

Between Us

VOLUME 1 N°8 | SEPTEMBER - OCTOBER 2010



INSTITUT DE RÉADAPTATION
Gingras-Lindsay-de-Montréal



A visit from Accreditation Canada September 19 to 23

What you always wanted to know...

By Francine Dicaire, Quality and Risk Management Agent

Who?

There are three visitors. The team leader is Mr. Daniel Paré, Director General of the CSSS Montmagny-L'Islet. He is accompanied by Mr. Michel Picard, Associate Director of Diagnostic and therapeutic services for the McGill University Health Care Centre and by Mrs. Monique Nadeau, Director of nursing at l'Hôpital de réadaptation Marie-Clarac.

What?

Since 2008, the new Accreditation Canada program is called "Qmentum". Based on evidence, the most recent research results as well as on client

and visitor observations, the Qmentum stresses health care system performance, risk prevention, safety and governance.

How?

The visitors will examine the "priority processes", that is, the key sectors of the organization such as care episodes and infection prevention to assess and validate conformity to standards.

From the point of view of safety, the visitors will evaluate "required organizational practices". These ROPs, there are 31 in all, cover subjects such as the culture of safety, communications, use of medications, work

environment and staff, infection prevention as well as risk evaluation.

To evaluate clinical and administrative processes, the visitors will use a methodological tool called a "tracer" and will be able to address staff, clients and their families.

Why?

Beyond the legal obligation (Bill 113) since 2005 for all Quebec health care establishments to be accredited, the process in itself provides an opportunity that a great many hospitals (CHUM, MUHC) have seized for more than 50 years on a voluntary basis to improve the quality of their services, reduce risks, improve efficiency and effectiveness, manage change, train, etc.

For more information consult the Accreditation tab on Lotus, the documentation centre or the Directorate of best practices, quality and performance.



Art within our walls

You may have casually glanced at this work of art...

Or at least at one of its elements. It is so well integrated into the building's architecture that most people see one or another of its components without realizing that there is a link that binds them together.

On the 15th anniversary of the installation of this work of art, Pierre-André Breton, a mechanic with the Directorate of Rehabilitation Technologies took time to meet with the artist, Michel Goulet, in his studio. On pages 6 and 7, he reveals the meaning behind "Blue... and all the colours".



The Institut provides its expertise to the definition of a standard to regulate swimming pool diving boards

By Annabelle Wilkins, Communications technician

Did you know that recreational and sport diving is the number one cause of spinal cord injuries in Canada?

A recent study led by IRGLM physiatrist Dr. Bernard E. Leduc, among others, has shown that residential pools, as well as Quebec's lakes and rivers, present danger to divers.

Unfortunately, most of the population is unaware of the risks of injury associated with diving – Hazard warnings are very seldom indicated on site and, in 47% of reported cases, the victims were intoxicated by alcohol.

A new standard

The absence of safety regulations pertaining to diving boards made accident prevention an arduous task. In 2009, a new standard came into force in Quebec.

Drawn up by the Bureau de normalisation du Québec, of which Dr. Leduc is a member, this standard applies to residential pool diving boards. It is designed to ensure user safety by setting the minimum depth and radius required to allow the installation of a diving board. However, Quebec municipalities are not obliged to apply this new standard.

Absence of regulation

During the third awareness campaign to prevent diving accidents, launched at the beginning of the summer, Mr. Raynald Hawkins, Director General of the Lifesaving Society, deplored the fact that this new standard was very poorly applied. The only place where one can safely dive is "in a public pool equipped with a diving board, under the supervision of an experienced lifeguard" said Mr. Hawkins.

"The absence of safety regulations pertaining to diving boards made accident prevention an arduous task."

Despite pressure applied by many organizations, among which the Canadian Red Cross and the Institut national de santé publique du Québec, government authorities still do not intend to regulate the installation of diving boards in residential swimming pools. In fact, they refused to include this proposal in the "regulation on the safety of residential swimming pools", that came into effect July 22, 2010.



Marc St-Jean-Lachance, a patient at the Institut, participated in a press conference at the launch of the awareness campaign for the prevention of diving accidents. Dr. Christine Fournier, a physiatrist at the Institut, was also present at the event.

EMPLOYEES' SUMMER BLOWOUT: BEEFING THINGS UP!

The sun gods shone upon us for the Employees' Méchoui that was held under the most beautiful and laid-back auspices on June 23rd (our summer employees' bash).

The feast was one to behold: Roast lamb, pork and beef – amazing salads and desserts to die for !!! To wrap things up, a cool DJ spun his tables

to bring us the best of current and retro hits that brought us back to immortal Beatles and disco hits.

HR even devised a little game where colleagues got to meet and greet other colleagues. At game's end, the objective had been achieved – Faces matched names and names matched faces!



Next year should be even more fun!



A word from the DG

A university institute

By Yves Benoit, Executive director

“Legislative changes will be brought about to confer the designation of “university institution” to a consortium of health care facilities.”

Leisure time, family time, travel or simply “la dolce vita” - summer, which brought about a well deserved break for many among us is about to come to an end.

Once again, we must roll up our sleeves to carry on with the building of our Institut. From an organizational standpoint, changes will continue to be made in order to consolidate the teams within our four client programs.

I am aware that living through the merger of establishments brings about its share of unknown factors and ambiguities. This means a certain measure of uncertainty for some which, in turn, can lead to personal and professional difficulties.

However, I am convinced that by pooling the strengths and resources of both establishments, we can be very optimistic about the future.

Becoming the reference

We must remember that merging the establishments was based on a decision to create a centre of high expertise - An establishment that, as stated in our strategic plan, will be known as “the reference in the field of physical rehabilitation”. These high ambitions are logically tied in with the status of full fledged university institution in its own right.

As you undoubtedly know, the Institut is already affiliated with l'Université de Montréal. And we also have important links to McGill University. This allows us to open our doors to hundreds of students every year. However, these agreements do not confer upon us the status of “university institution” as such.

Last June, however, the Minister of Social Services announced that legislative changes will be brought about to confer the designation of “university institution” to a consortium of health care facilities.

This consortium is made up of the Constance Lethbridge rehabilitation Centre, the Centre de réadaptation Lucie-Bruneau, the Jewish Rehabilitation Hospital, the Institut Nazareth et Louis-Braille, the Raymond Dewar institute and of ourselves.

It should help further develop rehabilitation research, provide better support to students, develop cutting edge services and provide impetus to investments in the evaluation of technologies and means and methods of intervention.

Working as partners

It is along with our Montreal partners in rehabilitation that we can foresee reaching our objective of becoming a university institute in the short or medium term. In my opinion, this consortium formula fits in very well with the spirit of cooperation and complementarity that characterize rehabilitation services in the Greater Montreal area.

Without taking anything away from our partners, the university institution status will specifically highlight the Institut's cutting edge expertise, our subspecialties, the quality of our physiatry teaching program, our dynamic research sector as well as our potential for evaluating technologies and methods and means of intervention.

All in all, the university status will simply confirm that this is the place to find rehabilitation expertise.

A bit of history

The wolves of the Lindsay

Did you know that the Lindsay was the oldest convalescence and rehabilitation hospital in North America?

Its rich past lives on through many symbols. As an example, the escutcheon of the Montreal Convalescent Hospital (the former name of the Lindsay Rehabilitation Hospital), comes from the coat of arms of Saint Ignatius of Loyola, founder of the Society of Jesus (the Jesuits).

It shows two wolves on either side of a hanging kettle. The kettle represents a treasury and the wolves symbolize the courage of those who guard and distribute the treasures within. We could interpret the treasure as being health, and the wolves as those who provide care to the sick.



Hat's off!

By Nicole Daubois, Volunteer services coordinator

Do you speak... Creole, Spanish, Romanian, German, Dutch, Filipino, Greek, Mandarin, Russian, Vietnamese, Bagangte, Arabic, Tagalog, Kirundi, Swahili, Hebrew, Sousou, Turkish, or Japanese?

Fashioned after our city and its society, Volunteer Services could be seen as a "Mini United Nations"! New volunteers often come to us from various cultural communities or are new arrivals who, through volunteer work, strive to gain a better understanding of their new

home society and environment .

Volunteering as a means of insertion? Of course! These new volunteers possess knowledge that can be invaluable. For example, these volunteers speak languages such as those listed above. They can, on occasion be used as translators and become a precious link between patients and clinicians.

From all points of view, a fine example of real-life integration at work!



The clinical team was more than pleased to be able to count on the support of a volunteer who translated from French to Urdu during the patient evaluation and some rehabilitation activities. From left to right: Mr. Hasnen Mian, patient, Julie Klein, speech therapist and Harmeet Singh, volunteer.



Entraide – 2010 Edition

By Diane LeBel, Information agent

The Entraide Committee of the public and parapublic sectors has already begun work on the 2010 Entraide campaign that will be held this fall and for which a contribution will be solicited from many health care establishments.

At the IRGLM, the Entraide fundraising campaign will translate into a number of interesting leisure activities. Obviously, payroll deduction is the easiest and most effective means of giving back to help those in need. In September, we will provide you with all the details of the launch of the fall campaign, that will be

held from October 4th through the 15th.

Until then, please feel free to share your comments and suggestions with me so that together, we can make the 2010 Entraide campaign a resounding success. Should you wish to help organize the event, you can be sure we need your help. What it all boils down to, is that we are all the artisans of this campaign. Our commitment and our donations allow those who are sick or in need to improve the quality of their daily life and to regain their dignity. That makes all the difference!



A revolution in radiology!

By Ahcene Zabat, Medical imaging technologist

Last June 7th, the IRGLM made the transition to a new digital imaging system called PACS (Picture Archiving and Communication System), a system that is shared by many Montreal area hospitals.

PACS is a digital photo database of diagnostic imagery. It is also a communications system that allows for the transfer and exchange over distance of these diagnostic images between many practitioners (physicians, technologists, nurses, health care managers, etc.)

Numerous advantages

This new system offers many advantages over the old method. As an example, images can be automatically adjusted.



Mrs. Geneviève Price, PACS trainer, and Ahcene Zabat, medical imaging technologist

The patient does not have to undergo another imaging session if the image is blurred, hence, less irradiation. PACS also eliminates the need for traditional film and its high cost.

All a patient has to bring with him is a CD when he visits his attending physician. With PACS, images can also be consulted from web stations located throughout the establishment, thus reducing the number of trips to the radiology department.

Nouvelles

www.ruis.umontreal.ca

du RÉSEAU



The Institut de réadaptation Gingras-Lindsay-de-Montréal is part of the Réseau universitaire intégré de santé de l'Université de Montréal (www.ruis.umontreal.ca). This feature provides news from the other partners of the network.

Health care system performance

In a report entitled "Three missions... one future : optimize the performance of Canadian university Health Centres", a national task force, co-chaired by Jean-L. Rouleau, Dean of the Faculty of Medicine, recommends that Canadian faculties enter into more partnerships between themselves and with the community.

Medical training in Haïti

Last May 26th, a day of reflective thinking sessions was organized by l'Université de Montréal to examine the situation of medical training in Haïti. These exchanges led to the production of the "Déclaration de Montréal" outlining the commitments towards a full resumption of medical training in Haïti.

Omega-3 and major depression

A study has revealed that the intake of oméga-3 in the form of supplements is effective in patients presenting with major depression without anxiety. This study, the most important of its kind in

the assessment of the effectiveness of omega-3 for major depression was led by Dr. François Lespérance, of the CRCHUM, and head of psychiatry at the CHUM.

A new coordination centre

Inaugurated in May and now undergoing its deployment phase, the Coordination and reference centre, when fully operational, will coordinate patient transfers, training sessions and tele-health activities between the establishments of the RUIS of U of M.



Art within our walls

Pierre-André Breton, Orthotics / prosthetics mechanic

This year, 2010, is the 15th anniversary of the installation of a work of art created by internationally renowned Montreal sculptor Michel Goulet in the Gingras pavilion.

The Institut acquired this work of art during the expansion work done between 1994 and 1996 that resulted in the creation of the Saputo pavilion.



Michel Goulet, creator of the work of art

Installed at the IRM in 1995, the creation of the piece was done within the framework of the "Politique d'intégration des arts à l'architecture et à l'environnement des bâtiments et des sites gouvernementaux et publics" of the Quebec ministry of Culture. This program, better known as "one percent" (1%), applies to those the government subsidizes for the construction of public buildings or sites that are open to the public.

Selection of the project

Since this was a public competition, the selection of the artist and his work was done by a selection committee made up of three members of the IRM's personnel: Dr. Céline Lamarre (physiatrist),

Christian Murie (physiotherapist) and Dr. Jacques Voyer (Chairman of the Board at the time).

The committee's tasks were: first, to select three candidates from the list of artists registered with the ministry's program and second, to receive and study the artists' proposals to select the most interesting from the point of view of architectural symbolism as it relates to the mission of our establishment and from the point of view of architectural integration.

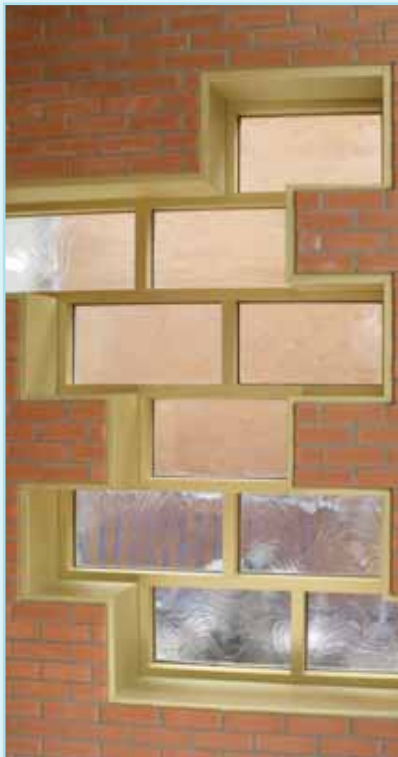
"Blue... and all the colours" is the title of the award winning piece by artist Michel Goulet.

A guided tour

Located at the eastern end of the winter garden, on the ground floor of the Gingras pavilion, it was designed by the artist to be "A path through four fragments deployed as much without as within the winter garden."

As a whole "The work is a sidelong glance, an inquisitive and inventive look at new and nourishing sources; a look that shies away from the well travelled paths".

Each of the elements can be described in many ways, but follow me along the path set by Mr. Goulet.



The breached wall

"Although the interior space of the winter garden opens up to exterior garden, the work takes the eye on an unexpected journey. By breaching ten of these massive blocks, the most opaque and most visibly solid wall opens a new perspective on a discreet space... a quiet enclave."

This breached wall can also represent the event, the accident, or other cause for a break in a person's life line. The frosted glass is the fog or uncertainty that surrounds the outlook on life of a person after the incident.



The fountain

Our path leads us to the exterior, outside the wall, in the enclave, where we discover a third component of the piece.

“Six large blocks of granite, seemingly those from the wall, are laid out on the ground. On one of these, a vase rests on its side, forever spilling its water on the ground.” The water flows, forever giving, much like the caregivers of the IRGLM.

The blocks are pieces of broken lives and, just as water flows from the spring, life must go on. (Unfortunately, the pump that drives this fountain has been broken for a number of years...)

The table

At the foot of the breached wall, a second element, “a small bronze table (object ready built or to be built, like a prosthesis...) on which are laid out sixty seven small artist's paint dots and a paint tube”. “ Under each colour dot, on the palette, a verb in the infinitive voice is engraved.” Colours and verbs are ready to be mixed and conjugated in an infinite fashion with I, You , He, We... in the past, present or future tenses to create a different reality for each individual.

We could also say that the colours and verbs represent the tools and material that we, at the IRGLM provide our clients so they may rebuild a better life for themselves.



The door

Finally, the last component of the piece. The path ends on a “a large white glass surface with blue hues”, its gold frame patterned after the blocks of the facing wall.



In the centre of this surface, “the frame reveals the outline of a door” as an invitation to step through to a new life.

This is the end of the path of “Blue... and all the colours” , as conceived by Michel Goulet. I would like to thank him for having allowed me to interview him in his studio for the preparation of this article. His kindness and openness were truly appreciated. To find out more about the complete works of Michel Goulet, please visit his website at www.michelgoulet.ca

* Text in quotation marks in this article is freely translated from Michel Goulet's written presentation of the work to the selection committee in 1994.



Research news

The Craig Neilsen project: a model for clinical / research integration

By Josée Gauthier, Clinical research coordinator

A new study designed to improve the understanding of the role of postural control in people with spinal cord injuries will begin in September at the IRGLM.

Funded for a period of two years by the Craig H. Neilsen Foundation, the study's goal is to determine the role of postural control and the capacity of the trunk in the recovery of ambulation and wheelchair mobility processes following a spinal cord injury.

For the research team, this study is a model for integrating research into the clinical environment since the Spinal cord injury program clinicians will play a key role in the success of this endeavour.

Clients who are admitted to the program, have given their consent and are eligible to participate in the study will be evaluated on three occasions to characterize the sensorimotor recuperation of the trunk and limbs,

posture and balance control, as well as mobility in both the sitting and standing positions.

Four months following their discharge from the rehabilitation unit, they will be seen at the pathokinesiology lab for an evaluation of muscle activation as well of the motion strategies associated with balance, mobility, and their impact on the level of physical activity and quality of life.

This study will also be run simultaneously at the Toronto Rehabilitation Institute .

Professional Master's Degree in occupational therapy and physiotherapy.

physiotherapy is providing new opportunities to lay new bridges between research and clinical work. As a consequence, site research scientists are currently supervising more than twenty candidates to the Professional Master's degree.

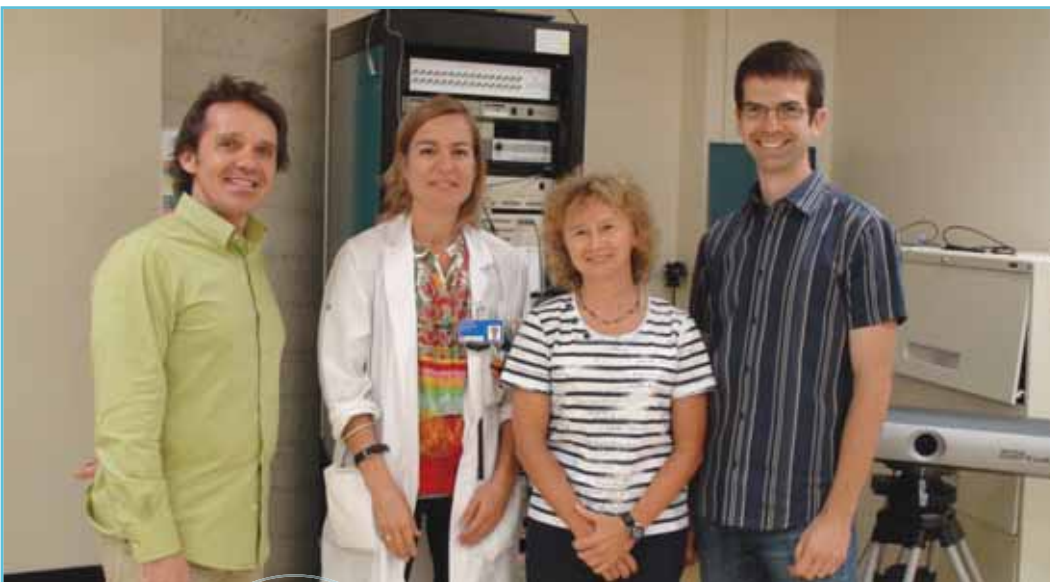
Over the next year, students will develop intervention projects in response to concerns and questions raised by the IRGLM teams. The analysis of a tool designed to track falls and the evaluation of client satisfaction following the provision of a technical aid are examples of these projects. Should you have questions that pertain to your professional practice, please feel free to get in touch with me.

Help wanted

Do you like blogs and forums? Do you work with the neurology program (Strokes)? Would you like to contribute to the development of a Web platform? Get in touch with Lise Poissant at ext. 2277... and make sure to read the next edition of Between Us.

Special congratulations

Congratulations to Dany Gagnon, PT, Ph.D. Ho received a career award from the FRSQ, he is now a Scholar - Junior 1



A team of researchers and clinicians made up of Dany Gagnon, Géraldine Jacquemin, Sylvie Nadeau, Cyril Duclos and Rachid Aissaoui (absent from photo) Initiate a new clinical study with the spinal cord injury clientele.



The Director General's safety rounds

An enriching experience in the field

By Natalie Fish
Risk management and quality coordinator

Yves Benoit, our Director General, began a series of rounds with the objective of further developing the safety culture at the Institut.

The objective of these rounds is to visit all care units of both pavilions as well as some other departments. During these rounds, Mr. Benoit is accompanied by the clinical managers who help define the actions to be undertaken.

The safety rounds begin with an informal discussion with the team. Here, safety-related issues the staff must face on a daily basis are examined. The DG then visits the unit to visualize some of the concerns that were highlighted during the meeting.

The employees encountered during the rounds participated in the process with conviction and were happy to share their daily observations and experiences in order to improve the quality of care provided at the Institut.

Interesting findings

Many important points were raised, with some recurring from one unit to another. Others may be specific to a type of equipment or procedure. Others still, will help prioritize needs in terms of educational programs.

Because staff works in the environment on a daily basis, they become the experts in a sense, or at least the persons most likely to suggest possible solutions to the problems.

“ The employees encountered during the rounds participated in the process with conviction and were happy to share their daily observations and experiences.”

The level of satisfaction with these safety rounds is very high. Following a survey done after each visit, the response to the following statement: “I think that this meeting was useful towards the development of a safe environment” scored an average of 4.5 / 5 with “5” indicating “very useful”.

Upon completion of the exercise, all the information gathered will be analyzed and actions will be prioritized. We will keep you informed of the developments and welcome any input you may have. Your opinion is valued greatly!



Staff encountered during the safety rounds are determined that the establishment should be one of the safest of work environments.

New orthotics clinic

By Claude Nadeau
Head of production (DRT)



We are very happy to announce the first physiatry orthotics clinic to be held September 30 by the Directorate of rehabilitation technologies (DRT).

In line with the DRT business plan, this initiative was made possible thanks to the efforts of Dr. Natalie Habra, a new physiatrist with the Institut's medical team.

Inspired by the success of the foot orthotics and wheelchair evaluation clinics, Dr. Habra will take over the orthotics clinic all the while being constantly supported by the orthotists of the DRT.

Our Montreal clientele will at last be able to benefit from a complete functional diagnostic evaluation that will provide them with the most adequate orthotics that include cutting edge technologies!

We hope you will inform your colleagues and professional contacts about this new opportunity for their clients and beneficiaries.

Our best wishes to Dr. Habra and to the DRT orthotics team.



This initiative was made possible thanks to the contribution of Dr. Natalie Habra, a new physiatrist with the Institut's medical team.

The IRGLM's clinical ethics committee

By Natalie Fish, Quality management coordinator

Following a period of inactivity during the establishment's intense reorganization phase, the IRGLM's Clinical ethics committee (CEC) is back on track.

The CEC can provide help and support to families, loved ones, interveners and the Institut's management during times of reflection or when pondering best decisions in the face of a dilemma of an ethical nature.

Within the committee, discussions factor in beliefs, values, human experiences as well as limitations that can be encountered.

Although consultative in nature, the CEC can also propose guidelines. Over the last four years, it made recommendations on four topics:

- Dilemma within the Brain Injury program: rehabilitation activities and safety (May 2009);
- Patient discharge: what is the best time? (August 2008);
- The personalized intervention plan: for a global rehabilitation of the person through successful partnerships (October 2007);
- Elaboration of guidelines pertaining to the use of living wills (last wishes) (May 2005).

Members of the IRGLM's clinical ethics committee *

Chair (during the transition period):
Natalie Fish

Ethicist: Danièle Laudy,
Université de Montréal

Jurist: Anik Nolet, specializing
in health and ethical law

**Representing the MC
(Multidisciplinary Council):**
Louise DeSerres

**Representing the CN
(Council of nurses):** Diane Ruel

**Representing the CPDP (Council of
physicians, dentists and pharmacists):**
Dr. Roger Vadeboncoeur, physiatrist

Representing the public:
Suzette Clément

Representing users:
Pierre Veillette

* A representative of the CN and of the MC will be named in the coming weeks.



The Client-program structure is now complete

By Kateri Leclair, Director, Client services

After the Program heads and their assistants were appointed early last spring, medical chiefs and clinical coordinators have now been named

for each of their programs. This completes the management structure of the Client programs. A new department head joins the neurology

program. Alain Gagnon, who was previously with the CSSS Jeanne-Mance, Rosalba Guerrero who had assumed the duties of interim department head over the summer. I thank her sincerely for her hard work.

We have finally settled on the names of the four Client programs. From now on, we invite you to use the nomenclature as outlined below.

Programs	Spinal cord injury	Neurology	Amputations and severe orthopedic injuries	Physical health
Heads	Caroline Joly	Alain Gagnon	Marie-Ève Demers	Denis Phaneuf
Assistants	Carmelle Lubin	Micheline Vilmé	Lyvie Lamour	Lisette Cano
Medical chiefs	Dr Christine Fournier	Dr Jean Fleury	Dr Denis Duranleau	Dr Michel Nadeau
Clinical coordinators	Lucie Bois	Lucie Tremblay Rosalba Guerrero	Carole Tardif	Marie-Claire Gaudet Antonia Tsonis



Personalized financial services for our employees

By Raphaëlle Lebrun, Organizational development advisor

The IRGLM has entered into an agreement with "La Capitale Financial Services" to provide its staff with personalized financial services.

Mr. Jonathan Mercier, *Financial security advisor and Group Savings representative*, specializes in RREGOP and RRPE pension plans and can offer a number of financial products and services that are tailor made to the needs of Quebec Civil Service employees.

You can benefit from his services, free of charge, in room 462 of the Lindsay pavilion on the 1st Wednesday of every month:

- September 1, 2010
- October 6, 2010
- November 3, 2010
- December 1, 2010
- January 5, 2011
- February 2, 2011
- March 2, 2011
- April 6, 2011
- May 4, 2011
- June 1, 2011
- July 6, 2011
- August 3, 2011
- September 7, 2011

In the fall, group information sessions on financial planning will be held at the Gustave-Gingras auditorium. To register, contact Mr. Mercier directly at least 10 days before the date of the session.

We hope you will appreciate this service and that you will attend the sessions in great numbers.



« Bâtir son avenir » Building the future	November 10 from 16:30 to 19:30 <i>Bring your lunch!</i>	Under 35 years of age
« La mi-carrière » Half way there	November 17 from 16:30 to 19:30 <i>Bring your lunch!</i>	35 to 50 years
« La retraite » Retirement	November 24 from 16:30 to 19:30 <i>Bring your lunch!</i>	50 years and over

Experience is the name of the game at the IRGLM Foundation

A seasoned manager, Mr. Michel Fortin joins the IRGLM Foundation as Assistant Director General.

Mr. Fortin worked as a team with Director General Mrs. Danielle J. Martin at the Fondation de l'Hôpital Charles-LeMoine for 9 years. The duo

is back together again to ensure the development of our new foundation.

Previously, Mr. Fortin spent 22 years with the Mouvement Desjardins, notably doing management replacement (replacing the Director General) and in the caisses populaires.

He was Director of operations and Assistant Director with the Fondation Hôpital Charles-LeMoine. He was schooled in management at the HEC.



Welcome aboard!

M. Michel Fortin

New faces and departures

New faces



- Alain Gagnon, Head of the neurology program



- Maxime Rousseau, Orthotics prosthetics mechanic



- Sandra Desriveaux, HR management advisor



- Karolyn Bailey, Beneficiary attendant



- Rothna Sun, Nursing assistant



- Marion Bossé, Orthotics / prosthetics technician

Departures

- René Brassard, Nurse
- Claude Forest, Pastoral animator
- Diane Côté-Pouliot, Administrative agent, Class 2
- Julie Fournier, Occupational therapist
- Catherine Jean, Occupational therapist
- Carole Léveill , Administration technician
- Mohamed Dbiri, Food service
- Armando Parades, Beneficiary attendant
- Reda Hammoudi, Nurse
- Bill Soucy, Nursing assistant
- Marie-Renette Lubin, Beneficiary attendant
- Maxime Prieur-Grenier, Food service
- Radu Mioara Sofron, Nurse
- Selena Lauzi re, Physiotherapist



We sincerely hope that Diane Petit, Director of administrative services, will enjoy her retirement after spending more than 10 years with the establishment.



Clinical-administrative support activities coordinator Monique Rochefort left us July 30th after 35 years of loyal services to the establishment - A well-deserved retirement.



Dr. Fran oise Chagnon, Director of professional services, left us July 23 to give her all to her ENT practice.



Another notable departure is that of Jean-Guy M nard, Local commissioner for complaints and quality. A past Director of the LRH Foundation, Mr. M nard left us July 30th to spend more time on personal projects.

Temporary postings



Dr. Jean Fleury, Interim Director of professional services



Carole Beaudoin, Interim Director of financial and informational resources



Marie-Claude Gris , Interim person responsible for hospital services (radiology, reception, admissions, medical secretaries and medical records)



A colleague well appreciated by all

Fr gory D sinat, of the informational resources department left the IRGLM last June. His team gathered to show their appreciation.

