates monitor their budgets.

Moreover, in the first months following the creation of the CIUSSS, clinical directorates joined forces with administrative directorates and MSSS-appointed monitors to address the delicate financial position of St. Mary's Hospital Center. A strict monitoring process was established to keep the CIUSSS' books balanced for the current fiscal year. In order to facilitate the work and improve efficiency, several directorate teams

were relocated with a view to work from the same location. This type of proximity eases the establishment of internal controls, the development of common and standard processes, and, accordingly, allows for the provision of adequate support to clinical and administrative directorates.

Furthermore, ambitious work has begun to plan the budget for year 2 with a budget based on financial performance.

## 4. PERFORMANCE RESULTS FOR THE MANAGEMENT AND ACCOUNTABILITY AGREEMENT

This section includes the results for the performance indicators in the management and accountability agreement (MAA) entered into with the Minister. It contains two tables: the first presenting results with respect to specific expectations for the CIUSSS de l'Ouest-de-l'Île-de-Montréal, and the second presenting the objectives of the agreement. These results have been put in context and are accompanied by comments explaining variances, if any.

Tables – Results with respect to specific expectations

Results with respect to specific expectations		
Priority	Expected deliverable	Progress
<b>Section 1 – Implementation of the Act</b>		
1.1 Board of Directors' internal procedures	List of revised regulations and procedures	Completed
1.2 Setting up various executive committees	List of transitional executive committees members (CPDP, MC, CN)	Completed
1.3 Complaint examination	Processes adopted to examine regular complaints and complaints filed against a physician, dentist or pharmacist	Completed
1.4 Access to information	Appoint a person in charge of access to information	Completed
1.5 Coordination of territorial health and social services networks	List of activities held during the year	Completed
1.6 Privileges of physicians and dentists	Letter confirming updated privileges of physicians and dentists	Completed
1.7 Appointment of pharmacists	Letter confirming newly appointed pharmacists	Completed
1.8 Access to the English language Program	CANCELLED	N/A
1.9 Third party liability insurance	Proof of third party liability insurance	Completed
1.10 Grouped facilities human resources	Letter confirming completion	Completed
<b>Section 2 – Public Health</b>		
2.1 Regional priorities for prevention	Qualitative assessment	Completed
<b>Section 3 – Social Services</b>		
3.1 Overall social services offering	Status report	Completed
3.2 Youth and their families	Grid validation	Completed
3.3 Persons with disabilities – Regional plan to improve access and continuity	Implementation follow-up tool completed	Completed
3.4 Persons with disabilities – Collaboration agreement among institutions regarding physical and intellectual disabilities, and autism spectrum disorder	Agreements reached with other institutions, if any	N/A
3.5 Addiction programs and services	Follow-up on requirements for meetings pertaining to the <i>Table nationale de coordination en santé mentale, dépendances et itinérance</i>	Completed
3.6 Seniors – Tracking of seniors aged 75 and over	Status report	Completed
3.7 Seniors – Up-to-date assessment of their needs and developing an emergency response plan for all users residing in public CHSLDs	Status report	Completed
3.8 Seniors – Compliance with safeguards upon admission in a CHSLD	Status report	Completed
3.9 Seniors – Ensure cooperation among integrated health and social services centres and regional support	Status report	Completed
<b>Section 4 – Health Services and Academic Medicine</b>		
4.1 Access to specialized services	CANCELLED	N/A
4.2 Access to outpatient services for mental health patients	Validation of Gestred form	Completed

4.3 Access to 1st line services	Confirmation letter	Completed
4.4 Continuum of services to persons who suffered or are at risk of suffering a cerebrovascular accident	Status report	Completed
4.5 Palliative care	Confirmation letter	Completed
4.6 Continuum of cardiology services (follow-up)	CANCELLED	N/A
4.7 Chronic pain (follow-up)	Action plan	Completed
<b>Section 5 – Finances, Assets and Budget</b>		
5.1 Québec Drinking Water Conservation Strategy	Validation of Gestred form	Completed
<b>Section 6 – Health Services and Academic Medicine</b>		
6.1 Ministerial Civil Protection Policy	Data transfer	Completed
6.2 Network of experts on refugees and asylum seekers' wellbeing and physical health	1- Work plan 2- Progress report	N/A N/A
<b>Section 7– Planning, Performance and Quality</b>		
7.1 Ensure safe and quality care and services	Status report	Completed
7.2 Performance assessment – TSN/LSN Performance Scoreboard Follow-up	CANCELLED	N/A
<b>Section 8 – Information Technologies</b>		
8.1 Québec Health Record (QHR)	Implement the QHR To be customized for each institution	Completed
8.2 Computerized Clinical File (CCF)	CCF implementation plan	Completed
8.3 Electronic Medical File (EMF)	1- Person in charge of EMF 2- Support plan	Completed Completed
8.4 Enhancement of user identification and organizational patient index (OPI)	Development plan	Completed
8.5 Information resources governance and management	1- Three-year for IR projects and activities 2- Annual calendar for IR projects and activities 3- Annual IR status report 4- Health status of project	Completed Completed Completed Completed
8.6 Pooling of information resources	1- Inventory 2- IR pooling action plan	Completed Completed
8.7 Technological infrastructure upgrade	Confirmation of upgraded workstations	Completed
8.8 Information security	Confirmation of completion of implementation work	Completed

Results concerning the objectives of the agreement				
Name of Indicator	2014-2015 Results	2015-2016 Commitment	2015-2016 Results	Comments
<p>1.01.19.01-PS Percentage of general and specialized hospital centres (CHSGS) whose nosocomial infection rates are compliant with the established standards - Clostridium difficile-associated diarrhea (facilities with a CHSGS classification)</p> <p>1.01.19.02-PS Percentage of general and specialized hospital centres whose nosocomial infection rates are compliant with the established standards - bacteremia due to methicillin-resistant Staphylococcus aureus (facilities with a CHSGS classification)</p>	N/AV	100	N/AV	<p>1.01.19.01-PS: Gastroenteritis outbreaks in the community and long-term care units are included in the calculation of the nosocomial rate of these hospital centres, which increases the incidence in the comparative category. More than 35% of the population is 65 years and over, which also increases vulnerability.</p> <p>1.01.19.02-PS: As a result of its practice and epidemiological situation, one facility of the CIUSSS experienced a significant increase in prevalence compared to 2013-2014 for which its result was 0. Some mechanisms put in place to improve results achievement: Reinforcement of hygiene and sanitation practices with ongoing training in infection and prevention and control. Expanded training on basic practices for all staff in different departments, including a component on asepsis and hand hygiene. Ongoing work in grey zones. Hand hygiene awareness campaign throughout the CIUSSS.</p>
1.01.24-PS Number of STI screening activities for youth aged 15 to 24	N/AV	2673	25363	<p>1.01.24-PS: To comply with Accreditation Canada's point-of-care testing (POCT) standards, CLSCs had to stop certain practices, such as the use of urine strips, and reassess these practices. Some mechanisms put in place to improve results achievement: Modification of screening practices to monitor POCT processes. Resumption of tests in youth clinics and schools, with a clear procedure and work tools. Collaboration with two adult education schools in the territory.</p>
1.09.25-PS Total number of family medicine groups (GMF)	N/AV	6	4	<p>1.09.25-PS: Registration in the GMF program is done on a voluntary basis by a group of doctors. Physicians working in a solo practice are changing their practices to adapt to new technologies – Québec electronic medical record adoption program (PQADMÉ) and the Québec Health Record (QHR).</p>
1.09.27-PS Percentage of the population registered with a family doctor	N/AV	50	63.03	

Results concerning the objectives of the agreement				
Name of Indicator	2014-2015 Results	2015-2016 Commitment	2015-2016 Results	Comments
				<p>1.09.27-PS: About 10 out of 41 clinics in the CIUSSS's territory operate with 4 or more physicians (minimum number of physicians required to serve the minimum number of 6000 registered patients with extended services) in order to meet the requirements of an FMG. Some mechanisms put in place to improve results achievement: Close collaboration with representatives from the Regional Department of General Medicine (DRMG) in the territory to improve communication with physicians working in a solo practice. Active co-management with local medical coordinators. Active participation at DRMG meetings; presentation of information about available PQADMÉ funding, the new GMF management framework, and statistical data for the family doctor access program (GACO). Reorganization of work related to the GACO and monitoring of scoreboard indicators.</p>
1.09.01-PS Average length of stay on an emergency stretcher	21.95	12.0	21.72	1.09.01-PS: Increase of 10% in emergency visits. A project to improve patient flow aims to decrease users' average length of stay on an emergency stretcher.
1.09.43-PS Percentage of clients who receive medical care in emergency in fewer than 2 hours	57.8	57.8	62.2	1.09.43-PS: There have been consultation delays during periods of high volume, particularly in the evening, at night, on weekends, and during holidays.
1.09.44-PS Percentage of outpatient clients who stay in emergency for fewer than 4 hours	51.5	51.5	53.4	1.09.44-PS: During periods of high volume, there have been delays for complex radiography imaging tests (CT, ultrasound, magnetic resonance). Some mechanisms put in place to improve results achievement: Reorganization of emergency rooms and review of roles and responsibilities of nursing and administrative staff. Implementation of a policy regarding consultation response times about to be adopted. A doctor has been added from 8:00 a.m. to 10:00 p.m. to evaluate clients on a stretcher. Medical schedule changed to 11:00 a.m. to 7:00 p.m. for inpatients. Adoption and application of an emergency department contingency plan.

<b>Results concerning the objectives of the agreement</b>				
<b>Name of Indicator</b>	<b>2014-2015 Results</b>	<b>2015-2016 Commitment</b>	<b>2015-2016 Results</b>	<b>Comments</b>
				Creation of a committee to improve patient flow (organizational project).
1.09.32.00-PS Number of surgical requests pending for over 1 year for all types of surgeries	9	0	43	1.09.32.00-PS: In the majority of cases, a surgery date is assigned by the surgeon and the surgical request is submitted to the hospital centre. Waiting lists must be reassessed on a regular basis. Some mechanisms put in place to improve results achievement: Review of waiting list management processes. Surgical waiting lists and OR planning will now be managed by hospital staff in close collaboration with the surgeon – This pilot project is being conducted at one site and will be extended to the entire CIUSSS shortly.
1.09.32.01-PS Number of surgical requests for a total hip replacement pending for over 1 year	0		2	
1.09.32.02-PS Number of surgical requests for a total knee replacement pending for over 1 year	1		5	
1.09.32.03-PS Number of requests for cataract surgery pending for over 1 year	0		0	
1.09.32.04-PS Number of requests for day surgery pending for over 1 year	3		27	
1.09.32.05-PS Number of requests for inpatient surgery pending for over 1 year	5		9	
1.09.32.06-PS Number of requests for bariatric surgery pending for over 1 year	0		0	
1.09.34.01-PS Percentage of service requests for elective medical imaging (X-rays) pending for less than three months	64.3	90	100	
1.09.34.02-PS Percentage of service requests for elective medical imaging (fluoroscopy) pending for less than three	0	90	0	

<b>Results concerning the objectives of the agreement</b>				
<b>Name of Indicator</b>	<b>2014-2015 Results</b>	<b>2015-2016 Commitment</b>	<b>2015-2016 Results</b>	<b>Comments</b>
months				Implementation of a project to harmonize practices. Implementation of an appointment confirmation mechanism to improve availability.
1.09.34.03-PS Percentage of service requests for elective medical imaging (diagnostic mammography) pending for less than three months	0	90	0	
1.09.34.04-PS Percentage of service requests for elective medical imaging (obstetric ultrasound) pending for less than three months	96.4	90	0	
1.09.34.05-PS Percentage of service requests for elective medical imaging (cardiac ultrasound) pending for less than three months	80.9	90	73.3	
1.09.34.06-PS Percentage of service requests for elective medical imaging (breast ultrasound) pending for less than three months	0	90	0	
1.09.34.07-PS Percentage of service requests for elective medical imaging (other types of ultrasound) pending for less than three months	49.4	90	94.6	
1.09.34.08-PS Percentage of service requests for elective medical imaging (computerized axial tomography) pending for less than three months	86.3	90	77.2	
1.09.34.09-PS Percentage of service requests for elective medical imaging (magnetic resonance) pending for less than	90.9	90	85.7	

Results concerning the objectives of the agreement				
Name of Indicator	2014-2015 Results	2015-2016 Commitment	2015-2016 Results	Comments
three months				
1.09.33.01-PS Percentage of patients treated with surgical oncology within 28 or fewer calendar days	66.5	90	60.2	1.09.33.01-PS: In the majority of cases, a surgery date is assigned by the surgeon and the surgical request is submitted to the hospital centre. When a patient is not available, this is not always communicated to the hospital centre or validated. Some mechanisms put in place to improve results achievement: Review of waiting list management processes.
1.03.11-PS Number of people receiving long-term home support – adults in the support for elderly autonomy (SAPA), physical disability (PD) and intellectual disability and autism spectrum disorder (ID-ASP) service programs	3779	4333	5310	1.03.11-PS: Modifications to eligibility for autonomy support for a large number of users with ID-ASD have led to a significant increase. Improved screening of users at the intakes for SAPA, for home support, which has contributed to the increased result. Positive impact of follow-up done by network staff via PRISMA 7 screening. Implementation of a periodic validation process of data entered in the I-CLSC system and the RSIPA solution.
1.03.12-PS Percentage of people receiving long-term home support services and whose assessment and intervention plans have been updated (adults in the SAPA, DP and ID-ASD service programs)	65.28	90	54	1.03.12-PS: The process to complete the OEMC-PSIAS and intervention plans must be harmonized, be done a minimum of once a year, and adjusted depending on changes in each user's situation. Professionals must be made aware of the proper use of administrative tools so that the approach is clinically useful. The required support must be provided for the clinical completion of the intervention plans (IP), integrated intervention plans (IIP) and individualized service plans (ISP). Some mechanisms put in place to improve results achievement: Scale-up of training for ID-ASD staff members. Implementation of OEMC-PSIAS completion labs to support staff members. Start of bi-weekly conference calls for follow-up on autonomy support. Implementation of an OEMC-PSIAS support and completion quality committee.
1.03.07.01-PS Percentage of hospital centres that	0	33.0	N/AV	1.03.07.01-PS: Drafting of a CIUSSS action plan and presentation to the Management Committee

Results concerning the objectives of the agreement				
Name of Indicator	2014-2015 Results	2015-2016 Commitment	2015-2016 Results	Comments
have implemented components 1, 2 and 6 of the adapted approach for seniors				to develop a shared vision. Implementation of a multi-channel governance structure (strategy-tactics-operations) started but not complete. Changes during 2015-2016 in the staff responsible for different projects led to delays in activities and existing practices (e.g., training for new hires, updates and support for units, stability of coaches). Some mechanisms put in place to improve results achievement: Implementation of the tactical governance structure. Start of tool harmonization review.
1.03.10-PS Percentage of integrated service networks for seniors (RSIPA) implemented in an optimal manner	50	50	N/AV	1.03.10-PS: Increase in completion rate of OEMC evaluation tools in one of the local service networks (LSN). Increase in completion rate of intervention plans in both LSN. Some mechanisms put in place to improve results achievement: Implementation of OEMC-PSIAS completion lab to support staff members. Start of bi-weekly conference calls for follow-up on autonomy support. Implementation of an OEMC-PSIAS support and completion quality committee.
1.09.05-PS Number of users receiving palliative or end-of-life care at home	837	743	782	1.09.05-PS: A referral process is in place that allows us to serve all users. There are no wait times for palliative care services at home.
1.09.45-PS Number of beds reserved for palliative and end-of-life care	N/AV	29	29	1.09.45-PS: The teams have been made aware of the change in definition for clients eligible for palliative care, which means that users can receive care earlier. Some mechanisms put in place to improve results achievement: Development of a partnership agreement with the palliative care department at the CIUSSS du Centre-Sud for clients followed in the Verdun territory. Creation of a directory for oncology nurse navigators. Service trajectory for palliative chemotherapy with the CHUMR. Participation in work on end-of-life care.
1.08.13-PS Number of spots in variable support recognized by the ministry	N/AV	144	144	1.08.13-PS: Creation of an additional new team to follow more users.

Results concerning the objectives of the agreement				
Name of Indicator	2014-2015 Results	2015-2016 Commitment	2015-2016 Results	Comments
1.08.14-PS Number of spots in assertive community treatment recognized by the ministry	N/AV	270	270	1.08.14-PS: Application of the recommendations of the National Centre of Excellence in Mental Health (NCEMH) for all services.
3.01-PS Ratio of disability insurance hours	N/AV	4.80	4.95	3.01-PS: Work has been done to maintain a good working climate by recognizing staff during this year of transition. 3.05-02-PS: Work has been done to maintain a good working climate by intervening when necessary and following up on absences to minimize the impacts.
3.05.02-PS Rate of overtime hours	N/AV	3.52	3.02	
3.06.00-PS Rate of use of independent staff	N/AV	5.31	3.12	
1.01.13-EG2 Percentage of schools that have implemented the Healthy School Approach (HAS)	28.8	60	46	1.01.13-EG2: The results for each territory are highly variable. In the Dorval-Lachine-LaSalle territory, the results (85%) largely exceeded the commitment for 2015-2016. In the territory of the West Island, the main issues that had an impact on the results relate to the systematic entry of data within the required time frames as well as school strikes, which led to the cancellation of a number of HSA activities. These activities should resume in 2016-2017 with greater involvement from school nurses. Some mechanisms put in place to improve results achievement: Work has been done to reinforce the partnership with both school boards. Creation of a thorough follow-up mechanism to ensure that data entry is systemically done within the required timeframes.
1.01.19.03-EG2 Percentage of general and specialized hospital centres whose nosocomial infection rates are compliant with the established standards - central catheter-associated bacteremia in intensive care (facilities with a CHSGS classification)	N/AV	100	N/AV	1.01.19.03-EG2: Policies and procedures must be harmonized, and nursing staff must receive relevant training on basic practices, including a component on asepsis and hand hygiene. 1.01.25-EG2: The existing infection prevention and control committees must be consolidated and a new committee at the CIUSSS must be created. Some mechanisms put in place to improve results achievement: Deployment of a cross-cutting and interdisciplinary project to improve infection control and prevention.
1.01.25-EG2 Percentage of general and	N/AV	100	N/AV	

<b>Results concerning the objectives of the agreement</b>				
<b>Name of Indicator</b>	<b>2014-2015 Results</b>	<b>2015-2016 Commitment</b>	<b>2015-2016 Results</b>	<b>Comments</b>
specialized hospital centres that have a functional nosocomial infection prevention and control (IPC) committee (facilities with a CHSGS classification)				
1.09.33.02-EG2 Percentage of patients treated by surgical oncology within 56 or fewer days	92.4	100	89.1	1.09.33.02-EG2: Review of waiting list management processes. Surgical waiting lists and OR planning will now be managed by hospital staff in close collaboration with the surgeon – This pilot project is being conducted at one site and will be extended to the entire CIUSSS shortly.
1.45.04.01-EG2 Rates of service requests processed at a CLSC according to the standard wait times defined in the access to services plan for people with a physical disability – all ages, all priorities	78.7	90	68.8	1.45.04.01-EG2: Major increase in the number of requests. The intensity of service required in many cases resulted in an increase in wait times for a first service.
1.45.05.01-EG2 Rates of service requests processed at a CLSC according to the standard wait times defined in the access to services plan for people with an intellectual disability or autism spectrum disorder – all ages, all priorities	95	90	98	1.45.05.01-EG2: For many users, an increase in service intensity was necessary and resulted in an increase in wait times for a first service. Group interventions were implemented for some users. Some mechanisms put in place to improve results achievement: Reallocation of resources in the adaptation/rehabilitation service. Increase in service hours and intensity to decrease the number of requests that require a 2nd-line service.
1.45.05.05-EG2 Rates of service requests processed at a CRDI for people with an intellectual disability or autism spectrum disorder – all ages, all priorities	N/AV	90	35.3	
2.02.02-EG2 Average number of steps completed to eliminate grey zones in hygiene and sanitation	50	100	N/AV	2.02.02-EG2: A project to eliminate grey zones must be started.

## 5. RISK AND QUALITY MANAGEMENT ACTIVITIES

- Accreditation
- Populational responsibility in terms of quality and safety of care and services
- Safety of care and services
- Monitoring sentinel events
- Persons under confinement
- Complaint examination and improvement of the quality of services
- Population information and consultation

### ACCREDITATION

The institution continued its work following the accreditation surveys conducted in CIUSSS facilities during 2015-2016:

- Survey of the Douglas Mental Health University Institute by Accreditation Canada (May 10 to 14, 2015):
  - Decision about the rate of compliance with standards: Accredited;
  - Rate of compliance with evaluated standards: 97.3%.
- Survey of the Grace Dart Extended Care Centre by Accreditation Canada (September 28 to October 1, 2015):
  - Decision about the rate of compliance with standards: Accredited with honours;
  - Rate of compliance with evaluated standards: 99.58%.

Four CIUSSS constituent institutions have had to follow up on recommendations made during their last accreditation surveys. Evidence of achievements made with regard to actions considered as priorities will be assessed by Accreditation Canada in July 2016.

The next CIUSSS survey, conducted jointly by Accreditation Canada and the *Conseil Québécois d'agrément* (joint program) is scheduled for December 2017.

### POPULATIONAL RESPONSIBILITY IN TERMS OF QUALITY AND SAFETY OF CARE AND SERVICES

On March 31, 2016, the CIUSSS territory included 18 long-term care centres (CHSLD for *centre d'hébergement et de soins de longue durée*):

- 7 public long-term care centres under the direct responsibility of the CIUSSS;
- 11 private long-term care centres either under agreement or not under agreement.

The MSSS surveyed the living environment quality in 14 of the 18 long-term care centres in the course of the year. The CIUSSS Quality team attended the debriefing session at the end of each of these visits and provides support to the officials involved in preparing their improvement plans. The Quality team has been using a follow-up tool to promote information sharing, in addition to adapting and updating the survey preparation grid.

## SAFETY OF CARE AND SERVICES

Consolidating a culture of safety by, among other things, continuously promoting the declaration and disclosure of incidents and accidents occurring during an episode of care is a constant concern for the organization. Various awareness and continuing education activities, namely for new employees, and individual meetings conducted throughout 2015-2016 help develop a just safety culture.

In accordance with MSSS guidelines and in order to harmonize practices, all policies and procedures dealing with the adverse events declaration and disclosure process have been reviewed. For 2015-2016, the total number of declared adverse events reached 12,642 (8% less than the baseline value, i.e. that of 2014-2015). Most declarations are found in the categories of drug-related adverse events or falls (20% and 35% respectively).

As recommended by the experts of the *Groupe Vigilance pour la sécurité des soins (GVSS)* (watchdog group on safety of care), the CIUSSS aims to implement an evidence-based comprehensive program on fall prevention. Preventing falls is part of the continuum of care and services that integrate prevention strategies for clients at risk. Furthermore, fall and medication errors monitoring indicators recommended by the GVSS are monitored throughout the CIUSSS. The rate of medication errors and the rate of falls are periodically reviewed by the Clinical Integration Coordinating Committee.

Incidents and accidents are classified in accordance with the MSSS severity scale. Events that have no consequence for the user (severity rate of A to D) represent 66.5% of all declared incidents and accidents. In the case of accidents with consequences (severity rate of E, F, G, H & I), a reduction of 4% has been noted compared to the baseline value. All incident and accident declarations have been sent to the MSSS Registry. (See also “Watchdog and Quality Committee” and “Risk Management Committee” in the “Councils and Committees” section).

### **Enforcing Control Measures**

The CIUSSS de l’Ouest-de-l’Île-de-Montréal addresses the issue of quality improvement and healthcare safety by identifying situations likely to put patients at risk and by taking the necessary steps to prevent or manage risks. By using, namely, the declaration system to identify incidents and accidents and the local registry, the institution can monitor these incidents and accidents closely. The CIUSSS Policy on the declaration of incidents and accidents requires that all patient-related incidents and accidents be declared and entered into the local registry. This information allows us to conduct in-debt analyses and to identify and implement corrective measures and to set policies needed to avoid similar events from reoccurring.

Beyond the requirements of An Act Respecting Health Services and Social Services, healthcare safety is also one of the priorities of the organization. In the midst of the reorganization we lived through this year, several activities have been undertaken to develop a just safety culture within the CIUSSS. Namely, the creation of the new Risk Management Committee allowed us to design an integrated risk management structure. This committee also supports the work of partner committees—such as the Committee on the Application of control measures, the Fall Prevention Committee, the Infection Control and the Prevention Committee—and is accountable to the Watchdog and Quality Committee. In order to reinforce the declaration of incidents and accidents, the institution is also providing healthcare services quality and safety training sessions for new employees. Furthermore, declaration reference guides and e-learning sessions have been made available to the entire CIUSSS staff. Personalized support is also available when needed.

## MONITORING SENTINEL EVENTS

Each declared event is subject to a follow-up by the immediate superior. Moreover, 21 events have been reviewed in depth this year by the risk management service. Out of these, seven have been considered as sentinel events based on the severity of the consequences. These events have been reviewed by a task force mandated to identify the root causes of the failures and to put in place preventive measures to avoid their reoccurrence. A rigorous action plan, including regular follow-up measures, address each of these sentinel events.

There was only one recommendation to the CIUSSS from the coroner during the year 2015-2016. Measures have already been put in place to address this recommendation. It should be noted that recommendations from the coroner's office are systematically reviewed by the risk management committee, the watchdog and quality committee and the management committee.

## PERSONS UNDER CONFINEMENT

The CIUSSS de l'Ouest-de-l'Île-de-Montréal facilities designated under section 6 or section 9 of the Act Respecting the Protection of Persons Whose Mental State Presents a Danger to Themselves or to Others (CQLR, chapter P-38.001) are the following:

Douglas Mental Health University Institute

St. Mary's Hospital Center

Facilities of the former CSSS de l'Ouest-de-l'Île (Lakeshore General Hospital)

It should be noted that the figures provided for the Douglas Institute include applications for facilities of the former CSSS DLL.

	Douglas	St. Mary	West Island
Temporary confinements	29	0	0
Number of different users	29	0	0

	Douglas	St. Mary	West Island
Confinements in an institution before the courts	480	73	153
Number of confinements granted	449	73	86
Number of different users	365	68	129

## COMPLAINT EXAMINATION AND IMPROVEMENT OF THE QUALITY OF SERVICES

## Promoting the Complaint Review System

To raise awareness about the Complaint Review System and ensure it is accessible:

- Leaflets, posters and business cards are available in the institution's facilities.
- The Complaints Commissioner took part in the President and CEO's tour of several facilities of the CIUSSS.
- The Commissioner also met the central Users Committee as well as several local Users Committees and In-Patients' Committees to explain the Complaint Review System, the Commissioner's commitment, and provide an overview of the statistics related to the Complaint Review System. Meetings also served to build a partnership to promote the rights of users as well as improvement of the quality of care and services.
- The Commissioner took part in an informal tour of several facilities of the Batshaw Youth and Family Centres:
  - Tour of the Prévost Campus with a visit of locked units (Dara, Jeanne Sauvé), of open units (L'Avenir, Lorien, Springfield, Ste-Rose girls unit) and a visit of the school.
  - Tour of the Dorval Campus Dornal preadolescent group home (girls units Oasis and Baillie, as well as the Crossroads unit for young boys) and the secured unit comprised of isolation rooms.
  - Tour of the YPD including a meeting with managers.
  - Tour pertaining to the implementation of measures including a meeting with managers.
  - Meeting with the legal affairs team of the Québec Court's Youth Division.
- Participation in the Users' Rights Week.
- Participation in the Patients' Safety Week.
- Participation in promotional and informational activities dealing with users' rights and obligations, the Code of Ethics and the Complaint Review Procedure.
- Participation in orientation days for new employees.
- Participation in activities with residents and their families.
- Orientation for new managers.
- Project of a single portal for easier access to the office of the Commissioner by users (under way).
  - A single toll-free number (1-844-630-5125) to reach the Commissioner's office and its various service points in operation since March 31, 2016;
  - Creation of a single e-mail address for the office  
[commissariat.plaintes.comtl@ssss.gouv.qc.ca](mailto:commissariat.plaintes.comtl@ssss.gouv.qc.ca);
- Single postal address.

## Service Quality and Complaint Commissioner

Summary of complaints based on the stages of the review (Local Service Quality and Complaint Commissioner)-(SIGPAQS)*					
	Under review at the start of the year	Received during the fiscal year	Concluded during the fiscal year	Under review at year-end	Sent to the 2 <sup>nd</sup> level
2015-2016	68	566	547	87	12
2014-2015	76	820	828	68	31

\*SIGPAQS: *Système d'information de gestion des plaintes et de l'amélioration de la qualité des services*  
(Service quality improvement and complaints information system)

### The highlights:

- 547 complaints with 719 reasons for complaints (34% decrease in the number of complaints and 31% decrease in reasons for complaints compared to 2014-2015);
- 1,774 requests for assistance (21% increase compared to 2014-2015);
- 95 interventions (stable compared to 2014-2015);
- 261 consultation requests (15% decrease compared to 2014-2015);
- 69% of complaints were handled within the prescribed delay of 45 days (13% decrease compared to 2014-2015);
- 12 complaints were referred to the Protecteur du citoyen (Ombudsman) at the second level (61% decrease compared to 2014-2015);
- The three main reasons for complaints dealt with care services provided (29%), interpersonal relations (21%), environment and material resources (19%);
- 49% of complaints and interventions led to corrective measures and those mainly dealt with adjustments to care and services (stable compared to 2014-2015).

## MEDICAL EXAMINER

Summary of complaints according to examination phase (Medical examiner)-(SIGPAQS)*					
	Under review at the start of the year	Received during the fiscal year	Concluded during the fiscal year	Under review at the year-start	Sent to the 2 <sup>nd</sup> level
2015-2016	23	114	112	25	21
2014-2015	28	128	133	23	26

\*SIGPAQS: *Système d'information de gestion des plaintes et de l'amélioration de la qualité des services*  
(Service quality improvement and complaints information system)

### The highlights:

- 112 medical complaints with 140 reasons for complaints (16% decrease in the number of complaints compared to 2014-2015).
- 65% of medical complaints were handled within the prescribed delay of 45 days (4% increase compared to 2014-2015).
- 21 complaints were referred to the Review Committee in second instance (19% decrease compared to 2014-2015).
- The main reason for complaints is “care and services provided” (continuity, clinical decision, treatment/intervention/services) and represents 68% of complaints handled. The second important reason for complaints is “interpersonal relations” (communication/attitude) and represents 21% of complaints handled.
- 19% of complaints handled led to corrective measures (stable compared to 2014-2015).

## POPULATION INFORMATION AND CONSULTATION

Being responsible to provide citizens with information about services provided on its territory, the CIUSSS de l'Ouest-de-l'Île-de-Montréal has undertaken several communication endeavors during 2015-2016 to fulfil this mandate.

One of the first actions taken by the CIUSSS in this respect was to launch a Web portal in June 2015 ([www.ciuss-ouestmtl.gouv.qc.ca/en/home/](http://www.ciuss-ouestmtl.gouv.qc.ca/en/home/)). This site made it possible to introduce the CIUSSS to the population and to quickly share information regarding the creation of the new institution, such as information on its facilities and their services, to distribute information on the designation process at the Board of Directors, and also to inform the population of a single telephone number and e-mail address they can use.

This Info-CIUSSS telephone line (514-630-2123) and e-mail address ([informations.comtl@ssss.gouv.qc.ca](mailto:informations.comtl@ssss.gouv.qc.ca)), published throughout the CIUSSS population since their implementation, April and August 2015 respectively, have been successful. The CIUSSS has received an average of 35 calls per week and information requests made by e-mail have resulted in 15 answers per week.

In keeping with its goal to inform the population efficiently about services offered by the CIUSSS, but also to support the activities of its Public Health team and its Health Promotion and Healthy Lifestyle team, the CIUSSS de l'Ouest-de-l'Île-de-Montréal has not only published information using its Web portal, but has also been very active on social media. Statistics related to the traffic on the site have been increasing since the beginning. Only in the last quarter of the 2015-2016 fiscal year, there has been:

- An increase of 59% in all pages viewed on the institution's website from January 1 to February 29, 2016, as compared to the period from November 1 to December 31, 2015;
- An increase in the number of the CIUSSS Facebook page (10%) and Twitter (3%) subscribers from January 1 to March 10, 2016.

It should be noted that social media activities have proven to be an excellent way to encourage the dialogue with the population as evidenced by an average of 25 interactions (reactions, comments and sharing) generated for each publication during the single month of April.

Lastly, it is worth noting that the CIUSSS de l'Ouest-de-l'Île-de-Montréal is scheduling, for each regular Board of Directors meeting, a question period during which the population is invited to hear presentations from Board members and to ask questions. This invitation is made via public notices, published at least 15 days prior to the regular Board meeting. There have been two regular meetings between the time Board members were appointed in the fall of 2015 and March 31, 2016. Additional information is available in section 4 herein.

### **Other significant service-related information and consultation activities involving the population during 2015-2016**

- The CIUSSS de l'Ouest-de-l'Île-de-Montréal promptly updated the directory of health and social services resources the MSSS makes available to the population, thereby getting one step closer to related targets in the ministerial management agreement.
- Flu season vaccination campaign. Other than providing information on this campaign, the CIUSSS teams have surveyed the satisfaction of the West Island and Dorval-Lachine-LaSalle populations. The satisfaction rate reached 95%. Comments collected about the teams and service organization were glowing. Moreover, precious information on the best ways to reach the population was compiled.
- Publishing of the year-end holiday schedule for walk-in healthcare services throughout the CIUSSS de l'Ouest-de-l'Île-de-Montréal territory. Schedules and a link to the resource directory are published on the website and social media. Advertisements were sent to partners on our territory and a campaign in local weeklies was also organized thanks to a successful collaboration among all CIUSSSs across Montréal.
- Connecting with territory partners. The office of the Associate Director of Populational Responsibility and Partnerships (ADPRP) of the CIUSSS de l'Ouest-de-l'Île-de-Montréal has approached community and institutional partners of the former CSSSs of the territory. In the spring of 2016, meetings have been held, involving CIUSSS senior managers, with the four neighborhood social development tables of the West Island and Dorval-Lachine-LaSalle, as well as with three sectorial tables. In total, this represents 137 organizations and 215 participants.
- The CIUSSS de l'Ouest-de-l'Île-de-Montréal has conducted several communication activities meant for the population and “historical” partners of several of its facilities located outside its territory. For example, a collaboration between the ADPRP, the Mental Health and Addiction Program Directorate of the CIUSSS de l'Ouest-de-l'Île-de-Montréal and that of the *Centre-Sud-de-l'Île-de-Montréal* CIUSSS made it possible to hold a meeting with the members of the *table des partenaires en santé mentale du Sud-Ouest-Verdun* (South-West-Verdun mental health partnership table). To this we can add the CIUSSS participating in the Good Neighborhood Committee of the Douglas Mental Health University Institute and also continuing the work initiated several years ago by the Batshaw Youth and Family Services with the Dorval population, as part of the expansion project of its campus in that city.

## 6. END OF LIFE CARE POLICY IMPLEMENTATION

- **End of life care policy implementation from December 10, 2015 to June 10, 2016**

The CIUSSS gave its Coordination and Clinical Integration Committee the mandate to ensure that the various components of the *Act Respecting End-of-Life Care* were duly covered and part of the documentation produced for professionals and the public. Protocols, policies, a code of ethics, a clinical program and various tools, including a pocket guidebook and a memory aid, were produced, distributed, and explained to teams involved.

The CIUSSS was therefore able to address patients' requests starting on December 10, 2015, the very date the new provisions came into force.

Moreover, an interdisciplinary support group (ISG) was put in place and a tactical team is available to provide support to healthcare professionals when a request for medical aid in dying is made. The exceptional leadership of the team makes it possible to offer quality services and personalized interventions to patients and their loved ones, as well as support for staff.

The ISG meets every six weeks in addition to being convened each time a medical aid in dying request is made. Each intervention is reviewed and allows the team to continuously improve its service offer and its support for the person at the end of life.

### Director General's report to the institution's Board of Directors and to the End of Life Care Commission (Act 2, Chapter III, art.8)

Information requested	Hospital Centre	CHSLD	At home	Palliative care residence	Total
Number of people in end of life who received palliative care	63	n/d	496	174	733
Number of palliative sedations administered	1	0	0	3	4
Number of medical aid in dying requests		3			3
Number of medical aid in dying administered		1			1
Number of medical aid in dying not administered and reasons they were not administered		2			2
		One request retracted by patient One request did not meet conditions set forth in article 26.6			

\*NB: Due to the End of Life Care Policy's accountability structure, the information presented in the table above goes beyond March 31, the fiscal year-end covered by this annual report.

## 7. HUMAN RESOURCES

- Human resources table as at March 31
- Workforce management and control

### HUMAN RESOURCES TABLE AS AT MARCH 31

#### Head count per job category

<b>Job category (MSSS, union)</b>	<b>2015-2016</b>	<b>2014-2015</b>
10 - Nursing and cardiopulmonary personnel	2,669	2,618
20 - Paratechnical, auxiliary and trade personnel	2,563	2,461
30 - Office personnel, technicians and administrative professionals	1,259	1,273
40 - Health and social services technicians and professionals	2,030	1,992
50 - Staff not covered by Bill 30	123	129
60 - Management personnel	403	427
Total	9,047	8,900
<b>Job category</b>	<b>2015-2016</b>	<b>2014-2015</b>
1 - Management personnel	403	427
2 - Professional personnel	2,030	1,992
3 - Nursing personnel	2,669	2,618
4 - Office personnel, technicians and related occupations	1,259	1,273
5 - Labourers and maintenance and service personnel	2,563	2,461
6 - Students and trainees	30	28
Other (pharmacists, doctors, practitioners, mid-wives)	93	101
Total	9,047	8,900

<b>Job category</b>	<b>2015-2016</b>	<b>2014-2015</b>	<b>Note</b>
1 - Nursing and cardiopulmonary personnel	2,662	2,612	
2 - Paratechnical, auxiliary and trade personnel	2,556	2,453	
3 - Office personnel, technicians and administrative professionals	1,164	817	<i>Accreditation certificate awarded to St. Mary's for 2015-2016</i>
4 - Health and social services technicians and professionals	2,030	1,991	
Unionizable but Non-Unionized Employees	116	490	<i>Accreditation certificate awarded to St. Mary's for 2015-2016 for Cat. 3</i>
Management personnel	403	427	
Pharmacists	46	40	
Other	70	70	
<b>Total</b>	<b>9,047</b>	<b>8,900</b>	

## STAFF MANAGEMENT AND CONTROL

### Breakdown of data for required monitoring under *An Act respecting workforce management and control*

Comparison of 2014–2015 and 2015–2016						
	Values observed	Hours worked	Overtime hours	Total hours paid	No. of FTE	No. of individuals
1 - Management personnel	2014-15	808,894	3,202	812,097	444	506
	2015-16	741,333	2,852	744,184	407	496
	Variance	(8.4%)	(11.0%)	(8.4%)	(8.3%)	(2.0%)
2 - Professional personnel	2014-15	1,741,688	7,062	1,748,750	964	1,321
	2015-16	1,773,892	5,690	1,779,582	981	1,314
	Variance	1.8%	(19.4%)	1.8%	1.8%	(0.5%)
3 - Nursing personnel	2014-15	3,894,858	171,823	4,066,681	2,082	2,905
	2015-16	3,883,423	151,218	4,034,641	2,074	2,843
	Variance	(0.3%)	(12.0%)	(0.8%)	(0.4%)	(2.1%)
4 - Office personnel, technicians and related occupations	2014-15	6,076,592	120,968	6,197,560	3,312	4,579
	2015-16	5,979,632	90,779	6,070,411	3,260	4,408
	Variance	(1.6%)	(25.0%)	(2.1%)	(1.6%)	(3.7%)
5 - Labourers and maintenance and service personnel	2014-15	1,383,540	13,987	1,397,528	703	1,081
	2015-16	1,374,254	12,019	1,386,273	699	1,030
	Variance	(0.7%)	(14.1%)	(0.8%)	(0.7%)	(4.7%)
6 - Students and trainees	2014-15	44,247	37	44,285	24	103
	2015-16	37,943	106	38,048	21	81
	Variance	(14.2%)	184.1%	(14.1%)	(14.4%)	(21.4%)
<b>Total staff</b>	<b>2014-15</b>	<b>13,949,820</b>	<b>317,081</b>	<b>14,266,900</b>	<b>7,529</b>	<b>10,307</b>
	<b>2015-16</b>	<b>13,790,476</b>	<b>262,664</b>	<b>14,053,140</b>	<b>7,443</b>	<b>10,016</b>
	<b>Variance</b>	<b>(1.1%)</b>	<b>(17.2%)</b>	<b>(1.5%)</b>	<b>(1.2%)</b>	<b>(2.8%)</b>

For the period from April 2015 to March 2016, the *Conseil du trésor* set a target to reduce the total number of hours paid by 1% compared to the period from April 2014 to March 2015. This target was reached.

## 8. FINANCIAL RESOURCES

- Independent Auditor's Report
- Income Statement
- Service Contracts
- Reserve Follow-up Status

### MANAGEMENT REPORT

The Centre intégré universitaire de santé et de services sociaux de l'Ouest-de-l'Île-de-Montréal's financial statements have been prepared by the directorate responsible for their preparation and accurate presentation, including estimates and significant judgments. This responsibility includes the selection of appropriate accounting policies that comply with the Canadian Accounting Standards for the public sector and the features provided in the Financial Management Manual decreed under section 477 of the Act Respecting Health Services and Social Services. The financial information found elsewhere in the Annual Management Report is consistent with that given in the financial statements.

To fulfill its responsibilities, the directorate maintains a system of internal controls it considers necessary. It provides reasonable assurance that assets are safeguarded, that transactions are properly recorded in a timely fashion, that they are duly approved and are able to produce reliable financial statements.

The management of the Centre intégré universitaire de santé et de services sociaux de l'Ouest-de-l'Île-de-Montréal acknowledges that it has the responsibility to manage its business in accordance with laws and regulations.

The Board of Directors oversees how management fulfills its responsibilities regarding financial reporting and it has approved the financial statements. The Audit Committee assists the Board in this matter. This committee meets with management and the auditor, reviews the financial statements and recommends their approval to the Board.

The financial statements were audited by the duly mandated firm Raymond Chabot Grant Thornton LLP, in accordance with auditing standards generally recognized in Canada. Its report states the nature and extent of the audit as well as its opinion. The firm Raymond Chabot Grant Thornton LLP may, without restriction, meet with the Audit Committee to discuss any matter related to its audit.

Benoit Morin

President and CEO

Lucie Ménard

Director of Financial Resources



## Rapport de l'auditeur indépendant sur les états financiers résumés

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Les états financiers résumés ci-joints, qui comprennent l'état de la situation financière au 31 mars 2016 et les états des résultats, des déficits cumulés, de la variation de la dette nette et des flux de trésorerie pour l'exercice terminé à cette date ainsi que les notes complémentaires pertinentes, sont tirés des états financiers audités du Centre intégré universitaire de santé et services sociaux de l'Ouest-de-l'île-de-Montréal pour l'exercice terminé le 31 mars 2016. Nous avons exprimé une opinion avec réserve sur ces états financiers dans notre rapport daté du 15 juin 2016 (voir ci-dessous). Ni ces états financiers ni les états financiers résumés ne reflètent les incidences d'événements survenus après la date de notre rapport sur ces états financiers.

Les états financiers résumés ne contiennent pas toutes les informations requises par les Normes comptables canadiennes pour le secteur public. La lecture des états financiers résumés ne saurait donc se substituer à la lecture des états financiers audités du Centre intégré universitaire de santé et services sociaux de l'Ouest-de-l'île-de-Montréal.

### Responsabilité de la direction pour les états financiers résumés

La direction est responsable de la préparation d'un résumé des états financiers audités conformément aux critères décrits dans l'annexe 1 de la circulaire relative au rapport annuel de gestion (codifiée 03.01.61.19) publiée par le ministère de la Santé et des Services sociaux du Québec (MSSS).

### Responsabilité de l'auditeur

Notre responsabilité consiste à exprimer une opinion sur les états financiers résumés, sur la base des procédures que nous avons mises en œuvre conformément à la Norme canadienne d'audit (NCA) 810, « Missions visant la délivrance d'un rapport sur des états financiers résumés ».

## Opinion

À notre avis, les états financiers résumés tirés des états financiers audités du Centre intégré universitaire de santé et services sociaux de l'Ouest-de-l'île-de-Montréal pour l'exercice terminé le 31 mars 2016 constituent un résumé fidèle de ces états financiers, conformément aux critères décrits dans l'annexe 1 de la circulaire relative au rapport annuel de gestion (codifiée 03.01.61.19) publiée par le MSSS. Cependant, les états financiers résumés comportent une anomalie équivalente à celle des états financiers audités du Centre intégré universitaire de santé et services sociaux de l'Ouest-de-l'île-de-Montréal pour l'exercice terminé le 31 mars 2016.

L'anomalie que comportent les états financiers audités est décrite dans notre opinion avec réserve formulée dans notre rapport daté du 15 juin 2016. Notre opinion avec réserve est fondée sur le fait que, comme exigé par le MSSS, les contrats de location d'immeubles conclus avec la Société québécoise des infrastructures sont comptabilisés comme des contrats de location-exploitation alors que, selon la note d'orientation concernant la comptabilité NOSP-2, « Immobilisations corporelles louées », il s'agit plutôt de contrats de location-acquisition. Les incidences de cette dérogation aux Normes comptables canadiennes pour le secteur public sur les états financiers aux 31 mars 2016 et 2015 n'ont pas été déterminées.

Notre opinion avec réserve indique que, à l'exception des incidences du problème décrit, les états financiers audités donnent, dans tous leurs aspects significatifs, une image fidèle de la situation financière du Centre intégré universitaire de santé et services sociaux de l'Ouest-de-l'île-de-Montréal au 31 mars 2016 ainsi que des résultats de ses activités, de la variation de sa dette nette, de ses gains et pertes de réévaluation et de ses flux de trésorerie pour l'exercice terminé à cette date, conformément aux Normes comptables canadiennes pour le secteur public.

De plus, le rapport de l'auditeur sur les états financiers audités comporte un paragraphe d'autre point indiquant que, sans pour autant modifier notre opinion, nous attirons l'attention sur le fait que les chiffres correspondants représentent le cumul, après élimination des opérations et soldes interétablissements, des chiffres présentés dans les états financiers audités de chacun des établissements existant avant la création du Centre intégré universitaire de santé et services sociaux de l'Ouest-de-l'île-de-Montréal et à partir desquels a été créé le du Centre intégré universitaire de santé et services sociaux de l'Ouest-de-l'île-de-Montréal. Nous n'avons pas pour mission de faire rapport sur les informations comparatives, de sorte qu'elles n'ont pas été auditées.

*Raymond Chabot Grant Thornton S.E. N.C.R.L.<sup>1</sup>*

Montréal  
Le 23 juin 2016

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<sup>1</sup> CPA auditrice, CA permis de comptabilité publique n° A117472

# INCOME STATEMENT

Nom de l'établissement : CIUSSS de L'Ouest-de-L'Île-de-Montréal  
 Code : 1104-5168  
 Page / Idn. : 200-00 /

Tous les fonds exercice terminé le 31 mars 2016 - AUDITÉE

## ÉTAT DES RÉSULTATS

	Budget	Exploitation Ex.courant (R.deP358 C4)	Immobilisations Exercice courant (Note 1)	Total Ex.courant C2+C3	Total Ex. préc	
	1	2	3	4	5	
<b>REVENUS</b>						
Subventions MSSS (FI:P408)	1	715 770 358	695 746 206	30 898 742	726 644 948	719 160 224
Subventions Gouvernement du Canada (FI:P294)	2	4 762 345	5 037 694	227 317	5 265 011	5 274 260
Contributions des usagers	3	46 450 384	47 572 346	XXXX	47 572 346	47 925 794
Ventes de services et recouvrements	4	13 080 624	13 645 150	XXXX	13 645 150	14 329 082
Donations (FI:P294)	5	6 725 904	687 215	3 509 299	4 196 514	6 865 216
Revenus de placement (FI:P302)	6	298 899	454 822		454 822	463 094
Revenus de type commercial	7	4 593 402	4 622 412		4 622 412	4 422 759
Gain sur disposition (FI:P302)	8			151	151	416 848
	9	XXXX	XXXX	XXXX	XXXX	XXXX
	10	XXXX	XXXX	XXXX	XXXX	XXXX
Autres revenus (FI:P302)	11	21 648 153	27 161 333	504 058	27 665 391	26 469 172
<b>TOTAL (L.01 à L.11)</b>	<b>12</b>	<b>813 330 069</b>	<b>794 927 178</b>	<b>35 139 567</b>	<b>830 066 745</b>	<b>825 326 449</b>
<b>CHARGES</b>						
Salaires, avantages sociaux et charges sociales	13	523 887 749	535 187 593	XXXX	535 187 593	536 038 338
Médicaments	14	18 382 522	19 071 204	XXXX	19 071 204	18 953 763
Produits sanguins	15	8 999 724	9 493 358	XXXX	9 493 358	8 716 214
Fournitures médicales et chirurgicales	16	24 880 366	23 892 656	XXXX	23 892 656	25 764 592
Denrées alimentaires	17	6 739 290	7 463 818	XXXX	7 463 818	7 201 829
Rétributions versées aux ressources non institutionnelles	18	77 028 410	76 492 235	XXXX	76 492 235	76 887 362
Frais financiers (FI:P325)	19	11 970 034	721 658	7 783 774	8 505 432	11 096 117
Entretien et réparations, y compris les dépenses non capitalisables relatives aux immobilisations	20	12 495 692	10 971 796	1 747 837	12 719 633	12 777 068
Créances douteuses	21	2 886 787	3 909 105	XXXX	3 909 105	2 804 594
Loyers	22	7 451 361	7 472 508	XXXX	7 472 508	7 362 283
Amortissement des immobilisations (FI:P422)	23	27 466 879	XXXX	25 632 262	25 632 262	26 924 139
Perte sur disposition d'immobilisations (FI:P420, 421)	24		XXXX			112 110
Dépenses de transfert	25		916 137	XXXX	916 137	
	26	XXXX	XXXX	XXXX	XXXX	XXXX
Autres charges (FI:P325)	27	91 477 493	99 219 526	91 278	99 310 804	97 301 226
<b>TOTAL (L.13 à L.27)</b>	<b>28</b>	<b>813 666 307</b>	<b>794 811 594</b>	<b>35 255 151</b>	<b>830 066 745</b>	<b>831 939 635</b>
<b>SURPLUS (DÉFICIT) DE L'EXERCICE (L.12 - L.28)</b>	<b>29</b>	<b>(336 238)</b>	<b>115 584</b>	<b>(115 584)</b>	<b>0</b>	<b>(6 613 186)</b>

Note 1: la colonne 3 s'applique aux établissements publics seulement

## ÉTAT DES RÉSULTATS

	Budget	Activités principales	Activités accessoires	Total (C2+C3)	Exercice précédent	
	1	2	3	4	5	
<b>REVENUS</b>						
Subventions MSSS (P362)	1	682 439 421	694 223 148	1 523 058	695 746 206	685 287 677
Subventions Gouvernement du Canada (C2:P290/C3:P291)	2	4 569 892		5 037 694	5 037 694	5 081 807
Contributions des usagers (P301)	3	46 450 384	47 572 346	XXXX	47 572 346	47 925 794
Ventes de services et recouvrements (P320)	4	13 080 624	13 645 150	XXXX	13 645 150	14 329 082
Donations (C2:P290/C3:P291)	5	443 536	567 949	119 266	687 215	707 182
Revenus de placement (P302)	6	298 899	276 165	178 657	454 822	463 094
Revenus de type commercial (P351)	7	4 593 402	XXXX	4 622 412	4 622 412	4 422 759
Gain sur disposition (P302)	8					
	9	XXXX	XXXX	XXXX	XXXX	XXXX
	10	XXXX	XXXX	XXXX	XXXX	XXXX
Autres revenus (P302)	11	21 176 689	1 782 210	25 379 123	27 161 333	26 184 661
TOTAL (L.01 à L.11)	12	773 052 847	758 066 968	36 860 210	794 927 178	784 402 056
<b>CHARGES</b>						
Salaires, avantages sociaux et charges sociales (C2:P320/C3:P351)	13	523 887 749	513 813 708	21 373 885	535 187 593	536 038 338
Médicaments (P750)	14	18 382 522	19 071 204	XXXX	19 071 204	18 953 763
Produits sanguins	15	8 999 724	9 493 358	XXXX	9 493 358	8 716 214
Fournitures médicales et chirurgicales (P755)	16	24 880 366	23 892 656	XXXX	23 892 656	25 764 592
Denrées alimentaires	17	6 739 290	7 463 818	XXXX	7 463 818	7 201 829
Rétributions versées aux ressources non institutionnelles (P650)	18	77 028 410	76 492 235	XXXX	76 492 235	76 887 362
Frais financiers (P325)	19	1 016 004	721 658	XXXX	721 658	986 025
Entretien et réparations (P325)	20	10 320 662	10 760 750	211 046	10 971 796	10 493 411
Créances douteuses (C2:P301)	21	2 886 787	3 909 105		3 909 105	2 804 594
Loyers	22	7 451 360	7 456 655	15 853	7 472 508	7 362 283
Dépenses de transfert (P325)	23		916 137		916 137	
Autres charges (P325)	24	91 451 493	87 037 084	12 182 442	99 219 526	97 274 827
TOTAL (L.13 à L.24)	25	773 044 367	761 028 368	33 783 226	794 811 594	792 483 238
SURPLUS (DÉFICIT) DE L'EXERCICE (L.12 - L.25)	26	8 480	(2 961 400)	3 076 984	115 584	(8 081 182)

# ACCUMULATED SURPLUSES AND DEFICITS

Nom de l'établissement

Code

Page / Idn.

CIUSSS de L'Ouest-de-L'Île-de-Montréal

1104-5168

202-00 /

Tous les fonds

exercice terminé le 31 mars 2016 - AUDITÉE

## ÉTAT DES SURPLUS (DÉFICITS) CUMULÉS

		Fonds Exploitation Ex.courant	Fonds immobilisations Ex.courant	Total Ex.courant (C1+C2)	Total Ex.préc.	Notes
		1	2	3	4	
SURPLUS (DÉFICITS) CUMULÉS AU DÉBUT DÉJÀ ÉTABLIS	1	(54 019 254)	19 834 621	(34 184 633)	(27 571 447)	
Modifications comptables avec retraitement des années antérieures (préciser)	2	(77)	(728 564)	(728 641)	(728 564)	
Modifications comptables sans retraitement des années antérieures (préciser)	3	(870 974)		(870 974)	XXXX	
SURPLUS (DÉFICITS) CUMULÉS AU DÉBUT REDRESSÉS (L.01 à L.03)	4	(54 890 305)	19 106 057	(35 784 248)	(28 300 011)	
SURPLUS (DÉFICIT) DE L'EXERCICE	5	115 584	(115 584)	0	(6 613 186)	
Autres variations:						
Transferts interétablissements (préciser)	6					
Transferts interfonds (préciser)	7	(11 589 338)	11 589 338	0		21
Autres éléments applicables aux établissements privés conventionnés (préciser)	8		XXXX			
	9	XXXX	XXXX	XXXX	XXXX	
TOTAL DES AUTRES VARIATIONS (L.06 à L.09)	10	(11 589 338)	11 589 338			
SURPLUS (DÉFICITS) CUMULÉS À LA FIN (L.04 + L.05 + L.10)	11	(66 364 059)	30 579 811	(35 784 248)	(34 913 197)	
Constitués des éléments suivants:						
Affectations d'origine externe	12	XXXX	XXXX			
Affectations d'origine interne	13	XXXX	XXXX	110 354		
Solde non affecté (L.11 - L.12 - L.13)	14	XXXX	XXXX	(35 894 602)	(34 913 197)	
TOTAL (L.12 à L.14)	15	XXXX	XXXX	(35 784 248)	(34 913 197)	

# FINANCIAL HEALTH STATEMENT

Nom de l'établissement Code Page / Idn.  
 CIUSSS de L'Ouest-de-L'Île-de-Montréal 1104-5168 204-00 /

Tous les fonds exercice terminé le 31 mars 2016 - AUDITÉE

## ÉTAT DE LA SITUATION FINANCIÈRE

	FONDS	Exploitation	Immobilisations	Total Ex.courant (C1+C2)	Total Ex.préc.
		1	2	3	4
<b>ACTIFS FINANCIERS</b>					
Encaisse (découvert bancaire)	1	25 029 130	(1 016 996)	24 012 134	41 579 873
Placements temporaires	2	9 000 000		9 000 000	13 500 000
Débiteurs - MSSS (FE:P362, FI:P408)	3	31 094 265	46 262 769	77 357 034	79 098 148
Autres débiteurs (FE:P360, FI: P400)	4	31 473 010	2 532 455	34 005 465	28 245 486
Avances de fonds aux établissements publics	5	XXXX			
Créances interfonds (dettes interfonds)	6	8 763 266	(8 763 266)	0	
Subvention à recevoir (perçue d'avance) - réforme comptable (FE:P362, FI:P408)	7	52 237 187	(6 362 835)	45 874 352	44 734 053
Placements de portefeuille	8	1 400		1 400	1 400
Frais reportés liés aux dettes	9	XXXX	898 761	898 761	817 074
	10	XXXX	XXXX	XXXX	XXXX
	11	XXXX	XXXX	XXXX	XXXX
Autres éléments (FE: P360, FI: P400)	12	1 852 389	756	1 853 145	2 043 889
<b>TOTAL DES ACTIFS FINANCIERS (L.01 à L.12)</b>	<b>13</b>	<b>159 450 647</b>	<b>33 551 644</b>	<b>193 002 291</b>	<b>210 019 923</b>
<b>PASSIFS</b>					
Emprunts temporaires (FE: P365, FI: P403)	14	56 738 673	7 551 719	64 290 392	91 225 784
Créditeurs - MSSS (FE: P362, FI: P408)	15				
Autres créditeurs et autres charges à payer (FE: P361, FI: P401)	16	85 350 356	5 228 928	90 579 284	85 580 301
Avances de fonds - enveloppes décentralisées	17	XXXX	14 529 519	14 529 519	23 620 956
Intérêts courus à payer (FE: P361, FI: P401)	18	7 058	2 525 131	2 532 189	3 022 779
Revenus reportés (FE: P290 et 291, FI: P294)	19	27 108 519	32 926 189	60 034 708	54 813 219
	20	XXXX	XXXX	XXXX	XXXX
Dettes à long terme (FI: P403)	21	XXXX	338 807 265	338 807 265	320 151 080
Passif au titre des sites contaminés (FI: P401)	22	XXXX	43 921 758	43 921 758	43 921 758
Passif au titre des avantages sociaux futurs (FE: P363)	23	64 491 826	XXXX	64 491 826	63 172 091
	24	XXXX	XXXX	XXXX	XXXX
Autres éléments (FE: P361, FI: P401)	25	1 487 959		1 487 959	865 232
<b>TOTAL DES PASSIFS (L.14 à L.25)</b>	<b>26</b>	<b>235 184 391</b>	<b>445 490 509</b>	<b>680 674 900</b>	<b>686 373 200</b>
<b>ACTIFS FINANCIERS NETS (DETTE NETTE)(L.13 - L.26)</b>	<b>27</b>	<b>(75 733 744)</b>	<b>(411 938 865)</b>	<b>(487 672 609)</b>	<b>(476 353 277)</b>
<b>ACTIFS NON FINANCIERS</b>					
Immobilisations (FI: P420, 421, 422)	28	XXXX	442 451 025	442 451 025	430 004 904
Stocks de fournitures (FE: P360)	29	7 150 594	XXXX	7 150 594	7 287 824
Frais payés d'avance (FE: P360, FI: P400)	30	2 219 091	67 651	2 286 742	4 147 352
<b>TOTAL DES ACTIFS NON FINANCIERS (L.28 à L.30)</b>	<b>31</b>	<b>9 369 685</b>	<b>442 518 676</b>	<b>451 888 361</b>	<b>441 440 080</b>
<b>CAPITAL-ACTIONS ET SURPLUS D'APPORT</b>	<b>32</b>		XXXX		
<b>SURPLUS (DEFICITS) CUMULES (L.27 + L.31 - L.32)</b>	<b>33</b>	<b>(66 364 059)</b>	<b>30 579 811</b>	<b>(35 784 248)</b>	<b>(34 913 197)</b>

Obligations contractuelles (pages 635-00 à 635-03) et PPP (638-01 et 638-02)

Éventualités (pages 636-01 et 636-02)

Colonne 2: Établissements publics seulement

Ligne 06, Colonne 3: Le montant doit être égal à zéro

Ligne 32: applicable aux établissements privés seulement

AS-471 - Rapport financier annuel

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Rapport V 1.0

# CHANGE IN NET FINANCIAL ASSETS (NET DEBT) STATEMENT

Nom de l'établissement Code Page / Idn.  
 CIUSSS de L'Ouest-de-L'Île-de-Montréal 1104-5168 206-00 /

Tous les fonds exercice terminé le 31 mars 2016 - AUDITÉE

## ÉTAT DE LA VARIATION DES ACTIFS FINANCIERS NETS (DETTE NETTE)

	Budget	Fonds Exploitation	Fonds Immobilisations	Total - Ex. Courant (C2+C3)	Total - Ex. Précédent	
	1	2	3	4	5	
ACTIFS FINANCIERS NETS (DETTE NETTE) AU DÉBUT DÉJÀ ÉTABLIS	1	(256 014 108)	(65 438 781)	(410 914 573)	(476 353 354)	(444 476 430)
Modifications comptables avec retraitement des années antérieures	2					
Modifications comptables sans retraitement des années antérieures	3		(870 974)	(870 974)	XXXX	
ACTIFS FINANCIERS NETS (DETTE NETTE) AU DÉBUT REDRESSÉ (L.01 à L.03)	4	(256 014 108)	(66 309 755)	(410 914 573)	(477 224 328)	(444 476 430)
SURPLUS (DÉFICIT) DE L'EXERCICE (P.200, L.29)	5		115 584	(115 584)	0	(6 613 186)
VARIATIONS DUES AUX IMMOBILISATIONS:						
Acquisitions (FI:P421)	6		XXXX	(38 138 024)	(38 138 024)	(50 278 499)
Amortissement de l'exercice (FI:P422)	7		XXXX	25 632 262	25 632 262	26 924 139
(Gain)/Perte sur dispositions (FI:P208)	8		XXXX	(151)	(151)	(304 738)
Produits sur dispositions (FI:P208)	9		XXXX	151	151	419 651
Réduction de valeurs (FI:P420, 421-00)	10		XXXX	59 641	59 641	31 255
Ajustements des immobilisations	11		XXXX			
	12	XXXX	XXXX	XXXX	XXXX	XXXX
	13	XXXX	XXXX	XXXX	XXXX	XXXX
TOTAL DES VARIATIONS DUES AUX IMMOBILISATIONS (L.06 à L.13)	14		XXXX	(12 446 121)	(12 446 121)	(23 208 192)
VARIATIONS DUES AUX STOCKS DE FOURNITURES ET AUX FRAIS PAYÉS D'AVANCE:						
Acquisition de stocks de fournitures	15		(34 409 457)	XXXX	(34 409 457)	(29 810 803)
Acquisition de frais payés d'avance	16		(7 960 655)	(67 581)	(8 028 236)	(10 537 856)
Utilisation de stocks de fournitures	17		36 201 893	XXXX	36 201 893	29 684 971
Utilisation de frais payés d'avance	18		8 217 984	15 656	8 233 640	9 336 783
TOTAL DES VARIATIONS DUES AUX STOCKS DE FOURNITURES ET AUX FRAIS PAYÉS D'AVANCE (L.15 à L.18)	19		2 049 765	(51 925)	1 997 840	(1 326 905)
Autres variations des surplus (déficits) cumulés	20		(11 589 338)	11 589 338	0	
AUGMENTATION (DIMINUTION) DES ACTIFS FINANCIERS NETS (DETTE NETTE) (L.05 + L.14 + L.19 + L.20)	21		(9 423 989)	(1 024 292)	(10 448 281)	(31 148 283)
ACTIFS FINANCIERS NETS (DETTE NETTE) À LA FIN (L.04 + L.21)	22	(256 014 108)	(75 733 744)	(411 938 865)	(487 672 609)	(475 624 713)

# CASH FLOW STATEMENT

Nom de l'établissement

Code

Page / Idn.

CIUSSS de L'Ouest-de-L'Île-de-Montréal

1104-5168

208-00 /

Tous les fonds

exercice terminé le 31 mars 2016 - AUDITÉE

## ÉTAT DES FLUX DE TRÉSORERIE

		Exercice courant 1	Exercice précédent 2	Notes
<b>ACTIVITÉS DE FONCTIONNEMENT</b>				
Surplus (déficit) de l'exercice	1		(6 613 186)	
<b>ÉLÉMENTS SANS INCIDENCE SUR LA TRÉSORERIE:</b>				
Provisions liées aux placements de portefeuille et garanties de prêts	2			
Stocks de fournitures et frais payés d'avance	3	1 997 840	(1 326 905)	
Perte (gain) sur disposition d'immobilisations	4	(151)	(304 738)	
Perte (gain) sur disposition de placements de portefeuille	5			
Amortissement des revenus reportés liés aux immobilisations:				
- Gouvernement du Canada	6	(227 317)	(192 453)	
- Autres	7	(3 922 234)	(2 282 822)	
Amortissement des immobilisations	8	25 632 262	26 924 139	
Réduction pour moins-value des immobilisations	9	59 641	31 255	
Amortissement des frais d'émission et de gestion liés aux dettes	10	205 345	153 861	
Amortissement de la prime ou escompte sur la dette	11			
Subventions IMSS	12	(1 207 487)	(6 730 065)	
Autres (préciser P297)	13	(871 051)	705 604	
<b>TOTAL DES ÉLÉMENTS SANS INCIDENCE SUR LA TRÉSORERIE (L.02 à L.13)</b>	<b>14</b>	<b>21 666 848</b>	<b>16 977 876</b>	
Variation des actifs financiers et des passifs reliés au fonctionnement	15	2 682 493	20 408 026	
<b>FLUX DE TRÉSORERIE LIÉS AUX ACTIVITÉS DE FONCTIONNEMENT (L.01 + L.14 + L.15)</b>	<b>16</b>	<b>24 349 341</b>	<b>30 772 716</b>	
<b>ACTIVITÉS D'INVESTISSEMENT EN IMMOBILISATIONS</b>				
Sorties de fonds relatives à l'acquisition d'immobilisations	17	(38 138 024)	(48 289 680)	
Produits de disposition d'immobilisations	18	151	419 651	
<b>FLUX DE TRÉSORERIE LIÉS AUX ACTIVITÉS D'INVESTISSEMENT EN IMMOBILISATIONS (L.17 + L.18)</b>	<b>19</b>	<b>(38 137 873)</b>	<b>(47 870 029)</b>	
<b>ACTIVITÉS D'INVESTISSEMENT</b>				
Variation des placements temporaires dont l'échéance est supérieure à 3 mois	20			
Placements de portefeuille effectués	21			
Produits de disposition de placements de portefeuille	22			
Placements de portefeuille réalisés	23			
<b>FLUX DE TRÉSORERIE LIÉS AUX ACTIVITÉS D'INVESTISSEMENT (L.20 à L.23)</b>	<b>24</b>			

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## ÉTAT DES FLUX DE TRÉSORERIE (suite)

		Exercice courant 1	Exercice précédent 2	Notes
<b>ACTIVITÉS DE FINANCEMENT</b>				
Dettes à long terme - Emprunts effectués	1	37 990 933	48 335 546	
Dettes à long terme - Emprunts remboursés	2	(19 334 748)	(17 756 155)	
Capitalisation de l'escompte et de la prime sur la dette	3			
Variation des emprunts temporaires - fonds d'exploitation	4	(13 900 649)	(88 163)	
Emprunts temporaires effectués - fonds d'immobilisations	5	26 282 560	25 404 980	
Emprunts temporaires remboursés - fonds d'immobilisations	6	(39 317 303)	(25 696 832)	
Variation du Fonds d'amortissement du gouvernement	7			
Autres (préciser P297)	8			
<b>FLUX DE TRÉSORERIE LIÉS AUX ACTIVITÉS DE FINANCEMENT (L.01 à L.08)</b>	<b>9</b>	<b>(8 279 207)</b>	<b>30 199 376</b>	
<b>AUGMENTATION (DIMINUTION) DE LA TRÉSORERIE ET DES ÉQUIVALENTS DE TRÉSORERIE (P.208-00, L.16 + L.19 + L.24 + P.208-01, L.09)</b>	<b>10</b>	<b>(22 067 739)</b>	<b>13 102 063</b>	
<b>TRÉSORERIE ET ÉQUIVALENTS DE TRÉSORERIE AU DÉBUT</b>	<b>11</b>	<b>55 079 873</b>	<b>41 977 810</b>	
<b>TRÉSORERIE ET ÉQUIVALENTS DE TRÉSORERIE À LA FIN (L.10 + L.11)</b>	<b>12</b>	<b>33 012 134</b>	<b>55 079 873</b>	
<b>TRÉSORERIE ET ÉQUIVALENTS DE TRÉSORERIE À LA FIN COMPRENNENT:</b>				
Encaisse	13	24 012 134	41 579 873	
Placements temporaires dont l'échéance n'excède pas 3 mois	14	9 000 000	13 500 000	
<b>TOTAL (L.13 + L.14)</b>	<b>15</b>	<b>33 012 134</b>	<b>55 079 873</b>	

## ÉTAT DES FLUX DE TRÉSORERIE (suite)

		Exercice courant 1	Exercice précédent 2	Notes
<b>VARIATION DES ACTIFS FINANCIERS ET DES PASSIFS RELIÉS AU FONCTIONNEMENT:</b>				
Débiteurs - MSSS	1	1 741 114	22 969 401	
Autres débiteurs	2	(5 759 979)	(1 160 894)	
Subvention à recevoir - réforme comptable - avantages sociaux futurs	3	67 188	281 015	
Frais reportés liés aux dettes	4	(287 032)	(294 874)	
Autres éléments d'actifs	5	190 744	552 274	
Créditeurs - MSSS	6			
Autres créditeurs et autres charges à payer	7	4 998 983	2 605 314	
Avances de fonds - enveloppes décentralisées	8	(9 091 437)	(8 264 328)	
Intérêts courus à payer	9	(490 590)	66 887	
Revenus reportés	10	9 371 040	4 702 958	
Passif au titre des sites contaminés	11			
Passif au titre des avantages sociaux futurs	12	1 319 735	531 162	
Autres éléments de passifs	13	622 727	(1 580 889)	
<b>TOTAL DE LA VARIATION DES ACTIFS FINANCIERS ET DES PASSIFS RELIÉS AU FONCTIONNEMENT (L.01 à L.13)</b>	<b>14</b>	<b>2 682 493</b>	<b>20 408 026</b>	
<b>AUTRES RENSEIGNEMENTS:</b>				
Acquisitions d'immobilisations incluses dans les créditeurs au 31 mars	15	4 513 725	4 750 749	
Produits de disposition d'immobilisations inclus dans les débiteurs au 31 mars	16			
Autres éléments n'affectant pas la trésorerie et les équivalents de trésorerie (préciser P297)	17			
<b>Intérêts:</b>				
Intérêts créditeurs (revenus)	18	2 571 887	180 253	
Intérêts encaissés (revenus)	19	2 703 415	243 272	
Intérêts débiteurs (dépenses)	20	11 042 136	2 693 917	
Intérêts déboursés (dépenses)	21	11 682 151	162 813	

# RESERVE FOLLOW-UP STATUS

Nom de l'établissement : CIUSSS de L'Ouest-de-L'Île-de-Montréal  
 Code : 1104-5168  
 Page / Idn. : 140-00 /

exercice terminé le 31 mars 2016 - AUDITÉE

## ÉTAT DU SUIVI DES RÉSERVES, COMMENTAIRES ET OBSERVATIONS FORMULÉS PAR L'AUDITEUR INDÉPENDANT

### Signification des codes :

Colonne 3 « Nature » :

R : Réserve      O : Observation      C : Commentaire

Colonne 5,6 et 7 « État de la problématique » :

R : Régulé      PR : Partiellement Régulé      NR : Non Régulé

ÉTAT DU SUIVI DES RÉSERVES, COMMENTAIRES ET OBSERVATIONS FORMULÉS PAR L'AUDITEUR INDÉPENDANT						
Description des réserves, commentaires et observations	Année 20XX-XX	Nature (R, O ou C)	Mesures prises pour régler ou améliorer la problématique identifiée	État de la problématique au 31 mars 2016		
				R 5	PR 6	NR 7
1	2	3	4			
<b>Rapport de l'auditeur indépendant portant sur les états financiers</b>						
Gérer l'accès des utilisateurs internes. Les pilotes ont la responsabilité d'attribuer les droits d'accès au système MédiAccès alors qu'ils devraient seulement avoir la responsabilité de les autoriser afin de séparer ces tâches incompatibles, ce qui ne permet pas d'atteindre la mesure 4.2.1 du Cadre global de gestion. (ODI)	2008-09	C	La déficience a été signalée aux firmes MédiSolution et GFI. Une mise à jour des systèmes pour rencontrer ce contrôle n'est pas envisagée. Par contre, au CSSS-ODI, les demandes d'utilisation de ces systèmes sont encadrées par un processus mis en place (formulaire embauche/départ).			NR
Comptabilisation des contrats de location d'immeubles conclus avec la Société québécoise des infrastructures (SQI) comme des contrats de location-exploitation et non comme des contrats location-acquisition. (CROM)	2011-12	R	Maintien de la directive du MSSS concernant la comptabilisation des contrats location-acquisition avec la SQI présentement traités comme des contrats de location-exploitation, ce qui contrevient à la note d'orientation concernant la comptabilité NOSP-2 «Immobilisations corporelles louées» du Manuel de CPA Canada.			NR
Comptabilisation des contrats de location d'immeubles conclus avec la Société québécoise des infrastructures (SQI) comme des contrats de location-exploitation et non comme des contrats de location-acquisition. (Batshaw)	2011-12	R	Maintien de la directive du MSSS concernant la comptabilisation des contrats location-acquisition avec la SQI présentement traités comme des contrats de location-exploitation, ce qui contrevient à la note			NR

AS-471 - Rapport financier annuel

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			d'orientation concernant la comptabilité NOSP-2 «Immobilisations corporelles louées» du Manuel de CPA Canada.			
Comptabilisation des contrats de location d'immeubles conclus avec la Société immobilière du Québec (SIQ) comme des contrats de location-exploitation et non comme des contrats de location-acquisition (ODI)	2011-12	R	Maintien de la directive du MSSS concernant la comptabilisation des contrats de location-acquisition avec la SIQ présentement traités comme des contrats de location-exploitation, ce qui contrevient à la note d'orientation concernant la comptabilité NOSP-2 « immobilisations corporelles louées » du Manuel de l'Institut canadien des Comptables Agréés.			NR
Les contrats de location d'immeubles conclus avec la Société immobilière du Québec sont comptabilisés étant des contrats de location-exploitation alors qu'il s'agit de contrat location-acquisition conformément à la note d'orientation 2 des Normes comptables canadiennes pour le secteur public sur les états financiers au 31 mars 2012 et 2011 n'ont pu être déterminées. (DLL)	2012-13	R	La comptabilisation est effectuée selon les directives du Ministère de la Santé et des Services Sociaux			NR
<b>Rapport de l'auditeur indépendant portant sur les unités de mesure et les heures travaillées et rémunérées</b>						
Pour le centre d'activités - 7554 -Alimentation - Autre. L'unité de mesure « Repas » n'a pu être testée au CHSLD Denis-Benjamin Viger étant donné que les pièces justificatives ne sont pas conservées. (ODI)	2014 -15	R	Les pièces justificatives pour les repas au CHSLD seront dorénavant conservées.	R		
Note 1 : La compilation des unités de mesure n'est pas conforme aux	2012-13	R	Un formulaire de compilation standard est en développement.	R		

définitions du Manuel de gestion financière à l'égard des usagers pour certains centres d'activités. En effet, les systèmes de compilation des unités de mesure n'étant pas intégrés, il est impossible d'identifier si un usager se présente à plus d'un site. (DLL)			Celui-ci sera mis en réseau afin d'éliminer les doublons.			
Note 2 : Les unités de mesure soumises par l'établissement sont non fondées sur des méthodes valables d'enregistrement et de contrôle.  6880- Ergothérapie La compilation des unités de mesure n'est pas effectuée correctement selon les exigences du Manuel de Gestion Financière pour l'unité de mesure : «Heure de prestation de service » et « Jour-Traitement» . La méthode de compilation est déficiente et les documents sources ne sont pas conservés dans tous les centres. (DLL)	2014-15	R	La direction est en accord avec cette observation.	R		
Note 2 : Les unités de mesure soumises par l'établissement sont non fondées sur des méthodes valables d'enregistrement et de contrôle dans les centre d'activité suivant :  6890 - Animation-loisir La compilation des unités de mesure n'est pas effectuée correctement selon les exigences du Manuel de gestion financière pour l'unité de mesure « participation » et « temps vécu ». La méthode de compilation est déficiente et les documents sources ne sont pas conservés dans tous les centres. (DLL)	2013-14	R	Un outil de compilation est en cours d'implantation.  Les documents sont conservés depuis la période trois de l'année 2013-2014.	R		
Note 2: Les unités de mesure soumises par l'établissement sont non fondées sur des méthodes valables d'enregistrement et de contrôle dans le centre d'activité suivant :	2013-14	R	La méthode de compilation sera modifiée.	R		

<p>7090 - Centre de médecine de Jour La compilation ne respecte pas le Manuel de Gestion financière, car plusieurs jours soins peuvent être comptabilisés par usager dans une journée et la méthode de compilation est déficiente. L'impact sur les unités et le coût unitaire présenté aux pages 650 du rapport financier ne peut être déterminé. (DLL)</p>						
<p>Note 2 : Les unités de mesure soumises par l'établissement sont non fondées sur des méthodes valables d'enregistrement et de contrôle dans le centre d'activité suivant :</p> <p>7554 - Alimentation - Autres L'unité de mesure « repas » soumises par l'établissement sont non fondées sur des méthodes valables d'enregistrement. L'impact sur les unités et le coût unitaire présenté aux pages 650 du rapport financier ne peut être déterminé. (DLL)</p>	2013-14	R	La méthode de compilation sera modifiée.	R		
<p>Note 3 : Les unités de mesures sont compilées non conformément aux définitions du Manuel de gestion financière dans les centres suivants :</p> <p>6565- Services sociaux Pour une constituante l'unité de mesure « usager » n'est pas conforme aux exigences du Manuel de gestion financière puisque les usager sont compilés selon leur type (admis ou hospitalisé). Cette compilation permet de conclure que l'unité présentée aux pages 650 du rapport financier serait diminuée et le coût unitaire augmenterait.</p> <p>Pour deux autres constituantes, la documentation fournie par les gestionnaires était incomplète. L'unité de ces établissements ne peut donc</p>	2012-13	R	Un tableau de bord a été créé. Le déploiement est en cours.	R		
		R	La documentation est conservée.			

pas être validée et l'impact sur les unités et le coût unitaire présentés aux pages 650 du rapport financier ne peut être déterminé. (DLL)						
Note 3 : Les unités de mesure sont compilées non conformément aux définitions du Manuel de gestion financière dans les centres suivants :  7090 - Centre de médecine de jour L'unité de mesure « usager » est compilée de façon non conforme aux exigences du Manuel de gestion financière puisque l'utilisateur est compilé selon le type d'intervention. Cette compilation permet de conclure que l'unité présentée aux pages 650 du rapport financier serait diminuée et le coût unitaire augmenterait. (DLL)	2013-14	R	La méthode de compilation sera modifiée.	R		
Note 3 : Les unités de mesure sont compilées non conformément aux définitions du Manuel de gestion financière dans les centres suivants :  7553 - Nutrition clinique Pour une constituante l'unité de mesure « l'utilisateur » n'est pas conforme aux exigences du Manuel de gestion financière puisque les utilisateurs sont compilés selon leur type d'intervention. Cette compilation permet de conclure que l'unité présentée aux pages 650 du rapport financier serait diminuée et le coût unitaire augmenterait.  Pour deux autres constituantes, la documentation fournie par les gestionnaires était incomplète. L'unité de ces établissements ne peut donc pas être confirmée et l'impact sur les unités et le coût unitaire présentés aux pages 650 du rapport financier ne peut être déterminé. (DLL)		R	Un tableau de bora a été créé.  La documentation sera conservée.	R		

<b>Questionnaire à remplir par l'auditeur indépendant (vérificateur externe)</b>						
Les résultats de l'exercice du Centre hospitalier Ste-Mary se soldent par un excédent des charges sur les revenus de 7 753 114 \$. Ce résultat va à l'encontre de l'article 4 de la Loi sur l'équilibre budgétaire qui mentionne qu'aucun établissement public ne doit encourir de déficit à la fin de l'exercice financier. (St-Mary's)	2014-15	C		R		
La gestion des accès n'est pas restreint à un nombre d'individus limités dans l'application GRH (groupe « SECURITE - SANS RESTRICTION » ). Nous avons noté 16 comptes qui possèdent ces privilèges d'accès. (St-Mary's)	2014-15	O				NR
Un individu possède les privilèges d'accès pour créer des comptes utilisateurs dans l'application GRH et est impliqué dans la révision périodique des accès, ce qui ne respecte pas le principe de séparation adéquate de tâches incompatibles. (St-Mary's)	2014-15	O				NR
L'établissement n'a pas reçu de l'agence de la santé et des services sociaux les analyses financières du rapport financier pour les exercices terminés les 31 mars 2009, 2010, 2011, 2012, 2013 et 2014. (St-Mary's)	2012-13	C				NR
Des observations ont été soulevées à la direction dans le cadre de notre audit: La sécurité concernant les mots de passe devrait être améliorée et en ligne avec la politique interne de l'hôpital. (St-Mary's)	2012-13	C				NR

<i>Rapport à la gouvernance</i>						
<b>Gestion de l'accès des utilisateurs internes</b> Nous avons constaté que les pilotes ont la responsabilité d'attribuer les droits d'accès à Espresso GRF alors qu'ils devraient seulement avoir la responsabilité de les autoriser afin de séparer ces tâches incompatibles, ce qui ne permet pas d'atteindre les exigences de la mesure 4.2.1 du Cadre global de gestion. (DLL)	2014-15	C	La direction et en accord avec cette observation.			NR

## GROSS EXPENSES BY PROGRAM/SERVICES

Main activities – Operating funds					unaudited
	B/D exclusive to program/services	B/D non-exclusive to program/services	Unallocated costs	General expenses relocation	Total
<b>2015-2016</b>					
Public Health	\$5,626,009	\$1,861	\$74,780	- \$	\$5,702,650
Corporate Services – clinical and support activities	\$8,239,949	\$7,528,827	\$1,119,924	- \$	\$1,688,700
Autonomy of elderly persons support	\$73,848,520	\$34,464,893	\$1,407,839	- \$	\$109,721,257
Physical disability	\$467,037	\$6,699,694	\$92,619	- \$	\$7,259,350
Intellectual disability and ASD	\$48,763,631	\$2,171,964	\$658,263	- \$	\$51,593,858
Troubled youths	\$63,128,268	\$3,916,557	\$866,450	- \$	\$67,911,275
Mental health	\$79,170,561	\$15,723,687	\$1,224,351	- \$	\$96,118,599
Physical health	\$134,912,535	\$88,189,291	\$2,875,146	- \$	\$225,976,972
Administration	\$61,549,590	- \$	\$5,426,197	\$(769)	\$66,975,018
Service support	\$57,587,514	- \$	\$908,300		\$58,495,814
Building and equipment management	\$53,771,616	- \$	\$694,914	\$(81,650)	\$54,384,880
Total per program/service	\$587,065,230	\$158,696,774	\$15,348,783	-\$82,419	\$761,028,368

## BALANCED BUDGET

Overall, the institution achieved a balanced budget. The operating fund ended with a surplus of \$115,584, namely a deficit of \$2,961,400 for key activities, which was compensated by a surplus of \$3,076,984 for ancillary and incidental activities, while the capital asset fund showed a deficit of \$115,584.

## SERVICE CONTRACTS

Service contracts involving an expenditure of \$25,000 or more, completed between April 1 and March 31

	Number	Value
Service contracts with an individual	15	\$790,855
Service contracts with a contractor who is not an individual	60	\$4,965,504
Total of service contracts	75	\$5,756,359

# NOTES TO THE FINANCIAL STATEMENTS

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Nom de l'établissement	Code	Page / Idn.
CIUSSS de L'Ouest-de-L'Île-de-Montréal	1104-6168	270-00 /

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exercice terminé le 31 mars 2016 - AUDITÉE

## NOTES AUX ÉTATS FINANCIERS

### NOTES AUX ÉTATS FINANCIERS

#### Note 1. - Constitution et mission

Le Centre universitaire intégré de santé et services sociaux de l'Ouest-de-l'Île-de-Montréal (ci-après l'« Établissement ») est constitué en corporation par lettres patentes sous l'autorité de la Loi sur les services de santé et les services sociaux (RLRQ chapitre S-4.2). Il a pour mandat de promouvoir la santé, le bien-être et la contribution active de la population du territoire de l'Ouest-de-l'Île-de-Montréal en orchestrant les soins de santé et les services sociaux, en misant sur l'accessibilité, la qualité et la sécurité tout en favorisant les partenariats afin de faciliter le cheminement intégré des personnes.

À la suite de l'entrée en vigueur de la Loi modifiant l'organisation et la gouvernance du réseau de la santé et des services sociaux notamment par l'abolition des agences régionales (RLRQ, chapitre O-7.2), le 1er avril 2015, l'établissement est issu de la fusion :

- des Centres de la jeunesse et de la famille Batshaw;
- du Centre de réadaptation de l'Ouest-de-Montréal;
- du Centre de soins prolongés Grace Dart;
- du Centre hospitalier de St Mary;
- de l'Institut universitaire en santé mentale Douglas;
- du Centre de santé et services sociaux de Dorval-Lachine-LaSalle;
- du Centre de santé et services sociaux l'Ouest-de-Montréal.

L'Établissement jouit de tous leurs droits, a acquis tous leurs biens, assume toutes leurs obligations et poursuit toutes leurs procédures sans reprise d'instance. Par conséquent, tous leurs actifs et passifs, ainsi que tous leurs droits et obligations qui s'y rattachaient, ont été regroupés à leur valeur comptable dans les présents états financiers. Les données comparatives au 31 mars 2015 représentent le cumul de leurs activités, après élimination des opérations entre les entités fusionnées. Même si la présentation des données comparatives n'est pas requise lors d'une fusion d'entités, celles-ci ont néanmoins été présentées à la demande du ministère de la Santé et des Services sociaux, à l'exception de celles des pages 650, 660, 320 et 351 du rapport financier annuel AS-471. Cependant, elles n'ont pas été auditées.

Le siège social de l'établissement est situé au 160, avenue Stillview, Pointe-Claire (Québec) H9R 2Y2. Les points de service sont répartis dans l'ensemble de la région de l'Ouest-de-Montréal.

En vertu des lois fédérale et provinciale de l'impôt sur le revenu, l'établissement n'est pas assujéti aux impôts sur le revenu au Québec ou au Canada.

#### Note 2. - Principales méthodes comptables

##### Référentiel comptable

Le présent rapport financier annuel est établi conformément aux Normes comptables canadiennes pour le secteur public, en tenant compte des particularités édictées par le ministère de la Santé et des Services sociaux (MSSS) et prescrites par l'article 477 de la Loi sur les services de santé et les services sociaux (RLRQ chapitre S-4.2). Conséquemment les immeubles loués auprès de la Société québécoise d'infrastructure (SQI) sont comptabilisés comme une location-exploitation au lieu d'une location-acquisition à la demande du ministère de

la Santé et des Services sociaux, ce qui n'est pas conforme à la note d'orientation concernant la comptabilité NOSP-2 Immobilisations corporelles louées du Manuel de comptabilité de CPA Canada, Normes comptables canadiennes pour le secteur public.

### Utilisation d'estimations

La préparation du rapport financier AS-471 exige que la direction de l'Établissement ait recours à des estimations et à des hypothèses qui ont une incidence sur la comptabilisation des actifs et des passifs, des revenus et charges de l'exercice ainsi que sur la présentation des actifs et passifs éventuels à la date des états financiers. Les résultats réels peuvent différer de ces estimations.

### État des gains et pertes de réévaluation

Le Ministère de la Santé et des Services sociaux n'inclut pas l'état des gains et pertes de réévaluation dans le format du rapport financier annuel AS-471 qu'il prescrit en vertu de l'article 295 de la Loi sur les services de santé et les services sociaux (RLRQ, chapitre S-4.2), puisque la grande majorité des entités du réseau de la santé et des services sociaux ne détiennent pas d'instruments financiers devant être évalués à la juste valeur considérant les limitations imposées par l'article 265 de cette même Loi.

Néanmoins, l'établissement ne détient aucun élément devant être comptabilisé à la juste valeur ou libellé en devises étrangères. La présentation de cet état financier n'est donc pas requise.

### Comptabilité d'exercice

La comptabilité d'exercice est utilisée tant pour l'information financière que pour les données quantitatives non financières.

### Périmètre comptable et méthode de consolidation

Le périmètre comptable de l'établissement comprend toutes les opérations, activités et ressources qui sont sous son contrôle, excluant les soldes et les opérations relatifs aux biens détenus en fiducie.

Les états financiers comprennent donc tous les comptes du Centre de recherche de l'Hôpital Douglas sont consolidées ligne par ligne, lesquelles sont comptabilisées selon la méthode modifiée de la comptabilisation à la valeur de consolidation. Des informations sommaires à leur égard sont présentées à la note complémentaire no 18.

### Biens en fiducie

La description des biens détenus en fiducie gérés par l'Établissement ainsi que le sommaire des soldes sont présentés à la page 375 du rapport financier annuel AS-471.

### Revenus

Les subventions gouvernementales du Québec et du Canada, reçues ou à recevoir, sont constatées aux revenus dans l'exercice au cours duquel le cédant les a dûment autorisées et lorsque l'Établissement bénéficiaire a respecté tous les critères d'admissibilité, s'il en est.

En présence de stipulations précises imposées par le cédant quant à l'utilisation des ressources ou aux actions que l'Établissement bénéficiaire doit poser pour les conserver, ou en présence de stipulations générales et

d'actions ou de communications de l'Établissement, les subventions gouvernementales sont d'abord comptabilisées à titre de revenus reportés, puis passées aux résultats au fur et à mesure que les stipulations sont satisfaites.

Une subvention pluriannuelle en provenance d'un ministère, d'un organisme budgétaire ou d'un fonds spécial n'est dûment autorisée par le Parlement que pour la partie pourvue de crédits au cours de l'exercice ou figurant au budget de dépenses et d'investissement votés annuellement par l'Assemblée nationale, respectivement, comme stipulé dans la Loi concernant les subventions relatives au paiement en capital et intérêts des emprunts des organismes publics ou municipaux et certains autres transferts (RLRQ chapitre S-37.01).

Les sommes en provenance d'une entité hors périmètre comptable gouvernemental sont constatées à titre de revenus dans l'exercice au cours duquel elles sont utilisées aux fins prescrites en vertu d'une entente (nature des coûts, utilisation prévue ou période pendant laquelle les coûts devront être engagés). Les sommes reçues avant qu'elles ne soient utilisées doivent être présentées à titre de revenus reportés jusqu'à ce que lesdites sommes soient utilisées aux fins prescrites dans l'entente.

Lorsque les sommes reçues excèdent les coûts de la réalisation du projet ou de l'activité, selon les fins prescrites à l'entente, cet excédent doit être inscrit comme revenu dans l'exercice au cours duquel le projet ou l'activité est terminé, sauf si l'entente prévoit l'utilisation du solde, le cas échéant, à d'autres fins prescrites. De même, si une nouvelle entente écrite est conclue entre les parties, un revenu reporté est comptabilisé, si celle-ci prévoit les fins auxquelles le solde doit être utilisé.

#### **Revenus provenant des usagers**

Les revenus provenant des usagers sont diminués des déductions, des exonérations et des exemptions accordées à certains de ceux-ci.

#### **Autres revenus**

Les sommes reçues par don, legs ou autre forme de contribution sans condition rattachée, à l'exception des sommes octroyées par le gouvernement fédéral ou le gouvernement du Québec et ses ministères ou par des organismes dont les dépenses de fonctionnement sont prises en charge par le fonds consolidé du revenu, sont comptabilisées aux revenus des activités principales dès leur réception et sont présentées à l'état des résultats du fonds d'exploitation.

#### **Instruments financiers**

Les instruments financiers dérivés et des placements de portefeuille composés d'instruments de capitaux propres cotés sur un marché actif sont évalués à la juste valeur.

Les actifs financiers comprennent l'encaisse, les placements temporaires, les débiteurs MSSS, les autres débiteurs, les placements de portefeuille et sont évalués au coût ou au coût après amortissement à l'exception des instruments de capitaux propres cotés sur un marché actif et des instruments financiers dérivés.

Les passifs financiers comprennent les emprunts temporaires, les créditeurs MSSS, les autres créditeurs et autres charges à payer excluant les charges sociales et taxes à payer, les intérêts courus à payer, les dettes à long terme et sont évalués au coût ou au coût après amortissement.

### *Trésorerie et équivalents de trésorerie*

La trésorerie et les équivalents de trésorerie comprennent l'encaisse, le découvert bancaire le cas échéant, et les placements temporaires de moins de trois mois.

### *Débiteurs*

Les débiteurs sont présentés à leur valeur recouvrable nette au moyen d'une provision pour créances douteuses. La charge pour créances douteuses est comptabilisée aux charges non réparties de l'exercice.

### *Frais d'émission, escompte et prime liés aux emprunts*

Les frais d'émission liés aux emprunts sont comptabilisés à titre de frais reportés et sont amortis sur la durée de chaque emprunt selon la méthode linéaire.

L'escompte et la prime sur emprunts sont comptabilisés à titre de frais ou de revenus reportés respectivement et sont amortis selon le taux effectif de chaque emprunt.

### *Dettes à long terme*

Les emprunts sont comptabilisés au montant encaissé lors de l'émission et ils sont ajustés annuellement de l'amortissement de l'escompte ou de la prime pour attendre le montant de capital à rembourser à l'échéance.

### *Dettes subventionnées par le gouvernement du Québec*

Les montants reçus pour pourvoir au remboursement des dettes subventionnées à leur échéance sont comptabilisés aux résultats du fonds auquel ils se rapportent. Il en est de même pour les remboursements qui sont effectués directement aux créanciers par le ministère des Finances du Québec.

De plus, un ajustement annuel de la subvention à recevoir ou perçue d'avance concernant le financement des immobilisations à la charge du gouvernement est comptabilisé aux revenus de l'exercice du fonds d'immobilisations.

### **Passifs au titre des sites contaminés**

Les obligations découlant du passif au titre des sites contaminés sont comptabilisées lorsque toutes les conditions suivantes sont rencontrées:

- La contamination dépasse une norme environnementale en vigueur à la date des états financiers ou il est probable qu'elle la dépasse;
- L'Établissement est responsable des coûts de réhabilitation ou il est probable qu'il le soit ou qu'il en accepte la responsabilité;
- Il est prévu que des avantages économiques futurs seront abandonnés;
- Les coûts de réhabilitation sont raisonnablement estimables.

Le passif au titre des sites contaminés comprend les coûts directement liés à la réhabilitation des sites contaminés, estimés à partir de la meilleure information disponible. Ces coûts sont révisés annuellement et la variation annuelle est constatée aux résultats de l'exercice.

Relativement à ces obligations, l'Établissement comptabilise une subvention à recevoir du gouvernement du Québec (SCT) pour le financement du coût des travaux de réhabilitation des terrains contaminés existants au 31 mars 2008 et inventoriés au 31 mars 2011, de même que les variations annuelles survenues au cours des exercices 2011-2012 à 2015-2016. La décision quant au financement de ces variations est prise annuellement.

Pour les terrains contaminés non répertoriés au 31 mars 2011, l'établissement comptabilise un passif au titre des sites contaminés, ainsi qu'une subvention à recevoir du Ministère de la Santé et des Services sociaux, après avoir préalablement obtenu l'autorisation de celui-ci.

Le passif au titre des sites contaminés est présenté au fonds d'immobilisations.

### **Passif au titre des avantages sociaux futurs**

Les passifs au titre des avantages sociaux futurs comprennent principalement les obligations découlant de l'assurance salaire ainsi que des congés de maladie, des vacances cumulées. Les autres avantages sociaux comprennent les droits parentaux et les allocations de rétention des hors-cadres.

#### **Provision pour assurance salaire**

Les obligations découlant de l'assurance salaire sont évaluées annuellement par le ministère de la Santé et des Services sociaux, à l'aide de l'une des deux méthodes suivantes. La méthode par profil est basée sur les dossiers observés en assurance salaire en tenant compte des facteurs tels que le sexe, le groupe d'âge, le groupe d'emploi, le groupe de diagnostics, l'écart entre l'année financière du paiement et celle d'ouverture du dossier des trois dernières années. Lorsque l'information nécessaire pour cette méthode n'est pas disponible, les obligations sont alors estimées à l'aide de la méthode basée sur des données plus globales, pour laquelle la dépense totale en assurance salaire des années futures est projetée à partir des dépenses des trois années financières les plus récentes. Ces obligations ne sont pas actualisées. La variation annuelle est constatée dans les charges non réparties.

#### **Provision pour vacances**

Les obligations découlant des congés de vacances des employés sont estimées à partir des heures cumulées au 31 mars 2016 et des taux horaires prévus en 2016-2017. Elles ne sont pas actualisées car elles sont payables au cours de l'exercice suivant. La variation annuelle est ventilée dans les centres et sous-centres d'activités concernés.

La variation annuelle est ventilée dans les centres et sous-centres d'activités concernés.

#### **Provision pour congés de maladie**

Les obligations découlant des congés de maladie années courantes sont évaluées sur la base du mode d'acquisition de ces avantages sociaux. Ainsi, le personnel à temps régulier bénéficie annuellement de 9,6 jours de congé de maladie. Les journées de maladie non utilisées sont payables une fois par année, soit en décembre. La provision inclut donc les journées non utilisées depuis le paiement jusqu'au 31 selon les taux horaires prévus en 2016-2017. Ces obligations ne sont pas actualisées car elles sont payables au cours de l'exercice suivant. La variation annuelle est ventilée dans les centres et sous-centres d'activités concernés.

**Les principales hypothèses utilisées sont les suivantes :**

	Exercice courant	Exercice précédent
Pour les provisions relatives aux congés de maladie – année courante et aux vacances :		
Taux moyen de croissance de la rémunération	1 %	0 %
Indexation	1,5 %	1 %
Accumulation des congés de vacances et de maladie pour les salariés	9,43 %	9,43 %
Accumulation des congés de vacances pour les cadres et hors-cadres	8,65 %	8,65 %

**Régime de retraite**

Les membres du personnel de l'établissement participent au Régime de retraite des employés du gouvernement et des organismes publics (RREGOP), au Régime de retraite des fonctionnaires (RRF) ou au Régime de retraite du personnel d'encadrement (RRPE). Ces régimes interentreprises sont à prestations déterminées et comportent des garanties à la retraite et au décès. La comptabilité des régimes à cotisations déterminées est appliquée aux régimes interentreprises à prestations déterminées gouvernementaux, compte tenu du fait que l'établissement ne dispose pas d'informations suffisantes pour appliquer la comptabilité des régimes à prestations déterminées. Les cotisations de l'exercice de l'établissement envers ces régimes gouvernementaux sont prises en charge par le MSSS et ne sont pas présentées au rapport financier annuel.

**Droit parentaux**

Les obligations découlant des droits parentaux sont évaluées sur la base du nombre d'employés en congé parental au 31 mars 2016 et la rémunération versée pour l'exercice 2016-2017, laquelle est répliquée pour le reste de la durée du congé ou au maximum jusqu'au 31 mars 2017. La variation annuelle est ventilée dans les centres et sous-centres d'activités concernés.

**Immobilisations**

Les immobilisations sont des actifs non financiers qui sont acquis, construits, développés ou améliorés, qui sont destinés à être utilisés de façon durable pour la production de biens ou la prestation de services sur leur durée de vie utile qui s'étend au-delà de l'exercice financier.

Elles sont comptabilisées au coût, lequel comprend les frais financiers capitalisés pendant la période de construction, d'amélioration ou de développement.

Les immobilisations acquises par donation ou pour une valeur symbolique sont comptabilisées à leur juste valeur au moment de leur acquisition, avec contrepartie aux revenus reportés s'il s'agit d'un bien amortissable ou aux revenus de l'exercice s'il s'agit d'un terrain.

Les immobilisations sont amorties selon une méthode logique et systématique correspondant à leur durée de vie utile, à l'exception des terrains qui ne sont pas amortis. Les immobilisations en cours de construction, en développement ou en mise en valeur sont amorties dès leur mise en service.

Le coût comprend les frais financiers capitalisés pendant la période de construction, d'amélioration ou de développement.

Les immobilisations acquises par donation ou pour une valeur symbolique sont comptabilisées à leur juste valeur au moment de leur acquisition avec contrepartie aux revenus reportés, à l'exception des terrains où la contrepartie est constatée aux revenus dans l'année d'acquisition. Les contributions pour l'acquisition d'immobilisations sont comptabilisées aux revenus reportés, à l'exception de celles destinées à l'achat de terrains qui sont constatées aux revenus dans l'année d'acquisition. Les revenus reportés sont amortis aux revenus au même rythme que l'amortissement du coût des immobilisations correspondantes.

Elles sont amorties linéairement en fonction de leur durée de vie utile, à l'exception des terrains qui ne sont pas amortis :

Catégorie	Durée
Aménagements des terrains	10 à 20 ans
Bâtiments	20 à 50 ans
Améliorations locatives	Durée restante du bail (max. 10 ans)
Matériel et équipement	3 à 15 ans
Équipement spécialisé	10 à 25 ans
Matériel roulant	5 ans
Développement informatique	5 ans
Réseau de télécommunication	10 ans
Location-acquisition	Durée du bail ou de l'entente

Les immobilisations en cours de construction, en développement ou en mise en valeur ne sont pas amorties avant leur mise en service.

### Frais payés d'avance

Les frais payés d'avance sont des actifs non financiers représentant des débours effectués avant la fin de l'exercice financier pour des services à recevoir au cours du ou des prochains exercices financiers. Ils sont imputés aux charges de l'exercice au cours duquel ils sont consommés.

### Stocks de fourniture

Les stocks de fourniture sont des actifs non financiers composés de fournitures qui seront consommés dans le cours normal des opérations au cours du ou des prochains exercices. Ils sont évalués au moindre du coût ou de la valeur de réalisation nette. Le coût est déterminé selon la méthode du coût moyen. Ils sont comptabilisés dans les charges de l'exercice au cours duquel ils sont consommés.

### Comptabilité par fonds

Pour les fins de présentation du rapport financier annuel AS-471, l'établissement utilise un fonds d'exploitation regroupant les opérations courantes de fonctionnement réparties entre les activités principales et accessoires, ainsi qu'un fonds d'immobilisations, lequel inclut les opérations relatives aux immobilisations, au passif au titre des sites contaminés, aux dettes à long terme, aux subventions et à tout autre mode de financement se rattachant aux immobilisations. Les opérations et les soldes sont présentés dans leurs états financiers respectifs.

### Revenus d'intérêts

Les intérêts gagnés sur l'encaisse et les placements sont partie intégrante de chacun des fonds et, dans le cas spécifique du fonds d'exploitation, sont répartis entre les activités principales et les activités accessoires.

### Prêts interfonds

Les prêts entre le fonds d'exploitation et le fonds d'immobilisations ne comportent aucune charge d'intérêts. Aucuns frais de gestion ne peuvent être chargés par le fonds d'exploitation au fonds d'immobilisations.

Les intérêts gagnés sur l'encaisse et les placements, réalisés à partir d'un solde prêté, appartiennent au fonds prêteur.

### Avoir propre

L'avoir propre correspond aux surplus cumulés du fonds d'exploitation et est constitué des montants grevés et non grevés d'affectations. Il comprend les résultats des activités principales et accessoires.

L'avoir propre de l'établissement ne peut être utilisé qu'aux fins de la réalisation de sa mission qu'il exploite selon l'article 269.1 de la Loi sur les services de santé et les services sociaux (RLRQ, chapitre S-4.2). Toutefois, son utilisation peut être subordonnée à une approbation. L'utilisation de l'avoir propre à l'égard des montants non affectés ou de ceux grevés d'affectations ne doit pas, distinctement, avoir pour effet de rendre le solde de ces derniers déficitaires.

### Classification des activités

La classification des activités d'un établissement tient compte des services qu'il peut fournir dans la limite de ses objets et pouvoirs et de ses sources de financement. Les activités sont classées en deux groupes :

- **Activités principales** : les activités principales comprennent les opérations qui découlent de la prestation des services qu'un établissement est appelé à fournir et qui sont essentielles à la réalisation de sa mission dans le cadre de son budget de fonctionnement approuvé par le ministère de la Santé et des Services sociaux.
- **Activités accessoires** : les activités accessoires comprennent les services qu'un établissement fournit, dans la limite de ses objets et pouvoirs, en sus de la prestation de services qu'il est appelé à fournir.

**Les activités accessoires sont subdivisées en deux sous-groupes :**

- **Activités accessoires complémentaires** : elles n'ont pas trait à la prestation de services reliés à la mission de l'établissement. Elles peuvent toutefois constituer un apport au réseau de la santé et des services sociaux.
- **Activités accessoires de type commercial** : elles regroupent toutes les opérations de type commercial. Elles ne sont pas reliées directement à la prestation de services aux usagers.

### Centres d'activités

En complément de la présentation de l'état des résultats par nature des charges, et à moins de dispositions spécifiques, la plupart des charges engagées par les établissements dans le cadre de leurs activités principales et accessoires sont réparties par objet dans des centres d'activités. Chacun de ces centres est une entité regroupant des charges relatives à des activités ayant des caractéristiques et des objectifs similaires eu égard aux services fournis par l'établissement. Certains centres d'activités sont subdivisés en sous-centres.

## Unités de mesure

Une unité de mesure est une donnée quantitative et non financière, compilée de façon spécifique pour un centre ou un sous-centre d'activités donné dans le but de fournir une indication de son niveau d'activités. Elle représente un coût unitaire relié aux coûts directs nets ajustés soit de production de produits ou de services, soit de consommation.

## Note 3. -Maintien de l'équilibre budgétaire

En vertu des articles 3 et 4 de la Loi sur l'équilibre budgétaire du réseau public de la santé et des services sociaux (RLRQ, chapitre E-12.0001), un établissement doit maintenir l'équilibre entre ses revenus et ses charges en cours d'exercice financier et ne doit pas encourir de déficit en fin d'année financière. Cette exigence légale s'applique tant au fonds d'exploitation qu'au fonds d'immobilisations.

Selon les résultats présentés à la page 200 du rapport financier annuel AS-471 pour l'exercice terminé le 31 mars 2016, l'établissement a respecté cette obligation légale.

## Note 4. -Données budgétaires

Les données budgétaires présentées à l'état des résultats ainsi qu'à l'état de la variation des actifs financiers nets (de la dette nette) des pages 200 et 206 respectivement, relativement aux fonds d'exploitation et d'immobilisations sont préparées selon les mêmes méthodes comptables que les données réelles et pour le même ensemble d'activités et d'opérations relativement aux fonds d'exploitation et aux fonds d'immobilisations.

Elles représentent les données budgétaires adoptées initialement par le conseil d'administration le 23 juin 2015.

## Note 5.-Instruments financiers

L'évaluation à la juste valeur est sans effet important sur les données financières. Par conséquent, l'état des gains et pertes de réévaluation n'est pas présenté.

## Amortissement des frais reportés liés aux dettes

Selon la pratique actuelle les frais reportés liés aux dettes sont amortis selon la méthode du taux linéaire, alors que les normes comptables canadiennes pour le secteur public préconisent l'application de la méthode du taux effectif.

L'amortissement des frais d'émission des dettes selon la méthode du taux d'intérêt effectif n'a pas d'impact important sur les résultats des activités et sur la situation financière.

## Note 6. -Autres débiteurs

La nature des autres débiteurs est précisée à la page 630-00 du rapport financier annuel AS-471.

## Note 7. -Placements de portefeuille

La nature des placements de portefeuille, y compris les prêts et avances, la valeur comptable, les dates d'échéance, les taux de rendement effectif minimum et maximum, les provisions pour moins-values et l'échéancier des remboursements des prêts et avances sont présentés aux pages 632-00 à 632-02 du rapport financier annuel AS-471.

L'établissement ne détient aucun placement de portefeuille de parties apparentées.

#### Note 8. -Autres éléments d'actifs

La nature des autres éléments d'actifs est précisée aux pages 360-00 et 400-00 du rapport financier annuel AS-471.

#### Note 9. -Emprunts temporaires

La nature des emprunts temporaires contractés auprès de parties apparentées, y compris le taux d'intérêt moyen pondéré sont présentés à la page 633-00 du rapport financier annuel AS-471.

	<b>Exercice courant</b>	<b>Exercice précédent</b>
Emprunts temporaires (exploitation) *	56 738 673 \$	70 639 322 \$
Emprunts temporaire (immobilisations)	7 551 719 \$	17 075 713 \$
Avances de fonds – enveloppes décentralisées	14 529 519 \$	27 762 996 \$
Dettes long terme	338 807 265 \$	319 889 249 \$
<b>* Autorisation d'emprunt temporaire pour l'exploitation</b>	<b>Montant minimum</b>	<b>Montant maximum</b>
référence 1300-01-06-16-304 contracté avec RBC	18 050 000 \$	27 050 000 \$
référence 1300-01-06-16-305 contracté avec fonds de Fin.	7 950 000 \$	7 950 000 \$
référence 1300-01-06-16-306 contracté avec BNC	44 700 000 \$	45 600 000 \$

Le taux utilisé est celui des acceptations bancaires + 0.3%. Le mode de renouvellement est celui décrit à la circulaire 2016-013. Le renouvellement se fait deux fois par année. Le prochain renouvellement est le 30 septembre 2016.

Les emprunts temporaires (immobilisations) portent intérêt à taux variable. Les intérêts de ces emprunts sont pris en charge par le MSSS, ils ne sont donc pas exposés au risque de taux d'intérêts.

#### Note 10. -Autres créditeurs

La nature des autres créditeurs est précisée à la page 633-00 du rapport financier annuel AS-471.

## Note 11. -Dettes à long terme

### Détail de la dette à long terme Fonds d'immobilisations au 31 mars 2016

Émis	Dû	Série	Valeur nominale	Taux	Montant du versement périodique	Fréquence du versement	Exercice courant	Exercice précédent
<b>Billets à terme contractés auprès du Fonds de financement garantis par le gouvernement du Québec</b>								
2014	2024	Billet à terme	2 302 047	3,325%	92 082	annuel	2 209 965	2 302 047
2015	2019	Billet à terme	535 308	2,607%	76 473	annuel	458 836	535 308
2015	2019	Billet à terme	8 701 279	1,211%	348 051	annuel	8 353 228	8 701 279
2016	2026	Billet à terme	7 810 822	2,478%	312 433	annuel	7 810 822	0
2015	2020	Billet à terme	1 169 256	2,137%	129 917	annuel	1 039 339	1 169 257
2015	2024	Billet à terme	1 012 923	1,510%	40 517	annuel	972 406	1 012 923
2014	2024	Billet à terme	42 157 407	2,303%	1 859 600	annuel	38 438 208	40 297 808
2014	2023	Billet à terme	7 906 050	3,058%	316 242	annuel	7 589 808	7 906 050
2014	2024	Billet à terme	1 541 354	2,666%	192 669	annuel	1 348 685	1 541 354
2016	2026	Billet à terme	7 873 581	2,478%	314 943	annuel	7 873 581	0
2015	2024	Billet à terme	4 819 208	2,944%	207 870	annuel	4 611 338	4 819 208
2015	2019	Billet à terme	1 264 938	3,325%	50 598	annuel	1 214 341	1 264 938
2016	2026	Billet à terme	3 916 677	2,478%	205 000	annuel	3 916 677	0
2014	2024	Billet à terme	5 114 274	2,079%	317 550	annuel	4 479 175	4 796 725
2015	2021	Billet à terme	6 222 958	2,996%	248 918	annuel	5 974 039	6 222 958
2016	2026	Billet à terme	12 006 136	2,478%	622 452	annuel	12 006 136	0
2014	2018	Billet à terme	2 105 881	2,904%	110 836	annuel	1 995 045	2 105 881
2014	2018	Billet à terme	11 860 755	2,335%	503 702	annuel	10 853 351	11 357 053
2014	2024	Billet à terme	577 760	2,082%	72 220	annuel	433 320	505 540
2016	2018	Billet à terme	1 011 999	* 0,05%	42 167	annuel	927 666	1 410 858
2014	2023	Billet à terme	10 741 856	2,944%	429 674	annuel	10 312 182	10 741 856
2016	2026	Billet à terme	9 827 375	2,478%	512 814	annuel	9 827 375	0
2014	2018	Billet à terme	9 241 968	3,266%	443 671	annuel	8 354 625	8 798 296
2016	2026	Billet à terme	7 752 257	1,238%	310 090	annuel	7 442 167	7 752 257
2016	2026	Billet à terme	8 061 991	2,478%	322 480	annuel	8 061 991	0
<b>Sous-total</b>			<b>175 536 060 \$</b>		<b>8 082 970 \$</b>		<b>166 504 305\$</b>	<b>123 241 596\$</b>

\* Taux acceptation bancaire à un mois majoré de 0.05%

Émis	Dû	Série	Valeur nominale	Taux	Montant du versement périodique	Fréquence du versement	Exercice courant	Exercice précédent	
<b>Billets à terme contractés auprès du Financement Québec garantis par le gouvernement du Québec</b>									
	2017	Billet à terme	1 373 745	1,778%	274 749	annuel	549 498	824 247	
	2017	Billet à terme	5 082 001	1,778%	256 549	annuel	4 312 355	4 568 904	
	2018	Billet à terme	1 116 537	2,472%	46 522	annuel	976 970	1 023 492	
	2019	Billet à terme	4 953 835	2,114%	229 739	annuel	4 264 616	4 494 356	
	2017	Billet à terme	1 472 767	3,594%	63 482	annuel	1 155 356	1 218 838	
1993	2018	Billet à terme	3 197 800	9,375%	127 912	annuel	255 824	383 736	
2010	2016	Billet à terme	10 303 969	3,835%	787 690	annuel	6 365 521	7 153 210	
2010	2016	Billet à terme	6 303 949	2,875%	252 158	annuel	5 043 159	5 295 317	
2010	2016	Billet à terme	6 303 949	2,880%	175 714	annuel	2 635 707	2 811 421	
2012	2018	Billet à terme	13 669 792	2,664%	617 394	annuel	11 817 612	12 435 005	
2012	2019	Billet à terme	16 885 496	2,437%	913 237	annuel	14 145 784	15 059 021	
2012	2019	Billet à terme	448 952	2,437%	64 136	annuel	256 544	320 680	
	2017	Billet à terme	173 344	2,860%	173 344	annuel	0	173 344	
	2017	Billet à terme	1 833 218	2,860%	1 833 218	annuel	0	1 833 218	
	2017	Billet à terme	1 584 826	6,400%	75 468	annuel	1 509 358	1 584 826	
2011	2017	Billet à terme	6 316 190	2,472%	282 475	annuel	5 186 290	5 468 765	
2012	2019	Billet à terme	16 571 154	2,463%	687 418	annuel	14 508 901	15 196 319	
2012	2019	Billet à terme	3 760 417	2,437%	191 023	annuel	3 187 346	3 378 370	
2012	2016	Billet à terme	1 088 000	1,778%	272 000	annuel	272 000	544 000	
2013	2018	Billet à terme	2 477 117	2,114%	99 085	annuel	2 179 863	2 278 948	
2008	2015	Billet à terme	9 074 720	4,138 %	6 706 619	annuel	0	6 706 619	
2010	2016	Billet à terme	6 099 382	2,942%	268 522	annuel	4 756 770	5 025 292	
				2,105% à					
	2015	2034	Billet à terme	97 370 584	5,090%	3 582 968	annuel	60 163 370	68 535 112
	2011	2017	Billet à terme	15 955 439	2,968%	638 218	annuel	13 402 569	14 040 786
	2012	2017	Billet à terme	13 304 853	2,085%	741 819	annuel	11 079 396	11 821 215
	2012	2018	Billet à terme	4 861 535	2,122%	194 461	annuel	4 278 150	4 472 612
<b>Sous-total</b>			<b>251 583 571\$</b>		<b>19 555 919\$</b>		<b>172 302 959 \$</b>	<b>196 647 653 \$</b>	
<b>Total</b>			<b>427 119 631\$</b>		<b>27 638 889\$</b>		<b>338 807 265 \$</b>	<b>319 889 249 \$</b>	

En présumant que les refinancements seront réalisés à l'échéance aux mêmes conditions que celles qui prévalaient au 31 mars 2016, l'échéancier des versements en capital à effectuer au cours des prochains exercices sur la dette à long terme se détaille comme suit :

**Les versements de capital et le financement de la dette à long terme pour les cinq (5) prochaines années s'élèvent à :**

	\$
2016-2017	47 684 421 \$
2017-2018	44 735 453 \$
2018-2019	84 955 002 \$
2019-2020	47 955 114 \$
2020-2021	8 236 337 \$
2021-2022 et subséquents	7 425 998 \$
<b>Total</b>	<b>240 992 325 \$</b>

**Note 12. -Passif au titre des sites contaminés**

**Passif Environnemental** 43 921 758 \$

**L'établissement Douglas** 43 546 758 \$

Comptabilisé à titre de passif environnementaux basé sur une étude caractérisation

Le CIUSSS est responsable de décontaminer les terrains nécessitant des travaux de réhabilitation. Ces terrains font l'objet d'un usage productif et ont été contaminés à la suite de deux événements. Une évaluation environnementale du site Phase I a été préparé par AECOM au 6875, boulevard LaSalle à Montréal et présenté au Douglas en avril 2010. Au terme de cette étude, des risques élevés de contamination de contamination sont identifiés dans 2 zones.

Zone 1: Utilisation huile à chauffage, d'essence et de diesel

Zone 2: Pour la disposition de matériaux de remblai

**L'établissement DLL** 375 000 \$

Comptabilisés à titre de passif environnementaux

Les passifs environnementaux comprennent les coûts estimatifs de la gestion et de la réhabilitation des terrains contaminés. Relativement à ces obligations, l'établissement comptabilise une subvention à recevoir du Ministère de la Santé et des Services Sociaux (MSSS), ce dernier ayant signifié sa décision de financer les coûts des travaux de réhabilitation des terrains contaminés existants au 31 mars 2008 et inventoriés au 31 mars 2011, de même que leurs variations survenues au cours des exercices 2011-2012 à 2015-2016.

### Note 13. -Autres éléments de passifs

La nature des autres éléments de passifs est précisée aux pages 361-00 et 401-00 du rapport financier annuel AS-471.

### Note 14. -Immobilisations corporelles

Les informations détaillées sur le coût et l'amortissement cumulé, les constructions et développements en cours, les immobilisations reçues par donation ou pour une valeur symbolique, les frais financiers capitalisés durant l'exercice, les immobilisations acquises par le biais d'entente de partenariat public-privé, la valeur comptable nette par catégorie sont présentées aux pages 420-00 à 423-00 du rapport financier annuel AS-471.

### Note 15. -Affectations

La nature des affectations d'origines interne et externe ainsi que leur variation sont présentées à la page 289-00 et 289-01 du rapport financier annuel AS-471.

### Note 16. -Informations relatives à l'état des flux de trésorerie

Les informations relatives à l'état des flux de trésorerie sont présentées aux pages 208-01 et 208-02 du rapport financier AS-471.

### Note 17. -Gestion des risques associés aux instruments financiers

Dans le cadre de ses activités, l'Établissement est exposé à divers risques financiers, tels que le risque de crédit, le risque de liquidité et le risque de marché. La direction a mis en place des politiques et des procédés en matière de contrôle et de gestion des risques qui l'assurent de gérer les risques inhérents aux instruments financiers et d'en minimiser les impacts potentiels sur les résultats.

#### Risque de crédit

Le risque de crédit associé à l'encaisse et aux placements temporaires est réduit au minimum. En effet, l'établissement s'assure que les excédents de trésorerie sont investis dans des placements liquides de façon sécuritaire et diversifiée auprès d'institutions financières jouissant d'une cote de solvabilité élevée attribuée par des agences de notation nationales, afin d'en retirer un revenu d'intérêt raisonnable selon les taux d'intérêt en vigueur.

Au 31 mars 2016, ces actifs financiers étaient investis dans des certificats de dépôts garantis. La direction juge ainsi que le risque de perte est négligeable.

Le risque de crédit associé aux débiteurs MSSS ainsi qu'à la subvention à recevoir – réforme comptable est faible, puisque ces postes sont constitués de contributions à recevoir confirmées par le gouvernement du Québec qui jouit d'une excellente réputation sur les marchés financiers. Ces sommes sont principalement reçues dans les quelques jours suivant la fin de l'exercice.

Le risque de crédit associé aux autres débiteurs est faible, car il comprend des sommes à recevoir de d'autres établissements du réseau de la santé et des services sociaux, de diverses compagnies d'assurances, de la RAMQ et de la CSST et du gouvernement du Canada.

Afin de réduire ce risque, l'établissement s'assure d'avoir l'information complète sur les différents autres débiteurs afin de les facturer en temps opportun. Il fait parvenir des états de compte aux retardataires et achemine les comptes en souffrance à une agence de recouvrement. Il analyse régulièrement le solde des comptes à recevoir et constitue une provision pour créances douteuses adéquate, lorsque nécessaire, en basant leur valeur de réalisation estimative, compte tenu des pertes de crédit potentielles, sur l'expérience, sur l'historique de paiement, sur la situation financière du débiteur et sur l'antériorité de la créance. Au 31 mars 2016, les sommes à recevoir d'entités gouvernementales représentaient 83 % du montant total recouvrable (82 % au 31 mars 2015).

L'établissement est d'avis que la provision pour créances douteuses est suffisante pour couvrir le risque de non-paiement.

### Risque de liquidité

Le risque de liquidité de l'établissement est le risque qu'il éprouve des difficultés à honorer des engagements liés à ses passifs financiers. L'établissement est donc exposé au risque de liquidité relativement à l'ensemble des passifs financiers comptabilisés à l'état de la situation financière.

L'établissement gère ce risque en établissant des prévisions budgétaires et de trésorerie, notamment en surveillant le solde de son encaisse et les flux de trésorerie découlant de son fonctionnement, en tenant compte de ses besoins opérationnels et en recourant à des facilités de crédit pour être en mesure de respecter ses engagements.

L'établissement est donc exposé au risque de liquidité relativement aux passifs financiers comptabilisés à l'état de la situation financière, principalement les emprunts temporaires, les autres créditeurs et autres charges à payer et les dettes à long terme.

Les emprunts temporaires sont des ouvertures de crédit sans échéance prédéterminé. Le risque de liquidité associé aux dettes à long terme est minime, puisqu'elles sont prises en charge par le MSSS. Les autres créditeurs et autres charges à payer ont des échéances principalement dans les 30 jours suivant la fin de l'exercice.

### Risque de taux d'intérêt

Le risque de taux d'intérêt est le risque que la juste valeur des instruments financiers ou que les flux de trésorerie futurs associés à ces instruments financiers fluctuent en raison des variations des taux d'intérêt du marché.

L'établissement est exposé au risque de taux d'intérêt par ses emprunts temporaires, ses dettes à long terme et ses avances de fonds – enveloppes décentralisées. L'état de la situation financière présente les soldes de ces postes.

Du montant des emprunts temporaires totalisant 64 290 392 \$, un montant de 56 738 673 \$ porte intérêt au taux des acceptations bancaires plus 0.30 %, alors que d'autres représentant 22 081 238 \$ portent intérêt à un taux variable. Puisque les intérêts sur ces emprunts sont pris en charge par le MSSS, ils ne sont pas exposés au risque de taux d'intérêt.

Du montant des avances de fonds – enveloppes décentralisées et de la dette à long terme totalisant 353 336 784 \$, un montant de 14 529 519 \$ représente des emprunts portant intérêt à taux variables. Les intérêts à taux

variables sur ces emprunts sont pris en charge par le MSSS. Par conséquent, ces emprunts ne sont pas exposés au risque de taux d'intérêt. Le solde au montant de 337 879 599 \$ représente des emprunts portant intérêt à taux fixes. Ces intérêts sont pris en charge par le MSSS. Par conséquent, ces emprunts ne sont pas exposés au risque de taux d'intérêt. Aucun montant ci-haut ne représente d'emprunts portant intérêt à taux fixes pour lesquels les intérêts sont pris en charge par l'Établissement. Le risque de taux d'intérêt sur ces emprunts est minime.

Une somme de 927 666 \$ représente des emprunts pour lesquels les intérêts sont à taux variables et ne sont pas pris en charge par le MSSS. Par conséquent, ces emprunts sont exposés au risque de taux d'intérêt et l'Établissement ne gère pas activement ce risque.

L'Établissement limite son risque de taux d'intérêt par une gestion des excédents d'encaisse et des placements temporaires en fonction des besoins de trésorerie et de façon à optimiser les revenus d'intérêts. Il prévoit le remboursement des dettes à long terme selon l'échéancier prévu.

#### **Note 18. -Périmètre comptable et méthode de consolidation**

Les états financiers consolident celles du Centre de recherche de l'Hôpital Douglas (la composante), dont les activités sont comptabilisées dans les activités accessoires des pages 660 (Centre d'activités de 100 à 109), alors que les opérations de l'Institut universitaire en santé mentale Douglas sont comptabilisées à l'extérieur de ces centres d'activités.

Les soldes et opérations entre l'Établissement et la composante sont éliminés.

#### **Le Centre de recherche de l'Hôpital Douglas**

Le Centre de recherche de l'Hôpital Douglas a été constitué le 21 juin 1979, en vertu de la Partie III de la loi sur les compagnies du Québec et se livre à toutes formes de recherche ainsi qu'à l'étude dans le domaine de la santé mentale et favorise la transmission à la population des résultats obtenus.

Les états financiers du Centre de recherche de l'Hôpital Douglas sont consolidés, au 31 mars 2016, à ceux de l'Établissement puisque ce dernier contrôle le Centre de recherche de l'Hôpital Douglas. Selon la norme SP1300 du Manuel de CPA Canada pour le secteur public, l'Établissement contrôle le Centre de recherche de l'Hôpital Douglas, notamment par :

1. La nomination des membres du Conseil d'administration du Centre de recherche de l'Hôpital Douglas;
2. Le partage de la même directrice générale;
3. Le fait que le directeur général adjoint de l'Établissement siège sur le Conseil d'administration du Centre de recherche de l'Hôpital Douglas ;
4. Les locaux ainsi que les actifs du Centre de recherche de l'Hôpital Douglas appartiennent à l'Établissement;
5. Le Conseil d'administration de l'Établissement approuve les règlements du Centre de recherche de l'Hôpital Douglas;
6. Le Conseil d'administration approuve et modifie au besoin, la mission du Centre de recherche de l'Hôpital Douglas.

L'Établissement a également mis à la disposition du Centre de recherche de l'Hôpital Douglas certains locaux et payé pour certains frais indirects, tel que prévu dans les règlements de la *Loi sur les services de santé et les services sociaux* et ceux du *Fonds de la recherche en santé du Québec* (F.R.S.Q.).

	Exercice courant	Exercice précédent
<b>Actif</b>		
Court terme		
Encaisse	3 353 786 \$	3 933 860 \$
Placements temporaires	8 500 000 \$	7 500 000 \$
Débiteurs	-	-
Fonds de recherche en santé du Québec	59 965 \$	80 495 \$
Subvention gouvernement fédéral à recevoir	2 913 695 \$	2 818 292 \$
Subvention du gouvernement provincial à recevoir	618 893 \$	3 097 \$
Autres créances	7 387 565 \$	4 787 832 \$
	<b>22 833 904 \$</b>	<b>19 123 576 \$</b>
<b>Passif</b>		
Court terme		
Comptes fournisseurs et autres dettes de fonctionnement	3 133 133 \$	2 796 597 \$
Apports reportés	19 700 771 \$	16 326 979 \$
	<b>22 833 904 \$</b>	<b>19 123 576 \$</b>

**L'état des résultats de l'exercice terminé le 31 mars 2016 se résume comme suit**

<b>Produits</b>		
Fonds de recherche en santé du Québec (FRSQ)	2 708 741 \$	999 096 \$
Subventions gouvernementales - Fédéral	8 662 091 \$	11 321 227 \$
Subventions gouvernementales - Provincial	1 709 409 \$	2 032 516 \$
Fondation de l'Institut Universitaire en Santé Mentale Douglas	2 006 077 \$	1 763 577 \$
Subventions de sociétés fermées, ventes de services et autres	12 681 168 \$	9 541 311 \$
Revenus d'intérêts sur les actifs financiers détenus à des fins de transaction	93 746 \$	29 039 \$
	<b>27 861 232 \$</b>	<b>25 686 766 \$</b>
<b>Charges</b>		
Salaires	16 779 709 \$	15 546 766 \$
Charges sociales	1 295 380 \$	1 185 751 \$
Fournitures de recherche et autres dépenses	8 825 479 \$	7 870 095 \$
Immobilisations	960 664 \$	1 084 155 \$
	<b>27 861 232 \$</b>	<b>25 686 766 \$</b>
<b>Excédent des produits sur les charges</b>	-	-
Excédent cumulé des charges sur les produits au début	-	-
<b>Excédent cumulé des charges sur les produits à la fin</b>	-	-

#### **Note 19. -Opérations entre apparentés (nature, montant, méthode)**

En plus des opérations entre apparentés déjà divulguées dans le rapport financier annuel, l'établissement est apparenté à tous les ministères et organismes budgétaires, les organismes non budgétaires et fonds spéciaux, les entreprises publiques et les entités du réseau de l'éducation contrôlées directement ou indirectement par le gouvernement du Québec, ou soumis à un contrôle conjoint ou commun. Les parties apparentées sont énumérées au début de la section 600 du rapport financier annuel AS-471.

L'établissement n'a conclu aucune opération commerciale avec ces parties apparentées autrement que dans le cours normal de ses activités et aux conditions commerciales habituelles. Ces opérations sont comptabilisées à la valeur d'échange. Elles sont présentées aux pages 612-00 à 647-00 du rapport financier annuel AS-471.

#### **Autres parties liées**

Plusieurs organismes sans but lucratif avec qui l'Établissement a un intérêt économique ont eu des opérations pendant l'exercice et des soldes au 31 mars 2016 existent. Ces montants pris globalement, ne sont pas significatifs.

#### **Note 20. -Événements postérieurs à la date du bilan**

Au 1<sup>er</sup> avril 2016, il y a eu entente de cession de l'Hôpital Sainte-Anne (situé au 305, boulevard des Ancien-Combattants, Sainte-Anne-de-Bellevue, province de Québec, H9X 1Y9) entre le Gouvernement du Canada (ci-après appelé le Canada), le Gouvernement du Québec (ci-après appelé le Québec) et le Centre Intégré Universitaire de Santé et de Services Sociaux (ci-après appelé l'Établissement).

L'acte de cession comprend l'immeuble, les meubles et les inventaires entre le Canada et l'Établissement.

L'Établissement n'assume pas les passifs et le Canada subventionnera l'Établissement selon une entente de facturation.

#### **Note 21. -Fonds affectés de l'établissement Douglas au 31 mars 2016**

L'Institut universitaire en santé mentale Douglas est fiduciaire pour le Ministère de la Santé et des Services Sociaux et le Centre National d'Expertise en santé mentale, pour une somme de 6 781 293 \$ (principalement en encaisse et dépôt à terme).

Prendre note que le montant n'est pas reflété dans les états financiers.

# DEFERRED INCOME WITH RESPECT TO SUMS RECEIVED AS A GIFT, LEGACY, OR OTHER FORM OF CONTRIBUTION (S.269 LSSSS)

Nom de l'établissement Code Page / Idn.  
 CIUSSS de L'Ouest-de-L'Île-de-Montréal 1104-5168 292-00 /

Précision no 3 aux É/F - partie 2-Tous les fonds exercice terminé le 31 mars 2016 - AUDITÉE

## REVENUS REPORTÉS RELATIFS AUX SOMMES REÇUES PAR DONNS, LEGS ET AUTRES FORMES DE CONTRIBUTIONS (art.269 LSSSS)

		Revenus reportés au début 1	Ajustements à la colonne 1 2	Sommes allouées dans l'exercice 3	Revenus inscrits dans l'exercice 4	Revenus reportés à la fin (C1+C2+C3-C4) 5	Variation des revenus reportés (C1+C2-C5) 6	
<b>CONTRIBUTIONS DE TIERS:</b>								
Contributions de tiers SANS fins particulières	1	XXXX	XXXX			XXXX	XXXX	Notes
<b>Contributions de tiers AVEC fins particulières, lister:</b>								
PROJET SARDM	2	66 318				66 318	0	
Contribution fondation H Lakeshore Immo	3	9 424 023		1 745 118	1 443 825	9 725 316	(301 293)	
aides techniques	4	165 083			14 510	150 573	14 510	
Donation petits équipements	5	2 555 556		1 114 701	416 531	3 253 726	(698 170)	
Dotation bâtie	6	15 662 475	(15 662 475)			0	0	
Revenus reportés SIQ	7	945 843		(1 008 139)	(62 296)	0	945 843	
Children Aid	8	38 453			23 037	15 416	23 037	
Ministère d'emploi solidarité	9			14 307		14 307	(14 307)	
Ministère de la justice	10			26 997		26 997	(26 997)	
Comité des usagers	11		28 012	18 697	11 328	35 381	(7 369)	
Besoins spéciaux des usagers	12	25 192		19 681	20 996	23 877	1 315	
Fonds destination spéciale Grace Dart	13	1 309 441	(7 624)	942 153	354 894	1 889 076	(587 259)	
Fonds dest. St-Mary	14	815 787	428 890		70 717	1 173 960	70 717	
Fonds destination spe. IUSMD	15	742 895		129 624	206 243	666 276	76 619	
Avant 2008	16	882			882	0	882	
Serres provost	17	36 726			2 484	34 242	2 484	
Geratrice du bâtiment	18	7 542			462	7 080	462	
Hotte	19	16 086			736	15 350	736	
Fondation Grace Dart (Immo.)	20	767 862		16 412	20 744	763 530	4 332	
---	21							
---	22							
---	23							
---	24							
Autres (préciser)	25							
<b>TOTAL (L.01 à L.25)</b>	<b>26</b>	<b>32 580 164</b>	<b>(15 213 197)</b>	<b>3 019 551</b>	<b>2 525 093</b>	<b>17 861 425</b>	<b>(494 458)</b>	
<b>DOTATIONS</b>								
Capital	27	11 037 261	(1 071 101)	398 892	1 671 421	8 693 631	1 272 529	
Revenus non réservés accumulés	28	XXXX	XXXX			XXXX	XXXX	
<b>Revenus réservés accumulés:</b>								
---	29							
---	30							
---	31							
---	32							
---	33							
Autres (préciser)	34							
<b>TOTAL (L.27 à L.34)</b>	<b>35</b>	<b>11 037 261</b>	<b>(1 071 101)</b>	<b>398 892</b>	<b>1 671 421</b>	<b>8 693 631</b>	<b>1 272 529</b>	
<b>GRAND TOTAL (L.26 + L.35)</b>	<b>36</b>	<b>43 617 425</b>	<b>(16 284 298)</b>	<b>3 418 443</b>	<b>4 196 514</b>	<b>26 555 056</b>	<b>778 071</b>	
<b>REVENUS REPORTÉS (L.36) AU:</b>								
Fds Exploitation - ACT.PRINC.(P290)	37	2 067 432	20 388	1 151 459	567 949	2 671 330	(583 510)	
Fds Exploitation - ACT.ACCES.(P291)	38	864 336	428 890		119 266	1 173 960	119 266	
Fonds Immobilisations (P294)	39	40 685 657	(16 733 576)	2 266 984	3 509 299	22 709 766	1 242 315	
<b>TOTAL REV. REPORTÉS (L.37 à L.39)</b>	<b>40</b>	<b>43 617 425</b>	<b>(16 284 298)</b>	<b>3 418 443</b>	<b>4 196 514</b>	<b>26 555 056</b>	<b>778 071</b>	

# APPENDIX 1: CODE OF ETHICS AND PROFESSIONAL CONDUCT FOR MEMBERS OF THE BOARD OF DIRECTORS

PURSUANT TO THE ACT RESPECTING THE MINISTÈRE DU CONSEIL EXÉCUTIF (Chapter M-30)

*No cases to report for 2015-2016*



**Ministère de la Santé  
et des Services sociaux**

**CODE OF ETHICS AND PROFESSIONAL CONDUCT  
FOR MEMBERS OF THE BOARD OF DIRECTORS**

**Pursuant to the**

***ACT RESPECTING THE MINISTÈRE DU CONSEIL EXÉCUTIF (Chapter M-30)***

**MONTRÉAL WEST ISLAND  
INTEGRATED UNIVERSITY HEALTH AND  
SOCIAL SERVICES CENTRE**

**JUNE 15, 2016**

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## **PREAMBLE**

The administration of a public health and social services institution differs from that of a private organization. It must be based on a relationship of trust between the institution and the population.

Behaviour conforming to a code of ethics and professional conduct must remain a constant priority for board members, so that the population is guaranteed that management of public monies is characterized by transparency, integrity, and trust. This Code thus establishes the ethical principles and obligations of professional conduct for members. Professional conduct refers mainly to the totality of a member's duties and obligations, whereas ethics involves examining the broad principles of conduct to be followed by all board members, and establishing the consequences of each of the possible options in response to situations that they may face. These choices must be based, among other things, on a commitment to sound governance, which implies accountability commensurate to the responsibilities that are assigned to the institution.

## Section 1 — GENERAL PROVISIONS

### 1. General objectives

The objectives of the present document are to prescribe rules of conduct for members of the Board of Directors in matters of integrity, impartiality, loyalty, competence, and respect, and to render them accountable by establishing the ethical principles and rules of conduct that are applicable to them. This Code begins by stating the general duties and obligations of each administrator.

The Administrators' Code of Ethics and Professional Conduct:

- a. establishes preventive measures, in particular rules concerning declaration of interests;
- b. deals with the identification of situations of conflict of interest;
- c. regulates or prohibits practices related to member remuneration;
- d. specifies the duties and obligations of members even after they leave office;
- e. includes enforcement mechanisms, including the designation of persons responsible for enforcing the code, and provides for sanctions.

In the exercise of their duties, all members shall respect the ethical principles and rules of conduct provided in the present Administrators' Code of Ethics and Professional Conduct, as well as in the applicable laws. In case of divergence, rules shall apply according to the hierarchy of the laws involved.

### 2. Legal basis

The Administrators' Code of Ethics and Professional Conduct is based mainly on the following provisions:

- The preliminary provision and articles 6, 7, 321 to 330 of the *Civil Code of Québec*.
- Articles 3.0.4, 3.0.5 and 3.0.6 of the *Regulation respecting the ethics and professional conduct of public office holders*, of the *Act respecting the Ministère du Conseil exécutif* (CQLR, chapter M-30, r. 1).
- Articles 131, 132.3, 154, 155, 174, 181.0.0.1, 235, 274 of the *Act respecting health services and social services* (CQLR, chapter S-4.2).
- Articles 57, 58 and 59 of the *Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies* (CQLR, chapter O-7.2).
- *Act respecting contracting by public bodies* (CQLR, chapter C-65.1).
- *Lobbying Transparency and Ethics Act* (CQLR, chapter T-11.011).

### 3. Definitions

For the purpose of these rules, the following words mean:

*Ad hoc review committee*: A committee constituted by the Board of Directors to handle potential faults or omissions or to resolve an issue submitted to it and propose a new rule.

*AHSSS*: Act respecting health services and social services.

*AMHSN*: Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies.

*Board:* Board of Directors of the institution, as defined by articles 9 and 10 of the *Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies*.

*Code:* A code of ethics and professional conduct for members, established by the Governance and Ethics Committee and adopted by the Board of Directors.

*Confidential information:* Data or information whose access and use are restricted to designated and authorized persons or entities. This information includes any personal, strategic, financial, commercial, technological, or scientific information belonging to the institution, and any information whose disclosure could harm a user or a person working within the institution. Any information, of a strategic nature or other, that is not known to the public and that, were it known to a person who is not a member of the Board of Directors, would be likely to procure an advantage or to compromise the realization of a project of the institution.

*Conflict of interest:* Refers chiefly, without being limited to, any apparent, real or potential situation in which members might risk compromising the objective fulfilment of their duties, due to their judgment being influenced or their independence being affected by the existence of a direct or indirect interest. Situations of conflict of interest may concern, for example, money, information, influence, or power.

*Enterprise:* Any form of organization of the production of goods and services, or any other business of a commercial, industrial, financial, or philanthropic nature, or any group aiming to promote values, interests, or opinions, or to exercise influence.

*Immediate family:* For the purposes of article 131 of the *Act respecting health services and social services*, is considered an immediate family member of a president and executive director, assistant president and executive director, or senior manager of the institution, their spouse, their child and the child of their spouse, their mother and father, the spouse of their mother or father, as well as the spouse of their child or of their spouse's child.

*Independent person:* As defined by article 131 of the *Act respecting health services and social services*, a person qualifies as independent if the person has no direct or indirect relation or interest, for example of a financial, commercial, professional or philanthropic nature, likely to interfere with the quality of the person's decisions as regards the interests of the institution.

*Interest:* Refers to any interest of a material, financial, emotional, professional, or philanthropic nature.

*Member:* A member of the Board of Directors, whether independent, designated or appointed.

*Reasonable person:* Process by which an individual engages in critical reflection and considers the elements of a situation to reach the most reasonable decision possible in the circumstances.<sup>1</sup>

*Serious misconduct:* The outcome of a fact or a set of facts attributable to a member that constitute a serious violation of his or her obligations and duties, resulting in a breach of faith with the board members.

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<sup>1</sup> BOISVERT, Yves, Georges A. LEGAULT, Louis C. CÔTÉ, Allison MARCHILDON and Magalie JUTRAS (2003). Raisonement éthique dans un contexte de marge de manœuvre accrue : clarification conceptuelle et aide à la décision – Rapport de recherche, Centre d'expertise en gestion des ressources humaines, Secrétariat du Conseil du trésor, p. 51.

*Spouse*: A person related by marriage or civil union, or a common-law partner within the meaning of article 61.1 of the *Interpretation Act* (CQLR, chapter I-16).

#### **4. Scope of application**

All members of the Board of Directors are subject to the rules of the present Code.

#### **5. Entry into effect**

The present document comes into effect the moment it is adopted by the Board of Directors. The Governance and Ethics Committee of the Board of Directors is responsible for ensuring the present Code is applied. The Code must be revised by the Governance and Ethics Committee every three years, or as required by legislative or regulatory changes, and must be amended or rescinded by the Board during one of its regular sessions.

#### **6. Distribution**

The institution must make the present Code available to the public, notably by publishing it on its Internet site. It must also publish it in its annual management report, stating the number of cases dealt with and the follow-up thereon and setting out any breaches determined during the year by the ad hoc review committee, the determination thereof, any penalties imposed by the Board of Directors and the names of any persons revoked or suspended during the year or whose mandate has been revoked.

## **Section 2 — ETHICAL PRINCIPLES AND RULES OF PROFESSIONAL CONDUCT**

### **7. Ethical principles**

Ethics refers to the values (i.e. integrity, impartiality, respect, competence and loyalty) needed to safeguard the public interest. For administrators, it means respecting the right to rely on, among other things, one's judgement, honesty, responsibility, loyalty, equity and dialogue when exercising choice and making decisions. Ethics are thus useful in uncertain situations, when there is absence of rules, when the rules are not clear, or when following the rules leads to undesirable consequences.

In addition to observing principles of ethics and professional conduct, members of the Board of Directors must:

- Exercise, within the scope of the powers conferred on them, the care, prudence, diligence and skill that a reasonable person would exercise in similar circumstances; they must also act with honesty, loyalty and in the interest of the institution and of the population served.
- Fulfill their general duties and obligations holding to the requirements of good faith above all else.
- Display a constant concern for the respect of life, of human dignity, and the right of every person to receive health and social services, within applicable limits.
- Be sensitive to the needs of the population and ensure that fundamental human rights are taken into account.
- Endorse current priorities and objectives, notably accessibility, continuity, quality and safety of care and services, with the ultimate goal of improving the population's health and well-being.
- Exercise their responsibilities while respecting recognized standards of accessibility, integration, quality, relevance, efficacy and efficiency, as well as available resources.
- Participate, actively and in a spirit of collaboration, in implementing the institution's overall priorities.
- Contribute, through the performance of their duties, to fulfilling the mission, to respecting the values set forth in this Code, by drawing on their aptitudes, knowledge, experience, and rigour.
- Ensure that rules concerning confidentiality and discretion are respected at all times.

### **8. Rules of professional conduct**

Rules of professional conduct are a set of legal rules of conduct whose violation can lead to sanctions. They can be found in various laws and regulations cited in section 2. These duties and professional rules of conduct thus establish what is prescribed and what is prohibited.

In addition to observing principles of ethics and professional conduct, members of the Board of Directors must:

**8.1 Availability and competence**

- Be available to fulfill their functions by regularly attending Board of Directors meetings, according to the terms specified in the *Regulation respecting the internal governance of the institution's Board of Directors*.
- Acquaint themselves with the issues and actively take part in deliberations and decisions.
- Promote mutual assistance.
- Fulfill their functions by putting their knowledge, abilities and experience to work for the benefit of their colleagues and of the population.

**8.2 Respect and loyalty**

- Respect the provisions of applicable laws, regulations, standards, policies, and procedures, as well as the general duties and obligations related to their office in accordance with the standards of good faith.
- Maintain courteous behaviour and relationships based on respect, cooperation, professionalism and an absence of any form of discrimination.
- Respect the rules of procedure governing Board of Directors meetings, especially those concerning the allocation of speaking time, decision-making, and the diversity of views, which should be considered as necessary for sound decision-making, as well as all any decision reached, regardless of dissent.
- Respect all Board of Directors decisions, regardless of dissent, by showing reserve when offering public comment regarding decisions taken.

**8.3 Impartiality**

- Declare themselves on proposals by exercising their right to vote in the most objective manner possible. To this end, they cannot make any commitment with respect to a third party, nor provide such a party with any guarantee regarding their vote or any decision.
- Place the interests of the institution before any personal or professional interest.

**8.4 Transparency**

- Exercise their responsibilities transparently, notably by basing their recommendations on objective and sufficient information.
- Share with members of the Board of Directors any information that is useful or relevant in the decision-making process.

**8.5 Discretion and confidentiality**

- Subject to the provisions of the law, show discretion concerning matters of which they gain knowledge in or during the performance of their duties.
- Display prudence and restraint in handling any information whose disclosure or use could harm the interests of the institution, prejudice the private life of an individual, or confer any undue advantage upon a natural or legal person.

- Maintain the confidentiality of private deliberations among members of the Board of Directors, as well as the positions held, members' votes, and any other information that requires confidentiality, whether by virtue of law or pursuant to a decision by the Board of Directors.
- Refrain from using confidential information obtained in or during the performance of their duties for their own benefit, or that of any natural or legal person, or of any other interest group. This obligation does not have the effect of preventing a member who represents or is linked to a particular group from reporting back, except when information is confidential according to law or if the Board of Directors requires that confidentiality be respected.

#### **8.6 Political considerations**

- Make their decisions independently of all partisan political considerations.

#### **8.7 Public relations**

- Respect applicable rules within the institution concerning information, communication, use of social media, and relationships with the media, among others, by not expressing themselves to the media or on social media if not authorized by the rules.

#### **8.8 Public office**

- Notify the Board of Directors of their intention to run for election to an elective public office.
- Immediately resign from their functions if elected to a full-time public office. They must resign if the public office is part-time and is likely to interfere with their duty of confidentiality and/or place them in a conflict of interest.

#### **8.9 Goods and services of the institution**

- Use the institution's goods, resources and services in the manner established by the Board of Directors. They cannot commingle the institution's goods and their own. They cannot use these goods for their own profit or to profit a third party, unless they are duly authorized to do so. The same applies to resources and services put at their disposal by the organization, in accordance with recognized modes of use, applicable to all.
- Not receive any remuneration other than that provided for by law for the performance of their duties. However, members are entitled to a reimbursement of expenses incurred in the performance of their duties, within the conditions and to the extent set by the government.

#### **8.10 Benefits and gifts**

- Not solicit, accept, or require, on behalf of themselves or of a third party, nor pay or commit to pay to a third party, directly or indirectly, a gift, a token of hospitality, or any other advantage or consideration that is likely to influence them in the performance of their duties or to create expectations to that effect. All gifts and tokens of hospitality must be returned to the giver.

#### **8.11 Inappropriate interventions**

- Avoid intervening in the process of hiring personnel.
- Avoid any move to favour family or friends or any other natural or legal person.

### **Section 3 – CONFLICT OF INTEREST**

**9.** Members cannot perform their duties for their own interest or for that of a third party. They must prevent all conflicts of interest and any appearance of conflict of interest and avoid placing themselves in a situation that renders them unfit to perform their duties. A member is notably in a conflict of interest when the interests involved are such that he might prefer some of them at the expense of the institution or obtain from them an advantage, whether direct or indirect, current or eventual, personal or in favour of a third party.

**10.** Within a reasonable time of starting their functions, members must organize their personal affairs so that they may not interfere with the performance of their duties, by avoiding incompatible interests. The same applies when an interest devolves to an administrator by succession or by gift. In such a case, members must take every measure necessary to conform to the provisions of the Code of Ethics and Professional Conduct. They must not exercise any form of influence on other members.

**11.** Members must abstain from participating in deliberations when their objectivity, judgement or independence might be compromised due to personal, family, social, professional or business relationships. Moreover, the following situations, in particular, can represent a conflict of interest:

- a) having a direct or indirect interest in a deliberation by the Board of Directors;
- b) having a direct or indirect interest in a contract or a project of the institution;
- c) obtaining or being about to obtain a personal advantage as a result of a decision of the Board of Directors;
- d) being engaged in a lawsuit against the institution;
- e) letting oneself be influenced by external considerations, such as the possibility of an appointment, or employment prospects or offers.

**12.** Members must submit and declare in writing to the Board of Directors any pecuniary interests they have, other than minority shares held in a company that do not represent a controlling stake, in any legal person, partnership or commercial enterprise that have a service contract with the institution, or are likely to enter into one, using the form Declaration of member's interest in Appendix III. Moreover, they must abstain from sitting on the Board of Directors or participating in any deliberation or decision-making when a question concerning this interest is being discussed.

**13.** Members with a direct or indirect interest in a legal person or with a natural person that results in a conflict between their personal interest, that of the Board of Directors or of the institution governed must, on pain of forfeiture from office, disclose such interests in writing to the Board of Directors using the form Declaration of conflict of interest in Appendix V.

**14.** Members who are in a real, potential or apparent situation of conflict of interest with respect to an issue raised during a session must declare the situation at once, and it shall be recorded in the minutes. They must retire during deliberations and decision-making concerning the issue.

**15.** A donation or a bequest made to a member who is neither the spouse nor a close family member of the donor or testator is void, in the case of a donation, or without effect, in the case of a bequest, if the act takes place while the donor or testator is being treated or receiving services from the institution.

## **Section 4 – APPLICATION**

### **16. Adherence to the Administrators’ Code of Ethics and Professional Conduct**

All members commit to acknowledging and fulfilling their responsibilities and functions to the best of their knowledge and to respecting the present document as well as the applicable laws. Within sixty (60) days of the adoption of the present Administrators’ Code of Ethics and Professional Conduct by the Board of Directors, each member must submit the completed Member commitment and affirmation form from Appendix I of the present document.

All new members must also do this within sixty (60) days of joining the Board. In case of doubt about the applicability or scope of the present Code, it is the member’s responsibility to consult the Governance and Ethics Committee.

### **17. Governance and Ethics Committee**

In matters of ethics and professional conduct, the Governance and Ethics Committee’s functions, among other things, are to:

- a) develop an Administrators’ Code of Ethics and Professional Conduct in compliance with article 3.1.4 of the *Act respecting the Ministère du Conseil exécutif*;
- b) ensure the present Code is shared and promoted among the members of the Board of Directors;
- c) inform members of the content and the implementing measures of the present Code;
- d) advise the members on any question concerning application of the present Code;
- e) handle declarations of conflict of interest and provide any members who so request an opinion on these declarations;
- f) revise the present Code as required and submit any modifications for adoption by the Board of Directors;
- g) periodically evaluate the application of the present Code and make recommendations to the Board of Directors as appropriate;
- h) retain the services of external resources, if required, to review any issue that it receives from the Board of Directors;
- i) conduct an analysis of any situations of breach of the law or of the present Code and report on it to the Board of Directors.

As it is the members of the Governance and Ethics Committee who set the rules of conduct, they should not be called on to interpret them, in a disciplinary context. Doing so could taint the disciplinary process by introducing a bias potentially unfavourable to the member in question. For this reason, it is proposed that an ad hoc review committee be set up to resolve the problem or to propose a rule, at the discretion of the Board of Directors.

### **18. Ad hoc review committee**

**18.1** The Governance and Ethics Committee sets up, as required, an ad hoc review committee composed of at least three (3) persons. One of these persons must have practical competencies in the domain of professional conduct and ethical reflection. The committee may be composed of members of the Board of Directors or of external resources with specific competencies, particularly in legal matters.

**18.2** A member of the ad hoc review committee cannot serve on the committee if he is directly or indirectly involved in a matter that has been submitted to the committee.

**18.3** The ad hoc review committee’s functions are to:

- a) conduct enquiries, at the request of the Governance and Ethics Committee, into any situation involving a presumed breach, by a member of the Board of Directors, of the rules of ethics and professional conduct set out in the present Code;
- b) determine, following such an enquiry, whether a member of the Board of Directors has breached the present Code or not;
- c) make recommendations to the Board of Directors on measures that should be imposed on an offending member.

**18.4** The start date, the duration of the mandate, and the terms of reference of the ad hoc review committee are set by the Governance and Ethics Committee.

**18.5** If the ad hoc review committee cannot make its recommendation to the Governance and Ethics Committee before the expiry of the term of its members, the Governance and Ethics Committee can, as necessary, extend the duration of the term for a sufficient period to complete the recommendation. The person who is subject to the review will be informed of the same in writing.

## **19. Disciplinary process**

**19.1** Any failure or omission with respect to a duty or an obligation set out in the Code constitutes a derogatory act and may entail disciplinary action, as appropriate.

**19.2** When a person has substantial grounds to believe that a member may have breached the present document, the Governance and Ethics Committee will submit the matter to the ad hoc review committee by forwarding the *Reporting a situation of conflict of interest* form from Appendix VI completed by the person in question.

**19.3** The ad hoc review committee determines, after analysis, whether an enquiry is warranted. If so, it notifies the member concerned of the alleged breach(es), referring to the relevant provisions of the Code. The notification advises the member that he may, within thirty (30) days, provide his observations in writing to the ad hoc review committee and, on request, be heard by the committee regarding the alleged breach(es). He must at all times respond diligently to any communication or request from the ad hoc review committee.

**19.4** The member will be informed that the review concerning him will be conducted in a confidential manner, to protect the anonymity of the person making the allegation as much as possible. In case of a breach of confidentiality, the person who is the subject of the review must not communicate with the person who requested it. The persons responsible for conducting the enquiry must fill out the form *Affirmation of discretion in the conduct of an enquiry* in Appendix VII.

**19.5** All members of the ad hoc review committee must act with respect for the principles of fundamental justice and with concern for confidentiality, discretion, objectivity and impartiality. They must be independent-minded and act with rigour and prudence.

**19.6** The ad hoc review committee must respect the rules of procedural fairness by providing the member concerned a reasonable opportunity to know the nature of the allegation, to become acquainted with the documents in the ad hoc review committee's file, to prepare and make his written or verbal submissions. If, upon request, the member is heard by the ad hoc review committee, he may be accompanied by a person of his choosing. However, this person cannot take part in the deliberations, nor in the decision of the Board of Directors.

**19.7** Persons or authorities charged with examining or inquiring into alleged or actual conduct that may be contrary to standards of ethics or professional conduct, or charged with determining or imposing appropriate penalties, may not be prosecuted by reason of acts performed in good faith in the performance of their duties.

**19.8** The ad hoc review committee forwards its report to the Governance and Ethics Committee, at the latest sixty (60) days following the start of its inquiry. This report is confidential and must contain:

- a) A description of the facts surrounding the allegation;
- b) A summary of the testimony and the documents consulted, including the point of view of the member concerned;
- c) A reasoned conclusion on the merit of the allegation regarding a breach of the Code;
- d) A reasoned recommendation on the measure to be imposed, if applicable.

**19.9** On recommendation of the Governance and Ethics Committee, the Board of Directors shall meet, in camera, to decide on the measure to be imposed on the member in question. Before deciding to apply a measure, the Board must notify the member and offer him an opportunity to be heard.

**19.10** The Board of Directors may temporarily relieve of his functions any member accused of a breach, to allow for an appropriate decision to be made in the case of an urgent situation requiring rapid intervention, or in an alleged case of serious misconduct. If the member in question is the president and executive director, the chairman of the Board of Directors must immediately notify the Minister of Health and Social Services.

**19.11** Any measure taken by the Board of Directors must be communicated to the member concerned. Any measure imposed upon him, as well as the decision to relieve him of his functions, must be in writing and reasoned. Where there has been a breach, the chairperson of the Board of Directors will inform the president and executive director or the Minister, depending on the severity of the breach.

**19.12** This measure may be, depending on the nature and severity of the breach, a call to order, a reprimand, a suspension of a maximum duration of three (3) months or a revocation of the member's mandate. If the measure is to revoke the mandate, the chairperson of the Board of Directors shall inform the Minister of Health and Social Services.

**19.13** The secretary of the Board of Directors retains all files related to the application of the Administrators' Code of Ethics and Professional Conduct, in a confidential manner, for the entire duration prescribed by the institution's retention schedule and in accordance with the *Archives Act* (CQLR, chapter A-21.1).

## **20.** Notion of independence

Members of the Board of Directors, whether independent, designated, or appointed, must disclose to the Board of Directors in writing, at the earliest opportunity, any situation likely to affect their status. They must submit to the Board of Directors the form *Notification of a breach of independent status* from Appendix II of the present Code, at the latest thirty (30) days following the advent of such a situation.

## **21.** Obligations at the end of a term

With respect to the present document, members of the Board of Directors must, after their term ends:

- Respect the confidentiality of any information, debate, exchange or discussion that they witnessed in or during the performance of their duties.
- Behave in such a way as to not obtain any undue advantage, on their personal behalf or on behalf of another, from their former position as administrator.

- Not act on their personal behalf or on behalf of another, with respect to a procedure, negotiation, or any other situation in which they have participated and concerning which they have information not available to the public.
- Abstain from seeking employment with the institution during their term and in the year following their term, unless they are already employed by the institution. Potential cases for exception shall be submitted to the Board of Directors.

## APPENDICES

## Appendix I – Member commitment and affirmation

Election office contact details

I, the undersigned, \_\_\_\_\_, member of the Board of Directors of \_\_\_\_\_, declare that I have read and understood the Administrators' Code of Ethics and Professional Conduct, adopted by the Board of Directors on \_\_\_\_\_, that I understand its meaning and scope, and declare that I am bound by each of its provisions as if it were a contractual engagement on my part with respect to the \_\_\_\_\_.

With that in mind, I solemnly affirm that I will fulfill all the duties of my position, and exercise its powers, faithfully, impartially, and honestly, to the best of my ability and knowledge.

I solemnly affirm that I will not accept any sum of money or any consideration for what I will have achieved in the performance of my duties, other than the remuneration and reimbursement of my expenses allocated in accordance with the law. I commit to not disclosing or allowing to be known, without being so authorized by law, any information or document of a confidential nature of which I gain knowledge in or during the performance of my duties.

In witness whereof, I have \_\_\_\_\_, read and understood the Administrators' Code of Ethics and Professional Conduct of the \_\_\_\_\_ and I commit to complying with it.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date [yyyy-mm-dd]**

\_\_\_\_\_  
**Signed at**

\_\_\_\_\_  
**Name of the Commissioner of Oaths**

\_\_\_\_\_  
**Signature**

**Appendix II – Notification of a breach of independent status**

**SIGNED NOTIFICATION**

I, the undersigned, \_\_\_\_\_ [*printed name and surname*], hereby declare that I believe I am in a situation likely to affect my status as an independent member within the Board of Directors of the \_\_\_\_\_ due to the following facts:

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**Signature**

**Date** [*yyyy-mm-dd*]

**Signed at**

\_\_\_\_\_





**Appendix V – Declaration of conflict of interest**

I, the undersigned, \_\_\_\_\_ *[printed name and surname]*, member of the Board of Directors of the \_\_\_\_\_, hereby declare that I believe I am in a situation of conflict of interest given the following facts:

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**Signature**

**Date** *[yyyy-mm-dd]*

**Signed at**

\_\_\_\_\_

**Appendix VI – Reporting a situation of conflict of interest**

I, the undersigned, \_\_\_\_\_, consider that the following member: \_\_\_\_\_, is in an apparent, real, or potential situation of conflict of interest given the following facts:

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I ask that the Board of Directors forward this report to the Governance and Ethics Committee for analysis and a recommendation, and I understand that certain information provided in this form constitutes personal information protected by the *Act respecting Access to documents held by public bodies and the Protection of personal information* (CQLR, chapter A-2.1).

I consent to this information being used for the sole purpose of determining whether or not there exists a situation of apparent, real or potential conflict of interest.

\_\_\_\_\_  
**Signature**                      **Date [yyyy-mm-dd]**                      **Signed at**                      \_\_\_\_\_

**Appendix VII – Affirmation of discretion in the conduct of an enquiry**

I, the undersigned, \_\_\_\_\_, solemnly affirm that I will not reveal or make known, without being authorized to do so by the law, any knowledge I will have gained in the performance of my duties as administrator.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date [yyyy-mm-dd]**

\_\_\_\_\_  
**Signed at**

## APPENDIX 2: PERSONAL COMMITMENT AND AFFIRMATION OF OFFICE OF THE MEMBER OF THE BOARD OF DIRECTORS

### Oath of Office

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Following their appointment, designation, or a resolution of the Board of Directors to fill a vacant position, members of the Board of Directors shall sign the *Personal commitment and affirmation of office of the member of the Board of Directors* form, which reads as follows:

*I, the undersigned, member of the Board of Directors of the Centre intégré universitaire de santé et des services sociaux de l'Ouest-de-l'Île-de-Montréal, declare that I have read the Administrators' Code of Ethics and Professional Conduct, adopted by the Board of Directors on December 16, 2015, that I understand its meaning and scope, and I declare that I am bound by each of its provisions as if it were a contractual engagement on my part with respect to the Centre intégré universitaire de santé et des services sociaux de l'Ouest-de-l'Île-de-Montréal. With that in mind, I solemnly affirm that I will not accept any sum of money or any consideration for what I will have achieved in the performance of my duties, other than that provided for by law. I commit to not disclosing or allowing to be known, without being so authorized by law, any information or document of a confidential nature of which I gain knowledge in or during the performance of my duties.*

### Member Protection

The institution shall assume the defence of a member of the Board of Directors who is prosecuted by a third party for an act done in the exercise of the functions of office and pay any damages resulting from that act. In penal or criminal proceedings, however, the institution shall pay the defence costs of the board member only if the board member is discharged or acquitted, if it considers that the board member acted in good faith, or if the proceedings have been withdrawn or dismissed. (art. 175, ARHSSS).

An institution that is not represented by a joint procurement group referred to in article 383, recognized by the minister for the negotiation and conclusion of a contract of civil liability insurance in favour of the institutions if represents and the management of the deductible, must enter into such a contract in respect of acts for which it may be held liable. (art. 267, ARHSSS).

### Vacancy

Members cease to be on the Board of Directors and their seat shall become vacant upon their:

- a) Death;
- b) Resignation duly accepted by the Board of Directors;
- c) Loss of quality;
- d) Dismissal by the Board of Directors on the grounds of an unexplained absence;
- e) Suspension from the Board or cancellation of their status or privileges (art. 152, 153 and 498, ARHSSS and art. 21, LMRSSS).

Any vacancy on the Board of Directors is filled for the unexpired portion of the term.

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Signature

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Date

Taken from the typical project — *Règlement sur la régie interne du conseil d'administration d'un établissement du réseau de la santé et des services sociaux (CISSS, CIUSSS, établissements non fusionnés)* — December 2015 (in French only)

# APPENDIX 3

## BALANCE SHEET OF THE YOUTH PROTECTION DIRECTORATE

### BATSHAW YOUTH AND FAMILY CENTRES

#### REPORTS PROCESSED DURING THE YEAR

	2013-2014								2014-2015								2015-2016							
	0-5	6-12	13-15	16-17	Unknown	Total	%		0-5	6-12	13-15	16-17	Unknown	Total	%		0-5	6-12	13-15	16-17	Unknown	Total	%	
Rejected Reports	Girl	175	240	205	116	0	736	46.2%	193	337	231	182	5	948	54.4%	168	254	140	113	2	677	46.8%		
	Boy	239	302	198	110	0	849	53.3%	192	329	162	104	5	792	45.4%	193	308	165	83	8	757	52.3%		
	Unknown	3	2	1	1	0	7	0.4%	3	0	1	0	0	4	0.2%	11	2	0	0	0	13	0.9%		
	<b>Total</b>	<b>417</b>	<b>544</b>	<b>404</b>	<b>227</b>	<b>0</b>	<b>1592</b>	<b>52.6%</b>	<b>388</b>	<b>666</b>	<b>394</b>	<b>286</b>	<b>10</b>	<b>1744</b>	<b>52.5%</b>	<b>372</b>	<b>564</b>	<b>305</b>	<b>196</b>	<b>10</b>	<b>1447</b>	<b>45.5%</b>		
Accepted Reports	Girl	256	252	125	54	0	687	47.8%	264	291	142	61	0	758	48.0%	298	308	152	85	4	847	49.0%		
	Boy	306	291	105	47	0	749	52.6%	293	347	133	49	0	822	52.0%	322	387	136	37	0	882	51.0%		
	Unknown	0	0	0	0	0	0	0.0%	0	0	0	0	0	0	0.0%	0	0	0	0	0	0	0.0%		
	<b>Total</b>	<b>562</b>	<b>543</b>	<b>230</b>	<b>101</b>	<b>0</b>	<b>1436</b>	<b>47.4%</b>	<b>557</b>	<b>638</b>	<b>275</b>	<b>110</b>	<b>0</b>	<b>1580</b>	<b>47.5%</b>	<b>620</b>	<b>695</b>	<b>288</b>	<b>122</b>	<b>4</b>	<b>1729</b>	<b>54.3%</b>		
Reports Processed	Girl	431	492	330	170	0	1423	47.0%	457	628	373	243	5	1706	51.3%	466	562	292	198	6	1524	47.9%		
	Boy	545	593	303	157	0	1598	52.8%	485	676	295	153	5	1614	48.6%	515	695	301	120	15	1646	51.7%		
	Unknown	3	2	1	1	0	7	0.2%	3	0	1	0	0	4	0.1%	11	2	0	0	0	13	0.4%		
	<b>Total</b>	<b>979</b>	<b>1087</b>	<b>634</b>	<b>328</b>	<b>0</b>	<b>3028</b>	<b>100.0%</b>	<b>945</b>	<b>1304</b>	<b>669</b>	<b>396</b>	<b>10</b>	<b>3324</b>	<b>100.0%</b>	<b>992</b>	<b>1259</b>	<b>593</b>	<b>318</b>	<b>21</b>	<b>3183</b>	<b>100.0%</b>		

Source: CJ06Bat – Batshaw Youth and Family Centres – Provincial Statistics YPA – 2016-05-05

# REPORTS ACCEPTED PER ISSUE

Issue	2013-2014							2014-2015							2015-2016						
	0-5	6-12	13-15	16-17	Unknown	Total	%	0-5	6-12	13-15	16-17	Unknown	Total	%	0-5	6-12	13-15	16-17	Unknown	Total	%
<b>Abandonment</b>																					
<b>Girl</b>			1			1	50.0%		3	2	1		6	50.0%				1		1	16.7%
<b>Boy</b>					1	1	0.7%	2	2	2			6	3.8%			2	3		5	2.9%
<b>Unknown</b>																					
<b>Abandonment Total</b>			<b>1</b>	<b>1</b>		<b>2</b>	<b>0.1%</b>	<b>2</b>	<b>5</b>	<b>4</b>	<b>1</b>		<b>12</b>	<b>0.8%</b>			<b>2</b>	<b>4</b>		<b>6</b>	<b>0.3%</b>
<b>Physical Abuse</b>																					
<b>Girl</b>	41	66	30	13		150	47.0%	29	81	36	14		160	47.1%	37	79	40	15	2	173	46.6%
<b>Boy</b>	54	90	16	9		169	53.0%	44	101	29	6		180	52.9%	38	130	21	8	1	198	53.4%
<b>Unknown</b>																					
<b>Physical Abuse Total</b>	<b>95</b>	<b>156</b>	<b>46</b>	<b>22</b>		<b>319</b>	<b>22.2%</b>	<b>73</b>	<b>182</b>	<b>65</b>	<b>20</b>		<b>340</b>	<b>21.5%</b>	<b>75</b>	<b>209</b>	<b>61</b>	<b>23</b>	<b>3</b>	<b>371</b>	<b>21.4%</b>
<b>Serious Risk of Physical Abuse</b>																					
<b>Girl</b>	18	13	6			37	56.1%	18	22	6	2		48	40.7%	17	10	7	1		35	47.9%
<b>Boy</b>	13	14	1	1		29	43.9%	32	25	7	6		70	59.3%	20	13	5			38	52.1%
<b>Unknown</b>																					
<b>Serious Risk of Physical Abuse Total</b>	<b>31</b>	<b>27</b>	<b>7</b>	<b>1</b>		<b>66</b>	<b>4.6%</b>	<b>50</b>	<b>47</b>	<b>13</b>	<b>8</b>		<b>118</b>	<b>7.5%</b>	<b>37</b>	<b>23</b>	<b>14</b>	<b>1</b>		<b>73</b>	<b>4.2%</b>
<b>Sexual Abuse</b>																					
<b>Girl</b>	9	11	11	8		39	70.9%	6	11	9	7		33	75.0%	10	9	20	16		55	83.3%
<b>Boy</b>	3	8	3	2		16	29.1%	6	4		1		11	26.0%	3	8				11	16.7%
<b>Unknown</b>																					
<b>Sexual Abuse Total</b>	<b>12</b>	<b>19</b>	<b>14</b>	<b>10</b>		<b>55</b>	<b>3.8%</b>	<b>12</b>	<b>15</b>	<b>9</b>	<b>8</b>		<b>44</b>	<b>2.8%</b>	<b>13</b>	<b>17</b>	<b>20</b>	<b>16</b>		<b>66</b>	<b>3.8%</b>
<b>Serious Risk of Sexual Abuse</b>																					
<b>Girl</b>	8	5	6	1		20	40.8%	3	7	1	2		13	37.1%	7	12	3	5		27	54.0%
<b>Boy</b>	12	13	3	1		29	59.2%	6	10	4	2		22	62.9%	8	8	3	4		23	46.0%
<b>Unknown</b>																					
<b>Serious Risk of Sexual Abuse Total</b>	<b>20</b>	<b>18</b>	<b>9</b>	<b>2</b>		<b>49</b>	<b>3.4%</b>	<b>9</b>	<b>17</b>	<b>5</b>	<b>4</b>		<b>35</b>	<b>2.2%</b>	<b>15</b>	<b>20</b>	<b>6</b>	<b>9</b>		<b>50</b>	<b>2.9%</b>
<b>Psychological Abuse</b>																					
<b>Girl</b>	86	69	21	11		187	47.9%	116	69	25	5		215	51.9%	123	97	27	15	1	263	51.1%
<b>Boy</b>	109	76	15	3		203	52.1%	108	69	19	3		199	48.1%	116	105	26	5		252	48.9%
<b>Unknown</b>																					
<b>Psychological Abuse Total</b>	<b>195</b>	<b>145</b>	<b>36</b>	<b>14</b>		<b>390</b>	<b>27.2%</b>	<b>224</b>	<b>138</b>	<b>44</b>	<b>8</b>		<b>414</b>	<b>26.2%</b>	<b>239</b>	<b>202</b>	<b>53</b>	<b>20</b>	<b>1</b>	<b>515</b>	<b>29.7%</b>
<b>Neglect</b>																					
<b>Girl</b>	35	47	17	5		104	47.9%	37	68	22	8		135	43.3%	44	59	20	4		127	44.4%
<b>Boy</b>	40	45	20	6		113	52.1%	44	99	25	9		177	53.7%	63	70	24	1	1	159	55.6%
<b>Unknown</b>																					
<b>Neglect Total</b>	<b>75</b>	<b>92</b>	<b>37</b>	<b>13</b>		<b>217</b>	<b>15.1%</b>	<b>81</b>	<b>167</b>	<b>47</b>	<b>17</b>		<b>312</b>	<b>19.7%</b>	<b>107</b>	<b>129</b>	<b>44</b>	<b>5</b>	<b>1</b>	<b>286</b>	<b>16.5%</b>
<b>Serious Risk of Neglect</b>																					
<b>Girl</b>	59	35	6	1		101	45.3%	54	27	13	1		95	54.0%	60	37	6	3	1	107	45.1%
<b>Boy</b>	75	34	10	3		122	54.7%	51	23	6	1		81	46.0%	74	42	11	2	1	130	54.9%
<b>Unknown</b>																					
<b>Serious Risk of Neglect Total</b>	<b>134</b>	<b>69</b>	<b>16</b>	<b>4</b>		<b>223</b>	<b>15.5%</b>	<b>105</b>	<b>50</b>	<b>19</b>	<b>2</b>		<b>176</b>	<b>11.1%</b>	<b>134</b>	<b>79</b>	<b>17</b>	<b>5</b>	<b>2</b>	<b>237</b>	<b>13.7%</b>
<b>Serious Behaviour Disorder</b>																					
<b>Girl</b>		6	27	15		48	41.7%	1	3	28	21		53	41.1%		5	29	25		59	46.1%
<b>Boy</b>		11	37	19		67	58.3%		14	41	21		76	58.9%		11	44	14		69	53.9%
<b>Unknown</b>																					
<b>Serious Behaviour Disorder Total</b>		<b>17</b>	<b>64</b>	<b>34</b>		<b>115</b>	<b>8.0%</b>	<b>1</b>	<b>17</b>	<b>69</b>	<b>42</b>		<b>129</b>	<b>8.2%</b>		<b>16</b>	<b>73</b>	<b>39</b>		<b>128</b>	<b>7.4%</b>
<b>Total</b>																					
<b>Girl</b>	256	252	125	54		687	47.8%	264	291	142	61		758	48.0%	298	308	152	85	4	847	48.9%
<b>Boy</b>	306	291	105	47		749	52.2%	293	347	133	49		822	52.0%	322	387	136	37	3	885	51.1%
<b>Unknown</b>																					
<b>Total</b>	<b>562</b>	<b>543</b>	<b>230</b>	<b>101</b>		<b>1436</b>	<b>100.0%</b>	<b>557</b>	<b>638</b>	<b>275</b>	<b>110</b>		<b>1580</b>	<b>100.0%</b>	<b>620</b>	<b>695</b>	<b>288</b>	<b>122</b>	<b>7</b>	<b>1732</b>	<b>100.0%</b>

Source: CJ06Bat – Batshaw Youth and Family Centres – Provincial Statistics YPA – 2016-05-05

## CHILDREN THAT HAVE BEEN THE SUBJECT OF A REPORT

	2013-2014						2014-2015						2015-2016							
	0-5	6-12	13-15	16-17	Unknown	Total	0-5	6-12	13-15	16-17	Unknown	Total	% of incr.	0-5	6-12	13-15	16-17	Unknown	Total	% of incr.
<b>Children that have been the subject of at least one report</b>	799	873	471	244	0	2387	785	1077	528	299	0	2689	12.7%	795	1018	474	255	0	2557	-4.90%
<b>Children that have been the subject of at least one accepted report</b>	474	466	198	81	0	1219	493	555	229	95	0	1372	12.6%	533	600	249	108	0	1490	8.6%

Source: CJ06Bat – Batshaw Youth and Family Centres – Provincial Statistics YPA – 2016-05-05

## SOURCE OF REPORTS PROCESSED

Reports	2013-2014				2014-2015				2015-2016			
	Not Accepted	Accepted	Total	%	Not Accepted	Accepted	Total	%	Not Accepted	Accepted	Total	%
Family Setting												
Parent	213	65	278	9.20%	198	62	260	7.8%	137	68	205	6.4%
Siblings	47	15	62	2.0%	33	29	62	1.9%	49	38	87	2.7%
Child	8	12	20	0.7%	5	6	11	0.3%	5	10	15	0.5%
Parent's Spouse	6	1	7	0.2%	6	2	8	0.2%	5	0	5	0.2%
<b>Family Setting Total</b>	<b>274</b>	<b>93</b>	<b>367</b>	<b>12.1%</b>	<b>242</b>	<b>99</b>	<b>341</b>	<b>10.3%</b>	<b>196</b>	<b>116</b>	<b>312</b>	<b>9.8%</b>
Employees from the various agencies												
YC employee	91	188	279	9.2%	113	185	298	9.0%	137	182	319	10.0%
CSSS employee	109	126	235	7.8%	99	122	221	6.6%	83	132	215	6.8%
HC employee or physician	131	123	254	8.4%	123	120	243	7.3%	98	139	237	7.4%
Child care employee	2	1	3	0.1%	5	9	14	0.4%	4	9	13	0.4%
Agency employee	115	99	214	7.1%	99	102	201	6.0%	78	130	208	6.5%
Foster family	3	5	8	0.3%	0	2	2	0.1%	2	5	7	0.2%
Other professionals	10	12	22	0.7%	6	6	12	0.4%	11	11	22	0.7%
<b>Employees From the Various Agencies Total</b>	<b>461</b>	<b>554</b>	<b>1015</b>	<b>33.5%</b>	<b>445</b>	<b>546</b>	<b>991</b>	<b>29.8%</b>	<b>413</b>	<b>608</b>	<b>1021</b>	<b>32.1%</b>
School Setting	298	336	634	20.9%	503	399	902	27.1%	279	355	634	19.9%
Police Community	387	362	749	24.7%	379	459	838	25.2%	400	567	967	30.4%
Community												
Neighbours	155	77	232	7.7%	159	69	228	6.9%	146	78	224	7.0%
Other persons	17	14	31	1.0%	16	8	24	0.7%	12	12	24	0.8%
<b>Community Total</b>	<b>172</b>	<b>91</b>	<b>263</b>	<b>8.7%</b>	<b>175</b>	<b>77</b>	<b>252</b>	<b>7.6%</b>	<b>158</b>	<b>90</b>	<b>248</b>	<b>7.8%</b>
<b>Total</b>	<b>1592</b>	<b>1436</b>	<b>3028</b>	<b>100.0%</b>	<b>1744</b>	<b>1580</b>	<b>3324</b>	<b>100.0%</b>	<b>1446</b>	<b>1736</b>	<b>3182</b>	<b>100.0%</b>

Source: CJ06Bat – Batshaw Youth and Family Centres – Provincial Statistics YPA – 2016-05-05

## NUMBER OF EVALUATIONS/GUIDELINES AND DECISIONS OF THE PROVINCIAL DIRECTOR

	2014-2015		2015-2016	
	Number	%	Number	%
<b>Policy Decisions</b>				
Stop the intervention	2	2%	1	1%
Refer the youth to the CPPA	15	14%	20	17%
Implement extrajudicial sanctions	92	84%	99	83%
<b>Total</b>	<b>109</b>	<b>100%</b>	<b>120</b>	<b>100%</b>

	2014-2015	2015-2016
	Number	Number
<b>Other Decisions</b>		
Other transfer (pre-decision)	0	0
User's death	0	0
Feedback from CPPA - inability to proceed	12	10
Transfer from other YC (pre-decision)	0	0
Feedback from CPPA - limitation expired	0	0
<b>Total</b>	<b>12</b>	<b>10</b>

Source: CJ06Bat – Batshaw Youth and Family Centres – Provincial Statistics YPA – 2016-05-05

2015-2016 Annual Report

Centre intégré universitaire de santé et  
de services sociaux de l'Ouest-de-l'Île-de-Montréal

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