

TO KNOW AND BETTER SERVE OUR SENIORS

SATURDAY, 11:15 P.M. IN THE EMERGENCY ROOM OF LAKESHORE GENERAL HOSPITAL. WANDA, 86 YEARS OLD, LOOKS WORRIEDLY AT HENRY, 94 YEARS OLD, HER LIFETIME COMPANION. FROM HIS STRETCHER, THE ASHEN-FACED, ELDERLY MAN RETURNS HER GAZE AND SMILES APOLOGETICALLY. "MY LOVE, I THINK IT'S TIME WE MOVED TO A SENIORS' HOME," HE SAYS TO HER, STRUGGLING TO CATCH HIS BREATH.

This fictional scenario reflects an unfortunate reality at the West Island Health and Social Services Centre. Henry doubts he'll be able to return home. Although he has yet to be declared a chronic care patient (the administrative process to declare a patient chronic takes several weeks), staff in the Emergency already know Henry needs residential long-term care.

"One of our biggest problems is that more than 50% of the elderly patients who present at the Lakeshore General Hospital's Emergency Room are not people known to our Health and Social Services Centre," explains Julie Mignault., interim Director of PAPA-DP, a program for elderly persons experiencing loss of mobility and physical impairment. "Often once they arrive at the hospital, it isn't possible for them to return home."

ONE-STOP SERVICE

Authorities from the Health and Social Services Centre want to make some major changes. "We're in the process of creating mechanisms to identify our elderly clients before their health deteriorates to a point where they require emergency care. These measures will help our seniors to remain in their homes longer, where they want to live." In a satisfaction survey of seniors with a loss of mobility, conducted by the Montreal Agency in the fall of 2007, the results of

which were released in December of that year, 88% of respondents receiving home care said they were satisfied while 68% of respondents living in residential care facilities indicated that they were satisfied.

Among the support measures planned by the Health and Social Services Centre is the development of a One-Stop Service to help identify and provide services to elderly individuals in need of home care.

"With the One-Stop Service, an elderly person or their family will be able to call one number to reach us," says Julie

Mignault. "Once the call is received, it will be redirected to the appropriate person or service, or handled internally, depending on the case."

The introduction of Network Clinics and Family Medicine Groups (FMG) is also making a difference. "We are asking doctors practicing in these facilities to take on vulnerable clientele such as elderly patients in need of specialized care. This will also allow us to identify clients and to follow them before they become too sick," explains Suzanne Turmel, Executive Director.

...continued on page 2

MRS HENRIETTE SANS CARTIER BÉLANGER, A RESIDENT OF DENIS-BENJAMIN-VIGER CENTRE AND ELIZABETH RICH, A NURSE.



SPRING: A TIME OF TRANSFORMATION

Dear Colleagues,

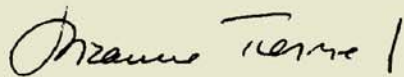
This spring, our Health and Social Services Centre will be undergoing another transformation. Following a hiatus – the time needed to incorporate the new organizational structure – the clinical services project is making a fresh start. Quality teams are in place throughout our programs with a mandate to identify disparities between our population's needs and the services we currently provide. Once complete, this exercise will help to determine which programs are in highest demand and require appropriate investments of human and material resources.

The structure introduced in January will need some finetuning throughout the organization. After several months, we realise that the parameters of our new programs do not always correspond to the profile of a certain number of our clientele. Solutions must be found quickly to answer these clients' needs and inter-program mechanisms must be developed to guarantee service continuity regardless of the category of clientele. This means that our specialists must maintain, if not enhance, the dialogue.

The transformations taking place at the Health and Social Services Centre embody our ongoing commitment to the consolidation of our local services network in 2008. For instance, the Brunswick Medical Centre obtained network clinic status this past March, bringing the number of these clinics to three in the territory. In the weeks to come, a second family medicine group will be joining our ranks.

And that's not all! In geriatric services, we recently came to an agreement with the Vivalis and Tobelaim groups. Here again, negotiations for other projects are under way. We expect to meet the demand within the next six months.

Clearly we're not short of work. Luckily, as an organization, we can count on the dedication of our team: YOU! I encourage you to continue your excellent work. Our community, your Board of Directors, your Directors, and I deeply value your commitment.



Suzanne Turmel
Executive Director

A WORD
FROM SUZANNE

To know and better serve our seniors
(cont'd)

URGENT NEED FOR LONG-TERM CARE BEDS

But what is the plan for seniors like Henry, who can't return home?

For many months, Ms. Turmel has been actively seeking solutions with the Ministry and the Montreal Agency of Health and Social Services to resolve the long-term care bed shortage in the territory.

"The Montreal Agency recently recognized the need to allocate 102 beds for clients requiring less than 2½ hours of care per day," she said. "This is excellent news, but we're still in need of an additional 100 beds for more complex cases."

The organization has signed agreements with private businesses that are building new facilities. Such is the case at the

Vivalis Centre, where we recently acquired 15 convalescence beds for seniors. Negotiations are underway with the Tobelaim Group of Ile Bizard, where 38 beds will be available for Health and Social Services Centre clientele.

If it becomes concrete, then as of June, West Island clients could benefit from a new location for patient placement on the territory.

ELDERLY CLIENTELE IN THE WEST ISLAND: STATISTICAL OVERVIEW²

	2004	2010 ³
Population = > 65 years of age	25,908	31,432
Anticipated growth		21 %

Number of housing units for seniors = >50 years of age (2007) **1,400**

PLACES AVAILABLE FOR ELDERLY PERSONS WITH A LOSS OF AUTONOMY - 2007

Number of persons with a loss of autonomy receiving home care	1,205
Number of places in residential centres	803
Number of places in private residential facilities (family type)	559
Number of places in public residential centres (Denis-Benjamin-Viger Centre)	125
Number of in-hospital long-term care beds (Lakeshore Hospital)	30
Total	2,722

1 Jolicoeur et associés. *Enquête de satisfaction auprès des personnes en perte d'autonomie – CSSS Ouest-de-l'Île*, décembre 2007, p. 5

2 Excerpt from an internal document entitled *Clientèle Personnes âgées en perte d'autonomie liée au vieillissement*

3 Projection

HOSPITAL RENOVATIONS

LAKESHORE GENERAL HOSPITAL IS HAVING A FACELIFT. OVER THE NEXT SEVERAL YEARS, A PROJECT TO REPLACE THE EXTERNAL ENVELOPE OF THE ORIGINAL HOSPITAL BUILDING WILL BE UNDERTAKEN.



In addition to the replacement of outdated materials, the new covering will ensure greater comfort for patients and employees who work in the units located in the original part of the hospital (North, South and East wings).

The first phase of the project, evaluated at approximately \$7M, will affect the South and East wings. Work is expected to begin in May, depending on outdoor temperatures, and continue through to December.

“Work will consist of redoing the roof and insulating the walls. Installation of new windows and bricks is also planned,” noted Denis Dufour, Director of Technical Services.

In April, selected contractors will arrive to begin preparing the worksite. Once their trailer is parked and materials are delivered

to areas located in the East and South parking lots (occupying about 20 spots), scaffolding will be installed.

NECESSARY RENOVATIONS

In this part of the hospital, the exterior shell has not been replaced since the 1960s. To remove the brickwork, techniques will be used to reduce dust and noise. To minimize dust, contractors will be using wet saws, and no pickaxes will be used so as to avoid the considerable noise they make.

Employees, patients and their families may experience some inconvenience. “For instance, when it comes time to replace windows, patients will have to be moved to other rooms,” Mr. Dufour explained.

Measures will be taken, however, to keep personnel, patients and their families informed.

PARKING LOT EXPANSION PROJECT

Other work will be done this summer. Currently, the hospital’s parking lot can accommodate 740 vehicles. A self-financed project will add 40 more spots for visitors and another 48 for employees, and replace the automated access system.

In order to cover the cost of this work, visitor parking rates will be modified. However, the maximum rate will remain the same. The basic rate will change from \$2.50 to \$3.00, while the maximum daily rate will remain \$8.00.

FROM OUR DEPARTMENTS

PATRICK DUBÉ APPOINTED DIRECTOR OF HUMAN RESOURCES

When the position of Director of Human Resources was posted, Patrick Dubé had already been performing this very role in an interim capacity since June 2007. “I find the work satisfying. I’m familiar with the culture of the West Island Health and Social Services Centre and its mission, and I’m committed to both,” he told us. His decision to apply for the position was well thought out. Not surprisingly, he let out a happy yell when he got the news that he’d been selected for the job. “I called my girlfriend and my family right away!” he said.

Patrick considers staffing to be one of the biggest challenges on the horizon. He explained, “We must recruit and retain the personnel we hire. We need to be an employer of choice where people like to work.”

Moreover, Patrick feels that the changes underway in the health sector will be beneficial. He places great importance on the development of first line services.

Patrick describes himself as a passionate person who thrives on challenges. Even in his leisure time, Patrick is always on the go. On the lunch hour, you’re likely to see him outside, around the hospital grounds, getting some exercise. “I do a lot of sports and I love the feeling of relaxation I get after a good workout,” he told us. We wish him luck, and to welcome him aboard!



RALLYING THE MEDICAL FIRST

ANOTHER NETWORK CLINIC IS ACCREDITED

THE BRUNSWICK MEDICAL CENTRE IN POINTE-CLAIRE RECENTLY OBTAINED NETWORK CLINIC STATUS. IT JOINS TWO OTHER NETWORK CLINICS SERVING THE TERRITORY: MEDISTAT IN PIERREFONDS AND STATCARE IN POINTE-CLAIRE. BIG PLANS ARE AFOOT FOR A PROMISING AND HIGHLY-ANTICIPATED VENTURE.

Network: a simple word, but a big challenge. The West Island Health and Social Services Centre's mandate consists of building a network in the territory to give patients rapid access to treatment and ultimately provide access to the services of a family doctor. By becoming first line healthcare providers, network clinics will improve the situation for the population and for the clientele of doctors practicing in the local area.

Network clinics are well established medical facilities that work in concert with the Health and Social Services Centre and with physicians working in the local community. Network clinics are committed to respond, based on the availability of human resources, to minor medical emergencies and then to assist patients in obtaining ongoing medical care. While not the answer to all our problems, network clinics will answer the call for improved accessibility to first line medical services.

The principal objectives of network clinics are as follows:

1) To facilitate access.

Network clinics provide medical services without appointment. "When they partnered with the Health and Social Services Centre, the network clinics agreed to extend their hours, remaining open 365 days a year, at night, on weekends and on holidays", noted Jean Gauthier, First Line Services Development Consultant with the Health and Social Services Centre. "Patients can now obtain first line medical services with or without an appointment at the same facility."

2) To provide access to a hospital services corridor.

Before the advent of network clinics, patients were seen by a doctor and sent elsewhere for emergency medical tests, usually to the local emergency room. Now, certain basic medical tests are available on-site or nearby, such as emergency radiology and blood tests. When in-hospital services or tests are urgently needed by a general practitioner to diagnose a patient (laboratory, medical imaging, consultation with a specialist), liaison nurses, hired by the network clinics, are available to coordinate access to a hospital services corridor (as negotiated with the hospital). The liaison nurse will ensure that the patients avoid the emergency room to obtain the services they need and that they are followed by a family physician afterwards. "In my opinion, the addition of liaison nurses was the biggest incentive for us to become a network clinic," noted Dr. Orly Hermon of Medistat. "They lighten the task load for clinic doctors and administrative personnel. They can coordinate emergency testing and even communicate the results to patients. All the hospital services we can access through them are of great benefit as well."

According to Dr. Hermon, obtaining network clinic status can also help to attract new doctors.

3) To establish links with local general practitioners.

Network clinics will support all general practitioners working in the territory, whether they're in solo practice or in other clinics. In case of emergency, they can refer cases to liaison nurses to ensure their clients get access to the necessary



services. Jean Gauthier explained, "We hope that the range of services offered by network clinics grows over time so that basic medical services are readily available to the population outside the local emergency room, which, as we all know, is supposed to be used only when necessary and only as a last resort."

4) To assist medically vulnerable patients to find a family doctor.

The agreement between network clinics and the Health and Social Services Centre stipulates that assistance will be provided to medically vulnerable patients who do not already have a family doctor to locate one. The network clinic will act as an intermediary between patients with serious health problems and the territory's doctors. A list of criteria to define medically vulnerable patients has already been developed by the Ministry of Health and Social Services.

The three doctors responsible for the territory's network clinics:



Dr. Orly Hermon
Medistat Clinic



Dr. Angelo Fuoco
Brunswick Medical Centre



Dr. Eric Mazoff
Statcare Clinic

INTRODUCTION OF A PATIENT REGISTRY

How can we ensure that all vulnerable patients receive the ongoing medical care they need? A registry of vulnerable patients who do not have a family doctor will be created by the Health and Social Services Centre in collaboration with network clinics. In the West Island, this list will be finalized in the next few months. Its aim is to provide the network clinics with access to information regarding the territory's vulnerable patients and their accessibility problems.

From now on, liaison nurses from network clinics will work with the territory's doctors to offer services and to locate doctors with a capacity to take on new, medically vulnerable patients.

THE FAMILY MEDICINE GROUP : A BONUS !

The goal of network clinics is to ensure patients needing emergency care are provided with the best possible services as quickly as possible. Another equally important need in the healthcare system today is continuity of care. This need is answered by Family Medicine Groups (FMGs). The first of these groups established on the West Island is at the Stillview Medical Clinic. Another FMG at the Medistat Clinic is in the process of getting accredited, while two other groups are in the planning stages.

An FMG is a group of doctors who agree to work as a team so their patients are continuously followed for all of their first line medical needs.

"If a patient presents when their family physician is not available, they are transferred to the care of another family physician at the clinic in order to be seen," noted Jean Gauthier, First Line Services Development Consultant.

FMG patients must therefore be registered with a doctor. Consultations without an appointment will also be available for registered patients when needed. FMGs are open 12 hours a day, from Monday to Friday, and for four hours on Saturdays, Sundays and holidays.

Nurses, hired by the Health and Social Services Centre, are integrated into FMGs to assist with the management of registered clientele, particularly those with chronic illnesses.

EXEMPLARY PRACTICES TO PREVENT AND HEAL PRESSURE SORES

PRESSURE SORES ARE A GROWING HEALTH PROBLEM DUE TO AN AGING POPULATION AND INCREASING RATES OF CHRONIC ILLNESS. AT THE WEST ISLAND HEALTH AND SOCIAL SERVICES CENTRE, WE ARE TAKING CARE OF THE PROBLEM.

Concerned with improving their patients' quality of life and reducing their hospital stay, the West Island Health and Social Services Centre (HSSC) has started a training program designed to reduce pressure ulcers.

"This training program is the result of a partnership with Smith & Nephew Inc. and Isabelle Reeves, a Ph.D in Nursing and a Professor in the Faculty of Medicine and Health Sciences at the University of Sherbrooke," noted Manon Fabi, M.Sc. Nursing and Director of Nursing at the West Island HSSC.

One of the most common problems caregivers face today is chronic or acute wounds, particularly pressure sores. We estimate that one in every four patients in an acute care setting in Canada has pressure sores.

Wound care is costly, both for patients and for healthcare institutions. Though these costs will inevitably continue to rise as the population ages, they are often hidden and poorly understood.



FROM LEFT TO RIGHT: SOPHIE VERMETTE, DEDICATED TO THE PROGRAM SINCE JUNE 2007, ISABELLE REEVES, PH. D, ASSOCIATE PROFESSOR AND CLINICIAN SCIENTIST AT THE UNIVERSITÉ DE SHERBROOKE, AND MANON FABİ, M. SC. NURSING AND DIRECTOR OF NURSING AT THE WEST ISLAND HSSC.

A conclusive study

To improve quality of care and patient safety, and to respond to our caregivers' need for tools and methods to streamline delivery of care and clinical decision-making, management from the Department of Nursing partnered with Smith & Nephew Inc., a leader in wound care and management, in spring 2007 to conduct a study. Based on the results of this study, a wound care program was initiated at the West Island HSSC.

"The goal of this partnership is to identify exemplary practices in the prevention and treatment of wounds recognized by the various nurses' associations in Canada," added Ms. Reeves. "If we can ensure good screening and continuity of care for at-risk individuals, the quality will improve."

A nurse-specialist dedicated to the program

The adopted solution involves professional skills development, most notably for categories of staff capable of implementing change: nurses, doctors, physiotherapists, occupational therapists, dieticians and orderlies. Management at the West Island Health and Social Services Centre feel that a majority of their caregivers are capable of preventing pressure sores or of detecting them in the early stages before they become aggravated and lead to significantly negative consequences for the client and the organization.

Over 200 people have received training from nurse-specialist Sophie Vermette since November 2007. Sophie has been working exclusively in the area of wound care and management since October 2007.

"Building on our caregivers' knowledge of wound care will lessen patient suffering and improve quality of care," noted Ms. Vermette. "It will also reduce the length of stay for these patients and the considerable costs associated with wound care" added Ms. Fabi.

Since the program began, the team has helped to sensitize personnel about the importance of prevention. "We keep our patients well nourished and well hydrated, and we must also keep them mobile," noted Ms. Vermette. "Sometimes it's the most basic preventive measures that we can overlook."

Some costs can be avoided

Wound care is a key element in general patient care, whether the patient is in hospital, at home or in a long-term care centre.

Prevention is possible by implementing a few easy measures. For this purpose, Smith & Nephew developed work methods, protocols for professionals, and a line of advanced bandages and other products.

"The new technology used by the research teams promotes faster, more effective healing. It will prevent complications and reduce the overall cost of treatment. These are clinically proven methods and results," noted Michel Simard, Smith & Nephew responsible for strategic partnerships.

Doctors who diagnose and prescribe treatments for pressure sores and other types of wounds, along with the staff responsible for dispensing these treatments, will work together more cohesively if they are equipped with the same tools. "We're hoping that the program will boost the level of cooperation among our Centre's teams," concluded Ms. Fabi.

FIFTEEN YEARS OF SERVING NEW RESIDENTS

NEW ARRIVALS TO THE WEST ISLAND ARE FAMILIAR WITH CIMOI (CENTRE D'INTÉGRATION MULTI-SERVICES DE L'OUEST-DE-L'ÎLE), AN ORGANIZATION THAT HAS BEEN WELCOMING AND OFFERING SUPPORT TO IMMIGRANTS FOR THE LAST 15 YEARS. CIMOI, AN ORGANIZATION COMMITTED TO SERVING THE COMMUNITY.

CIMOI plays an integral role in the lives of immigrants in the West Island. In order to fulfill its role in assisting newcomers, it participates in various committees and panels discussing issues of importance in the territory. Reputed for their professionalism, the Centre's personnel are also called upon to sit on a variety of provincial groups and to take positions on a range of hot topics, such as French-language training for immigrants. CIMOI's Executive Director, Mustapha Kachani, joined us to answer our questions.

First Line: Since CIMOI was created in 1993, how has the situation in the West Island evolved?

Mustapha Kachani : Years ago, the image people had of the West Island was that it was 60% anglophone, 40% francophone, and that was it! For the last eight or nine years, however, the rental crisis in Montreal has resulted in a westward migration. After spending several years living in Montreal, Ville-Saint-Laurent or the areas bordering Jean-Talon Street, new arrivals could find work here and move to the West Island if they wanted to. It was a second option for them. Today, young immigrant couples between the ages of 35 and 40, many with children, are choosing to move here first. The clientele changes from one year to the next. There is no predominant nationality. In the last four years, 24% of the immigrants who visit CIMOI have been from Romania.

First Line: How do you help people when they arrive here?

Mustapha Kachani : We work with them, focusing on three main points: reception and integration, francization and employability. French-language training programs are a way to combat social exclusion. Each year, about 3,000 immigrants use our services.

First Line: Do you think that the situation has improved for newcomers to Quebec?

Mustapha Kachani : Integration remains a challenge. There are so many services and so much paperwork! For every 100,000 people, only 1000 will read it, and approximately 100 will understand it. In the end, very few people actually request service.

First Line: Is it easier in the West Island?

Mustapha Kachani : The immigrant population has increased and they've settled in the same sectors, Dollard-des-Ormeaux, eastern Pierrefonds and Sainte-Geneviève. Despite the fact that there are fewer community organizations here than there are, for instance, in Montreal, immigrants are well supported in the West Island. The clientele is less fragmented and people don't feel quite as lost. We try to avoid duplication of services between organizations and we strive to work harmoniously in the territory.



MUSTAPHA KACHANI, CIMOI'S EXECUTIVE DIRECTOR

What about their health?

Generally, new immigrants are in good health. In order to obtain a visa, they must undergo a complete medical check, a Canadian government prerequisite to qualify for entry into the country. For the first three months, they do not have a health insurance card, so they are responsible for paying any costs incurred for medical services.

The Health and Social Services Centre works regularly with CIMOI. Community service organizers from the Health and Social Services Centre offer training seminars on the different services we offer. Hospital or CLSC personnel can also call on the services of CIMOI interpreters, who provide timely assistance whenever it is needed.

DID YOU KNOW THAT OUR HEALTH AND SOCIAL SERVICES CENTRE IS ATTRACTING ATTENTION?

THIS SPRING, OUR HEALTH AND SOCIAL SERVICES CENTRE IS STEPPING INTO THE SPOTLIGHT WITH A BRAND NEW ADVERTISING CAMPAIGN IN WEST ISLAND NEWSPAPERS AND LOCAL PUBLIC TRANSIT SYSTEMS.

The campaign, called *Saviez-vous que...?* (Did you know that...?) has three goals: raising public awareness for the organization, promoting the Smoking Cessation Centre and recruiting medical personnel.

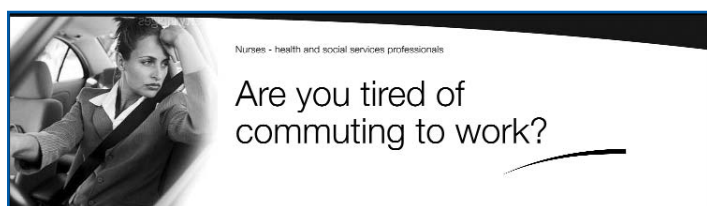
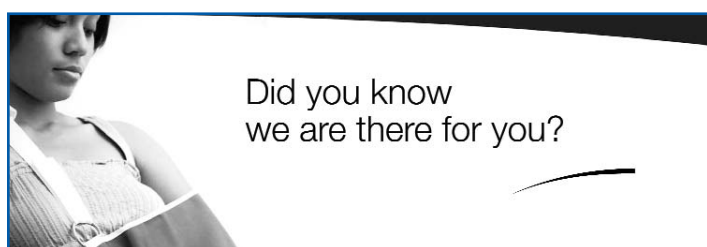
Why the sudden interest in promoting the Centre? "After four years in operation, our Health and Social Services Centre has reached maturity," explained Marie-Josée

Labrosse, Head of Communications. "It's time for us to share our mandate with the public, to inform them about the services we offer to West Island residents and to attract the attention of possible new recruits."

Established in the summer of 2004, the West Island Health and Social Services Centre comprises the Pierrefonds and Lac-Saint-Louis CLSCs, the Denis-Benjamin-Viger Residential and Long-Term Care

Centre and Lakeshore General Hospital. Its mission is to ensure the health and well-being of the territory's 218,000 residents.

In addition to the facilities mentioned above, the West Island Health and Social Services Centre maintains close ties with the territory's three network clinics, a family medicine group, private seniors' residences and the local palliative care centre.



ADS PUBLISHED IN LOCAL NEWSPAPERS.

WHAT DID YOU THINK?

Did you enjoy this edition of First Line? Do you have any comments or suggestions? We welcome your feedback. We also invite you, dear readers, to let us know if you should find a misprint or inaccuracy of any kind in the publication.

Kindly send your comments to us via e-mail at communications.csss@sss.gouv.qc.ca. Every response will be read and published on a weekly basis, either in its entirety or incorporated into a summary of our readers' comments.

In closing, we wish to reiterate our ongoing commitment to the quality of our communications.

Next issue: July 2008

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