

First line

PARTNERS IN YOUR WELL-BEING

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HAITI: EXCEPTIONAL COOPERATION

THE WEST ISLAND HAS SLIGHTLY MORE THAN 1,800 RESIDENTS OF HAITIAN NATIONALITY. SOME OF THESE RESIDENTS WORK FOR THE HSSC. TOUCHED BY THE JANUARY 12 TRAGEDY IN THE PORT-AU-PRINCE REGION, HSSC WORKERS TOOK PART IN THE OPERATIONS AIMED AT PROVIDING DIRECT ASSISTANCE TO THE VICTIMS OF THIS DISASTER.

Some twenty nurses and social workers of the West Island HSSC have assisted the transition centre of the Montréal-Trudeau Airport by greeting passengers disembarking from planes arriving from Haiti. "This is so sad. The stories I've heard so far are extremely moving," said nurse clinician Josée Comeau.

Teams took turns night and day to offer much needed support to refugees and those who have come back home. Some needed clothing or assistance to find somewhere to live, a few were injured or sick, and others, in a state of shock. It was also important to make sure that minors who are not accompanied or who are accompanied by someone other than their parents are safely take care of. "Most people I've met have shown extraordinary strength and courage," reported social workers Marianne Ferraiuolo and Julie Evans.

The transition centre was set up from January 14 to March 9, in a hotel near the Montréal-Trudeau Airport, as was the case for the Lebanon Operation in 2006. Several government departments and organizations were on site. Under the coordination of the

Montréal Agency, the HSSCs made sure that the health and social service needs of these newcomers were met.

According to social worker Luc Boudreau: "There was an exceptional atmosphere of cooperation at the transition centre. We had much to learn from these people who, in spite of their situation, smile at you and show such gratitude. For me, it's a true lesson of courage!"

Health care in our sites

Employees and physicians of Lakeshore General Hospital also took part in the operation by treating three repatriated Canadians who were transported directly to the hospital as soon as they were carried off the plane. All hospitals with an emergency department were put to use to take charge of individuals whose injuries require particular care: cases of trauma, decompensation of a chronic disease or any other infectious syndrome requiring immediate care.

The workers of the CLSC psychosocial services are also on site to help residents of the Haitian community or any other person in need of psychological support following



LISE GAGNON, IN 2006, WITH MEMBERS OF THE TEAM FROM THE ÉCOLE DES INFIRMIERES SAGES-FEMMES (NURSING-MIDWIFERY SCHOOL) IN PORT-AU-PRINCE, INCLUDING DR. ALIX LAROCHE (CENTRE) WHO DIED LAST JANUARY 12 UNDER THE RUBBLE OF THE BUILDING WHERE HE WORKED.

the earthquake. Thanks to the West Island's Crisis Centre, they can obtain services night and day, seven days a week. The HSSC staff members affected by the events were not left behind either, since they can obtain support through the Employee Assistance Program (EAP). In fact, a very welcome group meeting was organized in cooperation with the EAP team.

Moreover, the HSSC's international adoption service helped produce a brochure for parents who adopted a child from Haiti during the earthquake.

...continued on page 2



SUMMER IS WELL ON ITS WAY

What a marvellous month March was! If you're like me, you took advantage of this early spring weather to bask in the sun a bit and feel its soothing effects.

After the non-stop events of last fall, and now that winter is happily behind us, these first days of mild weather are a true—and welcome—gift.

Last year was anything but uneventful ! The extensive vaccination campaign carried out to fight a potential influenza pandemic and the humanitarian crisis of our Haitian neighbours and friends are but the most visible issues that our resources contributed to with expertise.

When I think of all the work accomplished, I can only be impressed by the quality and quantity of services we provided to the population.

Need I remind you? All throughout last fall, we vaccinated some 3,000 West Island residents a day. Even better, with the support of physicians, pharmacists and other health professionals, we set up flu clinics, in operation from 8:00 a.m. to 9:00 p.m., including weekends.

And what about the assistance we provided to our friends from Haiti? HSSC staff members quickly mobilized to offer their support and you can read all about what was done in this edition of *First Line*.

I've only listed here the bigger, most noticeable, achievements. Many small victories are won each and every day and all of them represent another step towards the well-being of our population.

The word "tranquillity" is not really compatible with the reality of our area of activity. This is something that our nurses and other professionals notice every day. Luckily, our joint efforts are compensated by the sense of pride that comes with work well done and the feeling that we are contributing to the quality of life of our fellow citizens.

Suzanne Turmel
Executive Director

HAITI: EXCEPTIONAL COOPERATION

(cont'd from page1)

Health care in our network clinics

In Montréal, the Statcare network clinic has been chosen to treat repatriates from Haiti who require care for minor injuries: prescriptions for diabetes or hypertension, wound care, etc. The clinic has already received some thirty patients arriving by taxi directly from the airport. This network clinic was a logical choice for the Montréal Agency since it is located near the airport, is open late at night and has a good technical support centre (radiography, for instance).

The Haiti Operation officially ended March 9. Paule Masson, Director of Public Health and Emergency Measures, would like to thank all HSSC staff members who took part.

The HSSC's cooperation in this operation was remarkable.

To find out more on the Haiti Operation, see the *Haiti* section of the intranet.

SOME NEWS FROM MIDWIFE LISE GAGNON, IN HAITI

Lise Gagnon, the midwife from the HSSC Birthing Centre who was* in Haiti, sent us an update during her visit. Here are a few excerpts of her message:

"Hello to all those who support us during this great and extremely enriching adventure! Thank you for your messages of encouragement. They're always welcome, as we've never been faced with situations and complications of this nature: many premature infants, in utero deaths, etc.

We eat delicious Haitian dishes. We're safe and our accommodations are comfortable. We work day and night! Today, we plan on visiting the displacement camps to hand out clean delivery kits to pregnant women who will be giving birth on site. We will also bring with us soap, toothpaste, sanitary napkins and other essential personal hygiene items. We thank our donators for giving us the luxury of a sink with running water and a pressure gauge-regulator for the oxygen cylinder. Once again, THANK YOU!"

Lise Gagnon, midwife

Carole Girard, intern

* To find out more on Lise Gagnon in Haiti, see the *Haiti* section on the intranet.

PROMOTING ETHICAL THINKING IN HEALTH CARE ENVIRONMENTS

PROFESSIONAL REGULATIONS: MORAL OR LEGAL VALUES? SOME DILEMMAS ARE SOMETIMES DIFFICULT TO RESOLVE. THE ETHICS COMMITTEE TAKES CARE OF THEM, ALL THE WHILE RESPECTING A PATIENT'S AUTONOMY.

A patient who lives alone wishes to return home after hospitalisation. The family agrees. However, medical personnel doesn't recommend it. The patient considers herself capable of making her own decisions. Who can mediate the issue?

This sort of medical impasse is not for the complaints commissioner; rather, the malaise is tied to values. "Differences of opinion may arise because of cultural differences, family dynamics, or our definition of personal independence," states Gurit Lotan, ethics counsellor and chair of the West Island HSSC Ethics Committee.

A neutral perspective alone can make it possible for such a case to progress. "This is how our thinking usually goes: 'If my mother was in this situation, this is what I would do.' This reasoning is very personal and does not always take into account the people with whom we are in discussion. Within a single medical team, opinions may vary. Imagine when family or loved ones participate in discussions."

Ethical mediation conducted in an atmosphere of trust can lead to a more rational perspective. It's a matter of identifying the ethical issues and helping caregivers along in their thinking. "I can meet the patient, the family and medical professionals to identify the possibilities open to them, which respect everyone's values. I then draft a report," states Lotan.

A committee that asks questions

In addition to Lotan's work as a consultant, a committee at the HSSC has been debating for the past year on ethical issues. Comprised according to norms suggested by the Unité de l'éthique (Ethics unit) of the Minister of health and social services, the Committee's mandate is to educate and sensitize the HSSC on the topic of ethics through training and activities. It may also define guiding principles to support ethical concerns of certain practices.

Composed of 17 members, the Committee meets eleven times a year to:

1. Promote self-education among Committee members in health care ethics.
2. Provide a forum for reflection on clinical ethical dilemmas with the objective of improving patient/client-centred care.
3. Encourage dialogue about ethical dilemmas from a multidisciplinary perspective.
4. Develop and review policies that concern patient/client care from an ethics perspective.

5. Evaluate needs for ethics education within the West Island HSSC.
6. Provide leadership in promoting ethics education with the West Island HSSC.

The Ethics Committee recognizes the essential right of each individual to make his or her own decisions about their life, based on informed choice.

OUR ETHICAL COMMITTEE

Ms Gurit Lotan, Chair	Clinical Ethicist
Ms. Rita Apa	Community Member
Ms Micheline Beaudry	Assistant Head Nurse (4-N, Geriatrics)
Ms Louise Deschamps	CLSC Pierrefonds, program manager, home care
Ms. Catherine Filadelfi	Head Nurse (4-E, Psychiatry)
Mr. Claude Girouard	Program Manager, Mental Health Network
Dr Peter Gruner	Hematologist (retired) and member of pastoral team
Dr. Durrehahwar Hassan	Obstetrician-Gynecologist
Ms. Rosario Isasi	Community Member
Dr. Christiane Jasmin	GP, CLSC Pierrefonds
Ms. Diane Joly	Quality Services & Complaints Commissioner
Ms. Patricia Lacombe	D.B. Viger, program manager
Ms. Louise Lacroix	Head Nurse, Mother-Baby Unit
Ms. Marcelle Legault	Social Worker (Oncology)
Ms. Geraldine Matthews	Head Nurse, ICU, Cardio, Inhalo
Ms. Line Robillard	Director, Physical Health, Medicine
Dr. Robert Salasidis	General Surgeon – Intensivist
Mr. Peter Vallinis	Assistant to Director of Professional & Hospital Services
Ms. Sherry-Ann Wadleigh	Surgery Coordinator
Ms. Paulette Zielinski	Community Member



FEW MEMBERS OF THE COMMITTEE: FROM LEFT TO RIGHT: FIRST ROW: SHERRY-ANN WADLEIGH, LINE ROBILLARD, GERALDINE MATTHEWS, LOUISE LACROIX, CATHERINE FILADELFI. SECOND ROW: DR PETER GRUNER, MICHELINE BEAUDRY, GURIT LOTAN (PRESIDENT), RITA APA, MARCELLE LEGAULT, ROSARIO ISASI. THIRD ROW: PETER VALLINIS, CLAUDE GIROUARD, AND LOUISE DESCHAMPS.

Child-Family-Youth and Vaccination Program GIVING BIRTH AND WATCHING YO

MARTINE* AND HER FAMILY BENEFIT FROM THE SERVICES OFFERED BY THE CHILD-FAMILY-YOUTH AND VACCINATION DIRECTORATE. TO SEE HOW THE WEST ISLAND POPULATION GIVES BIRTH TO ITS CHILDREN AND WATCHES THEM GROW, SUPPORTED BY THE VALUABLE GUIDANCE OF HSSC PROFESSIONALS, LET'S FOLLOW HER ALONG...

The question is settled: Martine will have her baby at home! All throughout her pregnancy, during and after delivery, she will be monitored by a midwife. This reassures the new couple.

The Birthing Centre's 15th anniversary goes to show just how much its clients value its services. "In 2009, 284 children were born with the support of one of the 11 midwives," said Christiane Léonard, who is in charge of the birthing centre's midwifery services. This is something to be proud of since there are only three midwife teams on the Montréal territory.

From a first union, Martine already has a 9-year-old son, Francis. During her first pregnancy, she followed prenatal courses at the CLSC. Both the mom—and the newborn!—appreciated the advice given by the nurse who visited her.

"Each year, approximately twenty midwives follow on average 2,000 newborns and their parents," explained Diane Lemieux, who manages the Perinatal Program, 0–5 years. Each week, parents are invited to the *Halte-Allaitement* information sessions on breastfeeding offered in cooperation with Nourri-Source, and to the *Halte-Nourrisson* information sessions for mothers



who are not breastfeeding. The team's professionals—social workers, dietitians, psychoeducators—address various topics in order to better equip mothers in their new role and give them an opportunity to socialize.

Francis started showing signs of anxiety when it came time for him to start school. This worried Martine, so she consulted a social worker from the CLSC.

"Some thirty nurses and social workers are matched to elementary and secondary schools," explained Timothy MacMillan, head of the program, 6–24 years. "They meet some 1,300 families a year, 5 to 6 times, for problems such as anxiety disorders following a divorce, for alcohol or drug use, behavioural problems, etc."

When their child is in difficulty, either the parents or someone from the child's school contacts the CLSC's psychosocial support services.

In schools, nurses and social workers also implement preventive measures based on the children's age. In high school, topics addressed include sexuality, contraception and sexually transmitted diseases. In addition, during the annual 15-week school vaccination program, Secondary 4 students are vaccinated for hepatitis A and B, chickenpox and the human papilloma virus (for girls), while Secondary 3 students are vaccinated for the human papilloma virus and tetanus.

To complete the service offer, the HSSC offers a youth clinic to its clients. When Martine's children will be between the ages of 12 and 24, she knows that they will be able to see one of the clinic's doctors, nurses or social workers in strict confidentiality. Whether for personal, family or social problems, information, screening or treat-



ment of sexually transmitted or blood-borne diseases, contraception and follow-ups, they will be able to count on a compassionate ear."

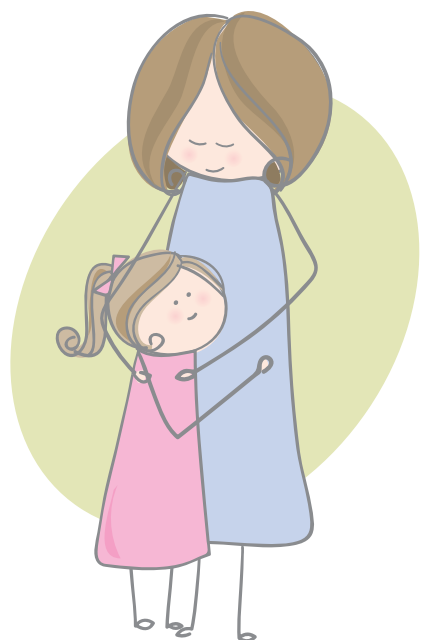
Laurence, Martine's younger sister, is pregnant with her first child. Followed by a gynecologist, she will give birth at the hospital. On the big day, a nurse will welcome her at the Birthing Centre, assess her health condition and how the labour is progressing, and will then contact the casualty officer. All throughout the stages of labour and delivery, Laurence will be supported by her nurse to make her experience a most positive one. "The 45 nurses, assisted by 8 orderlies, also offer counselling on breastfeeding and care for the newborn. Since they are also responsible for the declaration of birth and the child's health record, they act as liaison between the CLSC and the parents. We have 12 beds in the Lakeshore site," said Louise Lacroix, head of the Obstetrics Department.

Martine and Laurence also use other services offered by the directorate. Each year, they accompany their parents, who just couldn't do without their seasonal flu vaccine. "The nurses give the vaccine to approximately 20,000 people a year, in our sites, at home or in senior citizens' homes," said Dalia Toledano, head of the Vaccination Program. The nurses of the vaccination clinic of the

*All Martine's family members are fictitious.

OUR CHILD GROW

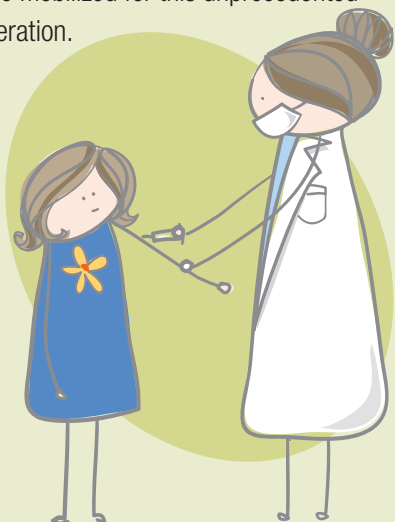
Pierrefonds site, as well as the nurse of the youth clinic and the perinatal nurses of the Lac-Saint-Louis site make sure that the vaccination record of all clients, from the youngest to the oldest, is up to date.



THE A(H1N1) VACCINATION: ONCE AGAIN, CONGRATULATIONS TO ALL!

Like 57% of the Québec population, Martine and her family received the influenza A(H1N1) vaccine. In November and December, 2009, the HSSC vaccinated 3,000 people a day and 300 people an hour, with 50 employees available each day. No doubt about it, this vaccination campaign will go down in the HSSC's history.

Congratulations to Ruth Bresnen, Director of the Child-Family-Youth and Vaccination Program, and to everyone in her team, who mobilized for this unprecedented operation.



PROGRAMS THAT MAKE A DIFFERENCE

Preventing risks

When nurses, obstetricians-gynecologists, physicians and midwives work in a multidisciplinary fashion, they are better prepared to work together should complications arise during delivery. This is the objective of the MOREOB program (*Managing Obstetrical Risk Efficiently*).

"This three-year online training will become an essential condition to obtain accreditation," said Louise Lacroix, head of the Obstetrics Department.

Breastfeeding anywhere, at any time

At the HSSC, serious efforts are being made to promote maternal breastfeeding and raise awareness of its importance.

"The Pierrefonds site was the third CLSC in the Montréal region to obtain the *Baby-Friendly Hospital Initiative* accreditation that promotes breastfeeding," explained Diane Lemieux, who manages the Perinatal Program, 0–5 years.

In the spring, it will be the turn of the Lac-Saint-Louis site and the Birthing Centre to receive the accreditation's assessors.

Promoting a child's development

It is possible for a child from a more vulnerable, poorer or less educated family to be well-prepared for school thanks to the team of the *Services intégrés en périnatalité et petite enfance* (SIPPE), a program that offers integrated perinatality and early childhood services. Its staff offers intensive follow-up sessions to the mother and child, from the twelfth week of pregnancy until the child starts school.

"During this period, mothers are supported by nurses, social workers, dietitians, psychoeducators and a visiting homemaker," said Ms. Lemieux.

Knowing everything there is to know about adopting a child

To fully support parents adopting a child from another country, the directorate offers pre- and post-adoption services for international adoptions. This is an expertise that only two HSSCs can offer. The long waiting period and the questions that arise affect the adopting family's stability.

"Parents are supported by a social worker and, if necessary, a nurse clinician and a psychoeducator, who meet them in group or individual sessions," said Ms. Lemieux.

Before reporting a child...

It is possible to prevent distraught parents from calling the youth centres. Psychoeducators and social workers of the *Crise-Ado-Famille-Enfance* (CAFE) program can intervene during the most critical moments of a crisis by meeting with the child in difficulty 10 times. Parents can obtain support until 10:00 p.m. every day, 365 days a year.

"The crisis becomes the motor for change. The intervention is a short-term and intensive one," said Tim MacMillan, head of the program, 6–24 years.

Teaching and reassuring

Travelling in good health is the goal of the health travel clinic's dynamic team. Whether clients require vaccination against rabies, hepatitis A or yellow fever, the clinic's nurses make sure that they have been well-prepared for their trip outside the country and are well-protected during their travels. Thanks to their knowledge of high-risk zones throughout the world, these nurses can properly inform their clients on how to remain healthy while travelling," explained Dalia Toledano, head of the Vaccination Program.

VALUABLE DATA PRESERVED THANKS TO ARCHIVES

THE ARCHIVES DEPARTMENT STORES MORE THAN 850,000 FILES. THIS MAKES COMPUTERIZATION ESSENTIAL AND THERE ARE PLANS IN THE WORKS TO BEGIN THE PROCESS.

What would the HSSC look like without the archiving team? Doctors would no longer have access to patient histories, medical procedures would no longer be reimbursed and managers would no longer recognize certain indicators, such as the average length of a stay.

In short, the pain-staking work of the forty employees who work in archives, across all four facilities, is at the very heart of the HSSC's life. "Our contribution is essential to the smooth running of daily activities and to obtain funding from the government," states Guylaine Veillette, manager of reception, admissions and archives.

Painstaking work

Each patient who has come to our facilities has a file that contains documents completed during previous interventions. A file is opened for each new patient. Every year, the archives team handles 120,000 requests. Staff must set priorities depending on the urgency of each case and without losing track of any of the files.

Records of data kept on file are also very useful to managers who need a snapshot of activities that take place at the HSSC. Once the user has left our facilities, administrative officers compile medical notes.

Archivists then assign a code to all diagnoses and interventions and ensure the attending physician has listed them on the summary sheet. If information is missing, they issue a monthly notice stating the file needs to be completed.

Once completed and codified, the summary sheets provide us with an inventory of medical activities that have taken place at the HSSC. "It is this information that we send to the RAMQ (Régie de l'assurance maladie du Québec) to justify our medical procedures and be reimbursed for their cost," explained Guylaine Veillette. "In addition, the Agence de la santé et des services sociaux de Montréal bases itself in part on our statistics to determine our overall budget allowance. This is why it is crucial that the information contained in the summary sheets be thorough. This allows us to codify them correctly and receive the financing to which we are entitled."

MANY TECHNOLOGICAL PROJECTS

The future of medical archiving lies in the digitization of files and the consolidation of databases. According to the health agency, Montréal's health and social services establishments should begin digitizing user files by March 2013. "We shall revise all existing forms and assign a bar code," explains Guylaine Veillette, manager of reception, admissions and archives. "When the time comes, we shall also consult with each department before proceeding."

Two local initiatives are also planned. The first, a merger of two CLSC databases, will take place March 18, 2011. "This means there will be only one patient index for the two CLSCs and possibly one file per user. For the moment, however, the initiative is still in its early stages," states Veillette.

The second is the implementation of eClinibase, a local patient index in which files are identified using a unique identification number (UIN) provided by RAMQ to all Québec residents who receive health care services. "We will therefore be in a position to search within a single database to determine if the user has a file in one of our facilities," continues Veillette. "Today, to obtain the same results, we conduct the same search using four databases."



MAUDE SAUVAGEAU-BUTEAU, ADMINISTRATIVE OFFICER,
MEDICAL ARCHIVES DEPARTMENT

IMMORTAL DOCUMENTS

Did you know that Québec's health establishments keep files of deceased patients? At the West Island HSSC, after six months these documents are handed over to a private company, Iron Mountain, that stores them indefinitely. "A doctor may need to consult them if he or she needs to verify family history, for example," says Guylaine Veillette, Chief of Reception, Admitting Office and Medical Archives.

Our nuclear medicine department is tops!

DYNAMIC TEAM AND HIGH TECHNOLOGY

NO NEED TO GO TO BIG UNIVERSITY CENTRES FOR NUCLEAR MEDECINE TESTS. THE EQUIPMENT AND FACILITIES AT LAKESHORE ARE STATE OF THE ART: AN UNDENIABLE BENEFIT FOR DOCTORS AND PATIENTS ALIKE.

A team of young professionals and state-of-the-art equipment: this is the HSSC's nuclear medicine department. Véronique Rodella, head of the medical imaging and nuclear medicine departments, believes that numerous types of tests can take place here, such as those for thyroid, kidneys or parathyroid. "For the moment, oncology and cardiology represent about 70% of the 12,000 tests we conduct every year," she explains.

Nuclear medicine is a medical imaging specialty used to diagnose illnesses. The test begins with the injection of a tracer, a solution that contains a low concentration of radioactive isotopes, which allow the gamma camera to photograph internal organs and see anomalies. For the hyperthyroid as well as other thyroid gland issues, there is another process. An exact dose of radioactive iodine is administered in capsule form, which slows down the function of the thyroid gland.

An attending physician can expect a diagnosis in less than two weeks, says Dr. Mathieu Charest, medical head of nuclear medicine. "One week to get an appointment and another to receive the diagnosis. In emergencies, it takes less time to meet with the client and we communicate more quickly with the doctor."

A patient who gets an appointment fills out a questionnaire with the help of a technologist. A radioactive tracer is then injected; the concentration of isotopes varies. A few minutes or hours later, the test takes place.

The technologist helps the patient settle on the table of the gamma camera; the test may take anywhere from 30 to 120 minutes. Once the test is over, the patient may go home. The specialist uses a computer to view the images taken by the gamma camera, makes a diagnosis and then forwards it to the attending physician. "It is rare to see side effects," reassures Dr. Charest. "We do hear anecdotes of eczema blotches."

A modern department

In addition to the exceptional work of the team, the modernization program that began in 2005 explains the department's efficiency, says Véronique Rodella. "In 1998, when Lachine Hospital's nuclear medicine department moved here, we had one gamma camera and two technologists," she explains. "Today, we have four cameras and six technologists. We have installed a digital archiving system. So we now compare favourably to other facilities."

Even the shut down of Chalk River, which supplied more than 80% of the medical isotopes used in Canada, did not affect their efficiency. "We managed to maintain our pace in spite of everything," states

Rodella. "We found suppliers overseas. During the first few weeks following the closing, our staff had to put in extra hours, but all our activities have now returned to normal."



DR. MATHIEU CHAREST, MEDICAL HEAD OF THE NUCLEAR MEDICINE DEPARTMENT



IN FRONT OF THE SPECT/CT CAMERA, LONG-STANDING EMPLOYEES ALL ARE UNDER 40. BACK, FROM LEFT: JEAN-PAUL BERNIER, VÉRONIQUE RODELLA, JOSÉE LEBEL, DIANE LARIVIÈRE. FRONT, FROM LEFT: MARIE-PIER BRETON, KIM CHARTRAND, AMÉLIE TREMBLAY, SARA SAMIMI.

TEAM MEMBERS

- **4 medical specialists** analyze the medical images and make a diagnosis
- **6 medical technologists** prepare the tracers and conduct quality control; assist patients during the questionnaire and the test; handle the cameras and ensure the quality of images obtained.
- **A receptionist-clerk** greets patients, sets up appointments and explains the requisite preparations for each type of test
- **A medical secretary** drafts the diagnostics from audiotapes.

STATE-OF-THE-ART EQUIPMENT

- **Bone densitometer** – Takes medical images that make it possible to measure bone density. It uses Xrays, like radiology equipment, and not nuclear technology.
- **Two gamma cameras also called SPECT** SPECT (single photon emission computed tomography) – A gamma camera takes medical images of patients who have been injected with a tracer. Images can be two-dimensional and taken of a broad section of the patient or they can be three-dimensional and more localized, depending upon the technique used for each test.
- **A SPECT/CT camera** – Purchased in 2008, the SPECT/CT camera and computer tomography scanner (CT scan), are comparable to the ones used in radiology.

FRESHER, CLEANER... SERVICE WEST-NETTE IS THERE!

MORE THAN 670 CUSTOMERS DEPEND ON SERVICE WEST-NETTE FOR THEIR HOUSEHOLD CLEANING. HERE'S A PORTRAIT OF AN ORGANISATION THAT HELPS PEOPLE WHO ARE LOSING THEIR FUNCTIONAL AUTONOMY.

The population is aging and home-based services are a way to offer individuals the opportunity to live at home as long as possible. This is a change that the HSSC could not achieve without the help of partners such as Service West-Nette. Executive director Marie Thérèse Chidiac answers our questions.

First Line : What services do you offer?

Marie Thérèse Chidiac : We do housekeeping, laundry, run some errands and we make meals that are not restricted by diets. We also perform other tasks such as lawn mowing. Our services are aimed at the entire population, but golden agers and those individuals who are losing their functional autonomy make up the majority of our client base. Some 80% of clients are more than 65 years old. Our team is composed of four administrative employees and 29 housekeeping employees.

FL. : What are your rates?

MTC : Our hourly rate is \$19 for light housekeeping and \$21/hour for work that is more labour intensive. Our services are subsidized by the *Régie de l'assurance maladie du Québec* (RAMQ), which makes it possible to reduce the rate we charge clients. Our administrative personnel complete the documents we provide to RAMQ. Low-income individuals may pay as little as \$8/hour.

FL. : How do your contributions help the HSSC?

MTC : The Pierrefonds and Lac-Saint-Louis CLSCs call upon our services for some forty clients. In these cases, the CLSC takes care of our invoice. The *Financial Assistance Program for Domestic Help Services* subsidizes clients who are referred to us. We are the only company in the territory certified by Montréal's health and social services agency to have access to the program.

FL. : What is your organization's chief challenge?

MTC : In a word : recruitment. Our housekeeping attendants must be empathic and have strong interpersonal skills. We must prepare for forty hires every year to provide service to clients. Our competition are hotels, motels, restaurants and private agencies where salaries are higher than those awarded by Domestic Help Social Economy Businesses (DHSEB) such as ours.

FL. : Service West-Nette was founded in 1999. How would you sum up the last decade?

MTC : We started with nothing and we've accomplished a great deal! Our contribution has made it possible for many people who are losing their functional autonomy to stay home for a longer period of time. We establish human contact with individuals who are isolated. Recently, in the middle of the night, one of our attendants received a call from a client in state of psychological distress. She contacted emergency services so that the client could get the help she needed. Our attendants are very close to our clients.

Information: 514-626-1296.



FROM LEFT: MARIE THÉRÈSE CHIDIAC,
JOHANNE BIZIER, COLOMBE MARIER
AND DENISE HUPE.

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. Every response will be read and published either in its entirety or incorporated into a summary of our readers' comments.

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