

# First line

PARTNERS IN YOUR WELL-BEING

JUNE 2009

VOL. 2 N° 2

## FIVE YEARS—ALREADY!

IN 2004, THE CREATION OF THE HSSC LEADS TO THE DEVELOPMENT OF A CLINICAL PROJECT AND THE LOCAL NETWORK OF SERVICES.

HAS SERVICE DELIVERY CHANGED SINCE THE CREATION OF THE HSSC? WHERE ARE WE AT IN THE WEST ISLAND? A LOOK AT FIVE YEARS OF MAJOR CHANGES.

What can we say? Since the establishment of the HSSCs in 2004, the west Island HSSC has not shirked its responsibilities. After obtaining bilingual status and adopting an organizational structure based on the needs of our population, the HSSC's administration has spared no effort to facilitate the population's access to its services.

In just five years, we have:

- Established three network-clinics and two Family Medicine Groups (FMG)
- Developed ambulatory services and increased the number of visits
- Founded the local chapter of the Département régional de médecine générale (DRMG)
- Initiated a partnership with the Réseau universitaire intégré de santé (RUIS) McGill
- Celebrated the 5<sup>th</sup> anniversary of the International Adoption Department
- Launched the Health Education Centre (HEdC)
- Bought 15 convalescence beds in a non-institutional facility (Le Vivalis)
- Signed an agreement for 38 spots with an intermediate facility, the Saint-Raphaël
- Established one-stop services in all branches offering mental health care and care to seniors who are no longer self-sufficient or have physical impairments
- Trained 200 professionals in wound care
- Obtained several millions to renovate the facilities

- Reduced the average wait times in medical units by 22%
- Reduced the 48 hours spent in Emergency
- Automated the pharmacy

These last months have included a fiscal rebalancing, the restructuring of the Emergency Department, the development of a strategy to combat an eventual flu pandemic... many hot topics. At the same time, the HSSC has launched a major staff retention initiative which involves offering our staff tenure. Without our employees, none of our many achievements would have been possible.

In 2004, the Ministère de la Santé et des Services sociaux asked 95 Health and Social Service Centres (HSSCs) to coordinate the service offer of health and social services on their territory. Since then, each HSSC has set up its own clinical project to determine how to improve the accessibility, continuity and quality of health care.

### The local network of services

Social economy enterprises  
General and specialized hospital centres  
University institutes  
Clinics and private medical offices  
including family medicine groups (GMF)  
and the Networks-Clinics  
Rehabilitation centres  
Private resources

Health  
and Social  
Services  
Centre

Community pharmacies  
School boards, municipalities, etc.  
Child and youth protection centres  
Community organizations  
Non-institutional resources



A WORD FROM SUZANNE

# FIVE EVENTFUL YEARS



5 ANS YEARS

UN RÉSEAU COMPOSITE DE VOTRE BIEN ÊTRE!  
A NETWORK OF CARE FOR YOUR WELL-BEING!

It is with great pride that we celebrate the fifth anniversary of the HSSC. Five years, already!

We have accomplished many things during these first few years of existence. We owe much of it to you. Thank you for contributing to this ambitious adventure. And our actions are just starting.

On the occasion of its fifth anniversary, the HSSC is becoming more relevant than ever. We must point that out. We will implement the conditions necessary to make this important anniversary successful. The program of events scheduled to celebrate this occasion together will be disseminated throughout the year. We hope to see you there and to have the opportunity at that time to listen to your comments and suggestions for the HSSC's second phase of life.

The aging population and the host of challenges that it entails require, a change, a new approach to problems, but also the recognition of the numerous assets that we already have on the West Island.

In the capacity of a HSSC, our role consists of orchestrating healthcare services on the territory. The future of the population admittedly depends on the quality of services offered. But it also depends on the population's ability to assume responsibility for themselves, staying informed and participating in decisions concerning their health. In this light, our prevention role takes on its full meaning.

Let's hope that the next five years will bring about the consolidation of gains, collaborative work among the stakeholders on the territory and innovation in the healthcare services delivered. Let's celebrate this anniversary together and plan for the future!

Suzanne Turmel  
Executive Director

## THE PAPA-DP DIRECTORATE PREPARES ITSELF TO MEET THE GROWING NUMBER OF CLIENTS

QUÉBEC'S POPULATION IS AGING AND THE WEST ISLAND IS ONE OF THE AREAS IN QUÉBEC WHERE THE NUMBER OF ELDERLY PEOPLE WILL SOON BE THE HIGHEST. INDEED, BY 2011, IT IS EXPECTED TO HAVE INCREASED BY 40 PERCENT. HOW WILL THE HSSC DEAL WITH THIS SITUATION? HERE ARE SOME ANSWERS PROVIDED BY ONE THE MOST AFFECTED DIRECTORATES: THE PAPA-DP (ELDERLY EXPERIENCING A LOSS OF AUTONOMY AND PHYSICAL DISABILITIES).

In one year, PAPA-DP Director Monique Asselin literally transformed her directorate. She had no choice since the challenges awaiting her were huge. Two objectives were a priority for her: implementing a one-stop centre for service requests and introducing interdisciplinary work within teams.

"The one-stop centre will allow us to refer people to the right services, at the right time, while quickly identifying the loss of autonomy in a patient or his or her risk of losing autonomy," notes Ms. Asselin. The centre will therefore welcome, assess and guide clients.

Nicole Dallaire now heads the administration of the one-stop centre program. She will supervise a team of some twenty people divided among the two CLSCs. Furthermore, a liaison nurse at the Lakeshore

facility will be always available to ensure follow-up with PAPA-DP clients in the geriatric unit, the emergency department and the rehabilitation, post-hospitalization clinic.

"Internal requests to the centre will come from central reception of general services, the HSSC client programs, the long-term care unit, the geriatric unit and the emergency department of Lakeshore General Hospital," Ms. Dallaire explains. "Staff will also answer requests from community organizations, private residences, family medicine group, network-clinics, intermediary resources and non-institutional resources."

### The transition to interdisciplinarity

Another important change: first-line programs will be administered from now on by geographic area. The clients of the Pierrefonds and Lac-Saint-Louis facilities will be assigned

to the eastern and western sectors. Home-care services given by interdisciplinary teams (nurse clinicians, nurses, occupational therapists, physiotherapists, social workers, health auxiliaries, nutritionists, rehabilitation technicians) will continue to be offered.

“Beforehand, program chiefs were responsible for employee groups divided per discipline: nurses, social workers, family auxiliaries, and so on. This way of working did not facilitate interdisciplinarity,” states Ms. Asselin. “It will be easier to work per territory and per interdisciplinary team.”

All employees of the directorate received 14 hours of training on interdisciplinarity. Program heads received additional training in order to offer professional support. Implementation of these work methods will be evaluated on a regular basis.

“If a client needs to answer the same questions 10 times over because these questions are asked by different health professionals, this is not right,” says nurse Danièle Paquette-Desjardins, who is also in charge of training. “We are not applying an interdisciplinary approach when we double or triple pertinent information. And we lose a great amount of time.”

Ms. Paquette-Desjardins insists on the need to transfer information. “If a client arrives at the hospital and has been followed for two years by a home-care professional, is the information properly communicated? And as a professional, do I ask myself if there is information elsewhere on this client? Interdisciplinarity requires that the work tools and operating procedures used in teams be standardized. Can our work tools be exported to others?”

When we work in teams, we share the information and we share the solutions. Professionals no longer work alone and no longer feel all the weight of a complex case on their shoulders. They exchange with colleagues and take an interest in the point of view of others and their expertise on a given case.

Since the training is now over, patients will be able to benefit from more efficient ways of working. Many factors that were a waste of time will be eliminated, which will enable us to face the growing demand.

### Towards interdisciplinarity

Most cases can be settled without the intervention of interdisciplinary team. When such teams are formed, the relationship between professionals must be based on mutual respect. No discipline should prevail. Here is an example of three types of intervention:

#### Unidisciplinarity

A social worker must find lodging for a client.

#### Multidisciplinarity

A social worker asks a physician for advice to determine if a client is sufficiently autonomous. There is therefore an exchange. The two professionals agree on who does what, how and when.

#### Interdisciplinarity

A family member does not agree with the lodging suggested given the client's health condition. The social worker must obtain the advice of other professionals. He or she listens, exchanges, discusses with the family and, all together, they come to a consensus. Solving the problem requires more than one expertise. Those involved think over the situation together and coordinate the steps to take.

#### Interdisciplinary coaches



Marie-Claude Allard and Carole Dessureault  
from CLSC de Pierrefonds



Francine Girard and Luc Boudreau  
from CLSC du Lac Saint-Louis

#### One-stop centre and the certification of private residences



Nicole Dallaire

## ANOTHER MANDATE FOR THE PAPA-DP DIRECTORATE

The HSSC becomes responsible for the quality of services offered in private residences. Since February 2009, all private homes for the elderly in Québec are required to hold a certificate of compliance granted by the Conseil québécois d'agrément. Following the adoption of Bill 83 modifying the health and social services act (*Loi sur les services de santé et les services sociaux et d'autres dispositions législatives, 2005, c. 32*), certification is now mandatory.

The HSSC is responsible for two areas: invasive care and administration of medication. In the case of invasive care, such as enemas and rectal cleaning, HSSC professionals must train and supervise the residences' non-professional staff members to ensure that they are able to safely offer these services themselves and in conformity with Bill 90 modifying the professional code (*Loi modifiant le Code des professions et d'autres dispositions législatives dans le domaine de la santé, 2002, c. 33*).

“Our role is to assess all new clients of these residences, offer training, supervise the first act, evaluate non-professional staff and follow through with the appropriate measures,” indicates Nicole Dallaire, in charge of the program for the West Island HSSC.

Those who administer medication must also receive training. Some clients who, because of their illness, can no longer take their medication themselves. Non-professional staff must know how to proceed to properly administer medication.

The 53 private residences on the West Island HSSC territory offer 2730 places to elderly people. Certain residences have nurses available 24 hours a day as well as auxiliary nurses, others do not have a professional staff but offer care, while others offer no care.

# THE CLINICAL PROJECT: AN ABUNDANCE OF IDEAS

For five years now, the HSSC's mission has been to watch over the entire West Island population, that is 218 000 people, by seeking to improve their health and well-being. "The goal of the clinical project is clear: integrate all HSSC activities to facilitate access, ensure a better continuity in terms of health care and offer quality services," consultant Claudette Samson explained.

The perfect scenario looks something like this: citizens looking for one type of health service quickly find, through one point of contact, where this service is offered. This point of contact prevents people from repeating the same story over and over again.

The services they receive are coordinated and continuous. All health practitioners are aware of the importance of treating their clients using a comprehensive approach, not only offering their own services. This preventive approach is the approach that will be used from now on throughout the territory. And that's what the clinical project is all about!

"Since the HSSC was created, we have simultaneously improved our understanding of the population and the services we offer," continued Ms. Samson. To reduce the gap between the needs of the population and the services offered, each directorate took the time to define itself, what it does, its resources, its clinical paths and its action plan. Each directorate then planned its objectives and developed indicators to evaluate whether or not these objectives had been reached."

It's now up to each of the 11 quality teams to get the projects under way and ensure they are followed through.

## Eleven teams under the spotlight

- 1 General Services
- 2 Mental Health, ID-PDD
- 3 Physical Health – Surgery
- 4 Physical Health – Medicine
- 5 PAPA-DP
- 6 Child-Family-Youth
- 7 Human Resources
- 8 Information Management, Finance
- 9 Environmental Management
- 10 Leadership and Partnerships
- 11 Diagnostic Services (laboratories)

## Celebrating five years with a high-five!

In seeking to make our patients' lives easier, we implemented many projects throughout these five years. Here is a review of those we carried out in the last two years, aimed at improving the services offered to patients. Five projects that we can be proud of and that prove, once again, that HSSC staff is not at a loss when it comes to finding great ideas and helping them become reality.

### OUR FAVOURITES

#### 1 A one-stop centre

In the field of mental health, it's now easier for adults to receive first- and second-line services. All healthcare practitioners worked together to create this one-stop centre. General practitioners, mental health team, emergency nurses, community organizations and pivot nurse from the network clinics simply need to dial one phone number to obtain help for their patients.

### OUR FAVOURITES

#### 2 Digitized films

With the Picture Archiving and Communication System (PACS) project, physicians, radiologists and radiology technologists will now be able to consult digitized and archived requests, images and diagnostic reports directly from any computer. Rapid access will be made possible from anywhere, no matter the time of day or the day, and no matter where the exams were done. This will greatly enhance the quality of health care offered to patients since a faster diagnosis leads to faster treatments!

### OUR FAVOURITES

#### 3 Optimizing patients' use of medication

The *Bilan comparatif des médicaments (BCM)*, a comparative assessment of medication, enables patients in the emergency department to obtain a complete list of prescription drugs taken at home. This way, they are re-assessed at the admissions office, before the transfer and, finally, upon their release from the hospital. The objective is to establish the best possible therapeutic plan based on a patient's condition and to verify whether or not the medication taken is compatible with his or her current clinical condition. Such a change greatly helps to reduce errors and has a major positive impact on the health of our clients.

### OUR FAVOURITES

#### 4 Improve the emergency

We could not make this review without mentioning all the work accomplished by emergency department staff to facilitate a patient's admission and subsequent release from the hospital, and ensure they quickly receive the appropriate medical care. Many teams were impressed by the McKinsey project that required constant precision and led to positive results, for example, the poster "Leave your room before 10:00 a.m." installed in all rooms is part of the series of details that, in the long run, can make a difference.

### OUR FAVOURITES

#### 5 Effective wound care!

Activities to implement the wound care program, based on best practice evidence, were initiated in October 2007, in collaboration with the firm Smith & Nephew. Comparative results concluded in April 2007 and October 2008 revealed a significant decrease in the prevalence of pressure ulcers, from 30% in 2007 down to 22% in 2008. It is important to point out that only 15% of the pressure ulcers wounds observed were deep wounds at stage III and higher, compared to the 50% prevalence reported in 2007, a reflection of the preventive measures in place. The numerous training activities provided for all the different HSSC clinical caregivers, the development and implementation of clinical tools, the management of surfaces (mattresses) and the clinical consultations for complex cases have all been instrumental in increasing interdisciplinary cooperation and improving the quality of care offered in our HSSC, while significantly decreasing costs. We congratulate all of you for your hard work. An ounce of prevention is worth a pound of cure!

# HSSC PARTNERS: THE KEY TO OUR SUCCESS

The West Island HSSC is present within the community. The ties between partners within the catchment area are closely knit, and have been so for many years now. Organizations count on these partners to work together to ensure the population's well-being. In the future, this cohesion will be even more obvious.

"The HSSC directorates lead many projects with partners within the catchment area, in particular with school boards, municipalities, as well as community and health organizations," explained France Remete, Director of Public Health. "To efficiently deal with issues of a more strategic nature, we developed an issue table for community-based partners."

During its creation, the West Island HSSC proposed to implement an issue table of community-based partners that would bring together the presidents of the catchment area's sector tables. Its mandate is to develop solidarity among partners, a common understanding of issues within the catchment area, a diagnosis of the community, efficient communication strategies and the means to improve the population's access to services, in particular the more vulnerable parts of the population.

## Acting locally, seeing globally

Community development turns out to be a winning strategy to promote more targeted action, thereby ensuring positive and real effects on our community.

During the last years, the joint efforts of our partners and the HSSC led to the production of documents and events enabling us to identify the needs of our population. Various activities, such as local summits and training courses, gave us the occasion to discuss specific problems concerning determinants of health. It also helped develop reference directories for the population within the catchment area.

In the future, the partnership will seek to establish common priorities on issues such as environment and health, and community development.

## Five-star partners

Groups closely linked to the Local Network: Carrefour des 6-12 ans de Pierrefonds-Est • Cloverdale Multi-Ressources • Comité de continuité des soins en santé mentale • Comité des partenaires pour l'intégration des immigrants • Ministère des Relations avec les citoyens et de l'Immigration • Conseil des partenaires en développement social Lac-Saint-Louis/Dorval • Initiative 1 2 3 Go! Pierrefonds-Roxboro • Issue Table on Addictions • Issue Table on Intellectual Deficiencies • Issue Table on Mental Health • Issue Table on Childhood and Families • Issue Table on Youth • Table de quartier du Nord-Ouest-de-l'Île • Issue Table on Seniors' Needs

## Our heartfelt thanks go out to...

We also have ties with other groups: Health network establishments • Medical clinics and physicians within the territory • The Regional Department of General Medicine (DRMG) • Community pharmacies • Community organizations • Social economy enterprises • Private nursing homes • Intermediate resources and foster homes • Cross-sectoral organizations: cities, municipalities, school boards, day-care centres, public safety, etc.

## Celebrating five years with a high-five!

### OUR FAVOURITES **1** Concerted medical recruitment

During Québec Career Day at the Palais de congrès de Montréal, the HSSC and the territory's network clinics combined their efforts to recruit. By promoting the facilities' strengths, interested candidates discovered the variety offered. The arrival of a new physician benefits the entire community. Since January 2008, we have added 9 doctors in our organisation.

### OUR FAVOURITES **2** Le Vivalis: additional beds

A total of 17 beds will help Lakeshore General Hospital to better manage surge capacity. Thanks to this private partner, we will be able to better meet the needs of clients who require a convalescence period before returning home.

### OUR FAVOURITES **3** Heatwaves: we're ready!

What will we do in the event of a heatwave? In cooperation with the Public Health Department, the HSSC is working with municipalities, boroughs and their public facilities (pools, libraries, community centres), ambulance operators, private partners (such as shopping centres), community organizations and public carriers. All these groups are aware of the emergency plan to assist vulnerable clients, when required.

### OUR FAVOURITES **4** School readiness: a wonderful initiative

Last March 20, the West Island Issue Table on Youth and Families organized a local summit on school readiness in cooperation with the HSSC. Diane Dubeau and Marc Bigras were invited as guest speakers to talk of childhood development and the success of children at school. Together, practitioners continued looking into different ways of improving school readiness within the territory.

### OUR FAVOURITES **5** Focussing on youth

In November 2007, the HSSC coordinated a one-day event that brought together professionals working with children and their parents. This unifying event was a success and plans to become an annual tradition. The members of the West Island Issue Table on Youth succeeded in bringing together 140 professionals from community-based organizations, schools, municipalities, police departments and health organizations at the Pierrefonds Cultural Centre. Topics discussed included intimidation, cyberbullying, street gangs and drug dependencies. Real team work! Next event : November 2009

# SUBSTANTIEL MODERNIZATION PROJECTS STARTED THIS SPRING

THERE IS DEFINITELY NO LACK OF PROJECTS: RENOVATIONS TO THE HOSPITAL'S CENTRAL PHARMACY TO BRING IT UP TO STANDARD, IMPROVEMENTS TO THE EMERGENCY DEPARTMENT WAITING ROOM, THE ADDITION OF 11 NEW HEMODIALYSIS STATIONS, RENOVATIONS AT THE CENTRE D'HÉBERGEMENT DENIS-BENJAMIN-VIGER (DBV)...

Most of the work will take place at Lakeshore General Hospital. The reconstruction of the building's south wing envelope that began last year continues. In addition, the east wing roof will be entirely rebuilt. These two projects should be finished in July.

As for renovations of the emergency department waiting room, these began mid-April. Plans include reorganizing the space and constructing an isolation room. "We want to make the waiting room more comfortable for users," explained Riccardi Di Marco, Head of Construction Services. "This will help to make patients' stay a more pleasant one." The auxiliaries of Lakeshore General Hospital contributed \$100,000 to the project.

Other large-scale projects for the emergency room could also become reality. "The Agence de santé et des services sociaux de Montréal should give us the green light for renovations in this department," announced Suzanne Turmel, Executive Director of the HSSC, during the March 30<sup>th</sup> meeting of the Board of Directors. If all goes as planned, blueprints will be drawn up in the coming weeks.

As for the central pharmacy, its ventilation system, walls and ceiling will be renovated to meet sterilization standards, and new case furniture will also be set up for storing solid medication bags. Renovations should be under way in May and are expected to end in June.

According to Pierre Gendreau, Manager of Pharmacy, the recently acquired bagging machine, a device that sorts tablets into single-dosage bags identified by a bar code, has made it necessary to increase storage space. "This machine facilitates distribution of medication and reduces the risk of error. However, using it to its full capacity means adding more storage space," he admits. "A package of 1000 tablets is bulkier when put into bags, which is why we are only able to use 10% of the bagging machine's capacity at present."

In addition, the HSSC would like to purchase 11 hemodialysis stations for the hospital, therefore bringing the total to 25. As the demand for this type of treatment has greatly increased, it has become necessary to make such an important purchase. At the time of writing these lines, the Technical

Services Directorate is waiting for a schedule from the architect firm.

## New material for DBV

The Centre d'hébergement DBV has received a \$2 million grant for renovating its facilities. A priority committee made up of members of the Technical Services Directorate and the Nursing Directorate will soon decide what work will be carried out with this money. Robert Riopel, Head of Hospitality and Security Services, hopes that part of it will be allocated to the purchase of 112 rail-mounted patient lifts. "This device will decrease a patient's risk of falling, while staff members will lessen their risk of back injuries."



KARINE LETARTE IN FRONT OF THE BAGGING MACHINE



LINDA VENDITTI AND A PATIENT. THE HSSC WOULD LIKE TO PURCHASE 11 HEMODIALYSIS STATIONS FOR THE HOSPITAL.

PHOTOS : ANDRÉ RANGER

## BREAKING THE BARRIER ON PARENTS' GRIEF

ANNIE TURCOTTE, MENTAL HEALTH NURSE CLINICIAN, AND SANDRA HARRISSON, NURSE CLINICIAN AT THE LAKESHORE GENERAL HOSPITAL EMERGENCY DEPARTMENT, WISH TO BREAK THE BARRIER ON THE GRIEF OF PARENTS FACED WITH THE SUDDEN LOSS OF A CHILD. MS. TURCOTTE IMPLEMENTED THIS PROJECT IN 2004 TO SUPPORT PARENTS GRIEVING A CHILD AGED 0 TO 18.

As part of the psychological support offered to bereaved parents, a nurse morally supports the parents who lose a child following an accident or a suicide, for example, immediately upon their arrival at the hospital and during the entire year following the child's death, the parents will also obtain help as needed.

Annie Turcotte designed and posted in the hospital an intervention guide for nurses that indicates the steps to follow when the parents arrive. "It's important to remain with them so they don't feel isolated", she explains. "We also inform them on last rites, suggest that they contact other family members and we offer the parents to see, touch and take their child in their arms."

At the Lakeshore facility, parents also have access to the resuscitation room where their child is kept. "This way, they see that the Hospital staff did all it could until the very end," Sandra Harrison states. "This is a very important step for the parents." Being present in this room helps them to start the grieving process.

### One-year support

Following this stage, Ms. Turcotte or the psychiatric liaison nurse offers support to parents during one year. They are contacted at specific bereavement periods: the return home, after the funeral and after the sixth month. Parents are also given a souvenir book with pictures, strands of hair and the hospital bracelet of the child. Finally, those who need additional support are referred to the CLSCs, psychologists and moral support groups. In addition, parents may contact Ms. Turcotte at all times.

In order to provide information on the benefits of offering psychological support to parents, Annie Turcotte and Sandra Harrison now give lectures on this project in various health centres and during nurse activities and events. The sudden death of a child is a difficult topic to address, but it is essential to talk about it for the parents' bereavement process. Ms. Turcotte wishes to change people's mentality in this respect, particularly concerning the parents' presence in the resuscitation room.

This type of support was recently extended to parents of still-born children. "A woman who suffers a miscarriage at an advanced stage will usually go through a grieving period," Ms. Harrison explains. Nurses have therefore started to offer support to these women during their stay in the hospital. When they leave the hospital, they are referred to the necessary resources, such as the CLSC, to help them in case of need. An information booklet is currently being printed. This booklet will be handed out to them when they leave the emergency department.



SANDRA HARRISSON, NURSE CLINICIAN AT THE LAKESHORE GENERAL HOSPITAL AND ANNIE TURCOTTE, MENTAL HEALTH NURSE CLINICIAN

## RESEARCH SCIENTISTS AT THE HOSPITAL

LAKESHORE GENERAL HOSPITAL SHOULD BEGIN RESEARCH ACTIVITIES IN COOPERATION WITH MCGILL UNIVERSITY BY THE END OF THE YEAR.

This exceptional cooperation will become reality thanks to Dr. Alexander Skamene, research director since last November and endocrinologist at Lakeshore General Hospital since 1982. Since the early 1980s, Dr. Skamene has also taken part in many clinical research activities.

Studies to be carried out in the hospital will mostly focus on drugs that have not yet been commercialized. If all goes as planned, the first study should get under way this fall.

When these lines were written, Dr. Alexander Skamene was looking for a space to set up research equipment. These premises should include two or three rooms, an examination room and a waiting room. It

will also be necessary to hire new staff. According to Dr. Skamene, this collaborative work with McGill will be very beneficial for the HSSC. "It will do a great deal for the HSSC's reputation and will attract health professionals to our facilities," the endocrinologist states. "Research activities will also allow us to develop new fields of expertise and, in turn, be informed of new drugs before they are put on the market."

Patients participating in studies will also gain from this, according to Dr. Skamene. "While many people have difficulty finding a family doctor, participants will be pleased to receive this special attention."

The endocrinologist believes that the distinctive characteristics of the West Island

population will appeal to the research scientists. "Our population is educated and so, our patients are more aware of the importance of medical research," he explains. "In addition, the average age is higher and the elderly happen to be very sought after by the research scientists."



Dr. ALEXANDER SKAMENE

# NOVA MONTRÉAL: MUCH VALUED SUPPORT

LIKE BIRTH, DEATH IS A NATURAL PHENOMENON THAT CONCERNS EVERYONE. THANKS TO PALLIATIVE CARE, THOSE SUFFERING FROM AN INCURABLE DISEASE OR A DISEASE LINKED TO AGING CAN RECEIVE THE CARE THEY DESERVE, WITH DIGNITY AND COMFORT.

NOVA Montréal, a health service organization, helps patients in the last moments of their life and provides support to their family.

As NOVA Montréal nurses have extensive experience in offering support to end-of-life patients, the HSSC has signed a partnership agreement with the organization. An interview with Jane Lumsden, Director of the West Island branch of NOVA Montréal.

## **First Line: Who are your patients and how do they come to your organization?**

*Jane Lumsden:* Hospitals, including Lakeshore General Hospital, usually direct patients towards the CLSCs within their territory and these CLSCs refer certain cases to us. Sometimes, patients or their family contact NOVA Montréal directly without going through the CLSC. We visit patients at home and are specialized in treating patients suffering from cancer or Amyotrophic Lateral Sclerosis (or Lou Gehrig's disease). We work in the entire West Island territory.

## **FL: What is your approach for treating end-of-life patients?**

*J.L.:* Our seven nurses spend a lot of time with the families during home visits. They give out advice to natural caregivers on physical and psychological care. They can plan visits from volunteer workers to give respite to caregivers. They also help families to keep their spirits up. The type of support provided to children and adolescents who are experiencing the loss of a parent is different. We offer the Carrousel circle of support for children and adolescents suffering from a loss or a change in their lives. Everyone needs to live these moments with dignity.

## **FL: You sometimes direct patients to The West Island Palliative Care Residence. How is this partnership formed?**

*J.L.:* NOVA Montréal can direct a patient to The West Island Palliative Care Residence for several reasons: lack of support at home, an absent or exhausted family, physical pain that is hard to control, or a patient who is weak or cannot sleep. The nurse can suggest that the patient be transferred immediately or in the weeks that follow. Since there are only nine beds, their availability varies. Last year for example, 40 percent of our patients died in the hospital, 40 percent died in the Palliative Care Residence and 20 percent remained at home until the very end. Of course, one of our objectives is to keep patients in their environment for as long as possible.

## **FL: Do you offer other services?**

*J.L.:* We setup various support groups that meet in the community's churches or day centres. For example, there is a group for recently bereaved individuals that includes

an eight-week follow-up, and another for those suffering from side effects linked to chemotherapy or who have metastatic tumors.

Furthermore, older people experiencing a loss of autonomy may come to the day centre between Tuesday and Thursday, from 9:00 a.m. to 2:00 p.m., to socialize, do physical activities and play games, including skills games. The objective is to help these people to have a good time, by stimulating them and helping them get a bit of exercise. One day costs \$20 and includes a meal.

Patients who need help taking care of themselves are visited at home. Finally, we also have a footcare clinic. Our nurses certified in footcare will file nails, trim corns and treat ingrown toenails. Treatment in our clinic costs \$25, while a home visit costs \$45. Proper footcare can enable a patient to remain mobile longer and prevent foot infections.



NOVA MONTREAL TEAM

## WHAT DID YOU THINK?

Did you enjoy this edition of First Line? Do you have any comments or suggestions? We welcome your feedback.

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.

Next issue: September 2009

### Editorial team

Danielle Turgeon, Editor

### Collaboration

Marie-Josée Labrosse, Director of Communications and Strategic Planning

Sandrine Charpentier, Information Officer

Stéphane Rolland, Contributor – content and photography

André Ranger, photographer

Graphics Design Kaki Design

Printing Options graphiques (Printed in Québec)

ISSN 1916-4831 Première Ligne