REVUE SANTÉ







Caisse du Réseau de la santé

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THE CAISSE DEDICATED TO HEALTH AND SOCIAL SERVICES PROFESSIONALS!



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2100 De Maisonneuve East Blvd., Suite 102, Montréal, QC H2K 4S1 (Head Office) www.caissesante.ca

Caisse Desjardins du Réseau de la santé



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MESSAGE FROM THE CHAIR



We are proud to present this review of our Caisse's main achievements for the 2020 fiscal year.

TOGETHER FOR 120 YEARS

The first milestone in the creation of our great Group was reached 120 years ago. On December 6, 1900, with the help of Dorimène Desjardins and the participation of roughly 100 fellow citizens, Alphonse Desjardins founded the first Caisse populaire in Lévis. From that moment on, hundreds of Caisses opened across Quebec and Ontario. At the Caisse Desjardins du Réseau de la santé, we are proud to support you in your projects for the past 20 years.

AT YOUR SERVICE MORE THAN EVER IN THIS EXCEPTIONAL TIME

In March 2020, life in Quebec was put on hold to limit the spread of COVID-19. This affected society as a whole, with health and social service workers bearing the brunt. We would like to recognize your exceptional work and thank you for braving the storm to take care of us!

In keeping with its values of solidarity, Desjardins was one of the first financial institutions to implement relief measures for its members and clients who were hardest hit by the pandemic. These measures included deferred payments, reduced interest rates on some credit cards, refunds on insurance premiums, and loans of last resort.

Our cooperative has also deployed various measures to stop the spread of the virus:

- increasing its contactless payment limit to \$250;
- adding new features to our online services to provide end-to-end online service delivery;
- promoting direct deposit enrolment so that members could receive government benefits directly in their accounts

SPECIAL MEETINGS HELD ONLINE

Our annual general meeting, originally planned for April, was postponed due to the pandemic.

Planning general meetings entirely online required a huge amount of work in a short period of time. This new approach resulted in record-setting participation in the Group's democratic process. With the sharing project accepted, \$1.8 million will be paid out to Caisse members and the community in the form of individual member dividends and community dividends.

ACKNOWLEDGMENTS

An organization draws its humanity from its members. Our employees, managers and directors have gone above and beyond this year to support, advise and support you through these challenging times. I would like to extend my sincere thanks to them for their unwavering commitment and all their efforts as they coped with the effects of the pandemic. Special thanks to Martin Levac, whose leadership, good judgment and inspiration helped navigate our ship through these turbulent waters.

Finally, I would like to thank our 23,000 members, partners and health and social service unions for placing their trust in us. Thanks to you, we can join in on your initiatives and enrich the community!

Claude Gareau

Chair

BOARD OF DIRECTOR



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Cégep de Chicoutimi



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Fédération des employés du
préhospitalier du Québec – Paramédic



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

MESSAGE FROM THE MANAGER



In 2020, your Caisse, like the rest of Desjardins Group, worked hard to help you through this unprecedented time. More than ever, our purpose—to enrich the lives of individuals and communities—manifested itself in our daily actions.

Caisse Desjardins du Réseau de la santé, whose members come from the health and social services community, would like to offer our sincerest thanks for your exceptional work. Once again, you not only demonstrated your dedication, but also your essential roles in our lives.

OVERVIEW OF THE FISCAL YEAR

At the close of its 2020 fiscal year, the Caisse posted an operating income of \$18.65 million, an increase of 10.36% compared to 2019. Its business volume increased by 21% to \$2.1 billion compared to the same period.

Our results are a testament to the confidence members have in our financial services cooperative and reflect the Caisse's sound management practices. This performance drives us to pursue our efforts to provide services and solutions that meet your expectations.

INVOLVED IN OUR HEALTH AND SOCIAL SERVICES COMMUNITY

Since our Caisse Desjardins 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, we 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 nearly \$140,000 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). These scholarships are designed to encourage and recognize your efforts.

Also, through Revue Santé, you will learn about the contributions of your health and social services colleagues, whose great initiatives were submitted for SRS Awards. Some of these projects were impacted by this year's pandemic, which is proof—in my opinion—of the agility and creativity you have shown in these exceptional times. I invite you to read the descriptions of these projects.

PEOPLE WITH HEART, PUTTING THE INTERESTS OF MEMBERS FIRST

In the face of these exceptional circumstances, one of our greatest strengths—our proximity to our members and our community—has kept us going. Through their dedication, our employees, managers and directors strengthen this connection every day.

When I think of all the work each of them has done in these uncertain and challenging times, the first word that comes to mind is PRIDE! Pride in being able to count on resourceful and committed people who never hesitate to roll up their sleeves and focus on providing high-quality service. I sincerely thank them for their extraordinary commitment.

Martin Levac, MBA General Manager

CAISSE OVERVIEW

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.



STAFF MEMBERS AT YOUR SERVICE

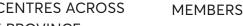




23k



BILLION IN BUSINESS VOLUME SERVICE CENTRES ACROSS THE PROVINCE





- 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 in 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.

WE KNOW YOUR INDUSTRY...

TESTIMONIALS

Michel Naud Réseau de la santé Retiree

"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."

Katryn Bourassa Liscensed Practical Nurse

"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."

D^r **Gabriel Guérin** Radiologist

"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."

The training received by our specialists 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

Over \$200,000 redistributed in the community in 2020

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

Through our Community Development Fund (CDF), we distributed over \$200,000 to students, workers, unions and health and social services organizations in 2020.

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 PROFESSIONALS

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

SUPPORTING ENTREPRENEURS IN THE HEALTH AND LIFE SCIENCES SECTOR

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



ENCOURAGING STUDENT COMMUNITIES

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

WE ARE CLOSE TO YOU

CONFERENCES AND SEMINARS FOR HEALTH PROFESSIONALS

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.

















*Photo taken before the pandemic



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.















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 prehospital 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!



SABSA

The FIQ and Caisse decided to combine their efforts to raise funds for the Fondation SABSA.

When a FIQ member opens an account with the Caisse Desjardins du Réseau de la santé, the Caisse gives \$50 to SABSA. This amount collected contributes to the hiring of nurses to support the mission of this Coopérative de solidarité. It provides health services to vulnerable clients experiencing difficulties accessing the healthcare system.

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







PRIX STARS DU RÉSEAU DE LA SANTÉ (SRS AWARDS)

WHAT ARE THE SRS AWARDS?

The Prix Stars du Réseau de la santé (SRS Awards), created by Caisse Desjardins du Réseau de la santé, are designed to highlight and recognize professionals for their involvement in pursuing their goals to improve public healthcare.

More specifically, these awards provide professionals with peer recognition for the various initiatives they put forward in their department or institution.



In 2021, a total of \$20,000 was distributed among 12 finalists in four different categories (simple, human, modern and high-performance) that are consistent with Desjardins values.

DISTRIBUTION OF \$20,000

\$5,000 per category

1st place: \$3,0002nd place: \$1,5003rd place: \$500

· 4th and 5th position: Honorary mention



THE FOUR CATEGORIES:



SIMPLE

Simplifies tasks or processes and improves procedures in your establishment.



PEOPLE-FOCUSED

Focuses on the human aspect of healthcare.



MODERN

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



HIGH-PERFORMANCE

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

The SRS Awards were presented in collaboration with the Association des conseils multidisciplinaires du Québec (ACMQ), the Fédération interprofessionnelle du Québec (FIQ), the Alliance du personnel professionnel et technique de la santé et des services sociaux (APTS), the Corporation des Paramédics du Québec and our main partner, The Personal General Insurance Inc.





FÉDÉRATION INTERPROFESSIONNELLE DE LA SANTÉ DU QUÉBEC







SRS AWARDS JURY MEMBERS

Sixteen 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 3rd edition:



- ★ Mr. Emmanuel Breton: First Vice-President, APTS
- ★ Ms. Gisèle Carpentier: Director of Organizational Development and HR (retired), CIUSSS du Nord-del'Île-de-Montréal, and Caisse Desjardins du Réseau de la santé Board Member
- ★ Ms. Isabelle Demers: Deputy President and Chief Executive Officer, CHU Sainte-Justine
- ★ Mr. Denis Dubois: Executive Vice-President, Wealth Management and Life and Health Insurance, Desjardins Group; President and Chief Operating Officer, Desjardins Financial Security
- ★ Mr. Sylvain Fauchon: Senior Director, The Personal
- ★ Ms. Josée Fréchette: APTS Provincial Representative, and Caisse Desjardins du Réseau de la santé Board Member
- ★ Mr.André Gobeil: Director General, Cégep de Chicoutimi
- ★ Mr. Paul L'Archevêque: Director of Innovation, Ministère de la Santé et des Services sociaux
- ★ Mr. Luc Lepage: Executive Director, CEPSEM

- ★ Ms. Chantal Marchand: President and CEO, AGESSS
- ★ Dr. Annie Marleau: Division Chief, Department of Pediatric Surgery, Montreal Children's Hospital
- ★ Ms. Émilie Mercier: Clinical Administrative Coordinator, Hospital Sector, Direction des services multidisciplinaires, CIUSSS de l'Est-de-l'Île-de-Montréal
- ★ Mr. Joey Ouellet: Chair, Corporation des paramédics du Québec
- ★ Ms. Marie-Claude Ouellet: Executive Committee Secretary, FIQ
- ★ Mr. Ronald Pichette: Head of Procurement, Transportation and Courier Services, CSSS du Nord de Lanaudière (retired) and Caisse Desjardins du Réseau de la santé Board Member
- ★ Ms. Claudia Poulin: ACMQ Administrator and Chair of the CISSS des Laurentides' multidisciplinary council

The jurors come from a variety of sectors and backgrounds. This mix is important in order to contribute to rich discussions during the deliberations.

VIRTUAL SRS AWARDS GALA

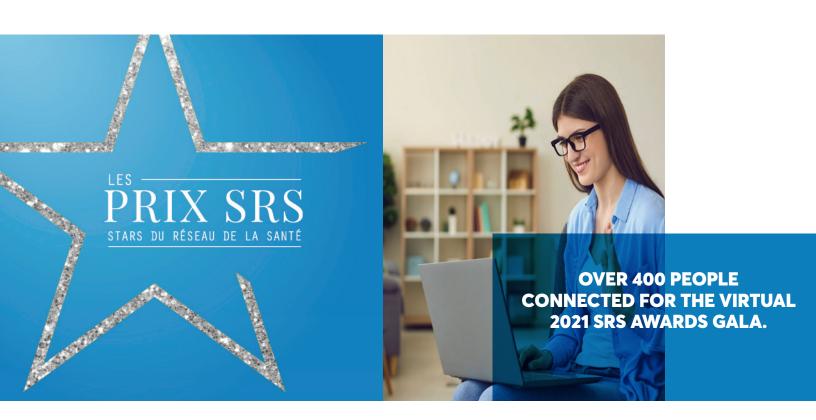
AN EXCLUSIVE EVENT FOR HEALTH AND SOCIAL SERVICES PROFESSIONALS

On May 7, the third SRS Awards (Stars of the Health Network) was held virtually, with over 400 people taking part.

This year's event was a real success, with no less than 120 applications across four categories. These inspiring, innovative projects demonstrate health and social services professionals' extensive involvement and dedication to improving the care they provide. Please visit our website at https://caissesante.ca/en/srs-awards/ to see all the finalists or learn more about the winning projects.

"As a financial institution dedicated exclusively to health and social services professionals and workers, the Caisse Desjardins du Réseau de la santé is happy to have created the SRS Awards. This recognition is all the more deserved this year, given the disruption brought on by the pandemic. It's our way of saying thank you for all your hard work every day," said Martin Levac, General Manager.

We are also pleased to announce that there will be a fourth SRS Awards in 2022. Registration will begin in mid-January. Follow us on Facebook for the latest news!



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

"SIMPLE" CATEGORY

1st PLACE: Project submitted by Paul Gavra, Biochemist and Pharmacologist at CHU Sainte-Justine. He and his colleagues implemented the POIROT application, a program for managing inventory as well as solution and reagent traceability.





2nd PLACE: Project submitted by Joëlle Bélanger, Audiologist and Project Manager at CHU de Québec-Université Laval. She and her colleagues established a one-stop shop for psychosocial and spiritual oncology.

3rd PLACE: Project submitted by Michael Naud, Nursing Unit Department Chief at the CHUM. He worked with Vincent Champagne, Engineer, and Nathalie Caya, Clinical Administrative Co-manager, to set up virtual emergency room triage screening for COVID-19 via Zoom.





4th PLACE: Project submitted by Justine Bastien, PPE Coach (Care Support Assistant). She and her colleague Sarah-Ève Lord, PPE Coach, created the photo album "Invisible to the naked eye" at CHSLD De La Pinière, CISSS de Laval.

PLACE: Project submitted by Josée Lamarche, Nurse and Special Functions Department Chief at CHU Sainte-Justine. She and her colleagues implemented an online COVID-19 testing form and specialized digital coordination platform.



The five finalists in the SRS Awards "PEOPLE-FOCUSED" category are:

"PEOPLE-FOCUSED" CATEGORY

1st PLACE: Project submitted by Isabelle Fournier, Social Worker, and Karine Leblanc, Special Education Instructor at CISSS Montérégie-Ouest, who worked with their colleagues to set up the "Family Outreach Workers" team.

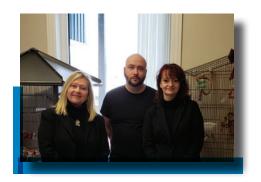




2nd PLACE: Project submitted by Caroline Vézina, Nurse. She and her colleagues Marie-Ève Leblanc, Social Worker; Andy Pelletier-Laliberté, IPSPL; Claudine Pelletier, Social Worker; Marc-André Proulx, Nurse; Beatriz Miranda-Diaz, Psychologist and Intercultural Coordinator; Stéphanie Riani, Administrative Officer; Julie Roussel, IPSPL and François Prévost, Physician, established an initiative improving healthcare and social service access for precarious-status immigrants at the Clinique santé des réfugiés at the CIUSSS Capitale Nationale.

3rd PLACE: Submitted by Francine Moar, Director of Health Services at the Centre de Santé Masko-Siwin in Manawan. She and her colleagues established the Lac Taureau Clinic, where two cultures join forces at Auberge du Lac Taureau for Atikamekw health.





4th PLACE: Project submitted by Danny Létourneau, Social Worker and Psychotherapist. She and her colleagues Kaven Vachon, Psychologist, and Chantale Gosselin, Administrative Director, set up the **Clinique Humanimaux** to humanize professional services.

PLACE: Project submitted by Nathalie Lemire, Assistant Director, Direction des services multidisciplinaires (DSM) – Hospital Services and Professional Practices Component at CISSS Montérégie-Est. She and her colleagues established an initiative to prevent deconditioning during hospitalizations through rehabilitation care support assistants for a specialized approach to senior care.



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

"MODERN" CATEGORY

1st PLACE: Project submitted by Alexandre Mignault, Head Nurse, Operating Room. He and his colleagues implemented text messaging for the families (or companions) of patients in the CHUM operating room.





2nd PLACE: Project submitted by Dr. Jean-Simon Fortin, Emergency Physician at CHU Sainte-Justine. He and his colleagues implemented DREAMLAND, a unique and innovative solution to treat pain and anxiety in children between the ages of 5 and 17 undergoing painful hospital procedures.

3rd PLACE: Project submitted by Jackie Chouinard, Physiotherapist, M.Sc, Assistant to the Director, Interprofessional Department at CHU de Québec-Université Laval, Hôpital Enfant-Jésus site. She and her colleagues rolled out direct access physiotherapy services for neuromusculoskeletal patients in the emergency room at CHU de Québec-Université Laval.





4th PLACE: Project submitted by Ramy El Jalbout and Amélie Damphousse, Pediatric Radiologists at **CHU Sainte-Justine**. They and their colleagues conducted the study "MRI imaging for inflammatory bowel disease in children: do we really need to inject children with dye?"

5th PLACE: Project submitted by Isabelle Jeanson, Manager at CISSS de Laval. She and her colleagues set up the "Cross-Functional Senior Rehabilitation Team (ÉTRAAV)."



The five finalists in the SRS Awards "HIGH PERFORMANCE" category are:

"HIGH PERFORMANCE" CATEGORY

1st PLACE: Project submitted by Geneviève Thériault-Poirier, Occupational Therapist at the CHUM. She and her colleagues implemented the initiative "Interdisciplinarity for COVID-19 patients: implementing a prone protocol in record time to relieve respiratory distress."





2nd PLACE: Project submitted by Marie-Claude Gadbois, Youth Crisis Service Hub Program Manager at CISSS des Laurentides. She and her colleagues set up the Youth Outreach Committee.

3rd PLACE: Project submitted by France Le Blond, Assistant Director of Technical Services, Accommodation Services Component. She and her colleagues established a program enabling CISSS de la Montérégie-Est hygiene and sanitation attendants to be better trained and guided by supervisors.





4th PLACE: Project submitted by Isabelle Bouchard, Clinical Nurse and Manager of the Centre interdisciplinaire de simulations en santé at **Cégep de Chicoutimi**. She and her colleagues set up the initiative "Healthcare simulations are a must in the current pandemic!"

5th PLACE: Project submitted by Maria Kozma-Hong, Clinical Administrative Coordinator at the CIUSSS du Centre-Ouest-de-l'Île-de-Montréal. She and her colleagues implemented the Daily Patient Flow Dashboard.



PROJECT PRESENTATION



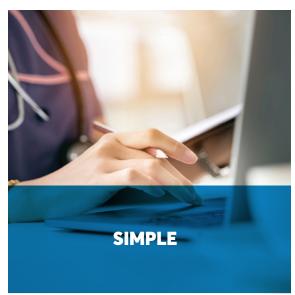
Find out which projects stood out in each SRS Awards category

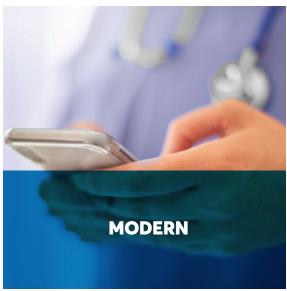
The Caisse Desjardins du Réseau de la santé is active in the health and social services community and close to its members. Through the SRS Awards, we want to showcase the projects of people active in the community by exposing them to their colleagues in other institutions. This is our way of thanking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

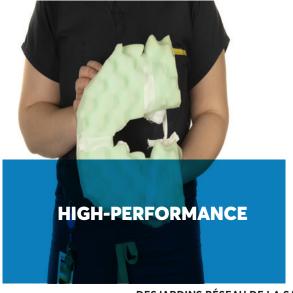
Happy reading!

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









VISIT OUR WEBSITE



WWW.CAISSESANTE.CA



DISCOVER OUR OFFERS AND BENEFITS SPECIFICALLY DEDICATED TO HEALTH AND SOCIAL **SERVICES PROFESSIONALS!**



Simplifies tasks or processes and improves procedures in your establishment.

THE POIROT APPLICATION: INVENTORY AND TRACEABILITY MANAGEMENT PROGRAM FOR SOLUTIONS AND REAGENTS

In a certification context (ISO 15189), laboratories must demonstrate that they have an adequate traceability system in place for materials, samples and processes. This certification, a benchmark for quality, attests to the performance of services provided to health professionals and hospital users. Born out of the need for traceability, POIROT is a flexible, customizable and modular data management application used for various traceability needs. Since its inception in the clinical pharmacology research unit at **CHU Sainte-Justine**, POIROT has grown considerably—now meeting traceability needs in several sectors—while constantly evolving and adapting.

It was even used during the current pandemic. During the first wave of COVID-19, the POIROT application was customized for the virology lab, computerizing the process for grouping samples for COVID-19 analysis. This enabled technical staff to become more efficient and informed clinicians which analysis stage samples were at in real time, allowing them to potentially act faster. To date, POIROT has traced over 800 virology requests per day and nearly 200,000 since the crisis began, over five to six potential stages (400,000+ scans). In addition to virology, POIROT currently traces components used in pharmacological lab analyses (3,000+ products, 2,800+ preparations, 14,000+ scans) with validation at the collection centre (equipment traceability) and central biochemistry lab (serum bank). The purpose of implementing POIROT is to simplify traceability and improve services.



Paul Gavra Biochemist and Pharmacologist

Other people involved:

Yves Théorêt, Chemist and Pharmacologist; Anémone Faivre D'Arcier, Research Nurse; André Brouillette, Volunteer; Audrey Denoncourt, Pharmacology Coordinator; Annie Fortin, Laboratory Department Chief; Marc Charpentier, Bacteriology Coordinator; Andrée Garant, Collection Centre Coordinator; Nicolas Deshaies, BME Technical Coordinator; Nancy Rose, Central Laboratory Coordinator

Simplifies tasks or processes and improves procedures in your establishment.

CHU DE QUÉBEC-UNIVERSITÉ LAVAL'S ONE-STOP SHOP FOR PSYCHOSOCIAL AND SPIRITUAL ONCOLOGY

Studies show that cancer is the most difficult thing many people will ever experience. People with cancer face psychological distress, difficulty functioning (social, family, sexual, occupational) and existential or spiritual crises. Psychosocial and spiritual oncology is a specialty that focuses on understanding and treating these aspects and is an integral part of the medical services available to **CHU de Québec** patients.

After analyzing its referral processes, the Psychosocial and Spiritual Oncology Team (OPSS) found that where the patient was treated or their cancer type caused disparities in access to this care. Referrals were sometimes directed to the wrong professional, further delaying care. Lastly, the referring physicians found several forms confusing, so the OPSS Team set up a one-stop.

To provide equitable access based on patient needs, this one-stop shop consolidates all multidisciplinary requests and directs patients to the right service following a specialized nurse's assessment. A single form using simple, effective referral criteria was also created. Set up at every site dedicated to adult oncology, the clinic has already processed some hundred outpatient and inpatient requests.



In order, from left to right: Dr. Annie Tremblay, psychiatrist and co-manager of the Psychosocial Oncology Team (PSO), Joseph Rosert, audiologist and project manager, for the DSM, Marie-Claude

and project manager for the DSM, Marie-Claude Brodeur, assistant director at the DSM, Stéphane Tremblay, Director of the DSM, Catherine Sabourin, nurse clinician, Diane Girard, administrative officer, Isabelle Pelletier, professional coordinator in psychology Absent from the photo: Marie Noël and Chantale Dufour, professional coordinators in social work, Mario Bélanger, professional coordinator in spiritual care, Audrey Paquet-Beaupré, assistant to the director and co-manager of the PSO.

Joëlle Bélanger Audiologist and Project Manager

Other people involved:

Marie Noël and Chantale Dufour, Social Work Coordinators; Isabelle Pelletier, Psychology Coordinator; Catherine Sabourin, Clinical Nurse; Mario Bélanger, Spiritual Care Coordinator; Audrey Paquet-Beaupré, Executive Assistant and Comanager of the Psychosocial and Spiritual Oncology Team (OPSS); Dr. Annie Tremblay, Psychiatrist and OPSS Co-manager

VIRTUAL TRIAGE SCREENING FOR COVID-19 VIA ZOOM

The current shortage of human resources in emergency departments and across the healthcare network due to the COVID-19 pandemic is a matter of concern. This shortage is caused in part by restrictions issued to some staff for health or pregnancy reasons. Since these individuals cannot interact with patients, their reassignment options are limited.

To optimize the assignment of all of our healthcare professionals, we, at the **CHUM**, had to reassign these displaced workers to triage screening positions and redirect other staff to patient care. Besides being required by standards set by the Ministère de la Santé et des Services sociaux, COVID-19 triage screening is crucial for referring patients to the proper place in the emergency room.

These issues led us to implement COVID-19 triage screening via the Zoom application in fall 2020. This technology allows staff to be assigned optimally despite being withdrawn for health reasons (pregnancy, immunosuppressed individuals, etc.) so that they can assess patients' COVID-19 risk remotely, safety and comfortably from within the hospital. Prior to integrating Zoom into the process, the person assigned to this position was stationed outside the hospital, at the weather's mercy in a tent, and was in direct contact with patients. The next step is to further develop the process and implement a system to rapidly assess a patient's health condition remotely, allowing for faster and safer patient management.



Michael Naud Nursing Unit Department Manager

Other people involved: Vincent Champagne, Engineer, and Nathalie Caya, Clinical Administrative Co-manager

Simplifies tasks or processes and improves procedures in your establishment.

INVISIBLE TO THE NAKED EYE (PHOTO ALBUM)

Between the two COVID-19 waves, personal protective equipment (PPE) coaches Justine Bastien and Sarah-Ève Lord at CHSLD La Pinière du CISSSL de Laval grabbed their cameras and invisible UV markers to reveal what is hidden bevond our sight

Put together in an album, their shots transport us into the unforeseen world of a potentially contaminated care unit. Looking at these images, people were amazed to see how much dirty hands can contaminate everyday objects. We wanted to educate our colleagues on the importance of hand hygiene and increase the number of times we wash our hands during our shifts. This album really gives a fresh perspective on our environment. This original project is a must-see and must-share, especially during the pandemic. Look for this album at nurses stations in nearly 60 care units.





Justine Bastien

Sarah-Eve Lord

Justine Bastien PPE coach (Care Support Assistant)

Other people involved: Sarah-Eve Lord, Coach ÉPI

ONLINE COVID-19 TESTING FORM AND SPECIALIZED DIGITAL COORDINATION PLATFORM

The Network Activities Coordination Centre (NACC) at CHU Sainte-Justine is a multi-service reference hub that includes a 24/7 call centre run by nurses. In March 2020, the COVID-19 pandemic entered our lives with Quebec experiencing its first reported cases. Many families were concerned with the large numbers of people returning from March Break trips and wanted to be tested, as they had symptoms similar to those of the little-known virus. NACC nurses received hundreds of pandemic-related calls each day, transferred from Info-Santé following its initial triage.

To assess eligibility for testing, the nurses had to collect all required information in writing. Once eligibility was confirmed, the data transfer chain was put into action involving the Appointment Centre (receiving the information by fax), the Admissions Office (creating the file), the Testing Centre and Public Health (if an employee was concerned). After one week, coordinating this process proved too time-consuming with forms that were often illegible.

To increase efficiency, a standardized form was produced in under 24 hours and went online on March 15, 2020. Families could fill it out themselves, which proved to be a huge timesaver for the teams. A platform was also created specifically for the e-form, allowing for increased user efficiency and faster communication!



Josée Lamarche, Maria Buithieu, Olivier Cozette, François Charbonneau

Josée Lamarche Nurse, Special Functions Department Chief

Other people involved:

Josée Lamarche, Nurse and Special Functions Department Chief at the Network Activities Coordination Centre; Olivier Cozette, Web Programmer/Integrator (intranet, Internet, screens); François Charbonneau, Web Architect; Dr. Maria Buithieu, Pediatrician and Medical Co-manager of the Network Activities Coordination Centre

Simplifies tasks or processes and improves procedures in your establishment.

TRAINING AND INTEGRATION OF COVID-19 SUPPORT STAFF IN CONJUNCTION WITH THE HIRING OF 1,000 ORDERLIES IN CIUSSS DU CENTRE-SUD-DE-L'ÎLE-DE-MONTRÉAL **CHSLDS**

From April to July 2020, a multi-functional management team, the Training and Integration Unit, organized the training of 1,939 support staff in the CHSLDs of the CIUSSS du Centre-Sud-de-l'Île-de-Montréal (CCSMTL) as well as the recruitment and integration of 936 orderly interns enrolled in the government's fast-tracked orderly program—a vital and daunting task that was accomplished in record time.

In constant communication with the CCSMTL's COVID Crisis Unit, Direction du soutien à l'autonomie des personnes âgées (SAPA), Direction des soins infirmiers (DSI) and Direction des ressources humaines, des communications et des affaires juridiques (DRHCAJ), this efficient and versatile team managed the multiple training courses delivered while adapting to changing needs in the field. Welcoming and guiding 1,939 new colleagues in a few weeks proved to be a huge challenge for CHSLD teams. To double the training capacity and allow CCSMTL teams to focus their efforts on integrating new recruits into clinical environments, partnerships with CEGEPs were formed to provide theory classes and a team of "orderly coaches" were deployed. This also created more time to assess recruits' complaints and implement improved support measures, such as psychological assistance.

At the same time, the team oversaw the integration of student interns, producing short videos to assist the "orderly mentors" in mentoring these newcomers.



Carl Simard et Frédérique Laurier Émilie-Gamelin Site Coordinator Assistant Director - Education, UETMI and Knowledge Dissemination

Other people involved:

DRHCAJ: Catherine Simard, APPR; Jessica Giguère, APPR; Pascale Lafrance, APPR; Frédéric Sirois, APPR; DEUR: Audrée Gourde, Communications Technician; Aurélie Bony, Communications Technician; Marie-Pier Gagné, Communications Technician; Linda Benoit, Executive Assistant; DSIPP (all nurses): Geneviève Beaudet, Assistant Director - Professional Practice Component; Catherine Dupont, Senior Nursing Advisor - Physical Health; Letecia Urrutia, Senior Nursing Advisor; Sandra Wardé, Clinical Nurse; Rinda Hartner, Clinical Administrative Coordinator - Professional Practice Component; DSP: Chantal Ouimette, Administrative Procedure Specialist; SAPA: Catherine Bourgault-Poulin, Senior Advisor

OPTIMIZING THE HOME CARE DEPARTMENT'S ORGANIZATIONAL STRUCTURE

Due to the growing demand for home care, health and social services aides (ASSSs) in CLSC Thérèse-De-Blainville were overloaded and stress became an unfortunate reality. To meet demand, nurses had to take over at the office during evenings and at weekends.

No team leader was available after 4 p.m. The support team acts as a link between ASSSs, patients and CISSS Des Laurentides staff, as ASSSs work alone in homes and are on the road and travelling daily.

The support team supports the ASSSs on the road, supervises them and coordinates their itinerary. It also updates files, shares information and receives client requests.

Before 2019, there was only one team leader and administrative assistant to oversee 50 aides across 203 km2 of territory and respond to customer calls and inquiries with a single phone line, five days a week until 4 p.m.

The department was restructured as part of the optimization project. The territory is now Josée Allier, Kim Chartrand, Laurianne Turcot, Nancy Boutin, divided into three regions based on road geography. Each region has a team leader, assistant and evaluator resulting in three support teams instead of one. In addition, several ASSSs were trained to perform some of the administrative work on top of their initial training. This makes it possible to have a support team available seven days a week from 5 a.m. to 5 p.m. that can also fill in for absences.



Christine Dufour, Martine Monette, Josée Buffels (and their respective teams) Health and social services assistants

Other people involved:

Mélanie Couture, Catherine Prairie

Health and Social Services Assistant

Simplifies tasks or processes and improves procedures in your establishment.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

The Personal Protective Equipment (PPE) Project, which originated at the Royal Victoria Hospital, is a hybrid art and medical intervention designed to humanize the alienating appearance of masks and PPE. This is achieved by affixing reusable laminated or single-use stickers featuring friendly and smiling portraits to the healthcare worker's PPE. These portraits help to: (1) reduce patient isolation and fear (2) increase trust and connection with the healthcare worker (3) increase the patient's awareness of the person taking care of them and (4) improve team dynamics.

This project was first created by Mary Beth Heffernan in response to the 2014-16 Ebola epidemic in West Africa. In April 2020, a group of Montreal students reached out to Heffernan for her guidance and adapted her guidelines to the needs of healthcare facilities on the island. To minimize the workload imposed on healthcare workers, the Montreal team developed a bilingual online form (https:// link.ppeportraits.ca/Montreal) through which healthcare professionals could submit their photo. From there, the team resized the photos for both printing purposes and to highlight the kind, warm-hearted smiles of the healthcare professionals. The portraits are printed by a local sponsor (https://www.thebusinessbox.ca/) then paid for, picked up, and delivered by the team in alphabetically organized binders to the respective locations. The Montréal team has received over 560 submissions from 17 hospitals and longterm care facilities so far.

To expand the project, the Montreal team reached out to students across the country to create PPE Portraits Canada (https://www.ppeportraits.ca/). The national team has received 1,700+ submissions from 13 cities in four provinces.



Adamo Anthony Donovan

McGill PhD Student in Experimental Medicine and Founder of PPE Portraits

Other people involved:

Please refer to photo (from left to right) – first row: Adrian Goin, Cynthia Rosa Ventrella, Diana Di Iorio, Alyssa Salaciak, Laura Rendon, Adamo Anthony Donovan, McGill Students; second row: Lise Gagnon, Volunteer Coordinator and Child Life Specialist at Montreal Children's Hospital, Erica Sirdevan, McGill Student; Fadi Touma, Concordia Student; Lauriane Forest, Université de Montréal Student; third row: Mike and Kim Simpson, Owners of Business Box Printing Services, Harriet Yan, University of Ottawa Student; Jammy Zou, McGill Student; Lauriane Forest, Université de Montréal Student

LA PETITE TABLÉE

We are two cooks who care greatly about the young people at the youth centre where we work. We run cooking workshops for the youth from both units of the **St-Thomas campus of the CISSS de Lanaudière**. Every week, we organize cooking classes to introduce them to delicious flavours and share tips on how to make meals, appetizers and desserts on their own.

The petite tablée project has been a great success among the youth here. We have no trouble attracting participants to our classes. Some even miss out due to the limited number of people allowed in the kitchen. From the first activity you can sense the excitement.

Our young cooks are very proud of the recipes they prepare. They get to eat whatever they cook, sometimes even saving their efforts to show and share with their parents. This interactive project allows them to develop their confidence and motivation while gaining culinary skills.

Our course is adapted to teenage tastes and preferences. That way, they can discover and create interesting recipes they can relate to. The effectiveness of the petite tablée is easy to gauge. We are often asked if our classes are still available and if we can run the workshop more often.

The petite tablée is offered to youth centre members living at the St-Thomas campus, but could easily be offered to other interested clients. Seniors could also benefit from this initiative through an approach that is suited to their reality.



Mathieu Thouin Cook

Other people involved: Sylvie Bezeau, cook

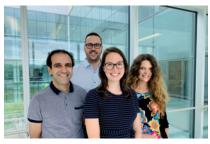
Simplifies tasks or processes and improves procedures in your establishment.

EMERGENCY MEDICATION IN NEONATOLOGY: PRE-CALCULATED WEIGHT-BASED DOSING

The book "Médicaments d'urgence en néonatologie : Doses précalculées selon le poids" (Emergency medication in neonatology: Pre-calculated weight-based dosing) developed at CHU Sainte-Justine, brings together various tools to facilitate and optimize the management of premature newborns by multidisciplinary care teams. It allows them to quickly decide which treatment to take and which doses of medication to administer, thus ensuring the baby has the best quality of care in differing circumstances.

In a series of easily identifiable colour-coded tables, it presents the most relevant infusions and emergency medications and their dosages pre-calculated according to the weight of the newborn. It also provides a wealth of accurate and useful information, including normal vital signs at birth, neurological development of the premature baby, equipment required for airway management based on the age and weight of the newborn, what to do during respiratory deterioration and the maintenance fluids required during hospitalization.

This comprehensive and detailed book is an essential reference in emergency rooms, birth and neonatal units.



Marise Labrecque
Director, Éditions du CHU Sainte-Justine

Other people involved:

The team of authors of the book presented in this application consists of the following health professionals: Charles-Olivier Chiasson, Pharmacist at CHU Sainte-Justine's Pharmacy Department; Manon Lalonde, Assistant Neonatal Transport and Resuscitation Head Nurse at CHU Sainte-Justine's NICU Department; Audrey Larone Juneau, Executive Nurse Consultant, Critical Care Component, Direction des soins infirmiers du CHU Sainte-Justine; Ahmed Moussa, Neonatology Pediatrician at CHU Sainte-Justine's Pediatrics

OFFERING MOBILITY TECHNICAL AID EVALUATION CLINICS VIA TELE-REHABILITATION



Sébastien Thibeault
Occupational Therapist and Clinical Coordinator

Other people involved in the project :

Daniel Rock Orthotic-Prosthetic Technician Élise Jobin, Occupational Therapist and Clinical Coordinator Filomena Novello, Assistant to the Rehabilitation and Multidisciplinary Services Department Catalina Estevez, Head of Technical Aids Department Kirty Ramdoyal, Area Manager Most of our clientele at the CIUSSS Centre-Ouest, site Centre de réadaptation Lethridge-Layton-Mackay belong to one of society's most vulnerable groups—those unable to move independently without a wheelchair. They have been severely impacted by the pandemic. Since the onset of the crisis, we have had to pause our outpatient mobility technical aid evaluation services, as requested by the MSSS. For our clients, not getting this help impacted not only their mobility and posture, but also their quality of life. We needed to find a way to help them access CRLLM's Technical Aids Service while reducing the risk of COVID-19 transmission. We decided that offering our services via tele-rehabilitation was the safest way for our users to receive our services.

Two teams meet in a virtual clinic to determine the allocation of the required equipment. The occupational therapist and the Technical Aids Service technician use a large screen, telehealth software and equipment to assess users. While at the CHSLD, the client is in a wheelchair accompanied by their attending occupational therapist. They connect with our professionals via tablet or laptop. The intervention process includes an interview to evaluate the client's needs, the action taken by the attending occupational therapist, guided by the Technical Aids Service team, and the selection of components following consultation with all participants.

Simplifies tasks or processes and improves procedures in your establishment.

DAPJ-H-STYLED SWAT TEAMS—HOW TO SURVIVE THE PANDEMIC IN YOUTH HOUSING

The CISSS de la Montérégie-Est is responsible for the youth mission in Montérégie. The Direction adjointe programme jeunesse – Hébergement provides youth services at four main campuses, housing 450 youth. In total, nearly 1,000 youth are housed each year. The 2020 COVID-19 pandemic required new health measures to reduce the spread of the virus. The nature, volume and frequency of the changes as well as the rapid evolution of the situation meant youth housing sites had to be incredibly vigilant to ensure safe living environments.

A management structure called SWAT Teams was quickly implemented to provide 24/7 support to youth housing units. At the strategic level, SWAT Teams analyze each instruction received from the Ministère de la Santé, the Direction de la santé publique or the infection prevention and control department and adapt it to the youth housing environment. These teams develop tools tailored to patients and health care staff, such as a 24-hour algorithm that guides workers when a young person presents symptoms, a checklist for managers to assist with decision-making and communicating information, and an intervention protocol when a young person tests positive or when there is an outbreak at a site.

SWAT Teams are made up of 8–10 professionals to ensure multiple disciplines among the groups. These SWAT Teams have helped limit the number of cases in housing environments—only four young people have been infected with COVID-19.



The teams in action

Nadine Gallant Assistant Youth Program Director – Housing

Autres personnes impliquées dans le projet :

Sophie Dubuc, Clinical Services, Continuous Improvement and Performance Coordinator, Nancy Ferlatte, Nurse and Chief of Temporary Health Services Assignments; all SWAT chiefs, educators, intervention officers, nurses, psychoeducators, education instructors, hygiene and sanitation workers and others who participated in the project (nearly 70 people)



Congratulations to all the winners and finalists!













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contests and scholarships section





Focuses on the human aspect of healthcare.

FAMILY OUTREACH WORKERS

George Kaplan reminds us that social inequality has an address.

Statistically speaking, people who live in the Robert-Cauchon neighbourhood of Salaberry-de-Valleyfield are more vulnerable in terms of social determinants of health: single-parent families, low graduation rates, poverty, etc. This neighbourhood also has one of the highest rates of Youth Protection reports for negligence. Reports indicate that neighbourhood families are often reluctant to use social services, largely out of distrust.

Faced with these findings, various stakeholders in the community, school and municipal sectors mobilized to take joint action by creating an innovative project: Vigilance.

The CISSS de la Montérégie-Ouest, mainly inspired by an outreach project in an Estrie neighbourhood, set up a team of family outreach workers to meet directly with families in their community. Their goal: make services accessible in a non-threatening manner.

These workers—who walk the streets, participate in neighbourhood activities and work together with organizations—can make a significant difference in young people and their parents' lives. They use this local approach to stay available in the neighbourhood, reaching out to people marginalized from services and improving families' living conditions by directly addressing social determinants of health.

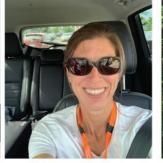














Isabelle Fournier et Karine Leblanc Social Worker and Special Education Instructor

Other people involved:

Andréane Gélineau, Community Organizer; Karine Plante-Boulay, Clinical Coordinator; Julie Globensky, Direction jeunesse Program Manager; Isabelle Papineau, Direction jeunesse Youth Coordinator; Céleste Côté, APPR; Anick Grimard, Clinical Coordinator; Stéphanie Lebire, Psychoeducator; Caroline Rancourt, Nurse (initial project)

Focuses on the human aspect of healthcare.

IMPROVING HEALTHCARE AND SOCIAL SERVICE ACCESS FOR PRECARIOUS-STATUS IMMIGRANTS

At the Clinique santé des réfugiés de la Capitale-Nationale, professionals had to get innovative to help an often-overlooked population that became even more vulnerable during this pandemic. The clinic needed to address its regular clients' health and social service needs and open its doors to precarious-status immigrants, i.e., asylum seekers and other immigrants experiencing issues accessing healthcare and social services, including lengthy delays processing their immigration applications.

Furthermore, misunderstandings arose because new health regulations were not translated into their languages, which caused fears to mount and exacerbated issues requiring attention. As a result, professionals at the Clinique santé des réfugiés helped facilitate healthcare access by providing consultations or connecting users with the existing network, where possible. At the same time, follow-up calls were made to several users using interpreters to inform them of how the pandemic was progressing and assess their overall condition.

In closing, several requests from community organizations and healthcare stakeholders were addressed to connect immigrants with the services they need.



In order from top to bottom from right to left: Caroline Vézina, Marc-André Proulx, Marie-Ève Leblanc, Julie Roussel, Claudine Pelletier, Jean-Marc Tanguay, Jonathan Fleury, Stéphanie Riani, Andy Pelletier-Laliberté et Beatriz Dias-Miranda

Caroline Vézina Nurse

Other people involved:

Marie-Ève Leblanc, Social Worker, Andy Pelletier-Laliberté, IPSPL; Claudine Pelletier, Social Worker, Marc-André Proulx, Nurse; Beatriz Miranda-Diaz, Psychologist and Intercultural Coordinator; Stéphanie Riani, Administrative Officer; Julie Roussel, IPSPL; François Prévost, Physician

LAC TAUREAU CLINIC: TWO CULTURES JOIN FORCES WITH AUBERGE DU LAC TAUREAU FOR ATIKAMKW HEALTH

Manawan is an isolated Atikamekw community of 2,600 inhabitants, located north of the Lanaudière region. For over eight years, the **Centre de Santé Masko-Siwin in Manawan** has successfully collaborated with the team at GMF-U du Nord de Lanaudière FMU-U, **CISSS de Lanaudière**. During the first COVID-19 wave, the University Teaching and Research Directorate, of which the FMU-U is a member, was called upon to support the community in preventing, to the extent possible, a potential community outbreak.

Discussions between both parties highlighted several issues making the Manawan population particularly vulnerable, including overcrowded homes that make isolating a person with COVID-19 difficult, the large number of vulnerable people with chronic



illnesses at risk of complications and death related to COVID-19 and complicated transportation due to the area's remoteness and difficult road conditions. The working group quickly concluded a culturally safe site was needed outside the Manawan community to allow symptomatic Atikamekw and those from red zones to be screened, housed and assessed by a 24-hour medical team.

This site was made possible in record time due to considerable mobilization and collaboration between CISSS resources, the Atikamekw community and the Auberge de Lac Taureau in Saint-Michel-des-Saints, including funding provided by Indigenous Services.

Francine Moar

Director of Health Services at the Centre de Santé Masko-Siwin in Manawan

Other people involved:

In Manawan: Gaétan Flamand, General Director of the Conseil des Atikamekw; Régis Flamand, Emergency Measures Coordinator; Thomas Dubé Leduc, Stephano Moar and Emmanuel Flamand, Health and Safety Officer Team Leaders. From the U-FMG: Marie-Pierre Girard, Manager; Dr. Sébastien Turgeon, Physician. Other people involved: Liaison Officer: Barbara Flamand. Health and Safety Officers: Régis Niquay, Jean-Hugues Niquay, Patrice Petiquay, Arthur Ottawa, Nathur Ottawa, Nathur Ottawa, Nathur Ottawa, Nathur Ottawa, Layla Awashish, Elliot Ottawa, Christian Quitish. Driver: Séverin Ottawa. Nurses: Jolianne Ottawa and Marilu Nequado. Licensed Practical Nurses: Carole Dubé and Mona Chilton. Physicians: Dr. Mathieu Pelletier, Dr. Marie-Josée Laganière, Dr. Samuel Boudreault, Dr. Bianca Boudreault, Dr. Étienne Villeneuve. Licensed Practical Nurses: Isabelle Venne, Chantal Lafrenière. Administrative Officer: Josée St-Georges. Assistant to the Director of the DEUR: Louise Rousseau. Hygiene and Sanitation Officer: Dylan Beauséjour.

Focuses on the human aspect of healthcare.

HUMANIZING PROFESSIONAL SERVICES

On April 1, 2020, we acquired a company offering various animal-assisted therapeutic services. Believing in this humanizing, extremely helpful approach to treating various issues, we came together to ensure this company's sustainability and growth. We named it the "Clinique Humanimaux" to humanize professional services by using animals. We have cats, rabbits, guinea pigs, rats, doves and two dogs owned by two of our professionals.

If the client wants, these little furry therapists stay with them during appointments, depending on their treatment. We also set up professional co-development sessions and clinical case discussions internally to prevent therapists from feeling isolated and to increase their feeling of competency. Teens will also be offered small workshops on managing anxiety, developing selfesteem and building social habits. All of these activities are conducted in compliance with current health rules. In collaboration with Université Laval, we host interns studying psycho-education and social work to promote our approach and share our knowledge. We also host psychologists from other countries.



Danny Létourneau Social Worker, Psychotherapist

Other people involved:

Kaven Vachon, Psychologist, and Chantale Gosselin, Administrative Director

PREVENTING DECONDITIONING DURING HOSPITALIZATIONS: REHABILITATION CARE SUPPORT ASSISTANTS FOR A SPECIALIZED APPROACH TO SENIOR CARE, A PROMISING PILOT PROJECT AT CISSS DE LA MONTÉRÉGIE-EST

Launched last October in three hospitals of the CISSS de la Montérégie-Est (Pierre-Boucher de Longueuil, Honoré-Mercier de Saint-Hyacinthe and Hôtel-Dieu de Sorel) in our territory, this project involved integrating care support assistants into new rehabilitation roles as part of thge Specialized Approach to Senior Care program. Rehabilitation care support assistants are mainly responsible for fostering seniors' independence to help them maintain their faculties and prevent deconditioning during hospitalization. Rehabilitation care support assistants assist users by encouraging them to walk and perform general physical exercise. For example, they also sometimes encourage seniors to practise personal hygiene or dress themselves. A mentor (physiotherapist or physiotherapy technologist) supports rehabilitation care support assistants by coaching them, providing them with recommendations and working closely with the care team.

Highlights:

- Nine rehabilitation care support assistants were sent to three of our hospitals.
- Rehabilitation care support assistants carried out 7,179 interventions involving 1,071 users from October 2020 to January 2021.

A great team effort to make a difference with clients despite the pandemic!



Rehabilitation service assistants

Nathalie Lemire

Assistant Director, Direction des services multidisciplinaires (DSM) – Hospital Services and Professional Practices Component

Other people involved:

Isabelle Bonneau, erg., DSM Senior Physical Rehabilitation and Health Advisor; Jacinthe Désilets, erg., DSM Clinical Activity Specialist. Chiefs of Multidisciplinary Services and Social Services: Marie-Andrée Delisle (HHM), Geneviève St-Onge (HPB), Isabelle Perreault (HD Sorel). Care Support Assistants: Catherine Allain, Alexandre Bélanger, Sylvie Bessette, Eve Boily, Lise Desmarais, Belticia Hernandez, Natacha Leboeuf, Marie-Chantale Rochette, Georgette Tah. Mentors (pht and Phys. T.): Chantal Prévost; Guylaine Côté; Anaïs Quintal; Sandrine Berthiaume; Annie Beauchemin; Véronique Roy; Marie-Claude Ferguson; Charlie Martineau; Marie-Lyne Duguay; Carole Robichaud; Yuan Lee; Cynthia Plante; Caroline Boulianne; Élise Mathieu

Focuses on the human aspect of healthcare.

MEDICAL PLAYROOM

CHU Sainte-Justine. The therapeutic medical playroom is part of an initiative to humanize care. As such, it aims to prepare children for their care, treatment and surgery. The room contains high-quality medical toy devices including a magnetic resonance imaging (MRI) machine, a stretcher, an IV pole and more.

There are also five very realistic dolls that can be cared for (venous line installation, gastric feeding button, dressing change, etc.). Children can view toy X-rays using a light table, and a dozen of the most common care sheets were simplified in collaboration with Valérie Roy, a nursing assistant, and Jacynthe Cardin, a special education teacher.

This care can be replicated and explained step by step, allowing the child to better understand what they will experience. Each treatment is associated with a medical equipment container and its summary sheet. The medical playroom aims to demystify care for young children, taking a more gradual approach for anxious children by deconstructing the potential negative associations it raises. There are also photos of each of the treatment, examination and operations rooms, as well as the devices they contain, preparing patients for the environment that awaits them.



On the picture : Joanie Boutin (left) and Jacynthe Cardin (right)

Jacynthe Cardin
Special Education Teacher

Other people involved:

Valérie Roy, Licensed Practical Nurse (partner for development of care descriptions); Joanie Boutin, Special Education Teacher (collaborator for the facility); Valérie Leclair, Chief of Hospital Educational Service Professionals (organizational and administrative support)

24/7 HELPLINE FOR CHUM PATIENTS, 514-890-8086 (8086 WILL BE USED AS ITS ACRONYM)

CHUM provides specialized and ultra-specialized care for all Quebecers. In 2017, CHUM created the Centre d'optimisation des flux réseau (COFR) to ensure smooth patient care pathways. In the current pandemic, the centre has evolved significantly, offering Quebecers greater access and continuity of care by developing a call centre, a telephone line dedicated to patients and COVID-19 Telecare.

The COFR offers a 24/7 phone service (514-890-8086) dedicated to CHUM patients with health concerns. A team of nurses assesses concerns by telephone and virtual consultation, responds to patients' needs and offers alternative care in the emergency department through close collaboration with patients' treatment teams. The nurses share information with the patients' family physicians and CHUM physicians.

Thanks to its patient helpline, the COFR also developed a telecare system for patients infected with COVID-19 who were treated at CHUM. The COFR can therefore use its digital health technology and call centre to remotely monitor patients' symptoms on a daily basis and for a fixed period.

These patient services are supported by a team of nurses, doctors, administrative agents and managers committed to ensuring the right patient is managed at the right time and by the right team.



Marie-Ève Desrosiers Network Coordination Director, CHUM

Other people involved: Dr. Annie Talbot, Co-medical Director, and Nathalie Pigeon, COFR-COOLSI Call Centre Coordinator

Focuses on the human aspect of healthcare.

FIUSMM MOBILE GROCERY STORE AND FOOD BANK

Mental health issues did not disappear during the pandemic. On the contrary, the social isolation and anxiety it caused only exacerbated the issue. To address this, our Foundation set up a special mobile grocery store initiative during the first days of lockdown in March 2020. In collaboration with mobile care teams at the Institut universitaire en santé mentale de Montréal (FIUSMM), we ensured 100 families in need had food on their tables until May.

This initiative revealed a clear need for food support, which is why we created a permanent food bank program. Working with Institute stakeholders, we provide food upon request to individuals and families living in hardship. It is hugely satisfying to have made a concrete contribution to the well-being of vulnerable patients at a time that is extremely difficult for everyone. The Foundation team comprises just four dedicated employees who have never counted their hours and fully deserve the public's recognition.

Thank you to the Caisse Desjardins du Réseau de la santé for allowing us to introduce you to our Stars du Réseau de la santé!



Martin Gagnon, President of the Foundation's, University Institute Fondation and Carole Morin, Executive Director, University Institute Foundation

Other people involved:

Guylaine Marcotte, Administrative Assistant, FIUSMM; Karine Lemieux, Event Coordinator, FIUSMM; Gabrielle Julien, Communications Manager, FIUSMM, Marc-André Beaulieu, Volunteer; Julie Katia Morin, FIUSMM Volunteer and CIUSSS Programming Officer, Michel Tremblay, Driver, CIUSSS; around 30 workers, electricians, carpenters, day labourers at the CIUSSS de l'Est-de-l'Île-de-Montréal

HUMANIZING END-OF-LIFE CARE IN INTENSIVE CARE: A PROJECT FOR PATIENTS, THEIR LOVED ONES AND CARE TEAMS

Due to the level of care that their condition requires, patients in intensive care are cut off from their loved ones, despite constant efforts to include them in all stages of hospitalization.

Unfortunately, the COVID-19 pandemic has created an untenable situation with visits being prohibited, including at end-of-life (EOL). To alleviate the distress this restriction causes to loved ones and our team, we implemented a protocol allowing a visit during EOL intensive care.

Several work meetings between the interdisciplinary intensive care team, the infection prevention and control team, CHUM's legal affairs team and Public Health resulted in the development of a protocol based on three guiding principles: staff safety, visitor safety and humanity of care. Before the visit, those involved are informed of the conditions and measures are applied to minimize the risk of infection to visitors and hospital staff.

During the visit, the patient's loved one is accompanied from start to finish to ensure everyone's safety and guarantee individual support during this difficult time. Finally, three weeks after the visit, a member of our team contacts the bereaved relative to ensure that they do not have COVID-19 symptoms, to assess their psychological state and to provide a psychiatric referral if necessary.



Dr. Catalina Sokoloff Intensiviste

Other people involved:

Dr. Marc-Jacques Dubois, Intensivist, CHUM Intensive Care; Valérie Gagnon, Clinical Administrative Co-manager of Intensive Care, Burns and Nephrology, CHUM; Maxime Dagenais, Clinical Nurse Specialist, CHUM Intensive Care

Focuses on the human aspect of healthcare.

VIRTUAL ADVENT CALENDAR

The holiday season at CHU Sainte-Justine is usually a time for numerous visits and special activities to entertain patients and let them forget about their illness for a bit. However, 2020 heralded a much bleaker holiday season, particularly for patients confined to their rooms, with no possibility of visits, except for the parents of children. To bring a smile to the faces of our patients and their families while respecting health measures, the idea came about to create a virtual advent calendar to spread some Christmas magic in a new way.

With the help of well-known athletes, beloved kids' TV stars, artists and several organizations, the holiday calendar took shape. Every day throughout the month of December, a virtual appointment was offered to young and old in the form of daily videos. Broadcast directly on the TVs in patients' rooms or in the common areas of certain living environment units, these videos were accessible several times a day to reach as many people as possible. To cater for all patients' interests, the videos covered a variety of themes (music, humour, sport, science, dance, etc.) and included a number of surprises, such as messages of encouragement, musical performances, information clips, original stories and complete shows. The inclusion of Saturday films was an added bonus to the holiday calendar.

Some videos were also replayed for staff and the general public on various platforms, including social media, but the main goal was to entertain patients at CHU Sainte-Justine, who were always the first to see the daily video.



Émilie Trempe Communications Advisor

Other people involved:

Anne-Julie Ouellet, Communications Director; Emilie Trempe, Communications Advisor; Dominique Paré, Chief of Volunteer Services; Nancy Tondreau, Recreation Technician

MULTIDISCIPLINARY CO-OPERATION: AS APTS TRADEMARK

The APTS heartily endorses the 3rd annual SRS Awards (Stars du réseau de la santé) for public-sector employees who play a starring role in our healthcare system, and has invited its 60,000 members to submit their projects.

A number of multidisciplinary teams led by health and social services professionals and technicians have answered the call. Prizes are awarded to mark these employees' accomplishments in each of the four categories celebrated.

The APTS is especially proud of its members whose expertise is fuelling projects that feature the work of multidisciplinary teams. Pooling their diverse expertise will mean a more modern, straightforward and effective healthcare system!

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INTRODUCING TEXT MESSAGING FOR THE FAMILIES (OR COMPANIONS) OF PATIENTS IN THE CHUM OPERATING ROOM

The operating room is a small, controlled environment, which lends it an air of mystery. The day of the surgery can be stressful for patients and their families. During this time, it is normal for loved ones to be concerned and seek information about the patient's condition. Reception staff are asked questions regularly and often watch the family pacing around the hospital, waiting for the patient to be discharged.

When the pandemic hit, access to the **CHUM** became limited, making it difficult for loved ones to be near the patient. We noticed that they worried more because of this communication gap. This issue pushed us to find innovative ways to reduce anxiety and improve communication on this critical day.

In January 2021, we introduced text messaging to the designated companion. At every crucial moment during surgery, they will receive a text message providing them with exact updates on the patient's trajectory. Here is an example: "Your loved one is currently in the operating room. You will receive a text message at the end of the surgery." The type and number of messages are adapted according to the predetermined care trajectory. We are constantly improving this service through a follow-up survey. This innovation will allow us to provide more services to the public.



Alexandre Mignault Head Nurse, Operating Room

Other people involved:

Pascal Mondoloni, Assistant Head Nurse, Operating Room; Stéphane Dupuis, Administrative Agent, Operating Room; Roxanne St-Cyr, Communications Advisor; Edwige Matetsa and Dr. Patrick Harris, Operating Room Co-managers; all nurses, licensed practical nurses and administrative officers in the Day Surgery, Operating Room, Recovery Room and Patient Intake departments. Direction des technologies de l'information et des télécommunications partner: GE Healthcare, Carl Davidson-Desbien, Mireille Dessurault and Sherley Durand.

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

PROJECT DREAM

DREAMLAND is a unique and innovative solution to treat pain and anxiety in children (between 5 and 17) undergoing painful hospital procedures. Our virtual reality experience provides a powerful distraction that lowers pain perception during medical procedures. Our simple and intuitive platform lets clinicians select and view content projected onto a patient's virtual reality headset in real time. We developed a custom solution that seamlessly integrates with the clinical context and complies with health facility standards. Two pilot studies were conducted at **CHU Sainte-Justine** (one in the ER and another in the orthopaedic clinic), demonstrating DREAMLAND's benefits for quality of care.

This non-pharmacological therapy is designed to meet the highest video game standards, using active distraction to produce a powerful analgesic and anxiolytic effect. DREAMLAND may be used as the sole analgesic modality or with standard pharmacological therapies for a wide variety of painful medical procedures. Since many of these procedures are performed with no analgesia, this is a revolutionary solution for the field of acute pain management.





Dr. Jean-Simon Fortin Emergency Physician

Other people involved:

Sylvie Le May, PhD, Pediatric Pain Researcher at CHU Sainte-Justine and Full Professor at the Université de Montréal's Faculty of Nursing; David Paquin, PhD, Full Professor at the Université du Québec en Abitibi-Témiscamingue's Department of Creation and New Media; Stéphane Bouchard, PhD, Full Professor at the Department of Psychoeducation and Psychology, Canada Research Chair in Clinical Cyberpsychology

CHU DE QUÉBEC-UNIVERSITÉ LAVAL ROLLS OUT DIRECT ACCESS PHYSIOTHERAPY SERVICES FOR NEUROMUSCULOSKELETAL PATIENTS IN THE EMERGENCY ROOM

Emergency rooms in Quebec face major difficulties providing access to medical services during minor emergencies due to overcrowding and long wait times. Findings show that physiotherapists have advanced knowledge in assessing musculoskeletal injuries, which was the motivation behind implementing a 2019 research project conducted by **CHU de Québec-Université Laval** and a team of Université Laval researchers. Their expertise was therefore called upon to support emergency physicians in managing musculoskeletal disorders and injuries. This research project demonstrated the relevance of physiotherapy in the emergency department by reducing the reconsultation rate and prescription medication use while improving user satisfaction.

The positive changed identified in the research project led to the gradual integration of direct access to physiotherapists in emergency departments for minor musculoskeletal disorders and injuries in 2020–2021. This innovative project is very promising since significant results were quickly obtained. As a result, patient wait times decreased and service quality improved while maintaining diagnostic concordance between emergency physicians and physiotherapists. It also improved teamwork and engaged stakeholders.

This project could potentially be implemented in all emergency rooms in the province. Several healthcare facilities have already contacted CHU de Québec-Université Laval for support from the team as they implement this service in their facilities.



Jackie Chouinard, Pht, M.Sc Assistant to the Director, Interprofessional Department, HEJ site

Other people involved:

Catherine Van Neste, Physiotherapy Professional Practice Development Officer; the team of physiotherapists involved in implementing this project: Antony Barabé, Marie-Ève Beaulieu, Clémence Bélanger, Maude Bellemare, Vincent Brochu-Doucet, France Caron, Corinne Chouinard, Marie-Claire Côté, Julie Fontaine, Geneviève Gagné, Catherine Gauthier, Élyse Genois, Caroline Gilbert, Anne-Sophie Lamontagne, Kevin Lizotte, Rachel Lortie, Manon Martin, Marie-Pierre Ricard, Mélanie Saillant, Johanne Tardif, Bénédicte Yao, Zofia Romanczyk.

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

MRI IMAGING FOR INFLAMMATORY BOWEL DISEASE IN CHILDREN: DO WE REALLY NEED TO INJECT CHILDREN WITH DYE?

Abdominal MRI is the preferred examination for assessing the intestine in children with inflammatory bowel disease and is traditionally performed by intravenously injecting a dye called gadolinium. However, this requires installing a venous line—a particularly invasive procedure in children. Although controversial, studies have shown suspected gadolinium deposition occurring in the brain from repeated and chronic gadolinium injection. In very rare cases, allergic reaction and kidney toxicity are two side effects that can occur. These findings have led the CHU Sainte-Justine to review our radiological approach to diagnosing inflammatory bowel diseases in children.

Could an examination without intravenously injecting dyes like gadolinium be enough to answer clinicians' questions when diagnosing the disease and its complications? The objective is to compare the performance of two types of examinations: non-invasive, which do not inject dyes intravenously, and invasive, which inject dyes like gadolinium. Two pediatric radiologists with eight years of experience analyzed both types of examinations independently for different segments of the digestive system. This study involved 99 patients and demonstrated matching results in the two types of examinations performed by each of the two radiologists. Dye injection did not show more abnormal findings or complications, such as abscesses. Children can therefore be spared from the pain and risks of being routinely injected with dye.



Dre Jade Labbé-Latulippe, Dre Chantale Lapierre, Dr Ramy El Jalbout, Dre Amélie Damphousse, Dre Marie-Claude Miron

Ramy El Jalbout et Amélie Damphousse Pediatric Radiologists

Other people involved:

Jade Labbé-Latulippe, Medical Student, Université de Montréal; Ramy El Jalbout, MD, Pediatric Radiologist and Researcher, CHU Sainte-Justine; Chantale Lapierre, MD, Pediatric Radiologist, CHU Sainte-Justine; Marie-Claude Miron, MD, Pediatric Radiologist, CHU Sainte-Justine; Amélie Damphousse, MD, Pediatric Radiologist, CHU Sainte-Justine

CROSS-FUNCTIONAL SENIOR REHABILITATION TEAM (ÉTRAAV)

The Senior Rehabilitation Team (ÉTRAAV) provides users at Hôpital de la Cité-de-la-Santé with quality service upon their hospital discharge. Once a user's medical condition stabilizes, this team gives them the option of completing their rehabilitation at home for up to five days per week, for a period of ten days. Scheduled on the discharge day or the next day, services are provided seven days a week, allowing loved ones to participate actively in the rehabilitation process if they wish.

Home rehabilitation therapy offers users many advantages, such as therapy in a safe, familiar environment and greater freedom in organizing their day. In the first meeting, the caregiver speaks with the user and their loved ones to determine the treatment plan and set goals, all in accordance with their life plan. For some, this may mean walking without their walker or for others, regaining confidence in their abilities. A partner caregiver was involved in creating the ÉTRAAV team's service offering from the beginning of this new program. Users monitored at home were also provided with a brochure and satisfaction survey. The caregiver partner wrote an article in the local newspaper about their involvement and the positive impact of this project.



Isabelle Jeanson Manager

Other people involved

Sylvie Vercaemer, Rubis Asselin, Ralph Gardiner, Sophie Lambert, Catherine Hébert, Stéphanie Juganaden, Geneviève Lizotte-Dubé, Amély Laflamme, Sébastien Rivest, Marie-Audrey Bourbonnais, Andréanne Boileau, Anne-Sarah Pilon Marcouillier and Chantal Bilodeau. Occupational therapists, physiotherapists, physiotherapy technologists, social workers and administrative assistant

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

THE LOCOMOTIVE CIRCUIT: HELPING STROKE PATIENTS STEER THEIR RECOVERY IN THE RIGHT DIRECTION

The Locomotive Circuit transforms a hallway in a care unit into a exercise track and educational circuit for stroke patients and their caregivers. Locomotive provides information and adapted exercises to get patients moving and keep their minds active.

How the circuit works

Visual cues on the walls and floor of the stroke unit guide patients and their caregivers, if required, from station to station. Locomotive has 13 stations to date. Each station is set up with a poster. There are three types of posters: informative posters on strokes and their treatment, self-training posters with health advice and interdisciplinary tips for improved living following a stroke and posters featuring exercises with progressive levels of difficulty.

Jean-Pierre Coallier, who was a stroke patient at **CHUM**, contributed funny and educational cartoons. Posted throughout the unit, his drawings invite patients and caregivers to do physical or speech and language exercises to reduce the effects of a stroke. An online video explaining the posters is available for patients and caregivers to view at their leisure. This online access is particularly useful during the pandemic as it allows patients and their families to access educational content anytime, anywhere.



Ms. Danièle Henrichon (patient partner). Ms. Marjorie Sandra Dubuisson (patien partner). Céline Odier (neurologist). Olivier Rey (health literacy: specialist: Judiène Jolteus (nurse clinician), Mariène Malenfant (graphic designer), Marie André Desjardins (physiotherapist), Line Beaudét (clinical researcher), Norman Charlebois (patient patrner), rege Gravau (patient patrner).

Céline Odier Neurologist

Other people involved:

Project Co-leads: Céline Odier, Neurologist; Judlène Jolteus, Clinical Nurse; Marie-Andrée Desjardins, Physiotherapist; Line Beaudet, Clinical Researcher

Collaborators: Seven patient partners, including Serge Gareau, Danièle Henrichon and Jean-Pierre Coallier, Cartoonist; the team at the CHUM Health Literacy Centre, including Olivier Rey and Marlène Malenfant; the stroke unit's interdisciplinary early rehabilitation team, including occupational therapists, speechphysiotherapists, language pathologists, nutritionists, psychologist, sexologist and stroke patient routine follow-up nurse; the Direction des communications et d'accès à l'information team, including Kathleen Poulin and Olivier Dilain: and the team at the Infection Prevention and Control team, including Chantal Soucy.

ONLINE LANGUAGE DEVELOPMENT VIDEOS: INFORMING AND SUPPORTING FAMILIES DURING THE PANDEMIC AND BEYOND!

The pandemic has reshaped many of our practices and encouraged us to reinvent and challenge ourselves in the face of the current physical distancing restrictions. One of the major challenges facing the speech therapy service of the Direction du programme jeunesse (DPJe) has been providing ongoing information and support to families regarding their child's language development while they wait for their first appointment.

Before the pandemic, our service organized approximately 70 information sessions each year across all nine local service networks to respond as quickly as possible to consultation requests from hundreds of parents with children with language difficulties or stuttering.



Chantal Beauregard Speech-language Pathologist

Other people involved:

Marie-Line Arguin, Speech-language Pathologist, DPJe; Chantal Beauregard, Speechlanguage Pathologist, DPJe; Catherine Fradette, Speech-language Pathologist, DPJe; Marie-Hélène Grève, Administrative Officer, DPJe; Julie DiTomasso, Communications Department Advisor, Human Resources, Communications and Legal Affairs Branch Collaborating with the CIUSSSE-CHUS communications department, the team quickly converted the content of the meetings into informative online videos. Ten short videos containing relevant and appropriate information were created to help parents, as key actors in their children's lives, play a supportive role in their language development.

A series of pamphlets and quick guides on the topics covered are now available on the CIUSSSE-CHUS website. This shift to an online platform—previously reserved for families waiting for an appointment—proved that everyone should have access to this information to increase support for parents, caregivers and early childhood workers in preventing speech and language problems and stimulating communication among our toddlers aged 0–5.

https://www.santeestrie.qc.ca/en/orthophonie/

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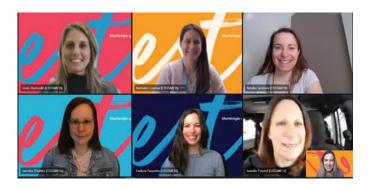
COME ON! LET'S GET MOVING DURING THE PANDEMIC!

To prevent deconditioning in seniors at home or in a private seniors' residence (PSR), the CISSS de la Montérégie-Est has developed a service that employs kinesiologists whose gyms closed during the pandemic. Depending on the level of intervention required, several parties may work with a senior, including a physiotherapist, an occupational therapist, a physical rehabilitation therapist or, if the user is at risk of deconditioning, the kinesiologist from Nautilus Plus is called upon.

The kinesiologist may be asked to visit a user one to eight times, depending on the situation, for a period of one to four weeks. The 30- to 45-minute sessions focus on promoting physical activity through suggested activities, adopting healthy lifestyle habits and highlighting the importance of regular movement.

Through this innovative partnership, home care provides a quality prevention program to several local seniors (potential to serve 300 seniors per week). Maintaining a senior's physical fitness and independence helps limit the services needed from the CLSC or prevent a change in living environment that may have been necessary after the pandemic.

It is therefore beneficial for users, kinesiologists and the health network to get our seniors moving, even in the midst of a pandemic.



Diana Milette

Director of the Soutien à l'autonomie des personnes âgées – Soutien à domicile et partenariat Program

Other people involved:

Isabelle Émond, LSN Coordinator for Richelieu-Yamaska and Pierre-de-Saurel, DASAPA; Hélène Töth, Coordinator of Integrated Partnership Management for Private Seniors' Residences; Josée Dumoulin, Clinical Activity Support, DASAPA; Nathalie Couroux, Clinical Activity Support, DASAPA; Evelyne Paquette, Senior Physical Rehabilitation and Health Advisor, DSM; Natalia Sandaev, SAC

Physical and Rehabilitation Component, Direction des services multidisciplinaires (DSM)

ÉPI-TAVIE—AN INNOVATIVE TOOL TO HELP PEOPLE LIVING WITH EPILEPSY

Consultations made easy with no appointment necessary!

Living with epilepsy on a daily basis has its challenges, including seizure management and control. With this in mind, an interdisciplinary team developed the ÉPITAVIE interactive tool in fall 2020 to offer virtual support and guidance to people with epilepsy and those around them.

Based on the concept of TAVIE (Treatment Virtual Nurse Assistance and Teaching), a virtual nurse presents a 25-minute educational session via pre-recorded video clips. In addition to providing general lessons on epilepsy (e.g., type of seizures, medications, etc.), the nurse offers various strategies to identify situations that could provoke seizures and what to do in such cases. This helps empower individuals to take action with respect to their health condition. To support this online learning, the nurse refers to animated testimonials inspired by real-life stories and shares practical tips used by people with epilepsy.

This virtual support is offered to **CHUM** patients during the ongoing pandemic. By consulting ÉPI-TAVIE, people living with epilepsy can access simplified, reliable and quality information in a centralized and user-friendly space. The advantage for these individuals is that they can remotely access advice at their own pace and convenience regardless of where they live, which reduces the need to travel. This is a complementary service offered in addition to clinical follow-up.

For more information: https://www.crsi.umontreal.ca/en/achievements/tavie/epi-tavie/



Josée Côté Full Professor

Other people involved: José Côté, Nurse; Vanessa Léger, Nurse; Line Beaudet, Nurse; Dang Khoa Nguyen, Physician; Patricia Auger, Research Coordinator

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

IMPROVING HEALTH CARE FOR PEOPLE LIVING IN POVERTY THROUGH PARTICIPATORY EDUCATION

People living in poverty often have more health problems than the general population. They also often find it harder to get quality care. This principle is known as the inverse care law. So, in 2019, family medicine residents at the Alma GMF-U decided to develop an educational activity aimed at improving the social skills of family physicians.

Through participatory research, a group of five family medicine residents and volunteers from the community organization Accès Conditions Vie Lac-Saint-Jean-Est developed an eight-hour educational program. The activities identified two issues that could impact access to quality health care. The first issue was social distancing. This concept is defined by the research participants as the "Social space between doctor and patient, which arises due to differences in socio-economic environments and a lack of understanding of the other's reality".

The second issue was doctors' lack of knowledge regarding social assistance. After analyzing the results, research participants concluded that this training improves the two-way understanding of the realities of physicians and people living in poverty. Patients can therefore receive care that is tailored to their needs.

The next step for this innovative project will be to implement the educational tool created and integrate it into the various family medicine residency programs that are interested.



Marie-Suzanne Mathieu et Lucia Perez-Repetto Physicians

Other people involved:

Kim Savard-Laforge, Katherine Larose, Camille Thériault ,Jérôme Dumas-Dupont (former family medicine resident); Monique Marcoux, Sylvia Pilote, Noëlla Vincent, Alain Paradis (Outreach Assistant (volunteer)); Manon Girard (Executive Director Accès Condition Vie Lac-Saint-Jean-Est).





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

INTERDISCIPLINARITY FOR COVID-19 PATIENTS: IMPLEMENTING A PRONE PROTOCOL IN RECORD TIME TO RELIEVE RESPIRATORY DISTRESS

In early March 2020, the first patients with severe COVID-19 symptoms were admitted to the **CHUM** intensive care unit. An interdisciplinary team was formed to address an urgent need: many patients with acute respiratory distress needed to be turned on their belly (prone position).

Since existing equipment was insufficient and very expensive to lease, this team created a new protocol requiring minimal material resources. To prevent complications arising from placing intubated patients under sedation into the prone position, this team produced head cushions specifically adapted to the protocol.

Interdisciplinary training was delivered in record time using video clips and simulations. A few days into the first wave, many patients were already receiving this complex treatment. Interdisciplinary teams helped optimize this protocol and make it as safe as possible. No fewer than five caregivers are required to perform this treatment.

Several healthcare facilities (in Quebec and Ontario) called on the CHUM intensive care unit to help them optimize this particular practice. This protocol was widely shared to address a major need for patient survival and respiratory improvement.

In spring 2020, 488 people were trained and performed prone positioning 153 times. Seventy-seven per cent of intubated patients with coronavirus received this treatment at least once.



Geneviève Thériault-Poirier Occupational Therapist

Other people involved:

Phébé Gagnon-Courville, Clinical Nurse Specialist; Geneviève Thériault-Poirier, Occupational Therapist; Pierre Chapuis, Nursing Advisor; Dr. Dominique Lafrance, Intensivist; Dr. Marc-Jacques Dubois, Intensivist; Émilie Tremblay, Respiratory Therapist Interdisciplinary Intensive Care Team, Direction de l'enseignement et Académie CHUM team

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

YOUTH OUTREACH COMMITTEE

Following the merger of facilities in 2015, new organizational structures at CISSS des Laurentides brought some teams closer together but complicated communications between others serving the same clientele. As a result, stakeholders working with youth between the ages of 0–18 were split into four branches and community organizers were grouped together. We tried to find various ways to establish common objectives, facilitate connection and maintain a certain degree of consistency, but it wasn't until 2019 that we ultimately set up a unified structure for the entire territory: the youth outreach committee.

The committee has three levels: strategic (deputy directors), tactical (middle managers and community organizers) and operational (professional coordinators and clinical nurses assisting the immediate supervisor). This committee gathers all three branches working with clients aged 0–18 (youth, youth protection, physical disability and rehabilitation, public health and general management for community organizations). To cover the entire territory and respond to local issues, we also developed tactical and operational committees by region (south, central, central north and north) with the strategic committee providing regional guidance.

The different committee levels work toward the same objectives by adapting their resources to their reality. All documents are also available online: the action plan, mandate, directory and resource list by territory, the participation list for various committees and consultations and, above all, participants' up-to-date contact information.



On the picture: Élise Coutu, Head of the SIPPE program, Marie Claude Gadbois, Head of the regional youth and crisis, Annie Thibault, Head of the development continuum, Caroline Beaucage, Head, Alicia Paterson, Head of the youth and crisis, Stéphane Vallée, Head of language deficiency, Jacques Labonté, Head of Service 13-18 years, Nancy Martin, Head of Service DITSADP, Karine Blair, Head of Service Community Rehabilitation, Mathieu Ouellet, Head of Service 0-18 years Argenteuil and Martine Lantagne, Head of Service Evaluation-orientation center.

Marie-Claude Gadbois

Youth Crisis Service Hub Program Manager

Other people involved:

Given that this program oversees nine committees across three levels, about a hundred people were involved.



On the picture: Stephanie Smith, Sanitation Supervisor and trainer, with participants in the Integrative Training for Sanitation Staff.

France Le Blond

Assistant Director of Technical Services, Accommodation Services Component

Other people involved:

1) The nominated team: our hygiene and sanitation coordinator-trainers, Stéphanie Smith, Kim Shink, Carole Olscamp, Cindy Asselin (since promoted to manager). 2) The support staff for the nominated team (the two hygiene and sanitation coordinators), Alain Lamarche and Albert Jeannotte.

CISSS DE LA MONTÉRÉGIE-EST HYGIENE AND SANITATION ATTENDANTS BETTER TRAINED AND GUIDED BY SUPERVISORS!

Since the C. difficile crisis, hygiene and sanitation in healthcare settings has become crucial. Hygiene and sanitation workers are an essential part of preventing and controlling nosocomial infections. As with other essential services, staff shortages have been exacerbated by the COVID-19 pandemic. A team of hygiene and sanitation supervisors was created at CISSS de la Montérégie-Est in 2018. Although it is small, this three-person team manages to accomplish a massive task! Our supervisors, themselves former hygiene and sanitation attendants, onboard and train new attendants, perform necessary quality audits and readjust when knowledge and skill issues arise.

These supervisors have recently put together a specific three-week integrative training course where they teach new workers the basics or help more experienced workers broaden their knowledge. Since March 2020, our supervisors have supported housing for seniors in our territory, mainly intermediate resources (IR) and private seniors' residences (PSR) experiencing COVID-19 outbreaks. They also created a sanitation guide for all IRs and PSRs and provided training to owner/operators. During outbreaks, team members visit these settings to assess employee practices in person and offer suggestions for optimizing procedures and reducing risks. In short, our supervisors play many roles with one goal in mind: ensuring a safe care environment for our clients!

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

HEALTHCARE SIMULATIONS ARE A MUST IN THE CURRENT PANDEMIC!

The Centre interdisciplinaire de simulations en santé (CISS) is making its interdisciplinary vision a reality through seven health programs offered at CÉGEP de Chicoutimi. These programs are nursing, respiratory therapy, emergency prehospital care, dietetics, physiotherapy, biomedical analytical technology and dental hygiene techniques. For all of these programs, separate CISS practice labs allow learners to develop their procedural skills and provide the freedom to practise repeatedly. Each lab is staffed with competent personnel to support students in their learning. The CISS is a learning lab equipped with an innovative technological training manikin.

We aim to integrate acquired practical and thinking skills to offer realistic experiences with patients (manikins) responding to various interventions by learners or professionals. Our service offering also includes standardized patient practices to provide more realistic experiences. The CISS is not only intended for Cégep de Chicoutimi students but also for health professionals throughout the community. Partnerships are being created with universities, professional centres and the CIUSSS to offer even more effective possibilities for realistic simulations. In particular, the simulation program offers scenarios based on increasingly complex needs, depending on the learner's skill level (student or professional), throughout the training curriculum. A high-fidelity clinical simulation (HFCS) is offered to fully integrate skills and provide an opportunity to benefit from the debriefing period (feedback), which promotes clinical reasoning and encourages reflection. The goal is to develop professional skills and increase care interdisciplinarity, quality and safety for the public.



On the picture from left to right: Stéphanie S. Tremblay, Marie Andrée Gobeil Isabelle Bouchard, Josée Gobeil. Not present: Nancy Belley

Isabelle Bouchard, M. sc. inf. Manager of the Centre interdisciplinaire de simulations en santé, Clinical Nurse

Tremblay, BScN, Nursing Teacher at Cégep de Chicoutimi and Intern Teacher; Marie Andrée Gobeil, BScN, Simulation Technician at Cégep de Chicoutimi; Nancy Belley, BScN, Simulation Technician at Cégep de Chicoutimi; Josée Gobeil, Respiratory Therapy Teacher at Cégep de Chicoutimi

DAILY PATIENT FLOW DASHBOARD

The CIUSSS du Centre-Ouest de l'Île de Montréal was proud to develop a digital platform that facilitates the complex and often difficult decisions surrounding patient flow. The Dashboard has revolutionized patient flow by allowing stakeholders to access data in real time. The way we use the data points has proven key to identifying barriers. The Dashboard allows us to illustrate valueadded information that has improved patient access, quality of care and efficiency. Our mission is to ensure that patients get the right care, at the right time, in the right area, from the right health care professional.

The Daily Patient Flow Dashboard was developed by a multidisciplinary group of individuals who worked tirelessly during challenging times (a pandemic and a cyberattack). Before we developed this tool, some of the data was manually inputted into an Excel spreadsheet twice a day and emailed to individuals within the CIUSSS who needed the data to support their patient flow decisions. With the Dashboard, users now have real-time data that is extracted from the different source systems when needed. New and important information is continuously added to the Dashboard to ensure the best possible decisions can be made.



Maria Kozma-Hong Clinical Administrative Coordinator

Other people involved:

Coralie Lafontant, Computer Analyst (Digital Health); Maria Veres, Computer Analyst (Digital Health); Thanh Truc Nguyen Lao, Computer Analyst (Digital Health); Nicolas Seca-Masot, Administrative Procedure Specialist, Innovation team, DQIEPE. In consultation with: Carol Viegas, Patient Flow, DPS office; Dr. Shannon Fraser, Medical Coordinator, DPS office; Andre Poitras, Clinical Administrative Coordinator, DSI office

Each area of the Dashboard has actionable data that can be drilled down to the patient level if necessary and allows for retrospective data analysis. There are five tabs: Inflow, Outflow, COVID, Mismatch and Pressure Gauge. Each tab contains valuable data. The Emergency Room situation, hospital beds, expected discharges/ transfers, the CIUSSS COVID situation, where beds are needed and the hospital's patient flow pressure are just a few of the tabs. The Dashboard audience went from 60 to well over 150 in its first month, and it is growing by the day! The Dashboard has changed the way we function, allowing us to use innovative tools to bridge the multiple services involved in patient flow.

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

CREATION OF THE MULTI-SITE COVID-19 MASS-TESTING CLINIC FOR CHU DE QUÉBEC-UNIVERSITÉ LAVAL WORKERS

In fall 2020, the Direction des services multidisciplinaires (DSM) of the **CHU de Québec-Université Laval** stepped up to help the organization by setting up a COVID-19 testing

clinic in each of its five hospitals in under two weeks. The objective was to quickly test health care workers targeted for mass testing based on the infection rates determined by the infection prevention and control (PCI) team. This would allow workers with COVID-19 to be identified, curbing the spread of the virus and ensuring a safe care environment for our users and workers.

The Testing Clinic was built from scratch by volunteer workers to provide service seven days a week for day, evening and night workers. It was developed quickly thanks to the agility of the team, which improved its processes

every day to adapt to the huge increase in testing in the fall. Specifically, the Clinic's team is responsible for assigning and following up on testing appointments for workers, medical staff and students, carrying out testing at five sites, monitoring results and producing the indicators necessary for the PCI team to make decisions for when the outbreaks begin to taper off. The Clinic took more than 30,000 samples between October 2020 and February 2021. Its success is the result of an interprofessional collaboration of more than 150 DSM professionals from several disciplines, administrative officers from various sectors, and day-to-day cooperation with the PCI team, the Direction des ressources humaines (Service santé), the Direction de la performance clinique et organisationnelle (DPCO) and the Direction des ressources informationnelles (DRI).



Marie-Christine Laroche

Assistant to the Director of Multidisciplinary Services

Other people involved:

Anne-Geneviève Allaire, Catherine Savary Tanguay, Sandrine Dupont, Pierre Lacroix, Sébastien Couture, Marie-Michèle Chenier, Sylvie Ouellet, Dr Hector Felipe Garcia Jeldes, Mario Blais, Valérie Ducharme Lavoie, Audrey Paquet Beaupré, Éric Cloutier, Pascal Martineau, Catherine Villemure, Julie Vigneault, Mélissa Couture, Carole Boucher, Catherine Lemieux, Karyne Aubin, Audrey Ferland, Cindy Hawey, Édith Dufour, Séverine Tacquenière, Grégorie Mercier, Isabelle Côté, Marie Benoît, Marie-Line Sylvain, Isabelle Hamman et Stéphane Mignot.

OPTIMIZING BED OCCUPANCY IN INTENSIVE CARE VIA COOLSI



Marie-Eve Desrosiers Network Coordination Director – CHUM

Other people involved:
Dr. Caroline Ouellet, Medical Co-director and Medical Manager,
COOLSI

Created in March 2019 at **CHUM** the Centre d'optimisation Occupation des Lits de Soins Intensifs (COOLSI), specializing in optimizing bed occupancy in intensive care units, was tasked with coordinating medical advice and transfer requests for patients requiring intensive care. Its main goal is to ensure that the right patient is in the right place at the right time. Call centre nurses can refer patients to the intensive care unit (ICU) that will best meet their needs in the time required thanks to decision-making algorithms, a regularly updated dashboard and clinical evaluation. This referral decision is made in collaboration with the requesting and receiving physicians and, if necessary, with the COOLSI medical coordinator (intensivist from a specialized field). The destination of patients depends on their clinical need, the geographic proximity of the centre where they will be treated and the specialized care that patient's situation requires.

In March 2020, the Quebec Ministère de la Santé et des Services sociaux (MSSS) expanded the mandate of the COOLSI to assist with the COVID-19 pandemic. Now this team is also coordinating inter-facility transfers for all COVID-19 positive patients requiring hospitalization or rehabilitation.

With the experience gained in transfer coordination during its first year, the COOLSI was able to rise to the challenge and support patients and the network in this unprecedented time of crisis.

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

DMS IMPLEMENTATION AT THE MOTHER AND CHILD HOSPITALIZATION UNIT

The Mother and Child Hospitalization at CHU Sainte-Justine floor experienced several issues impacting accessibility, including difficulty completing discharges quickly and coordinating admissions, as well as a lack of knowledge of the progress of the teams' work. To meet the urgent needs of the Mother and Child Hospitalization team to improve accessibility to its floor, a performance improvement project was initiated, namely the implementation of the Daily Management System (DMS).

The DMS provides process-oriented daily management for teams to execute the daily plan by regularly monitoring the situation and quickly responding to issues using a structured method that eliminates root causes. Members of an interdisciplinary team (nurses, clerks and orderlies) meet several times a day for a maximum of five minutes to check whether the results achieved meet the established objectives. For example, the team checks the number of patients discharged at 2 p.m. to see whether the target of 90% for this time was achieved.

If targets are not met, team members work together to determine the causes so they can quickly correct them.

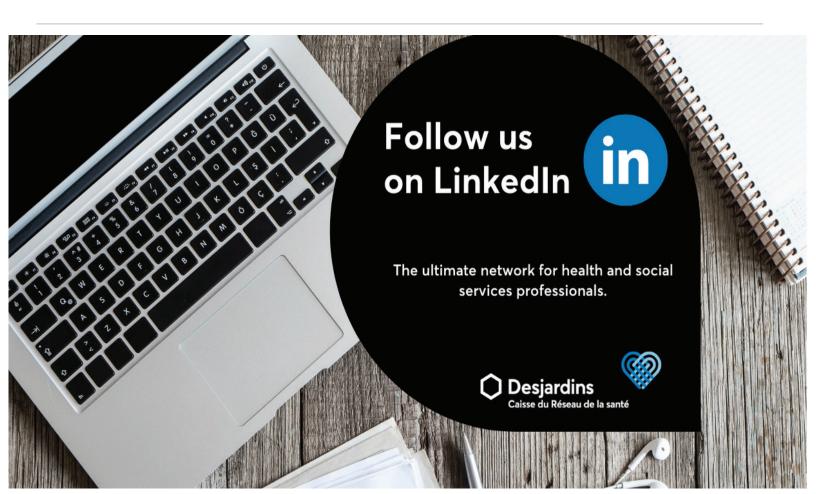
This management method encouraged teams to collaborate in decision-making, analyzing unit performance gaps and implementing action plans. One month after the project's implementation, almost 100% of patients eligible for discharge leave during the day shift compared to 70% prior to the initiative.



Yekaterina Skakun Assistant Nurse Head Coordinator

Other people involved:

Stephanie Hogue, Department Chief; Catherine Lefort, Continuous Improvement Advisor; Yvette Kunfwa Lumba, Care Advisor; Cynthia Garcia, Senior Advisor









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