

# REVUE SANTÉ

4<sup>th</sup> EDITION

2021-2022



## Desjardins

Caisse du Réseau de la santé



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# THE CAISSE DEDICATED TO HEALTH AND SOCIAL SERVICES PROFESSIONALS!



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Caisse Desjardins du Réseau de la santé



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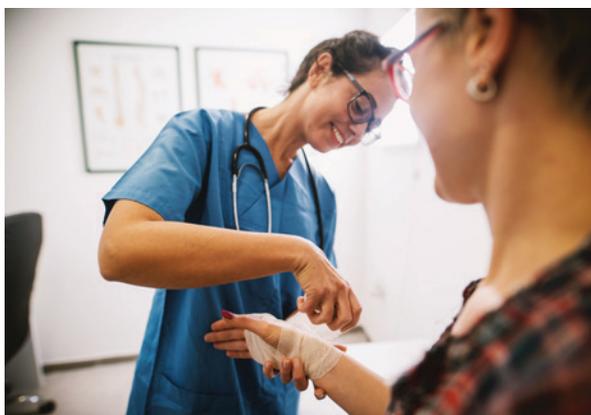
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# MESSAGE FROM THE CHAIR



Dear Members,

On behalf of the board of directors, I am proud to present, this review of your Caisse's key accomplishments for fiscal 2021.

## **Socio-economic leadership toward recovery**

Working together is a cornerstone of the cooperative model that helps shape a better future. Faced with the effects of a lingering pandemic, we nevertheless pursued many initiatives to support communities and foster a greener and more inclusive economic recovery.

The GoodSpark Fund remains one of our flagship initiatives for helping regional socio-economic recovery and vitality. With a budget of \$250 million, this fund will help support structural programs through to 2024. It's a great way to power socially transformative, community-driven projects.

## **An approach based on sustainable development**

For more than 30 years, Desjardins has put sustainable development and climate action at the forefront of its actions. Our determination to act in this regard is reflected in many initiatives: an ambitious climate action plan announced in April, participation in international responsible finance actions, major investments in renewable energy infrastructures, contributions to transportation electrification, and the issuance of sustainable bonds.

## **Growing democratic life**

On April 7, 2021, for the first time, we held a full annual general meeting virtually. Using member authentication through AccèsD, a record number of members not only voted on the dividend but also elected their Caisse administrators. Efforts to implement innovative technological solutions have had a real impact on democratic life at our Caisse. I tip my hat to the brilliant teams who navigated and surpassed the limits imposed by circumstances beyond our control. With the sharing plan accepted, more than \$2.2 million in individual and collective dividends will be paid out to Caisse members and the community.

## **Acknowledgments**

Its members are what humanizes an organization. The fire in all 85 of our bellies continued unabated despite the ongoing situation. We kept showing up to encourage, advise and support you. I extend my sincerest thanks to everyone who worked with such unwavering commitment and sustained effort even while they, too, had to cope with the pandemic. Special thanks to Martin Levac, whose leadership, good judgment and inspiration proved a touchstone in turbulent times. I would also like to acknowledge the superb work of the members of the board of directors.

Finally, I would like to thank our 23,969 members, our partners, and the health and social services unions for their ongoing loyalty. We will continue to earn your trust by acting in your best interests and engaging in structural programs for our community.

A handwritten signature in black ink, appearing to read 'Claude Gareau'.

Claude Gareau  
**Chair**

# BOARD OF DIRECTOR



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



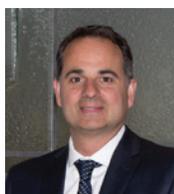
**JOSÉE FRÉCHETTE**  
Director  
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Alliance du personnel professionnel et  
technique de la santé et des services  
sociaux (APTS)



**JENNIFER GUNVILLE**  
Director  
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Auxiliary Nurse  
Centre hospitalier Saint-Eustache



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



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



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



**LAURENT CROTEAU**  
Young Intern Director  
Medical Student

# MESSAGE FROM THE MANAGER



Dear Members,

In 2021, your Caisse, just like the rest of the Desjardins Group, maintained a constant presence to help guide you through this difficult passage. In 2022, we promise to continue to dedicate ourselves to enriching the lives of health and social services students, professionals and retirees as well as the broader community, which is our whole reason for being, as reflected in our everyday actions.

## **Overview of the fiscal year**

Our results are a testament to members' faith in our financial services cooperative. They are also evidence of the Caisse's sound business management.

With \$2.52 B in business under management, a 20% increase compared with 2020, the Caisse holds a strong market position. In order to guarantee the best possible member experience, we focus on product innovation and the highest quality service delivery. We are supported in our efforts through the expertise of our employees and by specialists throughout the Desjardins Group.

## **Commitment to our health and social services network community**

Thanks to our members, our Desjardins Caisse, dedicated exclusively to students and to health and social services network workers both current and retired, we can invest in your community.

Thanks to member involvement, the Caisse can give back to the community by supporting structural programs or creating scholarships for young people and professionals. Last year, we distributed nearly \$180,000 through our Community Development Fund, donations and sponsorships.

We awarded almost \$35,000 to students and professionals in health and social services through our scholarship programs, such as Coup de pouce Santé!, the First Job Scholarship and the SRS (Stars du Réseau de la santé)

Awards. These bursaries are meant to encourage and celebrate your efforts.

Revue Santé provides a glimpse of the wonderful projects your health and social services colleagues submitted for the SRS Awards. We hope you take a moment to read the Revue to learn about the wealth of community projects that remain largely unknown to professionals. Revue Santé offers an essential tool for inspiration, leadership and innovation. It is an excellent resource for knowledge sharing.

We would like to take this opportunity to sincerely thank our valued partners: FIQ, APTS, the Corporation des paramédics du Québec and The Personal. We would also like to thank Minister Christian Dubé for so kindly speaking to the health and social service professionals gathered for the SRS Awards Virtual Gala. The Minister's recognition of our Caisse shows our added value in the health and social services system, and confirms our place within it. We may be Desjardins, but this Caisse is devoted to you!

## **Putting members' best interests first: a team with heart**

The last word goes to our members, who have had to reinvent themselves to meet multiple challenges since this pandemic began. You are and will remain the source of our motivation. No matter what your situation or the nature of the challenges you've had to face, please know that we are more committed to you than ever.

In closing, I'm grateful for the privilege of working with a highly engaged team that has never stopped adapting over the past two years. Through gestures great and small, our team consistently put members' best interests first, every single day. I salute your exemplary response to the situation and thank you from the bottom of my heart.



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.

85

STAFF MEMBERS AT  
YOUR SERVICE



\$2,52

BILLION IN BUSINESS  
VOLUME



14

SERVICE CENTRES  
ACROSS THE PROVINCE



24k

MEMBERS



- ❑ 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

Licensed 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<sup>r</sup> 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 2021.**

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 2021.

The CDF is comprised of annual surpluses generated by the Caisse. The more members we have, the more we can 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

## 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.



## ACTIVE PARTICIPATION WITH HEALTH AND SOCIAL SERVICES UNIONS

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.



Did you know  
that the union  
community  
founded the  
Caisse Desjardins  
du Réseau de la  
santé?

# SUPPORTING PARAMEDICS AND SABSA

You are a paramedic or a nurse...

## DID YOU KNOW?



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

## FONDS ÉRIC-CHARBONNEAU

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

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

We are proud to support this great cause!



Fondation  
**SABSA**

## 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.

### 2022 SRS AWARD:

In 2022, 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.

### 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.



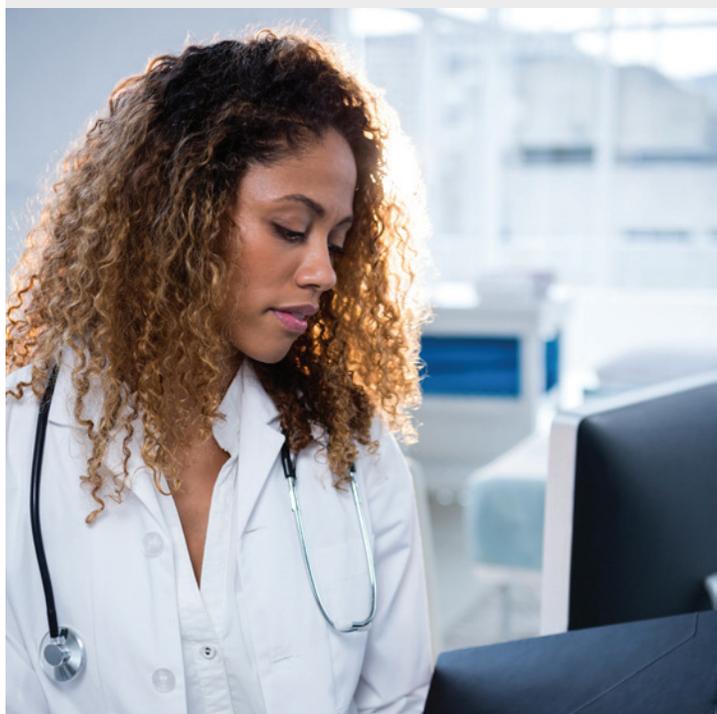
#### HIGH-PERFORMANCE

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

### DISTRIBUTION OF \$20,000

**\$5,000 per category**

- 1<sup>st</sup> place: \$3,000
- 2<sup>nd</sup> place: \$1,500
- 3<sup>rd</sup> place: \$500
- 4<sup>th</sup> and 5<sup>th</sup> position: Honorary mention



# LES PRIX SRS

## STARS DU RÉSEAU DE LA SANTÉ

Présentés par



The SRS Awards were presented in collaboration with 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.

Thanks to our partners!



**laPersonnelle**  
Assureur de groupe auto  
et habitation



Alliance du personnel  
professionnel et technique  
de la santé et des services sociaux



FÉDÉRATION  
INTERPROFESSIONNELLE  
DE LA SANTÉ DU QUÉBEC



CORPORATION DES PARAMÉDICS  
DU QUÉBEC

Gold partners

Platinum  
partner

Silver partner

**+ THAN 6,500 SUBSCRIBERS**

The most followed Desjardins Caisse on Facebook...

**FOLLOW US ON  
SOCIAL MEDIA!**



**CAISSE DESJARDINS DU RÉSEAU DE LA SANTÉ**

**To make sure you don't miss any of our exclusive  
content for health and social services workers...**

**FOLLOW US ON FACEBOOK AND LINKEDIN!**



# 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 4th edition:



- ★ **Joël Bélanger**, 5th Vice-president, APTS
- ★ **Paule Bernier**, President, Ordre des diététistes-nutritionnistes du Québec
- ★ **Gisèle Carpentier**, Director of Organizational Development and HR (retired), CIUSSS du Nord-de-l'Île-de-Montréal, and Caisse director
- ★ **Isabelle Demers**, Deputy President and Chief Executive Officer, CHU Sainte-Justine
- ★ **Sylvain Fauchon**, Senior Director, The Personal
- ★ **Dre Beatriz Ferraz Dos Santos**, Research Director, Division of Dentistry, Montreal Children's Hospital, Assistant Professor, Faculty of Dentistry, McGill University
- ★ **Isabelle Garon**, Executive Vice-President of the President's Office, Cooperation, Director Support, Desjardins Group
- ★ **Isabelle Groulx**, Vice-President, FIQ
- ★ **Mireille Guillemette**, President, Mire Formation Conseil inc.
- ★ **Nadine Lambert**, Treasurer, FSSS-CSN
- ★ **Paul L'Archevêque**, Formerly Director of Innovation, Ministère de la Santé et des Services sociaux, currently Senior Partner, CapCOGITO
- ★ **Luc Lepage**, Executive Director, CEPSEM
- ★ **Chantal Marchand**, President and CEO, AGESSS
- ★ **Émilie Mercier**, Clinical Administrative Coordinator, Hospital Sector, Direction des services multidisciplinaires, CIUSSS de l'Est-de-l'Île-de-Montréal
- ★ **Claudia Poulin**, ACMQ Administrator and Chair of the CISSS des Laurentides' multidisciplinary council
- ★ **Patrice Ruest**, Treasurer, Corporation des Paramédics du Québec

**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 19, the fourth 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.

We are also pleased to announce that there will be a fifth SRS Awards in 2023. Registration will begin in mid-January. Follow us on Facebook and on our website for the latest news [www.caissesante.ca](http://www.caissesante.ca).

“ We would like to take this opportunity to sincerely thank our valued partners: FIQ, APTS, the Corporation des paramédics du Québec and The Personal.

We would also like to thank Minister Christian Dubé for so kindly speaking to the health and social services professionals gathered for the SRS Awards Virtual Gala. The Minister's recognition of our Caisse shows our added value in the health and social services system, and confirms our place within it.

We may be Desjardins, but this Caisse is devoted to you. ”

- **Martin Levac, General manager**



# 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.

## SIMPLE



## PEOPLE-FOCUSED



## MODERN



## HIGH-PERFORMANCE



# 2022 SRS AWARDS WINNERS

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

## "SIMPLE" CATEGORY

EN **1<sup>ère</sup>** POSITION : Project submitted by Dominique Paré, Head of Volunteer Services at **CHU Sainte-Justine**, who worked with her colleagues, to set up BénéClic, a volunteer one click away.



**2<sup>nd</sup>** PLACE: Project submitted by Rudolph De Patureaux, Telehealth Executive Advisor at **CHUM**. He and his colleagues implemented a patient support service for telehealth activities so that patients are not left alone with the technology.

**3<sup>rd</sup>** PLACE: Project submitted by Valérie Daigle, Nursing Consultant at **CISSS de Laval**. She and her colleagues created the QR code project for family empowerment.



**4<sup>th</sup>** PLACE: Project submitted by Sarah Al-Ameri, Postoperative Follow-up and the Access and Investigation Clinic at **CHUM**. She and her colleagues set up a Guichet rapide d'accès et d'investigation en chirurgie hépatobiliaire et pancréatique (CHBP), Rapid Access and Investigation Clinic for hepatobiliary and pancreatic surgery.

**5<sup>th</sup>** PLACE: Project submitted by Marie-Josée Boulianne, Service Quality and Complaints Commissioner at **CISSS des Laurentides**. She and her colleague Viviane Genest implemented a project to address the delays in processing medical complaints : When the mountain seems insurmountable...



# 2022 SRS AWARDS WINNERS

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

## "PEOPLE-FOCUSED" CATEGORY

EN **1<sup>ère</sup>** POSITION : Project submitted by Rosalie Roy, Head of Nursing Obstetrics Unit - HSFA, at the Mother and Child Unit and the Department of Pediatrics, Hôpital Saint-François d'Assise, **CHU de Québec Université Laval**. She and her colleagues implemented the clinique l'Envolée.



**2<sup>nd</sup>** PLACE: Project submitted by Sophie Poirier, Assistant Director of the Multidisciplinary Services, Practice Quality and Evolution at **CISSS de la Montérégie-Ouest**. She and her colleagues in partnership with **Groupe Alerte and the pre-hospital emergency services of the Montérégie** region, implemented the regulation of requests for pre-hospital emergency services.

**3<sup>rd</sup>** PLACE: Project submitted by Robert-James Borris, Assistant Director at **CISSS de la Montérégie-Est**. He and his colleagues set up the outreach services for disaffiliated or homeless people.



**4<sup>th</sup>** PLACE: Project submitted by Nancy Vaillancourt, Nurse Clinician and Nursing instructor at the **Cégep de Chicoutimi**. Her and her colleagues in partnership with the Inuulitsivik Health Center in Nunavik, implemented the Covid vaccination assistance in Nunavik January 2022.

**5<sup>th</sup>** PLACE: Project submitted by Christian Dallaire, Physiotherapist, Clinical Coordinator at **CIUSSS du Saguenay-Lac-Saint-Jean**, who, in partnership with the health network and the college and university education centres of the Saguenay Lac-Saint-Jean region, have implemented a project to prevent deconditioning in CHSLDs in the context of COVID-19.



# 2022 SRS AWARDS WINNERS

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

## "MODERN" CATEGORY

**1<sup>st</sup> PLACE:** Project submitted by Marie-Christine Gras, FMG Program Manager at **CIUSSS Centre-Ouest-de-Île-de-Montréal**. She and her colleagues, deployed a nursing clinic for prevention, screening and short-term follow-up for users without a family doctor.



**2<sup>nd</sup> PLACE:** Project submitted by Dr. Catherine Vincent, Hepatologist at **CHUM**. She and her colleagues have set up the Guichet d'investigation rapide de transplantation du foie (GRIT-F), a Rapid Investigation Clinic for liver transplant patients.

**3<sup>rd</sup> PLACE:** Project submitted by Andréanne Paquette, Occupational Therapist at **CISSS de la Montérégie-Ouest**. She and her colleagues set up the project Act early with Ergo videos!



**4<sup>th</sup> PLACE:** Project submitted by Geneviève David, Psychoeducator at **Hôpital en santé mentale Rivière-des-Prairies, CIUSSS du Nord-de-l'île-de-Montréal**. She and her colleagues developed the Psychoeducational wheels: innovative and educational tools to promote and demystify mental health.



**5<sup>th</sup> PLACE:** Project submitted by Caroline Riopel, head of COFR- COOLSI at **CHUM**. She and her colleagues set up CareSimple - Remote patient monitoring for patients with COVID-19.



# 2022 SRS AWARDS WINNERS

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

## "HIGH PERFORMANCE" CATEGORY

**1<sup>st</sup> PLACE:** Project submitted by Véronique St-Pierre and Marie Giasson, Nursing consultants at **CISSS de la Montérégie-Est**. The implementation of their project with their colleagues, have made it possible to strengthen the accompaniment and support of clinical nursing staff and multidisciplinary services in order to increase their skills and retention.



**2<sup>nd</sup> PLACE:** Project submitted by Diana Dima, SNP (Nurse) Workforce manager at **CIUSSS Centre-Ouest-de-l'Île-de-Montréal**. She and her colleagues participated in the implementation of an early mobilization program initiated by the cardiovascular acute care nurses.

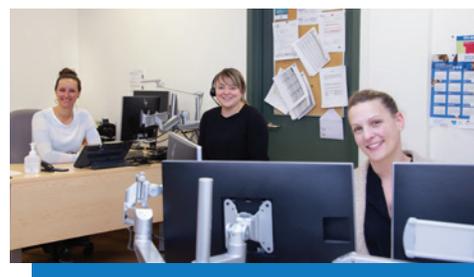


**3<sup>rd</sup> PLACE:** Project submitted by Isabelle Simard, Professional Practice Coordinator of the Multidisciplinary Services Directorate at **CISSS de Laval**. She and her colleagues participated in the implementation of interdisciplinarity on the care units at the **Cité-de-la-Santé Hospital in Laval**.



**4<sup>th</sup> PLACE:** Project submitted by Julienne Auclair and Annik Lavoie, Instructors at the **Cégep de Rivière-du-Loup**. They and their colleagues set up the Special Educational Project 2021 - COVID 19.

**5<sup>th</sup> PLACE:** Project submitted by Audrey Frenette, Nurse Clinician, Head of EVAQ services at **CHU de Québec-Université Laval**, who set up the EVAQ Digital Coordination Platform.





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

2021

Catégorie  
« MODERNE »  
1<sup>ère</sup> position

Implantation d'un service de messagerie texte  
destiné aux familles (ou accompagnateur) des patients  
recevant des soins au bloc opératoire du CHUM

CHUM



**Desjardins**

Caisse du Réseau de la santé



# VISIT OUR WEBSITE



# CAISSESANTE.CA



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



## **Desjardins**

**Caisse du Réseau de la santé**



# "SIMPLE" CATEGORY

Simplifies tasks or processes and improves procedures in your establishment.

## **BENÉCLIC, A VOLUNTEER JUST A CLICK AWAY**

The volunteer service at the **Centre Hospitalier Sainte-Justine (CHUSJ)** consists of 350 volunteers, representing about 80,000 volunteer hours each year. CHUSJ volunteers play an important role when children experience anxiety or have special needs.

With the old system, accessing Volunteer Services was complicated and, as a result, the service was underutilized by sectors and patients. In 2019, approximately 60% of volunteer requests went unanswered due to several issues related to the communication tool in place. This caused undue stress for applicants and patients' families. Moreover, the system did not make optimal use of a volunteer's time—half of which would be spent looking for a request. In short, there would be outstanding requests that volunteers weren't even aware of, creating dissatisfaction on both sides. In an effort to increase positive impacts by volunteers and to make patient and family stays more comfortable, the BenéClic app was rolled out in May 2021. This app, available on iPhone and Android, makes it possible to easily request support from Volunteer Services and to receive confirmation in real time of the request's acceptance along with the volunteer's profile and photo, while facilitating a natural match between the patient's interests and the volunteer's comfort zone.

BénéClic therefore improves accessibility to Volunteer Services by responding to the vast majority of requests and maximizes volunteer availability and presence.



**Dominique Paré**  
Head of Volunteer Services

**Other contributors:**

Alexandre Leclair, Performance Advisor; Nancy Pelletier, Volunteer; Nancy Tondreau, Recreation Technician; Vicky Lemay, Briand-Jacques Kpanou, IT Project Managers; Émilie Trempe, Communications Advisor; Félicia Faucher, Graphic Arts Technician; Evi Jane Kay Molloy, Graphic Designer; Chloé Roy-Dupuis, Head of Procurement; Guillaume Desmarais, Lawyer.

# CATÉGORIE « SIMPLE »

Simplifies tasks or processes and improves procedures in your establishment.

## IMPLEMENTATION OF A TELEHEALTH PATIENT SUPPORT SERVICE. PATIENTS SHOULDN'T BE LEFT TO DEAL WITH TECHNOLOGY ON THEIR OWN.

In March 2020, when the pandemic broke out in Quebec, and in-person consultations had to be reduced, the **CHUM** decided to provide the option of setting up external appointments with patients using video teleconsultations. To date, over 32,000 of these teleconsultations have taken place. In addition, as soon as this clinical model was launched, the facility created a service that had not previously existed in any facility: patient support for telehealth activities (with a direct telephone number). Because it often deals with vulnerable and elderly patients who are unfamiliar with innovative technologies, the CHUM was convinced that, without extra help, a large number of people would not be able to benefit from this new approach to health care, which can help reduce travel, fatigue, time wasted and the need to mobilize helpers.

Within a couple of weeks, the CHUM had created a dedicated team (a combination of students and employees associated with the CHUM) led by a designated manager. The team was quickly trained to use the teleconsultation tools and quickly became self-sufficient, enabling it to respond to numerous calls by the end of March 2020. The team also created various tools for patients with the help of the CHUM Health Literacy Centre (to design the tools in a user-friendly language).

Since March 2020, the team has responded to 3,130 patient calls with 97% efficiency! Thanks to this service, CHUM patients are never left to deal with technology on their own and agents are always on hand to help. The human connection is thus maintained. This service provides support for six different patient apps.



Rudolph De Patureauux  
Telehealth Executive Advisor

**Other contributors:**  
Veronik-Nancy Landry, Administrative Officer; Olivia Battista, Administrative Officer and Julie Bonin, Administrative Officer.

## QR CODES TO HELP EMPOWER FAMILIES

During the pandemic, nurse availability and increased workloads highlighted the issue of time in relation to mother-child care at the **CISSS de Laval's Continuum Mère-Enfant**. Parent education is a big part of this workload. It became necessary to optimize how care was provided, particularly regarding family education, while still maintaining the level of quality. This education helps parents adapt to their new role and, because it is delivered in a caring manner, it reduces stress and harmful effects of fatigue, and improves parents' behaviour toward their newborns.

It therefore made sense to update the teaching method by integrating an empowerment approach. Empowerment has a positive effect on the adjustment to parenthood. The use of QR codes promotes this kind of self-reliance in health care.

The project involves providing families with a series of QR codes that give them access to learning videos. After the parents have viewed the video, a nurse will initiate a discussion focusing on the family's needs as they relate to the video's learning objectives. This way of teaching

allows families to take charge of their learning by choosing when to view the videos and which topics best meet their needs.

The nurses all agreed that the use of the QR codes reduced their workload. Families are delighted and satisfied with this approach that focuses on self-reliance.



Valérie Daigle  
Nursing Consultant

**Other contributors:**  
Paméla Dufort, Nurse, Nursing Consultant, Continuum Mère-Enfant; Andréanne Bergeron, Nursing Consultant, Continuum Mère-Enfant; Sophie Belzile, Clinical Consultant, Youth Program; Marie-Claude Fafard, Area Manager, Continuum Mère-Enfant.

# "SIMPLE" CATEGORY

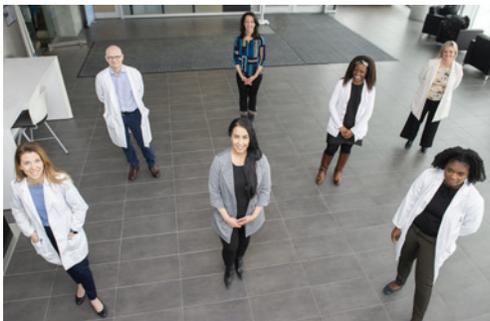
Simplifies tasks or processes and improves procedures in your establishment.

## GUICHET RAPIDE D'ACCÈS ET D'INVESTIGATION EN CHIRURGIE HÉPATOBIOLAIRE ET PANCRÉATIQUE (CHBP), RAPID ACCESS AND INVESTIGATION CLINIC FOR HEPATOBILIARY AND PANCREATIC SURGERY

The **CHUM** Department of Hepatobiliary and Pancreatic Surgery (CHBP) is a specialized surgery unit that provides quaternary care and services. It treats a high volume of Quebec patients with complex clinical conditions. With the aim of improving the fluidity of care, a working group, which includes the CHBP and is supported by the Network Coordination Department, was formed in December 2018 (Phase 1) and in December 2020 (Phase 2).

UA CHBP Rapid Access and Investigation Clinic was created to optimize outpatient investigation, standardize the investigation processes within a target time frame and analyze the relevancy of physician referrals at the CHUM and within the network, thereby avoiding unnecessary hospitalizations. The clinic is composed of an interdisciplinary team, including a resource nurse. This nurse provides comprehensive and holistic coverage to ensure they have the right patient, at the right time, in the right place. They work with professionals from the CHUM and within the network and act as the resource nurse throughout the investigation process to provide a personalized approach, thus reducing stress and anxiety for patients and their families. The clinic enables a rapid investigation response to patients' needs and the creation care plan in collaboration with the referring physicians, while meeting target deadlines to avoid a deterioration in patient health.

Finally, with a view to continuous improvement, the participation of patient partners enables the clinic to meet the specific needs of each patient.



**Sarah Al-Ameri**  
Head of Liaison, Systematic Postoperative Follow-up and the Access and Investigation Clinic

### Other contributors:

Dr. Frank Vandenbroucke-Menu, CHBP Department Head; Eugénie Ducharme, Nurse Clinician, CHBP Clinic; Nancy Ramos, Nurse Clinician, CHBP Clinic; Renée St-Vil, Nurse Clinician, CHBP Clinic; Nathalie Corbeil, Administrative Officer, CHBP Clinic; Rosalie Ngo Mateck, AHN, Liaison, Systematic Postop Follow-up and Access and Investigation Clinic; Shana Bissonnette, Advanced Practice Nurse Clinician; Marie-Ève Desrosiers, Network Coordination Department Director; Nathalie Fortin, Assistant to the Director, Network Coordination Department; Dr. Frédéric Lavoie, Physician Co-Director, Network Coordination Department.

## MEDICAL COMPLAINT PROCESSING TIMES: WHEN THE MOUNTAIN SEEMS INSURMOUNTABLE...

At **CISSS des Laurentides**, we were faced with three problems regarding the processing of medical complaints: difficulty recruiting medical examiners; significant delays in processing medical complaints; and no medical examiners for nearly a year.

We therefore considered a strategy to improve response times for medical complaints, as well as to reduce the number of received complaints still waiting to be processed. To this end, we implemented a pilot project to integrate a consultancy role, which was taken up by a team member with all the professional skills required to perform this function.

The additional professional helped us to improve medical complaint processing times by transferring to the consultant the administrative and research tasks for the files that would normally be performed by the medical examiner, thereby allowing the examiner to devote their full attention to reviewing the complaints.

In addition, to follow pilot project's progress, we implemented performance indicators, which are monitored daily. The professional was tasked with reviewing all the work tools used by the medical examiners, including setting up a bank of sample letters and updating the file tracking chart.

This structure has allowed us to significantly improve our average medical complaint processing time and reduce the number of files awaiting processing, despite a 16% increase in complaints.



**Marie-Josée Boulianne**  
Service Quality and Complaints Commissioner



**Other contributor:**  
Viviane Genest, Consultant



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Focuses on the human aspect of healthcare.

## CLINIQUE MÉDICALE L'ENVOLÉE

**Clinique l'Envolée**, unique in Quebec and located at **Hôpital Saint-François d'Assise, CHU de Québec – Université Laval**, aims to provide support to adolescent mothers during the prenatal period and to foster positive ties with community resources before and after childbirth. The clinic's various multidisciplinary professionals ensure the transition between these two pivotal periods to ensure an environment conducive to the development of newborns. Clinique l'Envolée becomes a reassuring environment, an anchor point for these teenage mothers and for any newborns who meet vulnerability criteria.

In addition, the clinic provides transitional post-discharge follow-up without having to resort to hospitalization when newborns present complex physical conditions that cannot be managed by local services or when they are from vulnerable home environments. The clinic closely monitors newborns for specific health conditions and ensure they receive comprehensive care. This personalized approach allows newborns to develop within a family setting and improves their integration into their home environment, while avoiding all the challenges associated with hospitalization.

Nurse practitioners specialized in pediatric care (IPSSP) collaborate with pediatricians, a social worker and multidisciplinary specialists to ensure coordinated follow-ups, the progress of the child's treatment plan, the promotion of health and disease prevention. Their goal is to provide newborns with the same specialized care they would receive in hospital, provided by equally qualified and committed professionals.



**Rosalie Roy**  
Head of the Nursing Unit, Obstetrics Unit– HSFA

**Other contributors:**

Dr. Isabelle Bouchard, Pediatrician; Dr. Josée-Anne Gagnon, Pediatrician, Acting Head of Pediatrics; Dr. Jean-François Turcotte, Pediatrician; Josée Gaudreault, Department Head of Specialized Nurse Practitioners; Marie-Josée Laprise, Coordinator of Pediatric Services; Caroline Pouliot, Coordinator of Obstetric and Neonatology Services; Rosalie Roy, Head of the Nursing Unit, Obstetrics Unit – HSFA; Véronique Toussaint, Advanced Practice Nurse; Carl Label, Nurse Practitioner Specialized in Pediatric Care; Émilie Rondeau, Nurse Practitioner Specialized in Pediatric Care; and Lucie Casault, Assistant to the Director, Interprofessional Pediatric Services, Alexandra Guillemette, Pediatric Nurse Practitioner.

# "PEOPLE-FOCUSED" CATEGORY

Focuses on the human aspect of healthcare.

## REGULATION OF PRE-HOSPITAL EMERGENCY SERVICES REQUESTS

Before the Regulation was implemented, a 911 call for medical assistance had only one possible service path: an ambulance to the ER, regardless of how critical the need. The Regulation, which was introduced by the **CISSS de la Montérégie-Ouest** in partnership with the **Groupe Alerte Santé** and the **Montérégie pre-hospital emergency services**, improves the process by promoting access to services that are better suited to the patient's condition.

Specifically, nurses responding directly from the Alerte Santé central (911), assess, with the caller, whether it is safe 1) to redirect them to somewhere other than to the ER and 2) to use a means of transport other than an ambulance, if a trip to the ER is required. Depending on the situation, the assessment may be done with the caller in conjunction with a paramedic emergency medical technician (EMT).

The Regulation makes it possible to tailor the care trajectory based on a patient's needs and not vice-versa. Nurses carefully assess the caller's situation to suggest suitable options for their situation.

This project was gradually implemented in Montérégie-Ouest in the summer of 2021 to relieve the pressure on our emergency services during a particularly critical period heightened by the pandemic. The Regulation protocol is currently being used seven days a week, 16 hours a day. Around the clock coverage will be available by spring 2022.

Implementing the Regulation project required teamwork between several players who hadn't worked together before. For the first time, alternatives to ER and ambulance services were developed between Alerte Santé and several CISSS services, including home support, medical clinics and an alternative transport hub.



**Sophie Poirier**  
Assistant Director of the Multidisciplinary Services Directorate, Practice Quality and Evolution

**Other contributors to the project:**  
Claude Marie Hébert, Head of the Clinical Division; Groupe Alerte Santé; Diane Verreault, Nursing Consultant, Groupe Alerte Santé; Dr. Dave Ross, Regional Medical Director, Pre-hospital Emergency Services, CISSS de la Montérégie-Centre; Jean-Marc Breton, Regional Coordinator, Pre-hospital Emergency Services, CISSS de la Montérégie-Centre; Geneviève Demers, Planning, Programming and Research Officer, CISSS de la Montérégie-Ouest; and Jennifer Mascitto, Head of Practice Development and Evolution, CISSS de la Montérégie-Ouest.

## OUTREACH SERVICES FOR PEOPLE EXPERIENCING DISAFFILIATION OR HOMELESSNESS

Outreach services were implemented during the COVID-19 pandemic at the **CISSS de la Montérégie-Est** to address the needs of people experiencing or at risk of homelessness. These services have evolved into an integrated team, providing a gateway to local services, residential stability and support services, and allowing for quick intervention at the ER exit. Care is therefore accessible and timely.

An interdisciplinary team formed of various professionals, nurse practitioners and a doctor joined forces with a mixed intervention team of patrol officers, in collaboration with the Service de police de l'agglomération de Longueuil, and outreach workers. Daily rounds are made on foot at metro stations, shopping areas, schools and on the street. This team supports and monitors people experiencing homelessness who set up camp in the City of Longueuil and raises awareness about issues surrounding homelessness. Over the past year, the team conducted over a hundred follow-ups at the request of the city or citizens.

This approach anticipates potential crisis situations before they can occur. The result is a decrease in repetitive interventions with the same clients. Doing the rounds helps to create bonds and prevent situations from degenerating. This way, a conspicuous daily presence and availability are provided seven days a week. Shopkeepers and citizens feel reassured, and everyone is able to co-exist in harmony.

We found that uncivil behaviour and incidents of mischief were significantly reduced in local areas. These interventions have helped to increase the stability (residential) of 50% of this population.



**Robert J Borris**  
Assistant Director

**Other contributors:**  
Marylin Dubuc, Josiane Fontaine, Stéphanie Racicot, Émeraude Niro Lépine, Nathalie Nault, Vanessa Laurencelle Fortin, Specialized Educators; Karine Chevrier, Criminologist; Sandra Kusper, Social Service Worker; Manon Blanchette, Professional Coordinator; Marie-Françoise Fayolle, Program Coordinator for Assertive Community Treatment (ACT) - Variable-Intensity Case Management and First-Episode Psychosis (FEP) and Outreach.

# “PEOPLE-FOCUSED” CATEGORY

Focuses on the human aspect of healthcare.

## COVID-19 VACCINATION ASSISTANCE IN NUNAVIK IN JANUARY 2022

For the Inuit of Quebec, the pandemic situation currently paints a bleak picture, and will continue for some months to come. In Nunavik’s 14 villages, made vulnerable by the pandemic, there is a shortage of health professionals, minimal services, and several essential health services are simply unavailable.

Nancy Vaillancourt, a nurse clinician and nursing instructor at **Cégep de Chicoutimi**, was deeply troubled by the current precariousness of Nunavik’s health network and the low vaccination rate in the Inuit communities. To help medical teams and the population, she worked closely with the **various departments of the Nunavik Regional Board of Health** to form a team of three teachers and three nursing students from Cégep de Chicoutimi.

In respect and consideration for the needs expressed by the communities, teams were sent to Nunavik to provide health care. The deployment took place from January 3 to 15, 2022, in three Hudson’s Bay villages: Puvirnituq, Akulivik and Inukjuak, with one teacher and one student per village. This educational and humanitarian initiative, supported by Ms. Vaillancourt, focuses on cultural awareness, cultural security, openness to others and cultural differences. Ms. Vaillancourt also believes that this brief visit to the northern region can help recruit future health professionals.

Here is the link to the CChic dans le Nord Facebook page, where you can learn about the students’ internship through their own writings and see photos of the reality of life in Northern Quebec as well as the beauty of its people.

<https://www.facebook.com/CCHICdansleNORD>



**Nancy Vaillancourt**  
Nurse Clinician, Nursing Instructor, Cégep de Chicoutimi

**Other contributors :**  
Sylvie Maltais, Nurse Clinician, Nursing Instructor, Cégep de Chicoutimi; Véronique Houde, Nurse Clinician, Nursing Instructor, Cégep de Chicoutimi; Frédéric Perron, Nursing Student, Cégep de Chicoutimi; Ann-Gélikas Fortin, Nursing Student, Cégep de Chicoutimi; and Ève-Marie Fortin Smith, Nursing Student, Cégep de Chicoutimi.

## COLLABORATION BETWEEN THE HEALTH NETWORK AND COLLEGE AND UNIVERSITY EDUCATION CENTRES IN SAGUENAY-LAC-SAINT-JEAN TO PREVENT DECONDITIONING IN LONG-TERM CARE FACILITIES (CHSLDs) DURING THE COVID-19 PANDEMIC.

The declaration of the COVID-19 public health emergency has led to many changes in the delivery of care services at CHSLDs. However, these changes have also led to a decrease in physical and social interventions. Physical deconditioning and an increased risk of falling are just two factors that can reduce seniors’ functional autonomy and quality of life.

Because of this, the Directorate of Support Programs for the Autonomy of Seniors at the **CIUSSS du Saguenay-Lac-Saint-Jean** has launched an innovative and exclusive internship program in conjunction with the **UQAC** Physiotherapy and the **Cégep de Chicoutimi’s** Physiotherapy Technology programs. The project aimed to counteract the adverse effects of deconditioning by providing physiotherapy services to CHSLD residents.

Sixteen graduating students in rehabilitation sciences and three clinical teachers in the field assisted two CHSLDs in the Saguenay region over four seven-week internships. The interventions brought many benefits to the residents, such as an increase in at least one functional capacity (transfer, standing position, etc.). In addition, several residents started to resume daily functional activities such as walking or going up and down stairs.

Thus, in addition to lending a helping hand in a context where all human resources had to be mobilized, the primary objective of this partnership was to improve the seniors’ functional autonomy and, by the same token, their quality of life.



**Christian Dallaire**  
Physiotherapist, Clinical Coordinator

**Other contributors :**  
Christian Dallaire, Physiotherapist, Clinical Coordinator, physiotherapy practicum supervisor; Mélanie Potvin, Physiotherapist, Physiotherapy Practicum Supervisor; Marilyne Gendron, Physiotherapist, Physiotherapy Practicum Supervisor; Joëlle Bouchard, Physiotherapy Technologist, Physiotherapy Technology Internship Supervisor; Geneviève Gervais-Cadrin, Practicum Placement Officer, UQAC Physiotherapy Teaching Unit; Georges-Étienne G.-Daigle, Placement Officer, Physiotherapy Technology at Cégep de Chicoutimi; Rubens Da Silva, Director, UQAC Physiotherapy Teaching Unit; Suzy Ngomo, Director, UQAC Department of Health Sciences; and Caroline Boily, Living Environment Manager, Centre d’hébergement des Pensées, Yannick Tourigny, internship agent.

# "PEOPLE-FOCUSED" CATEGORY

Focuses on the human aspect of healthcare.

## A SWAT TEAM TO SUPPORT USERS DURING COVID

In December 2021, in the midst of one of the many waves of COVID, a large number of **CIUSSS de l'Estrie** professionals working in socio-community and socio-professional integration services for the intellectual disability (ID) and autism spectrum disorder (ASD) program were deployed to other services within the health network to assist staff at CHSLDs. Unfortunately, this offloading led to the temporary modulation of these integration services for users.

Specialized day activities ceased for this period for nearly 450 adults with an ID or ASD.

In order to prevent deconditioning for these patients, to maintain their progress and break their isolation, a support team (named the SWAT Team) was set up. Composed of nine special education technicians (SETs) and guided and supported by their module leader, this team worked together for 10 weeks and showed great creativity in developing and rolling out strategies and activities to support patients through technological means.

As part of their duties, the educators:

- Made multiple phone calls to support families and patients
- Visited users' homes for indoor and outdoor activities to give families some respite and allow them to do everyday tasks (shopping, groceries, etc.). They also gave families tools to help them meet patients' needs.
- Organized virtual activities for patients, taught them the basics on how to participate and informed families of the benefits of the activities. Activities organized included bingo, virtual zoo tours, museums, musical performances, virtual snowmobile rides and exchange groups. Singer Tim Brink, a contestant on "The Voice," also agreed to give a performance on YouTube for them.



**Manon Sanschagrín**  
Module Leader

**Other contributors:**

Chantal St-Onge, Manager, Manon Sanschagrín, Module Head, Ginette Brulotte, SET, Nathalie Gagné, SET, Bernice Keats, SET, Line Laferrière, SET, Nathalie Laroche, SET, Marianne Nadeau, SET, Manon Rochette, SET, Trudy Stuart, SET and Julie Vaillancourt, SET.



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## KITS FOR KIDS: BAGS OF ESSENTIALS FOR KIDS

Parental socio-economic status is a key determinant of healthy child development, and reduced access to material resources is associated with poorer health and academic outcomes. Since critical cognitive and social maturation occurs in the early years of life, it is imperative to intervene quickly and continuously to minimize child health disparities and their subsequent impact on adult health. With this in mind, we created the Kits for Kids organization in March 2021.

Kits for Kids is a registered charity led by medical students at McGill University. Its primary goal is to provide free essential supplies to underprivileged children in the Greater Montreal area. We distribute different types of kits tailored to the needs of children from specific age groups: newborns, infants (0–2 years) and toddlers (2–5 years). Each kit comes in a reusable bag featuring our sponsors' logos and contains an assortment of hygienic supplies (diapers, wipes, shampoo, etc.) and reusable or educational items such as washcloths, markers, colouring books and plasticine.

To date, we have distributed 335 kits to families in need, through physicians and social workers at our partner centres, **Montreal Children's Hospital**, **Maison Bleue** and **Tiny Tots** pediatric clinic.



Emilie Groulx-Boivin  
Medical Student, McGill University

Other contributors:  
Dean Noutsios, Medical Student, and Dr. David Rothstein,  
Family Physician.

## NEONATOLOGY SUPPORT CLINICIANS



Martin Reichherzer  
Neonatology Unit Head

Other contributors:  
Christine Tremblay, Neonatology Unit Head,  
Annie Janvier, Neonatologist, Audrey Larone  
Juneau, Nurse Educator, Sophie Bélanger,  
IPSNN, Steve Turmel, Administrative Officer,  
Claude Julie Bourque, Professor and Assistant  
Researcher.

This group of 55 clinicians who hold different positions at the **CHU Ste-Justine** supports families and care teams in difficult situations. Situations that lead to moral distress are common in neonatology: clinical cases, ethical issues, supporting parents in acute or long-term care, and other complex situations.

Individuals selected are trained on various topics (palliative care, quality of life, ethics, moral distress) and have the opportunity to meet specialists in these areas and learn via different strategies (group discussions, presentations, simulations, etc.).

This peer helper initiative is centred on the creation of a mentoring system and examination of the impact of these interventions on families and caregivers. We are developing a model of excellence to facilitate transposition of the approach into other care settings in Montreal, wider Quebec and elsewhere.

Over the past year, we have:

- 1 – Implemented a training program for "mentor superusers"
- 2 – Evaluated and optimized our perinatal palliative care protocols
- 3 – Continued the development and evaluation of systematic care for bereaved parents

# "PEOPLE-FOCUSED" CATEGORY

Focuses on the human aspect of healthcare.

## HISTOIRE DE VIE IMAGÉE (LIFE STORY IN PICTURES)

The life story in pictures initiative was designed to facilitate interaction with CHSLD residents and the work of those around them. With the help of **CIUSS de Laval's** care teams, we wrote out pertinent information about each resident under four main categories: life story, favourite activities, conversation subjects and favourable approach. The items in these categories help provide subjects for conversation and diversion, which is sometimes necessary. The life story also lists activities that the resident enjoys, which helps us provide an appropriate offering.

We have also added pictures to make the tool easier to read and understand. Each of the life stories in pictures is displayed directly in residents' rooms to allow quicker access for care teams. The life story is printed in colour and placed in a frame. We have also developed a separate model for men and women. This presentation allows the life story to blend pleasantly with the room decor.



Marie-Sylvia Gédéon  
Unit Head

### Other contributors:

Sophie Rigaud, AIS, Annick Gauthier, Social Worker, Catherine Asselin, Recreation Technician, Martine-Esther Morin, Recreation Technician, Philippe Paré, Physiotherapy Technologist, and Martin Verreault, Specialized Educator.

## DEVELOPMENT OF AWARENESS TOOLS FOR A MORE HUMANE APPROACH TO PERSONS LIVING WITH DISABILITIES

Approximately 16% of the population of Quebec has a disability. Some of these people work in our health facilities and some visit them as users. For years, efforts have been made to promote the integration of people with disabilities; however, sustained collective action is required for real change to occur.

As recommended by the Ministère, an action plan to reduce barriers faced by persons with disabilities has been developed at the **CIUSSS du Nord-de-l'île-de-Montréal**. Based on documents developed by the Office des personnes handicapées, two tools have been developed as job aids. The first tool explains the different disabilities and offers avenues for reflection and strategies to better address the realities of those who live with disabilities. The second tool focuses on issues related to literacy, illiteracy and the digital divide. It encourages reflection on adaptations required and proposes solutions to ensure the accessibility of equipment and services offered.

The tools were rolled out to all CIUSSS employees on International Day of Persons with Disabilities in December 2021. Tools are available in a dedicated section on the intranet. An interactive conference was also developed to encourage effective adoption of the tools. A patient and a partner (both female) collaborated closely on development work and will be giving a presentation to share their experience with us.



Josée Laganière et Geneviève Beauchamp-Vien  
Professional practice quality consultants

### Other contributors:

Anne-Marie Bourdeau, Employee Partner, Josée Laurin, Patient Partner, Annie Vallières, Head of Professional Practice Development, Stéphanie Belcourt, Administrative Process Specialist, and Julie Boucher, Deputy President and CEO.

# "PEOPLE-FOCUSED" CATEGORY

Focuses on the human aspect of healthcare.

## A LOCAL AND ORGANIC MENU

For six years now, the food service at **CHU Sainte-Justine** (Délipapilles) has been thinking outside the box and striving to expand access to local, organic and sustainable food for the health of children, mothers and the planet. The service's activities focus on local and organic sourcing to offer fresh and environmentally sound products. Thanks to the continued efforts of the team, which is deeply committed to supporting the local economy, local purchasing has been steadily increasing and now represents 62% of food spending.

Despite the challenges of organic sourcing for a health system facility, organic products have increased from 2% of the service's food expenditures in 2018 to 5%. The importance of feeding patients healthy foods free of pesticides and chemicals is a constant goal in the service's daily selections. The CHU Sainte-Justine food service has set its sights high, aiming to achieve a food supply consisting of 80% local products and 20% organic products by 2030.

Over the past two years, the team has boosted its efforts to promote sustainable organic food, in particular by rethinking its food offering. Since summer 2021, a seasonal menu of nearly 45% vegetarian and vegan recipes has been served to patients and in the cafeteria.



Josée Lavoie  
Food Coordinator

**Other contributors:**  
Amélie Boulet, RD Manager, Caroline Champoux, RD Manager, Mylène Limoges, RD Manager, Julie Tremblay, RD Manager, Annie Dodier-Desroches, RD Administrative Process Specialist, Catherine Chantelois, RD Administrative Process Specialist, Charlie-Anne Normand, RD Administrative Process Specialist and Marc Bélanger, RD, MSc, Manager.

This new menu means that even more local and organic foods will appear on patients' plates, especially in summer. The summer season is always more conducive to accessing local organic food, but partnerships with greenhouses will enable year-round supplies in the near future.

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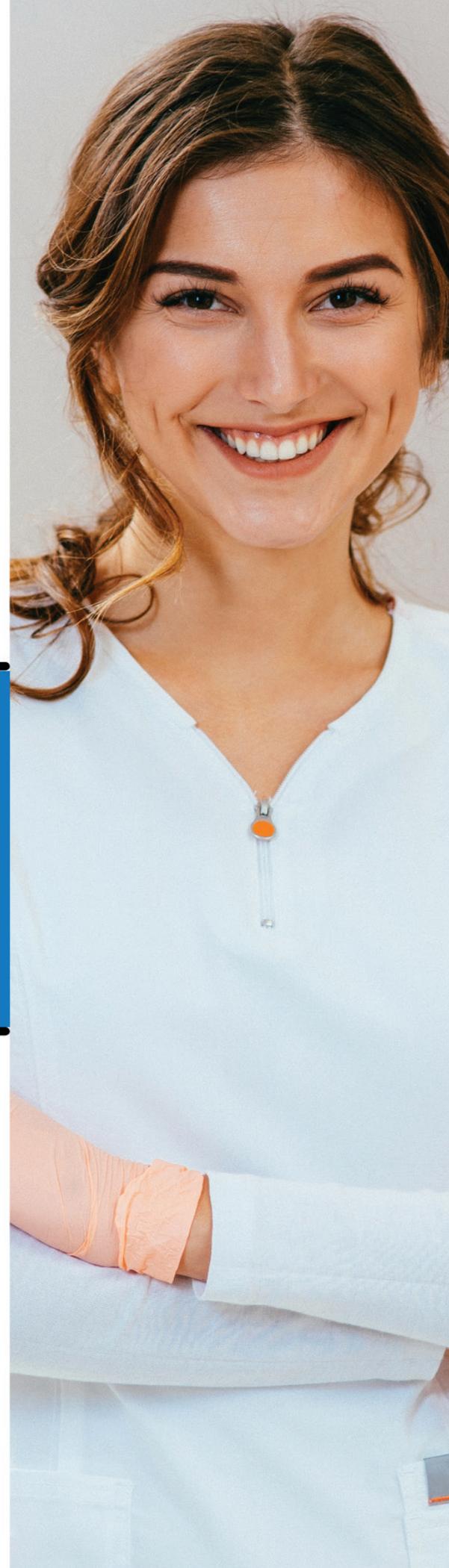
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## ROLL OUT OF A NEW NURSING CLINIC FOCUSED ON PREVENTION, SCREENING AND SHORT-TERM FOLLOW-UP FOR PATIENTS WITHOUT A FAMILY DOCTOR

The **CIUSSS Centre-Ouest-de-l'Île-de-Montréal (CCOMTL)** estimates there are over 115,000 people without a family doctor who are not receiving preventive and medical services they could otherwise benefit from. This situation leads to inequities in health care. To address this issue, coordinators of family medicine groups have set up a nursing clinic focused on prevention, screening and short-term follow-up for patients without a family doctor.

At this clinic, nurse clinicians conduct a health assessment of people without diagnosed chronic conditions who are on the Québec Family Doctor Finder (GAMF) waiting list. The nurses can then, under a collective prescription, order preventive tests based on the person's age and risk factors (screening for diabetes, dyslipidemia, hypertension, osteoporosis, colon cancer, cervical cancer and breast cancer). Screening tests are performed by a licensed practical nurse. The nurse clinician then receives the test results, discloses them to the patient and, in the event of positive results, refers the patient to one of the clinic's nurse practitioners specialized in primary care (IPSPL) so that the identified condition may be stabilized. These nurse practitioners will also perform a comprehensive health assessment for patients on the GAMF waiting list who have known chronic diseases and conduct a short-term follow-up with them. This innovative CCOMTL clinic improves services offered to those without a family doctor.



**Marie-Christine Gras**  
FMG Program Manager

**Other contributors:**

Irina Blumer, FMG, U-FMG and Super Clinic Coordinator; Marouane Nassim, Program Planning and Research Officer; Camille Labrie, Nurse Clinician, Assistant to the Immediate Supervisor; Anaymone Codio, Nurse Clinician, Assistant to the Immediate Supervisor; Diana Dima, Head of the Nursing Specialist Workforce; Johanne Grondin, Assistant to the Director of Nursing-Front Line Professional Practice, ID-ASD and SNP; Michel Godin, Nadia Doiron, Susan Buddo, Emmanuelle Catanese, Nurse Practitioners specialized in front-line care; Keryn Chemtob, Sebastien Alexander, Courtney Wilkinson-Maitland, Nurse Clinicians; Bernard Berroya, Angélique Umutési, Licensed Practical Nurses; Wafaa Ibnoulhaddad, Sabrina Marie Noël, Elaine Blais, Mianda Kanyinda Kinkela, Administrative Officers.

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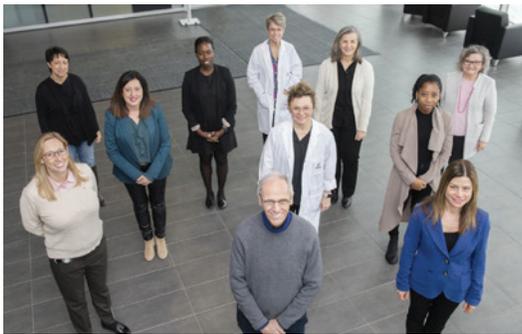
## GUICHET D'INVESTIGATION RAPIDE DE TRANSPLANTATION DU FOIE (GRIT-F), A RAPID INVESTIGATION CLINIC FOR LIVER TRANSPLANT PATIENTS

Being so ill that my doctor is considering a liver transplant.... to seeing hope for a better future...

Before I can get a liver transplant, they have to assess whether I can physically and psychologically withstand the transplant, and the process is a real marathon! Prior to the implementation of the Liver Transplant Rapid Investigation Clinic (GRIT-F), the evaluation process required several days and several trips over a two-month period and the help of relatives to get me to the hospital. To determine whether I am a candidate for a transplant, I need get a CT scan, an MRI, a colonoscopy and who knows how many other tests! Not to mention the consultations with several medical specialists. Meanwhile, life is passing me by, and I'm scared. I so hope I can get a new liver, otherwise...

Before the GRIT-F was set up, if I had been a patient living far from Montreal, or if I was sick to the point where my days were numbered, I would have been hospitalized for at least 10 days.

It's the patient who really benefits from the GRIT-F, thanks to the **CHUM** transplant team who created this more modern approach to the evaluation process. With this new approach, it takes five days, from Monday to Friday, to go through the entire evaluation process as an outpatient. The following Monday, the team contacts us to let us know whether we are a candidate for a transplant. If so, we are immediately placed on Transplant Québec's waiting list. Being able to get answers quickly can greatly reduce our anxiety level and allow us to remain hopeful.



Dr Catherine Vincent  
Hepatologist

### Other contributors:

Angèle Barry, Transplant Surgery Consultant; Julie Bisson, Social Worker; Danielle Desormeaux, Clinical-Administrative Co-Manager - Transplants; Jacinthe Dion, Clinical-Administrative Co-Manager - Medical Services Group; Catherine Dufault, Head of Day Medicine; Samira Elmir, Transplant Unit Head; Fernand Dufort, Patient Partner; Dr. Catherine Girardin, Medical Co-Manager - Transplants; Dr. Geneviève Huard, Hepatologist; Amanda Jean-Gilles, Assistant Director, MSD - Operations; Joann Maxwell, Nutritionist; Nathalie Nadon, Assistant to the Director, DCTAS; Rosanda Polegubic, Nurse, Systematic Liver Transplant Follow-up; Alexandra Roumie-Saintelien, Administrative Officer, Appointment Desk; Stéphanie Salvétat, Coordinator, Transplant Network; Isabelle Tancré, Nurse Clinician; Dr. Catherine Vincent, Hepatologist.

## ACT EARLY WITH ERGO VIDEOS!

Driven by the desire to improve access to services for youth with motor or sensory difficulties, the **CISSS de la Montérégie-Ouest** Youth team's occupational therapists have designed training videos that provide a very useful initial access to services.

In the past, interventions were based on an OT assessment and after a referral, it could take over a year and a half before services might be available. Following the implementation of the "Agir tôt" program, aimed at detecting developmental difficulties in 0-5-year-olds to provide early intervention, this service, in the form of video clips, serves as a cornerstone for supporting parents using an entirely new pathway.

With the "Agissons tôt avec les capsules ergo" project, communication between the OT and the parent begins within a few short weeks. A brief assessment provides key information about the child and enables the OT to provide the parent with the necessary tools by directing them to the videos on the most relevant topics.

A dozen videos were produced, designed according to age and needs. Intervention levers are therefore offered to parents, who benefit from the support of their OT through consultations, whether by telephone or teleconsultation, that are tailored to their individual needs and realities.

This intervention approach has been in place since late May 2021, and since its inception, the OT team has more than tripled their usual number of cases. Interventions often require no follow-up, with more than 60% of all needs being met following this initial service.



Andréanne Paquette  
Occupational Therapist

### Other contributors: :

Mélanie Farmer, OT; Noémie Lachance, OT; Mélissa Nepton, OT; Andréanne Paquette, OT; Alexandra Raymond, OT; Alexia Vincent, OT; Julie Globensky, Program Manager, Specialized Social Services and Youth and Family Development, Vaudreuil, Suroît and Haut-Saint Laurent sectors; Maxime Leblanc, Program Manager, Specialized Social Services and Youth and Family Development, Jardins-Roussillon sector.

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## PSYCHOEDUCATIONAL WHEELS: INNOVATIVE AND EDUCATIONAL TOOLS TO PROMOTE AND DEMYSTIFY MENTAL HEALTH

We are four psychoeducators working in mental health inpatient units for adolescents aged 12 to 18 (with various clinical profiles) at the **Hôpital en santé mentale Rivière-des-Prairies, CIUSSS du Nord-de-l'île-de-Montréal**. A psychiatric evaluation during hospitalization that brings to light a diagnosis often causes shock and concern in our patients and generates a lot of questions and confusion. They need to understand what is happening to them and learn how to deal with it. Our role is to support our patients by making them aware of their reality and by teaching them sound and effective strategies that will enable them to be more independent in managing their condition and, in many cases, their suffering. However, we realized that, when trying to find out about various mental health issues, young people often had to resort to academic and often dry reading material geared to health professionals or parents. We believe that young people need access to information that concerns them and that can help them gain a better understanding of themselves in terms of their mental health. We therefore took it upon ourselves create this resource in the strong belief that these youths have the ability to be active players in their own recovery.

Moving away from the typical book format, we created a repertoire of concrete teaching tools that we call “wheels.” Presented in the form of hand-held cards held together by a ring, each wheel addresses a given theme in a concrete, dynamic, clear and direct manner. Most of our themes are divided into two wheels, one explaining the nature of the clinical condition (normalization of symptoms, dispelling certain myths, clarifying the evolution of the condition), and the other offering a range of adaptive, concrete and specific strategies to support the individual's adjustment to their mental health challenges. The wheels contain from 20 to 50 cards, depending on the topic. The writing is concise, easy to understand and backed by powerful and expressive images. Topics include suicidal ideation, personality disorders, self-harm, eating disorders, psychosis, panic attacks, depression, intrusive thoughts, and obsessive-compulsive disorder (OCD), to name just a few.



Geneviève David  
Psychoeducator

Other contributors to the project:  
Sybel Lavergne, Psychoeducator; Julie Beauchamp, Psychoeducator and Emily Heng, Psychoeducator.

## CARESIMPLE—REMOTE PATIENT MONITORING FOR PATIENTS WITH COVID-19

In March 2020, as the pandemic hit Quebec full force, the number hospital patients with COVID-19 skyrocketed. In order to limit hospitalizations, the Direction coordination réseau (DCR) at the **Centre hospitalier de l'Université de Montréal (CHUM)** set up a remote monitoring program, CareSimple, to monitor the health of patients on a daily basis following hospitalization, as well as that of outpatients and visitors to the CHUM emergency department with a positive COVID-19 diagnosis, and to be able to direct them to the right place in the event that their health condition worsens. Key objectives are to reduce the spread of the virus and debottleneck health care services safely, while maintaining optimal physical and psychological care for patients. Thanks to the CHUM's capacity for innovation and rapid response and a partnership with CareSimple, the COVID remote monitoring program was launched in less than four weeks.

According to a study conducted between May and August 2020, 89% of CareSimple users felt that the services offered were useful and met their needs. Overall, 89% said they were satisfied with the quality and safety of the care they received. In addition, the help provided by the DCR team serves as a safety net. When patients show signs of distress, the connection with the team helps reduce feelings of isolation and anxiety related to symptoms and quarantine, especially among those living alone.



Caroline Riopel  
Head of COFR – COOLSI

Other contributors:  
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## CO-VIE, A REHABILITATION SERVICES ECOSYSTEM FOR PEOPLE WITH LONG COVID

Long COVID is like the submerged part of an iceberg: largely unseen, but very real. Some people who have contracted COVID-19 may experience sequelae several weeks or even months after infection. Of the 844,373 Quebecers who are considered to have recovered from COVID-19, conservative estimates put the number of people who have suffered or are still suffering from symptoms of long COVID at 60,000. A complex problem that comes in various forms, long COVID is most often characterized by debilitating fatigue, respiratory symptoms, cognitive difficulties (attention, concentration, memory), pain, palpitations, etc.

Because COVID hit essential workers especially hard in the early part of the pandemic, a large proportion of people with long COVID are workers in health, social services and education. Because not much is known about the problem, it has been difficult for many of these individuals to fully understand what was happening to them, and few health professionals have been able to help. Of those affected, 80% were women. The majority were not hospitalized during the acute phase of the infection.

Co-Vie is an initiative of **CISSS de la Montérégie-Ouest, in partnership with the Université de Sherbrooke and private rehabilitation clinics**, to help people with long COVID. It has several components:

- Inform/educate the public
- Inform/educate/support health professionals
- Develop a scalable ecosystem to meet the needs of professionals and users
- Establish an interdisciplinary rehabilitation team dedicated to this clientele



**Sophie Poirier**  
Assistant Director, DSMREU

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## HEALTH VIDEOS AVAILABLE IN QUEBEC SIGN LANGUAGE (LSQ) ON SOCIAL MEDIA

The deafness program at the IRD rehabilitation centre provides services to deaf speakers of Quebec sign language (LSQ). Our project was implemented in February 2020 at the **CIUSSS du Centre-Sud-de-l'île-de-Montréal** to meet our clients' need for physical and psychosocial health information in LSQ. Videos on a variety of topics (e.g., the budget, COVID-19, child development, psychological health) were produced in LSQ using existing human and financial resources for the program.

These videos were posted on social media to make the information available quickly. For example, during the pandemic, information on changes in government measures was rapidly adapted and distributed to clients. We have been surprised to see how much our project has spread, reaching deaf people living in remote areas, across Quebec and even internationally.

It has addressed the critical need for deaf people to have access to accurate information in Quebec sign language, which is not commonly provided in traditional media. Despite the need to implement the project quickly, everyone in the deafness program was able to contribute, whether by creating content, captioning, editing or even appearing in the videos.



**Carolina Mendoza-Henriquez**  
Psychoeducator

### Other contributors:

Everyone from the deafness program team was involved in our project: Chantal Jarry and Michel Lepage, LSQ Coaches; Tania Allaire and Elisabeth Deshaies, Specialized Educators; Hugo Tremblay, Psychologist; Chloé Labossière, Rosanne Bastien and Emily Tremblay, Audiologists; Jessica Swallert, Magalie Urfer and Joahne Chamberland, Speech Therapists; Marie-Pier Laberge, Mélanie Bouchard and Anne Omicoli, Social Workers (to name just a few, since it isn't possible to name everyone involved!).

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## The VACuum INTubation (VACcIN) box prevents the dispersion of droplets generated by patients' coughs: First in-vitro tests of an intubation box with aerosol suction, designed by the group

Viral transmission via aerosols from patients' respiratory activity or during medical procedures such as intubation is the major concern of health care professionals in the context of the COVID-19 pandemic. Various intubation boxes have been designed to act as a protective barrier to help reduce the dispersal of aerosols from patients' airways. As a physical barrier, however, these boxes do not eliminate aerosols present near the patient. Thus, they do not prevent aerosol spread and contamination of the surroundings. At **Hôpital Maisonneuve-Rosemont, CIUSSS de l'Est-de-l'Île-de-Montréal**, the anesthesiology department has designed a prototype protective device, called a VACcIN (VACuum INTubation) box, which creates a negative pressure environment around the patient's head. This intubation box is a polymethyl methacrylate prism with openings for gloves, integrated suction and ventilation connectors.

We conducted a series of tests to detect 0.5 micrometer particles after a cough inside the intubation box, using a high-fidelity simulation mannequin. We observed a 66% reduction in the number of particles inside the box and the complete absence of particles in front of the professional's face outside the box. Without negative pressure, 30% of the particles will reach the operator's face, even when the box is present. The use of our negative-pressure intubation box prevents environmental contamination and increases particle elimination.

We have presented this prototype to the media and published our results.

<https://www.journaldemontreal.com/2021/02/09/intuber-dans-une-boite/>

<https://www.tvanouvelles.ca/2021/10/26/une-boite-revolutionnaire-pour-protoger-le-personnel-chirurgical>

<https://pubmed.ncbi.nlm.nih.gov/34562184/>



**Issam Tanoubi**  
Issam Tanoubi, Anesthesiologist



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## ERAS PATHWAY FOR ORTHOPEDIC CLIENTS – CISSS DES LAURENTIDES

The orthopedic ERAS (enhanced recovery after surgery) pathway at **CISSS des Laurentides** was created to respond to a problem observed in the population. Aging and a high chronic disease rate in the population are resulting in an increased need for surgery. Unfortunately, due to limited staffing, time and financial resources, access to surgery is currently not improving. It is essential to optimize available resources and implement the ERAS pathway in order to respond to this problem.

ERAS combines a number of scientifically proven elements that allow for comprehensive management of users across the continuum of care. The involvement of patients and their families, the availability of a support network, the harmonization of the messages of the various professionals and interdisciplinary collaboration help to achieve earlier discharge for patients after surgery. Performance, quality and safety of care are a priority across the continuum of care.

The impacts observed and quantified since implementation are: a decrease in average length of hospital stay, a decrease in surgical complications, a decrease in readmission rate, an increase in the quality of patient care, an increase in patient management and overall patient satisfaction.



**Dany Savard**  
Clinical Administrative Assistant Director

**Other contributors:**  
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## VEILLEUSE DE NUIT (OVERNIGHT PRACTICAL NURSE)

Our palliative home care team at **CISSS de Laval** noted a major deficiency in services for our clients during the night. These services are important to reassure and support patients and their caregivers. An absence of night-time support can cause anxiety for patients and their families. Often, home care services ended in a location other than the home. This finding quickly led to the idea of ensuring a reassuring and professional nursing assistant presence throughout the night. As a team, we set up an innovative project that was unique in Quebec. The project start-up was formalized in fall 2021. Our Veilleuse de Nuit practical nurse program is now in operation. End-of-life patients and families identified by their pivot nurse as needing overnight respite are assigned a Veilleuse de Nuit, who spends the night at their bedside. With their reassuring presence and expertise in providing care, our Veilleuse de Nuit allows families to rest easy, knowing that the patient's safety and comfort are being ensured. The Veilleuse can observe symptoms, distribute the required medication and providing complete care during the night. Their presence helps to prevent falls and wounds and alleviates caregiver exhaustion. Providing caring and empathetic support, the nurse ensures continuity of care and follow-up by relaying the information observed during the night to the pivot nurse on duty.

The project helps manage as well as demystify palliative care and offers greater support for patients and their families while respecting the patient's choice to die at home in a safe environment.



Sylvie David  
Manager

### Other contributors:

Cathy Fitzback, AIS Clinical Nurse, Maryse Carignan, DSI Clinical Advisor, Alexandrine Voisard, Clinical Nurse, Nathalie Landry, SW, Julie Dubé, Licensed Practical Nurse (Veilleuse de Nuit) and Maude Léveillé-Valiquette, Administrative Agent.

## NEONATAL INTENSIVE CARE UNIT VIRTUAL NURSE – PILOT PROJECT

The province-wide nursing shortage is affecting all sectors. Staffing positions at the **Jewish General Hospital, CIUSSS du Centre-Ouest-de-l'île-de-Montréal**, remains a top priority to ensure the quality and safety of care and a healthy work environment that promotes professional development. The pandemic has meant that a number of nurses are on preventive withdrawal and unable to be on site (e.g., in the nursing unit) for a variety of reasons. As a result, nurses are being underutilized and often reassigned to administrative tasks. The pandemic has also accelerated the digital transformation of the health care network. For these reasons, we had the idea of introducing virtual nurses to our care teams and thereby implementing innovative approaches to care.

Virtual nurse responsibilities include: assisting the team with discharge planning (including providing parent education), supporting novice nurses (by offering a way to extend their orientation and providing dedicated resources to support and supervise them), providing real-time quality-of-care monitoring and completing documentation of the care provided in the unit. Nurses at the hospital access the Microsoft Teams platform using an iPad on a rolling tripod for support from the virtual nurse.



Lyne Charbonneau  
Clinical Administrative Nursing Coordinator

### Other contributors:

Isabelle Caron, Assistant Director of Nursing, Marc-André Reid, Nursing Advisor – Digital Health, Chloé Décarie-Drolet, Neonatology and Neonatal Follow-Up Clinic, and Marie Garabedian, Nursing Advisor (Interim) – Mother-Child Health.

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## RÉSEAU D'ÉCLAIREURS EN SANTÉ PSYCHOLOGIQUE (PATHFINDERS NETWORK FOR PSYCHOLOGICAL HEALTH)

The Réseau d'éclaireurs en santé psychologique is a project initiated by the Ministère de la Santé et des Services sociaux (MSSS) to address the many psychosocial impacts of COVID-19. The mandate of this network, established in the Laurentians in March 2021, is to contribute to the well-being of the population during and after the pandemic.

Pathfinders are committed citizens who care about their communities. Supported by a relay team of **CISSS des Laurentides** professionals, they remain attentive to the well-being of the individuals they work with, sharing self-care strategies and directing individuals to support resources as needed to guide them in their recovery process. Pathfinders therefore become the eyes and ears of their community. Working with the pathfinders and several partners, the relay teams implement creative activities to promote resilience in different settings, targeting clients of all ages, with a special focus on vulnerable populations.

For example: a fun activity called the “Wheel of Resilience,” designed as part of this project, is underway in workplaces comprising mostly male workers. It involves distributing gift certificates from local businesses, offering a tool promoting the importance of asking for help when needed and providing information on resources available to men. This activity is perfectly in line with our action plan for human health and well-being.



**Noémie Lacombe**  
General Psychosocial Services Coordinator and Cross-Cutting Issues

**Other contributors:**  
General Psychosocial Services Coordinator and Cross-Cutting Issues  
Regional coordinator: Nathalie Houde, Human Relations Officer, General Psychosocial Services Coordinator  
Local coordinators: Marie-Josée Meilleur, Sophie Daoust, Johanne Lavoie, Sandra Lévesque, Guillaume Pronovost, Sonia Charbonneau, Roger Barrette and Karin Darnajou, community organizers  
Arielle Homier, Planning, Programming and Research Officer  
Navigators: Marie-Pierre Chartrand, Carole Dionne and Marc Bilodeau, human relations officers, Véronique Bazinet, Social Worker, and the other members of the local relay teams.

## ROLLOUT OF COVID-19 SELF-SCREENING BY GARGLING FOR CIUSSS DE L'EST DE-L'ÎLE-DE-MONTRÉAL EMPLOYEES AND THEIR FAMILIES

Since the outbreak of the pandemic, employees in the health care system have had to undergo numerous screenings for COVID-19, mostly via throat and nasopharynx swabs. Invasive and quite unpleasant, the screenings must be done by an authorized professional. By piloting the MSSS-funded G-SPIT research project, the Clinique de dépistage de Chauveau and the **Hôpital Maisonneuve-Rosemont** laboratory have been Quebec leaders in validating gargle sampling. The participation of 3,000 volunteers helped produce strong conclusions, and professionally supervised gargle sampling using spring water is now considered to be a valid method for screening for COVID-19. Since January 2021, the clinic has been offering this type of testing for employees of the **CIUSSS de l'Est-de-l'Île-de-Montréal** and the general population.

The shortage of health care professionals is continually forcing managers to look for innovative solutions while ensuring the quality and safety of procedures. In late December 2021, in the midst of the fifth wave of COVID-19, a self-sampling clinic (i.e., not requiring the presence of an authorized professional for each sample) for CEMTL employees and their families was created. A multidisciplinary team was mobilized to create tools (posters and videos), develop plans to organize safe individual areas, organize the supply of equipment (projection screens and collection equipment), train key people and establish a smooth pathway for users (including printing of request and collection identification labels for registration).

Professionals were present during the first visit to provide guidance and answer users' questions. High-quality video and visual aids ([https://youtu.be/\\_DZITSL9HxA](https://youtu.be/_DZITSL9HxA)) demonstrating the various sampling steps have greatly contributed to the success of this new procedure, enabling clients to take ownership of the process, feel respected and be autonomous.



**Fabiola Vancol Fable**  
Interim Front-Line Clinical-Administrative and Screening Co-Manager

**Other contributors:**  
Annie Claude Labbé, HMR Microbiologist-Infectious Disease Physician, Coralie Laflamme, Physiotherapist, Department Chief of Chauveau Screening Clinic, Alice Bundock, Clinical Nurse, Department Chief of CLSC Screening Clinics, Caroline Hébert, Clinical Nurse, Department Chief of CEMTL Screening Clinics, Tzvetta Andreeva, Clinical Nurse, Senior Nursing Advisor, Kathleen Pelletier, Graphic Designer, Audiovisual Department, Sylvain Durocher, Videographer, Audiovisual Department, Stéphanie Desrosiers, Medical Technologist, CEMTL Laboratory Administrative Coordinator, Valérie Dion, Medical Technologist, HMR and Caroline St-Denis, Nutritionist, Director of Multidisciplinary Services, CEMTL.

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

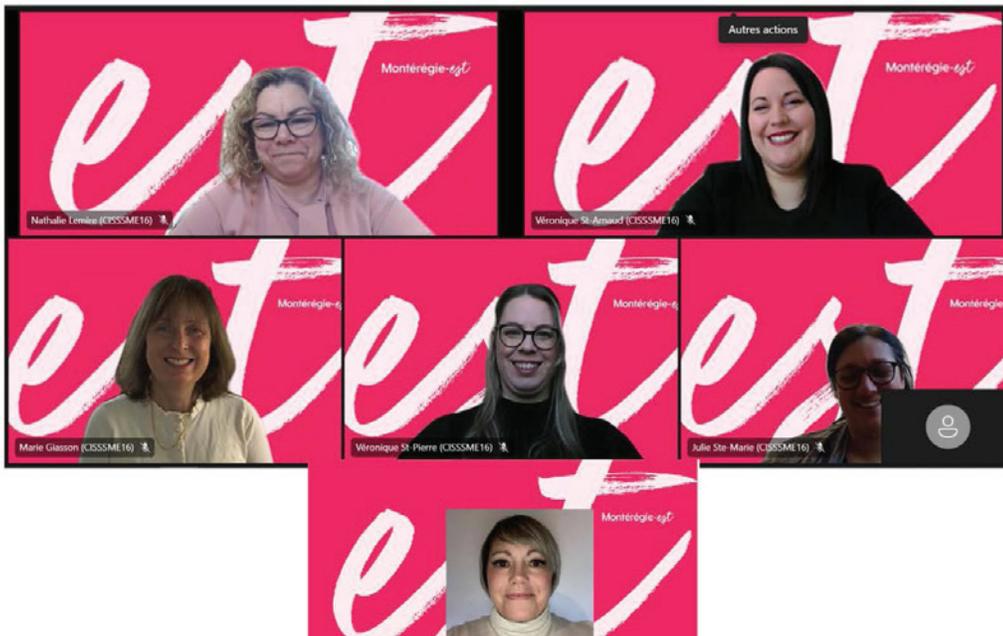
## IMPROVING SUPPORT AND MENTORING PROVIDED TO CLINICAL NURSING AND MULTIDISCIPLINARY SERVICES STAFF TO BOOST THEIR COMPETENCIES AND ENSURE RETENTION

Becoming a health care professional is a process that goes beyond the initial training; the transition from the academic to the clinical setting is challenging and adapting to a new work environment can take several months. For this reason, the **CISSS de la Montérégie-Est** implemented a clinical support program in nursing and a competency-based program for multidisciplinary services professionals.

The establishment of a competency-based learning culture in clinical settings provides the cornerstone for supporting clinical staff as they integrate into the profession.

These programs include onboarding and training, mentoring and preceptorship activities over a two-year period following their hiring. They provide a process and tools that are tailored to the practice environments and the employees' needs and strengths. Mentors in the Multidisciplinary Services Directorate, clinical activity specialists in youth services, and nursing consultants and preceptors in the Nursing Directorate provide individualized support to help the mentee (new employee) acquire the competencies needed within the organization. The transfer of specific knowledge to this clientele is done by experienced sponsors within these teams.

Thus, the CISSS de la Montérégie-Est promotes the attraction and retention of clinical staff by offering them the support they need to integrate seamlessly into the organization and their professional career.



Véronique St-Pierre et Marie Giasson  
Nursing Consultants

**Other contributors to the project:**

Nathalie Lemire, Assistant Director, Multidisciplinary Services Directorate; Julie Darveau, Assistant Director, Nursing Directorate; Julie Ste-Marie, Youth Services Consultant; and Véronique St-Arnaud, Nursing Consultant.

# "HIGH-PERFORMANCE" CATEGORY

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

## IMPLEMENTATION OF AN EARLY MOBILIZATION PROGRAM INITIATED BY CARDIOVASCULAR NURSES IN ACUTE CARE

Cardiovascular patients do not get to move in an optimal fashion in a Cardiovascular Intensive Care Unit (CICU). We set up our early mobility program to give nurses the authority to assess their patients who would ordinarily get little opportunity for movement, and to safely implement the program.

Their immobility is due to several factors, including fears associated with patient mobility and the perception of the time involved for nursing teams, among other reasons. This program is intended for post-cardiac surgery patients as well as those who have had a heart attack or suffer from arrhythmia or heart failure. At the **CIUSSS du Centre-Ouest-de-l'île-de-Montréal**, we created a comprehensive program consisting of a grid that evaluates patients' functional mobility (filled in by nurses) and prescribed movements for each level (0–5). The program encourages families to participate in their loved one's care. Bilingual brochures and videos also accompany each level.

In 2018, after working for a year to develop the program with a multidisciplinary team of cardiologists, physiotherapists, occupational therapists, patient

partners and nurses of all levels, we launched it as a pilot project, and we were able to implement it in other hospitals in early 2020. We also published several articles and presented the project at several conferences. The program has also been recognized as an official patient mobilization program by the Canadian Council of Cardiovascular Nurses.



**Diana Dima**  
SNP (Nurse) Workforce Manager

**Other contributors:**  
Dr. Michael Goldfarb, Cardiologist; Joëlle Bérubé-Dufour, OT; Julie Valiquette, Physiotherapist; and John Marsala, Nursing Unit Head.

## IMPLEMENTATION OF INTERDISCIPLINARITY IN CARE UNITS AT LAVAL'S HÔPITAL DE LA CITÉ-DE-LA-SANTÉ

The pandemic situation and worker shortage have led us to review the roles and responsibilities of the **CISSS de Laval's** various stakeholders involved in patient care in care units at the **Hôpital de la Cité-de-la-Santé**.

The professional practice teams of the Nursing Directorate, the Multidisciplinary Services Directorate and representatives of all job titles have implemented a new organizational work model. The project aims to create winning conditions by having rehabilitation and psychosocial professionals present in the units in addition to the nurses and attendants. With this project, we hope to see the professionals who work with the care team join them in developing the care of future with the patients.

The project's objectives are:

- Provide an interdisciplinary service from the moment patients are admitted to hospital
- Foster team spirit and interprofessional collaboration
- Involve patients and their families in the care and services provided
- Support an early and safe return home for patients
- Work in conjunction with the various partners in the continuum of care and services

Having two patients on the working committee greatly helped to advance the project.



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# "HIGH-PERFORMANCE" CATEGORY

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

## SPECIAL EDUCATIONAL PROJECT 2021 – COVID 19

The achievement of "intervention" competencies have been compromised by the continual risk of internships being cancelled (by the CISSS du Bas-St-Laurent) due to the pandemic. Because of these cancellations beyond our control, teachers were forced, with hardly an hour's notice, to create alternative measures that would match the internship experience for the program's eight courses per session.

As a result, the **Cégep de Rivière-du-Loup** teaching team created a bank of compensatory internship measures presenting relevant situations for these eight courses. These measures allowed the "intervention" competency to be achieved without delay when an internship was cancelled, while respecting the number of exposure hours to situations in which students must intervene, as prescribed by the Ministry of Education. Our graduates were therefore able to complete their courses without having to complete their internship at the end of their term. This way, they were able to enter the workforce as planned and help offset the workforce shortage in the health network, especially during the pandemic.

This project made it possible to provide consistent instruction in the various contexts suggested through compensatory activities that compare with an internship that offers a variety of real situations, but with some difficulty in standardization.

The strategy developed is currently being used in our program and could be applied in other health programs to continue to achieve the competencies needed to work with different populations. These educational activities may be applied in whole or in part, according to internship requirements, even after the pandemic is over.



Julienne Auclair et Annik Lavoie  
Instructors

**Other contributors**

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## EVAQ DIGITAL COORDINATION PLATFORM

Created in 1981, province's program for emergency air medical services called Évacuations aéromédicales du Québec (EVAQ), whose clinical operations are run by the **CHU de Québec-Université Laval (CHU)**, is designed to transport patients from Quebec's remote regions to a specialized hospital when warranted by their health condition or when there is lack of other transportation options. To ensure that the service is accessible 7 days a week, 24 hours a day, the coordination hub receives transfer requests from regional physicians and assesses their suitability and priority.

Since 2006, the majority of patient-transfer planning tasks were done by hand and involved numerous paper documents. Meanwhile, the web-based application set up for the requesting hospitals was underutilized, and communication with the EVAQ mission preparation software wasn't taking place. Since these tools were no longer meeting program expectations nor regional needs, the CHU deemed it necessary to upgrade them to optimize the services offered to the population and to ensure performance indicator monitoring and service improvements.

Always striving to improve patient care and services, the CHU implemented a digital platform in March 2020 to streamline the coordination of transfers for the benefit of everyone involved. This pioneering project, developed by a multidisciplinary team but essentially run by nurses, aims to ensure optimized and safe patient care through a collaborative, centralized digital platform accessible to partners throughout Quebec.



**Audrey Frenette**  
Nurse Clinician, Head of EVAC Services

**Other contributor:**  
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## IMPROVE INTERPROFESSIONAL COLLABORATION AND COMMUNICATION THROUGH SIMULATION

At **CHU Ste-Justine**, we have developed and implemented a structured in-situ simulation program for all professionals in the ante- and peripartum maternal fetal medicine unit, and we are starting to extend this project to the entire mother-child pathway (also integrating the postpartum unit).

Clinical scenarios within and between units are being created, taking into account pre-assessed needs in the field and drawing on technical and non-technical skills.

- Simulations take place in the various environments where professionals with a role in the pathway provide day-to-day care, and at the **Mother and Child Simulation Centre (CSME)**.
- Simulations recur every four weeks on a set schedule, with additional interprofessional collaboration days at the CSME.
- Each simulation session lasts up to an hour, and a team of six to 12 professionals can participate during their shift.
- Each session incorporates a structured debriefing period led by a qualified team member to identify areas for improvement (technical and non-technical knowledge, knowledge of processes, equipment, or the environment).
- We document and assess the impacts of implementing such a program using different measurement tools (pre- and post-simulation questionnaires for participants).



**Dre Andree Sansregret**  
Gynecologist-Obstetrician

**Other contributors:**  
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## IMPLEMENTING PROGRAMMABLE SYRINGE PUMPS AT THE CISSS DE CHAUDIÈRE-APPALACHES

New smart pump technology with dose error reduction software has been installed in many **CISSS de Chaudière-Appalaches** facilities, replacing the non-programmable syringe pump. Despite the pandemic, our talented teams rolled out the project between January and December 2021.

An example of best practice, this technology uses Wi-Fi to update medication libraries and provide infusion data. In addition to easing the burden on clinical staff, the new syringe pumps safely and securely administer medication intravenously. A uniform process among facilities helps pharmacists and caregivers communicate, which in turn improves performance and safety in patient care. Expanded use of syringe pumps increases care performance since syringe pump-infused medication is less dilute than in a standard bag of intravenous fluid. Treatment in most cases is therefore shorter and less expensive.

This project is the result of extended collaboration by a multidisciplinary team of clinical and administrative staff and management. The team's hard work resulted in a unified medication library for CISSS-CA and the successful integration of programmable syringe pumps into existing clinical practice. In less than three months, a total of 260 programmable syringe pumps were put into service and over 700 people were trained.



Johanie Bélanger  
Biomedical Engineer

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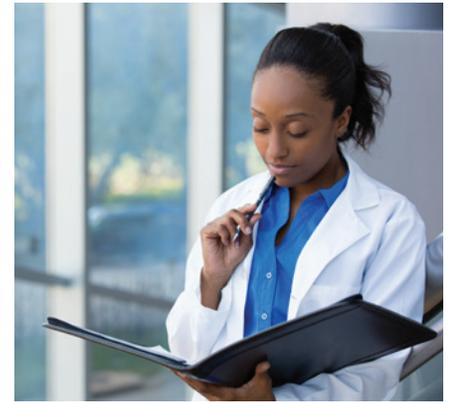
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