

## THE FUTURE STARTS NOW AT THE HSSC – QUALITY COMES FIRST!

### PRECISION, INNOVATION, KNOW-HOW AND THE ABILITY TO LISTEN TO THE NEEDS OF OUR CLIENTELE

AT THE WEST ISLAND HEALTH AND SOCIAL SERVICES CENTRE, WE FIRMLY BELIEVE THAT CONTINUED EFFORTS TO IMPROVE QUALITY SHOW IN THE SATISFACTION OF OUR USERS. HOW CAN WE ACHIEVE OUR GOAL? THERE IS NO QUICK FIX. OUR HEALTH AND SOCIAL SERVICES CENTRE MUST IMPLEMENT SOLUTIONS THAT ARE BOTH SUITABLE TO OUR SETTING AND FEASIBLE IN TERMS OF OUR DAILY REALITY. WE ARE ALREADY HEADED IN THE RIGHT DIRECTION.

The West Island Health and Social Services Centre's continuous quality improvement program was developed in conjunction with the clinical project.

"We opted to transfer the mandate of quality improvement to the existing clinical project teams," explained Félicia Guarna, Director of Multidisciplinary Services and Officer in charge of the Continuous Quality Improvement Program. "Quality is part and parcel of the clinical project."



ANNE SKEAFF, E.R. NURSE, NEEDS TO INFORM THE PATIENTS OF WHAT AWAITS THEM.

The 11 clinical project teams are permanent entities that will be responsible for compiling, analysing and following up on procedural improvements and reducing gaps in services.

### ADOPTING A 'LEAN' APPROACH

Quality is a concept that governs and encompasses a variety of domains, such as accreditation standards, risk management, client surveys, complaints review, and in determining and achieving set markers for improvement.

"Quality is a function of the excellence and the safety of the services provided," Mrs. Guarna noted.

It is essential to convert theoretical concepts into daily practices. To accomplish this, the Health and Social Services Centre has decided to adopt the 'Lean' approach, a process through which continuous improvement is achieved by eliminating waste. Generally, it is thought that 30% to 50% of work activities are inefficient or redundant.

...continued on page 3



# QUALITY – VITAL AT EVERY LEVEL

A WORD  
FROM SUZANNE

If there is one subject all healthcare professionals can agree on, it has to be quality. When it comes to ensuring the well-being of the population for whom we are responsible, the quality of services is not only essential, it is vital. No matter what position we hold in the hierarchy, everyone working at the West Island Health and Social Services Centre is conscious of their duty to provide exemplary services and of their obligation to employ every means necessary to eliminate the risk of errors, as minimal as the risk is.

This being said, a big challenge lies ahead; we must identify methods to achieve the quality standards established for us. And the only real way to achieve these standards is to develop processes so vacuum tight that they are practically error proof.

Beginning in 2005, the *Loi sur la santé et les services sociaux* required health and social services centres to establish a local service quality committee and to name a local service quality and complaints commissioner. The two parties, who report directly to the Board of Directors, act as guardians for service quality within the organization, as well as for that of its partners and clients.

In addition to the requirements defined in the law, the West Island Health and Social Services Centre began its quest for continuous quality improvement by introducing, a little over a year ago, 11 permanent quality teams. Each team is composed of ten employees and professionals from one of the Centre's directorates, and is responsible for reviewing current service delivery processes and identifying paths for improvement. These teams are now hard at work developing the clinical project with the coordination of the Multidisciplinary Services Directorate.

Once complete, plans of action that respond to the recommendations issued by the Canadian Council on Health Services Accreditation (CCHSA) and comply with clinical project requirements will be deployed within our Centre by the teams.

Elsewhere in the organization, the Risk Management Committee is on the lookout for events that present a potential risk for our clients and personnel. Their recommendations are opportunities to improve our service methods, making our activities even more safe and efficient.

As you will conclude after reading this and the articles contained in this issue of *First Line*, structures are in place to instil a culture of quality in our organization. This gives us all the more reason to count on resources that reflect our philosophy of continuous quality improvement and will help us, on a daily basis, to implement exemplary practices.

Suzanne Turmel  
Executive Director

## THE FUTURE STARTS NOW AT THE HSSC – QUALITY COMES FIRST!

### QUALITY IS:

- Listening to our clients' needs and expectations;
- Identifying processes in need of improvement;
- Developing solutions with the interdisciplinary teams;
- Making optimal use of human, material, financial and information resources in clinical and administrative processes;
- Developing a culture whereby safe healthcare practices prevail.

### A FOUR-STEP PROCESS FOR CONTINUOUS IMPROVEMENT

The Health and Social Services Centre teams will participate in a four-step process to modify activities that can affect the well-being of clientele or personnel:

- 1 Identify high risk processes or processes requiring improvement
- 2 Analyse data and identify problems
- 3 Develop solutions
- 4 Implement solutions

*“Quality cannot be defined. We recognize it when we see it.”*

- Henry Mintzberg, a professor at McGill University, whose writings on the subject of management are considered classics.

## THE FUTURE STARTS NOW AT THE HSSC – QUALITY COMES FIRST! (cont'd)

“It streamlines processes in order to eliminate unnecessary activities,” Mrs. Guarna explained. “We focus on productive activities and avoid the rest.”

In essence, the approach permanently reconfigures an organization, making it more adaptable to the ever-changing needs of its clientele. The organization must communicate and work closely with clients to answer their various needs, while avoiding redundancy and remaining rigorous in terms of the services offered.

### SURVEYING OUR CLIENTELE

It is no secret that demographic changes will continue to influence the healthcare network’s performance. Baby boomers, who will soon become the primary users of the network (and are now caring for their aging parents), are a well-educated and demanding generation. They will inevitably wield great influence on the quality of services.

In the near future, the Health and Social Services Centre will conduct a survey of users to learn about their expectations and needs. A questionnaire will be distributed to users upon discharge or when they finish using the Centre’s services.

“We will try to get feedback in several different ways,” Mrs. Guarna stated.

### LISTENING TO CLIENTELE

The Complaints Commissioner’s role is crucial when it comes to identifying factors that compromise the quality of services. “When a complaint is lodged, its context must be investigated to fully understand

what happened and to resolve the problem at its source. Sometimes, it is the work procedures that must be reviewed,” Mrs. Guarna noted.

### ENSURING CLIENT SAFETY

Providing quality services is essential. These services must also be provided with client safety in mind, and as such, managing risk and reporting errors when they occur are equally vital.

To this effect, the Risk Management Committee plays an important role. “Accreditation Canada identifies high risk acts where errors tend to occur and cause the greatest harm. These practices must be closely monitored.”

### ENCOURAGING BEST PRACTICES

In conjunction with the Clinical Project, 11 teams identified the best practices to integrate into our offer of services for patients. “The objective was simple – to have patients move smoothly from one point to the next and to keep them informed of what to expect so they don’t have to worry,” Mrs. Guarna explained.

In closing, if quality is factored in to all interventions, and activities are based on standard practices and protocols developed by specialists in every domain, clients can expect only the best of care. Once best practices are defined, they can be personalized and adapted to suit every client’s need. When a client says: “Thank-you, you really took good care of me here.” It is like music to a caregiver’s ears. Don’t we all enjoy hearing that?

## COMPLAINT MANAGEMENT

# SMALL VICTORIES

Listening to clients, understanding them and helping them to understand why things are done the way they are; the work of the Complaints Commissioner involves a variety of interventions that result in many small victories.

“During the review of a complaint, the professionals implicated are advised and reminders bring about the necessary results”, explained Diane Joly, Complaints Commissioner. “While the changes are not always major, they represent ongoing improvements.”

Some examples: A patient complains about two employees openly discussing his file, the details of which must be kept confidential. A simple reminder by the manager to respect confidentiality could help to correct this situation. A lady expresses concern that her medications are not being dispensed at the same times every day. Once again, this situation could be resolved simply by calling attention to it.

“We’ve found that we can count on the managers to act when they’re informed of change-worthy behaviors or habits,” Mrs. Joly noted. “Our users’ comments – the complaints individuals make on the spur of the moment after a situation occurs – help us to identify our weaknesses and areas where we can improve.”

The aim of the complaint review process is to foster a constructive dialogue that gives the parties involved the opportunity to express their point of view honestly, openly and respectfully.



Félicia Guarna:  
“The expertise of our personnel is an essential component of quality.”



DIANE JOLY

# THE CLINICAL PROJECT - OFFERING PATIENTS WORRY-FREE CARE

THE CLINICAL PROJECT IS SYNONYMOUS WITH QUALITY. ITS OBJECTIVE IS TO IMPROVE THE ORGANIZATION OF OUR SERVICES BY REVISING WORK PROCEDURES. IN DOING SO, OUR SINGULAR GOAL REMAINS TO IMPROVE THE HEALTH AND WELL-BEING OF THE PEOPLE AND THE COMMUNITIES WE SERVE.

We don't always see it, but every service offered by the professionals of our health and social services centre is the product of a complex organizational process. The Clinical Project ensures seamless, quality care that our patients can count on at all times.

"Even if they only happen rarely, errors can happen to any of us," noted Lisa Yee, a home care physiotherapist. "We do all we can to avoid them."

Same-day surgery, which is becoming increasingly popular, is a perfect example of a process where each step is important and must be carried out in a successive, timely manner. "Some surgeries are complex, requiring hospitalization and rigorous postoperative follow-up."

"Many professionals work in concert to make sure everything goes smoothly before, during and after an operation," noted Karina Miousse, a nurse-clinician in the Preoperative Clinic. "When patients come to the clinic, many professionals are at the ready. We consult with CLSC home care service nurses because patients sometimes need the CLSC's assistance after they return home, and this is arranged through the hospital."

"We prepare the patient's return to home prior to their surgery," Lisa Yee explained. "We then send our recommendations on to the other people involved in the patient's care in order to harmonize our interventions."

Take for example, Mr. Osborne (fictional name), a patient requiring hip replacement surgery. He will go through a series of steps that are crucial to ensuring a good surgical outcome and recovery. The current pre-, peri- and postoperative process is as follows:

- 1 Patient visits a family physician;
- 2 Patient consults with a surgeon;
- 3 Preoperative examination and date for surgery requested (date to be determined by the surgeon's office as soon as possible);
- 4 Patient visits the preoperative clinic; the visit will include:
  - A group information session with a nurse;
  - Meeting with a physiotherapist concerning postoperative exercises for the patient;
  - Meeting with an occupational therapist to discuss equipment needs;
  - One-on-one meeting with a clinic nurse for a check-up, list of medications, etc.;
  - Meeting with a doctor to go over surgical recommendations;
  - Required tests (lab tests, ECG, X-rays if needed, etc.)
- 5 Following the meeting with the patient, a CLSC referral will be made by the clinic nurse, and a home visit will be planned to evaluate the patient's home to determine whether in-home rehabilitation is possible.
- 6 Process is adjusted according to patient's test results:
 

If results are normal, the patient is ready for surgery. Patient will wait for the hospital to call and confirm (this will be done on the day prior to surgery);

If results are not normal, the patient will have other tests or be seen by a specialist, bearing in mind the scheduled date of surgery, in order to complete their surgical file.
- 7 The Admissions Service will call the patient the day before surgery to advise them when they should be at the hospital on the day of surgery, and the time of their surgery. The patient will already have received their preoperative instructions.



KARINA MIOUSSE, ANNE PILON ET LYNN BOUDREAU WITH A PATIENT.

8 Following surgery, the unit liaison nurse will plan the patient's discharge based on the CLSC's recommendations:

- If the patient lives alone, or if relatives cannot give assistance, rehabilitation in a specialized care centre should be arranged by the unit liaison nurse;
- If the individual meets CLSC criteria, he/she will return home and receive rehabilitation (physiotherapy) services, nursing, etc., through the CLSC.

Professionals interact at every stage of the process, and a wide range of services are provided by the hospital centre's teams on the day of the surgery.

The process does not end here. The mandate of the health and social services centre's personnel is to work with its network partners should patients require convalescence or rehabilitation from other providers in the territory. This demonstrates how much a rigorous planning is essential.

## HOW THE CLINICAL PROJECT GOT ITS START

The Ministry of Health and Social Services directed health and social services centres to review the needs of their respective populations, to balance the cost of the services they provide, and to analyse gaps in service. The goal of the exercise: to improve services and better respond to the current needs of the population.

Our Clinical Project incorporates all of the efforts made to improve accessibility, continuity of care and the quality of services we offer. Not only will it be an important reference document, the Clinical Project will represent to some extent a future vision for the health and social services centre.

The Clinical Project will be the end result of a planning and consultation process that began in 2004.

# NETWORKING

## QUALITY IS A CONSTANT CONCERN OF THE GENERAL PRACTITIONERS AND SPECIALISTS.

Physicians working in the network-clinics, Family Medicine Groups (FMGs), private practices, CLSCs and the emergency unit: all of them are medical first line practitioners that need to work in concert.

In the West Island, they are assembled under the umbrella of the Regional Department of General Medicine (*DRMG*) whose mandate is to develop communication mechanisms between the first line practitioners and the medical specialists. Service corridors between first and second medical lines must be harmonized.

"All general practitioners are part of the *DRMG*," explained Marie-France Giron, Coordinator of the *DRMG* Local Table and Workplace Health physician at the West Island Health and Social Services Centre. "Together we are working to harmonize access and the services offered to the population."

### PATIENTS' WELL-BEING

The overriding objective is for everyone to work together in the best interests of patients. "We have clinical projects underway locally and we need to talk about them. We are preparing a list of all of the territory's vulnerable patients so that we can attempt to find doctors for them," Dr. Giron noted.

To this end, the *DRMG* is developing a repertory of resources for the territory that will be distributed to general practitioners. "We need to give them the tools that will help them with their practices," Dr. Giron noted.

As one can observe, there is no lack of projects underway to link the territory's GPs and specialists, and no lack of willingness to ensure the well-being of the population.



MARIE-FRANCE GIRON, COORDINATOR OF THE *DRMG* LOCAL TABLE: "QUALITY IS A REFLECTION OF THE ORGANIZATION OF SERVICES. IF WE WANT IT TO WORK, WE'LL MAKE IT HAPPEN."



DR. RADU POPOVICI, PRESIDENT OF THE CPDP: "OUR ORGANIZATION PLAYS A PIVOTAL ROLE BY OVERSEEING THE QUALITY OF MEDICAL ACTS."

The Council of Physicians, Dentists and Pharmacists of the West Island ensures that the highest quality of care and skill are maintained by the members of its three professional orders, whether they are doctors, dentists or pharmacists. Moreover, the CPDP ensures that ethical codes are observed and that recommendations are provided in cases where disciplinary measures are warranted.

Dr. Radu Popovici, President of the CPDP, explained that the eight-member Executive Committee "plays a pivotal role by overseeing the quality of medical acts." The committee is made up of six doctors elected by active members, the Executive Director and the Director of Nursing. "Together, our aim is to correct deficiencies and to ensure that professional standards are respected."

The Executive Committee's work revolves around the activities of about ten committees, four of which – the Executive, the Medical-Dental-Pharmaceutical Evaluation, the Pharmacology, and the Credentials – are obligatory. At least 50 members work on the various CPDP committees.

The Medical-Dental-Pharmaceutical Evaluation Committee, comprised of seven members, has one of the most important mandates. "They review the quality and pertinence of medical and dental care and pharmaceutical directives provided to patients." In order to accomplish a task that is both vital and delicate, the committee works in close collaboration with the departmental chiefs.

CPDP members work on a voluntary, unremunerated basis.

# RISK MANAGEMENT - AN OUNCE OF PREVENTION REALLY IS WORTH A POUND OF CURE

IMPROVEMENTS STEMMING FROM RISK MANAGEMENT ARE SOMETIMES VERY EASY TO IMPLEMENT AND BRING ABOUT IMMEDIATE RESULTS.

For example, medication errors are a frequently cited risk in studies of avoidable healthcare-related accidents. At the Lakeshore General Hospital facility, we have taken steps to reduce the likelihood of such incidents.

The *FADM*, a medications administration form, is a document produced for each patient. When medications are prescribed by the doctor, they are recorded in the pharmacy's database. Once this information has been recorded, an *FADM* form is populated and sent to the nurses so they are aware of the medications the patient is taking.

In the past, the *FADM* contained information for a previous seven day period. The sheet was packed with information, printed in a small font and pertained mostly to persons in long-term care. Today, the form is printed every 24 hours; its content is more concise and better adapted for frequent changes

to patients' prescribed medications. The result: fewer medication errors and less work for nurses.

"It makes more sense to print the *FADM* on a daily basis," said Pierre Gendreau, Chief of the Clinical Department of Pharmacy. "We tested it in some of the units and we are now in the process of gradually implementing it."

## ADMITTING MISTAKES

To err is human, as the adage goes. Everyone makes mistakes. However, one must take responsibility for them, as hard as that can be to do sometimes. When an error occurs, feelings of embarrassment and uneasiness are common, both for the professional responsible and for the patient involved. Hiding the truth from a patient once an error has occurred will only result in anger.

In an effort to find the causes of errors, to understand and correct them, healthcare professionals must fill out incident and accident reports (in accordance with Bill-113) every time an error occurs. Incident reports outline cases resulting in no negative effects to a patient's health, while accident reports outline cases where there are

negative effects. These effects may include anxiety, extended hospitalization, even death.

## IDENTIFYING THE CAUSES AND CORRECTING THEM

Incident and accident reports assist the unit managers, the risk manager and the risk management committee to better understand and identify high risk procedures. The goal of risk management is to ensure that practices comply with standard policies and procedures, with standards established by Accreditation Canada and with recognized best practices.

## MOST COMMON RISKS

According to Accreditation Canada, the areas where risk is most commonly associated are:

- Nosocomial infections
- Medication reconciliation (medication error)
- Surgical field infection rate
- Quality of life at work (workplace atmosphere, employee health, etc.)
- Patient safety

# IMPROVING QUALITY 48 HOURS AT MONTFORT

Montfort Hospital is an organization that counts on quality. Its President and Executive Director, Mr. Gérald Savoie, gave a talk last October, at the *Association québécoise des établissements de santé et de services sociaux* (AQESSS) at a conference titled : Objective Quality – Leadership Recommended.

At Montfort, quality shows in the way problems are resolved.

"When a problem occurs, team leaders have 24 to 48 hours to decide how they will

resolve it. If they have trouble reaching consensus, a tactical team of six people is formed to examine the issue. The team also has 24 to 48 hours to act. A special committee of the Board, that meets briefly three times a week, will review the issue if no solution can be found by the two other entities. In less than a week, no matter what the problem is, we always know how it will be resolved," Mr Savoie explained.

What facilitates decision-making? The hospital's vision is key. Montfort takes a

humanistic approach where every gesture and act they do is for the well-being of the patient. "We give meaning to the work every employee does. We want to put a sense of pride and teamwork back into our day-to-day activities."

Is it working? The employee turnover rate is nearly zero and patients receive care in a consistently supportive and compassionate environment.

# VOLUNTEERS IMPROVE THE QUALITY OF LIFE OF PATIENTS

EVERY MONTH, RESIDENTS OF THE CENTRE DENIS-BENJAMIN-VIGER (DBV) RECEIVE A MANICURE AND HAND MASSAGE. MIREILLE LAMOUREUX HAS BEEN GLADLY VOLUNTEERING HER SERVICES AT THE CENTRE FOR THE LAST 7 YEARS.

Mireille Lamoureux has been a volunteer at the centre since her mother was a resident. Mrs. Lamoureux took a course in gerontology to better meet the needs of her parents, and over time, she got more and more involved in residents' activities; accompanying them on shopping trips, helping at bingo, decorating rooms for special events. She now assists the recreational technician in planning the volunteers' schedules and interviewing new volunteers. "Volunteering is very satisfying and makes me feel great. With just one look they let you know – you are appreciated."

The DBV Centre and Lakeshore General Hospital facilities can count on the precious assistance of an army of volunteers like Mrs. Lamoureux. Without its sixty or so volunteers, the centre could not provide more than basic services.

The volunteers play a significant role in the daily lives of DBV residents and have a very positive impact on their quality of life. "There are about twenty volunteers working in pastoral services alone. Others accompany residents to medical appointments, visit solitary residents, help with meals or give of their time doing arts & crafts that maintain residents' motor skills." explained Gisèle



MONIQUE BEAUSÉJOUR, VOLUNTEER, ENJOYS A NICE MOMENT WITH HER MOTHER LAURETTE. THEY LIKE TO PLAY BINGO.

Moody, Social Intervention and Family Support Consultant. Intellectually-disabled volunteers from the West Montreal Rehabilitation Centre also come and carry out certain tasks. "It is a mutually rewarding partnership," Mrs. Moody noted.

At the Lakeshore, Auxiliary numbers 260 volunteers and 68 students who give 44,000 hours of their time every year.

Volunteers at the Lakeshore General Hospital offer 32 different types of services, like room cleaning and filing patient charts.

Auxiliaries operate three businesses that have helped to finance many ambitious projects. "Thanks to proceeds raised we were able to invest \$10,000 to send nurses for specialized night courses," recalled Sally Brown, who began her work as a hospital volunteer in 1978. "We have also invested in the hospital's renovation project." One can buy a variety of merchandise, from candy to plush toys, and support the great work of volunteers at the Gift shop, the Windmill Café, and at the Book Corner, where used books can be purchased.

According to Mrs. Lamoureux, volunteers like those working at the two facilities need to have certain qualities that will help to brighten the lives of those around them. "In addition to being patient, tolerant and warm, they also need to be good listeners. Elderly people need to talk, even if they sometimes do so rather slowly. Our volunteers work with one person at a time. But they must take care not to become too close – if not, they find it particularly hard to cope when individuals pass away."



FROM LEFT TO RIGHT: JESMAY MITCHELL, ELIZABETH DAWSON, CHRISTA MERRILL AND BONNIE LANDRY.

# THE LESTER-B.-PEARSON SCHOOL

THE LESTER-B.-PEARSON SCHOOL BOARD PLAYS A CENTRAL ROLE IN THE LIVES OF ITS STUDENTS. IN ITS COMMITMENT TO WEST ISLAND YOUTH, IT IS A SHINING EXAMPLE OF AN ORGANIZATION THAT PUTS THE QUALITY OF ITS SERVICES FIRST.



JOANNE SIMONEAU –POLENZ

In addition to ensuring the education of its students, personnel from the Lester-B.-Pearson School Board work closely with the West Island Health and Social Services Centre to ensure our young people are in peak form. Joanne Simoneau-Polenz, Assistant Director of Student Services, answered our questions.

## **First Line: How do you coordinate your interventions with young people?**

*Joanne Simoneau –Polenz :* All of our schools have a resource team lead by a resource teacher who works closely with a multidisciplinary squad of psychologists, pedagogical consultants, integration consultants, speech therapists and members of management. Resource teachers aren't teaching classes, which gives them the time they need to help troubled young people and to help other teachers with their tasks. We work on several other fronts as well. Each school has a range of complementary services in place such as food and nutrition, peace education, sex education or addiction prevention. Some of these services are provided in conjunction with staff from the health and social services centre. We also host vaccination campaigns. Orientation consultants are on hand in our high schools to help students with post-secondary planning.

## **FL. : What impact has your partnership with the West Island Health and Social Services Centre had on the quality of your services?**

*J.S.-P.:* In addition to the support of social workers and nurses in our schools, our agreement has allowed healthcare personnel to get to know West Island schools better. Not only are we communicating better, we have learned how our services complement one another. We have put many local initiatives in place in each of our institutions. I have noticed that our collaboration has created a stronger link between the parents, the school and the health and social services centre. When parents need information or assistance, most of them come to the school to get it. Many of them have misgivings when it comes to healthcare institutions. With our help, parents get a better understanding of what resources are available to them.

## **FL. : How do you maintain the quality of your services?**

*J.S.-P.:* We consistently work at making improvements and finding the best practices. Our institutions offer a wide variety of services because each school develops its own programs based on the specific needs of its students. Some programs, on the other hand, are common to all of our schools. We integrate students into regular classes and readily offer our teachers ongoing support. For instance, we introduced a specialized

autism team to develop interventions that better respond to their needs. We have changed our approach on the subject of substance abuse prevention. We have gone from a thematically-based program to one that covers addiction in general. Now, the program's scope is even more wide-ranging. We use the Comprehensive School Health approach as our frame of reference, whereby schools take a leading role in the promotion of health and wellness.

## **FL. : What are the main challenges facing the school board?**

*J.S.-P.:* Having enough staff to offer our services is a major challenge. We want to provide a quality education to all of our students, no matter what. Much like the healthcare sector, we sometimes face challenges in terms of recruitment, with more than 52 schools to staff. A successful partnership takes time to develop. We appreciate the relationship with our partners from the health and social services centre and we will continue to build on it.

## **STUDENTS AS FAR AS THE EYE CAN SEE**

The Lester-B.-Pearson School Board territory extends from the Ontario border to Verdun. It manages a total of 40 elementary schools and 12 high schools that welcome over 25,000 students. In the West Island alone, the board oversees 26 elementary schools and 7 high schools.

## **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@ssss.gouv.qc.ca](mailto:communications.csss@ssss.gouv.qc.ca). Every response will be read and published 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: February 2009

**Editorial team**  
Danielle Turgeon, Editor

**Collaboration**  
Marie-Josée Labrosse, Head of Communication Services  
Sandrine Charpentier, Information Officer  
Stéphane Rolland, trainee

**Graphics** Kaki Design

**Printing** Options graphiques (Printed in Québec)

ISSN 1916-4831 Première Ligne