health – a shared passion
Our Positioning Statement

HEALTH
The term health is definitely intended to be inclusive. This term encompasses mental health, life and healthy lifestyle, regardless of age, physical condition or needs. It means maintaining or recovering health or attaining a better quality of life for those whose health is fragile. For our users, the concept of health refers to a movement towards a healthy lifestyle. For the members of our organization, it evokes a willingness to provide better help.

PASSION
The term passion connects the statement to human emotions and relationships. Passion helps us to move mountains and to surpass ourselves. Passion comes straight from the heart.

SHARING
Passion is also a feeling that we wish to share, to communicate and to transmit. Our passion is not an end in itself, but rather an ongoing process, much like sharing. Everyone attempts to surpass himself on a daily basis and to share even more. The adjective “shared” illustrates our common objective and responsibility. For users and the population, it is an invitation to take responsible action for their own health based upon their ability to do so. Within our organization, it is a call for sharing the responsibility to offer the best care and services possible. Among our partners, sharing is an invitation for ongoing participation in providing care and services, especially as regards access and continuity in the local health network.

CONCLUSION
Everyone is asked to contribute and gather around our common, shared passion for health.

Our Cover

Our cover, designed by Tatou communication visuelle, is original. It is unique, just like the HSSC-UIGS which, through its mission and full university status, is the only health and social services centre of its kind in Quebec. Our cover illustrates our commitment to health, sharing and passion, as outlined in the positioning statement. The vegetation represents people whom we must passionately care for, as would a gardener. The plants are different from one another and all have their own characteristics and needs. They each have a specific role to play. Each one is therefore important.

The drawings of persons represent everyone, including staff members at the HSSC-UIGS, our partners, Sherbrooke and Estrie residents, because our invitation to participate involves sharing. This notion of health teams is symbolized by the white square that connects all of the gardeners and plants.

The blue, green and brown colours are those of the natural elements and are a reminder of life.

Strategic Planning Exercise:
Health and Social Services Centre – University Institute of Geriatrics of Sherbrooke, with consulting services provided by Ms. Monique Chaput and Mr. Yves D’Amboise, Consultation Formancom inc.
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As part of the reform of the health and social services system initiated by the government in 2004, the Sherbrooke Geriatric University Institute (IUGS) and the Centre local de services communautaires (CLSC) de Sherbrooke were integrated to form the Health and Social Services Centre - University Institute of Geriatrics of Sherbrooke (HSSC-UIGS) in February 2005. Both institutions had experienced integrations, mergers and amalgamations over the previous years. Those experiences required many, occasionally difficult adaptations, but they also resulted in valuable learning experiences.

Combining the local community service centre (CLSC) and the IUGS into a single HSSC that is well adapted to the needs of its environment; into an organization whose services are ever more accessible, more continuous and of greater quality; into a reference in the field of aging and integrated care for the elderly, all within the service network, is a significant challenge. Moreover, it has solicited persons who are busy responding to urgent needs on a daily basis such as providing care and clinical services as well as addressing research, training, financial, material, technical support and other matters. These persons nonetheless decided to undertake the challenge by initiating a strategic planning exercise in March 2005. The results of this participatory process are included herein.

Everybody participated outstandingly in this exercise, finding, on occasion, seemingly miraculously, the time and energy required. Everybody actively participated in the consultations to create the situational report; in the forum to define the mission, vision and values statement of our new organization; in setting the priorities by sector of activity; and in creating the development matrix that outlines our axes, priorities, goals and means to attain them. At every stage of the strategic planning exercise, co-operation, collective interests and a forward-looking vision prevailed. May each and every one of you be sincerely thanked for your contribution!

A common and distinct feature arose throughout the process and meetings – passion! Present throughout our organization, passion is the common denominator that unites groups and individuals. Passion makes aspirations and projects possible. Passion is transmitted from the past to the present to the future. Passion is expressed in various forms. On a daily basis, it is the “passion for those whom we serve”, the “passion for quality”, and the “passion for skills”. This passion is helping us create, restore and promote health.

May this strategic plan not only translate our passion, but result in millions of useful words, gestures and appropriate services, innovative ideas and moments in which living means health and well-being. May it guide us and inspire us in our future together!

Diane Gingras, Chairperson of the Board of Directors

Denis Lalumière, Executive Director
In 2005–2006, the HSSC-UIGS is...

- 2,331 employees in 13 pavilions and points of service;
- approximately 90 doctors, physicians and specialists;
- a $110-million annual budget;
- four residential pavilions with 747 beds in long-term care;
- an affiliated university centre that is pursuing objectives in education, research and in the dissemination of expertise;
- the most important research centre on aging in Canada with 36 researchers;
- an educational centre for the 46 residents and externs from the Family Medicine Unit of the Université de Sherbrooke and for some 785 students and interns from other programs;
- The HSSC-UIGS is also… (see page 14)
The Act Respecting Health and Social Services defines a health and social services centre (HSSC) as “a multivocational institution operating a local community health centre, a residential and long-term care centre and, where applicable, a general and specialized hospital centre." In Sherbrooke, the HSSC is defined by the integration of the local community health centre (CLSC), which has the designation of affiliated university centre (AUC) with a widely recognized university centre, and the Sherbrooke Geriatric University Institute, which includes a specialized hospital centre in geriatrics and an important residential and long-term care centre (CHSLD). However, the HSSC in Sherbrooke does not include the Centre hospitalier de Sherbrooke because the latter is designated as a university hospital centre. The CHUS therefore assumes a portion of the mandate that is normally attributed to the HSSC, which is also a specialized hospital centre in geriatrics. To reflect this singular reality, the institution has been officially named “Health and Social Services Centre – University Institute of Geriatrics of Sherbrooke” (HSSC-UIGS).

The government’s main objective when creating the 95 HSSCs can be summarized in a few words: to improve access, continuity and quality of services. The HSSC-UIGS has been entrusted with specific mandates, whose scope is at once local, regional and supraregional.

In Sherbrooke, the responsibilities of the Health and Social Services Centre – University Institute of Geriatrics of Sherbrooke are to:
- Co-ordinate the implementation of the local service network,
- Define the clinical project with all of its partners,
- Mobilize its partners,
- Offer health and social services,
- Guarantee access, continuity and networking of services through mechanisms and agreements.

Because of its importance, its location and the quality of its resources, the HSSC-UIGS also ensures many services to the population of the Estrie region such as: Info-Santé, Urgence-Détresse, midwife services, some specialized services in respiratory therapy, and 20 beds in residential and long-term care. In addition, it provides specialized services in geriatrics in the form of consultations and advisory services in hospitals and outpatient clinics. Its 40-bed short-term geriatric care unit provides a specialized environment for assessment and treatment. Geriatric psychiatry services are also offered to elderly persons in the region and consultations are also available for professionals at the CHUS and the region’s HSSC. The intensive functional rehabilitation unit has 24 beds and provides services in this domain. The day hospital offers diagnosis and therapeutic services with an emphasis on physical and psychosocial rehabilitation to elderly users in loss of autonomy.

At the supraregional level, the HSSC-UIGS ensures, as a university authority and a member of the Réseau universitaire intégré de santé (RUIS) de Sherbrooke, a corridor for training, services and consultations in geriatrics, especially for the faculty poles in the Montérégie and Centre-du-Québec. Furthermore, through its Research Centre on Aging and research teams, the HSSC-UIGS disseminates the results that it obtains and the clinical tools that it produces within and beyond Québec's borders. It maintains functional relations with many institutions, organizations and research centres, notably through the Observatoire des réseaux locaux de services. Finally, along with the faculty of medicine and health sciences of the Centre hospitalier universitaire de Sherbrooke, the HSSC-UIGS is one of the founders of the Sherbrooke Health Expertise Centre. Its mission is to support innovation and expertise in health; to reinforce the dissemination, application and transfer of knowledge; and to optimize the promotion of products of innovation.
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>1875</td>
<td>Foundation of the Hospice du Sacré-Cœur de Sherbrooke</td>
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<td>1888</td>
<td>Foundation of the Centre hospitalier de Sherbrooke (Sherbrooke Hospital)</td>
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<tr>
<td>1966</td>
<td>Opening of Foyer St-Joseph</td>
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<td>1968</td>
<td>Creation of the Hôpital D’Youville de Sherbrooke</td>
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<tr>
<td>1968</td>
<td>Opening of the Foyer de Bromptonville</td>
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<td>1969</td>
<td>Opening of the Résidence de l’Estrie</td>
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<td>1972</td>
<td>Creation of the first CLSC in Sherbrooke, the CLSC SOC (Sud-Ouest-Centre)</td>
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<td>1975</td>
<td>Implementation at the CLSC SOC of an integrated services project for the elderly, which includes home support services</td>
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<td>1978</td>
<td>Residents of Sherbrooke-East, Fleurimont, Stoke and Ascot Corner form a citizens’ group for the creation of a CLSC in that territory</td>
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<tr>
<td>1982</td>
<td>The CLSC SOC’s territory is extended to Rock Forest, Saint-Élie-d’Orford and Deauville</td>
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<td>1983</td>
<td>First accreditation by the Canadian Council on Health Services Accreditation of Hôpital D’Youville</td>
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<td>1985</td>
<td>Creation of the CLSC Gaston-Lessard and opening of a point of service in the Sherbrooke East neighbourhood and in Lennoxville</td>
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<td>1987</td>
<td>Inauguration of a new point of service of the CLSC SOC in Rock Forest</td>
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<td>1992</td>
<td>Creation of the CHSLD Estriade following the merger of Foyer St-Joseph, Foyer de Bromptonville and Résidence de l’Estrie</td>
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<td>1993</td>
<td>The Ministry of Health and Social Services accepts a project sponsored by the CLSC SOC for a birthing home</td>
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<td>1994</td>
<td>The Collège des médecins du Québec gives accreditation to the CLSC Gaston-Lessard as a family medicine unit; arrival of the first in-patients and out-patients</td>
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<td>1995</td>
<td>Implementation of Info-Santé and the psychosocial crisis intervention service, available 24/7</td>
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<tr>
<td>1996</td>
<td>Creation of the Sherbrooke Geriatric University Institute following the integration of Hôpital D’Youville and the Centre hospitalier de Sherbrooke</td>
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<tr>
<td>1997</td>
<td>Official designation of the Research Centre on Aging and creation of the Expertise Centre of the Sherbrooke Geriatric University Institute</td>
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<td>1999</td>
<td>Merger of CLSC SOC and CLSC Gaston-Lessard, giving rise to the CLSC de la Région-Sherbrookoise</td>
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<td>2002</td>
<td>The CLSC de la Région-Sherbrookoise is renamed CLSC de Sherbrooke</td>
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<td>2004</td>
<td>The CHSLD Estriade, which includes the Résidence de l’estrie and Foyer St-Joseph, is integrated with the IUGS</td>
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<tr>
<td>1999</td>
<td>First meeting of the joint administrative committee on September 7</td>
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<tr>
<td>2005</td>
<td>The Health and Social Services Centre - University Institute of Geriatrics of Sherbrooke is officially created on February 5</td>
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In order to fulfill the mandates with which it has been entrusted, the HSSC-UIGS has been divided into five main sectors.

**Our Clinical Activities Sector**
Clinical activities are at the heart of the institution. Every day, they ensure our main mission, which is to provide services to users and in-patients at the CHSLD. Four clinical departments and one service assume these responsibilities:
- Services and Programs for the Elderly or Persons in Loss of Autonomy (DSPPAPA);
- General Services and Adult Programs (18-65 years old) (DSGPSA);
- Childhood, Youth, Family (DSPEJF);
- Professional Services and Medical Partnership (DSPPM);
- Midwife Service (SSF).

**Our Support Sector for Clinical Activities**
In order to carry out their mandates, the members of the clinical departments always need help and support. The support sector provides them with assistance and the necessary resources. Four departments cover these activities:
- Human and Information Resources Department (DRHI);
- Material and Financial Resources Department (DRMF);
- Nursing Department (DSI);
- Multidisciplinary Services Department (DSMu).

**Our Clinical Project and Quality Sector of Activity**
The HSSCs are responsible for the clinical project within their territories and for the functioning of the local service network. With their partners, they assume a “populational approach.” In addition, the recommendations arising from the accreditation process, issues pertaining to management agreements, and government and population expectations that institutions be accountable for their performance have led us to undertake various activities to support the continuous improvement effort for quality and accountability. Two departments are responsible for these activities:
- Clinical Project, Public Health and Community Development (DPCSPDC);
- Quality Assurance and Assessment (DÉAQ).

**Our Sectors of University Activities**
Our institution is the only HSSC that was fully designated as a university institute on the date of its creation. This favours the synergy, but also raises specific challenges. Our institute's two designations - geriatric university institute and affiliated university centre - operate within two separate dynamics and require that different designation criteria be respected. Four departments cover the university activities:
- Department of the Research Centre on Aging (DCDRV);
- Research Department of the Affiliated University Centre (DRCAU);
- Department of Education in Partnership with the Faculty of Medicine and Health Sciences (DEFMSS);
- Department of Coordination and Academic Affairs (DCAA).

**Our Sectors of Activity Pertaining to General Management**
General management is responsible for orienting and coordinating all activities in line with the mission and objectives that have been established. Moreover, recent changes to the health and social services network have led to departments being entrusted with the responsibility of promoting, at every level, the development of work in “service networks”. In the case of HSSCs, this is even more significant, given their specific mandates: populational approach, implementation of a local services network, clinical partnership agreements, and so on. To all of these realities shared by all HSSCs throughout Québec must be added the outside issues related specifically to the university mandates of the HSSC-UIGS. Two authorities are responsible for undertaking these challenges:
- the Department of Coordination and Academic Affairs (DCAA);
- the General Management Office (BDG).
Our Environment

Our institution, the Health and Social Services Centre – University Institute of Geriatrics of Sherbrooke is called upon to grow in a specific environment whose cultural, economical, and social characteristics cannot be ignored. The external environment of the HSSC-UIGS is shaped by the characteristics of Quebec society at the dawn of the 21st century, the health and social services system, specific elements of the Sherbrooke area’s population and institutions, and by the requirements of our university status.

The Shortage of Human Resources
Quebec suffers employee shortages in many professions or trades related to health and social services. Nursing and general and specialized medical care are two clear examples of this phenomenon that will become more glaring over the upcoming years.

The HSSC-UIGS and its Partners
Our partners belong to different and complementary backgrounds. Together they form an environment in which they can share their concerns and responsibilities for the population. The following lines provide a brief illustration.

Our municipal partners actively participate in many initiatives to improve the health and well-being of citizens and local communities. They even exercise unquestionable leadership in many projects, including those undertaken as part of Sherbrooke, Ville en santé.

Our school partners cooperate with our institution in many projects to protect and improve the health and well-being of children, adolescents and their families. These partners are also aware of the significant role that school plays in community life.

Community resources and social economy enterprises provide wide-ranging means without which many needs in health and well-being could not be adequately met.

The HSSC-UIGS and the Health and Social Services Network

The Health Services and Social Services Reform
The reform essentially aims for accessibility, continuity and quality services. The preferred tool to attain these objectives consists of having the HSSCs and their partners develop and implement a clinical project in each local territory.

The ongoing transformations are founded on two principles. First, the population-based approach presupposes accountability and calls upon a transition from a logic of producing services to one of responsibility for the health and well-being of the population. The second principle calls upon the hierarchical ranking of services. It implies that the response to health and social services needs arise first from frontline services, with the second and third lines exercising a support function.

The reform of health and social services therefore introduces a completely new dynamic within and among institutions. In addition, the reform renews the managerial function and incorporates within it clinical concerns, the dissemination of information, enhanced leadership capabilities and the synergy. Because of its requirements to function in a network, it promotes the introduction of factors to advance cooperation.

The Financing of Health Services and Social Services
As regards inter-regional disparities, Estrie is one of four regions in Quebec presenting a significant shortfall as regards government health expenditures, $37 million in all. In addition to this budgetary imbalance, our action will materialize over the upcoming years in the context of the renewal of the debate over the financing of the health and social services system. The fiscal imbalance, the proposal to implement user fees or a health care fund, and so on, will maintain the debate and exercise increasing pressure on the efficiency and effectiveness of the system. This will likely translate into higher expectations of organizational performance.
Socio-economic actors play an essential role in improving the population’s living conditions. In addition, the socio-economic milieu organizes and participates in many concerted events and efforts to develop expertise. These actors widely demonstrate support for health care institutions such as ours by supporting the development and continuous improvement of services.

The university platform of medicine and health sciences provides strength and vitality to the organizations that it brings together. Over the past few years, these organizations have undertaken similar strategic planning processes in partnership with each other. They have also chosen to provide themselves with concrete mechanisms for communication and coordination. Together, they have created the Sherbrooke Health Expertise Centre, whose mandate is to support the development and dissemination of practical health knowledge.

Health and social services institutions and the Agence de la santé et des services sociaux de l’Estrie have a solid and the development and dissemination of concrete mechanisms for communication and coordination. Together, they have created the Sherbrooke Health Expertise Centre, whose mandate is to support the development and dissemination of practical health knowledge.

The physicians in the territory share with us the responsibility for access to frontline health services. Together, they are in many regards the gateway to the health and social services system. Through us, family physicians in the territory can get the support that they need for their practices. For example, this can include nursing, psychosocial or rehabilitation services, results of diagnoses, specialized medicine consultations or links with other community resources.

The HSSC-UIGS and its Local Territory

Our institution is responsible for health services and social services for the population of the city of Sherbrooke. In 2004, this population numbered 145,476 city and 295,371 Estrie residents. Highlights regarding the population of Sherbrooke are as follows:

- The city of Sherbrooke is one of two territories in Estrie in which the average income per resident is above $25,000, although it is still below the Québec average of $27,125;
- The percentage of the population living below the low income cutoff is 23.4%, which is equivalent to that of Québec, but the highest in the Estrie territory;
- Sherbrooke has the highest percentage of children living with a single parent (22%) compared to 20.7% in Estrie and 20.5% in the province;
- The number of persons per household in Sherbrooke dropped from 2.4 to 2.1 between 1996 and 2001;
- The city of Sherbrooke had 16,340 persons aged 65 and older in 2001, representing approximately 12% of the population. In 2002, the elder-to-youth ratio was 75/100 whereas it was 90/100 in Estrie. By 2021, it is expected that this ratio will reach 150/100 for the city of Sherbrooke and 162/100 in Estrie;
- The great majority of the population in the territory is francophone, while 5% of the population expresses itself in English;
- Sherbrooke is recognized as a city that welcomes international immigration. The number of immigrants increased from 475 in 1961 to 6,300 in 2001;
- The city of Sherbrooke has two universi-
ties and three colleges within its territory. It stands out among other university towns with its 10.32 university students per 100 residents while Québec City has, 5.90. Trois-Rivières 5.60, Montreal 4.17 and Gatineau 1.30.

The HSSC-UIGS and its University Mandates

Belonging to the RUIS

The RUIS de Sherbrooke is present at the clinical services level in three affiliated regions: Estrie, a part of the Montérégie and the Centre-du-Québec. More than one million people live in this territory. The RUIS is a frontline partner for updating the supraregional mission of our institution in specialized health and social services for the elderly experiencing loss of autonomy.

Changes in the Training of Future Professionals

The new professional challenges associated with transformations in the health and social services sector constantly require better training. In Québec, Bill 90 redefined and broadened the fields of professional expertise while enjoining professional orders and training programs to ensure the acquisition, maintenance and continuous development of both broad cross-curricular and specific skills required of members of various professions.

Transformations in the World of Research

Many profound changes have occurred in the world of university research over the past decade. Organizations sponsored by both levels of government have undergone transformations. New performance and research result assessment requirements have been developed and new criteria must be met to obtain funding for research. Organizations increasingly support groups of researchers working in multidisciplinary, transdisciplinary or in partnership situations.
Our Strengths and our Advantages

Through its mission, our institution plays a pivotal role in Sherbrooke. Its position is consolidated by a number of individual strengths, including:

- A clear government mandate entrusting it with a strategic role in organizing health and social services of the Sherbrooke territory;
- Deep roots in the milieu, significant partnerships and formal memoranda of understanding with many partners;
- A common and integrated vision of general services compounded with a global and interdisciplinary approach with a view towards empowering the clientele;
- A focus on adapting services to the different challenges faced by vulnerable patients;
- The commitment and attachment of employees and physicians towards the clientele as well as their skills, motivation and team focus;
- A team of committed managers demonstrating initiative, partnership and solidarity;
- The success of many regional service organizations such as Info-Santé and Urgence-Détresse;
- A close collaboration with the Agence de la santé et des services sociaux de l’Estrie (ASSSE) and its Regional Department of General Medicine (DRMG);
- Labour management relations marked by openness and co-operation;
- An enviable reputation and credibility with the media.

In order to guarantee its development, our institution has many significant advantages:

- The university dimension of its two components, the CLSC and the IUGS;
- The positive impact of having a research centre on aging and developing teams in frontline care and services;
- Excellent collaboration in research and education among university faculties and our departments;
- One of the greatest concentrations of expertise in geriatrics and geriatric psychiatry in Québec;
- Leadership that has helped improve the continuity of services provided to the elderly within an integrated network;
- Advanced practices in services to elderly persons suffering from loss of autonomy, home support and emerging advanced practices in social and community services for children, youth and adults;
- The quality of the care provided by professionals in health and social services as well as support services for clinical activities;
- The presence of education units such as the Family Medicine Unit (FMU), which bring together professionals with wide-ranging experience, externs and residents;
- The presence of two Family Medicine Groups (FMG) in the institution;
- The input of a team dedicated to the smooth integration of the service mandates, education and research in frontline care and services;
- The support of the Sherbrooke Health Expertise Centre, created in collaboration with the CHUS and the FMSS on the basis of the experience acquired by the Expertise Centre in Geriatrics of the UIGS.
The HSSC-UIGS is a new organization that faces many challenges. In the upcoming years, we will have to:

- Continue listening to our clientele, get it involved in and informed of changes and respond to its needs by monitoring its evolution;
- Succeed in integrating two separate institutions and utilize all of the advantages that will allow us to create a dynamic institution that is large, competitive and recognized;
- Meet all of the requirements of our local, regional and supraregional mandates;
- Identify, coordinate and involve our partners in the local services network;
- Develop network, population and partnership reflexes among all members of the organization;
- Grow simultaneously as an institution offering care and services from cradle to grave, as a research institution, and as a training centre;
- Consolidate and magnify our niches in research;
- Favour motivation, mobilization and feelings of worthiness and belonging among all members of our organization;
- Find innovative and adequate solutions to the challenges created by the new context in human resources such as labour shortages, new expectations, and so on;
- Give ourselves the appropriate structures to comply with the new requirements arising from the amendments to the Act Respecting Health and Social Services;
- Implement an organizational plan that respects and harmonizes the skills of every individual in order to optimize care and service delivery;
- Implement efficient, transparent and modern management methods;
- Be efficient in the trend towards sustainable development;
- Attain our ambitions and respond to expectations in a context of budgetary shortages.
Our Mission

The Health and Social Services Centre – University Institute of Geriatrics of Sherbrooke’s mission is to improve the health and well-being of the entire population for which it is responsible through the:

- Co-ordination of all services required for this purpose;
- General care and services;
- Specialized care and services for the elderly;
- Training, research and the sharing of knowledge.

Our Vision of the Future

The Health and Social Services Centre – University Institute of Geriatrics of Sherbrooke intends to distinguish itself through efficient leadership in serving its population and within the realities of health and well-being in Québec.

The Centre intends to gain recognition as:

- Leader in developing and implementing high quality health services and social services which meet the needs of individuals, families and communities;
- Model for the creation of continuum and for delivering care and services to the elderly which respond to their needs and those of their families, both at home and in residential centres;
- A key player in health promotion, in the prevention of diseases and social problems that foster the taking in charge of users, and the responsibilization of individuals and communities for their health and well-being;
- An entry to the health and social services network that is user-friendly, where every request is received and through which the right services at the right time are made accessible;
- A network builder and a respectful and mobilizing partner which works in complementarity and establishes stable, clear and efficient liaison mechanisms;
- A place of excellence in residential and long-term care services that offers an hospitable living environment in which volunteers and families can participate;
- A nationally recognized, interdisciplinary expertise centre in frontline health and social services, and a nationally and internationally recognized centre in the field of aging that offers its support to the health and social services network and specifically to RUIS institutions of which it is a member;
The Health and Social Services Centre – University Institute of Geriatrics of Sherbrooke agrees to put users and families at the centre of everyone of its actions and to base its decisions upon:

- Respect
- Excellence
- Partnership and Collaboration
- Solidarity and Commitment
- Autonomy and Accountability
- Innovation

What these Values Mean to Us

**Respect**
By having respect as our leading value, we are demonstrating our willingness to deal with every user to whom we are called upon to provide care and services with compassion and understanding, and to develop among ourselves interpersonal relations based upon attentiveness and consideration.

**Excellence**
By including excellence among our values, we are promoting our option for quality, work well-done, the development of our skills, and our desire to always do our best.

**Partnership and Collaboration**
These two words illustrate the fact that we consider our clients to be partners with whom we wish to collaborate. We assert the importance of working in teams both within the institution and with other organizations, to build synergies, to share our resources and to position ourselves in complimentarity with those of others.

**Solidarity and Commitment**
By favouring and associating these values, we wish to attest to the importance of fully committing ourselves to the communities of Sherbrooke, Estrie and Québec. We also wish to share the projects and the efforts of the persons living within these territories in order to build with them better, more humane and equitable environments. We also assert our determination to develop solidarity among ourselves and among the various services within the institution. Finally, we hereby state our commitment to be collectively responsible for the implementation of this strategic plan.

**Autonomy and Accountability**
By adopting these values, we are demonstrating our belief that every person is unique and must be supported and encouraged to act and to make decisions according to his own values, beliefs and perceptions. He should also manage his own life and health and assume responsibility for his actions, to the extent that his physical and mental capacities allow him to do so. This belief will not only have an impact on our relations with each of our clients, it will also lead us to demonstrate initiative and a sense of responsibility in the accomplishment, to the best extent possible, of the duties with which we have been entrusted.

**Innovation**
By including innovation in our list of values, we are committing ourselves to evolution, initiative, imagination and creativity in the quest for new knowledge and finding better ways of doing things.
In 2005–2006, the HSSC-UIGS is also...

- An Info-Santé call centre which receives 114,500 calls per year;
- An Urgence-Détresse regional service that carries out 3,888 interventions, including 3,622 by phone;
- 99% occupancy rate for our 747 beds in long-term care;
- 2,761 consultations in outpatient clinics and 1,800 in hospital centres by our geriatricians;
- 69,000 interventions among 2,800 persons in loss of autonomy living at home;
- 90 physicians, 10 of whom are specialists, 6 pharmacists and 2 dentists;
- 16,000 patients registered in our two internal Family Medicine Groups (FMGs);
- 27,000 interventions for 7,300 users of our current nursing services, 440 of whom receive home care;
- 1,560 women and their newborns referred to us through the postpartum liaison procedures;
- 6,660 interventions for 375 persons suffering from intellectual deficiencies or from pervasive developmental disorders;
- Seven midwives attending in more than 200 births every year;
- More than 1 million meals served;
- 175 nurses and 15 auxiliary nurses in frontline services, and 145 nurses and 165 auxiliary nurses in residential and long-term care services;
- A council of partners;
- The most important Family Medicine Unit of the faculty of medicine and health sciences of the Université de Sherbrooke;
- Training programs in family medicine, geriatrics and geriatric psychiatry as well as programs under development in physiotherapy and occupational therapy;
- Eight research programs - four at our Research Centre on Aging and four others in the context of our designation as an affiliated university centre;
- Documentary resources to support our clinical, administrative and academic activities;
- Etc.
We have taken into consideration the political, social, human, economic and other realities which have an influence on our daily work and which determine the framework of our projects.

We have become conscious of our unique strengths and assets as well as of our human, intellectual and material capital.

We have also assessed the scope of the challenges we will have to face and which we must successfully overcome over the next few years.

We have positioned ourselves at the heart of our mission and have taken the time to remind ourselves of our vision and values.

Basing ourselves upon this exercise, we have selected six major development axes that we have realized by prioritizing our objectives.

The result of this process is what we are now presenting. It is our common goal and our commitment.
AXIS I

Renewing our Care and Services from our Clients’ Perspective

First and foremost, our institution acknowledges and asserts its position in favour of its clientele. In the upcoming years, we intend to grow by reviewing our ways of doing things and renewing them when necessary. The scientific and experimental points of view remain useful to evaluate the care and services being offered and to determine which improvements should be made. However, we are also committed to surveying our users and to understanding their points of view in order to find new solutions that are more satisfying for them. Innovation, with all that it entails, is at the forefront in terms of collaboration, mobilization and accountability. Four orientations arise directly from this first development axis.

Orientation 1
OFFERING CARE AND SERVICES THAT ARE INCREASINGLY BETTER ADAPTED TO THE NEEDS OF USERS

The first orientation comes as a matter of course. It concerns the adjustment and appropriateness of care and services in relation to the real needs of users. Demographic, socio-economic and sanitary data are in evolution in Sherbrooke, as they are elsewhere in Québec. This evolution entails important modifications regarding the needs of the clientele in every sector of existing health and social services. Faced with this reality, our institution is determined to be proactive and to respond to the needs constantly adapting its care and services. Five objectives bring this orientation into realization.

Objectives
1.1 Fostering the participation and involvement of the population in defining the needs and determinants of the supply of care and services.
1.2 Developing strategies that favour the customization of care and services.
1.3 Adjusting and diversifying the provision of services to the elderly.
1.4 Reviewing our general services and our services to vulnerable patients by factoring in emerging needs.
1.5 Increasing our efforts to create living environments that are respectful of the needs of users in residential and long-term care.

Orientation 2
BECOMING A LEADER IN THE QUALITY OF CARE AND SERVICES OFFERED TO OUR CLIENTELES

The quality of care and services to our clientele has been continuously monitored by our organization. However, the strategic planning exercise has allowed us to determine that organization members are focused on excellence, a value that they have decided to favour. As such, we are committed to going one step further by making quality one of the main aspects through which we intend to distinguish ourselves in the health and social services network. To us, quality can be measured through the satisfaction of our clients and by applying our professional standards to the fullest extent. For us, quality constitutes a genuine passion, a way of being, a standard which we apply to our activities, and a means to build our professional relations on a day-to-day basis. Three priority objectives translate this determination.

Objectives
2.1 Guaranteeing a safe provision of care and services to our users.
2.2 Fostering a focus on quality in every sector of activity.
2.3 Promoting and supporting the development of exemplary professional practices.
Orientation 3
GUARANTEEING ACCESSIBLE AND CONTINUOUS CARE
AND SERVICES TO OUR CLIENTELES

The third orientation adopted by the Health and Social Services Centre – University Institute of Geriatrics of Sherbrooke concerns the access and continuity of care and services. From the clients’ perspective, these characteristics are sometimes cruelly lacking within Quebec’s health care system. The latter is complex. Furthermore, those who do not have a family physician often do not know how to gain access to the care and services required by their condition. It also happens that they find themselves without any assistance or care when they are no longer admissible or no longer require a category of services. Such a reality is unacceptable for us. At the heart of our mission, vision and values lie the requirement and commitment to guarantee access and continuity of health care and social services to every person in the territory. Motivated by this belief, we have nine specific objectives.

Objectives
3.1 Guaranteeing adequate knowledge about the services being offered in the territory to the population and to the intended clienteles.
3.2 Simplifying access to services.
3.3 Guaranteeing a seamless flow among the various services of our institution.
3.4 Guaranteeing that care and services are provided within specified and publicly known time limits.
3.5 Increasing accessibility to our specialized services in geriatrics and geriatric psychiatry.
3.6 Implementing a unit in specialized geriatrics within the CHUS.
3.7 Giving access to services by fostering home support among persons suffering from loss of autonomy.
3.8 Facilitating access to appropriate services for vulnerable patients.
3.9 Ensuring that the right information is made available to the right person at the right time while guaranteeing its safety and integrity.

Orientation 4
MAKING PREVENTION
AND PROMOTION A HALLMARK
OF OUR ACTION

Promoting health for the Health and Social Services Centre – University Institute of Geriatrics of Sherbrooke means being responsible for encouraging individuals of all ages and groups in Sherbrooke to take charge of their own health. Becoming responsible for one’s health obviously means preventing diseases, accidents and social problems. It is also, in the wake of signs of aging, disease or difficulties, developing one’s capacity to heal, compensating for losses and transforming them into victories, adopting new behaviours and adapting one’s activities. Disease prevention and health promotion must become a hallmark of our institution and the population living in the territory for which we are responsible. Four priority objectives have been identified to reach this goal.

Objectives
4.1 Acting with individuals, families and communities to develop a focus on prevention and management of one’s health.
4.2 Including public health activities in each component of the clinical project.
4.3 Developing the services required in public health.
4.4 Implementing preventative clinical practices as defined by the Plan d’action national en santé publique within each program.
AXIS II

Acting as a Leader and a Mobilizing Partner in the Development of Service Networks

In addition to the services that we must provide, our institution is also expected to be a leader in the continuous improvement and coordination of other frontline services offered to the population in our territory. In order to do so, we must agree with the CHUS as to which frontline services are to be provided, including emergency services and access to technical facilities. With our partners, we must also decide on the mechanisms for referral and for the follow-up of clients who require second-line services. In other words, we are asked to develop a local services network and to ensure that all of the partners who form this network are in agreement and share the responsibility for providing a continuum of well coordinated services to the population of Sherbrooke.

Our second development axis for the next five years is the role that we intend to play in building the services network in Sherbrooke and, more broadly, in developing such networks for all of Québec.

Orientation 5
IMPLEMENTING A LOCAL SERVICES NETWORK IN THE TERRITORY OF SHERBROOKE

The first orientation of this second development axis is obvious - the implementation of the appropriate services network, taking into consideration the composition and needs of the population in the territory of Sherbrooke. It is recognized that at this stage, constant attention must be focused on creating favourable conditions for co-operation among partners. Three factors that carry significant influence have been identified: building consensus in defining the problems to be resolved and the ideology of intervention, mutual and positive appreciation among the partners, and a common definition of the needs and coordination mechanisms. In light of these factors, six objectives have been identified.

Objectives

5.1 Along with our partners, giving our local services network a common vision, a clear framework and efficient operating mechanisms.
5.2 Enabling managers and caregivers of our institution to work in a network.
5.3 Guaranteeing the flow of information from our institution to the population and to our medical, institutional, community and socio-economic partners.
5.4 Developing a privileged partnership with the CHUS for the implementation of the local network.
5.5 Facilitating access for our partners to the services and resources that they need.
5.6 Continuously monitoring the performance of the local services network in Sherbrooke.

Orientation 6
FOCUSING OUR NETWORK ON SIGNIFICANT PROJECTS

The local services network is a complex system that needs catalysts for a new dynamic to emerge and in order to update the populational approach with which it is entrusted. In order to allow the network to become strong and dynamic, we intend to work hard to develop, with our partners, projects that are likely to have a significant impact on the health and well-being of the population. It will be possible to develop projects with high potential gains for individuals and the collectivity by choosing sectors in which there are the greatest needs and by supporting decisions with proven results based on research and the best recognized practices. Thus, the members of the local network will be able to increase their pride, their sense of belonging and their motivation. Six objectives have been set in order to realize this orientation.

Objectives

6.1 Developing with our network partners a shared knowledge and a common understanding of the needs of the population.
6.2 Coordinating the clinical project in our territory.
6.3 Implementing the service continuums for users with the partners of the local network.
6.4 Guaranteeing, in collaboration with the regional department of general medicine, access to a family physician to every person living in the territory whose health requires one.
6.5 Promoting and supporting local community development initiatives.
6.6 Assuming leadership for the development of a local public health action plan.
Every HSSC in Québec will ensure that a local services network (LSR) is implemented to improve the health and social services in the territory being served and to generally contribute to improving the health and well-being of the population. Each LSR will adopt a “local” flavour. Their implementation is part of a “collective experiment”. As an affiliated university centre, the Health and Social Services Centre – University Institute of Geriatrics of Sherbrooke is committed to developing and to disseminating the innovative practices that it will help implement in its local services network. In addition, we are committed to disseminating the innovative experiences of other LSRs in Québec as well as the results of relevant studies. The goal is to have all of the Québec health and social services network benefit from them. The HSSC-UIGS has seven objectives in line with this orientation.

**Objectives**

**7.1** Gaining recognition as an active and innovative affiliated university centre (AUC).

**7.2** Supporting and consolidating research in line with our affiliated university centre designation.

**7.3** Positioning ourselves as a reference among local services networks.

**7.4** Creating and promoting the *Observatoire des réseaux locaux de services.*

**7.5** Reinforcing advanced frontline practices, especially in family medicine.

**7.6** Implementing efficient strategies and means to prevent health and social problems.

**7.7** Increasing communication among users, decision-makers and researchers in frontline services.
Innovating with Foresight in Responding to the Challenges Associated with Aging

Among the 95 health and social services centre in Québec, the HSSC in Sherbrooke is the only one to include a geriatric university institute and to be distinguished with an expertise and innovative practices supported by an internationally recognized research centre on aging.

It is recognized that geriatrics and research on aging are important. It is also widely known that populations are aging at an increasing rate in Western societies and that life expectancy is also increasing. The period of poor health in the final years of life is also prolonged. In Québec, a huge effort is being made to adapt care and services to the needs of the elderly in loss of autonomy, namely through integration and diversification. Our society adheres to the principle that every person has the right to live in his chosen environment and to participate in community life. Remaining at home is privileged and many people are asking that aid provided by natural caregivers to elderly persons in loss of autonomy be adequately recognized and supported. The need to develop a range of residences adapted to the different categories of elderly persons, mainly those suffering from cognitive deficiencies, is also emerging.

Prolonging life creates enormous challenges, not only for our society, but also for others. In order to successfully overcome these challenges, our organization has come up with four orientations that will establish guidelines for its actions over the upcoming years.

Orientation 8
INTEGRATING THE RANGE OF CARE AND SERVICES FOR THE ELDERLY

As people get older, they become more vulnerable. It then becomes critical to guarantee that they are provided with care and services that are seamless, integrated and coherent. A continuum of services must be established among the hospital, home support and short-term services for their well-being. It is important that those working in frontline services be knowledgeable about the nature and efficient use of specialized services as well as about second-line and third-line services, and vice versa. It is therefore necessary to increase access to specialized care so that both the physical and moral suffering experienced by the elderly can be relieved. We have identified six objectives to take action in this sense.

Objectives

8.1 Organizing the clinical processes to guarantee the continuity of services to the elderly within the institution.

8.2 Supporting all of our local and regional partners in their efforts to guarantee high-quality care and services to the elderly.

8.3 Helping the CHUS in its attempt to adapt short-term hospital services to the needs of its aging clientele.

8.4 Exercising our responsibilities in geriatrics and geriatric psychiatry within the RUIS de Sherbrooke.

8.5 Implementing innovative projects to promote health and well-being among the elderly.

8.6 Evaluating the effectiveness and the efficiency of the continuum of services to the elderly.
Orientation 9
CONTINUALLY DEVELOPING OUR EXPERTISE TO RESPOND TO THE CHALLENGES RELATED TO AGING

Our activities among the elderly are broad: residential and long-term care services (CHSLD), short-term geriatric services (UCDG); day hospital, intensive functional rehabilitation, intermediate resources, family-type resources, day centre, outpatient clinic in geriatrics, and home support services. All these achievements depend on resource persons who, over the years, have developed a recognized expertise and have put it to good use with the elderly. Instruments have been created, innovative practices have been tested and validated, resulting in a better understanding of the effects of aging and allowing us to respond more effectively. Health and Social Services Centre – University Institute of Geriatrics of Sherbrooke employees are confronted with new implications of aging on a daily basis. They all take it to heart to continuously expand their skills and to broaden their expertise. Three objectives are required to act upon this orientation.

Objectives
9.1 Reinforcing innovative practices in care and services to the elderly.
9.2 Opening new areas of expertise centred on practices that allow people to age in good health.
9.3 Developing procedures to provide short-term care adapted to the specific needs of the elderly.

Orientation 10
GAINING RECOGNITION AS A LEADER IN RESEARCH ON AGING

We intend to remain a leader in research on aging because we are aware of our privileged position in the Quebec health network, of the well-being that we generate through our provision of services to an aging population and of our outstanding research teams. We even intend to reinforce this position. That is why we will implement all possible measures to significantly advance knowledge and practices. We will thereby contribute to a better understanding of age-related phenomena and to better interventions among the elderly. Three great objectives will bring this orientation into realization.

Objectives
10.1 Completing the development plan for the Research Centre on Aging.
10.2 Relying on the integration of services to the elderly to consolidate research on aging.
10.3 Fostering collaboration among institutions and among research teams dedicated to developing knowledge on aging.

Orientation 11
INCREASING OUR EFFORTS IN TRAINING AND IN THE DISSEMINATION OF KNOWLEDGE ON AGING

Every year hundreds of students participate in our institution’s activities through an internship with the elderly as part of their study program. We wish to actively contribute to excellence in the training of these future health care professionals. Specifically, we also wish to teach them values, an intervention philosophy and the unique approaches upon which care to the elderly is based. Our institution can rely on the Sherbrooke Health Expertise Centre (CESS), of which it is one of the three founding partners, to proceed with the evaluation and dissemination of ways of doing things, protocols and health-related technologies in our areas of expertise, including geriatrics and gerontology. With these assets, we have determined our eleventh orientation and three objectives to be attained.

Objectives
11.1 Furthering the dissemination of knowledge acquired in the field of aging.
11.2 Increasing our number of openings for training in geriatrics and gerontology.
11.3 Influencing decision-makers in matters concerning the aging of the population, maintaining or improving health, care and services for elderly persons.
AXIS IV

Leading the Way as a University Institute that Successfully Integrates all of its Mandates

Our HSSC is the only health and social services centre that has a double university designation: an affiliated university centre for the CLSC (social sector) and a specialized geriatric university institute for its hospital component (health sector). In addition to coordinating the services provided within our territory and to guaranteeing frontline services as well as specialized services in geriatrics, in geriatric psychiatry, functional rehabilitation and residential and long-term care, our organization fulfills its university mandates in training, research, the transfer of knowledge and technology and intervention procedure assessment. This characteristic is the focus of the fourth development axis. By planning for the upcoming years, we are clearly showing our determination to lead the way among university institutes by successfully integrating every aspect of our mission in a coherent and dynamic whole. To do so, we have developed three strategic orientations.

Orientation 12
CREATING CONDITIONS THAT ARE FAVOURABLE TO THE INTEGRATION OF OUR UNIVERSITY AND SERVICE MANDATES

Such an ambitious project requires the implementation of conditions that can guarantee its completion. The first orientation demonstrates our willingness to give ourselves the means to carry out our ambitions. Seven objectives have been defined to bring this orientation, which involves every staff member without exceptions, to realization.

Objectives

12.1 Rendering a decision on the meaning and dimension of the university’s role within our institution.
12.2 Stimulating and supporting the synergy “service - education - research - transfer of knowledge - technology assessment and intervention procedures in health care” (ETMIS).
12.3 Reinforcing the links between clinical research on aging and the needs of clinicians.
12.4 Fostering the appropriation of research results and systematically resorting to current scientific knowledge, to the opinion of experts, and to scientific methods in all of our activities.
12.5 Coupling widespread clinical activities with a continuous assessment process and equipping the poles of clinical expertise with an evaluative research project.
12.6 Implementing, in collaboration with the CHUS, technology and intervention procedure assessment activities.
12.7 Assessing the internal and external benefits of our university activities.

Orientation 13
FOSTERING A BROADER PARTICIPATION OF THE MEMBERS OF OUR ORGANIZATION IN FULFILLING THEIR EDUCATION AND RESEARCH MANDATES

The development of education and research within the Health and Social Services Centre – University Institute of Geriatrics of Sherbrooke depends on an institutional commitment. It involves, to varying degrees, the participation of all members within the organization. Many training programs - university, collegial and professional - rely on the possibility of their students being able to apply their theoretical knowledge in a professional environment such as a CLSC, a residential centre or in short-term geriatric services. Moreover, belonging to an institution with a university designation requires our employees to participate in research programs and to support their development. Cooperating in research activities is another aspect of the daily activities of persons working within our organization. We have four priority objectives and various means to foster further development in this area.

Objectives

13.1 Developing teaching skills.
13.2 Raising interest in and skills necessary for participating in research activities.
13.3 Redefining procedures for participating in education and research activities for all employees.
13.4 Getting the time required by doctors for university activities recognized as part of the medical staffing plan.
Orientation 14
FACILITATING THE INTEGRATION OF OUR RESEARCH ACTIVITIES

The development of new knowledge in geriatrics, in gerontology or in frontline services is carried out in close collaboration with our clinical and educational activities. Many faculties and disciplines are put to contribution. However, the opportunity created by the networking of the CLSC and the IUGS is an invitation to surpass ourselves. We intend to meet the significant challenge of successfully building a functional and stimulating interaction network among the researchers of our institution and with teams operating outside our organization in similar or related areas. Three priority objectives have been formulated to support this orientation.

Objectives
14.1 Defining the complementarity of research activities within our institution.
14.2 Enhancing collaboration among research groups within and outside our institution.
14.3 Simplifying the procedures surrounding research activities while taking into consideration our obligations.

Orientation 15
PLAYING A MAJOR ROLE AS A DYNAMIC EDUCATIONAL ENVIRONMENT

For many years, our institution has been recognized as an educational environment for many training programs for professionals. Family physicians, nurses, social workers, midwives, psychoeducators, psychologists, occupational therapists, nutritionists, speech therapists, and industrial relations and drug addiction specialists are trained there. Future technicians in nursing, physical rehabilitation and respiratory therapy come to our institution to apply their knowledge while students in family and social assistance, in secretarial-accounting, and medical secretary studies come here to gain experience in a work environment.

We are fully determined to play our role as a dynamic environment in which training and education make perfect sense, and which remains a source of inspiration for lifetime learning. This orientation suggests multiple undertakings and is a marked commitment for a clinical milieu. Seven objectives have been identified for favoring this orientation.

Objectives
15.1 Continuously revising our practices in education.
15.2 Innovating in the training of future human resources.
15.3 Enhancing our training opportunities, especially in areas where there are more urgent needs.
15.4 Increasing our physical capacity to welcome students within our institution.
15.5 Guaranteeing functional interfaces with learning institutions - professional, collegial and university.
15.6 Influencing the content of the training programs in health and social services offered by academic institutions.
AXIS V

Building a Meaningful and Stimulating Workplace Together

Our institution is composed of many work environments. Some are unique and autonomous while others are complementary, inter-related, even integrated. The quality of their work environment is critical for our 2,330 employees.

By factoring in this unavoidable reality, the members of the Health and Social Services Centre – University Institute of Geriatrics of Sherbrooke have chosen to build over the upcoming years an organization where it is both motivating and stimulating to work. In order to be successful, it is critical to get everyone’s involvement and cooperation. Building a satisfactory workplace cannot incumbe solely upon the directors, managers, department heads or supervisors. They are just as much responsible as all employees and professionals for this orientation to materialize. That is why all persons employed by our institution are asked to contribute, to participate in and to support the overall drive for the continuous improvement of quality in the workplace. Four strategic orientations and 14 priority objectives are required to meet this challenging goal.

Orientation 16
BUILDING ON OUR RESPECTIVE STRENGTHS TO FORM A SOLID ORGANIZATION

Stable and dynamic organizations have developed the capacity to identify differences and to focus their unique assets around a common goal. At the Health and Social Services Centre – University Institute of Geriatrics of Sherbrooke, we clearly do not wish to create a hierarchy of cultures (values, practices, philosophies). Instead, we wish to mature in a multicultural institution that can rely on its wealth of diversity. However, this does not mean that certain subjects will not be questioned or discussed. It does mean that this would be accomplished in a spirit of openness and by recognizing everyone’s contribution. Employees develop a sense of belonging when they know that they are respected and appreciated. This results in a desire to cooperate in the development of a common project. The same can be said for a specific group within the organization. This belief leads members of the HSSC-UIGS to openly enhance the strengths of the components that form our institution and to establish three priority objectives.

Objectives

16.1 Understanding and contributing to the different cultures and realities within the new organization.
16.2 Getting involved and favouring mobilization towards our common project.
16.3 Developing a feeling of pride and belonging within our organization.
Orientation 17
RECOGNIZING INDIVIDUAL AND GROUP CONTRIBUTIONS AND SUPPORTING IMPROVEMENT EFFORTS

The creation of meaningful workplaces stems from the recognition of the contributions of individuals and teams towards our common mission. Individual and group contributions, at every level, time or circumstance, generate innovations that improve the quality of care and services, and support activities, training and the use of knowledge. These results deserve to be acknowledged and promoted. Those who developed them must also be able to notice the appreciation of their colleagues and departments. Moreover, all efforts to do better must be encouraged and supported. Our organization is aligned in this direction in order to become a mosaic of motivating workplaces united in a learning and stimulating organization. Four objectives are proposed to carry out this orientation.

Objectives
17.1 Promoting the services offered by our institution and the accomplishments of our members.
17.2 Supporting the efforts of our members to continuously adapt and evolve in their professions.
17.3 Favouring the development of people and skills at every level within our organization.
17.4 Developing a culture of recognition and continuous improvement.

Orientation 18
CREATING CONDITIONS THAT ARE FAVORABLE TO AN EFFICIENT RESPONSE TO NEEDS

Every person working for our organization shares the common desire to respond to the needs of their clients, be they the population of the territory of Sherbrooke, users of the health and social services system, students, staff members and employees of the various sectors within our organization, other institutions, partners, and so on. That is why we collaborate to build a workplace that allows us to be efficient in providing and improving the quality of services. Our willingness to do so can be realized through three priority objectives.

Objectives
18.1 Developing a culture of cooperation.
18.2 Establishing close collaboration and respect within a client-approach perspective among all services.
18.3 Providing the necessary support to people in both their clinical and their research and education activities.

Orientation 19
COMMITTING OURSELVES TO HAVING A CONSTRUCTIVE INFLUENCE ON THE QUALITY OF LIFE IN THE WORKPLACE

Regardless of their roles, from managers to employees, everybody is concerned about quality of life in the workplace. Everyone must be able to rely on others to build and maintain a meaningful workplace while guaranteeing that every employee can make an active contribution. To build a quality workplace, it is critical to avoid disrespectful behaviour, non-constructive criticism, teasing and injurious comments. In fact, everyone should have a positive influence on interpersonal relations in their duties, in the organization of work, and so on. Keeping this in mind, employees at our organization are committed to building a respectful and positive workplace. Everyone is guaranteed to find meaning and to increase his motivation and satisfaction in the workplace. Four objectives demonstrate this choice.

Objectives
19.1 Getting involved in the improvement of the physical and psychological health of individuals in continuity with our commitment to health promotion and prevention.
19.2 Communicating our way of doing things clearly, openly and respectfully.
19.3 Contributing to forging bonds and solidarity among persons.
19.4 Ensuring that every individual feels responsible for implementing conditions that are favourable to quality of life in the workplace.
AXIS VI

Meeting the New Challenges Facing our Institution Through the Innovative and Effective Organization of Work

At the organizational level, our institution presents a stimulating challenge. Our members, and in particular our management and our board of directors, intend to meet this challenge with all the audacity required. We wish to address the issues presented by the government of Québec to all HSSCs in the network. We also want to respond to the challenges of the institution by taking into account our own realities, as well as those of our territory, without neglecting the main objectives of modern and efficient organizations, especially at the communications level and in the use of new technologies and human resources, with a view towards sustainable development. In these first years of our existence, our institution, counting on our strengths and taking advantage of the opportunities that it comes across, has chosen its sixth development axis with a determination to perform and innovate in work organization. Five orientations are favoured to bring this axis into realization.

Orientation 20
PROVIDING OUR INSTITUTION WITH AN ORGANIZATIONAL PLAN AND MANAGEMENT PROCEDURES THAT CONFORM WITH OUR MISSION, OUR VISION AND OUR VALUES

The first orientation aims to build common foundation for a means of functioning that is clearly established, efficient, and effective, and which respects and develops coherence within the organization. It is within this perspective that the overall organizational structure and the managerial policies of our institution will be created and experimented upon. They will bring into realization relations of authority and collaboration as well as operating and control mechanisms. They will also make it possible, on a daily basis, to accomplish the mission and to incarnate the vision and respect of the values specifically identified for our institution. Pursuing five priority actions will allow us to realize this orientation.

Objectives

20.1 Adopting a clear management philosophy that is shared by all members of the institution.
20.2 Defining and implementing a new organizational structure.
20.3 Taking into consideration the human aspects in managing organizational change.
20.4 Favouring autonomy and accountability in exercising responsibilities and in pursuing common objectives.
20.5 Harmonizing management policies and procedures.

Orientation 21
ADOPTING A PROACTIVE AND CONCERTED APPROACH IN THE RECRUITMENT, RETENTION AND MOBILIZATION OF HUMAN RESOURCES

Human resources are the greatest strength of any organization. They also constitute the area in which there are the most significant challenges. During periods of labour shortages in the health and social services sector, the capacity to recruit, retain and mobilize skilled and committed workers can make all the difference. This also applies to support staff. In order to carry out our mission, we are adopting a proactive approach in human resources and we are looking at the option of concertation as the best strategy to help us overcome problems in this area. We are committed to four objectives to attain our goals in human resources.

Objectives

21.1 Encouraging all actors concerned to lend greater importance to human resource management in their duties.
21.2 Implementing a dynamic and prospective action plan to guarantee that the institution has all the human resources that it requires.
21.3 Guaranteeing the availability of sufficient medical staff to carry out our institutional mandates.
21.4 Developing a renewed partnership in labour management.
Orientation 22
INTENSIFYING OUR EFFORTS AND DIVERSIFYING OUR STRATEGIES TO GUARANTEE AN OPTIMAL FLOW OF INFORMATION

Guaranteeing an optimal flow of information is one of the most effective operating elements in efficient organizations. A system that makes information available to the right people at the right time fosters a high sense of belonging and performance among members. The service that it guarantees is enhanced accordingly. This perspective encourages us to increase our efforts to diversify our information and communication strategies. To bring this decision into realization, we have four priority objectives.

Objectives
22.1 Reinforcing the role of managers in the flow of information.
22.2 Encouraging members of our organization to obtain and provide information.
22.3 Adapting communication tools to the new organizational context and making them available.
22.4 Providing the community, partners and decision-makers with adequate information about the role of the institution at the local, regional and national levels.

Orientation 23
MANAGING THE RESOURCES ENTRACTED TO OUR ORGANIZATION RIGOROUSLY AND IN A FORWARD-LOOKING MANNER

As a health and social services institution, our HSSC is entrusted with a number of assets, namely budgets, buildings and equipment. We are accountable to the government and the population for their management. We are committed to the rigorous and forward-looking management of our assets within our development axis concerning performance and innovation in the workplace. We are committed to managing public assets in an economic, honest and transparent manner while taking into consideration the consequences of our decisions and their future impact. Six objectives define this commitment

Objectives
23.1 Developing work organization strategies that favour the optimal use of resources.
23.2 Reviewing management procedures for material and financial resources by taking into consideration the reality of our new institution.
23.3 Guaranteeing the production at the appropriate time of relevant, useful and readily accessible management reports.
23.4 Evaluating and accounting for the performance of our institution.
23.5 Improving the physical installations in living and workplace environments.
23.6 Factoring in challenges in sustainable development in our decisions and actions.

Orientation 24
OPTIMIZING THE USE OF INFORMATION TECHNOLOGIES

Information technologies have completely transformed our way of thinking, providing care and social services, managing, teaching, researching, storing data, and so on. They have become an essential part of the lives of individuals and organizations. They are also essential to adequately managing complex situations. However, equipment and software are not always suitably adapted to the needs of professionals. Efforts must be made to overcome this problem, namely by being actively involved in developing projects which rely on the use of information technologies. That is why our institution includes among its strategic orientations its determination to optimize the use of IT and has defined three priority objectives to do so.

Objectives
24.1 Favouring the integration of information technologies in the work of managers and staff.
24.2 Increasing the use of information systems to support clinical, administrative, education and research activities.
24.3 Guaranteeing the security of information assets.
It is with pride and a certain degree of relief that we conclude our strategic planning exercise. In fact, we have already begun implementing it the strategic plan!

We have gone through every step together. We have put our experience to contribution to identify the strengths, weaknesses, threats and opportunities facing the new organization. We have pooled all of our energy to define its mission, to give ourselves a vision of its future and to reach a consensus to foster the same values during the general forum in June 2005. During the construction in the summer and the beginning of fall, we put our minds together to understand the present and future of our professional activities for our various internal and external users. We put all of our energy into developing and perfecting the development matrix of the HSSC-UIGS to come up with the major axes, objectives and priorities that we agree to implement.

We have had the honour of innovating together and getting to know one another a little more.

We have attempted to give life to a large organization in a manner that is respectful of individuals and their knowledge, know-how and personal skills.

We have taken measures to guarantee the visibility of the University Institute of Geriatrics of Sherbrooke and the development of the Research Centre on Aging, as well as their national and international reputations.

We have also wished to render justice to the programs and services and the many activities provided to every clientele within the CLSC and to consolidate the latter’s designation as an affiliated university centre (AUC).

We hope that we were able, through our work, to establish the foundations for a dynamic and efficient organizational project.

We have learned to broaden our focus by taking into consideration the population, while continuing to be concerned about the users of our services.

We have begun to renew our perspectives by adopting a partnership reflex and a service network mentality.

We hope to become leaders in this area, just as we are in aging and in care for the elderly in loss of autonomy.

Above all, we have used this opportunity to make services more accessible, more continuous, better adapted and integrated, and of better quality.

We have wanted to take advantage of the integration of the CLSC and of the IUGS to make the responses that we provide to the needs of persons from birth to death, throughout every phase in life, smooth and efficient.

These are but a few broadly-described objectives that have marked our strategic planning process. They can be translated into six development axes, 24 strategic orientations and 111 priority objectives, each with its own procedures, initiatives and projects. They are certainly ambitious, but not utopic.

To bring this strategic plan into realization, we are more than 2,300 persons who are passionate about providing services and getting the job done well.

Together, we are contributing to a new chapter in the history of the health and social services network in Québec, that of the creation of the HSSCs and more specifically that of the birth of the Health and Social Services Centre – University Institute of Geriatrics of Sherbrooke. May this first strategic plan be for us the catalyst for a great adventure with incalculably positive outcomes at the local, national and international levels.
Methodology

The strategic planning exercise began in February 2005 when the government of Québec created the Health and Social Services Centre – University Institute of Geriatrics of Sherbrooke. Initiated by the executive director and the joint strategic orientation committee (CCOS), it led to the forming of three special committees: the strategic planning executive committee, the strategic planning committee of the board of directors and the steering committee.

The CCOS has remained in charge of the entire process from the first meetings to the final adoption of the strategic development matrix for our institution by the board of directors in February 2006. Five of the CCOS members were chosen to form the steering committee, which was made responsible for executing decisions and logistics and for co-ordinating operations.

The strategic planning executive committee (CDPS) had 48 members. Its role was to validate the exercise and to guarantee its quality. In addition, the CDPS played a key consultative role in orienting the final version of the mission, vision and values statement of our organization and the strategic development matrix. This committee met three times - in June and December 2005 and in February 2006.

The strategic planning committee of the board of directors met twice – in November 2005 and January 2006. It served a consultative role by providing feedback and suggestions while taking into consideration the decisions and documents that were being elaborated. It also served as a liaison with the board of directors of the HSSC-UIGS. The latter approved the strategic plan one year after the exercise began, on February 11, 2006.

The strategic planning exercise was guided by two outside consultants, Ms. Monique Chaput and Mr. Yves D’Ambroise. Both supervised the process, conducted interviews, analyzed the data, prepared a profile of the situation, organized and led the meetings of the various committees, led the forum, accompanied work groups by theme, conducted the development and adoption process of the strategic development matrix, and wrote the text of the strategic plan.

Throughout the exercise, every member of the organization was informed of the progress of the work. The articles published in the internal bulletin, the reports that were regularly submitted during meetings with the managers of our institution, and the executive director’s information tour among staff members made it possible to involve a significant percentage of the 2,330 persons working for the HSSC-UIGS with the strategic planning process.
Overall, the various phases of the strategic planning exercise were as follows:

**DATA COLLECTION AND ANALYSIS — February to May 2005**
- Analyzing internal and external documents
- Conducting more than 80 group interviews in which nearly 500 members of the HSSC-UIGS participated
- Carrying out half-a-dozen interviews with persons chosen for their role in university, governmental and research environments
- Holding a focus group with political and socio-economic actors in Sherbrooke

**FORUM ON THE FUTURE OF THE HSSC-UIGS — June 10, 2005**
- Participation of 128 persons: staff members, physicians, members of the board of directors, representatives of the population, institutional partners, representatives from community organizations and social economy enterprises, users’ representatives, and observers
- Presentation of the summary of the interviews conducted and of the organizational diagnosis
- Identification of major challenges
- Definition of our mission, our vision and our values

**ELABORATION OF THEMATIC FIELDS — June to October 2005**
- Implementation of six thematic fields: the elderly, general services, vulnerable patients, university missions, support services, administration and management
- Environmental analysis of the context of international, North-American, Canadian, Québécois and local challenges
- First version of the strategic goals and development priorities
- Identification of initiatives and priority projects

**ELABORATION OF THE DEVELOPMENT MATRIX WITH THE JOINT STRATEGIC ORIENTATION COMMITTEE (CCOS) — October 2005**
- Intensive days of reflection with the CCOS
- Integration of the conclusions of the thematic fields
- Decision of the CCOS regarding the development axes, the strategic orientations, the priority objectives and the means to attain them

**PRESENTATION OF THE STRATEGIC DEVELOPMENT MATRIX AND REQUEST FOR FEEDBACK AND SUGGESTIONS — November and December 2005**
- Meetings of the members of the institution during the director’s tour of the various groups within the institution
- Holding of two meetings of the strategic planning committee of the board of directors
- Holding of two meetings of the strategic planning executive committee

**THE STRATEGIC PLAN IS FINALIZED AND APPROVED BY THE BOARD OF DIRECTORS — February 2006**

**PREPARATION OF THE NEW ORGANIZATIONAL PLAN FOR THE INSTITUTION — March, April and May 2006**
- Redefining the organization’s structure, roles and mandates for the implementation of the strategic plan

**WRITING THE 2006-2011 STRATEGIC PLAN: HEALTH – A SHARED PASSION — June and July 2006**
MEMBERS OF THE BOARD OF DIRECTORS

Dr. Marc-André Allard
Ms. Anne Boutin
Ms. Louise Chartier
Ms. Monique Compagna
Dr. Jocelyne Faucher
Ms. Diane Gingras
Dr. Marie Giroux
Ms. Marjorie Goodfellow
Mr. Denis Lalamière
Ms. Julia Lazaro
Mr. Danier Lussier
Mr. André Paradis†
Ms. Lise Perreault
Ms. Suzanne Philips-Nootens
Mr. Alex G. Potter
Ms. Yolaine Rochon
Ms. Diane Roy
Dr. Pierre-Michel Roy
Mr. Roger Tremblay
Mr. Denis Veilleux

MEMBERS OF THE STRATEGIC PLANNING EXECUTIVE COMMITTEE (CDPS)²

Representatives from the Board of Directors

Dr. Jean-Marc Bigonnesse
Dr. Jocelyne Faucher
Ms. Diane Gingras, chairperson
Mr. Denis Lalumière, executive director†
Mr. Danier Lussier
Mr. André Paradis†
Ms. Suzanne Philips-Nootens
Mr. Alex G. Potter
Dr. Pierre-Michel Roy
Mr. Roger Tremblay
Mr. Denis Veilleux

Members of the Joint Strategic Orientation Committee

Dr. Jacques Allard, director of education, IUGS component
Ms. Johanne Archambault, administrative director of research and education, CLSC component
Ms. Chantal Dupont, director of the adults and general population sector, CLSC component
Mr. Denis Lamontagne, director of material and financial resources
Ms. Hélène Laprise, director of home support and services to the elderly, CLSC component
Ms. Claude Marchand, director of the childhood, youth and family sector, CLSC component
Ms. Louisette Mercier, director of the interim quality control directorate
Ms. Josée Paquette, director of human and information resources
Ms. Hélène Payette, director of the Research Centre on Aging, IUGS component
Ms. Denise St-Cyr Tribble, scientific director of research, CLSC component
Ms. Marie Troudsell, director of nursing, IUGS component
Dr. Isabelle Vaillancourt, head of medical services, CLSC component
Dr. Gilles Voyer, director of professional and hospital services, IUGS component

Representatives of Professional Councils and Committees

Ms. Claire Audet, conseil du personnel paraprofessionnel (council of para-professional employees), CLSC component
Mr. Michel Caron, beneficiaries attendants committee, IUGS component
Ms. Sylvie Chrétien, council of nurses, IUGS component
Ms. Jo-Anne Dostie (replaced by Mr. Luc Grégoire), multidisciplinary council, CLSC component
Ms. Karine Duchaineau (replaced by Ms. Julie Cloutier), multidisciplinary council, IUGS component
Dr. Suzanne Gosselin, council of physicians, dentists and pharmacists
Ms. Jean Kirwen, council of midwives, CLSC component
Mr. Daniel Lussier, council of nurses, CLSC component

Other Representatives of Various Sectors of Activity of the Institution

Dr. Marcel Arcand, head of the department of general medicine, IUGS component
Ms. Julie Bélanger, head of the dietary and clinical nutrition service, IUGS component
Ms. Monique Bourque, clinical councilor, nursing department, IUGS component
Ms. Lise Brisson, head nurse, nursing department, IUGS component
Ms. Céline Bureau, clinical project manager
Dr. Marie Giroux (replaced by Dr. Isabelle Germain), director of the Family Medicine Unit, CLSC component
Dr. Paule Hotin, department head in geriatric psychiatry, IUGS component
Ms. Lyne Juneau, program manager, childhood, youth and family sector, CLSC component
Dr. Guy Lacombe, representative of specialized activities in short-term geriatric units, IUGS component
Ms. Nicole Morissette, program manager, adults and general population sector, CLSC component
Dr. André Munger, physician responsible for the GMF des Grandes-Fourches, CLSC component
Dr. Daniel Tessier, specialized medicine department head, IUGS component
Ms. Nicole Veilleux, executive assistant to the department of professional and hospital services, IUGS component

Representatives of our Partners

Ms. Lynda Bellalite, dean, Faculté des lettres et sciences humaines (faculty of letters and humanities), Université de Sherbrooke
Dr. Réjean Hébert, dean, Faculté de médecine et des sciences de la santé (faculty of medicine and health sciences), Université de Sherbrooke
Ms. Christine Lessard, directrice des opérations et des partenariats cliniques (director of operations and clinical partnerships), CHUS
Dr. Raymonde Vaillancourt, chef du Département régional de médecine générale (head of the Regional Department of General Medicine)

1 Passed away in June 2006.
2 The titles correspond to the positions held by these persons when they participated in the CDPS.
Strategic Plan 2006-2011
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