

# REVUE SANTÉ

2nd EDITION

2019-2020



## Desjardins

Caisse du Réseau de la santé



### OUR FAMILIARITY WITH THE COMMUNITY: AN ASSET FOR OUR MEMBERS

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themselves | **p. 8**

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Discover outstanding projects from  
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(2nd edition) | **p.25**

# THE CAISSE DEDICATED TO HEALTH AND SOCIAL SERVICES PROFESSIONALS!



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Caisse Desjardins du Réseau de la santé



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LES  
**PRIX SRS**  
STARS DU RÉSEAU DE LA SANTÉ



# MESSAGE FROM THE CHAIR

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We are proud to present this review of our Caisse's main achievements for the 2019 fiscal year.

That said, we cannot overlook how the COVID-19 pandemic left its mark after the new year, affecting society as a whole, with health and social service workers bearing the brunt. We would like to first recognize your exceptional work and thank you for taking on the fight to care for us!

This situation should not prevent us, however, from recognizing our Caisse's outstanding achievements in your community.

## **SKILLED DIRECTORS REPRESENTING OUR COMMUNITY**

In 2019, the Caisse held its first call for nominations since rolling out the enhanced group profile to ensure the board possessed the appropriate skills and accurately represents our health and social services members. This has resulted in a board equipped to represent your interests and make decisions keeping with your needs.

## **INVOLVED IN OUR HEALTH AND SOCIAL SERVICES COMMUNITY**

Since our Desjardins caisse is dedicated to students, workers and retirees in the health and social service network, we are more than pleased to invest our member contributions in your community.

Thanks to our member involvement, the Caisse can enrich your community by supporting defining projects or even setting up scholarships to help young people and professionals in the field.

Last year, we distributed \$170,000 through our Community Development Fund, donations and sponsorships.

In particular, we awarded almost \$35,000 to health and social services students and professionals through our scholarship programs, such as Coup de pouce Santé, the First Job Scholarship and the Prix Stars du Réseau de la santé (SRS Awards). Through these scholarships, we wish to encourage and recognize key performers in the network. You can learn more about our involvement in this Revue Santé.

## **ACKNOWLEDGEMENTS**

I would like to extend special thanks to all our Caisse employees, managers and directors, who work tirelessly to serve our members and the community, endeavour to serve you better every day and continue to focus on acting in your best interests. I would also like to thank Martin Levac for ensuring their efforts succeed.

I also thank our Desjardins Group partners for their support and cooperation, without which we could not meet our members' financial needs.

Finally, I would like to thank our members, partners and health and social services unions for placing their trust in us. Thanks to you, we can involve ourselves in your projects and enrich the community!

A handwritten signature in black ink, appearing to read 'Claude Gareau', written in a cursive style.

Claude Gareau  
Chair



# BOARD OF DIRECTORS



**CLAUDE GAREAU**  
Chair  
Montréal Ambassador  
Storekeeper at logistics/  
distribution services (retired)  
CHU Sainte-Justine



**CHANTAL PERRON**  
Vice-Chair, Eastern Region  
Capitale-Nationale Ambassador  
Administrative Assistant (retired)  
CISSS de Charlevoix



**RONALD PICHETTE**  
Secretary  
Lanaudière Ambassador  
Head of procurement, transportation and  
courier services (retired)  
Hôpital du CSSS du Nord de Lanaudière



**PIERRE KIROUAC**  
Vice-Chair, Western Region  
Ambassador without borders  
Head of audiovisual technical services (retired)  
Hôpital Maisonneuve-Rosemont



**ÈVE-ANNIE PILON**  
Director  
Ambassador without borders  
Oncology Pivot Nurse Clinician  
Centre hospitalier de l'Université de  
Montréal (CHUM)



**KATIA CACERES**  
Director  
Ambassador without borders  
Clinical Research Assistant  
Centre hospitalier de l'Université de  
Montréal (CHUM)



**GISÈLE CARPENTIER**  
Director  
Universal Ambassador  
Organizational Development and HR  
Director (retired)  
CIUSSS du Nord-de-l'Île-de-Montréal



**QUOC-BAO DO**  
Director  
Ambassador without borders  
Cardiac Surgeon  
CHUM Hôtel-Dieu de Montréal



**DENIS DUBÉ**  
Director  
Montréal Ambassador  
Mental Health Nurse  
Hôpital Notre-Dame  
CIUSSS Centre-Sud-de-l'Île-de-Montréal



**JEAN LANGEVIN**  
Director  
Ambassador without borders  
Emergency Patient Care Assistant  
Hôpital de Verdun



**JOSÉE FRÉCHETTE**  
Administratrice  
Director  
Ambassador without borders  
National Representative  
Alliance du personnel professionnel et  
technique de la santé et des services  
sociaux (APTS)



**MICHEL FRADETTE**  
Director  
Chaudière-Appalaches Ambassador  
Executive Vice-Chair  
Treasurer  
Fédération des employés du  
préhospitalier du Québec – Paramédic



**JULIE LAVOIE**  
Director  
Saguenay Ambassador  
Nurse and teacher, Nursing program  
Cégep de Chicoutimi



**ROBERTO BOMBA**  
Director  
Ambassador without borders  
Treasurer  
Fédération interprofessionnelle de la  
santé du Québec (FIQ)



**JENNIFER GUNVILLE**  
Director  
Ambassador without borders  
Auxiliary Nurse  
Centre hospitalier Saint-Eustache

# MESSAGE FROM THE MANAGER

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As I sit and write this message, we are living through a period that has upended our professional and personal lives. Since all our members at Caisse Desjardins du Réseau de la santé belong to the health and social services community, we would like to thank them and acknowledge their outstanding work in helping us and our society as a whole. Once again, you not only demonstrated your dedication, but also your essential roles in our lives.

Although times are changing, the Caisse will continue pursuing its mission to meet its members' financial needs, while contributing to our community's economic and social well-being.

Our success demonstrates our members' trust in us and reflects the Caisse's sound business management. The Caisse holds a strong market position with a volume of business under management totalling \$1.74 billion, up 15.9% compared to 2018.

## **AN ACCESSIBLE OFFER TAILORED TO YOUR NEEDS**

We provide unparalleled 24/7 access to your online products and services on AccèsD.

Furthermore, we understand that healthcare and social services professionals work non-standard hours, so we created a team of mobile advisors ready to meet you whenever and wherever you want.

Our teams of experts provide training to help us understand the details about your pension plan, insurance, etc. As a group specialized in healthcare for Desjardins, we can provide personalized advisory services tailored to our members' needs and projects, whether personal or professional (opening medical clinics, dental clinics, etc.).

We also offer exclusive products, like Group Health RRSPs, and invest in your community.

## **COMMITTED TO OUR MEMBERS**

I would also like to acknowledge the Caisse directors for their valuable contributions in ensuring health and social services members' interests are properly represented.

## **INVOLVED IN YOUR COMMUNITY**

We are involved in our members' lives and their communities! This review will give you the chance to learn more about our involvement in your community.

This includes some projects submitted to our Prix Stars du Réseau de la santé (SRS Awards). Here you will find great public healthcare initiatives implemented by network performers. It should be noted that evidently these projects were carried out before the pandemic. In 2021, our 3rd edition of the SRS awards will likely include "post COVID-19" projects, influenced by our current reality.

The more health and social services members we have, the more we can give back and get more involved in your community. Caisse Desjardins du Réseau de la santé may be Desjardins, but it is still YOUR financial institution. We are dedicated to students, staff and retirees in the health and social services network. Feel free to spread the word!

A handwritten signature in dark ink, appearing to read 'Martin Levac', written in a cursive style.

Martin Levac, MBA  
**General Manager**

# CAISSE OVERVIEW

70



STAFF MEMBERS AT  
YOUR SERVICE

\$1.7



BILLION IN  
BUSINESS VOLUME

18



SERVICE CENTRES  
ACROSS THE  
PROVINCE

23,000



MEMBERS

The Caisse Desjardins du Réseau de la santé is a branch specialized in healthcare, social services and life sciences for Desjardins. **Exclusively serving students, professionals and retirees**, the team is made up of advisors who understand the industry, its challenges and its opportunities.



- A caisse created by and for health and social service workers and their families.
- Products and services tailored to your situation and needs.
- A mobile team of experts available day and night for meetings at work, at home, in advisory service centres or financial centres.
- Virtual and phone meetings.
- Products specifically designed for you: the personal, group RRSP, scholarships, etc.
- Advisors familiar with your pension plan, benefits, salary conditions, etc.

# CAISSE OR BANK: WHAT'S THE DIFFERENCE?



## NATURE

Financial Services Cooperative.



## OBJECTIVE

The economic and social well-being of all its members within the health sector (professionals, students and retirees) as well as the economic development of its community (scholarships, sponsorships, etc.).



## OWNERS

The members of the Caisse have the right to vote at the Annual General Meeting.



## MANAGEMENT

The caisse is administered by leaders from the health sector, elected by the members.



## DISTRIBUTION OF SURPLUS EARNINGS

Returns some of the surplus to members and communities in the form of collective rebates.



## NATURE

Private institutions



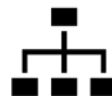
## OBJECTIVE

Enrichment of its shareholders.



## OWNERS

Some shareholders.



## MANAGEMENT

The bank is managed by the head office (centralized management).



## DISTRIBUTION OF SURPLUS EARNINGS

Distributes part of its profits to a small group of shareholders in the form of dividends.



# WE KNOW YOUR INDUSTRY...

## TESTIMONIALS



"As a Caisse member from the early days, I always appreciated how the team was familiar with the health community and served its members in an understanding and supportive manner."

- **Michel Naud, Réseau de la santé Retiree**

"There are several benefits to being a member of the Caisse du Réseau de la santé, such as the personalized service tailored to the daily lives of health professionals, a warm welcome and easier access to financial products successfully adapted to help balance health workers' budgets."

- **Katryn Bourassa, Liscensed Practical Nurse**



"While time is precious to all, it is a privilege not to have to worry about dealing with other institutions to get the best deal. I've always been satisfied, whether it is for the highly personalized services, the incredible kindness of the people involved, the irreproachable efficiency of the necessary administrative procedures, the quick return to our questions or the always constructive, advantageous and relevant solutions proposed. I have dealt with other private banking services before and I have never experienced anything comparable."

- **Dr. Gabriel Guerin, Radiologist**

The training received by our experts keeps us informed of the specifics related to your pension plans, insurance, etc. Our in-depth knowledge of our members, their working conditions and their employee benefits ensures that our services have real added value.

Our team of professionals can also offer you personalized support by providing you with beneficial tax strategies to help you increase your financial independence and accomplish your projects.

# INVOLVED IN YOUR COMMUNITY

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## Over \$150,000 redistributed mid-2019

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As the only health and social services financial institution, our mission is to get involved and invest in YOUR community.

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Through our Community Development Fund (CDF), we distributed over \$150,000 to students, workers, unions and health and social services organizations in 2019.

The CDF is comprised of annual surpluses generated by the Caisse. The more members we have, the greater our financial capacity to invest and give back a greater sum to your community.

**Caisse Desjardins du Réseau de la santé is YOUR financial institution!**

### SUPPORTING ENTREPRENEURS IN THE HEALTH AND LIFE SCIENCES SECTOR

Our Health Team is here to provide financial guidance and support to entrepreneurs.

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### SUPPORTING PROFESSIONALS

We provide funding to organize conferences, conventions, activities and other professional training days.

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### ENCOURAGING STUDENT COMMUNITIES

We support activities and associations for students in the health and social services network.

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# Supporting entrepreneurs in the health sector

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**Our **Health Team**, comprised of senior advisors, is dedicated to entrepreneurs in health and life sciences.**

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We offer a **comprehensive approach** that covers both the **corporate and personal needs** of entrepreneurs and their employees. Furthermore, with our network of experts, we can accompany members from the outset, from looking for a construction site to financing their projects (clinics, laboratories, pharmacies, etc.).

## WE OFFER

- **Exclusive financial services** for professionals and entrepreneurs (laboratories, clinics, pharmacies, etc.)
- **Personalized, effective support adapted** to the sector's reality
- A **full-service offer** that covers everything from finding a construction site to securing project financing and supporting your employee's personal needs
- A **one-stop shop** for all your financial needs
- Presence **throughout Quebec**
- Guidance on developing your business plan (start-up, location, financing, etc.)



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**The Health Team is a group specialized in health and life sciences for Desjardins.**

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# Supporting entrepreneurs in the health sector

**The Health Team is proud to be associated with the projects of health and life sciences entrepreneurs!**

"When I opened my first medical clinic, I did business with the Caisse. In less than a week, my advisor and I sat down to have a better understanding of my needs in terms of financing and so on. It was all very positive, the service was more personalized than with other financial institutions, our discussions were also more fluid because we spoke the same language. I clearly felt the support of the caisse in my project. Today I'm about to launch my 3rd clinic, thanks to the support of the Health Team."

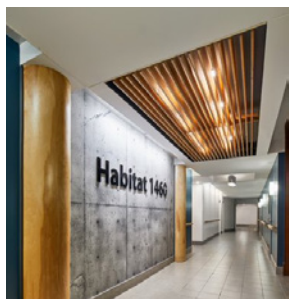
- Dr. Rémi Boulila, executive director of the Clinique Médicale Mieux-Être

"I was fortunate enough to have valuable advice on the acquisition of my clinic and an access to financing that fit the vision I had to revive the business."

- Dr. Maxime Brousseau, Dental surgeon, and  
owner of Clinique Dentaire Sainte-Thérèse

Here are some of the companies we have financed:

- Clinique Médicale Mieux-Être
- Clinique Dentaire Sainte-Thérèse
- Pharmacie Pierre-Hugues Braconnier et Caroline Cournoyer Inc.
- Habitat 1460
- And much more...



For more details, consult our portfolio on the  
[www.caissesante.ca/en/health-team](http://www.caissesante.ca/en/health-team)



# Encouraging student communities

## COUP DE POUCE SANTÉ SCHOLARSHIPS

### \$10,000 IN SCHOLARSHIPS FOR STUDENT IN A FIELD RELATED TO HEALTH AND SOCIAL SERVICES

We offer several scholarships, totalling **\$10,000**, to Caisse members studying in health and social services, such as in the following training areas:

- Vocational training
- College training
- University training

A draw is held once a year to determine the winners at random.

#### ELIGIBILITY REQUIREMENTS:

- Be a member of Caisse Desjardins du Réseau de la santé.
- Be a full-time or part-time student in a field related to health and social services.
- Be a post-secondary student in the summer, fall or winter term.
- Be 18 years of age or older.



#### WHAT IS OUR GOAL?

Encourage our student members to achieve their career goals by supporting them financially.

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# Encouraging student communities

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## HEALTH AND SOCIAL SERVICES DEPARTMENTS

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We offer support to departments and teachers in their student activities related to health and social services:

### WHAT WE OFFER:

- Financial assistance to departments for their student activities
- Personalized scholarships to departments as incentive for their students
- Financial independence among young people by offering information on finance topics:



Managing student loans



Planning and sticking to your budget



Preparing for home ownership



CONTACT US TO SEE HOW WE CAN HELP YOU:  
**1-877-522-4773.**

## FIRST JOB SCHOLARSHIPS

### **\$5,000 IN SCHOLARSHIPS FOR YOUR FIRST JOB IN HEALTH AND SOCIAL SERVICES!**

Every year, our caisse awards five scholarships, totalling **\$5,000**, to members starting their first job in the health and social services sector.

A draw is held once a year to determine the winners at random.

#### ELIGIBILITY REQUIREMENTS:

- Be a member of Caisse Desjardins du Réseau de la santé.
- Be employed for the first time in the health sector.
- Have their salary deposited directly to the Caisse.
- Be 18 years of age or older.



#### WHAT IS OUR GOAL?

Recognizing and encouraging our members as they begin their careers in the health and social services network.

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## CONFERENCES AND SEMINARS FOR HEALTH PROFESSIONALS

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### THE CAISSE, YOUR EVENT PARTNER

It is important for us to stay in touch with health and social services professionals and help organize continuous training events for them.

We take pride in redistributing money to professional associations to support them in organizing events that directly benefit their members.



and much more...



# SUPPORTING PARAMEDICS AND SABSA

*You are a paramedic or a nurse...*

## DID YOU KNOW?

By joining Caisse Desjardins du Réseau de la santé, you are helping support your health colleagues.

### FONDS ÉRIC-CHARBONNEAU

The Fonds Éric-Charbonneau provides support to paramedics and other workers in the Quebec pre-hospital sector experiencing work-related problems of a physical, psychological or emotional nature.

Upon opening a paramedic account with our Caisse, an amount of \$50 will be paid into the Fonds.

We are proud to support this great cause!



Fondation  
**S+ABSA**

### SABSA

The FIQ and Caisse decided to combine their efforts to raise funds for the Fondation SABSA. Its mission is to promote health by supporting nurses and workers in its Coopérative de solidarité so that they can provide health services to vulnerable clients experiencing difficulties accessing the healthcare system.

When a FIQ member opens an account with the Caisse Desjardins du Réseau de la santé, the Caisse gives \$50 to SABSA.

We are proud to contribute to this cooperative's development and growth!

# Supporting professionals

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## ACTIVE PARTICIPATION WITH HEALTH AND SOCIAL SERVICES UNIONS

### DID YOU KNOW THAT THE UNION COMMUNITY FOUNDED THE CAISSE DESJARDINS DU RÉSEAU DE LA SANTÉ?

These close ties with unions attuned us to your reality and helped us understand your work conditions and collective agreements, such as the details in your group insurance and pension plans.

Therefore, we can offer personalized advice and services that meet your needs. This feature sets us apart and attests to the real value added in our service delivery.

The Caisse is there for you in your workplace and has partnered with several unions in health and social services. We hold numerous conferences annually to ensure members become financially independent and participate in some of their activities. These are great opportunities for us to meet and listen to health staff needs.



FÉDÉRATION  
INTERPROFESSIONNELLE  
DE LA SANTÉ DU QUÉBEC



Fédération de la santé et des  
services sociaux (FSSS CSN)

and much more...





# Saving is simple

Join the Group RRSP of  
the workers in the health  
and social services network

1-877-522-4773 | Group PW 400  
Available in all branches.



**Desjardins**

Caisse du Réseau de la santé



# Supporting professionals

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## HEALTH DAY

### AN EXCLUSIVE EVENT FOR HEALTH AND SOCIAL SERVICES PROFESSIONALS

Health Day, organized by the Caisse Desjardins du Réseau de la santé, is an event that brings everyone together in the health and social services network. This day is open to members and non-members alike.

The 2nd edition of this day was particularly unique due to COVID-19. We were forced to cancel the event that was to include the SRS Awards. Instead, the ceremony took place virtually.

But this change was essentially only a rain check. The 2021 edition of Health Day will be a great opportunity to gather again, to highlight and recognize the exceptional work you do every day.

### SOME 100 PEOPLE CONNECTED FOR THE VIRTUAL 2020 SRS AWARDS CEREMONY





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# Supporting professionals

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## SRS AWARDS JURY MEMBERS

Seventeen jurors, divided into the four categories, took part in the game. They invested time and energy in reading each of the nominations carefully. We would like to thank them.

Here in alphabetical order are the jurors who participated in this 2nd edition:

- ★ **Mr. Kevin Blais-Bélanger:** Senior Manager, Business Development for Desjardins General Insurance Group/The Personal
- ★ **Mr. Emmanuel Breton:** Vice-President, APTS
- ★ **Ms. Gisèle Carpentier:** Director (retired) of Organizational Development and HR, CIUSSS du Nord-de-l'Île-de-Montréal, and Caisse Desjardins du Réseau de la santé Board Member
- ★ **Ms. Karine Degré:** Nurse, Owner and Manager, Health Consultation Specialist
- ★ **Ms. Isabelle Demers:** Deputy President and CEO, Centre hospitalier universitaire Sainte-Justine
- ★ **Ms. Josée Fréchette:** APTS Provincial Representative, and Caisse Desjardins du Réseau de la santé Board Member
- ★ **Dr. Jean-Pierre Guay:** Medical Oncologist, CHUM
- ★ **Ms. Denyse Joseph:** Vice-President, FIQ
- ★ **Mr. Mario Lapierre:** Senior Vice-President of Direct Sales and Distribution, Desjardins
- ★ **Ms. Julie Lavoie:** Nurse, Teacher in the Cégep de Chicoutimi nursing program, and Caisse Desjardins du Réseau de la santé Board Member
- ★ **Ms. Dominique Lemonde:** Director (retired) of Human Resources, CIUSSS du Nord-de-l'Île-de-Montréal
- ★ **Ms. Chantal Marchand:** President and CEO, Association des gestionnaires des établissements de santé et de services sociaux
- ★ **Dr. Annie Marleau:** Division Chief, Department of Pediatric Surgery, Montreal Children's Hospital
- ★ **Ms. Émilie Mercier:** Acting Department Head, Integrated Risk Management and Safe Delivery, Directorate of Quality, Integrated Risk Evaluation, Performance and Ethics at the CIUSSS de l'Est-de-l'Île-de-Montréal, and Clinical Lecturer, Université de Montréal
- ★ **Ms. Ève-Annie Pilon:** Oncology Pivot Nurse Clinician at CHUM, and Caisse Desjardins du Réseau de la santé Board Member
- ★ **Mr. Michel St-Cyr:** Business Development Manager and Founder, Fondation Vivre Ensemble
- ★ **Ms. Stéphanie Tran:** Deputy Director, CHUM Education Department and Academy

The jurors come from a variety of sectors and backgrounds. This mix allowed for rich discussion during deliberations.

# 2020 SRS AWARD WINNERS

The five finalists in the SRS Awards "simple" category are:

## "SIMPLE" CATEGORY

### 1st PLACE



Project submitted by Dr. Frédéric Lemaire, Emergency Medicine Physician at **Hôpital Charles-Le Moyne, CISSS de la Montérégie-Centre**, who collaborated with a team of emergency medicine physicians and pharmacists to develop "EZDrips," the first smartphone application for the safe administration of medications in adult and pediatric emergencies.

### 2nd PLACE



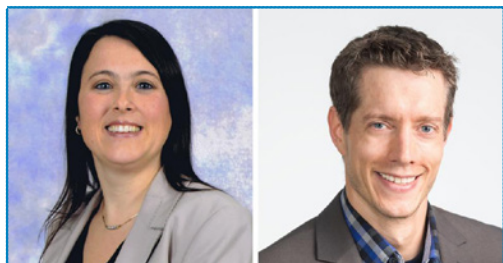
Project submitted by Jean-François Nadeau, Digital Communications Team Leader at **CHUS, CIUSS de l'Estrie**, who worked with Marie Côté and Anne-Marie Auger to redesign the Complaint and Dissatisfaction section on the [santeestrie.qc.ca](http://santeestrie.qc.ca) website.

### 3rd PLACE

Project submitted by Lucie D'amours, Executive Director of the **Clinical Research Organization in Cancer**, who collaborated with her team to develop a provincial research platform for oncology clinical trials called [www.OncoQuebec.com](http://www.OncoQuebec.com).



### 4th PLACE



Project submitted by Corinne Bouchard, Chief Budget and Performance Officer at **CISSS de la Gaspésie**, who worked with Jean-Pierre Collette on a virtual control room project.

### 5th PLACE

Project submitted by Dr. Annie-Claude Labbé, Physician at the **Hôpital Maisonneuve-Rosemont, Departments of Medicine and Ophthalmology, CIUSSS de l'Est-de-l'Île-de-Montréal**, who developed the Guide de prélèvement en ophtalmologie [Ophtalmology Specimen Collection Guide] with other professionals.



# 2020 SRS AWARD WINNERS

The five finalists in the SRS Awards "people-focused" category are:

## "PEOPLE-FOCUSED" CATEGORY

### 1st PLACE



Project submitted by Émilie Gadbois, Specialized Educator for the **ID-ASD-PD Program at CHUS, CIUSSS de l'Estrie**, who established the "L'Escouade Verte" work platform aimed at integrating people with intellectual disabilities or autism spectrum disorder into a cleaning team that collects and recovers cardboard and plastic.



### 2nd PLACE

Project submitted by Pierre Guimond, Techno-Pedagogue at **CHU Sainte-Justine**, who collaborated with nurses to create a documentary series with nurses on perinatal bereavement titled, "Revenir les bras vides [Returning with Empty Arms]."

### 3rd PLACE



Project submitted by Julie Tremblay, Nurse at **CHU de Québec-Université Laval, the E3000 HEJ hematology/oncology and stem cell transplant unit and the A6000 hematology/oncology outpatient clinic**, who collaborated with her colleagues, Caroline Bourget and Karine Desgroseillers, to establish a pathway for post-cancer patients that transitions them from survival to their new life after receiving cancer treatment.



### 4th PLACE

Project submitted by Adamo Donovan, doctoral student in experimental medicine and Co-Founder and Director of the **CUSM ICU Bridge Program**, a program that allows university students to volunteer in the intensive care unit and support bereaved families.

### 5th PLACE



Program submitted by Marouane Nassim, Planning and Programming Officer at the **Lady Davis Institute/Jewish General Hospital, CIUSS West-Central Montreal**, who collaborated with Neti Sasi, Psychosocial Group Facilitator, and Maryse Gautier, Psychologist, to implement meditation sessions to treat depression and anxiety in dialysis patients.



# 2020 SRS AWARD WINNERS

The five finalists in the SRS Awards "modern" category are:

## "MODERN" CATEGORY

### 1st PLACE



Project submitted by Marco Larouche, Production Supervisor, Orthotic and Prosthetic Technician at the **CRME, CHU Sainte-Justine**, who collaborated with other technicians and mechanics to carry out orthotic projects or components using 3D modelling and printing.

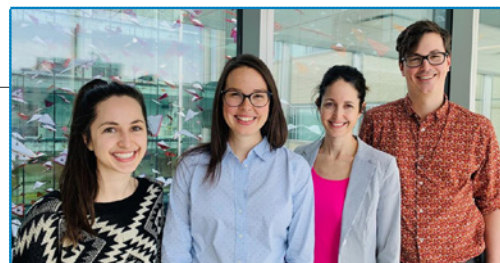
### 2nd PLACE



Project submitted by Geneviève David, Psychoeducator at the **Hôpital en santé mentale Rivière-des-Prairies, CIUSSS du Nord-de-l'île de Montréal**, who collaborated with her colleagues, Sybel Lavergne-Périard and Julie Beauchamp, to implement the "BLUES" project, which involves adapting and implementing an innovative intervention program in child psychiatry inpatient units to prevent depression in youths aged 12 to 18.

### 3rd PLACE

Project submitted by Justine B. Gravel, Clinical Nurse at **CHU Sainte-Justine**, who collaborated with her neonatology colleagues to implement an innovative approach to treating hypothermia in newborns.



### 4th PLACE



Project submitted by Geneviève Clements, Psychoeducator at **CHUS, CIUSSS de l'Estrie**, who collaborated with her colleagues to implement Group A/Dock, group treatment offered to teenage sex offenders.

### 5th PLACE

Project submitted by Sylvie Charland, Clinical Nurse at **CLSC de Chicoutimi, Direction de la santé publique, Santé scolaire-Primaire du CIUSSS-Saguenay-Lac-St-Jean**, which involves making handwashing fun at school with a mascot named Froton.



# 2020 SRS AWARD WINNERS

The five finalists in the SRS Awards "high performance" category are:

## "HIGH PERFORMANCE" CATEGORY

### 1st PLACE



Project submitted by Andrée Chamaillard, Orderly at **CHSLD Ste-Anne de Mont-Laurier, CISSS des Laurentides**, who collaborated with her colleagues, Sylvie Bergeron and Julie Lacelle, to implement a project to welcome and orient new orderlies.

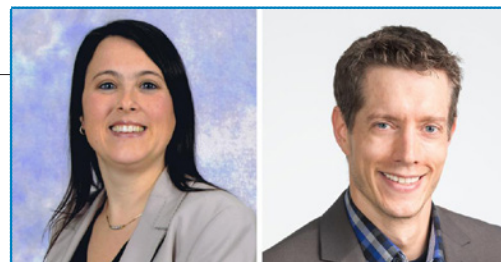


### 2nd PLACE

Project submitted by Steeve Gauthier, Nurse at **CIUSSS de l'Est-de-l'Île-de-Montréal** who collaborated with Sylvie Labrecque, Occupational Therapist, to deploy early joint discharge planning (planification précoce et conjointe des congés - PPCC) in the care unit.

### 3rd PLACE

Project submitted by Corinne Bouchard, Chief Budget and Performance Officer at **CISSS de la Gaspésie**, who collaborated with Jean-Pierre Collette to implement financial katas, a budget improvement project.

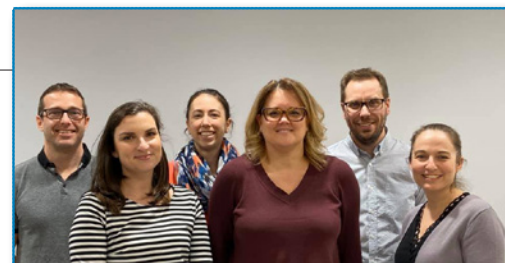


### 4th PLACE

Project submitted by Dr. Geneviève Signori, Physician at **Santa Cabrini Hospital, CIUSSS de l'Est-de-l'Île-de-Montréal**, who collaborated with her colleagues to implement the Groupe d'Enseignement et de Développement Interdisciplinaire en Simulation, which aims to reduce errors and improve cardiovascular resuscitation performance in the emergency, intensive care and inpatient departments.

### 5th PLACE

Project submitted by Stéphane Dubuc, director of Multidisciplinary Services, Research and University Teaching at the **CISSS de la Montérégie-Ouest**, Inpatient and outpatient rehabilitation service, who collaborated with colleagues to improve physiotherapy practices for outpatient clientele.





# PROJECT PRESENTATION



Find out which projects stood out in each SRS Award category

The Caisse Desjardins du Réseau de la santé is active in the health and social services community and close to its members. Through the SRS Awards, we want to showcase the projects of people active in the community by exposing them to their colleagues in other institutions. This is our way of thanking them for their daily dedication.

In the following presentation section, you will find some of the projects\* that stood out to our jury. In this way, we not only wish to showcase the work accomplished by health and social services professionals, but also to help share knowledge that we hope will inspire you to do the same.

Happy reading!

SIMPLE



MODERN



PEOPLE-FOCUSED



HIGH PERFORMANCE



\*Please note that text and photos were provided by participants.



PRIX SRS

ÉTAT DE SANTÉ DE LA SANTÉ

2023

Catégorie : HUMAIN

2e position

Desjardins

Centre du Réseau de la santé



# "SIMPLE" CATEGORY

Simplifies tasks or processes and improves procedures in your establishment.

## "EZDRIPS"

### A FIRST-EVER SMARTPHONE APPLICATION FOR SAFE MEDICATION ADMINISTRATION IN ADULT AND PEDIATRIC EMERGENCIES

A group of physicians and pharmacists at **Hôpital Charles-Le Moyne, CISSS de la Montérégie-Centre** collaborated to develop the first Quebec application allowing nurses, physicians and pharmacists to quickly and safely administer nearly 75 drugs during pediatric and adult emergencies.

The rare bilingual online application known as EZDrips allows the medical team to quickly find the appropriate dosage, concentration and rate of administration for each drug according to different patient characteristics. In total, approximately 300 indications for use are available.

This application saves valuable time in emergencies by avoiding the need to make several calculations required for medication dosage. In 2019, the use of this application showed a 68% drop in medication administration errors.

The multidisciplinary team that developed the application (physicians, pharmacists, nurses and pediatric emergency specialists) included adult and pediatric resuscitation experts as well as pharmacology experts in obese patients.

EZDrips is a non-profit application that aims to improve patient care both in Quebec and around the world.



**Dr. Frédéric Lemaire**  
Emergency physician

**Other people involved in the project:**

Jean-François Couture, Christopher Marquis, Delphine Remillard Labrosse, Matthieu Vincent, Anne Létourneau, Mireille Brisson, Sophie Gosselin, Éric Villeneuve, Brandon Shank, David E Zimmerman, Felix Thompson-Desormeaux et Mathieu Desgrosseillers

Emergency physicians, pharmacists, nurses



# "SIMPLE" CATEGORY

Simplifies tasks or processes and improves procedures in your establishment.

## DIGITAL REDESIGN OF OUR SITE'S COMPLAINT AND DISSATISFACTION SECTION

In 2018, the digital team at **CIUSSS de l'Estrie - CHUS** began transforming the [santeestrie.qc.ca](http://santeestrie.qc.ca) Complaints and Dissatisfaction section to make it more user-friendly. The team was fortunate to have the help and expertise of HEC students who conducted a master's project on User Experience (UX).

Students tested two section concepts on 12 volunteers aged 37 to 84 from Montréal and Granby. These participants were asked to perform tasks based on a specific scenario to validate whether or not usage hypotheses were effective. Participants were recruited in collaboration with the Comité des usagers de Granby and the Centre d'action bénévole de Granby, who contributed by welcoming participants to their premises for testing at computer stations.

Once the usability testing was completed, constructive recommendations were made. The new Complaint and Dissatisfaction section on the CIUSSS de l'Estrie - CHUS website, launched last January, is now more accessible and streamlined! It provides structure and visual cues while being easier to navigate. These are important features that simplify the web experience for older users or users with visual impairments.

The ultimate goal behind the redesign? To encourage event reporting to maintain user safety and improve the quality of our care and services.



Jean-François Nadeau  
Digital Team Leader

Other people involved in the project:  
Marie Côté et Anne-Marie Auger  
Digital Strategy Consultant and Administrative Technician

## ONCOQUÉBEC ([WWW.ONCOQUEBEC.COM](http://WWW.ONCOQUEBEC.COM))



Lucie D'Amours  
Executive Director, Q-CROC

One in two Canadians will be diagnosed with cancer in their lifetime. Incredible advances have been made in improving cancer treatment in recent decades. This progress has been made possible thanks to research, including clinical research, and the subjects who agree to participate. Research has a major impact on improving the survival rates and quality of life of cancer patients. It enables the development of innovative treatments and of better ways of preventing, detecting and treating cancer.

Until 2019, the resources available to find clinical trials were difficult to use and often incomplete. Finding up-to-date information was a challenge both for health care professionals and cancer patients alike. To address this issue, **the Clinical Research Organization in Cancer (Q-CROC)** created OncoQuébec. This provincial research platform makes it easy to find clinical oncology trials.

The tool works like a search engine, meaning users can search by keyword (e.g., pancreatic cancer) or by selecting preset filters on the platform (e.g., city, tumour site, cancer stage, etc.). Physicians and nurses from several hospitals, including CHUM, Jewish General Hospital and CHU Sainte-Justine, participated in the OncoQuébec design and validation process.

# "SIMPLE" CATEGORY

Simplifies tasks or processes and improves procedures in your establishment.

## VIRTUAL CONTROL ROOMS

CISSS de la Gaspésie had the foresight to quickly deploy control rooms in its institution to maximize on their benefits. Faced with a major distance constraint that required numerous trips, a solution was put forward to virtualize the concept of control rooms. This made it possible to create a proximity between stakeholders, to concentrate energies towards the achievement of results, to mobilize the troops and to ensure the sustainability of activities, without the constraint of being physically in the same place.

The goal of this initiative was to virtualize each of the four walls of a tactical control room in an enhanced Excel tool with multiple hyperlinks to bridge the gap between various indicators, A3 or project schedules, by viewing them quickly and easily as though participants were in the same room. Facilitation takes place via screen sharing, where everyone can follow in real time from their workstation. This tool brings people together and ensures a rigorous pace of action since distance is no longer a barrier.

The initial project was implemented in the financial resources and procurement department. Following its success, the project was quickly divided into three operational control rooms for each managerial component. At the same time, the concept was integrated into several other departments and has even been adapted so that strategy room facilitations can be done virtually.



**Corinne Bouchard**  
Chief budget and performance officer

**Other person involved in the project:**  
Jean-Pierre Collette, director of financial resources and procurement

## OPHTHALMOLOGY SAMPLING GUIDE

The close collaboration between members of the ophthalmology department and those of the infectious diseases and microbiology department at **Hôpital Maisonneuve-Rosemont, CIUSSS de l'Est-de-l'Île-de-Montréal** gave rise to several interdisciplinary projects leading to scientific presentations and papers (case reports, retrospective review of ocular syphilis, assessment of the usefulness of cornea samples from donors in determining transplant eligibility, assessment of a simplified cornea sampling technique) and to funding for ongoing projects (review of ocular manifestations in people infected by WNV and metagenomic developments for aqueous and vitreous humour samples).

Along with this academic reach, maintaining and improving the quality of care is also essential. The targeted treatment of many eye infections is based on the detection of microorganisms in the microbiology lab. Analysis quality depends on sample quality: use of the appropriate material (sampling rods and appropriate transportation environments), identification of samples that meet current standards (i.e.: double identification), optimal transport, communication (complete, legible and accurate information on the request).

In the current context of limited resources and high traffic in the ophthalmology clinic, detailed step-by-step instructions with visual support (photos) simplify the work of the clinic's physicians and nurses. For example, the two pages of the Cornea Sampling Guide include the following sections: necessary equipment, additional material if required, sample identification, methods of collection for the research of 1) bacteria and fungi, 2) Acanthamoeba, 3) mycobacteria, 4) viruses, application completion and transportation.

By standardizing methods, particularly in the context of the emergency ophthalmology clinic where different specialists take turns providing care, it becomes easier to follow up on recommendations for a high standard of quality.



**Dr. Annie-Claude Labbé**  
Physician

**Other people involved in the project:**  
Ophthalmology specialists, ophthalmology residents, laboratory technologist, graphic art technician and medical photographer

Ophthalmology specialists, ophthalmology residents, laboratory technologist, graphic art technician and medical photographer

# "SIMPLE" CATEGORY

Simplifies tasks or processes and improves procedures in your establishment.

## CLINICAL COORDINATION UNIT

In response to the opioid crisis (a pain-relieving drug used by narcotic users) in our Montréal area, the **Corporation d'Urgences-santé** has put in place a detailed log that tracks and locates the number of overdoses paramedics respond to on a daily basis. Our paramedics are our first line of defence and they play a crucial role in fighting this problem.

For example, following an intervention where an overdose patient is treated, the Urgences-santé clinical support team is contacted by phone. The registry is then filled out and sent to the Direction régionale de la santé publique (DRSP) every 24 hours. This keeps track of the number of interventions performed by detailing the area in which the victim is located as well as the type of drugs known or suspected, whether naloxone was administered (and by whom) and whether transportation took place.

The caseworker at the DRSP checks the data daily to see any changes in overdose patterns to get a peripheral view of what is happening on our territory, facilitating the identification of unusual situations that could pose a threat to public health. Subsequently, a cause investigation can be initiated to plan an appropriate intervention to reduce overdoses in the sector.



**Jean-Pierre Rouleau**  
Primary Care Paramedic and Head of the Clinical Coordination Unit (CCU)

**Autres personnes impliquées dans le projet :**  
Barbara Fischer-Rush, paramedic and prehospital quality and care specialist

All Urgences-santé paramedics including clinical support paramedics

## IMPLEMENTATION OF A STRUCTURED QUALITY MANAGEMENT SYSTEM

At the **CHUM**, we took advantage of the equipment maintenance management software upgrade to rethink how we do things and to simplify tasks by using a simple, structured approach. The goal of our project was to allow for better management of our activities through a better picture of work progress in order to optimize resources, facilitate request prioritization, and allow for timely corrective action in response to the discrepancies identified. This project included oversight mechanisms for sustaining improvements.

Though certain improvement efforts existed already, this new structuring project better organizes our quality approach. In practice, this results in a review of cross-cutting processes, the addition of regular quality-related meetings involving technicians and service professionals, the development and monitoring of an overall quality improvement plan, the automation of activities, the development of standard-compliant document management, an organization of communications facilitating access to information, the introduction of measurement indicators and the implementation of a quality monitoring structure, including the addition of audits and a non-compliance reporting process.

For the past eight months, our teams have been using the upgraded software and associated new procedures resulting from our quality approach. Ensuring good equipment management, predicting the unavailability of equipment for care teams and reducing maintenance costs are now easier than ever.



**Ciro Arellano**  
Head of Physics and Biomedical Engineering (PGBM)

**Other people involved in the project:**  
Pellerin, Isabelle, Tremblay Mélisa, Boualem Mensour, Alexandre Whittick-Béland, Christian Lemieux, Line Gélinas, Jean Deslauriers and several service technicians

Professional development advisor, professional coordinator, physicist, engineer, technical coordinator, technicians



# "SIMPLE" CATEGORY

Simplifies tasks or processes and improves procedures in your establishment.

## CHECKLIST

At the **Centre de réadaptation Marie Enfant** at **CHU Sainte-Justine**, a problem was identified with regard to the use of cleaning products, the frequency of maintenance and the lifespan of products. In addition, gym staff turnover and the complexity of the expected activities made it difficult for the orderly care team (PAB) to manage their activities.

To ensure the proper use of products, pertinent and timely actions and adequate support, we developed the Checklist tool with the team. The tool is simple, attractive and easy to use. During its development, this project had the advantage of also creating a sense of belonging and sharing between members of the PAB team when analyzing work practices in the various gyms.

The collaboration of the health and infection control personnel helped create a product that meets the quality standards required in our environment.

At a glance, PABs are now autonomous in performing the expected work safely both in the preparation and execution of the task. The Checklist contains cards that explain to the PAB how to deal with a client who is a carrier of an infectious disease or who is accompanied by unwanted guests (bedbugs or cockroaches) in treatment rooms.



**Maryse Cloutier**  
Psychoeducator, Planning and Development Advisor

**Other people involved in the project:**  
Lise De La Durataye, Chantale Paquette, Johanne Cyr, Sylvie Vinet, Suzanne Côté, Stephan Genest, Cléo Savoie

The first six are orderlies and the seventh is a graphic arts technician

## BLITZ PROJECT

The youth protection waitlist reduction project at **CISSS Laval** was the result of a senior management concern and subsequent consultation with a youth protection consultant on how to do things differently. The term Blitz, used to identify the project, can be explained by the early involvement of key players in responding to a request that had a short timeline.

The Blitz project is a union of experts from two major directorates (the Youth Program Directorate and the Director of Youth Protection) formed to reflect and establish a joint trajectory to meet user needs. This highly creative project distinguished itself by the quality and rigour of the process in implementing this exercise.

Subcommittees were developed for working cells with the managers of relevant departments and a presentation was made to all volunteer staff ready to participate in this collective effort. The first- and second-line services were combined to allow all interested parties to actively participate in the project by conducting assessments on the waiting list cases retained in the reception and processing department. The CISSS de Laval values were thus repeatedly observed.

Other clinical managers and retirees also joined to give up some of their time and expertise for the well-being of users.

Of the 121 files originally pending, we are now down to zero. The files were all assigned with an average rate of 15 assignments per week. This is a testament to the quality and engagement of field workers.



**Sonia Mailloux**  
Director of Youth Protection/provincial director

**Other people involved in the project:**  
Danielle Jourdain, head of DPJ evaluation/orientation  
Martine Lacourse, head of DPJ evaluation/orientation  
Frédéric Gervais, DPJ coordinator  
Karine Locas, head of problem youth and addictions 13-17 years  
Anick Deslongchamps, youth program manager



# STAY CONNECTED!

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# "PEOPLE-FOCUSED" CATEGORY

Focuses on the human aspect of healthcare.

## THE GREEN SQUAD

Since January 2019, a new Green Squad with six people on board each day collect and recycle cardboard and plastic at **Hôpital Fleurimont, CIUSSS de l'Estrie - CHUS**. These individuals have either an intellectual disability or autism spectrum disorder and play a socially valued role while they learn to integrate and develop skills for the labour market.

It is, in fact, thanks to them that the medical plastics recycling project was initiated at Hôpital Fleurimont. A first! There are now over 20 pick-ups and the team continues to expand their collection points within the facility. The hospital is a major plastic generator, and this recycling project allows people to integrate into our society and gain self-worth, while reducing our environmental footprint.

Since they provide a service that's complementary to that of maintenance workers, Green Squad workers have been integrated as part of the Hygiene and Sanitation team. They take their breaks with the members of this team, which allows them to break their isolation and build healthy relationships.

Every day, these users receive extraordinary recognition from the employees they encounter on different floors and in the corridors. They wear shirts that identify them and are warmly greeted by staff members. They have lost count of the times they are told they are doing a great job! Imagine their pride... They take their place, make a valued contribution, and bring new colour to the workplace.



Émilie Gadbois  
Special Educator

#### Other people involved in the project:

Steve Cabana, Marco Lemay, Chantal St-Onge, Green Squad workers  
Steve : Hôpital Fleurimont Hygiene and Sanitation Department Manager, Marco : Sustainable Development Advisor, Chantal : ID-ASD-PD Socioprofessional Integration Department Manager



# "PEOPLE-FOCUSED" CATEGORY

Focuses on the human aspect of healthcare.

## REVENIR LES BRAS VIDES [RETURNING WITH EMPTY ARMS]

In 2020, perinatal bereavement is a significant and yet little known, often misunderstood reality. Every year in Quebec, more than 300 babies are stillborn and just as many die within their first month of life.

"Revenir les bras vides" (Returning with Empty Arms) is a four-hour documentary series prepared by **CHU Sainte-Justine**, which presents the stories of parents who have lived through perinatal bereavement and the stories of their loved ones to offer better insight into this taboo subject. Throughout their testimony, doctors, nurses, psychologists and many other specialists provide their expertise to clarify different aspects of perinatal bereavement. These videos were created to help and to educate parents and their loved ones.

This series is free and available at all times through:

- The CHUSJ website: [www.chusj.org/deuilperinatal](http://www.chusj.org/deuilperinatal)
- The CHUSJ Professional Training Platform
- The website and on Savoir média

Hearing the stories of other families who have been through this ordeal and obtaining insight from professionals who can shed some more light on the matter can help support grieving parents experiencing this tragedy, as well as their loved ones.

At the same time, a reliable information tab on perinatal bereavement was developed both in English and French on the **CHUSJ** website.



Pierre Guimond  
Techno-educator

**Other people involved in the project:**

Violaine Camal, Johanne Martel, Geneviève Plourde, Karine Veillette  
Nurse, nurse Manager, clinical nurse, head nurse

## THE END OF TREATMENT: A SURVIVORSHIP MANUAL

Survivorship is the journey that begins after cancer treatment and that continues until the end of a person's life. Nurses at the **CHU de Québec-Université Laval** decided to create a project that involved teaching and transitioning a patient into the survivorship stage, meaning into their new life after cancer. To highlight their courage in fighting the disease, survivors are invited to ring a bell, a symbol of the transition to survivorship, sign a gold book that leaves a message of hope for the next person, and post a photograph as a souvenir of their new status as a survivor.

This project aims to:

- Accompany: guide the person and collaborate as experts. Patients are the experts of their own lives while caregivers are experts in care.
- Foster autonomy: respect the freedom and dignity of the person to ensure that patients participate in decisions about their health to increase their motivation and confidence in their treatment plan and their return home.
- Value: seek out and promote a person's abilities and efforts by recognizing their unconditional value and potential.
- Ask open-ended questions: encourage patients to think and develop their thoughts to strengthen the collaborative relationship and truly deepen what life means to them.



Julie Tremblay  
Nurse

**Other people involved in the project:**

Caroline Bourget et Karine Desgroseilliers, nurses



# "PEOPLE-FOCUSED" CATEGORY

Focuses on the human aspect of healthcare.

## INTENSIVE CARE UNIT BRIDGE PROGRAM (ICUBP)

The Intensive Care Unit (ICU) Bridge Program provides university students with the opportunity to volunteer and shadow in the ICU. Not only does this help visitors in these vulnerable times, but the experience gained by our volunteers will help shape our future health care practitioners.

The ICU is often an extremely intimidating and stressful environment. Visitors trying to find their loved ones in critical condition are often met with empty desks and unanswered phone calls. The purpose of the ICU Bridge Program is to provide a human touch for patients and their loved ones. The program has 160+ volunteers from over seven different universities, each dedicating four hours per week in four different hospitals (**Montreal General, Jewish General, Royal Victoria and Montreal Children's Hospitals**). During each shift, volunteers play the important role of liaison between hospital staff, patients and their families by facilitating compassionate communication and support for visitors who may feel overwhelmed or anxious. The mission of the ICU Bridge Program is to help humanize healthcare by providing friendly faces and heartfelt gestures to support patients and their loved ones during extremely difficult times. The program also provides volunteers with the opportunity to shadow and learn from health care professionals in their day-to-day practice.

The interaction with families and patients, combined with the experience of seeing medical procedures and how professionals handle a variety of situations, serve as a source of dynamic learning that sets a foundation for the future careers of these students.

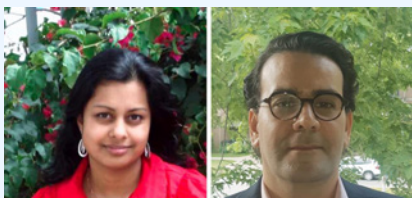


**Adamo Donovan**  
McGill PhD Student in Experimental Medicine  
& Director/Co-Founder of the ICU Bridge Program

**Other people involved in the project:**  
David Hornstein, Rabbia Tariq, Vesela Ivanova, Adrian Goin, Husein Nafisa, Harriet Yan, Lauriane Forest, Samanta Di Stefano, Tarek Taifour, Cynthia Ventrella, Luisa Righetti, Home Danaie, Tara Santavicca, Cristen Kfoury, Alison Rowley, Stephanie Bui, Grégoire Lapointe, Andréa Azar  
Intensivist, Family Nurse Clinician, 17 University Students (McGill, Concordia, Université de Montréal and Université Laval)

## BRIEF CHAIR-SIDE MINDFULNESS INTERVENTION FOR DEPRESSION AND ANXIETY SYMPTOMS IN PATIENTS UNDERGOING DIALYSIS

**Context:** 20-50% of patients undergoing dialysis suffer from depression and/or anxiety; both symptomatology are associated with sleep problems, decreased quality of life and increased mortality. However, depression and anxiety symptoms are rarely assessed in these patients and the majority of them are not receiving psychological treatment.



**Nassim Marouane**  
Planning, Programming and Research Officer – CIUSSS  
Centre Ouest

**Other people involved in the project:**  
Neti Sasi, Master of Social Work  
Maryse Gautier – Psychologist

**Mindfulness interventions:** For an eight-week period, we offered brief mindfulness-based interventions (BMI) to patients undergoing hemodialysis at hemodialysis centres in Montreal (**Jewish General Hospital, Centre hospitalier de l'Université de Montréal (CHUM), Montreal General Hospital and Lachine Hospital**) to help them to cope with stress and anxiety.

**Description:** After a brief introduction to mindfulness, a trained practitioner guided participants undergoing hemodialysis through a 15- to 20-minute session combining various mindfulness meditation techniques drawn from mindfulness-based cognitive therapy (MBCT). These included a body scan, mindful eating, guided breath meditation and mindful movement. Techniques involved paying attention to specific elements of one's experience, free from judgment.

The sessions also included a brief check-in/question-and-answer component incorporating cognitive therapy/psychoeducation (3–5 minutes), with discussions on such topics as: the difference between the present moment versus future- and past-awareness.

The interventions were offered in English or French via audio headsets, which allowed between four and six participants to receive instruction at the same time. A 10-minute daily home mindfulness practice was also encouraged.

# "PEOPLE-FOCUSED" CATEGORY

Focuses on the human aspect of healthcare.

## IMPLEMENTATION OF A MALNUTRITION TREATMENT PATHWAY

Malnutrition is a global problem that is commonly seen in Canadian hospitals. According to the literature, 40-45 % of patients admitted to hospitals are either at risk of malnutrition or are already malnourished. Compared to their properly nourished counterparts, malnourished patients tend to have poorer outcomes, making it difficult for them to heal and recover. Such outcomes include: infections, poor healing of wounds, increased risk of pressure ulcers, higher rate of post-surgical complications, increased morbidity and mortality leading to decreased patient experience, longer stays and higher hospital costs.

In May 2018, the Clinical Nutrition Department at the **CIUSSS du Centre-Ouest-de-l'Île-de-Montréal** implemented a malnutrition treatment pathway to better identify, diagnose and monitor malnutrition. This process involved changes to malnutrition screening and treatment practices to offer a more structured approach and ensure that this vulnerable patient population is seen and treated.

The objectives of this project were to: screen patients for malnutrition upon admission using a validated screening tool called the Canadian Nutrition Screening Tool (developed by the Canadian Malnutrition Task Force), assess at-risk patients using an assessment tool called the Subjective Global Assessment (SGA), diagnose assessed patients with the appropriate level of malnutrition, monitor patient consumption using a malnutrition pathway, and transfer information upon discharge to ensure continuity of care.



**Donna Schafer**  
Chief of Clinical Nutrition, Dietitian – Nutritionist

**Other people involved in the project:**  
Patricia Urrico and the entire Clinical Nutrition Department at the Jewish General Hospital.

Dietitians/ nutritionists and dietetic technicians

## CLINIQUE SANTÉ GLOBALE ET TOXICOMANIE DE HOCHELAGA

The Clinique santé globale et toxicomanie de Hochelaga is a new service offering at the **CLSC de Hochelaga, CIUSSS de l'Île-de-Montréal**. Given the scarcity of addiction services in Montréal's east end, a few members of the Mental Health, Addiction and Homelessness team at the CLSC de Hochelaga, as well as family physicians at the CLSC, took the initiative of establishing this clinic. The clinic's multidisciplinary team, initially smaller, now has a strong team of four physicians, two clinical nurses, two specialized nurse practitioners and a social worker.

The purpose of this clinic is to provide health care services to individuals with alcohol and drug addiction. Specifically, we wish to treat marginalized, isolated and unstable individuals who are unable to have their needs met through current services. This clinic adopts a harm reduction approach that aims to reduce the impact of substance use not only on the person, but on their family and friends, and the general population as well. Specifically, we offer alcohol withdrawal and relapse prevention treatments.

Moreover, most of the clinic is devoted to the prescription of methadone or suboxone, known treatments for opiate addiction. Both drugs help in reducing opioid use, the risk of overdose and the incidence of HIV and hepatitis C.



**Dr. Christine Ouellette**  
Family Physician

**Other people involved in the project:**  
Jonathan Picard, Rachèle Fournier-Noël, Iskra Pirija, Élyse Leconte, Kim Périard, Fanny Dergan, Marie-Christine Laramée, Danielle Boudreault, Hugo Tremblay

Family physicians, specialized nurse practitioners, clinical nurses, and social workers.

# "PEOPLE-FOCUSED" CATEGORY

Focuses on the human aspect of healthcare.

## AIFRED HEALTH: APPLYING ARTIFICIAL INTELLIGENCE TO MENTAL HEALTHCARE

Aifred's mission is to significantly drive improvements in the care of millions of patients across the world suffering from depression. While there are numerous treatment options for depression, individual responses to treatment vary tremendously. In fact, two thirds of patients will not recover after their first attempt at treatment, leading to an arduous trial-and-error process to determine what works.

In collaboration with our interdisciplinary team of physicians, neuroscientists and machine learning engineers from **Douglas Mental Health University Institute**, the Aifred team uses artificial intelligence (AI) to help doctors make better treatment decisions in mental healthcare. Starting with depression, Aifred is building clinical software to enable care providers to individualize decisions on the course of treatment to follow for each patient. The solution uses AI to learn from thousands of patients to help tailor mental health treatment, reducing the time it takes for a patient to recover.

Preliminary results suggest that the technology can help to reduce recovery times by up to half. The team is in the process of launching the first clinical trial of an AI medical decision-making support tool in Canada.



David Benrimoh  
Resident in Psychiatry at McGill University

Other people involved in the project:  
Massingham, Marina, management  
Israel, Sonia, neuroscientist  
Perlman, Kelly, neuroscientist  
Fratila, Robert, engineer  
Armstrong, Caitrin, data scientist

## MOBILE OUTREACH NURSING CLINIC



Stéphane Gravel  
Nurse

As part of the specialized program on homelessness at the **CISSS de Lanaudière (ÉSIL)**, we observed a recurrent difficulty in health care, despite the implementation of referral mechanisms.

We are not born homeless, we become homeless. This is often the result of a long process of social withdrawal, impasses and failures at all levels. Obtaining health care services for people experiencing homelessness becomes a circular problem. Deteriorated health contributes to homelessness, and being homeless makes accessing care more difficult. In late 2018, the team decided to implement a mobile outreach nursing clinic project to attempt to end this vicious cycle.

The main objective of this project is to directly reach people experiencing homelessness in the community organizations they visit. It allows them to connect and provides them with advice and health care tailored to their needs, in a language they understand, while respecting their priorities. We meet with them in an environment that allows them to express their concerns about their health conditions and we provide them with the nursing care they would not otherwise seek. This clinic has a major impact on their health and well-being.

# "PEOPLE-FOCUSED" CATEGORY

Focuses on the human aspect of healthcare.

## EARLY IDENTIFICATION OF CLIENTS WHO CAN BENEFIT FROM PALLIATIVE HOUSING

Palliative and end-of-life care are essential services, as they have the potential to increase both the well-being of people living with progressive and irreversible diseases, and that of their loved ones.

Yet there is still a disparity in access to palliative care (PC), as only a minority of individuals in residential and long-term care centres (CHSLD) benefit from early PC, the average length of stay before death being of about two years. Moreover, these individuals often have access to PC only at the end of life, resulting in unnecessary suffering. Therefore, an early identification process is essential for optimizing PC.

At the **CIUSSS de l'Est-de-l'île-de-Montréal**, barriers in providing PC in residential and long-term care centres include a lack of training and gaps in communication between stakeholders. This can affect the quality of care and experience of the person and their loved ones.

The implemented project aims to establish a systematic early identification process for patients who can benefit from PC in CHSLDs.

To accomplish this, training was provided to various health care professionals in the 15 CHSLDs to explain the steps (identification, evaluation and planning) and to provide the tools needed to conduct early identification, including asking themselves the question: "Would you be surprised if this person died in the next year?"

We then provide and continue to provide field coaching to teams in each CHSLD to help them put theory into practice.



**Mara De Simone**  
Senior Nursing Advisor

### Other people involved in the project:

Primiano, Sabrina, nursing Advisor  
Gauthier, Amélie, residential Coordinator  
Tremblay, Nicole, senior nursing advisor - retired since May 2019  
Thompson, Michèle-Ann, home support coordinator  
Fortin, Nathalie, SAPA coordinator

## ACTIVATION GROUPS

At the **Centre de réadaptation en déficience physique de Val-d'Or**, there was once a team of neurotrauma workers who wondered how to make their services more human-centred and who were focused on sharing experiences while they promoted client self-determination (all of their clients had serious injuries from an accident). We knew the value of group intervention and wanted clients to be able to act as role models for one another and serve as motivators in rehabilitation.

The challenge was undertaking such a project while overloaded with work and short-staffed in an environment where change is not easy to implement. Because we were committed to this project, we began with the resources we had available. We created activation groups through a variety of activities such as cooking, carpentry, crafts, exercise and relaxation. These groups were led by specialized and dedicated educators, and visited by occupational therapists, physiotherapists, psychologists, kinesiologists or social workers so they could see their client in another context and therefore develop a stronger therapeutic alliance.

The group dynamic encourages the integration of learning across various disciplines. Everyone is responsible for their own goals: exercise, posture, energy management and capacity development. Guided by the various stakeholders, everyone shares their experience, motivates and influences one another in a positive way. Soon, a "small community" (as described by a client) began to take shape. Clients began experiencing more successful rehabilitation.



**Marie-Christine Jobin-Chayer**  
Occupational Therapist

### Other people involved in the project:

Bruneau, Carole and Martin, Adjanie  
occupational therapist and kinesiologist (acting as specialized educator for this project)





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**- Kelly-Ann,  
occupational therapy student**

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the website, that's  
great!"**

**- Jonathan,  
psychoeducator**

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# "MODERN" CATEGORY

Creates advantages for patients and their families by implementing new procedures.

## TRANSFORMING THE WORK OF ORTHOTIC AND PROSTHETIC TECHNICIANS AND MECHANICS USING DIGITAL TECHNOLOGIES AND 3D ADDITIVE PRINTING AT THE CHU SAINTE-JUSTINE CRME

The work of an orthotic and prosthetic technician and mechanic is traditionally an expertise based on plaster, casting and assembly techniques. Over the past eight years, new computer-aided design and manufacturing technologies have profoundly changed the work of these teams at the **CHU Sainte-Justine Centre de réadaptation Marie Enfant (CRME)**.

In the spring of 2018, during the launch of the Technopôle en réadaptation pédiatrique, 13 orthotic and prosthetic technicians and mechanics participated in a 40-hour training course on the use of 3D modelling software. Since this type of knowledge is not part of the academic curriculum of orthotic and prosthetic technicians in Quebec, the Technical Aids Services (TAS) team became the first team in Quebec to acquire skills in this very specific field.

The purpose of this training was to allow orthotic and prosthetic technicians and mechanics to virtually design orthotics, prosthetics or specific components from scanned digital images. These virtual models would be transmitted to new manufacturing equipment: 3D additive printers for plastic or metal. Thanks to this training and new equipment, the TAS is part of a comprehensive modernization and transitioning initiative for its clinical and production activities. The objective would be to almost completely eliminate traditional measurement and plaster design techniques within the next 10 years.

This will allow our clients to receive new technical aids more quickly and through less restrictive processes, while ensuring the high quality and customization standards that CHU Sainte-Justine is known for. After nine months of trial and error and of familiarization with this new equipment, the team of technicians completed 15 orthotic projects or components using these new 3D modelling and 3D printing processes.



**Marco Larouche**  
Production Supervisor, Orthotic and Prosthetic Technician

**Other people involved in the project:**  
Maggie Sauvé, Marilee Gagnon, Julie Leduc, Sandra Viau, Elyse Quézel, Valérie Côté,  
Jean-Philippe Côté, Marie France Légaré et Olivier Boissonneault

Orthotic and prosthetic technician, orthotic and prosthetic mechanic



# "MODERN" CATEGORY

Creates advantages for patients and their families by implementing new procedures.

## BLUES: ADAPTING AND IMPLEMENTING AN INNOVATIVE INTERVENTION PROGRAM IN CHILD PSYCHIATRY UNITS

BLUES is a group intervention program that focuses on the development of cognitive restructuring skills and mobilization towards behavioural activation, the basic concepts of the cognitive-behavioural approach.

This program, studied and validated in the United States and Quebec, aims to prevent depression in youth aged 12 to 18 with major depressive symptoms, to reduce their symptoms and improve their daily functions. The program impacts are comparable to those of longer, more intensive programs, and its effects (reduction in depressive symptoms, increase in social functioning) persist over a period of two years.

As part of this program, initially designed as a targeted prevention program for school participants, we were actively involved in implementing an appropriation and adaptation process in order to introduce it in the hospital setting of our child psychiatry units.

This reality, much different from the school context, involves youth with confirmed mental health issues and varying lengths of stay. Our two hospital units at the **CIUSSS du Nord-de-l'Île-de-Montréal** are the first in Quebec to introduce the BLUES program into a non-academic context. We offer it to all of our patients (with certain exclusions) as part of a global prevention and intervention approach aimed at equipping young people in healthy mood management.



Geneviève David  
Psychoeducator

Other people involved in the project:  
Sybel Lavergne-Périard, Julie Beauchamp, psychoeducator

## TEMPERATURE REGULATION OF PREMATURE NEWBORNS DURING PROCEDURES

Ensuring adequate body temperature is a Canadian priority in the care of premature newborns. Hypothermia is associated with increased mortality and morbidity (brain bleeding, hypoglycaemia, pulmonary hypertension, etc.). Data collected in the ward among premature newborns undergoing procedures (catheter installation, ultrasounds, etc.) showed that 50% were hypothermic following these procedures.

A neonatology team at **CHU Sainte-Justine** addressed this issue using an innovative approach! Based on continuous improvement processes, a simple and inexpensive strategy was selected: installing the premature newborn in a polyethylene (plastic) bag. This method was already recommended by the Canadian Paediatric Society and was shown to be effective in neonatal resuscitation to reduce heat loss. Since this method had never been used beyond the first few hours of life, the interdisciplinary team innovated by placing the newborn in a bag during the procedures. Transferring our knowledge and resources into different situations is how we innovate!



Justine B. Gravel  
Clinical Nurse

Other people involved in the project:  
Larone Juneau, Audrey; Ethier, Guillaume; Lapointe, Anie

Executive nurse consultant, neonatology nurse practitioner,  
neonatologist

The results obtained from the systematic use of the polyethylene bag during procedures were more than satisfactory. The average post-procedure axillary temperature increased from 36.4 to 36.9°C, while the mean variation increased from -0.5 to 0.0°C, which exactly meets the standards and significantly reduces the risk of hypothermia in this fragile clientele. To impact as many premature newborns as possible, the team has already begun to share this innovation across the Canadian network and inspire several centres.

# "MODERN" CATEGORY

Creates advantages for patients and their families by implementing new procedures.

## GROUP A/DOCK

There are few, if any, group treatment services available to adolescent sexual offenders outside of major urban centres. Prior to 2018, eligible young Estrie residents were redirected to a specialized centre in Montréal. One meeting per week took a great deal of money, time and energy for these young people and their families. Since these major constraints were often a source of abandonment, it became urgent to address this issue by introducing our own group treatment program in Estrie.

At the **Centre jeunesse de l'Estrie at the CIUSSS de l'Estrie**, we developed a program that included an average of 22 weekly meetings of two hours each, covering several modules.

Since January 2018, five cohorts of young people have participated in the entire process, and a sixth cohort is currently underway. The groups are split between two points of service in Estrie (Sherbrooke and Granby) and we have six facilitators trained to facilitate such a group.

The typical A/Dock session begins with the arrival of the young people (five to eight teens per group). Dinner is provided and serves as a time to exchange and foster new connections. The rest of the session is spent working. Participants must complete the process for assuming their accountability for and understanding of sexual assault and put in place ways to prevent a repeated offence. Information sessions and parent follow-up meetings are also planned and ongoing.



**Geneviève Clements**  
Psychoeducator

**Other people involved in the project:**

Barette, Marc-Antoine, social worker, Mélanie Boutet, psychoeducator, Bertin Desmeules, psychoeducator, Denis Nadeau, department head, David Belisle, psychoeducator, Dominic L'Heureux, psychoeducator

## FROTON AT SCHOOL

Froton was created by Valérie Fortin, a pediatric assistant head nurse from Alma, along with the team at the Centre des naissances et pédiatrie at **Hôpital d'Alma, CIUSSS Saguenay-Lac-Saint-Jean**, in order to make hand washing more fun at the hospital.

Sylvie Charland, a school nurse with the Direction de la santé publique, decided to take the Froton raccoon from the hospital to encourage hand washing at school. This initiative was adopted as part of the "École en Santé" (Healthy School) initiative and intended to promote a common identifier between the hospital, school and home to ensure continuity of the message among the population. By properly integrating the project among teachers, far from burdening their tasks, Froton in fact helped explore topics in science, reading, speaking, etc.

For example, first-grade students at Vanier were shown how to wash their hands and taught infection prevention (when, how, why), as they learned Froton's nursery rhyme, which describes hand washing steps. Both groups of students proudly sang the song in all school classes to spread the message. Some children held mini Froton mascots (stuffed animals), while others held up signs of Froton.

The response was warm in all classes, especially during our choir's "Salute"! Ms. Charland, in her role as school nurse, presented the poster to be placed in the school washrooms and reiterated the importance of hand washing in infection prevention. Back in class, students were given a Froton drawing where they had to trace their hand using foam bubbles. The goal of this initiative is for them to take Froton home with them so they can spread the message.

The dissemination by and for the community has made this project a success and will contribute to its longevity.



**Sylvie Charland**  
Clinical nurse

**Other people involved in the project:**

Élisabeth Girard, administrative officer, Élise Bisson et Isabelle Verreault, teachers, Stéphane Proulx, manager



# "MODERN" CATEGORY

Creates advantages for patients and their families by implementing new procedures.

## INTÉGRATION À L'EMPLOI, UNE CHANCE POUR TOI ET MOI [EMPLOYMENT INTEGRATION, A CHANCE FOR YOU AND ME]

The "Intégration à l'emploi, une chance pour toi et moi" (Employment integration, a chance for you and me) project was created thanks to a private donation through Fondation de ma vie. This project, created by the **CIUSSS du Saguenay-Lac-Saint-Jean in ID-ASD-PD**, has increased the integration of individuals with intellectual disabilities and autism spectrum disorders into the labour market.

Through targeted support, community investment and employer leadership, these working-age adults can more easily join the workforce. Our goal is to facilitate and strengthen ties between employer demands and the labour supply of these individuals.

We therefore decided to put patient partners at the heart of the project to showcase their potential, their skills and to take advantage of this opportunity to collect their opinions and suggestions. Collaboration with users was prepared by the entire team. Three patients/partners were selected and paid to participate in the project development process on an advisory and decision-making basis.

In collaboration with the CIUSSS Saguenay-Lac-Saint-Jean patient/partner office, candidates were given the opportunity to experience a formal selection process. Their role as consultants included participating in all project implementation committee meetings in an advisory and decision-making capacity; raising awareness through various work integration activities in order to promote them (workplace tours, contracts, completion of various trades and promotional booth visits); and participating in all preparatory and promotional activities such as selecting the brochure, products, booth and workplaces.



Annick Tremblay  
Project Manager

**Other people involved in the project:**  
Julie Labrecque, Annick Tremblay, Damien Potvin, Nicolas Savard, Jade Lavoie, Julien Bouchard, Marlène Simard, Nadia Gaudreault, Jean Morais et Nancy Brassard.

A committee made up of managers, clinical activity specialists, educators, tradespeople, special education trainees and users recruited and trained with the patient collaboration and partnership office..

## AUTOIMMUNE BULLOUS DISEASE CLINIC

There are many diseases that affect different systems and parts of the body at the same time. Patients suffering from these diseases often have to see multiple physicians and rarely have appointments that can be scheduled on the same day.

The Dermatology Department at **CHUM** manages certain autoimmune diseases. Autoimmunity occurs when a patient develops antibodies that attack their own body. In this particular case, we are referring to autoimmune bullous diseases, which are diseases that, while not well known to the population, can sometimes be quite serious.

Patients develop bubbles and blisters (sores or abscesses) that appear after they produce antibodies against their own skin. These lesions not only develop on the skin, but also in mucous membranes such as the inside of the mouth, the conjunctiva of the eyes, and also in the trachea, esophagus, genitalia, and more.

So depending on the extent of inflammation and lesions, patients may experience mild to severe complications.

In worst cases, these complications can lead to blindness and scars in the digestive tract or respiratory tract. Patients may experience significant pain and have difficulty eating.

Our project involved developing a multidisciplinary clinic so that the patient could be seen by all the doctors treating the different parts of their body in the same half-day.



Benoît Côté  
Dermatologist

**Other people involved in the project:**  
Gastroenterologist, oral pathologist, gynecologist, nursing assistant, nurse, administrative officer, clinical administrative co-manager, enterostomal therapist, dermatology

# "MODERN" CATEGORY

Creates advantages for patients and their families by implementing new procedures.

## GROUP SPEECH THERAPY INTERVENTION MODEL TO HELP CHEMO-RADIATION THERAPY PATIENTS WITH HEAD AND NECK CANCER

Since joining the ENT oncology team at CHUM in 2013, speech therapist Nancy Latulippe has developed a real passion and expertise for patient follow-up in chemo-radiation therapy treatments for ENT cancer.

In an effort to facilitate patients' adherence to interventions that help limit the development of swallowing disorders (dysphagia) frequently associated with these treatments, Ms. Latulippe has given herself the personal challenge of providing an effective and humane solution to the problem.

That's how the innovative concept, which has never before been adapted to this clientele, was born—weekly speech therapy groups. Part of a retrospective research project conducted by a UQTR student (Cindy Lévesque-Boissonneault) and a second prospective project to come, the preliminary data collected is impressive with patients in the group completing their treatment showing significantly fewer swallowing difficulties.



Nancy Latulippe  
Speech Therapist

Ms. Latulippe's project has generated enthusiasm among managers for its efficiency as well as among her peers for its originality and effectiveness as demonstrated by the research and the positive feedback received by many patients. The participation of a patient-partner from the therapy group was added to strengthen participant support.

The scope of this simple and effective concept is immense as it could be applied wherever ENT cancer treatments are administered, limiting the impact of treatments on the swallowing abilities of patients, and ultimately contributing to improved health and quality of life.

## A NEW MODEL OF INTERDISCIPLINARY CLINICAL ROLES IN DYSPHAGIA: A MAJOR BREAKTHROUGH FOR CLIENTS

Dysphagia is a swallowing disorder that can lead to malnutrition, dehydration and possibly airway obstruction or aspiration pneumonia, which can have serious and fatal consequences. Many professionals with complementary expertise revolve around these patients (occupational therapists, nutritionists, speech therapists, nurses, attendants, etc.), which sometimes creates confusion about each one's roles and responsibilities, potentially affecting the quality of care and services received.

CHU de Québec-Université Laval, concerned for several years now about improving the services provided to users with dysphagia, developed an innovative clinical role and process model where the user trajectory and modes of operation between the key professionals involved in the clinical screening and assessment of dysphagia were completely revised. The focus has now been centered on the added value of each stakeholder in order to significantly improve the quality and safety of patient care and services.

Dedicated interdisciplinary teams are now intervening early with clients, thereby reducing potential complications, the use of more invasive tests, as well as the anxiety experienced by users and their loved ones, and increasing the clinical relevance of actions through greater collaboration among stakeholders. While a single disciplinary approach was once often used, stakeholders now coordinate to determine the level of interdisciplinarity required for evaluation and to make recommendations collaboratively, thereby promoting benefits both for the user and for the institution.



Isabelle Richer  
Project Manager and Interprofessional Collaboration Coordinator

Other people involved in the project:  
Faucher Mélanie, Brodeur Marie-Claude, Tremblay Stéphane, Demers Mimi, Giroux Marianne

Professional practice development officer for speech therapy, assistant director of multidisciplinary services, director of multidisciplinary services, professional practice development officers in nutrition and occupational therapy

# "MODERN" CATEGORY

Creates advantages for patients and their families by implementing new procedures.

## TEMPORARY OVERFLOW UNIT FOR HOMELESSNESS AT OLD ROYAL VICTORIA HOSPITAL

The **Royal Victoria** project aims to provide access to a safe bed for all those who request one and who have not been housed within regular services. This emergency and personal safety measure had to be implemented using high threshold approaches of accessibility, inclusiveness and gender-based analysis (GBA+). For example, men, women, trans persons, couples, people with reduced mobility, people with pets and people who are turned down by other homeless services can get access to a bed in the winter.

The implementation of a high-threshold service is innovative in Montréal, as no community organization is unconditionally welcoming of all homeless individuals. We therefore developed a new intervention approach and protocol guide for high-threshold accessibility services.

Additionally, this project is based on the strength of partnership, which allows for diverse intervention to meet a variety of needs. The implementation of this project fills a significant service gap that was observed annually by all partners involved in the implementation of winter homelessness emergency measures (community organizations, the City, the health network, SPVM, etc.). Some of the homeless population, including couples and those with pets, did not have access to housing as they did not meet the criteria, and therefore had no place to sleep and no access to support services to get off the street.

Our project was highly visible, since the use of a vacant building to temporarily house the most vulnerable members of our society was widely recognized by the media and elected officials. We also earned a Fortissimo Innovation Award. According to data collected last year, more than 1,600 different people slept there. We have therefore decided to repeat the project for two more years, during which we will reassess all access to services for this clientele.



**Catherine Giroux**  
Social Worker, planning, programming and research officer

**Other people involved in the project:**  
Social Worker, planning, programming and research officer, managers

## UNE SAISON À LA FOIS [SEASON BY SEASON]



**Chantal Cloutier**  
Special Educator

**Other person involved in the project:**  
Sarah Finlayson, social worker

"Une saison à la fois" (Season by Season) is a group approach that aims to introduce mental health service users to photographic art and to help them put together a collective exhibit. This innovative project is bilingual and offered to adult mental health patients in the Côte-de-Gaspé local service network.

The project was initiated by **CISSS de la Gaspésie** to promote user recovery through a creative and positive approach in a group setting. Participants are encouraged to take on challenges, expand their support network, strengthen their self-esteem, adopt healthy lifestyle habits and break isolation. Through this project, participants become better equipped to recognize their inner strengths and their ability to impact their own well-being.

In 2019, two project stakeholders held four outdoor photo outings (one per season) as well as integration and planning meetings with the group of participants. A professional photographer also participated in the outings to teach participants some basic techniques.

At the end of the year, the works of participants were exhibited in the community, which was a valuable experience for them. The exposure also benefited the community and helped increase the visibility of mental health services and fight stigma.



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# "HIGH-PERFORMANCE" CATEGORY

Improves procedures by promoting the interaction of disciplines (interdisciplinarity).

## ONBOARDING PROJECT FOR NEW ORDERLIES

The goal of this project was to improve the way we welcome new CHSLD orderlies. Onboarding is a major issue in employee retention, workplace injury prevention and the quality of living environments for residents.

The project included 14 CHSLDs located in the **Laurentides** region. A "CHSLD-specific" welcome and integration day was created to allow new staff members to gain greater insight into CHSLD-specific practices. We enhanced orientation days using harmonized tools. More than 80 orderly-advisors were trained across the entire Laurentides territory to teach, welcome and support the succession. An advisor is now available for each shift to ensure quality orientation.

Creating this project required significant effort and collaboration. It included a joint committee made up of a CSN union representative, a preventionist, a labour relations representative, a senior nursing advisor, a SAPA manager, a coordinator and a SAPA CHSLD assistant director, all united to achieve this common goal.

The difficulty of freeing up advisors remains our biggest challenge to date. The need for guidance is current and we continue to move this project forward. Guidance teams are flourishing and dedicated! Together, we have built an amazing project.



Andrée Chamaillard  
Orderly

Other people involved in the project:  
Sylvie Bergeron et Julie Lacelle, orderly

# "HIGH-PERFORMANCE" CATEGORY

Improves procedures by promoting the interaction of disciplines (interdisciplinarity).

## DEPLOYMENT OF PPCC TEAMS ON CARE UNITS

The project to deploy teams for early joint discharge planning (planification précoce et conjointe des congés - PPCC) at **Maisonnette-Rosemont Hospital and Santa Cabrini Hospital** began in spring 2018 and is set to end in spring 2020.

Its aim is to ensure optimal hospital discharge planning by systematically identifying patients with potential issues at discharge, while increasing collaboration among the interdisciplinary care unit team, emergency partners and the community. The project helps reduce the average length of stays. It also aims to prevent returns to emergency, readmissions and requests for hospital accommodation. Furthermore, it increases user satisfaction by avoiding repeated questions.

The PPCC model was developed in collaboration with users and stakeholders from diverse backgrounds and expertise, in particular at a large participatory forum held in 2018.

It defines a dedicated PPCC team for each of the 18 units and identifies users with vulnerabilities through a questionnaire completed by the user, his or her loved ones or a health professional. The questionnaire is then validated by the nurse. The targeted patients benefit from a greater intensity of interdisciplinary collaboration. The PPCC ensures that the right professionals are involved at the right time based on clinical relevance, and that they are connected with partners.

Deployment was done in waves, with one coach per team to properly support the units and make the necessary adjustments quickly based on the needs identified.



**Steeve Gauthier**  
Nurse

**Other person involved in the project:**  
Sylvie Labrecque, occupational therapist

## FINANCIAL KATAS

In martial arts, a kata involves memorizing a set of techniques and executing them accurately. We were inspired by this practice to improve budget management within our institution at the **CISSS de la Gaspésie**.

Financial katas were put in place to assist the institution's clinical directors in structuring their budget management. Two 30-minute meetings are held periodically with each director, during which a series of questions are asked about:

- Their branch's overall financial situation;
- More problematic areas and possible solutions;
- Potential optimization of financial and clinical orders;
- How financial management can support them.

These meetings are held in person or virtually and include the clinical director, the appropriate staff member, the director of finance and the head of budget and performance.

By structuring meetings in this way, budget management is accessible to clinical directors, allowing them to get a comprehensive and timely picture of their directorate's budget situation, so it is possible to operate in solution mode rather than justification mode.

By always using the same set of questions, managers can practice their own financial kata with their teams when no meeting is held during a financial period. The tool has been adapted to each reality so managers and their teams can adopt a solution-seeking approach.



**Corinne Bouchard**  
Chief budget and Performance Officer

**Other person involved in the project:**  
Jean-Pierre Collette, director of financial resources and procurement

# "HIGH-PERFORMANCE" CATEGORY

Improves procedures by promoting the interaction of disciplines (interdisciplinarity).

## GEDIS IS FOR GROUPE D'ENSEIGNEMENT ET DE DÉVELOPPEMENT INTERDISCIPLINAIRE EN SIMULATION AT SANTA CABRINI HOSPITAL

Following a chaotic resuscitation in emergency at Santa Cabrini Hospital, CIUSSS de l'Île-de-Montréal, in the fall of 2018, we decided to create GEDIS, the Groupe d'Enseignement et de Développement Interdisciplinaire en Simulation. This comprehensive multi-component simulation program aims to reduce errors and improve the performance of cardiovascular resuscitation in the emergency, intensive care and inpatient departments. We are among the first hospitals in Quebec to offer high-fidelity simulations with a robot model directly in the resuscitation room. A groundbreaking innovation for a small community hospital!

This type of teaching allows us to increase realism and quickly identify errors or obstacles in effective resuscitation. It allows complex cases to be carried out safely for both patients and participants. We also offer "surprise simulations" directly in the departments to target particularly difficult or complex techniques or objectives to meet the needs of our interdisciplinary teams.

We organize monthly practical workshops for nurses and physicians in collaboration with specialists to improve our techniques and the quality of patient care.

We are very proud to have been featured in a TVA report on November 28, 2019 and in Université de Montréal's Rapport annuel de l'enseignement on February 20, 2020.



Dr. Geneviève Signori  
Physician

Other people involved in the project:  
Nathalie Cara, nursing consultant  
Julie Morin, pharmacist  
Nancy Lajeunesse, senior nursing consultant  
Joelle Lacoste De Lamirande, respiratory therapist

## IMPROVED PHYSIOTHERAPY PRACTICES FOR OUR OUTPATIENT CLIENTELE

In 2018, clients with musculoskeletal (non-surgical) disorders requiring physiotherapy services could be on wait lists for many years. In response to this situation, extra effort was made to serve all those on the list. The question then became what we could do to avoid ending up in a similar situation a few years from now.



Stéphane Dubuc  
Director of Multidisciplinary Services, Research and University Teaching

Other people involved in the project:  
Anne-Marie Breton, Manuel Campeau, Karine Cervera, Daniel Gingras, Dr. Hylan, Annik Jobin, Noémie Joseph-Blais, Hélène Lamalice, Pascale Maillette, Nadia Paquin, Dr. Trudeau.

Physical Therapy workers at external clinics, managers, clinical coordinators, head assistants, planning, programming and research officers, physiotherapists, physical rehabilitation therapists, orthopedists

At the time, patients with hip or knee replacements took up 80% of appointments. All were seen according to a relatively standard protocol. Given the importance placed on this priority clientele, stakeholders from CISSS de la Montérégie-Ouest came together to identify opportunities for more effective intervention. Based on evidence and experience, stakeholders identified distinct clinical protocols to provide an adapted and flexible service to meet patient needs. This marked the end of the "one-size-fits-all approach."

This process change, implemented in fall 2019, helped reduce the time spent on this clientele and, without adding human or financial resources, freed up time to serve our nonsurgical clientele. This change was also a springboard for the development of new interdisciplinary services for clients with persistent pain.

With the ultimate goal being to improve access to our services while referencing best practices, the service proposal review resulted in several sub-projects.

# "HIGH-PERFORMANCE" CATEGORY

Improves procedures by promoting the interaction of disciplines (interdisciplinarity).

## INTERDISCIPLINARY TRAINING PROCESS TO IMPLEMENT A NEW PATIENT TRAJECTORY FOR OUTPATIENT GYNECOLOGICAL SURGERIES

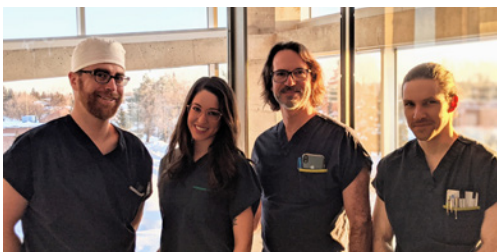
Day surgery (DS) has multiple benefits for both the patient and the health system. This trajectory is increasingly used, especially for hysterectomies.

At the **CISSS de la Montérégie-Est, at Pierre-Boucher hospital**, we began by putting together an interdisciplinary group to review the literature and collectively establish a list of new practices and knowledge needed to implement our project. After this phase, we identified teaching needs and learning objectives for each specialty (nursing, anesthesiology, gynecology and pharmacy). We then identified resource persons to train each one.

The training began with formal scientific presentations on best practices in outpatient gynecological surgery, tailored to the intended audience. We established feedback tools which helped identify training points to strengthen and prospectively monitor the integration of our training objectives into practice.

Our interdisciplinary training process has allowed us to implement a new patient trajectory for outpatient gynecological surgery, reduce the average length of stays and hospital costs, and ensure better use of resources, while having more competent and satisfied professionals. Since February 2018, we have conducted 91 day-surgery hysterectomies.

In addition, we presented conferences, helped other hospitals implement this new patient trajectory and won the 2019 Prix de l'innovation pédagogique en DPC awarded by the Conseil québécois de développement professionnel continu des médecins (CQDPCM).



Émy Boisvert  
Clinical Nurse

### Other people involved in the project:

Dr. Éric Paradis, Dr. Patrick St-Pierre, Dr. Guillaume Fugère-Nadeau  
obstetrician-gynecologist (Dr. Paradis), anesthesiologists (Dr. St-Pierre and Dr. Fugère-Nadeau)

## COMPLEMENTARY AEO FACT SHEETS FOR OUR BEES KEEPING WATCH!

**CHU Sainte-Justine's Centre de réadaptation Marie Enfant (CRME)** receives an average of 1,300 service requests (SR) each year for children with rehabilitation needs associated with impaired mobility or language deficiency. The vast majority of SRs are for clients under the age of five. For 2019–2020, we have already received 2,007 SRs to date! This represents 2,000 hours spent studying various need profiles to find a spot in rehabilitation for these clients.

This type of needs assessment is the responsibility of the AEO (welcome-assessment-orientation) team at the CRME. The team includes a speech therapist, physiotherapist, social worker and clinical nurse. This professional diversity is unique within the health and social services network (RSSS). The clinical skills of these stakeholders help provide in-depth analyses of client needs and also help properly direct the SRs.



Carolina Rossignuolo  
Access Manager, CRME

### Other people involved in the project:

Michel Desrosiers, Lisa Maria Villani, Annie Huot, Ginette Germain, Sulema Cruz et Carolina Rossignuolo

Physiotherapy, social service, nurse, speech therapist, administrative officer

This "bee team", as it is called, is constantly looking for ways to effectively target different need profiles. This is why a project was developed to add complementary AEO fact sheets to SRs. These fact sheets are designed to better define the functional impacts that youth and their families experience on a daily basis. This information is complementary to the content included in reports from the professionals who refer patients to the CRME.



# "HIGH-PERFORMANCE" CATEGORY

Improves procedures by promoting the interaction of disciplines (interdisciplinarity).

## FAMILY NURSES

The concept of a family nurse for the follow-up of patients suffering from chronic illnesses is based on a holistic approach to patient management. It is very rare in an aging population for a person to develop a single chronic or age-related disease. Our reality in Gaspésie is that our aging population is spread over a large, sparsely populated area with a harsh winter and a very poorly developed transit system. So, in order to maximize the patient's visit with their clinical nurse, the nurse takes the opportunity to also review the patient's overall physical and psychological condition to minimize the patient's travel to various health professionals.

This way of ensuring the follow up of patients with one or more chronic illnesses is optimal first and foremost for the professionals involved because it makes it possible to address the physical and psychological condition in a comprehensive manner and to report any anomalies detected to the attending physician.

Also, since everything is done with the same nurse, the patient does not have to make multiple appointments for various conditions and repeat their health history several times. This approach keeps knowledge up to date for several pathologies and provides a more diversified and stimulating practice.

Furthermore, all professionals are called upon to work in interdisciplinary cooperation, as each one has their own strengths. The local **CISSS de la Gaspésie** networks that deploy this practice assign their nurse clinicians by medical clinic or by group of family physicians in order to have a solid team with very little change in personnel.

Our CISSS has four local networks and we are working to ensure a harmonized way of working across the CISSS de la Gaspésie. In addition to sporadic client surveys in which clients report high levels of satisfaction, there is much less hospitalization for truly uncompensated conditions such as diabetes or chronic obstructive pulmonary disease.



**Marlène Parisé**  
Director of Multidisciplinary Services

**Other people involved in the project:**  
Hunter, Marie-Eve; Adams, Pamela; Fournier-Richard, Géma Béland, Alban; Méthot, Johanne  
Clinical Nurses, manager, assistant director general

## CLINIQUE DE LA VOIX PÉDIATRIQUE



**Mathieu Bergeron**  
ENT

**Other people involved in the project:**  
Nhan, Carol, ENT  
Dimova, Miroslava, speech therapists  
Rivard, Julie, speech therapists  
Sorokin, Alla, speech therapists

Scientific studies have shown that the multidisciplinary management of complex cases involving voice disorders improves patient prognosis, decision-making and quality of care. Voice disorders (dysphonia) are associated with social withdrawal and depression and have a negative influence on social, emotional and educational relationships. One study even showed that teachers negatively judge students with an altered voice.

Given the negative impact on the quality of life of patients with dysphonia, this condition must not be overlooked. There is currently little information on pediatric dysphonia, much less on those associated with aerodigestive pathologies. In this regard, the **Centre hospitalier universitaire (CHU) Sainte-Justine** is innovating once again by establishing a multidisciplinary pediatric specialty clinic (physicians and speech-language pathologists) for voice disorders, a first in North America. The team combines expertise in the assessment and optimal management of young dysphonic patients.

The super-specialized team consists of three pediatric dysphonia speech pathologists (Miroslava Dimova, Alla Sorokin and Julie Rivard) and two otolaryngologists (ENT) specializing in pediatric airway disorders (Dr. Carol Nhan and Dr. Mathieu Bergeron). The team also relies on the expertise of a nurse who contributes to overall assessment during clinics. The mission of the CHU Sainte-Justine Clinique de la Voix is to provide high-quality care and unparalleled expertise to improve the quality of life of its patients.



LES  
**PRIX SRS**  
STARS DU RÉSEAU DE LA SANTÉ



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2019-2020