

## FIRST LINE MEETS PAULE MASSON

# A (H1N1) FLU: "CREATING A REAL BARRIER AGAINST THE VIRUS"

THE WEST ISLAND HSSC CARRIED OUT UNPRECEDENTED PROCEDURES TO DEAL WITH THE A (H1N1) FLU VIRUS. OBJECTIVE: VACCINATE 75% OF THE POPULATION ON THE TERRITORY WITHIN A FEW WEEKS.

Preparations were underway in the middle of August. The *Agence de santé et de services sociaux de Montréal* was in alert. The directives came directly from the Health Department. Before starting, the HSSC had to wait for the vaccine and vaccination sequences in order to be able to concentrate on certain priority clientele. After that, we were able to start communicating with our partners and the general public, under the theme: whose turn is it? Vaccination times were submitted to physicians, pharmacists, elected representatives, community groups, places of worship and the general public.

At the same time, everything had to be done to get the vaccination centres ready: cleaning the premises, installing equipment, staffing for the premises and training of nurses who would be administering the

PAULE MASSON,  
DIRECTOR OF  
PUBLIC HEALTH



THE FIRST PEOPLE TO BE VACCINATED ON NOVEMBER 3 AT ALLAN CROFT SCHOOL WERE HEALTHCARE WORKERS AND FIRST RESPONDERS: POLICE OFFICERS, FIRE FIGHTERS AND AMBULANCE ATTENDANTS.



vaccines. Not to mention that internally, the Human Resource Directorate has had to answer an inundation of questions from staff. It's unprecedented! In addition, regular activities had to be carried out just the same, which was quite a challenge!

Orchestrating the whole process – the HSSC Pandemic Coordination Committee, led by Paule Masson, the new Director of Public Health and Coordinator of Emergency Measures and Civil Security. *First Line* caught up with her in the midst of all the action.

***First Line:* What is your role, especially concerning the fight against the influenza pandemic?**

*Paule Masson:* My role consists of coordinating

the activities, ensuring that the directives that we received from the MSSS and the *Agence de Montréal* are adapted to our territory, as well as making sure that everyone understands their roles very well and that they will be ready to carry out their responsibilities at the opportune time. Together, we can create a real barrier against the virus and protect our loved ones.

Since my arrival, I am touched by the support I have been receiving. It is very helpful. Everyone is putting all their energy and many hours towards the development of an operational plan that will allow the HSSC to effectively help the population on the West Island.

...continued on page 3



# THE BEST IS YET TO COME

How can we thank you? The A H1N1 flu event has monopolized all our efforts, as well as the staff's efforts, for several weeks now. Everything is going well in our two vaccination centres and physicians from the three flu clinics on the West Island are responding quickly to the concerns of the population. Thank you for all your teamwork! I am proud of the results. We will have the opportunity to come back to this subject again after the Holidays.

## Exciting projects ahead

On another topic, our HSSC is carrying on its activities. Five years since the HSSC was created and less than a year since we put in place a program-based management plan, we can look to the future with confidence.

Our programs are well tuned, our quality management processes are in place, our finances are stable and we will soon be launching a recruitment campaign to attract new blood, if you'll pardon the pun! In fact, check us out on your Intranet site and on YouTube (youtube.com) come November to see exactly how truly creative our personnel can be.

Much is taking place on the customer service side of things as well. Two examples: Our General Services directorate recently set up a one-stop shop that will make it easier for clients without a family doctor to find one. Our elderly population can also expect to receive noteworthy improvements over the mid term, among them: negotiating with Hôpital Saint-Anne, Grace-Dart Centre is moving to our territory, and reaching an agreement with Groupe Herron for additional long-term care beds.

December is around the corner; more than ever I am confident in our ability to continue to deal with the many challenges we face day after day. And I am equally convinced that the best is yet to come, for us and for our West Island clients.

Happy Holidays.

Suzanne Turmel  
Executive Director

A WORD  
FROM SUZANNE

## AN ORIGINAL RECRUITMENT CAMPAIGN

On November 2, the West Island HSSC will launch a new campaign to attract talent. Our slogan: Happy works better! The objective is straightforward: engage younger resources with competitive benefits and by selecting most efficient and effective media for ad placement.

"We wanted a recruitment campaign that would speak to younger talent and that was 'out of the ordinary'," points out Patrick Dubé, director of human resources. During four weeks, a 15-second message on the advantages of working with us will roll on the film screens of Colisée Kirkland. In addition, as part of the campaign, we will post signs in targeted CEGEPS, and have an online presence on sites such as Facebook and cinemamontreal.

A short URL ([heureuxcatravaillemieux.ca](http://heureuxcatravaillemieux.ca)) will link the ads to a website that contains short videos about our competitive benefits

(vetted by employees), that were filmed onsite at the HSSC. The video themes:

- ▶ External environment
- ▶ Workplace

- ▶ The human scale of the workplace environment
- ▶ Leading edge facilities and equipment
- ▶ Workplace conditions

The young woman represents our target group. None of the elements associated with health figure in the ad's concept. We want to surprise our young recruits, unsettle and intrigue them.

# A (H1N1) FLU: “CREATING A REAL BARRIER AGAINST THE VIRUS”

(cont'd)



RICHARD BOURQUE, MANAGER OF HYGIENE AND SANITATION, AND HIS TEAM SET UP THE VACCINATION CENTRES IN ACCORDANCE WITH SPECIFIC INSTRUCTIONS.

Planning and managing emergency measures in case of a pandemic is a colossal task that cannot be carried out by just one person. On the contrary! It must be done in synergy, with the support of a team and in collaboration with all the directorates within the HSSC.

### **First Line: What will all the stand-to leave us with as a result?**

*Paule Masson :* We will have developed an efficient emergency measures action plan which can be used again as needed for another event, as well as the great ability to unite and work together during emergency periods.

Nevertheless, I think that the threat we are currently facing will push us to add more simple preventive measures to our daily routines, such as washing our hands regularly, coughing into our elbows and staying home if we have a fever... Adding these good habits into our daily lives will help us prevent the propagation of the A (H1N1) virus, as well as many other viruses.

To learn more about the influenza A (H1N1) pandemic – preparedness of the HSSC and current situation reports –, read the internal news releases and consult the Website ([www.csssouestdelile.qc.ca](http://www.csssouestdelile.qc.ca)) and the Intranet (<http://odi.intranet.mtl.rtss.qc.ca>).



ALL EMPLOYEES HAD THEIR FITNESS TEST.

## UNPRECEDENTED ORGANIZATION

The A H1N1 vaccination campaign has been masterfully organized by the HSSC teams. An enormous task! Reminder.

► **June 11, 2009:**  
The World Health Organization raised the alert level to level 6 (the highest level), which reflects a worldwide pandemic.

► **August 31:**  
start of the second wave of the flu.

► **October 13:**  
The Health Department set up a coordination centre.

► **October 21:**  
Health Canada approves the vaccine.

► **October 22:**  
Preparing Allancroft School in Beaconsfield, the first vaccination site on the territory. Cleaning, installation of wires for computers, setting up of photocopiers, tables and chairs by the Technical Services team.

► **October 26:**  
The HSSC West Island Pandemic Coordination Committee, managed by Paule Masson.

► **October 27:**  
Death of Evan Frustaglio, a thirteen-year-old boy from Toronto. This event changes people's perception of the vaccine. Suddenly, fewer and fewer people hesitate to get vaccinated.

► **October 28:**  
Vaccines arrive at the Lakeshore; first day of vaccination for staff. 1200 vaccines were administered!

► **November 2:**  
Training of nurses who administer vaccines to the general public.

► **November 3:**  
Opening of Allancroft School. Visit of premises and interviews of the Executive Director, Suzanne Turmel, with the local media. Start of vaccination for the target population.

► **November 3:**  
Meeting with the physicians on the territory.

► **November 5:**  
Start of mass vaccination for the target clientele. Coupons handed out starting at 6 in the morning.

► **November 5:**  
Preparing Spring Garden School in Dollard-des-Ormeaux.

► **November 9:**  
Opening of flu clinics in the three network clinics on the territory: Médistat, Statcare and Brunswick.

► **November 11:**  
Opening of Spring Garden School, the second vaccination centre.



DALIA TOLEDANO OFFERED TRAINING TO ALL NURSES WHO ARE IN CHARGE OF VACCINATIONS FOR THE CLIENTELE.



THE THREE PILLARS OF THE VACCINATION CENTRE AT ALLANCROFT SCHOOL: DALIA TOLEDANO, HEAD OF THE VACCINATION PROGRAM; TIM MACMILLAN, HEAD OF THE YOUTH PROGRAM, AND RUTH BRESNEN, DIRECTOR, CHILD-FAMILY-YOUTH AND VACCINATION.

**Thank you**  
to the staff and  
volunteers of the  
vaccination centres.

## NURSING SKILLS TAKE CENTRE STAGE

THE REDEFINITION OF ROLES AND THE IMPLEMENTATION OF A THERAPEUTIC NURSING PLAN (TNP) MAKES IT POSSIBLE FOR NURSES TO EVOLVE AND TAKE ON GREATER RESPONSIBILITY.

Nurse shortages are such that decision-makers in nursing care must reorganize the department to ensure accessibility, safety and continuity of care to patients. And nurses are the first to feel the effects of the reform.

In a way, the revised *Loi modifiant le Code des professions* has confirmed the predominant role nurses play in patient evaluations, follow-ups and the co-ordination of care; all of which, of course, must be incorporated into the therapeutic nursing plan, and all the while allowing other professionals to participate in the care process.

“We will have to call upon the contribution and competencies of each profession and avoid overlapping activities,” explains Sylvie Berthiaume, senior manager, *l’Ordre des infirmières et infirmiers du Québec (OIIQ)*, during a dinner conference held at the Lac Saint-Louis facilities. “Nurses need to spend more time on functions, roles and activities directly related to obtaining favourable results for patients.”

At the West Island HSSC, many actions were taken to support this. All of the nurses

and health professionals were apprised of Bill 90. Then, responsibilities of each of the care teams were revised. During the conference, nurses received training on evaluation, where much emphasis was placed on making adoption of PTI easier and ensuring their notes on patient progress actually find their way to patient files. For their part, auxiliary nurses saw their roles expanded in emergency and they were introduced to first line. All participated in a session on caring for wounds.

### The nurse’s role: reviewed and corrected

From now on, all nurses will complete a therapeutic nursing plan and will thus be responsible for care given by work teams composed of auxiliary nurses and orderlies. “It is important to be well prepared for these changes,” points out Ms Berthiaume. She adds, “Nurses will act as health ‘coaches’.”

Doctor-nurse collaboration will also see a change. Nurses will work jointly with attending physicians for patient follow-ups and assume a role of prevention and screening. In some cases, nurses will adjust

patient medication, using group prescriptions, which are becoming more and more prevalent.

### A shift towards home care

Another aspect of the profession: the shift towards home care. Patients want to remain at home; and their medication, which is stronger, increases their autonomy. However, although their illnesses may be taken care of at home, they do last longer and require continuous intervention.

“Just think of people with chronic illnesses,” says Ms Berthiaume. “Cases of diabetes, depression or obesity are multiplying. The elderly are more vulnerable. Some illnesses, such as Alzheimer’s, risk becoming more pervasive with our aging client population.”

According to her, nurses must increase their autonomy and those armed with undergraduate degrees are in increasing demand as they have been trained to evaluate both mental and physical conditions of patients.



## NURSING CARE SCHOLARSHIPS

Professional development is rewarded at the West Island’s HSSC. These nurses received \$1000 scholarships from the Lakeshore General Hospital’s Auxiliary to cover their tuition fees. Congratulations to all who contributed to the improvement of the quality of care.

Audrey Bouchard, interim director of nursing care accompanies Geneviève Lacombe from nursing care, Claire Gélinas, CLSC du Lac Saint-Louis home care, Pamela Davies, president of the Lakeshore General Hospital’s Auxiliary, Nelea Lungu-Bezman, geriatrics, Annie Turcotte, psychiatry and Sophie Vermette, nursing care.

Other scholarship recipients who were not present when the photo was taken: Virna Gopez, surgery, Carla Legros, surgery, Ashley McCulloch, callbacks, Josée Paquin, CLSC de Pierrefonds Childhood-Family-Youth, and Frances Quaile, pre-operative care.



ANNETTE VENTURA, VICE-PRESIDENT, KRISTYN ROBERTS, COMMUNICATIONS REPRESENTATIVE, CLSC DE PIERREFONDS; CHRISTIANE GAUMOND, COMMUNICATIONS REPRESENTATIVE, CENTRE D'HÉBERGEMENT DENIS-BENJAMIN VIGER; NANCY HAROCOPOS, PRESIDENT; ROSEMARY FALCONE, TREASURER; GENEVIÈVE LACOMBE, SECRETARY; AND LIANNE BROWN, COMMUNICATIONS REPRESENTATIVE, CLSC DU LAC-SAINT-LOUIS. THERE IS ONE MORE COMMUNICATIONS REPRESENTATIVE POSITION LEFT TO FILL AT THE LAKESHORE GENERAL.

## PLEASE DO CONTACT THEM!

### What is the role of ECCN?

ECCN acts as representative for HSSC nurses to the board of directors, senior management and the nursing directorate; and it increases awareness of the problems its membership faces. CECIL also makes recommendations that aim to improve quality of care and promote the maintenance and development of the competencies of its nurses. It analyses all new regulations affecting the profession and issues recommendations.

### What projects are underway?

Members of ECCN's new management will be preparing the 2010-2012 action plan and will begin to execute it in November. On the agenda: implementing the Therapeutic nursing plan (TNP).

### How can we keep abreast of its work?

All nurses are invited to participate in ECCN's monthly meetings. Transcripts and news bulletins are posted monthly on billboards.

Nurses can also speak to their head nurse so they may be referred to the right person or access the Internet site. The Nursing concern identification form is also an excellent way to provide all comments concerning the profession or the workplace.

## THE THERAPEUTIC NURSING PLAN (TNP) IS UP AND RUNNING!

BEGINNING APRIL 2010, ALL HSSC NURSES WILL BE ABLE TO EXECUTE TNPS FOR EACH OF THEIR CLIENTS.

The TNP form is made up of two parts. The first part, *Assessment findings*, serves to identify the issues that require follow up and indicate the date and time an issue appeared.

The second part, *Clinical follow up*, describes the instructions of the patient's nurse. It explains how the nurse intends to respond to the situation. During each work shift, nurses who oversee patients must complete this form. If a problem is detected and requires follow up, the team uses the information in the TNP to guide their decision-making in finding an appropriate solution.

Since March 2009, the nursing care directorate and several clinical leaders have been preparing the implementation of a new documentation standard for all nurses throughout Québec. The PAPA-DP and Mental health directorates were the first to benefit from this.

The DSI jointly with the network directorate will offer 120 minutes of training to all nurses by March 2010. Once trained, staff will benefit from professional assistance from a clinical leader who will answer questions, verify TNP content and assist during writeups.

Auxiliary nurses and orderlies will receive 45-minute information seminars to understand the role they will be asked to play in the application of various TNP orders. In fact, auxiliary nurses will have to consult and apply the orders written up by nurses.

According to Audrey Bouchard, interim director of nursing care, TNP is a most efficient tool. "It acts as a summary of the nurse's evolution assessment," she explains. "It makes it possible to quickly scan evaluations and the execution of a nurse's actions. The writeups allow nurses to demonstrate their strong clinical discipline. TNP allows a nurse to concentrate intervention

efforts on priority cases; this may very well mean that the use of PTI will allow nurses to improve the quality and continuity of care.

### PROPOSED TRAINING CALENDAR FOR NETWORK DIRECTORATES

#### Physical health-medicine:

- **Care units:** November and December 2009

#### Physical health-surgery:

- October and November 2009

#### General services:

- **Emergency:** Winter 2010
- **Front line services:** Winter 2010
- **Short-term SAD:** Winter 2010

#### Child-Family-Youth and Vaccination:

- To be determined

#### File audit for validation of all TNP applications in all departments:

- April 2010

# SAFETY FIRST AS DRUGS JOURNEY FROM PHYSICIAN TO DESTINATION

“CHECK IT FOUR TIMES RATHER THAN ONCE”: THIS IS THE MANTRA OF THE LAKESHORE GENERAL PHARMACY’S 36 EMPLOYEES. THEY MAKE SURE THAT THEIR 330,000 ANNUAL PRESCRIPTIONS MAKE IT TO THEIR DESTINATION.

Pierre Gendreau, head of the pharmacy department, is proud of his team’s work. “As the slightest error may have dire consequences, our quality control measures are stricter than those established by the Ministry,” he declares. “We check more samples and verify data input, which is not mandatory. This sets us favourably apart from other health and social services facilities.”

Drugs begin their journeys as soon as a physician writes a prescription and sends it to the pharmacy, where a technical assistant retrieves it from a computerized system. The pharmacist then validates the prescription, consults the patient’s medical file and ensures the prescribed medicine is suitable. The final step: printing the label.

## Moving towards computerized assembly

Drug doses may be assembled by a technical assistant or by a bagger. The bagger is an automated system that distributes tablets into single-dose pouches using a bar code.

In most cases, the technical assistant classifies and stores the pharmacy’s 2000 products into different sections: solid oral drugs, creams, ophthalmological products, intravenous products, dangerous products and narcotics, which are kept under lock and key. Products are arranged in alphabetical order within each category.

In the case of about 10% of prescriptions, it’s the bagger that takes care of this step. At the moment, some 70 varieties of drugs go into the bagger.

Pierre Gendreau would nonetheless like to see this percentage increase following renovations. “This tool makes distribution easier and reduces the risk of error,” he explains.

“The bagger makes it possible to economize as each drug is individually sealed with an expiration date,” he adds. “In manual distribution, there is more than one tablet in each pouch; when drugs are not consumed, we must destroy them. That’s simply not the case with a single-dose pouch.”

Just prior to delivery, a technical assistant ensures the contents correspond to that which is indicated on the prescription. A pharmacist conducts a random second verification of some 300 deliveries.

## Strict control measures

All errors are noted in a registry, whether during data input verification, delivery or during a pharmacist’s random second check. “This registry allows us to identify and find solutions, for recurring problems, for example. We handle more than 800 prescriptions per day, so there are weaknesses, to be sure; yet they are always corrected prior to delivery.”

## OPTIMIZING INVENTORY

The pharmacy received a facelift this summer to improve its inventory management process. Three major overhauls took place.

- To leverage the bagger, new storage furniture was installed for shelving of single-dose pouches. “We can stock as many as 1000 tablets in a small plastic container,” says Pierre Gendreau, head of the pharmacy department. Once they’re bagged, we need a container!”
- Six new decentralised cabinets were installed in the reserve floors of emergency (4), intensive care (1) and 4 West (1), where the drugs most often prescribed are stored. In the past, nurses would keep a manual registry of their usage. From now on, the cabinets will be connected to the pharmacy (computer’s) server.
- A new bar code system was put in place to improve inventory management. It will now be easier to see how much of a given product remains in stock and when it is time to restock shelves.
- In room ISO 7, a third sterile hood was installed and the ventilation adjusted to better meet sterility standards.

## A BURNING FIRE

- Number of different products: 2000
- Number of prescriptions handled each year: 330,000
- Number of doses administered each year: 1.6 million
- Delivery hours: 10 a.m. to 11:30, 1:30, 3:30 and 5 p.m.
- Urgent deliveries: A technical assistant or an orderly forwards the requests to the departments within 20 minutes.
- Pharmacists: 16
- Technical assistants: 15
- Students in the pharmacy: 3
- Administrative agents: 1



PIERRE GENDREAU, HEAD OF THE PHARMACY DEPARTMENT  
“OUR QUALITY CONTROL MEASURES ARE STRICTER THAN THOSE ESTABLISHED BY THE MINISTRY.”

# A TOP NOTCH TEAM IN FOOD SERVICES!

FOR SIX YEARS, SOME 30 HOSPITAL MANAGERS HAVE VISITED THE KITCHENS OF THE LAKESHORE GENERAL HOSPITAL SEEKING INSPIRATION. THEIR GOAL: TO MAKE THEIR KITCHENS JUST AS FUNCTIONAL, ORGANIZED AND EFFICIENT. THERE'S NO DOUBT ABOUT IT, FOOD SERVICES AT THE WEST ISLAND'S HSSC IS THE ENVY OF ALL!

Lakeshore General's food services department sets itself apart through its mastery of *la liaison froide*. Used by airline companies, among others, this technique allows for the rapid cooling of food and their rethermalization one hour before serving. "We can prepare foods one or even two days ahead of time," explains Michel Paré, food services manager at the HSSC. "As a result, the work atmosphere is more serene."

## Saving on prep time

Food services also distinguishes itself in another way: it has a computerized food control room; a space that has shelves and counters where a clerk can prepare all of a recipe's ingredients ahead of time. This is also the space where food is stocked according to its frequency of use. The more popular foods are placed within easy reach.

The work that takes place there frees up the cooks from tasks such as preparing fruits and vegetables or measuring ingredients. "Few hospital have such a space," explains Michel Paré. "Yet, it makes it possible to avoid the unnecessary back and forth from kitchen to stock room. That's what makes our team so productive."

And there are significant productivity gains to be had. "In spite of the rise of the price of foodstuff, the cost of a meal, including both food and labour, dropped 11% in 2008-2009", states Michel Paré. "That's particularly appreciated when striking a financial balance is a daily objective. This productivity increase is essentially due to the enormous efforts of all the food service employees."

## What's for dinner?

At the hospital, work in the kitchens starts early. The food clerk receives deliveries, measures ingredients and stores them in containers.

During this time, three cooks and a cook's helper prepare patient meals and those for the cafeteria. The quantity of required portions is based on the time of year and statistics. "By using these indicators, we reduce production surplus as much as we possibly can and by doing so, we avoid wastage," explains Michel Paré, HSSC food services manager.

Menus are selected on an annual basis. Dietician instructions rule, and recipes are followed to the "t" to be able to identify each ingredient and the nutritional value of each meal. The WinVision computer program produces personalized menus from a basic menu and a patient's physical condition (allergies, digestive issues, diet, dysphasia).

All WinVision personalized menus are printed on a sheet that is placed on the tray. The food clerks then assemble meals based on the information contained in the document and a dietetics technician checks the contents of each tray before it makes its way on the floor.

## Floor service

Patients' trays are prepared at 9 a.m. for lunch, 1 p.m. for dinner and 4 p.m. for the following day's breakfast. Once assembled, lunches and dinners are sent to the floors. Breakfast trays, on the other hand, are stored in a cold room and delivered at 6 a.m. the following day.

On the floors, the trays are stocked in a Novaflex rethermalization cart. This cart is separated in two by a thermal divider. The left side contains food that will be rethermalized and the right side contains cold food. The two compartments are first refrigerated.



PIZZA? I'LL HAVE SOME IF ROLAND JOLY IS MAKING IT!

One hour before meals, hot foods are rethermalized, while the other side of the cart maintains its low temperature. Orderlies then serve the meals.

## HIGHLIGHTS

- ▶ Annual meals served including patients, cafeteria and caterers: 507,779
- ▶ Number of daily visitors to the cafeteria: 400
- ▶ Food budget: \$950,000
- ▶ Number of coffees served in the cafeteria every year: 55,000

## A SPECIAL TEAM

- ▶ Cooks: 3
- ▶ Cook helpers: 1
- ▶ Food service clerks: 14
- ▶ Managers: 2
- ▶ Assistant cooks: 1
- ▶ Senior clerk: 1
- ▶ Dietician technician: 2
- ▶ Number of employees: 55 including those on call back list

# THE MONTRÉAL WEST REHABILITATION CENTRE

EACH WEEK, THE CENTRE D'HÉBERGEMENT DENIS-BENJAMIN-VIGER (DBV) WELCOMES ABOUT A DOZEN VOLUNTEER CLIENTS FROM THE MONTRÉAL WEST REHABILITATION CENTRE (MWRC), AN ORGANIZATION THAT HELPS PEOPLE WITH INTELLECTUAL DEFICIENCIES. PORTRAIT OF A FINE EXCHANGE OF SERVICES.

The program began in December 2002 with three people from the CRDI-MWRC; today, there are eleven of them. Jacinthe Lévesque, MWRC educator and co-ordinator of the program at DBV, explains what the program is about:

## **First Line: What is the role of MWRC volunteers at DBV?**

*Jacinthe Lévesque* : They can perform numerous tasks: water the plants in the basement, set the table in the dining room, take care of the recycling of paper and cans, shred confidential documents, print *Le petit Viger* each quarter, deliver newspaper and sand the mail.

For the day centre and recreational activities like The birthday of the month, zootherapy,

musical therapy or bingo, they set up the rooms, get the water and food, bring in the residents.

## **FL.: What does a typical workday look like?**

*J.L.* : Volunteers come in Monday to Friday at 9 a.m. and then head back, by taxi, at 3:30 p.m.. Some are here all week while others work part time. Their schedules vary according to their skills and the tasks that need attention.

## **FL.: What are the benefits of this program?**

*J.L.* : It's a friendly exchange of services. Volunteers feel the pride of helping personnel, residents and day centre participants; they develop their independence and

self-sufficiency, which helps improve their self-esteem. And DBV personnel benefit, too. Volunteers lighten their workloads and provide many services. Everyone comes out a winner.

## **FL.: As an educator, what is your role?**

*J.L.* : I co-ordinate and supervise the tasks and activities. I make sure volunteers ease into their responsibilities. I must always help develop the potential of the workplace so that everyone is kept busy. I also make sure all parties are satisfied when issues come up and there are problems to resolve.



FROM LEFT TO RIGHT: MINA TODARO, VOLUNTEER, DIANA LAVAUD, VOLUNTEER, JACINTHE LÉVESQUE, EDUCATOR, HUGO DUCROS, VOLUNTEER, JENNIFER OWEMS, EDUCATOR ET DENIS LEGAULT, VOLUNTEER.

## MWRC MISSION

The Montréal West Rehabilitation Centre (MWRC) helps people of all ages who have some form of intellectual deficiency, and helps their loved ones as well. It offers many residential and socio-professional services, such as supervised workshops, work groups or individual placement, according to the individual needs, skills and aspirations of each person.

## 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.

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