

Annual Report

W 2010-2011

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CENTRE
DE RÉADAPTATION
DE L'OUEST DE MONTRÉAL

WEST MONTREAL
READAPTATION
CENTRE

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Message from the Chairman of the Board and Executive Director

The Board of Directors and Senior Management of West Montreal Readaptation Centre (WMRC) are extremely proud of the centre's exceptional first accreditation results this year, the result of intense collaboration and coordination.

Our passionate team accomplished great things in its drive to meet international standards, despite persistent instability caused by numerous ill-advised government efforts to reorganize rehabilitation centres for intellectual disability (CRDITEDs) on the Island of Montreal.

In its first year as a standalone establishment, WMRC has proven its leadership in service development, staff and caregiver training, university and community partnerships and communications. Moreover, it is poised to launch the most exciting project in its history: the opening of a specialized respite home made possible through corporate, community and employee donations over the past two years.

Looking forward, WMRC expects its service excellence, community support and many accomplishments to provide a strong foundation in its continuing struggle to defend high-quality, bilingual specialized services in Montreal.



Gary Whittaker
Chairman of the Board of Directors



Ron Creary
Interim Executive Director

Declaration of Reliability

I am responsible for the information contained in this annual report. This responsibility pertains to the reliability of data contained in the report and of related controls.

The results and data disclosed in West Montreal Readaptation Centre's 2010-2011 annual report:

- Faithfully describe the centre's mission, mandates, values and strategic orientations;
- Present the centre's objectives, indicators and results;
- Present accurate and reliable data.

I declare that the objectives, error examples, verifiables and controls over data presented in this annual report are reliable. This data corresponds to the situation as presented for the fiscal year ending March 31, 2011



Ron Creary
Interim Executive Director

VISION

Clients' full inclusion, self-determination and quality of life through the maximization of their potential

VALUES

Respect, integrity, equity and collaboration built on a passion for service and a commitment to success

MISSION

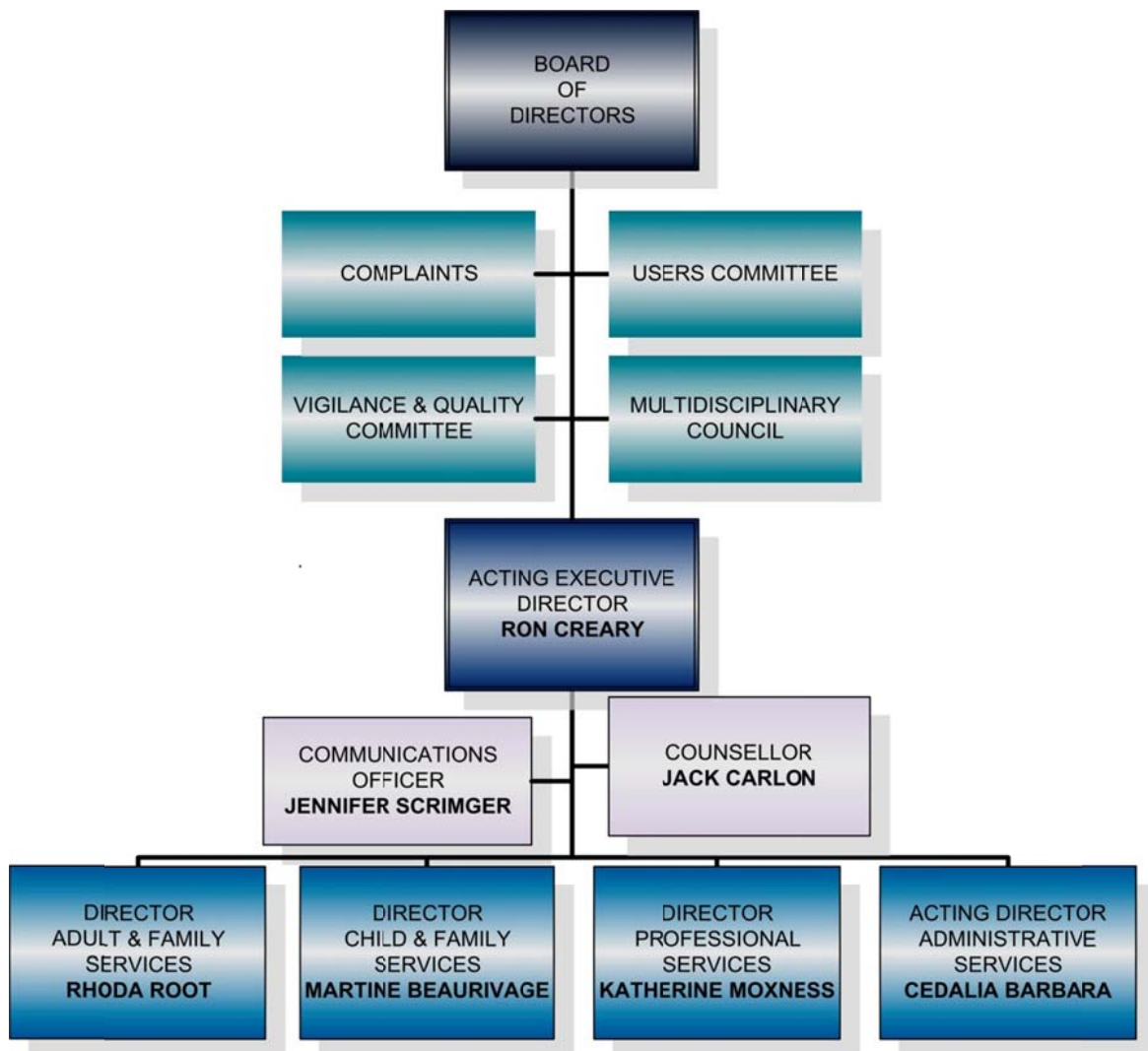
WMRC is a public social service establishment committed to ensuring that individuals within its jurisdiction with an intellectual disability or autism spectrum disorder and their families receive a wide range of services within community-based settings on a timely basis.

WMRC promotes full inclusion and self-determination by offering these individuals the support and expertise needed to maximize their potential and ensure quality of life. Its programs encourage, facilitate and promote the participation of users in the life of their community.

Senior Management

Ron Creary	Interim Executive Director
Cedalia Barbara	Interim Director, Administrative Services
Martine Beurivage	Director, Child and Family Services
Katherine Moxness	Director, Professional Services
Rhoda Root	Director, Adult and Family Services

Organizational Chart



Personnel statistics

The table below presents WRMC personnel distribution as at March 31, 2011.

Management personnel	
Full-time	37
Temporary full-time	0

Regular personnel	
Full-time	223
Part-time (number of people)	23
Part-time (equivalent to full-time)	20

Occasional employees	
Number of employees	83
Equivalent to full-time	53

Total	
Number of employees	366
Hours remunerated to occasional employees	95,959

Operational highlights

“An exceptional organization” – Accreditation Canada surveyor

A massive team effort from all four departments of WMRC contributed to our centre earning an outstanding first-time grade of 96.9% from Accreditation Canada in November 2011.

In obtaining this accreditation, each service had a role to play in ensuring that all required organizational practices (ROPs) were in place, that staff and stakeholders were aware of them and that all actions were guided by those ROPs and the objectives laid out in the WMRC 2010-2015 Strategic Plan.

A leader in several areas

Accreditation surveyors were extremely positive in their overall assessment of WMRC and identified three specific “leading practices,” or examples of high quality leadership and service delivery:

1. The co-production of an Atlas on Global Resources for Persons with Intellectual Disabilities (Atlas-ID), which describes for the first time the global state of resources allotted to ID in 147 countries representing 95 percent of the world’s population, thereby promoting the development of services and planning efforts.
2. The development of Parents with Intellectual Disability, an innovative intervention that focuses on the learning abilities of parents with an ID with the goal of these parents keeping their children, who would otherwise be at risk of being placed under child protection.
3. The use of a Clinical-Legal Committee, which provides guidance and support to clinical teams and managers in matters that could affect the integrity of the client or the organization. Last year, WMRC added an ethics component to this invaluable resource.

Other recognized successes included the development of intensive behavioural therapy services for children with autism aged 0-5 years, working with community partners to build a new respite home and improve service access for high-priority clients and providing leadership in education and training through university partnerships.

Recommendations for improvement included specific measures to demonstrate WMRC’s prioritization of safety and security (for example, including a safety and security mention in certain employee work descriptions). WMRC was working towards adopting those recommendations at year’s end.

Operational highlights

A year of restructuring and change

The accreditation surveyors also emphasized the fact that WMRC was able to accomplish so much while in an atmosphere of change and uncertainty. Following the centre's unexpected separation from its partner Centre de réadaptation Lisette-Dupras in December 2009, last year was WMRC's first full year operating independently and with a slimmer management structure, with certain services having been reorganized or, in some cases, undergoing continued reorganization.

The *Agence de la santé et des services sociaux de Montreal* continued to state the need to streamline CRDITED¹ services on the Island of Montreal and offered several proposals that met with opposition from the WMRC community, in particular the bid to create a single access system for the entire island.

Finally, while the SIPAD user information system has now been in use for two years, it continued to present challenges for clinical staff in 2010-2011. WMRC continued to train and support the system's users while adapting certain work schedules and launching two SIPAD sub-committees: one to examine clinical issues related to SIPAD and another to resolve systemic technical difficulties.

Renewed and intensified focus on safety

The introduction of an Integrated Quality Management Model inspired new initiatives across the establishment in 2010-2011. All employees and caregivers received training in areas targeting safety, security and continuous quality improvement, while updated policies and procedures cemented best practices for infection prevention and control, the safe distribution of medication, the identification and safe handling of hazardous materials and other priorities.

A new Health and Safety Committee made up of managers and staff made great strides last year, introducing a new and much-improved employee accident declaration form to assist managers in understanding the circumstances of accidents and taking corrective measures. The *Centre patronal de santé et sécurité du travail* renewed the certification of WMRC's workplace first-aid providers, whose names and contact information were then prominently displayed at service locations.

¹ CRDI – *Centre de réadaptation en déficience intellectuelle et en troubles envahissants du développement*

Operational highlights

Health and Safety Committee members also inspected major WMRC service locations and made recommendations to enhance compliance with safety standards.

Staff-centred health and safety initiatives focussed on introducing a hepatitis B prevention policy, upgrading first-aid kits at service locations and offering seasonal flu vaccinations free of charge.

Leadership in training

WMRC's strong research and clinical expertise continued to attract a significant number of students and researchers in a variety of professional disciplines, making it an appealing teaching and training site for learning about ID and autism spectrum disorders. In addition to its support of university internships and the development of evidence-based curricula, WMRC received praise from Accreditation Canada for its leadership in helping staff to meet personal and professional development goals.

The *Commission des Partenaires du Marché du Travail du Québec* also recognized WMRC as a "training organization" in its accreditation of WMRC Training Services last year.

As part of its 2010-2011 training strategy, WMRC produced its first training program and calendar comprising all employee, caregiver and parent training sessions. An invaluable planning tool for management, the publication was widely distributed and made available online and facilitated the provision of some 8,890 hours of internal and external training.

Expanded communications efforts

A rejuvenated communications plan, deemed "excellent" by accreditation surveyors, focussed on creating a culture of communication at WMRC, developing the centre's image as an employer of choice, increasing WMRC parent and user consultation and promoting knowledge transfer.

A redesign of the WMRC Website's homepage, allowing for frequent news updates, event listings, much larger text, easy access to a new accreditation section and electronic subscription to the WMRC e-mailing list, earned praise from the Board of Directors and the Parents' Committee. The launch of a new and modern employee intranet was also well-received.

Operational highlights

Much effort was invested in finding new ways to transfer knowledge and widely disseminate information using targeted communication initiatives: for example, the publication of a series of one-page information capsules on key ROPs, which were posted online, distributed by e-mail and on paper to all service locations and discussed among managers and their employees during team meetings. In February, WMRC was the first CRDI to launch an official Facebook fan page.

Dedication to research and education

A grant of some \$100,000 received from the *Office des personnes handicapées du Québec* last year will allow WMRC to evaluate and develop best practices in the assessment and treatment of stereotypy, or self-stimulating behaviour by persons with an ID or autism.

WMRC also committed resources to evaluating its Early Intensive Behavioural Intervention (EIBI) program, one objective being to quash persistent and damaging

rumours in the Quebec francophone media that EIBI is not an effective treatment for children with autism. (WMRC also launched an aggressive public information campaign last year in defense of EIBI, the most clinically proven and universally recognized treatment in North America.)

In its prioritization of both applied research and continuous service improvement, WMRC commissioned its second user and family satisfaction survey, whose results showed a very high level of satisfaction with services received. Follow-up was underway to address areas of dissatisfaction such as waiting times for services.

Recognizing our strengths

Our centre launched a series of open houses in spring of 2011. The first was hosted by Benny Day Program, which provides specialized community integration services to adult users with autism, aging-related difficulties and multiple disabilities. The event drew some 200 visitors.

Also providing community integration services, Cartier Day Program, which provides services to adult users with severe behavioural disorders (TGC), was one of the sites visited by accreditation surveyors, one of whom commented that it was "the best day program (they had seen) in Canada."

A surprise visit of adult residential resources by Quebec's Ministry of Health and Social Services also found WMRC to be providing high-quality services overall in an environment compliant with regulations.

Operational highlights

Developing services

A restructuring of adult residential and community integration services helped to define each service by specialization, rather than geographical location.

As part of its innovative and widely varied network of community work placements, WMRC was pleased to add a new work location for users at *Centre d'hébergement Nazaire-Piché*, a seniors' residence in Lachine.

A new manager and part-time psychiatrist helped Children's Services to devote more time to transdisciplinary teams and developing training tools for clinical staff, users and parents, while additional funds from the *Agence* allowed more than 15 children from the waiting list to enter service.

Improving work organization

In response to workload concerns, WMRC created a management committee on project administration and work organization, with the purpose of lightening clinical and administrative processes and helping employees to work more efficiently. The committee's consultations with employees led it to focus on providing more SIPAD support, reviewing individual caseloads, defining the role of case managers ("intervenants pivot") and launching several pilot projects.

Promotion of users' rights

WMRC provided training to its educators, human relations officers and caregivers on the adapted Code of Ethics for users, to support them in teaching users about their rights and responsibilities. Also in support of users' rights, WMRC adopted a new policy on the consent to care that ensures the participation of users in the development of their own intervention plans.

A remarkable project

Finally, the WMRC community can be proud of having come together in the last two years to fund a much-needed respite home that will benefit the centre's users with complex needs and their families. Last year saw the ground-breaking ceremony and construction of the magnificent home, which awaited only finishing touches by year's end. Thanks to some \$1 million in corporate, community and employee donations, this unique resource will be much appreciated by families and users for years to come.

With regard to risk management

Risk management is continuously improving and is a constant priority for the Department of Professional Services (DPS). It is an excellent tool with respect to ensuring that services are provided to clients in the safest possible manner.

Declaration of incidents and accidents

A total of 2,421 incidents and accidents were declared in 2010-2011. The events were classified as follows: 726 incidents and 1,695 accidents, as reported by means of the local risk management system (GESRISK).

Management followed up on all declared incidents and accidents. In certain situations, specific interventions were carried out with the managers involved with a view to improving the safety culture within different departments and reducing the recurrence of incidents and accidents which, under certain circumstances, could result in "sentinel" events.² For other situations, recommendations were made to further the analysis of incidents that occurred.

Integrated risk management

In order to better circulate information and accelerate the process for implementing action plans in the wake of incidents and accidents, and in order to ensure that all those involved play a role in reducing risks and improving quality, the Integrated Risk Management Committee now comprises representatives from each of WMRC's four departments. With this new structure, we now benefit from integrated risk management (please refer to the committee's report on page 24).

Control measures contracts

During fiscal 2010-2011, the coordination of activities related to control measures was centralized within the DPS to improve the processing of requests and provide a response compliant with legislative and departmental requirements.

Nine contracts for control measures expired and 10 new requests were sent to the DPS last year. On March 31, 2011, contracts involving control measures for 25 users was in effect.

Sylvie Dugas, Coordinator, Risk Management, Clinical Information and Services
Sabine Monosiet, Planning Officer (Risk Management)

² Sentinel events are those that had, or could have had catastrophic consequences, or events that occurred at a high frequency without, however, having serious consequences.

User and program statistics

The 2010-2011 statistics presented in the following tables should not be compared with those of 2009-2010 because the data extraction method used was not the same.

Table 1: User distribution by age and gender

Age	Male		Female		Total	
	March 31, 2010	March 31, 2011	March 31, 2010	March 31, 2011	March 31, 2010	March 31, 2011
Ages 4 and -	90	79	45	38	135	117
Ages 5 to 17	367	335	138	163	505	498
Ages 18 to 21	69	74	45	37	114	111
Ages 22 to 44	327	323	215	204	542	527
Ages 45 to 64	187	193	149	150	336	343
Ages 65 and +	24	26	16	20	40	46
Total	1,064	1,030	608	612	1,672	1,642

According to the new method of data extraction, the number of users registered as at March 31, 2011, does not include users having been evaluated under WMRC's Access, Assessment and Orientation procedure, whereas the number of users registered as at March 31, 2010, did include that category of users.

Contrary to 2009-2010, in order to be counted among the number of users registered as at March 31, 2011, users must have had a clinical staff assigned to them and that staff must have provided them with direct services³ at some point during the year.

³ HPS hours entered in the SIPAD user data information system

User and program statistics

Table 2 : User distribution by living environment

Living environment	Number of people	
	March 31, 2010	March 31, 2011
Natural living environments (living with parents or autonomously)	1,072	1,043
Receiving residential integration services	580	582
Other	20	17
Total	1,672	1,642

As in 2009-2010, services sold to other establishments are included in Table 2.

Table 3 : Community and work integration program-services

Program-services	Number of people	
	March 31, 2010	March 31, 2011
In a community integration context	262	254
In a work integration context		
workshop	45	49
internship support	469	452
work integration	33	38
Total	809	798

As in 2009-2010, services sold to other establishments are included in Table 3.

Unlike last year, in order to be counted among the number of users registered as at March 31, 2011, users must have had a clinical staff assigned to them and that staff must have provided them with direct services at some point during the year.

User and program statistics

Table 4: Number of people waiting for services

Program-services	Number of people					
	March 31, 2010			March 31, 2011		
	ID ⁴	ASD ⁵	TOTAL	ID	ASD	Total
Residential integration	133	73	187	141	97	238
Community and work integration	19	6	25	50	19	69
Individual and family habilitation and rehabilitation ⁶	157	326	483	236	418	654
Total number of users without any services	148	185	333	136	202	338

The data provided in the first three rows of Table 4 represent the number of users waiting for one or several program-services, whereas the last row of data represents the number of users not having received any services at all.

⁴ ID – Intellectual Disability

⁵ ASD – Autism Spectrum Disorder

⁶ HPS hours entered into the SIPAD user data system

Orientations for 2011-2012

WMRC is committed to implementing the orientations established in its 2010-2015 Strategic Plan.

Priorities:

- With the help of our partners in the WMRC community and the health and social services network, create and implement a business plan for the sale of specialized services to interested parties;
- With an interested partner, launch a new research project to evaluate the effectiveness of Early Intensive Behavioural Intervention therapy (EIBI) for children aged 0-5 with an autism spectrum disorder;
- Reduce administrative costs by 3.5 percent;
- Define and test components of user satisfaction with WMRC services, guided by data from the recent User and Family Satisfaction Survey and a comprehensive literature review;
- Create a single management system for access to services and an integrated service offer for Montreal's West Island;
- Found a respite advisory group of parents from the Department of Child and Family Services;
- Institute three yearly meetings of all WMRC managers to consult with and inform the executive director;
- Review the residential inspection process to enhance safety and security;
- Implement a refresher (*mise à jour*) course for WMRC caregivers.

Boards and committees

Board of Directors - Members

David Allen
Louise Beaudry
Bill Jay
Evelyn Lusthaus
Ian Moodie
Patricia Morris
Raymond Palmer
Stephanie Torchin
Frank Vincelli
Gary Waxman
Kelly Wilson

Board of Directors - Executive Committee

Gary Whittaker, Chairman
Blair Tisshaw, Vice-Chairman
Jacques Nolin, Secretary
Ron Creary, Interim Executive Director

Finance and Audit Committee

Jacques Nolin, Chairman
Ron Creary
Ian Moodie
Patricia Morris
Gary Whittaker

Ethics and Conduct Committee

Gary Waxman
Brian Griffis
Stephanie Torchin

Multidisciplinary Council

Members

Stephanie Torchin, Chair
Monique Bureau, Vice-Chair
Sébastien Tremblay, Treasurer
Maria Dolores-Casagran (interim)
Rhoda Root
Frank Vincelli
Kelly Wilson
Ron Creary, Interim Executive Director



2010-2011 Report

The annual assembly of the Multidisciplinary Council (MDC) took place on June 2, 2010. Over 100 people were present, 86 of whom were MDC members. Following the assembly, Dr. Katherine Moxness, director, Professional Services, and Dennis Farley, advisor, Quality Control, gave a presentation about recent changes to Law 21 and their implications for our members.

Last year, the MDC executive helped to develop a conference hosted by the *Fédération Québécoise des Centres de Réadaptation en Déficience Intellectuelle et en Troubles Envahissants du Développement* (FQCRDITED), in collaboration with the multidisciplinary councils of 22 other CRDIs from across Quebec. An exploration of our professional identity, the conference took place in October 2010 and offered valuable insights and networking opportunities.

The MDC continued its representation on the WMRC Board of Directors and provided feedback on the establishment's new strategic and organizational plans. It also contributed participating members to the following committees:

1. The SIPAD sub-committee to review clinical processes and challenges
2. The Risk Management Committee
3. The Committee for Improvement of Non-Institutional Resources
4. The Human Resources Development Plan Committee
5. The Board of Directors' Sub-Committee on Governance.

The MDC helped to develop training for its 266 members last year, disseminated professionally relevant information and, in collaboration with WMRC Knowledge Transfer and Research Services, began the process of creating a code of ethics for WMRC educators. The executive also met to discuss the staff evaluation document introduced by Human Resources Services last year and will submit its findings at a later date. Finally, it made the minutes of MDC meetings available to all WMRC staff through a common network directory.

Multidisciplinary Council, cont.

Two executive members took on the responsibility of adapting the MDC's bylaws following a two-day conference hosted by the *Association des conseils multidisciplinaires du Québec*.

MDC executive members Sébastien Tremblay and Kelly Wilson, fulfilling two educators' positions, were re-elected last year, leaving one educator position vacant. MDC members may nominate and elect a replacement at the next annual general meeting scheduled for September 2011.

Stephanie Torchin
Chair

Vigilance and Quality Committee

Members

Bill Jay, President

Evelyn Lusthaus

Blair Tisshaw

Ron Creary, Interim executive director

Dominique Normand, Local Complaints and Service Quality commissioner

In 2010-2011, the Vigilance and Quality Committee (VQC) continued to fulfil its mandate to review reports and issues related to service quality improvement and users' individual and collective rights.

2010-2011 Report

The VQC reviewed the local Complaints and Service Quality commissioner's reports at each meeting, noting that a significant number of those were related to complaints about delays in receiving services from WMRC. In each of these cases, complainants were informed of the lack of adequate financial resources in the establishment to meet these new requests.

Internal investigation reports were also regularly reviewed. More detail and punctual reporting have been requested in these summary reports in order to assist the VQC in analyzing systemic issues and developing remedial recommendations for the Board of Directors.

The Committee also reviewed the status of up-to-date Individual Plans for each user, required under Law 90 within certain timeframes, and discussed difficulties in meeting these deadlines with Senior Management. Technical problems with the new SIPAD clinical reporting process are causing significant delays.

New Emergency and Safety policies, procedures and plans were reviewed. These have been placed in strategic WMRC locations.

A new Integrated Quality Model has been developed by the Department of Professional Services with a view to improving coordination and making quality control more efficient.

The VQC reviewed the report from the surprise visit of the Ministry of Health and Social Services to 36 WMRC resources and was pleased with the overall outcome. Only one of the resources was of concern and necessary measures have been taken. There were five other instances where minor concerns were identified, and these are being reviewed by Department of Adult and Family Services.

Vigilance and Quality Committee, cont.

Priorities for 2011-2012

A major shift in the Committee's approach to its work will be to refine the considerable documentation that comes before it, with the aim of developing systemic analysis and recommendations for quality improvement.

The VQC has already identified the need to access information and concerns beyond those which are already mandated from internal sources. This could be augmented by greater access to users, their representatives and partner organizations such as parent groups, union representatives and foundations.

A suggestion that the VQC be accorded independent staffing to further its work will be considered in conjunction with the committees of other establishments in the health and social services network.

In closing, there is an urgent need to inform all parties of the importance and role of the Vigilance and Quality Committee in the life of WMRC, and to encourage improved dialogue for the common good, especially that of WMRC's users.

Bill Jay, President

Users' Committee

Members

Joseph Malko, President
Stephane Bertrand, Co-president
Stratis Ioannou, Vice-president
Stephen Goulet, Co-vice-president
Maria Berrafato, Secretary
Lydia Waddell, Co-secretary
Joseph Malko, Treasurer
Tina Lemieux, Co-treasurer



2010-2011 Report

The Users' Committee underwent a transition period last year with a new executive elected for the next three years.

In the fall of 2010, that executive set about fulfilling its mandate to:

- Inform users of their individual rights
- Promote ways to improve users' quality of life
- Assist users in addressing individual concerns.

Part of accomplishing that mandate included sponsoring and supporting the production of the second User and Family Satisfaction Survey. Overall results indicated that users, families and legal representatives were generally satisfied with services provided by WMRC. The lowest level of satisfaction was in two areas:

- The length of time one has to wait to receive services
- The amount of staff turnover.

The findings resulted in six recommendations to improve services to users and their families, which are detailed in the report (available at www.crom-wmrc.ca).

User rights

- A Users' Committee representative attended the annual meeting of Quebec's association of users' committees and contributed to various working committees.
- The executive met with representatives from Best Buddies to review how to develop a Quebec chapter of the international volunteer organization.
- The Committee supported sending a representative to attend a conference on radio production by persons with disabilities and how to share radio-related resources nationwide.

Users' Committee, cont.

Partnerships

- The Committee provided input towards the development of WMRC's Strategic Plan and assisted Accreditation Canada surveyors in their evaluation of WMRC.
- Two members participated in a special project to remind WMRC staff of the importance of hand washing.
- The Committee provided logistical and financial support to the Committee for the Parents of Adult Users in its mandate to provide parents with a forum for receiving and exchanging information.
- It continued to represent the needs and interests of users through active representation on the WMRC Board of Directors and WMRC Risk Management Committee.
- Members participated in and supported a number of community activities and the Special Olympics.

I would like to thank the members of our executive committee for their support and commitment, with a special thank you to Stephane Bertrand, our co-president.

Joseph Malko, President

Integrated Risk Management Committee

Members

Katherine Moxness, Chair

Monique Bureau, Vice-chair

Sylvie Dugas, Secretary and Risk manager

Sabine Monosiet, Planning officer (risk management)

Alcida Boissonnault, Non-Institutional Resources (NIR) representative - adults

Emmanuella Michel, NIR representative - children

Louise Epstein, Representative, WMRC Health Services

Stephane Bertrand, Users' Committee representative

Cedalia Barbara, Interim director, Administrative Services

Martine Beaurivage, Director, Child and Family Services

Rhoda Root, Director, Adult and Family Services

2010-2011 Report

During 2010-2011, the Committee held seven meetings. The main themes and key activities carried out were as follows:

- Implementation of a new monitoring system for incidents and accidents having significant consequences, and high-risk situations
- Implementation of a new "Bubble Pack" system for the safe administration of medication
- Involvement of the Research Department in a more in-depth analysis of incident and accident reports (aggression, falls and medication errors)
- All types of infection declared using the GESRISK system were monitored by the Health Department of the Professional Services Division. Prevention strategies were reiterated, including universal precautions such as hand washing, disinfection of surfaces, etc. No nosocomial infections were reported in 2010-2011.
- Review of policies and procedures relating to risk management
- A screening checklist was compiled for fall prevention
- Users and families were involved in promoting a culture of safety:
 - Infection prevention and control by means of a "hand hygiene inspection" activity
 - Development and release of an adapted integrated risk management report as well as training sessions offered to users and their families
 - Role and involvement of users and their families with respect to safety, discussed by the relevant committees

Integrated Risk Management Committee, cont.

- Reorganization of sub-committees for detecting medication errors, falls and aggressive behaviour.

Each sub-committee continued its activities with new members: one representative for each department, in addition to educators, human relations officers and caregivers, attended meetings to provide information and ensure the circulation of concrete recommendations applicable in the field.

Katherine Moxness, Chair

Local Complaints and Service Quality commissioner

Seven complaint files were handled in 2010-2011. One complaint was rejected because it was not relevant to the complaint review procedure under the terms of the Act respecting Health Services and Social Services (LSSSS).

One of the seven settled complaints took longer than the 45 days stipulated by law. No complaint files were still active at the end of the fiscal year and none were referred to the ombudsman.

Reasons for complaints are classified as presented in the table below entitled "Classification of reasons for complaints by category."

Classification of reasons for complaints, by category

Category	2010-2011 Number of reasons for complaints		2009-2010 Number of reasons for complaints	
	(N)	(%)	(N)	(%)
Accessibility	4	40	-	-
Care and services provided	4	40	5	72
Interpersonal relationships	1	10	1	14
Organization of the premises and material resources	1	10	-	-
Financial aspects	-	-	1	14
Personal rights	-	-	-	-
Other	-	-	-	-
TOTAL¹	10	100	7	100
Number of complaints handled	7	-	5	-

¹ The number of reasons may be higher than the number of complaints because there may be more than one reason for a complaint.

As indicated in the table, two main sources of dissatisfaction led to complaints being filed. The categories in question are Accessibility of services and Care and services provided.

The "Accessibility" category refers to the period of time elapsed between the service request and the moment that service is provided.

Local Complaints and Service Quality commissioner

The "Care and services provided" category refers to the application of knowledge, experience and standards of practice generally recognized in professional and scientific milieus. This category also relates to situations where the organization and provision of services affect quality.

The process for analyzing complaints resulted in the formulation of 14 recommendations: five relating to specific situations resulting in complaints (individual scope) and nine of an organizational nature. These recommendations primarily pertain to the review of clinical and administration procedures, the improvement of communications and the reduction of wait times.

By law, the local Complaints and Service Quality commissioner (LCSQC) is empowered to intervene outside the official framework for handling complaints when the commissioner has reason to believe that the rights of a user or of a group of users have been violated. Last year, the LCSQC intervened in three such situations. A fourth request for intervention was not granted because a summary review did not conclude that the rights of the user in question were violated.

The reasons for commissioner intervention are classified as is presented in the table entitled "Classification of reasons for intervening."

Classification of reasons for intervening 2010-2011

Category	Number of reasons for intervening	
	(N)	(%)
Accessibility	-	-
Care and services provided	1	25
Interpersonal relationships	1	25
Organization of the premises and material resources	1	25
Financial aspects	1	25
Personal rights	-	-
Other	-	-
TOTAL ¹	4	100
Number of interventions	3	-

¹ The number of reasons may be higher than the number of complaints because there may be more than one reason for a complaint.

Local Complaints and Service Quality commissioner

The handling of the complaint files resulted in the formulation of four recommendations relating to the application of policies and procedures, and to the improvement of living conditions.

A total of seven requests for assistance were addressed to the LCSQC. These requests mainly related to obtaining information on services offered and how to access them.

All activities carried out by the LCSQC were presented to the WMRC Vigilance and Quality Committee at its regular meetings. Similarly, the commissioner's conclusions and (when applicable) recommendations were then tabled to both the Committee and the WMRC Board of Directors.

A promotional image for the LCSQC, different from that of WMRC, was developed last year. Using WMRC colours, a new logo for the commissioner's office aims to express the concepts of communication, support and neutrality. A brochure on the WMRC Complaints Procedure, professionally produced and printed, was then sent to all WMRC users and their representatives.

Dominique Normand, Local Complaints and Service Quality Commissioner



Financial statements

OPERATING FUNDS - REVENUES AND EXPENSES

Fiscal year ended March 31, 2011

	2011	2010
MAIN ACTIVITIES		
Revenues		
<i>Agence</i> and MSSS	36 931 441	36 447 792
Users	3 887 850	3 725 155
Recovered expenses	4 709 665	3 825 999
Donations	11 114	8 234
Other	57 492	10 354
Total	45 597 562	44 017 534
Expenses		
Salaries	16 206 426	17 076 869
Benefits	4 033 215	3 916 137
Employee contributions	2 102 605	1 992 017
Other expenses	23 123 919	21 112 312
Total	45 466 165	44 097 335
SURPLUS (DEFICIT)	131 397	(79 801)
ACCESSORY ACTIVITIES		
Revenues		
Research		111 611
McGill Project		40 000
Total		151 611
Expenses		
Research		111 611
McGill Project		40 000
Extraordinary expenses		9 412
Total		161 023
ACCESSORY ACTIVITIES DEFICIT		(9 412)
SUB-TOTAL SURPLUS (DEFICIT)	131 397	(89 213)
Revenues – Contribution from bank equity and other funds	50 000	17 847
Expenses – Contribution to the real estate fund	(132 247)	
TOTAL SURPLUS (DEFICIT)	49 150	(71 366)

Financial statements

OPERATING FUNDS BY SECTOR

Fiscal year ended March 31, 2011

	2011	2010
MAIN ACTIVITIES		
Residential program		
Intermediate resources, family-type and others	20 871 159	20 752 036
Sector Total	20 871 159	20 752 036
Community and work integration services		
Day program	1 642 778	1 859 199
Workshop	95 335	73 079
Work station support	183 620	210 191
Work station integration	82 059	134 361
Sector Total	2 003 792	2 276 830
Habilitation and rehabilitation services	15 634 743	13 363 839
Support services		
Program management and clinical support	2 213 673	2 398 640
IT services	385 639	327 000
Reception, archives, telecommunications	32 212	67 898
Sector Total	2 631 524	2 793 538
Administrative services		
General management	2 980 286	3 406 149
Technical services management	4 689	36 162
Sector Total	2 984 975	3 442 311
Facility Operations		
Housekeeping	430 589	487 428
Facility expenses	721 611	693 478
Security	31 392	47 113
Maintenance	121 625	219 041
Sector Total	1 305 217	1 447 060
TOTAL OF GROSS EXPENSES BY SECTOR	45 431 410	44 075 614

Financial statements

BALANCE SHEET - COMBINED FUNDS AS AT MARCH 31, 2011

	OPERATING	REAL ESTATE	TRUST	SPECIAL	TOTAL
ASSETS					
Short-term					
Cash in bank	1 790 123	70 790	24 373		1 885 286
Debtors <i>Agence</i> and MSSS	110 765				110 765
Other debtors	2 435 428	9 902			2 445 330
Prepaid expenses	179 933				179 933
Receivables intra-funds	194 741			19 184	231 925
Total short-term assets	4 710 990	80 692	24 373	19 184	4 835 239
Subsidy receivable Accounting reform	2 083 706	576 112			2 659 818
Fixed assets		2 734 916			2 734 916
Deferred expenses		7 364			7 364
Other assets	78 904				78 904
TOTAL ASSETS	6 873 600	3 399 084	24 373	19 184	10 316 241
LIABILITIES					
Short-term					
Temporary loans		3143			3143
Creditors <i>Agence</i> and MSSS					
Other creditors	6 540 470				6 540 470
Creditors public establishments			241		241
Payables intra-funds		213 925			213 925
Deferred revenue	241 580				241 580
Decentralized allocated budget		30 660			30 660
Interest payable		94 001			94 001
Funds in-trust at the establishment			24 132		24 132
Total short-term liabilities	6 782 050	341 729	24 373		7 148 152
Long-term					
Deferred revenue		54 142		19 184	73 326
Long-term debt		2 959 370			2 959 370
Total long-term disabilities		3 013 512		19 184	3 032 696
Other liabilities	1 662				1 662
Total liabilities	6 783 712	3 355 241	24 373	19 184	10 182 510
Net assets	89 888	43 843			133 731
TOTAL LIABILITIES AND NET ASSETS	6 873 600	3 399 084	24 373	19 184	10 316 241

Financial statements

BALANCE SHEET - COMBINED FUNDS as at March 31, 2010

	OPERATING	REAL ESTATE	TRUST	SPECIAL	TOTAL
ASSETS					
Short-term					
Cash in bank	2 782 134	70 624	107 938		2 960 696
Debtors <i>Agence</i> and MSSS		86 855			86 855
Other debtors	2 827 692	9 087			2 836 779
Prepaid expenses	94 050				94 050
Receivables intra-funds		3 915		15 910	19 825
Total short-term assets	5 703 876	170 481	107 938	15 910	5 998 205
Subsidy receivable Accounting reform	2 078 445	495 826			2 574 271
Fixed assets		2 623 419			2 623 419
Other assets	149 377				149 377
TOTAL ASSETS	7 931 698	3 289 726	107 938	15 910	11 345 272
LIABILITIES					
Short-term					
Temporary loans		950 896			950 896
Creditors <i>Agence</i> and MSSS	888 862				888 862
Other creditors	6 965 883		6 560		6 972 443
Creditors public establishments			100 000		100 000
Payables intra-funds	19 825				19 825
Deferred revenue	16 390				16 390
Decentralized allocated budget		229 217			229 217
Interest payable		86 855			86 855
Funds in-trust at WMRC			1 378		1 378
Total short-term liabilities	7 890 960	1 266 968	107 938		9 265 866
Long-term					
Deferred revenue		64 624		15 910	80 534
Long-term debt		1 914 291			1 914 291
Total long-term disabilities		1 978 915		15 910	1 994 825
Other liabilities					
Total liabilities	7 890 960	3 245 883	107 938	15 910	11 260 691
Net assets	40 738	43 843			84 581
TOTAL LIABILITIES AND NET ASSETS	7 931 698	3 289 726	107 938	15 910	11 345 272

Independent Auditor's Report on the Summary Financial Statements

To the Members of the Board of Directors of
West Montreal Readaptation Centre

The accompanying summary financial statements, which comprise the balance sheets of the Operating, Real Estate, Trust and Special Purpose Funds as at March 31, 2011 and the statements of earnings of the Operating Fund (main and ancillary activities) for the year then ended, are derived from the audited financial statements of West Montreal Readaptation Centre for the year ended March 31, 2011. We expressed a qualified opinion on those financial statements in our report dated June 8, 2011 (see below). Those financial statements, and the summary financial statements, do not reflect the effects of events that occurred subsequent to the date of our report on those financial statements.

The summary financial statements do not contain all the disclosures required by Canadian public sector accounting standards. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of West Montreal Readaptation Centre.

Management's responsibility for the summary financial statements

Management is responsible for the preparation of a summary of the audited financial statements on the basis described in Appendix 2 of circular 2011-030 (03.01.61.19) published by the *Ministère de la Santé et des Services sociaux du Québec* (MSSS).

Auditor's responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements".

Opinion

In our opinion, the summary financial statements derived from the audited financial statements of West Montreal Readaptation Centre for the year ended March 31, 2011 are a fair summary of those financial statements, on the basis described in Appendix 2 of circular 2011-030 (03.01.61.19) published by the MSSS. However, the summary financial statements are misstated to the equivalent extent as the audited financial statements of West Montreal Readaptation Centre for the year ended March 31, 2011.

The misstatement of the audited financial statements is described in our qualified opinion in our report dated June 8, 2011. Our qualified opinion is based on the fact that liabilities related to the obligations regarding employees on parental leave and receiving disability insurance and the severance pay payable to eligible administrators at the end of their engagement are not recognized on the Operating Fund balance sheet, which constitutes a departure from Canadian public sector accounting standards. The impact for the 2011 and 2010 years could not be determined because the information was not available from the Establishment.

Independent Auditor's Report on the Summary Financial Statements

Our qualified opinion is also based on the fact that buildings leased by the *Corporation d'hébergement du Québec* are recognized as operating leases instead of capital leases, in accordance with Accounting Guideline PSG-2 of the *Canadian Institute of Chartered Accountants' Handbook*, "Leased Tangible Capital Assets". The impact of non-recognition in the Capital Asset Fund on the assets, liabilities, fund balance and earnings for the 2011 and 2010 years could not be reasonably determined.

Our qualified opinion states that, except for the effects of the described matter, those audited financial statements present fairly, in all material respects, the financial position of West Montreal Readaptation Centre as at March 31, 2011 and the results of its activities, the changes in its net debt and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Raymond Chabot Grant Thornton LLP¹

Montreal
July 14, 2011

⁷ Chartered accountant auditor permit no. 18614

The Code of Ethics and Conduct applicable to members of the Board

Adopted on May 20, 2003

SECTION 1 – GENERAL

Article 1: General Objective and Scope of Application

1.1 Content

This Code is not intended to replace the laws and regulations in force, nor to establish an exhaustive list of behaviour standards expected from directors. It is intended, rather, as a compilation of their general duties and obligations. In particular, it:

- concerns preventive measures, and in particular, the rules relating to the declaration of interests;
- concerns the identification of conflict of interest situations;
- concerns the duties and obligations of directors after the completion of their mandates;
- provides mechanisms for the application of the Code.

1.2 Scope

All directors of the establishment must respect the ethics principles and the rules of conduct contained in the laws and regulations and by this Code. In the case of disagreement, the more stringent principles and rules shall apply. Directors must, in case of doubt, act in the spirit of these principles and rules.

Directors are bound by the same obligations when, at the request of the establishment, they perform administrative functions or become members of another organization or business.

Article 2: Definitions

2.1 Director means a member of the Board of Directors of the establishment, whether elected or appointed;

2.2 Conflict of interest means in particular, but without limiting the legal scope of the term, any situation where the direct or indirect interest of a director is such that it is likely to compromise the objective performance of his work. His judgment may be influenced and his independence affected by the existence of such interest;

2.3 Enterprise means any form of organization of the production of goods, services or any other commercial, industrial or financial business, including all groups whether incorporated or not, that seek to promote certain values, interests or opinions, or to influence the authorities of the establishment;

The Code of Ethics and Conduct applicable to members of the Board

2.4 Closely related person means the legal or common-law spouse, child, father, mother, brother or sister of a director, or the spouse or child of any such person, or the business associate of the director.

SECTION 2: DUTIES AND OBLIGATIONS OF DIRECTORS

Article 3: Directors' duties

Together with the other directors of the establishment, in the interest of the population served and of the establishment, directors shall:

3.1 Priorities and Policies

Determine the priorities and policies of the establishment and ensure respect for them, particularly regarding the needs of the population, given its mission, the clientele it serves and the services it offers.

3.2 Quality

Ensure the pertinence, quality and effectiveness of the services provided.

3.3 Rights of the User

Ensure that the rights of the user are respected and that any complaints are treated diligently.

3.4 Efficiency

Ensure the effective and efficient use of human, material and financial resources.

3.5 Human Resources

Promote the participation, the motivation, and the affirmation and preservation of skills of its employees, and the professional development of human resources.

Article 4: Obligation of Care, Prudence, Diligence and Competence

In order to act with care, prudence, diligence, and competence, directors shall:

4.1 Availability and Active Participation

Invest the time necessary to perform their functions and play an active role in the decision-making process of the Board of Directors.

4.2 Care and Competence

Maintain an interest in and monitor the evolution of the establishment; they shall seek information before making decisions.

The Code of Ethics and Conduct applicable to members of the Board

4.3 Neutrality

Express an opinion on resolutions by using their right to vote as objectively as possible. In this regard, they may not make commitments to a third party nor make any guarantee to such party regarding any future votes or decisions.

4.4 Discretion

In general, use discretion in regard to information acquired in the performance of their functions. Furthermore, they shall use prudence and restraint regarding confidential information whose disclosure or use could harm the interests of the establishment, violate the privacy of people or give an undue advantage to a person or a corporation.

4.5 Confidentiality

Maintain the confidentiality of facts or information which, under the Law or by a decision of the Board of Directors, must be kept confidential.

4.6 Public Relations

4.6.1 Respect the rules of politeness and courtesy in all interactions with the public and avoid all forms of discrimination or harassment prohibited by law.

4.6.2 Refer citizens who ask for information to the appropriate department of the establishment.

4.6.3 Adopt an attitude of reserve and restraint in the public expression of their opinions.

Article 5: Obligation of Honesty and Loyalty

Directors shall act with honesty and loyalty, and to this end they shall adhere to the following:

5.1 Interest of the Population

Act in good faith, in the best interest of the establishment and the population served, without favouring or taking the specific interests of other groups, people or entities into account.

5.2 Abuse of Power

Reject and militate against all forms of abuse of power such as conflicts of interest, infringement of rules, administrative inefficiency, wastefulness, disclosure of confidential information, granting of favours, concealment of mistakes or deception of the public.

The Code of Ethics and Conduct applicable to members of the Board

5.3 Conflicts of interest or role

Avoid conflicts of interest or conflicts of role.

5.4 Property of the Establishment

Use the goods, resources and services of the establishment in the ways recognized by and applicable to all, and refrain from confounding the property of the establishment with their own property.

5.5 Advantages or Benefits

5.5.1 Refrain from drawing undue advantages from their position as director on their own behalf or on behalf of others.

5.5.2 Refrain from accepting or soliciting advantages or benefits, whether directly or indirectly, from a person or a business that does business with the establishment or one that acts on behalf of or for the benefit of such person or a business, if such advantage or benefit is intended or likely to influence the director in the exercise of his functions or create an expectation that such influence could occur.

5.5.3 In particular, gifts, amounts of money, loans at preferential interest rates, forgiveness of debt, job offers, special favours and anything else having appreciable monetary value which compromises or appears to compromise a director's ability to make fair and objective decisions, are considered prohibited advantages.

5.6 Treatment

Refrain from receiving any remuneration or other pecuniary advantage, with the exception of refunds for expenses incurred in the performance of their functions, under the conditions and in the amounts determined by government regulation.

5.7 Openness

Reveal to the other members of the Board of Directors any information or facts which could have a significant impact on the decisions to be made.

5.8 Abusive Interventions

Refrain from intervening in the hiring of employees, with the exception of the Executive Director.

Refrain from manoeuvring to favour friends or closely related persons.

Refrain from acting as an intermediary, with or without compensation, between a profit-making or non-profit organization and the establishment.

The Code of Ethics and Conduct applicable to members of the Board

5.9 Executive Director

In addition to his obligations as a director, the Executive Director shall respect all obligations and requirements imposed upon him by the law, especially the prohibitions on conflicts of interest, the obligation to devote oneself exclusively to the task (excluding the exceptions contemplated in the law), and the obligation not to receive any other remuneration except that which is provided by law, and more specifically, not to receive any salary or benefit from a foundation.

Article 6: Obligations after Completion of Mandate

After the completion of mandate, directors remain bound by their obligations of prudence, discretion, honesty and loyalty, and in particular, they shall adhere to the following:

6.1 Advantage

Behave in a manner so as not to draw undue advantage, on their behalf or on the behalf of others, from their former position as a director.

6.2 Intervention

Avoid, in the year following the end of their mandate, acting, either on their own behalf or on behalf of others, in respect of a process, a negotiation or another operation in which the establishment is involved and regarding which they have information not available to the public.

6.3 Employment

Refrain from applying for a position with the establishment in the year following the end of their mandate, if they are not already in the employ of the establishment.

6.4 Confidentiality

Refrain, at all times, from using confidential information acquired in the exercise of their functions as a director.

6.5 Reputation

Refrain from tarnishing, by immoderate comments or otherwise, the reputation of the establishment or that of any of its employees.

The Code of Ethics and Conduct applicable to members of the Board

Article 7: Undertakings

7.1 Declaration of Interests

In the sixty (60) days following adoption of this Code by the Board of Directors, each director, with the exception of the Executive Director, shall produce a duly completed and signed declaration of interests, a copy of which appears in Appendix II of this By-law. The Executive Director shall produce his declaration of interests as prescribed by law. A copy of such document appears in Appendix I of this by-law.

7.2 Personal Undertaking

In the sixty (60) days following adoption of this Code by the board, each director shall produce the undertaking appearing in Appendix III of this By-law.

Each new director shall do likewise in the sixty (60) days following his election or appointment.

7.3 Undertaking of Members of the Ethics Committee

Members responsible for the enforcement of the Code of Ethics shall, in the sixty (60) days following their appointment, produce the undertaking appearing in Appendix IV of this by-law.

SECTION 3: EXCLUSIVE SERVICES OF THE EXECUTIVE DIRECTOR

Article 8: Act Respecting Health and Social Services

8.1 Exclusivity and exceptions

The Board of Directors ensures the application of section 199 (Appendix I) of the Act respecting Health and Social Services which states that the Executive Director and the Senior Management must devote themselves exclusively to the work of the establishment and to the duties of office.

The Executive Director may, however, hold another position, office or function, or provide another service in certain circumstances and under the following conditions:

1. Without authorization, if no remuneration or direct or indirect benefit is paid or granted to him;

The Code of Ethics and Conduct applicable to members of the Board

2. With the authorization of the Board of Directors, if he holds, outside the health and social services sector, another position, office, function or services for which remuneration or benefit of any kind is paid or granted to him. He may also hold a function within an association, grouping a majority of the establishments carrying out activities inherent in the mission of establishments with the same mission, or within an association of directors of health and social services recognized by order in council, for labour relations purposes, or within an institutional certification body;
3. With the authorization of the Regional Board and the Board of Directors if he holds, within the health and social services sector, another position, office, function or service for which remuneration or direct or indirect benefit of any kind is paid or granted to him.

Article 9: Statement of the Executive Director

The Executive Director and Senior Management must file with the Board of Directors a written statement declaring any pecuniary interest in corporations, partnerships or enterprises that may enter into contract with the establishment. The statement must be updated within 60 days of the acquisition of such an interest by the Executive Director and, each year, within 60 days of the anniversary of his appointment.

The Executive Director and Senior Management must, in addition, file with the Board of Directors, a written statement declaring his pecuniary interest in a corporation, partnership, or enterprise which has entered into a professional services contract with the establishment, and this to be done within thirty (3) days of the signing of the contract, (art. 198, LSSSS)

Article 10: Modalities

1. When the Board of Directors gives an authorization to the Executive Director or to a member of the Senior Management team, it must be specific and subject to the condition that the new function does not interfere with the complete fulfilment of his duties as Executive Director or senior manager.
2. Notwithstanding the above mentioned, if the Board of Directors determines that this other position, office, function or service interferes with the complete fulfilment of his duties as Executive Director or senior manager, it asks the person concerned to correct the situation within a fixed time frame, in default of which, the authorization should return to the Board of Directors for review.

The Code of Ethics and Conduct applicable to members of the Board

3. If the Executive Director or senior manager contravenes the rules of section 199 of the Act, the Board of Directors applies the sanction provided by the Act; that is to say, a suspension without pay that varies from three (3) to six (6) months or a forfeiture of office, depending upon the gravity of the infraction.

In such a case as referred to in 3 (above), the Board of Directors, within the following ten (10) days, must inform the *régie régionale* and the Minister of Health and Social Services, indicating the nature of the case and the measures it has taken.

SECTION 4: APPLICATION OF THE CODE

Article 11: Request for Examination and Investigation

11.1 Filing a Request for Examination

Any allegation of misconduct or infraction of the laws and regulations of this Code of Ethics against a director must be submitted in writing to the president of the Ethics Committee, or, where the latter is the subject of the allegation, to any member of this Committee. The person to whom this allegation is transmitted shall submit it to the Ethics Committee, which shall then meet within thirty (30) days of receipt of the complaint.

11.2 Cursory Examination

Where an allegation is submitted pursuant to the foregoing section, the president may dismiss it, upon examination, if he deems it to be frivolous, vexatious or in bad faith.

If the complaint is substantiated, the Ethics Committee shall, prior to any examination, address itself in writing to the director concerned.

11.3 Holding of Investigation

The Committee determines the resources necessary to hold any investigation within its jurisdiction. The investigation shall be conducted in a confidential manner and shall protect the anonymity of the person from whom the allegation originates as well as the person against whom the allegation is directed. The discretion of the Ethics Committee is essential.

The Code of Ethics and Conduct applicable to members of the Board

11.4 Information from the Director in Question

As soon as a complaint has been made, the Committee shall inform the director concerned, to the exclusion of anyone else, of the alleged infraction. Within a reasonable time period, the director has the right to be heard, call witnesses of his choice, have a lawyer present and produce any document that he deems pertinent at a hearing duly convened to this effect.

11.5 Reporting to the Board

At such time as the Ethics Committee concludes, after a hearing held in due form, that the director has violated the Code of Ethics, it must deliver a written report to the Board of Directors containing a summary of the investigation. The report shall also be submitted in writing to the director concerned by the report.

Article 12: Sanctions

12.1 Decision

The Board of Directors shall meet in camera to determine the sanction to be imposed upon the director concerned. Either upon his own request or upon the request of the Board of Directors, the director against whom the allegation has been made shall be informed in writing of the time and date of said meeting.

The director concerned may not participate in the deliberations nor have a voice in the decision, but may be heard before the decision is made by the Board of Directors at a meeting duly convened by the Board of Directors for this purpose.

12.2 Sanctions

Depending on the nature and the gravity of the infraction or the misconduct, the possible sanctions are an informal disciplinary action, a reprimand, a suspension or an action for forfeiture of office. The aforementioned must remain confidential until the director concerned is notified in writing of the imposed sanction.

Article 13: Publicity

13.1 Consultation of the Code

This Code is available for consultation by all interested persons. It shall be published in the annual report of the establishment.

Cases addressed in 2010-2011

No case related to the Code of Ethics and Conduct applicable to members of the Board was addressed in 2010-2011.

Recognition of employee milestones

West Montreal Readaptation Centre counts some extremely longstanding employees among its personnel, many of whom celebrated service milestones last year.

The Board of Directors and Senior Management would like to express their most sincere gratitude on behalf of WMRC users and their families, for these employees' enormous contribution towards the advancement of persons with an intellectual disability or autism spectrum disorder.

35 years of service

Paula Celani Capraro
Louise Ciancibello
Marnie Emmett
Melanie Lapointe
Thyrone Searles
Ralph Stocek
Amril Young

30 years of service

Lise Patenaude
Ngoc-Dung Pham-Vo
Maureen Rawlins
Christine Thoms
Nancy Weisnagel
Line Zakrzewski

Retired in 2010-2011

Serge Aubuchon
Pierre Bombardier
Helen Dunn
Candace Flood
John Jaikaransingh
Marcia Johnson
Sarah-Ann Johnston
Joan Kelly
Desiree King
Paula Kruk
Jules Lefebvre
Rick-Gail Lerner
Rosalind Peltola
Isaura Phelps
Linda Taylor

25 years of service

Shirley Barnes
Lucia Battista
René Bouchard
Alain Loslier
Catherine Nitka
Gerard Steen
Donna Stewart

20 years of service

Janice Bicher Jarvis
Christine Garner
Janice Goddard
Janet Lynn Grafton
Antonio Kaludieko N'Silu
Merle McFarlane Searles
Jean Pelletier
Donald Prashker
Corinne Taylor
Johanne Vézina

15 years of service

Deanna Clark
Stéphane Dagenais
Patrizia Iaconessi

Legal deposit

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Annual Report W 2010-2011

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CENTRE
DE RÉADAPTATION
DE L'OUEST DE MONTRÉAL
WEST MONTREAL
READAPTATION
CENTRE