

CLSC NASKAPI ANNUAL REPORT 2023-2024





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## 1. MESSAGE FROM THE AUTHORITIES OF THE CLSC NASKAPI

# MESSAGE FROM THE CHAIR OF THE BOARD OF DIRECTORS OF CLSC NASKAPI, THE EXECUTIVE DIRECTOR OF CLSC NASKAPI AND THE COMPLAINTS COMMISSIONER

a) Message from the Chair of the Board of Directors

We began the year 2023-2024 with Mr. Patrice Trudel as Interim Director General for a period of more than 5 months. On September 12, 2023, the CLSC recruited Mr. Stephan Roy to assume the duties of Director General. On behalf of the Board of Directors, I would like to thank Mr. Trudel for



his hard work and for dedicating himself to the CLSC to ensure that the institution can continue to fulfill its mission, which is to improve and maintain the health and well-being of its beneficiaries.

We welcome Mr. Roy. The Board of Directors is confident that Mr. Roy will be able to establish strategies to continue to develop social and community services, adapt services culturally by integrating traditional approaches to health and well-being, increase services to the population while preserving the quality of care, improve the recruitment and retention of staff, and create a work environment that promotes the transfer of knowledge and as well as staff training.

The project to provide dialysis services directly to the CLSC Naskapi in partnership with the CHU de Québec-Université Laval and the Naskapi Band Council of Kawawachikamach has been suspended for re-evaluation. Factors such as the challenge of recruiting and the availability of skilled labor, as well as the logistics and space required to create this specialized clinic, require further analysis.

Elections for the CLSC Board of Directors were held on November 7, 2023 and the members will serve for the next three years.

We look forward to meeting you in 2023-2024, dear employees and users of the CLSC Naskapi.

Chairman of the Board of Directors of the CLSC Naskapi



## b) Message from the Executive Director

Dear members of the community of Kawawachikamach,

It is with great humility and a deep sense of responsibility that I accepted the position of Director General of the CLSC Naskapi on September 12, 2023. I would like to express my gratitude to the Board of Directors for the trust they have placed in me. This trust is a source of motivation and commitment to serve our community with dedication and integrity.



I would also like to warmly thank the Acting Director General for his leadership and dedication during the transition period. His work has been critical in maintaining continuity of services and in setting the stage for new initiatives.

Our strength lies in our unity and our ability to work together. As a community, we have always shown solidarity and resilience. It is crucial that we continue to strengthen our relationships and work closely with our partners, including the Naskapi Police, Band Council, Wellness, the women's and men's shelter, the school, the daycare and the Naskapi Development Corporation. Together, we can create a healthy, safe and prosperous environment for all.

Here are the main files and projects we have been working on this year:

## On the physical health side

The hemodialysis service project is under reevaluation because some impacts of the hemodialysis project have been little or not explored. Specifically, in terms of financial, logistical, and recruitment issues of qualified personnel. Furthermore, the clinical plan does not mention a rigorous analysis of potential risks for patients affected by the project. Additionally, the project analysis should have also considered the mandate of a CLSC and the basic services offered to the population. The CLSC is not insensitive to the situation of dialysis patients living outside their community. However, it is our duty, as managers, to exercise due diligence regarding the feasibility of this project and to proceed with the analysis of this project in all its complexity

## Human Resources

The CLSC has recruited a new Head of Human Resources, Organizational Coordination, and Support to the General Management. Gabriel Huberdeau joined the organization in November 2023. Mr. Huberdeau has over 20 years of experience in Human Resources, including 10 years in Indigenous communities. We are pleased to welcome him, as we are confident that he will help the organization adapt policies and procedures to the reality of the Naskapis and the region.

## Information technology

The CLSC has undertaken a digital transformation by implementing the Myle system, which allows for the creation of digital patient records. This transformation also includes converting internal paper forms into electronic forms, which helps reduce the CLSC's environmental impact, decreases the physical space needed for archiving physical records, and improves document management.



We are confident that, through our collective commitment and determination, we will be able to meet the challenges ahead and seize the opportunities that lie ahead. Let's continue to move forward together, united by our shared vision of a better future for our community.

## c) Message from the CLSC Naskapi Complaints Commissioner



The following is the annual report on the application of the complaints and service quality improvement regime for the 2023-2024 fiscal year. This report describes the activities carried out over the past year at the CLSC Naskapi by my team and myself, as well as the designated medical examiner.

I cannot fail to mention the cooperation of the staff, managers and members of the institution's management for their contribution to the examination of the files.

During the year 2023-2024, 6 files were opened, representing 1 administrative complaint file, 1 assistance file, 3 consultation files and 1 medical complaint file. I would like to point out that every year, citizens of the Naskapi community contact the police station about situations that have occurred at the CISSS de la Côte-Nord. These files are therefore recorded in the registry of the CISSS Côte-Nord and not in that of the CLSC Naskapi.

Service Quality and Complaints Commissioner,

Manon Bourgeois

## 2. STATEMENT REGARDING THE RELIABILITY OF DATA AND RELATED CONTROL MEASURES

I am responsible for the information contained in this annual management and activity report. Throughout the year, reliable information and control systems were maintained to ensure the achievement of the objectives defined by the Board of Directors of the CLSC Naskapi. The management team conducted a review of the plausibility and consistency of the information presented in this report. The results and data of the CLSC Naskapi's annual management and activity report for the 2023-2024 fiscal year accurately describe the institution's mission, mandates, responsibilities, activities and strategic directions, in addition to describing the objectives and indicators, and providing accurate and reliable data.

## 3. PRESENTATION OF THE ESTABLISHMENT

## a) Presentation of the CLSC Naskapi

The CLSC Naskapi is distinguished by its unique character, resulting from the signing of the Northeastern Quebec Agreement (NEQA) by the Naskapi Nation of Kawawachikamach on January 31, 1978.

As a public institution, the CLSC Naskapi's mission is to improve and maintain the health and well-being of Naskapi beneficiaries. It offers a full range of general services, including round-the-clock emergency assistance, social and community services, diagnosis and treatment, as well as promotion and prevention services. The CLSC Naskapi also offers home assessments and care.1

The social and community services of the CLSC Naskapi are one of the main gateways to meet the social, psychological or community needs of the beneficiaries. These services include referral to appropriate services based on identified needs1.

When it comes to physical health, the CLSC Naskapi is often the first point of contact with the provincial health care system, whether it is primary, second- or third-line care. The CLSC Naskapi also organizes visits by specialists, such as physiotherapists, to offer specialized care directly in Kawawachikamach.

If a health or social service is not available in the region, the CLSC Naskapi will cover the costs of travel, accommodation and other expenses to allow Naskapi beneficiaries to access these services outside the region.

b) Members of the Board of Directors of the CLSC Naskapi

The CLSC's Board of Directors is composed of seven members.

- Georges Guanish, President (population over 50 years of age)
- Glenda Sandy (Female population)
- Noah Swappie, (Male population)
- Louise Nattawappio/Nigel Einish (appointed by the Council of the Naskapi Nation of Kawawachikamach)
- Agnes Uniam Einish (elected by the Naskapi Education Committee)
- Marion Einish (elected by employees)
- Patrice Trudel/Stephan Roy (General Managers)



The Board of Directors of the CLSC Naskapi held 9 meetings during the year 2023-2024.

With the period of movement at the General Management, the board of directors did not organize a public information meeting.

## c) Notes on Committees and Boards

Due to its size, the CLSC Naskapi is not obliged or able to create the following committees: user committee, council of physicians, dentists and pharmacists, council of nurses, multidisciplinary council, risk management committee, vigilance committee or quality committee.

## d) Code of Ethics and Good Conduct

The Code of Ethics and Good Conduct of our institution, which describes the duties and obligations of the members of the Board and the Director General, was approved by the Board of Directors of the CLSC Naskapi in 2002 and revised in 2008. In accordance with the circular of the Quebec Ministry of Health and Social Services (MSSS), the council did not deal with any cases in 2023-2024 and did not find any shortcomings among its members.

## 4. 2023-2024 HIGHLIGHTS

Report of the CLSC Naskapi Senior Management Team

- Election of the members of the Board of Directors
  Elections to elect the members of the Board of Directors took place on November
  7, 2023 for a 3-year term.
  - ii. COVID-19

For 2023-2024, at the end of the pandemic, our teams have maintained their efforts to maintain good prevention habits. The vaccination is now complete. Screening tests are still distributed, but on demand.

Thank you to all our employees, as well as to the members of the emergency committee set up to fight the COVID-19 pandemic.

iii. Non-insured health benefits (NIHB)

Following the efforts undertaken by the new management to adjust the NIHB budget, according to the reality of the CLSC, have borne fruit. The Ministère de la Santé et des Services Sociaux confirms additional, non-recurring funding of \$2,924,199 for the 2023-2024 fiscal year. In addition, a final adjustment of \$1,793,085 was agreed upon to cover the full NIHB expenses which totalled \$7,742,392. Discussions will continue with the Department to agree on an agreement on NIHB funding.



## iv. Specialized Services Offered

- 1. Physiotherapy
- 2. Occupational therapy
- 3. Dental hygiene
- 4. Telehealth

Service	User	Interventions
Physiotherapy Occupational therapy kinesitherapy	271	597
Dental hygiene	76	105

Telehealth Service	User	Interventions
Clinical Nutrition	23	33

## 5. RELATED ACTIVITIES, RISK MANAGEMENT AND QUALITY REPORT

## Quality of care and safety of services

The CLSC Naskapi does not have a risk management committee, a vigilance committee or a quality committee due to the reduced number of employees within the institution. During the year 2023-2024, the CLSC Naskapi recorded and reported 2 incidents. Users did not require any particular follow-up from the CLSC's head of program administration. The monitoring and reinforcement of best practices by nurses is another measure put in place by the chief to ensure the safety and quality of services offered by CLSC professionals.

Main types of incidents (7)	Number	Percentage of all incidents
A	0	0 %
В	2	100 %
С	0	0 %

A = Fall or physical trauma

- B = Medications
- C = Error in diagnostic tests

## 6. HEALTH PROGRAMS AND SERVICES



The Naskapi community of Kawawachikamach has access to a range of programs. These programs are generally front-line services. They aim to intervene in the event of emergencies and physical health problems.

## a. Current Health Care Services

These services are available to anyone who has an illness, symptoms or trauma and who requires immediate care or treatment from a nurse or physician. The services are also for people who need regular follow-up or ongoing service due to their illness. These typically include nursing services provided with or without an appointment by a physician or nurse, emergency medical response, information and referral services provided by nurses, medication distribution, and diagnostic assistance (blood or other swabs, simple diagnostic X-rays).

	Users	Interventions
Urgency	1529	7893
Current Health Clinic	Urgence & Clinique Santé confondu	Urgence & Clinique Santé confondu
Blood Sampling		482

b. Prenatal and postnatal services, and the prevention of childhood diseases and health promotion services (public health)

We call this program "Integrated Perinatal and Early Childhood Services" (SIPPE). It is also a program for young mothers that allows us to provide regular follow-up with mothers and babies after childbirth. We are looking for an innovative way to reach these young mothers on a regular basis and to interest them in receiving support or advice regarding their health and well-being, as well as that of their child. In order to achieve the objective of this program, most of our interventions are carried out individually. This program complements some of Health Canada's programs under the Contribution Agreement: The Maternal and Child Health Program and the Canada Prenatal Nutrition Program.

	Users	Interventions
Prenatal and postnatal services	N/A	N/A

Immunizations mainly. I-CLSC Subprograms 580 Immunization & 590 School Prevention

## c. Home care services (loss of autonomy of seniors)

This program includes a range of activities related to home visitation such as nursing, ancillary social support, occupational therapy services. These programs are intended for seniors, but they can also be offered to people who have temporarily lost their autonomy following surgery or hospitalization. Individuals eligible for services provided by this program must be assessed prior to receiving them. This program complements Health Canada's Home and Community Care Program under the Contribution Agreement.

	Users	Interventions
Visits to nursing homes	14	89
Home Support	19	267

## d. Public Health Program

The public health programs offered in the Naskapi community are targeted measures that are integrated into the daily clinical and preventive practices of the CLSC's technical and professional staff. These preventive measures are intended for the Naskapi population in general and vulnerable sectors of the Naskapi Nation with the support of other sectors of activity involved in public health, such as schools, childcare centres, recreational facilities and all organizations under the responsibility of the band council. Public health includes the programs mentioned above (preventive dental services, school health services, nutrition) and programs to promote healthy living and manage chronic diseases. Disease prevention programs present healthy lifestyle habits for children, adolescents and adults and address the topics of diet, physical activity and smoking. The overall goal of these activities is to reduce the impact of chronic diseases, including cardiovascular disease, chronic obstructive pulmonary disease (COPD), asthma, cancer, diabetes, obesity, and osteoporosis. These programs complement the Aboriginal Diabetes Initiative, the Maternal and Child Health Program, and the Fetal Alcohol Spectrum Disorder Program under the Contribution Agreement.

## e. Curative and preventive dental services (public health)

The Preventive Dental Health Program is for young children who attend school. The program offers regular monitoring of their dental health. Where appropriate, it is a complementary program that refers clients to curative dental services.

This program encompasses the activities usually carried out in a dental office, such as diagnostic, preventive, endodontic, restorative dental and surgical services.

## f. Non-Insured Health Benefits Program

The CLSC Naskapi's Non-Insured Health Benefits program allows beneficiaries registered with the Northeastern Quebec Agreement to obtain products and services that are not offered at the CLSC Naskapi. These services include transportation, accommodation, and any other expenses necessary for medical travel. These services are provided based on the decision of a professional, physician or dentist, in accordance with the policies and procedures of the CLSC Naskapi.



g. Health Canada's community-based programs under an agreement with the Naskapi Nation of Kawawachikamach (NNK)

The CLSC Naskapi collaborates with the Naskapi Band Council to offer the following services to the population:

- Aboriginal Diabetes Initiatives;
- Fetal Alcohol Spectrum Disorder Program;
- Canadian Prenatal Program;
- Maternal and Child Health Care Program;
- Home and Community Care Program.

The goal is to offer the clinical expertise of the CLSC Naskapi to the Naskapi Band Council team, which provides services from federal programs.

Under the agreement, the CLSC produces an annual report, in the format prescribed by Health Canada, on federal services provided to the Naskapi Nation. This report shows the cost of services offered, which is \$483,098 for 2023-2024, or \$72,083 less than in 2022-2023.

## Aboriginal Diabetes Initiative (ADI)

The Aboriginal Diabetes Initiative is designed to provide a more comprehensive, collaborative and integrated approach to reducing the risks of diabetes and related complications within the Naskapi community. The CLSC Naskapi IDA's program aims to raise awareness of diabetes and its complications, and to teach what can be done to prevent it. The program emphasizes healthy eating and active living, and raises awareness of risk factors and complications, as well as steps to take to prevent them. It provides care and treatment for people with diabetes, promotes healthy living and diabetes prevention, and provides support services for a better lifestyle.

## Fetal Alcohol Spectrum Disorder Program

Fetal alcohol syndrome (FAS) is a term used to describe birth defects caused by alcohol use during pregnancy and breastfeeding. Alcohol causes enormous damage to the baby's brain. FAS and related health conditions are of concern as they can lead to permanent impairments that require ongoing support. The reasons behind FAS are complex and deep-rooted and go beyond just drinking alcohol during pregnancy. FAS can lead to many problems, including intellectual disability, learning disabilities, hyperactivity, attention and memory impairments, an inability to control anger, and poor problem-solving skills.

## Prenatal Nutrition Program

The Prenatal Nutrition Program for the Naskapi Community is a comprehensive program that supports pregnant women facing risks that threaten their health and the development of their babies. It also provides support to pregnant women to give their babies a better start in life. It focuses on health promotion and prevention objectives for pregnant women. Through an empowerment strategy, the goal of the program is to recognize and strengthen women's capacity to strive for better health and well-being, beneficial to both themselves and their unborn children.



## Maternal and Child Health Care Program

The Maternal and Child Health (MCH) Program states that pregnant women and families with infants or young children living in the Naskapi community must receive support to reach their full potential in terms of development and longevity. The objective of this program will be achieved by providing access to local, integrated and effective services that meet the needs of individuals, families and the community. The developmental period between conception and the age of six is the most important for brain development and is a determining factor in a child's behaviour and health. The effects of the mother's health during pregnancy and what the child experiences during the first six years have repercussions throughout his or her life. The goal of the program is to ensure that pregnant women and families with infants and young children have the opportunity to reach their full potential in a community environment that is committed to promoting health and providing support to families.

## Home and Community Care Program

The Home and Community Care program aims to preserve and maximize the ability of community members to maintain health, well-being and independence in their home environment for as long as possible. It consists of a number of different services that are provided in the homes of individuals and families who have lost some or all of their autonomy. It provides services as part of a holistic approach that meets the needs of each person. It promotes wellness to prevent, delay or replace the need for institutional care and to reinforce the client's responsibility for maintaining their own health.

## 7. COMMUNITY SERVICES



During the 2023-2024 year, we continued the restructuring of community services that began in 2022-2023, in order to meet the MSSS's standards in terms of access, continuity, quality and cultural safety. Much of our efforts this year has been devoted to developing our programs, standardizing our practices, providing clinical support to the team as well as recruiting. At the beginning of the year, the program manager of psychosocial and community services began her mandate. Subsequently, we hired a psychologist for the adult clientele (contract), a specialist in clinical activity, a kinesiologist, a Naskapi addiction worker, a Naskapi community worker, and a youth worker.



In addition, we have entered into service agreements with various employment agencies specializing in the field of social services, in order to replace permanent employees and fill vacant positions, thus avoiding any disruption of services.

In addition, the entire community services team has also been involved in building relationships and partnerships with local community organizations, such as Kathleen Tooma's Beautiful Dawn Center, Naskapi Men's shelter, the Wellness Center, Jimmy Sandy Memorial School, and the Naskapi Police Force. Finally, during the year, the entire community services team received training on the ICLSC program with the goal of gradually moving the writing of clinical notes from paper to digital format and standardizing the entry of clinical statistics. This training, which took place in July 2023, implies that the statistical data presented afterwards must be considered accordingly. In addition, the migration from paper to digital files through the MYLE program also required significant adaptation and learning new methods related to case management.

## a) General psychosocial services

General psychosocial services are the main point of access to the public health and social services network. They aim to provide support to individuals, families and communities who are experiencing psychosocial difficulties. Their main objective is to promote the well-being, autonomy and quality of life of citizens, by meeting various needs such as mental health, family relationships, addictions or situations of violence. Psychosocial services staff also carry out prevention and support actions in partnership with other organizations in the Naskapi community. These services complement Health Canada's programs under the Contribution Agreement, including the Fetal Alcohol Spectrum Disorder Program and the Aboriginal Diabetes Initiative (ADI). General psychosocial services play a key role in providing access to care and support for vulnerable people.

## Psychosocial reception (AAOR) for all clienteles

The psychosocial reception service is the gateway to community services. Following a request for service, an assessment of the situation and needs is made by a psychosocial worker who will refer the client to the appropriate service or worker. Regardless of the problem encountered: marital or family, mental health, drug addiction, suicidal crisis, loss of autonomy, behavioural disorder, intellectual or physical disability, a professional will accompany the client in the search for a solution that meets his or her needs.

#### Psychosocial emergency services, available 24/7

Intervention in social emergency situations, such as suicidal crises, domestic violence, sexual abuse or mental health problems. The purpose of this service is to defuse the crisis, prevent the situation from worsening and ensure the protection of the person and his or her family.

#### Psychosocial consultation service, all clienteles

Interventions under this service aim to support individuals or families facing personal, social or family problems, such as relationship disorders, emotional distress or crises, with the aim of preventing the deterioration of their situation. For example, this can include situations of separation, bereavement, anxiety, or domestic problems.

#### Psychological services, all clienteles (online)

This service aims to treat psychological problems, often one-off or related to particular situations, for adult clients, in order to prevent a deterioration of the situation. Currently, only a psychological assessment service is available for children, and remote follow-up has been offered and funded through an application to Jordan's Principle.

	Follow-ups/Evaluation
Psychological Services, Adult	10 (follow- ups)
Psychological services, Youth	9 (evaluations)

## Mental health, all clienteles

The mental health service offers individual follow-up within the community, as well as accompaniment, support and referrals throughout the process with specialized 2nd line services, generally available in Sept-Îles or Quebec City. This service also includes post-hospitalization follow-up, to ensure continuity of care, as well as support for the family.

## Dependency, all clienteles

This service is for people of all ages who are facing problems with alcohol or drug dependence. The services offered include a summary assessment, support throughout their journey, and referral to Addiction Rehabilitation Centres located outside the territory. Early and brief interventions, based on a harm reduction approach, are also proposed, as well as post-treatment follow-up. The service also offers support to relatives and organizes prevention activities within the community.

## Child, Youth and Family Services

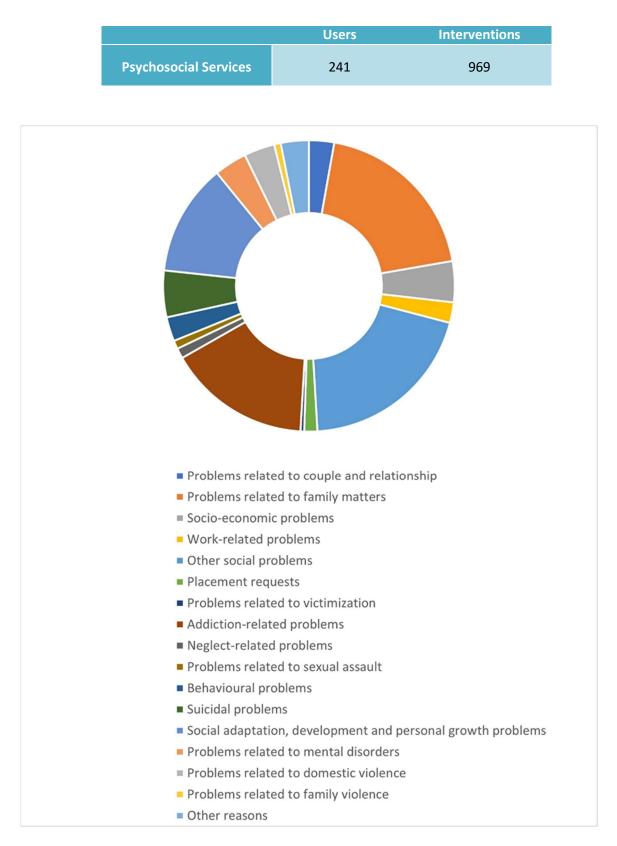
This service is intended for children and adolescents with health needs or facing personal or situational difficulties (e.g., adjustment problems, mental health problems, addictions, academic difficulties, etc.), as well as their families. It also provides support in cases of difficult parent-child relationships or family crises. The psychosocial workers of the Childhood, Young and Family services assess the situation and intervene with the child, adolescent and parents, with the possibility of offering family therapy if necessary. In addition, the department organizes prevention and promotion activities in the community and at school, including parenting skills, suicide prevention and healthy relationships.

## Early Stimulation Program 0-6 years (Implementation in progress)

Our early stimulation program for children aged 0 to 6 years is divided into three components. The first component, promotion, aims to promote the development of all children in the community through universal activities and home visits, as well as to offer workshops to optimize parenting skills and behaviours. The second component, prevention, includes early detection to identify children with indicators of developmental difficulty or delay. Finally, the intervention component consists of developing an intervention plan with the parents and proposing specific early stimulation activities. After assessment, the child and his or her parents may also be referred to specialized services (out of territory) if necessary. During the year, we also collaborated with Martin's Family Initiative and the Naskapi Nation to partner to implement their Early Year program - a program that promotes the optimal development of young First Nations children - and adapt it to Naskapi culture.

## Intellectual Disability (ID) – Physical Disability (PD) – Autism Spectrum Disorder (ASD)

This service provides support to people diagnosed with ID-PD-ASD, as well as their families. It also includes support to specialized services on 2nd lines located in Sept-Îles and Quebec City.



## b) Community and school health

Our community and school nurse provides a variety of services in the school and community, focused on disease prevention and health promotion. These services include immunizing students from grade four to high school, providing front-line nursing interventions at school, and organizing educational activities, including sexuality education sessions for students. In addition, it carries out promotion and prevention activities on various topics, such as diabetes, mental health, breast cancer prevention, according to the needs and requests of community members and organizations. She also offers support for smoking cessation.

The School Health Program provides school-based clinical activities to implement public health programs aimed at maintaining physical health. These activities may include monitoring children's health problems (vision, hearing, obesity, etc.) through individual or group interventions.

	Users	Interventions
School Health	73	101

## c) Kinesiology

Kinesiology services are divided into two components. The former includes one-on-one consultations, offering clinical support to patients looking to improve their physical well-being or cope with various injuries and chronic diseases, such as diabetes, cardiovascular disease, arthritis, or back pain. This component includes fitness assessment, development of personalized exercise programs and progress monitoring. The second component consists of prevention and promotion activities within the community, including group activities, workshops and awareness initiatives aimed at encouraging physical activity, healthy lifestyle habits and general well-being.

	Users	Interventions
Kinesiology	34	137

## d) Community Nutrition

Community nutrition includes activities to promote healthy living in schools and in the community. These initiatives focus on raising awareness of a balanced diet and the prevention of nutrition-related diseases, and are aimed at the entire population. The nutritionist visits the territory five times a year; in May, September, November, January and March, to support these activities.

- 24 workshops at school
- 5 workshops at daycare
- 18 community activities (13 radio columns; 4 group meetings on body weight management; 1 International Diabetes Day information and preventive kiosk)
- 3 activities in community groups (Women Shelter)
- 16 Meals delivered at home for seniors

## e) Preventive Dental Hygiene

The preventive dental hygiene program focuses on preventing dental caries and promoting oral health for early childhood, children and adolescents, whether at school, in daycare or in the community. This service is divided into two components: the first, focused on prevention, includes preventive dental services such as the application of sealant, silver fluoride diamine, fluoride treatments and early detection of cavities in young children. The second component focuses on promotion, with activities aimed at encouraging the acquisition and integration of healthy lifestyle habits to maintain optimal dental health. Dental hygienists visited the territory three times this year, in September, January and March, to support these activities.

- School Brushing Program: distribution of 25 toothbrush holders and toothbrushes at all levels of elementary school (total : 213)
- Dental Hygiene Education for Parents: 4 parents
- Preschool screening: 20 children
- Topical application of fluoride: 135 children
- Sealant application : 84 children
- Referral to dentists: 29
- f) Promotion and prevention activities in the community

Prevention/promotion activities focus on the well-being of the community and are carried out by all members of the Community Services team. These initiatives can be implemented on demand, in connection with thematic weeks, or in response to specific issues encountered within the community. In addition, support is provided to a community organization that carries out a social mission designed by and for community members. Many activities were carried out in collaboration with various community partners in 2023-2024, such as::

- Mental Health Week
- Suicide Prevention Week
- Addiction Prevention Week
- Family Violence Prevention Month
- Information and prevention kiosk for International Diabetes Day
- Welcome to Kindergarten (Little wolves' activity)
- Youth group (for girls aged 10 to 13)
- World Day Against Elder Abuse

## g) Evaluation of the quality of psychosocial services

In May 2023, Community Services strengthened its team with the hiring of a Clinical Activity Specialist, a critical addition to improving the quality and efficiency of services offered to the community. In collaboration with the Chief of Community Services, the Clinical Practice Specialist has contributed to the development of clinical standards, policies and tools, as well as professional practice standards to ensure the quality of community and social services. One of its major contributions this year has been the development of a structured process for the reception of psychosocial requests, thus ensuring a more effective management of the psychosocial needs of the community. In addition, the clinical support offered to the workers, as well as the development of training plans, have made it possible to promote continuous improvement of practices, thus enhancing the professionalism of the team members as well as their commitment to the community.

## 8. HUMAN RESOURCES



During the 2023-2024 fiscal year, the human resources department actively worked to bring employees' working conditions up to standard. The objective is to remain competitive among employers in the health and social services network working in remote areas. We have applied the various articles of the collective agreements based on the practices of comparable employers in our industry. For example, all our employees based in Kawawachikamach now receive an annual reimbursement of 66% of the value of the amount received in cargo premiums in the previous calendar year. Employees benefiting from annual outings obtain a reimbursement of 50% of the amount of expenses incurred for the 3rd and 4th outings of the previous calendar year. This helps to mitigate the tax impact of the various benefits linked to regional disparities and increases the attractiveness of our organisation.



The policy and procedure on executive working conditions has also been brought up to standard in order to promote the hiring and retention of competent managers.

The CLSC currently has 48 employees, 38 of whom are full-time. With the increase in staff due to the expansion of the CLSC Naskapi's basket of services, the human resources department must put in place policies and

procedures that will allow for the fairness necessary for the well-being and retention of our workforce. The resources have also worked jointly with the unions concerned to update and deploy a workplace harassment prevention policy.

With this work to bring the workforce up to standard and improve conditions, the human resources team remains focused on reducing the use of independent labour, in accordance with ministerial directives.

	Hires	Departures
2023-2024	21	20

Thank you to all the work teams for their involvement and dedication to delivering quality services to Naskapi beneficiaries.

Below is the main information on the workforce and hours worked compared to last year.

## Presentation of the monitoring data of the Act respecting the management and control of the workforce of public sector departments, agencies and networks and Crown corporations 2023-2024

CLSC Naskapi		363-day comparison		
	2	2022-03-27 à 2023-03-25		
Job Subclass	Working hours	Overtime	Total Paid hours	
1 – Management	9133	117	9250	
2 – Professionals	16460	562	17022	
3 – Nursing	8141	668	8809	
4 – Office staff and technicians	27390	526	27916	
5 – Maintenance and upkeep	7952	227	8179	
Total 2023-2024	69076	2100	71176	
Total 2022-2023	62762	2110	64872	

## Distribution of staff in 2023-2024 by category of staff

Category of personnel	Number of employees as of March 31, 2024
1 – Nursing and cardiorespiratory staff	6
2 – Paratechnics, ancillary services and trades	17
3 – Clerical Staff, Technicians and Administrative Professionals	10
4 – Health and social services technicians and professionals	9
5 – Personnel not covered by the Act respecting bargaining units in the social affairs sector*	0
6 – Management staff	6
* Either pharmacists, clinical biochemists, medical physicists, mi	dwives or students

Department	Number of positions filled as of March 31, 2024	Number of vacancies as of March 31, 2024
Clinical Services	9	6
Psychosocial and community services	7	3
Administrative Services	8	2
Maintenance	3	0
Human resources	1	0
Management	5	0
TOTAL	33	11

## 2023-2024 Filled and Vacancies by Department

## 9. FINANCIAL RESOURCES

In preparing its annual financial report, the CLSC Naskapi mainly used the Financial Management Manual prepared by the MSSS, as prescribed by section 477 of the *Act respecting health services and social services*. These guidelines are consistent with Canadian public sector accounting standards. In order to carry out his responsibilities and carry out his duties, the Chief Financial and Administrative Officer maintains such system of internal control as he or she deems necessary. To safeguard assets, controls provide reasonable assurance that transactions are properly recorded and approved in a timely manner, and that reliable financial statements are provided.

The Board of Directors regularly monitors periodic financial reports and approves audited financial statements in accordance with the MSSS's generally accepted auditing standards. The CLSC's report describes the nature and scope of the audit and the expression of its opinion.

## Declaration of results:

The CLSC Naskapi ended its 2023-2024 fiscal year with a combined deficit of \$1,049,377, which is not in line with the objective of a deficit-free settlement established by the MSSS. This deficit is due to underfunding of the self-employed workforce, housing and unfunded jobs.



Nom de l'établissement	Code				Code Page / Idn.				
CLSC Naskapi	C Naskspi 1104-3866					200-00 /			
Tous les fonds		2	97	exercice	terminé le 31 mars	2024 - AUDITÉE			
		ÉTA	AT DES RÉSULTATS						
		Budget	Fonds Exploitation Ex.courant (R.deP358 C4)	Fonds Immobilisations Exercice courant (Note 1)	Total Ex.courant C.2 + C.3	Total Ex. prẻc			
REVENUS		1	2	3	4	5			
Subventions MSSS (FI : P.408)	1	9 218 952	15 053 785	1 589 105	16 642 890	13 519 029			
Subventions Gouvernment du Canada (FI : P.294)	2	100000000	10,000,000	2000.000	0.0000.000	0000000			
Contributions des usagers (FE : P.301)	3	š.		XXXX					
Ventes de services et recouvrements	4	629 488	763 808	XXXX	763 808	794 646			
Donations (FI : P.294)	5	6		2	K				
Revenus de placement (FI : P.302)	6			S		2			
Revenus de type commercial	7			S					
Gain sur disposition (FI : P.302)	8			3 					
	9	XXXX	XXXX XXXX XXXX		XXXX	XXXX			
	10	XXXX	XXXX XXXX		XXXX	XXXX			
Autres revenus (FI : P.302)	11	383 680	483 098	8	483 098	555 178			
TOTAL (L.01 à L.11)	12	10 232 120	16 300 691	1 589 105	17 889 796	14 868 853			
Salaires, avantages sociaux et charges sociales	13	5 327 182	6 743 185	XXXX	6 743 185	5 400 85			
Médicaments	14	834 750	1 681 014	XXXX	1 681 014	1 441 016			
Produits sanguins	15			XXXX	0				
Fournitures médicales et chirurgicales	16	99 690	193 680	XXXX	193 680	137 574			
Denrées alimentaires	17			XXXX					
Rétributions versées aux ressources non institutionnelles	18			XXXX					
Frais financiers (FI : P.325)	19	53 450	327 867	557 042	884 909	680 914			
Entretien et réparations, y compris les coûts non capitalisables relatifs aux immobilisations	20	157 <del>4</del> 80	178 639		178 639	186 504			
Créances douteuses	21		2 159	XXXX	2 159	2 353			
Loyers	22	358 790	503 925	XXXX	503 925	423 295			
Amortissement des immobilisations (FI : P.422)	23	~	XXXX	919 388	919 388	704 243			
Perte sur disposition d'immobilisations	24	2	XXXX	2	0\$				
Dépenses de transfert	25	3		XXXX	8				
	26	XXXX	XXXX	XXXX	XXXX	XXXX			
Autres charges (FI : P.325)	27	3 400 778	7 832 274	8	7 832 274	6 145 083			
TOTAL (L.13 à L.27)	28	10 232 120	17 482 743	1 476 430	18 939 173	15 121 839			
EXCÊDENT (DÊFICIT) DE L'EXERCICE (L.12 - L.28)	29	0	(1 162 052)	112 675	(1 049 377)	(252 986			

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



Nom de l'établissement				Page / Idn. 204-00 /	
CLSC Naskapi	1104-3866				
Tous les fonds			exercice te	rminé le 31 mars	2024 - AUDITÉE
ÉTAT DE	LA SITU	ATION FINANCIÈF	RE		
	FONDS	Exploitation	Immobilisations	Total Ex. courant	Total Ex. préc.
		20. 1992	12	(C.1 + C.2)	80 <sup>70</sup>
ACTIES FINANCIERS		1	2	3	4
résorerie et équivalents de trésorerie	1 E	303 761		303 761	220 64
	2	XXXX	XXXX	XXXX	XXXX
Debiteur - MSSS (FE: P.362, FI: P.408)	3	1 192 637	155 426	1 348 063	1 875 2
Autres débiteurs (FE: P.360, FI: P.400)	4	1 406 413		1 406 413	1 593 65
Avances de fonds aux établissements publics	5	XXXX	<		
Créances interfonds (Dettes interfonds)	6	432 407	(432 407)	0	
Subvention à recevoir - MSSS (FE: P.362, FI: P.408)	7		17 836 172	17 836 172	18 904 12
Placements de portefeuille	8 [				
	- 9	XXXX	XXXX	XXXX	XXXX
Actifs destinés à la vente	10	XXXX			
Autres éléments (FE: P.360, FI: P.400)	11	146.01	8		74 44
TOTAL DES ACTIFS FINANCIERS (L.01 à L.11)	12	3 335 218	17 559 191	20 894 409	22 668 15
	<u> </u>		45.1997.22.185		100000000
ASSIFS	24		s 2	0	
Emprunts temporaires (FE: P.365, FI: P.403)	13	6 584 981	811 202	7 396 183	7 288 0
Créditeur - MSSS (FE: P.362, FI: P.408)	14				0.0020-002
Autres créditeurs et autres charges à payer (FE: P.361, FI: P.401)		1 570 383		1 570 383	2 060 9
Avances de fonds - enveloppes décentralisées	16	XXXX	170 500	100.150	
ntérêts courus à payer (FE: P.361, FI: P.401)	17	25 921	172 532	198 453	162.2
Revenus reportés (FE: P.290 et 291, FI: P.294)	18		18 253 297	18 253 297	18 309 6
	19	XXXX	XXXX	XXXX	XXXX
Dettes à long terme (FI: P.403)	20	XXXX	17 063 648	17 063 648	17 892 24
Passif au titre des sites contaminés (FI: P.401)	21	XXXX			
Passif au titre des avantages sociaux futurs (FE: P363)	22	478 838 XXXX	XXXX	478 838	397 50
Dbligations liées à la mise hors service d'immobilisations (FI : P.4 Autres éléments (FE: P.361, FI: P.401)	Contraction of the	****	2		
OTAL DES PASSIFS (L.13 à L.24)	24	8 660 123	36 300 679	44 960 802	46 110 6
		8 000 123	30 300 078	44 900 802	40 110 0
CTIFS FINANCIERS NETS (DETTE NETTE) (L.12 - L.25)	26	(5 324 905)	(18 741 488)	(24 066 393)	(23 442 52
ACTIES NON FINANCIERS					
mmobilisations (FI: P.423)	27 [	XXXX	18 888 303	18 888 303	19 346 52
Eléments incorporels achetés	28	XXXX	10 000 303	10 000 303	18 340 32
Stocks de fournitures (FE: P.360)	29	117 879	XXXX	117 879	117 8
rais payés d'avance (FE: P.360, FI: P.400)	30	163 005		163 005	130 29
TOTAL DES ACTIFS NON FINANCIERS (L27 à L30)	31	280 884	18 888 303	19 169 187	19 594 69
	0.000	1	10 00 00 00 00 00 00 00 00 00 00 00 00 0		- Sector Sector In 19
CAPITAL-ACTIONS ET SURPLUS D'APPORT	32		XXXX		5- C
EXCÉDENTS (DÉFICITS) CUMULÉS (L.26 + L.31 - L.32 - L.34)	33	(5 044 021)	146 815	(4 897 206)	(3 847 82
SAINS (PERTES) DE RÉÉVALUATION CUMULÉS	34		3		

AS-471 - Rapport financier annuel

Gabarit LGRG 2024.1.0

Révisée: 2023-2024

Rapport V 1.0

Timbre valideur: 2024-06-13 08:54:40

## 10. INFORMATION TECHNOLOGY SERVICES (IT)

For the 2023-2024 year, the CLSC's IT department has three employees: two specialized analysts and a specialized technician. These resources provide great stability. We plan to hire new resources. Our goal is to have better control of our systems and to implement the modern technological tools desired by the Santé Québec health network. The funding for the technological modernization plan granted to the CLSC amounts to \$699,700.

The main projects are as follows:

- EDM Creation Electronic document management
- Improving our telehealth
- Cloud Migration
- Improving our networking
- Multimedia system installation



Appendix 1 – Code of ethics and good conduct for administrators

# CODE OF ETHICS AND GOOD CONDUCT FOR ADMINISTRATORS





## CODE OF ETHICS AND GOOD CONDUCT FOR ADMINISTRATORS

Adopted by the Board of Directors April 15, 2002 Revised on March 29, 2008

## PLAN

## Preamble

- 1. Overall objective and scope of application
- 2. Definitions
- 3. Administrators' duties and obligations
- 4. Mechanisms for applying the Code
- 5. Commitments

## Appendices

- I. Declaration of personal interests
- II. Administrators' oath or affirmation
- III. Oaths or affirmation by the individual tasked with applying the Code



#### PREAMBLE

The administration of a public establishment requires administrators to respect obligations that do not apply to private administration. This kind of social contract requires a high level of trust on the part of citizens in the establishment.

As a result, conduct that respects our code of ethics remains an ongoing concern within the establishment since we require compliance in order to guarantee and build public trust in our integrated management process with regard to public funding.

In line with our fundamental values, we decided to outline the ethical and conduct guidelines that administrators in our establishment must respect in this Code of Ethics and Good Conduct.

## 1. OVERALL OBJECTIVE AND SCOPE OF APPLICATION

The purpose of this Code is not to substitute laws and regulations that are in effect or to outline an exhaustive list of behaviour that we expect from administrators. Rather, the purpose of the Code is to present the overall duties and obligations of our administrators.

In particular, it:

- outlines preventive measures, especially those related to regulations governing the declaration of personal interests;
- outlines the identification of situations involving conflicts of interest;
- outlines the duties and obligations of administrators after their terms come to an end;
- provides mechanisms for applying the Code.

All administrators of our establishment are obliged to respect the principles of ethics and good conduct that are provided by law and presented in this Code. In the event of a discrepancy, the most stringent principles and regulations apply.

If the administrator is in doubt, they must act in a way that respects these principles and regulations.

Administrators are bound by the same obligations when, following a request on the part of the establishment, they perform administrative duties within another organization or business or are a member of another organization or business.

## 2. DEFINITIONS

Unless the context suggests another meaning, in this Code:

"Administrator" refers to a member of the establishment's Board of Directors, regardless of whether they were elected or appointed.

"Conflict of interest" refers in particular to, without limiting the legal scope of this expression, any situation where either a direct or indirect conflict of interest on the part of an administrator is such that it risks compromising the objective execution of their task because their judgment may be influenced and their independence affected by the existence of this interest.

"Business" refers to any form that an organization may take. Such businesses may provide goods and services or any other form of commercial, industrial or financial services. It also refers to any group that strives to promote certain values, interests or opinions or strives to influence the establishment's authorities.

"Family member" refers to an administrator's spouse or common-law partner, child, father, mother, brother or sister. This term also includes the spouses and children of the individuals mentioned above and those of the administrator's associates.

## 3. ADMINISTRATORS' DUTIES AND OBLIGATIONS

#### WHILE PERFORMING THEIR DUTIES:

• Act in the best interests of the establishment and the population that it serves.

#### To this end, the administrator:

Is sensitive to the needs of the population and always take into account the fundamental rights of citizens.

Ensures that the services provided are pertinent, high-quality and efficient.

Ensures that the establishment's human, material and financial resources are used in an economical and efficient manner.

Ensures that the establishment's human resources can participate, are motivated and appreciated, and can develop their skills.

#### Exercises care, caution, diligence and competence.

To this end, the administrator:

#### Availability and active participation

Makes themself available to carry out their duties and takes an active part in decisionmaking within the Board of Directors.



#### Care and competence

Ensures that they are knowledgeable when it comes to the evolution of the establishment and informs themself, where necessary, and avoids making rash decisions.

#### Neutrality

Puts forward proposals by exercising their right to vote in the most objective way possible. To this end, they cannot make a commitment to a third party or provide any guarantee regarding their vote or any other decision.

#### Discretion

Uses discretion with regard to their knowledge base while carrying out their duties. Furthermore, they must exercise caution and restraint with regard to confidential information where the communication or use of this information would affect the interests of the establishment, undermine the privacy of individuals or grant either an individual or a business an unfair advantage.

#### Confidentiality

Keeps facts and information that they are privy to confidential as required by law or the decision of the Board of Directors with regard to confidentiality.

#### • Exercises care, caution and competence.

To this end, the administrator:

#### Public relations

Will always be polite and courteous when interacting with the public and avoid all forms of discrimination and harassment that are prohibited by law.

Strive to always provide citizens with the information that they request and that they have the right to obtain in as short a timeline as possible. Where the administrator is unable to access this information, they will direct the citizen to the appropriate department within the establishment.

Show restraint with regard to expressing their opinions in a public manner.

#### Exercise honesty and loyalty.

To this end, the administrator:

Will act in good faith and in the best interests of the establishment and the population that it serves without taking into account the interests of any other individuals, groups or entities.

Combat all forms of abuse of power such as conflicts of interest, failure to comply with regulations, inefficient management, wasting resources, divulging confidential information, granting favours, hiding mistakes and misleading the population.

## Duties and conflict of interest

Avoid situations where duties overlap with personal interests. Conflict of interest - administrators excluding the Executive Director

Administrators, with the exception of the Executive Director, under penalty of being removed from their position, shall renounce in writing their interest in the Board of Directors where either a direct or indirect interest in a business results in a clash between their personal interests and the interests of the Board of Directors or one of the establishments that it administers.

Furthermore, administrators must abstain from participating in deliberations where the decision involves debating a business in which the administrator has a personal interest.

However, where an administrator is a minority shareholder of the corporation or business in question, it does not constitute a conflict of interest when the shares of the corporation are traded publicly on a known stock market and where the administrator in question is not an insider of this corporation as defined in section 89 of the Securities Act (RSQ, chapter V-1.1).

## Conflict of interest - Executive Director

The Executive Director may not, under penalty of being removed from their position, have either a direct or indirect interest in a business that conflicts with their personal interests and those of the establishment.

However, the Executive Director shall not be removed from their position if a personal interest is no longer in question following a succession or donation and as long as they renounce it or, after informing the Board of Directors, dispose of the assets within the timeline determined by the Board.

The Executive Director must, within sixty (60) days of their nomination, submit to the Board of Directors a written declaration that mentions pecuniary interests that they have in corporations, companies or businesses that are likely to enter into contracts with the establishment. This declaration must be updated within sixty (60) days of the acquisition of such personal interests by the Executive Director and every year within sixty (60) days of the anniversary of their nomination.

The Executive Director must, within thirty (30) days of entering into any professional services contract, submit to the Board of Directors a written declaration that mentions the existence of the contract in question that bind the establishment and a corporation, business or company in which the Executive Director holds pecuniary interests.

## The exclusive nature of the Executive Director's duties

The Executive Director should, under penalty of being removed from their position or being suspended without pay, subject to certain exceptions provided for in legislation, carry out work and duties for the establishment on an exclusive basis. However, where they hold another position, responsibility or function, they must, with sixty (60) days following such a designation and each year within sixty (60) days of the anniversary of their nomination, submit a written declaration that mentions this fact.

#### The establishment's assets

Administrators must use the establishment's assets, resources and services according to the usage terms and conditions that are recognized and applicable to all users. They may not combine the establishment's assets with their own assets.

#### Undue advantages or benefits

Administrators must behave in a manner that does not result in their administrative duties creating undue advantages for themselves, their personnel or other individuals.

Administrators may not either directly or indirectly accept or solicit any form of advantage or benefit from an individual or company that does business with the establishment or acts on behalf of the establishment if the advantage or benefit is for the purpose of or is likely to influence the administrator in the performance of their duties or managing their expectations.

In particular, administrators must not accept gifts, sums of money, loans at preferential rates, debt forgiveness, employment offers, special favours or anything else that has an appreciable monetary value that could compromise or appear to compromise the administrator's ability to make fair and objective decisions.

They must not receive any pecuniary treatment or advantages with the exception of the reimbursement of their expenses incurred during the fiscal year in accordance with the conditions and scope determined by the government.

The Executive Director must, under penalty of being removed from their position, refrain from accepting any sums or direct or indirect benefits from either a foundation or a corporation that operates in the health and social services sector and solicits the public to donate sums of money or goods.

#### Transparency

Administrators must reveal all information and facts to the other members of the Board of Directors when they are aware that the communication of this information or fact could significantly impact an upcoming decision.

#### Abuse of power

Administrators must refrain from intervening in the staff hiring process, unless requested to do so by the Executive Director or a senior manager.

They must abstain from any approaches that favour friends or family members.

They must not act as an intermediary, even where they are not paid for their services, between an organization (for-profit or non-profit) and the establishment. ONCE THEIR MANDATE HAS COME TO AN END, ADMINISTRATORS MUST:

#### Exercise caution, discretion, honesty and loyalty.

To this end, the administrator:

Must behave in a manner that does not result in their administrative duties creating undue advantages for themselves, their personnel or other individuals.

During the year following the end of their mandate, they must avoid acting on their behalf or on behalf of another individual with regard to a procedure, negotiation or any other operation in which the establishment that they previously represented is involved, and on which they have information that is not public knowledge.

They must not, at any time, use confidential information that they obtained while performing their administrative duties.

They must refrain from making immoderate comments that could damage the reputation of the establishment and its personnel.

#### 4. MECHANISMS FOR APPLYING THE CODE

#### Introduction of a request for review

Any allegations of misconduct on the part of an administrator or failure to comply with legislation or this Code must be communicated to the President of the Ethics and Good Conduct Committee, or, if the allegations involve the committee President, to another committee member. The individual who is made aware of such an allegation must advise the committee, which must meet within thirty (30) days.

The committee may also take the initiative to examine any instance of irregular conduct on the part of an Administrator.

#### Summary review

When the committee President is made aware of an allegation as outlined above, they may reject, following a summary review, any allegations that they find to be frivolous, vexatious or made in bad faith. However, they must inform the other committee members of their decision during the next meeting. The committee may then decide to proceed with an examination of the allegation in question.

## The inquiry process

The committee shall decide which means are required in order to conduct an inquiry following an allegation. However, the inquiry must be conducted in a confidential manner and must, where possible, maintain the anonymity of the individual who is the subject of the allegation.

## The role of the administrator in question

When the Committee decides that the time is right, it must inform the administrator in question of the allegations that were communicated to the committee and outline the relevant legal provisions or Code provisions. Following a request on the part of the administrator within a reasonable timeline, they must be given the opportunity to have individuals of their choosing testify and to submit pertinent supporting documentation.

## Transmission of the report to the Board of Directors

Where the Committee concludes that the administrator failed to respect legislation or this Code or that they demonstrated similar misconduct, the Committee shall submit to the Board of Directors a report containing a summary of the inquiry and recommendations for sanctions. This report shall be confidential.

## Decision

The Board of Directors shall meet in a closed-door session to decide which sanctions to impose on the administrator in question. The administrator may not participate in the deliberations or the decision-making process, but they may be heard before a decision is made if they so wish.

## **Sanctions**

Based on the nature and the gravity of the failure to comply or the behaviour, sanctions that may be taken against the individual in question may include a call to order, a reprimand, suspension from their position, or removal from their position. The Administrator in question shall be informed in writing of the sanctions that have been imposed.

#### 5. COMMITMENTS

Within sixty (60) days of the adoption of this Code by the Board of Directors, each administrator must submit a signed copy of the commitment shown in Appendix II of this Code.

Each new administrator must do likewise within sixty (60) days of their first day in their position.

Furthermore, the individual who is tasked with applying the Code must submit a signed copy of the commitment shown in Appendix III of this Code within sixty (60) days of their first day in their position.



2002-04-15 ML

Appendix 2 - DECLARATION OF PERSONAL INTERESTS

# **DECLARATION OF PERSONAL INTERESTS**

of an administrator (not applicable to the Executive Director)

I, administrator of the following establishment(s):

declare the following personal interests:

1. I have pecuniary interests in corporations, companies or commercial businesses identified below that do business with the establishment(s) mentioned above or are likely to do business with the establishment(s) mentioned above.

Names of the corporations, companies or businesses in question

2. I act as an administrator of a corporation, company or commercial business (for-profit or non-profit) identified below that has entered into a contract with the establishment(s) mentioned above or is likely to do business with the establishment(s) mentioned above.

Names of the corporations, companies, businesses or bodies in question

**3.** I hold the following positions:

POSITION

EMPLOYER

Provide the job title and employer name

IN WITNESS WHEREOF, I SIGNED IN ON

ADMINSTRATOR'S SIGNATURE



# DECLARATION OF PERSONAL INTERESTS

of the Executive Director

١,

Executive Director of the following establishment(s):

declare the following personal interests:

1. I have pecuniary interests in a corporation, company or business that has signed a professional services contract with another establishment that is governed under the Act respecting health and social services.

Names of the corporations, companies or businesses and establishments in question

2. I have pecuniary interests in a corporation, company or business that is likely to enter into a professional services contract with another establishment that is governed under the Act respecting health and social services.

Names of the corporations, companies or businesses in question

**3.** I act as an administrator of a corporation, company or business (for-profit or non-profit).

Names of the corporations, companies, businesses or bodies in question

4. I hold another position at a corporation, company or business (for-profit or non-profit). **POSITION EMPLOYER** 

Provide the job title and employer name

IN WITNESS WHEREOF, I SIGNED IN ON

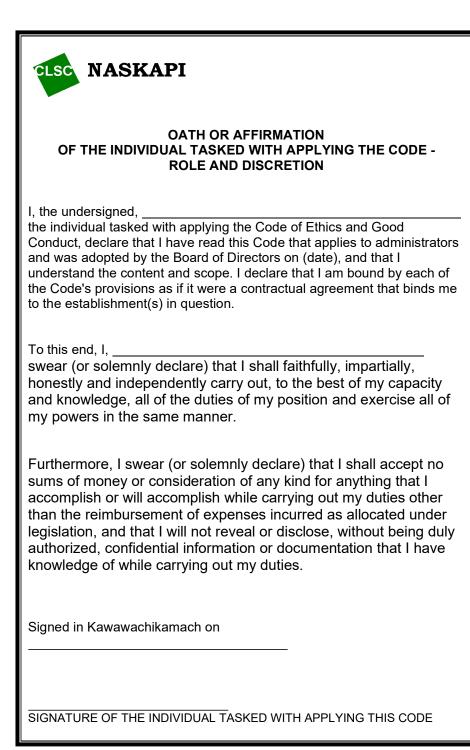
EXECUTIVE DIRECTOR'S SIGNATURE



## Appendix 3 - ADMINISTRATOR'S OATH OR AFFIRMATION

CLSC NASKAPI
OATH OR AFFIRMATION OF THE ADMINISTRATOR - ROLE AND DISCRETION
I, the undersigned,
a member of the Board of Directors of one or more of the establishments mentioned above, declare that I have read the Code of Ethics and Good Conduct that applies to administrators and was adopted by the Board of Directors on (date), and that I understand the content and scope. I declare that I am bound by each of the Code's provisions as if it were a contractual agreement that binds me to the establishment(s) in question. I am bound by the same obligations when carrying out administrative duties within another organization or company at the request of the establishment or where I am a member of another organization or company.
To this end, I,
swear (or solemnly declare) that I shall faithfully, impartially, honestly and independently carry out, to the best of my capacity and knowledge, all of the duties of my position and exercise all of my powers in the same manner.
Furthermore, I swear (or solemnly declare) that I shall accept no sums of money or consideration of any kind for anything that I accomplish or will accomplish while carrying out my duties other than the reimbursement of expenses incurred as allocated under legislation, and that I will not reveal or disclose, without being duly authorized, confidential information or documentation that I have knowledge of while carrying out my duties.
Signed in Kawawachikamach, on
Administrator's signature

Appendix 4 - OATH OR AFFIRMATION OF THE INDIVIDUAL TASKED WITH APPLYING THE CODE





## Appendix 5 - Organizational chart

