

info Clinique info

Newsletter published by the
Pointe-Saint-Charles Community Clinic
More than a CLSC, it's citizens' control of health care!
500 Ash avenue, Montreal, Quebec, H3K 2R4
514-937-9251
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A word from the Board of Directors

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Dear citizens of the neighbourhood,



Against the autumn setting of a proposed major reform of the healthcare system, the Clinic appears more and more as the exception among all the health institutions in Québec (see the article on this topic). That's one more reason why we think the Clinic is "much more than a CLSC!" We are convinced that you share our commitment to defend community health and the continuing existence of the Clinic in the neighbourhood. Therefore, we will be scrutinizing the government's decisions and will keep you fully informed of developments.

The basic values that motivated the founding of the Clinic almost 50 years ago are the same that fuel our commitment to the neighbourhood's population today: citizen participation and care in tune with residents' circumstances and needs. The results of a recent survey on user satisfaction showed that the Clinic stands out among other health institutions (CLSCs) with a general satisfaction rate of 92%. The Clinic will continue its ongoing efforts to improve its services.

in solidarity,

Marie-Claude Rose President, Board of Directors

Staff members 's testimonials: Why is the Clinic more than a CLSC?

« Because it actively listens to us and reflects the nature of the neighbourhood. Historically, the Clinic was founded by a team of mostly women from the neighbourhood. And still today it is mostly women who provide the services, along with good-hearted men. The Clinic participates in, helps and supports non-profit organizations, in keeping with the needs and requests of neighbourhood residents, and has done so from the start (an example is the first daycare centre to help women enter the labour market). The Clinic is politically oriented toward citizens and their defence, especially when legislation and policies undermine their rights. Our board of directors is elected by the citizens and is made up of local citizens who run for election. And most of all because it has been there since I was a little girl, and I hope it will still be there a hundred years from now. »

Carmen Boucher, Administrative assistant - Payroll and accounts payable

« I like working at the Clinic because the neighbourhood is small and allows for close contact with users, which you may not find elsewhere. We can practice differently and be sensitive to the diversity and particularities of the local residents - and that's what makes it interesting! »

Marie-France Chrétien, Liaison nurse

« It's because of our closeness to the users and the ties to community groups. Also, because of the small number of employees, among colleagues of all the professions (doctors, aides, etc.) there's a lot of support and motivation. Another important factor is the appreciation we receive from people who use our services. Users will spontaneously express their satisfaction and tell us that our services make a difference in their lives and their children's well-being.

When I started at the Clinic it was like coming home. One of the reasons compelling me to work at the Clinic is that my own values coincide with the institution's values. Another very important aspect is the openness to new ideas and new projects. »

Gilles Gagné, Social worker - Early Childhood and Family team

Heading for another reform of the healthcare network

In its 46 years of existence, the Pointe-Saint-Charles Community Clinic has witnessed the birth of the Québec Health Insurance Plan, the CLSC network and the regional health boards, which were replaced by the health and social services agencies. The Clinic experienced the shift to ambulatory care, the hospital closings and the 15,000 nurses who were retired in the 1990s. It saw the forced mergers of institutions, including the CLSCs, with the current health and social service centres (CSSSs) in 2003. Added to these structural changes were major reforms such as the mental health reform. Throughout those years, private health businesses have carved out a prime place for themselves and today continue to lobby for a larger and larger share of the public funds allocated to the healthcare system and for permission to charge patients directly for care, supplies and medication needed for their health.

Bill 10

The latest reform being readied is partly defined in a bill made public on September 25 of this year, to which will be added at least one other bill, to be announced this December or in January 2015.

A structural reform above all

Health Minister Gaétan Barrette wants to merge 182 public institutions with different missions and keep only one institution per region: a CISSS (integrated health and social service centre), which will take the place of the regional health and social services agency. Montréal will be divided into 5 “sub-regions,” and 5 CISSSs will replace the Montréal agency and the 12 CSSSs.

The minister claims he wants to make management of the healthcare network easier by eliminating the red tape, thereby facilitating access to services for the population. However, no means or financial resources come with the reform. Quite the contrary, the minister says he will save \$220 million per year. This will be the healthcare network's contribution to achieving deficit zero. So, don't expect to see any of these “savings” poured into care. This reform is not aimed at reducing wait lists or times, or providing access for all to a family doctor for example.

Since the Community Clinic is a private non-profit organization with a public mandate, it is not included in these mergers, but that doesn't mean it won't be affected by the new reform.

A reform said to be about “governance”

Bill 10 would give the minister many powers, including that of appointing the entire board of directors for each institution created under Bill 10, along with its chairperson-executive director and its assistant director. He would have the power to intervene directly in management decisions of a public institution and define cooperation ties between two public institutions. He would be the one to decide guidelines and priorities for each regional institution. So the new institutions would no longer be adopting priorities, doing strategic planning, deciding on local public health action plans, etc.

A Clinic that distinguishes itself

The Clinic provides curative and preventive first line services (CLSC) to the population of Pointe-Saint-Charles. It is reaching an increasing proportion of households in the neighbourhood and gives them access to a family doctor; it also adapts its services to the population it serves. It must be said, however, that the Clinic and the health minister don't see eye to eye on future directions to take. For example, the Clinic relies on the power of users', citizens' and community organizations' influence and decision making when defining health policies for the neighbourhood. If Bill 10 is passed, the minister will reduce users' participation to a single individual, named by him, in each of the 28 provincial institutions that will make up the healthcare network. Another example: while the Clinic counts on the citizens' mobilizing to improve their health conditions, the minister will do away with the local health networks that allow the CSSSs to partner with local communities.

A minister who's powerful-and in a hurry

Minister Barrette drew up his bill in isolation. Since he is obliged to follow the procedural steps for a bill to be passed, he decided to do this very quickly, leaving little time and space for concerned actors to prepare and express their points of view. He's aiming to implement his reform as of April 1, 2015.

The Clinic is on the watch

At this time, a number of the Clinic's bodies are working on measuring the impact of Bill 10 and subsequent ones. Using its experience and expertise, its roots in the community and citizen involvement, the Clinic will do everything it can to defend the Pointe-Saint-Charles population's right to health.

Adapted access: the new way to make an appointment with your family doctor at the Clinic

What's the new way?

Recently the Clinic's doctors adopted a new system to manage their appointments so that they can be more available to their patients. It's called adapted access. Now doctors' schedules are only available two weeks ahead of time. The purpose of the change is to give you quicker access to your family doctor so that you can have an appointment when you need to be seen. This means that now you can get an appointment within two weeks of asking for one. However, you can no longer make an appointment a long time ahead, for your yearly checkup for example.

What does the change mean for you?

- Do you want an appointment urgently? Call the appointments secretary and explain that you have an urgent problem. She will give you an appointment as soon as possible, ideally within 24 to 72 hours.
- For a visit that isn't urgent (a follow-up or routine visit), the appointments secretary will give you an appointment within the following two weeks or she will tell you on which dates you may call back to make the appointment.

If you have any questions or you need help to make your appointments, don't hesitate to let us know! You can also see a doctor without appointment at the Clinic every tuesdays and thursdays from 8am to noon at 500 Ash avenue.

ARE YOU A POINTE-SAINT-CHARLES RESIDENT LOOKING FOR A FAMILY DOCTOR?

The Clinic is happy to announce the arrival of two new physicians: Dr. Karine Brassard and Dr. Myrill Solaski. Both of them started work in September, assisting the current medical team, particularly at the walk-in clinics on Tuesday and Thursday mornings. In addition, as family doctors they are taking new patients. The wait list to have access to a family doctor in Pointe-Saint-Charles is quickly being shortened and should disappear between now and year's end!

How to have access to a family doctor at the Clinic?

The Clinic's doctors use the electronic wait list of the GACO (Guichet d'accès pour la clientèle orpheline; the centralized online access for people without a family doctor).

You may register by telephone at 514-766-0546 (extension 55234) or on online:

www.sov.qc.ca/soins-et-services/infosutiles/medecin-de-famille/



All neighbourhood residents who don't have a family doctor may register by telephone or online. The automatic voicemail system will ask you to leave all your contact information as well as your social insurance number and telephone number. The GACO will contact you to confirm your information and to make an assessment of your state of health so as to determine how urgent your medical needs are. The priority given to your request for a family doctor depends on your health condition, not on the date you registered.

Do you need help to fill out your registration form? Feel free to come by the reception desk at the Clinic!

Photo activity: SPACES FOR EXPRESSION



The Pointe-Saint-Charles Community Clinic in collaboration with Action Santé, celebrating its 40th anniversary this year, invites you to participate in a photo activity. Send us a photo of what represents for you a space for expression in the neighbourhood via the Clinic's website ccpsc.qc.ca/en/contact before November 21.

Your photo will be exhibited during a special evening on December 3. Open to neighbourhood residents and employees. Info: 514-937-9251

So you take your camera or cell phone, let your imagination guide you, capture a new and creative look at your surroundings!

THE 'FLU IS NO PICNIC! THE CLINIC LAUNCHES ITS 2014 VACCINATION CAMPAIGN

Autumn is here and with it, the 'flu season. 'Flu is a highly contagious illness and can be fatal. Certain groups of people are at higher risk than others: the elderly, babies under the age of two, people suffering from a chronic illness, a heart condition or respiratory problems. The 'flu **symptoms** are fever, cough, fatigue, headache, muscle pain, nausea, vomiting, diarrhea and general weakness.

Having a 'flu shot is the best way to avoid getting the disease. "If you are in contact with people who are more vulnerable, either at home or work, it is important for you to get a shot to avoid giving them the virus," says Annie Bisailon, senior consultant nurse in charge of vaccination at the Clinic. The vaccine is safe and doesn't give you the 'flu, nor does it protect you from other viruses or colds.

The 'flu is transmitted through tiny drops of moisture from the nose or throat of an infected person (who coughs, sneezes or kisses someone) or through objects contaminated with these secretions. Along with getting vaccinated, **some simple measures will help lower the risk of contamination:**

- ✓ Wash your hands often;
- ✓ Clean surfaces touched by an infected person;
- ✓ Cough or sneeze into the fold of your elbow;
- ✓ Dispose of tissues in the garbage; and
- ✓ If you have the 'flu, avoid visiting the elderly or people with a chronic illness.



If you get the 'flu, resting and drinking lots of fluids are recommended.

The Pointe-Saint-Charles Community Clinic will hold **walk-in vaccination clinics that are free of charge on November 3, 7, 10 and 14, from 8:30 to 11:30 a.m. and from 4:00 to 7:30 p.m., as well as on November 17 and 24 and December 1 and 15, from 4:00 to 7:30 p.m., in the basement of the Clinic at 500 Ash Avenue.** Please note that children under the age of nine who are having a 'flu shot for the first time will need two doses: the second one a month after the first.

For more information, feel free to visit our website at www.ccpssc.qc.ca/vaccination or call us at 514 937-9251.

Ebola, should we WORRY?

The Ebola outbreak is hitting West Africa hard. No cases have been reported in Canada.

Ebola is a serious viral disease that is often fatal in humans. It causes fever and major hemorrhaging that alters how blood circulates in the body. It can cause much bleeding inside the body and poor functioning of some organs such as the kidneys and liver. The virus is transmitted by wild animals to humans and then spreads through populations from person to person.

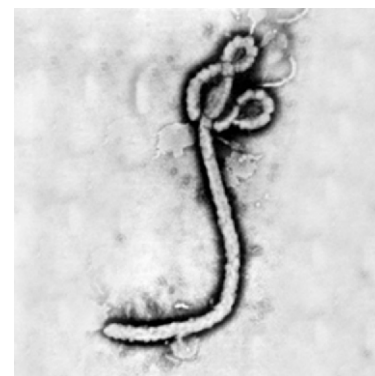
It is transmitted through direct contact with body secretions of a person with the illness (for example, feces, vomit, blood) and through broken skin or mucous membranes (e.g., mouth, nose) of another person. An infected individual can transmit the disease from the time he/she shows the symptoms.

The Ebola virus can be transmitted by contact with:

- Infected wild animals;
- Blood and body fluids or tissues from infected individuals;
- Medical equipment (needles for example) contaminated with infected body fluids.

Exposure can also occur in healthcare institutions if staff do not wear appropriate protective equipment (e.g., masks, gowns and gloves).

When necessary precautions are taken, the risk of contracting the Ebola virus in a country fighting the disease is low.



If a person is infected, he/she has a 50% chance of survival. Early supportive care centred on rehydration and treatment of symptoms increases survival rates.

To be effective, the fight against Ebola must involve a number of interventions: taking proper, risk-free charge of cases and deceased patients, monitoring and tracing infected persons' contacts, quality lab services and community participation.

At this time, no treatment or approved vaccine has been shown to neutralize the virus, but a number of treatments (blood derivatives, immunological treatment and medications) and two vaccines are being developed.

To reduce the risk of transmission, precautions are taken from the time a sick person arrives at a health facility. For example, anyone who has fever, a cough or other symptoms suggesting a possible Ebola virus infection should wear a mask and be placed in a closed room, away from other patients. Nursing and medical staff will check whether the person was recently in West Africa and whether he/she could have been exposed to the disease during his/her stay. If the illness is suspected, the person is placed in isolation, in a room, while health professionals take prevention measures for the most severe infections. The patient is transferred to a designated hospital where lab tests are done to determine whether or not he/she has the disease.

Given the precautions introduced by healthcare staff, the risk of transmission of the Ebola virus disease in Québec is low.

VISIT OUR WEBSITE!

It's all there!

Services, values, mission, history, all key documents of the Clinic, community resources, health portal, latest news and activities, Fight for Health Committee, info on public health issues such as bedbug infestation, vaccination, and much more.

www.ccpssc.qc.ca/en