



The Maurice-Mongeau Award Ceremony

Diane LeBel
Information Officer

The Maurice-Mongeau Award ceremony for excellence in teaching was held at the Institut last February 25.

With many Institut employees and physicians in attendance, the name of the recipient of the Maurice-Mongeau Award for the 2008-2009 academic year was announced. The prestigious prize was awarded to **Mr. Michel Danakas**, physiotherapist, who has been an important part of the spinal cord injury program at the Gingras pavilion for 27 years.

Known for his energy and effervescence, Mr. Danakas seems to be everywhere at once! He could be at the gym, surrounded by students, or on the 2nd floor, or at the Université de Montréal, McGill University, the University of Ottawa or the Université de Sherbrooke, teaching bachelor's or master's degree courses. He also directed the content of the program on spinal cord lesions at the Université

de Sherbrooke in 2009, on top of copyreading the study notes on traumatic and non-traumatic lesions of the Master's of Education program at the Université de Montréal in 2009. Very much appreciated by his students, Michel communicates his passion for physiotherapy as well as his knowledge in a dynamic and humorous fashion.

The Maurice-Mongeau Award was named in honour of physiatrist Maurice Mongeau who worked at the IRM for 42 years and fostered clinical excellence while sharing his knowledge with a number of physiatrists, some of whom

are still working at the Institut. The award recognizes the particular achievements of a professor who offers dynamic and quality

education, and imparts the richness of his readaptation specialty within and without the institution. The Institut can take pride in its rehabilitation ambassadors.

The Institut can take pride in its rehabilitation ambassadors.

This award for teaching excellence in 2004 at the IRM was created by Dr. Roger Vadeboncoeur who was inspired by the pioneer in the field of rehabilitation.

Here is a list of recipients of the Maurice-Mongeau Award from its inception:

- 2003-2004 Dr. Jean Fleury
Physiatrist
- 2004-2005 Mr. Christian Murie
Physiotherapist
- 2005-2006 Ms. Claude Paquette, PhD
Neuropsychologist
- 2006-2007 Mr. Alain Godbout
Physiotherapist
- 2007-2008 Dr. Nicole Beaudoin
Physiatrist
- 2008-2009 Mr. Michel Danakas
Physiotherapist

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Director of Teaching Dr. Sylvie Houde, and Executive Director Yves Benoit presented the Maurice-Mongeau Award to Mr. Michel Danakas (center).

In the News

Lip Dub in Tribute to Jacques Tremblay



Pascal Mailhot
Assistant to the Executive Director

Now here's an original way of honouring an appreciated colleague! About forty Institut employees shot a lip dub to acknowledge the departure of psychologist Jacques Tremblay.

The clip is highlighted by a long sequence shot that takes us through the Gingras pavilion. Talk about teamwork — to say nothing of the tremendous coordination job accomplished by occupational therapist Nancy Dubé!

Now here's an original way of honouring an appreciated colleague!

A lip dub is a video-clip that uses audio playback and a sequence shot featuring colleagues in their professional environment. Usually intended for posting on the Internet, the concept is based on the creativity and good humour that prevail in a team or business.

The concept has allowed many organizations to get free exposure, thanks to the current popularity of new medias on the Net. Case in point: Sacré-Coeur hospital shot an ambitious lip dub around Expo 67 theme song *Un jour, un jour*, sung by Donald Lautrec, to recruit personnel.

To view the Institut's lip dub, go to the Institut's Facebook page... that is, until the Institut gets its own website, which should be at some point in the spring.



Training Session with the CSST

Last February 9, the musculoskeletal disorder/amputee program team gave a one-day seminar to twenty CSST rehabilitation counsellors and worker's compensation officers on the subject of functional rehabilitation following the amputation of a limb. The event was held at the Institut's Gustave-Gingras auditorium.

From 8:30 to 16:30, the presenters, including Dr. Denis Duranleau, Physiatrist, as well as interveners and managers from all sectors of the musculoskeletal disorder/amputee program, enlightened participants on a wide range of interesting and program-related subjects such as:

- Definition and levels of amputation;
- Objectives, activities and functions of intensive functional rehabilitation;
- Psychological and social consequences;
- Frequent problems and medical aspects;
- Frequent problems for the amputee;
- Types of orthotics and prosthetics.

The training session wrapped up with a visit of the treatment rooms, followed by a question period with Denis Phaneuf, Clinical and Administrative Coordinator of the subacute ortho program. Participants were then asked to evaluate their training session. The positive comments received is a testimonial to the success of this event.

Note from the Executive Director



Yves Benoit
Executive Director

Safety First

Have you ever witnessed a situation where a patient was injured in a way that could have been prevented? If this is the case, you are no doubt more concerned about the safety measures in effect at our establishment.

This concern for safety led us to create safety teams. The purpose of this initiative, covered in detail in the current edition of *Between Us*, is to develop a culture based on safety, and an environment designed to reduce the risk of incidents and accidents to a minimum.

In the Field

To support the initiative and its importance to management, every month, accompanied by clinical department heads, I will visit a floor or a program to meet “in the field” with staff and patients.

These visits will open up discussions on the subject of safety within the establishment as well as on behaviours and attitudes that facilitate the prevention of accidents. Proper notes will be made of suggestions and ideas proposed by all involved.

Also, safety teams were put together. They check the environment, furniture, equipment, and anything that can have an impact on patient safety.

I wish to congratulate those who set up this initiative and thank all who are involved in the safety of our patients.

Management Structure

On another matter, the merger process is about to culminate with the appointment of middle managers. Their arrival will speed up the integration of activities of the two original institutions.

In most cases, links are created naturally, which means that the objectives of the merger process answered needs that were indeed very real. In other cases, the consolidation process is more delicate, and requires some analysis and consultation to determine a reorganization process ensuring a smooth transition.

As I have often said, the human element should come first. In other words, the merger process must be open and participative. It must also be transparent and fair. In a nutshell, everyone should find his or her own interest in the process.

Once again, I would like to express my

appreciation for the remarkable work we accomplished together over the past months to make this transformation a resounding success.

I would like to especially acknowledge the work of Mrs. Denise Mauger who has been a constant support since I came into this office. We all know that her generosity and contributions to the development of the Institut are priceless. With the thought that we will hopefully see her often among us, I wish her the best on her retirement.

We wish to develop a culture based on safety to reduce the risks of accidents and incidents to a minimum.



News from the Amputee Coalition of Canada



Natalie Fish
Coordinator, Quality Improvement
Chair, Amputee Coalition of Canada

The Amputee Coalition of Canada (ACC), whose head office is located right here at the Institut, has been in existence since September 2008.

This non-profit organization was created in 2004 as a result of a partnership with the *Amputee Coalition of America* (ACA). The first program implemented in Canada was the Peer Visitor network. There are now 212 accredited visitors across the country, including representatives of the Canadian Armed

Forces and Canadian Veterans, all of whom are ready to support new amputees no matter where they are located in Canada.

Our website (www.amputeecoalition.org) aims to become a source of information for amputees and their families. Along with writing articles for *In Motion magazine*, we introduce our organization to the public through conferences on rehabilitation.

To safeguard its vision and its mission, the ACC depends on an elected Board of Directors as well as on a Medical Advisory Committee chaired by Dr. Jacqueline Hebert, of the Glenrose Rehabilitation Center in Edmonton, Alberta. Marie-Ève Demers and Carole Saint-Jean, both of the Institut, now sit on this committee.

In the News!

We would like to take this opportunity

to welcome the “new voice” of the ACC, Mr. Denis Painchaud, who answers e-mails and calls directed to the ACC. Furthermore, we owe him for the creation and management of our database designed to facilitate peer matching. As a coordinator, he is located at the Lindsay pavilion.



Mr. Denis Painchaud

Once again, we wish to thank the Lindsay Rehabilitation Hospital Foundation as well as the management of the Institut for their support. Without their contributions, these achievements would not have been possible.

Hats Off!



Nicole Daubois
Volunteer Services Coordinator

For two years now, patients in strict isolation, that is those who are restricted to their rooms and must receive treatments there, can access a very popular leisure activity: movies!

Thanks to the profits generated by the Volunteers Services annual book sale,

we acquired two carts equipped with TVs as well as DVD and VHS readers.

Nicole Leduc, one of our volunteers at the video library, systematically meets with isolation patients of the Gingras pavilion to offer this service. An analysis of the loans confirms the success of this initiative: about twenty patients made the best of this program since it began in March 2008. Many patients borrowed more than 50 movies each, during their stay at the Institut!

Hats off to Nicole Leduc who ensures the follow-up with this clientele!



Nicole Leduc

The Safety Squad: For a Safe Environment



Sandra Lavoie and Natalie Fish

In the September 2009 issue of *Between Us*, we announced the creation of a safety squad. The squad was formed last November at the Lindsay pavilion.

Since then, members of the squad were named and underwent appropriate training. The team is made up of representatives of the two care units, rehabilitation and public areas (technical services). Their main role is to identify anything that could compromise the safety of our staff, patients and visitors.

The Squad at Work

The first rounds were made last November. Armed with their checklists, the members of the team, accompanied by Sandra Lavoie, visited all therapy rooms of the Lindsay Pavilion. The visits continued in December when the neuro floor was inspected with a fine tooth comb. Thanks to their eagle eyes, nothing escaped them! From the presence of obstacles to the safety of furniture, everything was inspected. Members of the squad can be easily identified by the badge they wear.

The list of potentially dangerous elements found by the team was forwarded to the directors concerned so that a follow-up could be done and immediate corrective measures implemented. The ultimate follow-up is done by the risk manager. During the rounds, many aspects are taken under consideration: the safety and environmental cleanliness of the area,

the risks of contamination or the ease of disinfection as well as the physical layout of the area to optimize space so that patients can engage in their activities with a minimum risk of falling.

Worthy Objectives

The goals of these inspections are to create a safe work environment, to develop a culture based on safety at the Institut, and to prevent incidents, accidents and falls. Furthermore, they generate mobilization of employees for improvement of safety (empowerment). The rounds are also a means of gathering suggestions on how the work environment can be improved according the vision of people who work "in the field".

The inspections by the safety squad, a pilot project of the Lindsay pavilion, are scheduled on a monthly basis so that, after one year, every area of the pavilion will have been inspected. The mission of the safety squad will soon be broadened to include the Gingras pavilion. The date for this remains to be determined.

The members of the squad are enthusiastic. They feel they can actually make a difference and improve the situation!

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The members of the Lindsay pavilion safety squad, from left to right: Amélita Catuira, Marie-Laurette Défense, Céline Hébert, Henri-Claude Antoine, Sandra Lavoie, Diana Green-Gray, Claude Laroche, Evangelina Flores. Absent: Beverly White.



Our Services at a Glance

A Guided Tour of the Clientele Services Directorate

The Clientele Services Directorate is a busy place, with many people and services. But how well do we know this Directorate headed by Kateri Leclair? *Between Us* met with her to find out more.

Q. What is your directorate exactly and what are its components?

A. Under Clientele Services, we find all clinical operations of the Institut except of course for the medical side of things. It includes nursing and other health care professionals, divided into four client programs.

Q. What is your role?

A. Ultimately, I must make sure that these programs answer the needs of our clients and ensure the quality of services as well as their accessibility.

I must also participate in reaching the organization's strategic goals, through

the development of partnerships, for example. I must also be aware of the evolution of the external environment, and be on the lookout for service development opportunities. Fortunately, I have help in the person of Nancie Brunet, the new Assistant to the Director of Clientele Service, who will have a key role to play in this area.

Q. So who are the other management key players?

A. A program head is responsible for each program's activities. He or she works closely with a head of medical services to ensure that the offer of those services meets clientele demands.

Assistants help the managers get the job done, especially in the nursing department. They are, in fact, the direct supervisors of the entire nursing team of each of the programs, including clerks and attendants.

Finally, each program has one or two clinical coordinators who are responsible for ensuring optimal continuum of care.

Q. Explain how management by program fundamentally differs from management by department.

A. In the concept of management by program, all who are in contact with the client must share the same vision. The orientation must be the same for the nurse, the attendant, the physiotherapist, the speech pathology therapist, the occupational therapist, the nutritionist, the leisure technician, the social worker, the psychologist, the educator, the nursing assistant, the neuropsychologist, etc. Basically, management by program means that all interveners converge on the client.

Q. What challenges and issues will the Clientele Services Directorate have to face shortly?

A. There are a number of challenges

in the context of the transformation we are undergoing presently. First and foremost, all must integrate the client-program operational principles. This means the modus operandi of the two original establishments must be harmonized, the clientele have to be grouped together, certain practices must be reviewed, etc. I am looking forward to our managers "thinking outside the box" and applying creativity to their management styles.

Another challenge we face is to make the Institut's expertise widely known, because the services we provide are unique!


Q. The Institut already has a university affiliation. How is this status an advantage for client services?

A. I would say that it creates special dynamics that drive us to be constantly on the lookout for best practices.

Interview by Diane LeBel
Information officer




Kateri Leclair
Director of Clientele Services



Advisor to the Clientele Services Directorate
Marcel Ouellet




Director
Kateri Leclair




Assistant to the Director
Nancie Brunet

SPINAL CORD INJURY PROGRAM




Head
Caroline Joly




Assistant
Carmelle Lubin

NEUROLOGY PROGRAM




Head
Lucie Tremblay




Assistant
Micheline Vilmé

AMPUTEE PROGRAM




Head
Marie-Ève Demers

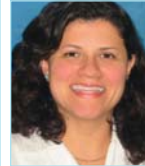


Assistant
Lylvie Lamour

PHYSICAL HEALTH PROGRAM



Head
Denis Phaneuf



Assistant
Lisette Cano

Nursing Directorate: An Advisory Role

Within a traditional structure, the role of the Nursing Directorate (ND) is hierarchic. What about organizations that adopt and practice management by program?

“The role of the Nursing Directorate is quite different. It acts more like a management advisor to the Client Services sector”, explains Director Daniel Messier.



Mr. Daniel Messier

“The nursing personnel working under the various programs answer to the Clientele Services Directorate, except for the recall lists.

The ND takes on the role of quality and risk management as they apply to nursing in each of the programs

and within the pavilions. This is done through monitoring as well as the control of care quality and standards of practice indicators. It ensures the application of best practices based on proven results and the development of clinical competencies as they apply to our clients.

In the workplace, these responsibilities are assumed by three specialized nursing care advisors who are assigned to specific programs.

A professional practice coordinator will bring support to the Director in the evaluation of professional practices, the assessment of products and equipment, and the management of replacement activities. Furthermore, she will play a supporting role with the infection prevention and control advisors, the wound care advisor and the advisor

responsible for on-the-job training.

The team is rounded out by four activities coordinators who, in the absence of directors and program heads (evenings, nights and weekends), plan, coordinate and assess those clinical and administrative activities that relate to care and client services.



A Mission from the Heart in Support of the Great Haitian Family



Michaela Cimbirt
Nurse

The news of the earthquake reaches me through my sister – the magnitude of the disaster is unknown. Hours roll by, details of the catastrophe are sketchy. The picture is bleak.

My immediate family only suffered material losses. But the “Great Family”, such an important part of the Haitian culture, the one made of friends, neighbours, close relations, that family is deeply affected. In 2004, in the aftermath of Hurricane Jeanne that hit

When this most recent tragedy struck, I could not stand idly by.

Gonaïves, my home town, I was part of the Red Cross mission for two months. When this most recent tragedy struck, I could not stand idly by.

The devastation

I left for two weeks, ready to go back if need be. On January 20, I joined other nurses and physicians in the first contingent to leave Quebec. We arrived in Haiti to the deep sadness of a city completely destroyed. Our team was housed in a large open-area gallery. We were assigned to the Hôpital

Diquini located at the other end of Port-au-Prince. Patients were lying in tents. The different services (maternity, pediatrics, etc.) were also located in tents. The people’s

distress cannot be described. I had the impression of entering a ghost town inhabited by no one but the sick and the wounded.

Patients were laid out on pieces of cardboard and old mattresses. Supplies were short. There were some medications, but nothing to ease the pain or deal with severe trauma. I was assigned to the pharmacy, and I wish to thank the staff of the Lindsay pavilion pharmacy for their advice.

Mutual Aid and Solidarity

Health care professionals arrived from everywhere. Brought together by such a disaster, they all got to know and support each other. This solidarity helped all of us to cope with the stress and pressure.

Everyone Helping in Their Own Way

Such a mission requires not only personal commitment, but also great resistance to the brutal reality of the field. Even with the strongest will, one

has to know his limitations. In such a context, the smallest gestures – saying hello, a reassuring touch of the hand, a few words – make a world of difference. On behalf of the people of Haiti and myself, I want to thank all my colleagues of the Institut, without exception, as well as Mr. Benoit, Executive Director, for his message of support. I also extend thanks to our chaplain Luc for his psychological support.

A Warm “Thank You” from Oxfam-Québec

It is with great pleasure that Mrs. Josée Vermette, special educator with the TCC program and a member of the Committee for Haiti (set up last January to provide aid to the earthquake victims of Haiti), received a letter from the office of the Director of Fund Raising for Oxfam-Québec, thanking our establishment for the amount of \$3,450 collected during a fund-raising dinner held at the Gingras pavilion last February 2.

Through this letter, Oxfam-Québec expresses its gratitude to our establishment for the trust we placed in their capacity to organize rescue efforts directed at the Haitian people who lost everything.



Gradual Implementation of Local Emergency Measures Plan



Sandra Lavoie
Risk and Quality Management Coordinator

The local emergency measures plan of the Institut is actually made up of three plans:

- The PLSC (Local Emergency Preparedness Plan – health mission);
- The PMU (Emergency Measures Plan) specific to the Gingras pavilion;
- The PMU (Emergency Measures Plan) specific to the Lindsay pavilion.

A committee made up of the emergency measures coordinators of both pavilions as well as representatives of administration, professional services, nursing, client services, the RTD (DTR), food services, risk management and communications departments meet on a regular basis to validate the contents of the new Emergency Measures Plan.

Prudent, a specialized firm, acts as principal adviser on this matter and helps with preparation of the respective plans.

The framework of the plans will be submitted to members of the Management Committee. Once adopted, the plans will be presented to the members of the Risk Management and Quality Improvement Committee.

Finally, the plans will be approved by the Board of Directors. With this in mind, a resolution will be submitted to the Board for its May 10, 2010, meeting.

Following the adoption of the resolution, training will begin following certain priorities (the emergency brigade, for example) to finally extend to all personnel. A committee oversees planning for training.

Looking forward to see you at one of our training sessions!

Special Company from Brazil!



Denise Mauger
Adviser to the Executive Director

Last February 1, we welcomed the Chair of the National Council of the Secretaries of State for Health of Brazil, Dr. Beatriz Dobashi, herself Secretary of State for Health for the state of Matto Grosso do Sul; her assistant, Sra Adriana Tobal, and Dr. Fernando P. Cupertino de Barros, Technical Adviser for Science and Technology and International Relations for the National Council.

Dr. Cupertino coordinates the partnership between the Institut and

the Goiânia Center for Rehabilitation, a center developed and built with the assistance of the Institut de réadaptation de Montréal in the early 2000s.

Dr. Dobashi, who was visiting Québec, wished to get to know the Institut she

had heard about from Dr. Cupertino to find out about its rehabilitation philosophy, the organization of its services and its position within the Québec health care system.



On the photo, from left to right: Nathalie Charbonneau, Sra Adriana Tobal, Dr. Fernando P. Cupertino de Barros, Dr. Beatriz Dobashi, Yves Benoit and Kateri Leclair.



New Faces in Research



Marie-Thérèse Laramée
Research Coordinator

We are very pleased to introduce two new research scientists who have joined our team. They are Dorothy Barthélemy and Johanne Higgins.



Dorothy Barthélemy is a physiotherapist and assistant professor at the École de réadaptation de l'Université de Montréal and an emergent researcher at the Institut de réadaptation Gingras-Lindsay-de-Montréal. A graduate of the Université de Montréal, she worked in rehabilitation with people presenting musculoskeletal disorders caused by various pathologies. Over the course of her practice, she developed an interest in research, with a desire to understand the mechanisms involved in the recovery of locomotor skills.

Ms. Barthélemy holds a master's degree and a doctorate in neurological sciences from the Université de Montréal. Her research provides a solid background in neurophysiology and neuro-pathophysiology. Her academic path led her to do postdoctoral work at the CHU Pitié-Salpêtrière in Paris and

at the University of Copenhagen in Denmark. On top of learning the basics of the Danish language, she studied the mechanisms of the brain and spinal cord involved in rehabilitation of locomotor skills in humans.

She's been back in Montréal since January 2010. Her main field of interest is understanding the reorganization that occurs in the brain and spinal cord after a lesion to the CNS, and the optimization of the recovery of locomotor skills using innovative therapeutic approaches.



Johanne Higgins is an occupational therapist and assistant professor at l'École de réadaptation de l'Université de Montréal, and an emergent researcher at the Institut de réadaptation Gingras-Lindsay-de-Montréal. She is a graduate of the Université Laval. After a few years working as a clinician, she just finished postdoctoral work at the Department of Experimental Medicine at McGill University. Ms. Higgins is interested in the rehabilitation of the upper limb in persons having suffered a stroke, through the use of task-based therapy used jointly with repetitive transcranial magnetic stimulation.

She has also acquired expertise in the development and validation of various rehabilitation methods using Rasch's analytical methods and the Item Response theory, as well as in the computer development of adaptive measures.

Welcome, both of you!

Upcoming activities

1. Clinical and organizational lessons in telerehabilitation: A case-study of telerehabilitation in Québec

Wednesday, April 7, 2010, from 12:00 to 1:00 pm, in the videoconference room (to be confirmed)

2. The transfer of knowledge for an effective use and appropriation of scientific knowledge in clinical practice: A challenge that can be met

Wednesday, April 21, 2010, from 12:00 to 1:00, in the videoconference room (to be confirmed)

Welcome - New Horizons

New Faces



Sophie Laplante
Occupational
Therapist



Samuel Hotila
Watchman



Ikram El Arjami
Orthosis-Prosthesis
Technician



Stéphanie Jetté
Orthosis-Prosthesis
Technician



**Ankaoud Angele
Rose**
Beneficiary
Attendant



**Miheala
Manolache**
Clinical Nurse
Specialist



Shirley Noisette
Beneficiary
Attendant



Mélanie Boivin
Administrative
Agent Class 2

Honouring a Great Lady



A friendly gathering was held on March 24 to acknowledge the retirement of Ms. Denise Mauger, Adviser to the Executive Director. Many dropped by to say a few words or simply to write some thoughts in the souvenir album that was presented to her. On this occasion, Ms. Mauger was given a painting by Céline Gaudreault, Occupational Therapist at the Institut.

Departures

Mitchell Jean Dungo
Attendant, Food Services

Paulina Urgel
Attendant, Food Services

Micheline Vermette
Social Worker

Sylvie Jobin
Clinical Administrative Manager
Musculoskeletal Program

Denise Saint-Amand
Medical Secretary

Rectification to our List of Physicians

It was brought to our attention that the list of physicians published in the centre spread of the last edition of *Between Us* presented certain errors and omissions.

Among physiatrists, we should have included:

- Dr. Anne Pelletier
- Dr. Denis Raymond

The name of Dr. Stéphane Gagnier, Psychiatrist, should have been included in the listing of specialists and not under the listing of physiatrists.

The following names should have been included in the listing of specialists:

- Dr. William John Barkas, Neurologist
- Dr. Patrick Harris, Plastic Surgeon
- Dr. Marcel Julien, Respiriologist
- Dr. Jacques Malo, Respiriologist

We apologize for these mistakes.



Our Infamous Contest

Anagrams Contest

Find the words in the jumbled letters.
The theme is... **spring cleaning!**

Please submit your answers by Friday, May 7, by dropping your answers in the contest boxes located in the main entrances of both the Gingras and Lindsay pavilions. The draw will be made among entry forms containing the right answers.

Good luck!

OISNNCFEDITI

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MUCUVA LCNREAE

PSOA

SUEEGEEQ

OPM DNA BCKTEU

RUSTED

BOOMR

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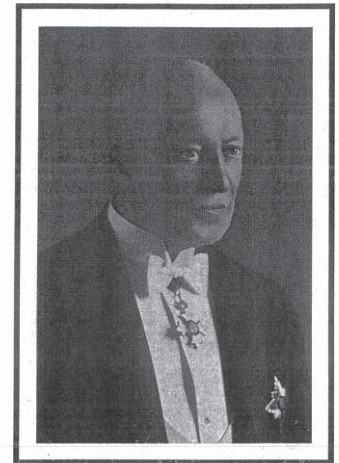
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Time Capsule

Who was Charles W. Lindsay?

Blind since he was a teenager, Charles William Lindsay (1856-1939) founded a chain of stores that specialized in the sale of pianos, phonographs and sheet music. He became wealthy through the acquisition of many businesses and subsidiaries in Montreal, Kingston, Ottawa, Québec City, Trois-Rivières and Verdun.

He was made Knight of the British Empire in 1935. Sir Charles W. Lindsay was also a great philanthropist, giving generously to hospitals and charitable concerns such as *The Montreal Convalescent Hospital*, which was to become the Lindsay Rehabilitation Hospital.



Between Us is the newsletter of the Institut de réadaptation Gingras-Lindsay-de-Montréal. Contents of the articles are the sole responsibility of the authors.

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