Raising family health to new heights
Message from CIUSSS leadership .......................................................... 3

When a crisis hits home: Helping families of youths in distress ........ 4

Parenting a teenager, it’s a Mission imPossible! .............................. 6

Happy students, happy families ........................................................... 8

CLSC services .................................................................................... 10

Child Psychiatry at the JGH ................................................................. 12

Super-clinics: Superior access to frontline health services .............. 13

Family Medicine Groups ................................................................. 14

Super-clinics ....................................................................................... 15

Test centres ........................................................................................ 15

Home care .......................................................................................... 16

Keep an eye out for glaucoma ......................................................... 18

New ombudsman sees complaints as stepping-stones to better care .. 19

CIUSSS sites ....................................................................................... 20

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Welcome to the latest edition of Well-being, a magazine to help familiarize you with the wide range of health care and social services that are available to you in the Integrated Health and Social Services University Network for West-Central Montreal (CIUSSS West-Central Montreal).

Our goal in this publication is to help you—as a patient, client, resident or visitor—to more efficiently navigate the healthcare system and gain prompt access to the services that are best suited to your needs.

Our network is comprised of over 30 sites, including CLSCs, long-term care facilities, rehabilitation centres and an acute-care hospital. These establishments offer services that have been developed to meet your needs—everything from breastfeeding clinics to hotlines for those affected by cancer to support groups for troubled youths.

Well-being features articles about our exceptional staff and users, as well practical information that will help you make the most of the services that we offer. Included in this issue are articles that focus on frontline services, reflecting our CIUSSS’s commitment not only to helping individuals, but to caring for the well-being of families.

You can pick up a free copy of this magazine at any one of our CIUSSS establishments. With its focus on youth, this edition of the publication will also be distributed to grade six students at the English Montreal School Board schools within the territory.

Since proper care starts with clear communication, we hope Well-being will complement our online channels in guiding you and your family promptly and easily to our available health care and social services.

Sincerely,

Lawrence Rosenberg, M.D., Ph.D.
President and CEO
CIUSSS West-Central Montreal

Francine Dupuis
Associate Executive Director
CIUSSS West-Central Montreal
Maxim’s family was running desperately low on options in helping the troubled 13-year old. Their home life had deteriorated to the point that they communicated only by screaming—or not at all. At school, the situation was no less bleak: Maxim was hyperactive, abusing various substances, and had expressed suicidal thoughts. He was sent home nearly every day with a note about his ‘inappropriate behaviour’, until the day he wasn’t sent home. Instead, he found himself at a hospital.

“We ended up at the Saint-Justine Emergency Department at the insistence of the school’s psychosocial worker,” says Maxim’s mother, Arlette. “It had been going so badly at school, at home. For ages we’d been shuffled from one service to another, but Maxim was not getting the help he needed. He had been on medication for his Attention Deficit Hyperactivity Disorder (ADHD), but then his doctor was no longer available, so he stopped taking it. We had met so many healthcare professionals, and each time I had to retell the story. I simply couldn’t take it any more.”

Once the team of physicians and social workers at the hospital ER dealt with the immediate threat, they directed Arlette to the CAFE program. “It was the first time we’d heard of the service, and despite our skepticism after years of feeling neglected by our medical system, we entered the program. And what a blessing that we did— it saved our family.”

CAFE (Crise-Ado-Famille-Enfance) is led by a dedicated team of experts in crisis, who help children aged 5 to 17 and their families once they are on the brink of a family breakdown. “We see families who have lost control of their child, they have no respect for the rules, no positive exchanges,” says Sophie Menard, Team Lead of the CAFE program. “Families that find themselves in a deadlocked relationship are often feeling helpless.

That psychological distress can trigger a sense of emergency. If an intervention does not take place quickly, there is a risk of ruptured ties, of a runaway, of crime, or a possible suicide attempt.”

The urgency of such crisis situations places the social workers and psycho-educator who form the CAFE team ‘on call’ 365 days of the year to intervene within two hours of receiving a phone call. They respond during school hours and evenings, from 2:00 to 9:00 p.m., directly at the scene of the event. “The service is accessible,” notes Ms. Menard. “Our team operates in the natural environment of the youth, be it at school, at home, or at their community hangouts. That way, we are well placed to prevent further deterioration and reduce the sense of emergency. We want to avoid a situation where exasperated parents throw up their hands and say ‘I’ve had enough’. “

Maxim’s parents had just about reached that threshold with the distressed teen. “We were at the end of our tether,” recalls Arlette. “Our home environment had become so negative. We were each fixed in our positions and couldn’t speak to one another anymore. That was compounded by the notes coming home every day from the school telling us only what Maxim was doing wrong. That negativity contaminated our home to the
point where we said, ‘we can’t do this any longer, we need to breathe, Maxim needs to leave our home’.”

The aim of CAFE is to find alternative solutions to a placement or a report to the Director of Youth Protection (DYP), ideally ones that keep the youth within their family environment. “When the situation becomes too heavy, it escalates and reaches its head,” says Ms. Menard. “That can become a trigger for change.”

For Maxim and his family, that change came in the form of Nicolas Masse, a social worker for the CAFE program. Arlette says that she is astonished, looking back, that the many counsellors her son had met in years’ past had been women. “Maxim needed a masculine figure. He was wary after so many failed interventions, so initially he was a bit defensive, but he quickly developed a strong and trusting relationship with Nicolas. Nicolas didn’t make us any promises, but from the very beginning he set about restoring Maxim’s self-image, encouraging him, validating him.”

Within one month, the two-to-three weekly home visits by Nicolas (during which he met both with Maxim and his family) had calmed the crisis, reports Arlette. The tension had dissipated enough that they were now able to speak with one another. “It was remarkable, once we embarked on the program, we were experiencing only progress,” she says. In subsequent weeks, through Nicolas’s continuous support and flexible approach, says Maxim’s mother, the social worker guided the family in establishing boundaries.

The CAFE counsellors work individually with families for up to three months, as needed, to tackle the underlying causes of the crisis. They create a structure within the home as a safety net to avoid a recurrence. “Our role is to provide tools that can help re-orient a family mired in dysfunction,” says Mr. Masse. “They learn how to resolve problems, negotiate rules, ease conflicts, and cope with changes and transitions. When a family has faith that we can work together to improve situation, it brings back the light of hope.”

“With our support, a shift takes place in the home atmosphere, in the quality of family interactions, so that parents and their children feel they can communicate more freely and effectively,” explains Mr. Masse. In parallel, says Arlette, Mr. Masse took steps to remedy the school front. “There was a constant barrage from them that was harsh and relentless, so Nicolas intervened there too. He worked with the school on centralizing their critical comments so that we weren’t overwhelmed by the negativity. He also asked them to convey what Maxim did well, for the encouragement.”

To get Maxim on course with a medical treatment for his ADHD, Mr. Masse was involved in arranging a consultation for the teen with a physician who specialized in the condition. He also proposed a lifeguarding course for the youth, which Maxim dove into with great energy.

“Nicolas was full of good ideas and initiatives. All of these strategies, along with the medication, have completely transformed our son,” attests Arlette. “Maxim feels valued, which has done wonders for his confidence and self-esteem. In the past, he felt he was always failing, but now he feels he is good, which has been very motivating. Friends at school have approached him to tell him that he has changed so much. He stays calm and attentive in class and he is doing his homework, which has helped his grades. Maxim is approaching everything with a positive attitude. These changes at home, at school, in his leisure time, they are all feeding in to a positive upward spiral in Maxim’s life.”

The CAFE counsellors are based at CLSC Côte-des-Neiges and CLSC Benny Farm, but they are available to eligible families in crisis throughout CIUSSS West-Central Montreal, upon referral. Parents may contact Info-Social at 8-1-1 at any time. A follow up with the CAFE team will take place without delay if the family in crisis meets the program’s criteria. Otherwise, the parents will be directed to an alternate program appropriate to their situation.
Behind every teenager’s shut bedroom door lies a person who—paradoxically—wants to be heard. True, teens spend these formative years asserting their freedom to explore, to take risks, to make choices. They are gaining their independence as they charge headlong and headstrong toward adulthood.

“Parents might be tempted to retreat or keep their distance, especially if they feel their adolescent is pushing them away,” says Marie-Eve Boulanger, a planning, programming and research officer for Frontline Services of the Youth in Difficulty Program. Perhaps counterintuitively, however, the presence and availability of a parent makes the teen more receptive to parental influence. In an open, communicative family home, they learn to develop their own ideas, take control, make the right choices, and have the space to discover who they are and affirm themselves. “Though it may seem that youths want to shut their parents out during this critical stage in their development, they do need guidance and support, perhaps more than ever,” Ms. Boulanger declares.

For their part, parents will be forgiven if they look forward to this time in their child’s life with trepidation, perhaps even dread. Teenage angst, isolation, rebellion—these may be normal developmental states, but notoriously tricky to handle. There are meaningful ways parents can connect with the younger generation, however. Research points to strategies that strengthen the parent-child bond, and help moms and dads to set their teen on the path to a healthy, happy and fulfilling adult life. “It’s the ambition of almost every parent, and yet so many feel they are falling short,” says Ms. Boulanger. “That sentiment creates a sense of solidarity between parents of adolescents.”

To capitalize on that kinship, the CLSC Côte-des-Neiges provides free workshops on Enhancing the Parent-Adolescent Relationship. “We offer a supportive environment for parents to gather so that we can accompany families through difficult moments,” says Ms. Boulanger. “The parents who enroll in our workshops make friends with each other, they build a network with others who are encountering many of the same challenges. There is something about a group that is more therapeutic than one-to-one.”

The workshops are offered semi-monthly to parents throughout Montreal and Laval in a series of five sessions, each addressing a specific aspect of teen parenting.
rearing. The first workshop, *Warning: Construction Zone*, familiarizes parents with adolescent developmental stages, examining how the brain and body mature. This helps to demystify the biological processes that drive their teen’s impulses and underlie their moods.

“Parents come in thinking, ‘my child has a problem’ and they emerge feeling less alone,” says Selin Cemali, a social worker who co-leads workshops along with her colleagues from the Youth in Difficulty team. “That’s because they discover, by listening to each others’ experiences, that their teen’s behavior is a normal part of the trajectory of adolescence.”

Each workshop is led by two animators from the Youth in Difficulty team of social workers and psycho-educators. The pair of professionals typically include a man and a woman, to represent both mother and father. Each session kicks off with ice-breakers, as the 12 participants introduce themselves and brainstorm on the different themes. A preliminary theoretical presentation on the topic at hand by the counsellors equips parents with tools for handling difficult situations that may arise with their teens.

Ms. Cemali explains that their approach is hands on and interactive, so that parents can ‘practice’ applying these tools in a safe environment. For instance, the animators present a mock scenario, and the parents take part in role-playing exercises to act out how such a scene might unfold in their household. They are instructed to apply a specific parenting style, such as authoritarian, which is strict, uncompromising and stern, or the democratic approach, involving fair and consistent discipline, openness and affection. During the simulation, they take on not only the role of parent, but the adolescent as well.

“It’s crucial as parents to practice empathy, to step into our teenager’s shoes and think how we can help with the many changes they’re experiencing,” says Ms. Cemali. Parents discover how well they know their child through another exercise in which they answer a series of questions covering different facets of their life, such as:

- Who is their teen’s best friend?
- Who is the most influential person in their life (besides family members)?
- Do they feel accepted by their peers?
- What is their favourite subject in school?
- What is their proudest achievement of the past year?
- What is their most prized object?
- What do they most fear?
- What makes them angry?

When parents return home they invite their teens to answer the same questions, and compare answers. “It’s a great exercise to get families communicating, it starts a conversation,” says Ms. Cemali.

The especially popular *Negotiation and Conflict Management* workshop guides parents who may feel overwhelmed during clashes with their teen. You’ve caught them smoking in their bedroom? They’re headed out to a party but refuse to give you the address or phone number? They’ve agreed to babysit their younger sibling but then renege on their promise? In many scenarios, parents can arrive at a reasonable resolution by writing down, step by step:

- Who is involved in the disagreement
- What are the interests of each party
- Which of their needs are compatible
- What is their proudest achievement of the past year?
- What is their most prized object?
- What do they most fear?
- Who is showing flexibility

“And the key is to develop a win-win solution through a collaborative approach by engaging your child, rather than imposing your will with no regard for the teen’s feelings or views,” says Ms. Cemali.

“Parents who come to us in search of a specific winning formula to help them navigate this challenging time may find themselves frustrated,” says Ms. Cemali. There are simply too many variables, she notes, such as the personalities of the individual family members, the family dynamic as a whole, and the cultural context in which they live.

“The counsellors are not here to lecture. We’re professionals, but we’re not the experts,” remarks Ms. Cemali. The animators of the workshops create a very informal atmosphere, serving snacks and beverages, to help participants feel at home. “We’re available more to help guide the parents in supporting one another through an open exchange of ideas from different perspectives. They will often suggest to each other, ‘Yes, our family went through something similar, have you considered trying this approach, it worked for us’.”

“You as parents are the experts in your child’s life, you know them best. You have the solutions to help guide your teen. This realization is very empowering. We find over the course of the seminars, their confidence in their role as parent is renewed.”

They may receive it so seldom at home, so here we leave the last word to parents…. What do you take home with you from the workshop?

“Concrete tools to improve my communication with my child”

“I am learning to use the ‘I’ message rather than the accusatory ‘you’”

“The motivation to become better parents”

“My conviction, which had been buried beneath my worry”

“Less anxiety and more confidence”

“A good energy to continue to love my daughter”

Parents who wish to participate in the workshop are required to register, as class sizes are limited. Either or both parents may attend the workshops, which are held during after-work hours. They are offered twice yearly, in the fall and winter, alternating with the season in English and French. To reserve a spot or learn more, contact Nicolas Masse, a social worker with the *Youth in Difficulty Program* by email at Nicolas.Masse.dlm@ssss.gouv.qc.ca or by phone at 514-731-1386, extension 2042.
Children across CIUSSS West-Central Montreal’s territory benefit not only from dedicated teachers to help them learn, but also the support of health professionals such as social workers. Social workers ensure that the social and emotional development of students follows along with their academic learning, helping them grow in a safe and caring environment. 

Julia Karpinski (shown standing), a social worker with the Healthy Schools team in the Frontline Services Directorate, describes her work with students, families and professional staff at the English Montreal School Board’s Sinclair Laird School in the Parc-Extension neighborhood.

**What is your main role as a social worker in an elementary school?**

The role of the social worker is to support and accompany the parents and to facilitate their access to resources. It can be resources in the school, or services and programs available at the CLSC. I start with receiving the referrals and requests, and evaluating the psychosocial situation of the family and the child. I assess the child’s needs and what the family wants. To get a complete picture of the situation, I interview and meet with the child and parents, with the teachers, as well as with the principal and any other professionals that are involved with the student. I can then assess what the child needs, and from there refer them to the appropriate services.

**What are some situations that may require a referral to a social worker?**

It could be a simple referral where the parent has difficulty with routine and discipline in the home, and the teacher notes that it is affecting the child’s adaptation in the classroom. The teacher will first meet with the parents, and then propose that they meet with me. If the parent accepts, then a referral form is completed and given to me. I will contact the family and meet with them. The most common referrals I receive are for issues with behaviour, self-esteem, parents who are divorcing or separating, a death in the family, and finances.
Do you collaborate with teachers and other staff members of the school?

Absolutely! Collaboration is essential to my work. I collaborate with the other professionals in the school, such as the psychologist, speech language pathologist, resource teacher, occupational therapist and specialized educator, as well as my team members from the Healthy Schools team in the CLSC.

What are some of the resources to which you might refer a student?

Most elementary schools have health professionals that work in the school, such as psychologists, speech language pathologists, resource teachers and occupational therapists.

In the CLSCs, I may refer students to the Youth in Difficulty program or to the Youth Mental Health team. Sometimes parents will contact me directly for their own individual support. I can refer parents to general adult services at the CLSC.

Before a referral is made, the teacher, principal and I can meet with the parents to introduce myself to the family, rather than contact the parents over the phone. This creates a less threatening environment.

What value does a social worker bring to the school environment?

The fact that there is a social worker in the school who is associated with the CLSC, and knows not only about the CLSC resources but as well as those in the community, helps a great deal with my consultations.

If a teacher approaches me to offer a workshop on a certain subject, I can do that. I present workshops in the classroom, for instance on the subject of puberty for grade six students, or groups on self-esteem. It is always in response to the needs of the particular school.

Do parents fully understand your role within the school and what you can provide to them?

Often when the words ‘social worker’ are mentioned, families are resistant. I am there to support and accompany parents in the steps they need to take and to get them involved in the decision making. Seeing a social worker is a voluntary service, and it comes down to what the family wants and needs. I am not here to judge, I am here to assess what is going on and to find the right services or help for them. There is no one-size-fits-all approach. It’s very important because every family has a different way of seeing things.

Parents are allowed to call me directly as I work for the CLSC and not the school board. Even if it just to consult, I am there to answer any questions they may have. It is usually in relation to what is going on with their child in school, but it does happen that parents have asked me for resources for themselves. Resources that help the parents help the child! If they are doing well, their child will continue to do well too. If the parent is aware of what resources are available for themselves, it makes them feel more empowered and reflects on their parenting skills.

What do you find most rewarding about working in schools?

I love being a social worker! I really enjoy the school setting. Students need to be happy in the school and in their home. It’s very rewarding to see a child succeed following changes that were made either at school or at home that I helped to facilitate.
Sexual health
Counseling and screening of sexually transmitted and blood-borne infections are offered free of charge and in complete confidentiality. Information about contraception and family planning, as well as unwanted pregnancy, is also available.

CLSC de Côte-des-Neiges
514-731-8531

CLSC de Parc-Extension
514-273-9591

CLSC Métro
514-934-0354

CLSC de Benny Farm
and CLSC René-Cassin
514-484-7878

Olo program
The program supports eligible pregnant, low-income women, while providing essential foods (eggs and milk), as well as mineral and vitamin supplements for free.

CLSC de Côte-des-Neiges
514-731-8531, ext. 5086

CLSC de Parc-Extension
514-273-9591, ext. 6354

CLSC Métro
514-934-0354, ext. 7780

CLSC de Benny Farm
and CLSC René-Cassin
514-484-7878

Dietary clinic for expecting mothers
Information sessions on proper nutrition for expecting mothers.

CLSC de Côte-des-Neiges
514-731-8531, ext. 5087

Breastfeeding support
Breastfeeding clinics offer mothers and mothers-to-be (and their immediate family) an opportunity to meet with a professional who can answer questions about breastfeeding. These meetings also provide a chance to share experiences with other mothers.

CLSC de Côte-des-Neiges
514-731-8531, ext. 2439

CLSC de Parc-Extension
514-273-9591, ext. 6354

CLSC Métro
514-934-0354, ext. 7401

CLSC de Benny Farm
and CLSC René-Cassin
514-484-7878, ext. 3531

Prenatal classes
Prenatal classes help future parents prepare for the birth and the early days at home with their newborn, including information about breastfeeding as a healthy choice.

CLSC de Côte-des-Neiges
514-731-8531, ext. 5087

CLSC de Benny Farm
and CLSC René-Cassin
514-484-7878, ext. 3585

Homemade baby food workshop
A workshop led by a nurse and a dietitian, explaining how to make healthy baby food.

CLSC de Côte-des-Neiges
514-731-8531, ext. 2566

CLSC de Parc-Extension
514-273-9591, ext. 6350

Join our team.

We’re hiring!
careers.ciuessswestcentral.ca
Baby dental clinic
Free dental clinic for babies and toddlers aged six months to three years taking place once a month with a dental hygienist.

CLSC de Côte-des-Neiges
514-731-8531, ext. 2850
CLSC de Parc-Extension
514-273-9591, ext. 6301

Special needs children
Services for children with intellectual disabilities and pervasive developmental disorders as well as for children with physical disabilities.

CLSC de Côte-des-Neiges
514-731-8531
CLSC de Parc-Extension
514-273-9591
CLSC Métro
514-934-0354
CLSC de Benny Farm and CLSC René-Cassin
514-484-7878

Youth clinic
(12 to 24 years old)
The team (including doctor, nurse and social worker) provides health and social services to teenagers and young adults.

CLSC de Benny Farm and CLSC René-Cassin
514-484-7878

Adolescent, family and children in crisis CAFE program
Info-Social
8-1-1

Mental health
Teams can provide help for emotional or psychological distress, addiction, violence, abuse, poverty and social exclusion, or for mental health problems, whether diagnosed or not. Reception, follow-up, orientation and consultation services are offered to adults, youths and children by appointment.

CLSC Côte-des-Neiges, de Parc-Extension, and de Benny Farm
514-484-7878, ext. 1420

Needle exchange
Needle exchange and a recovery services of syringes used for injectable drugs.

CLSC Métro
514-934-0354
CLSC de Benny Farm
514-484-7878

Cardiometabolic risk
Follow-up for people with diabetes, arterial hypertension, chronic obstructive pulmonary disease, and coronary heart disease.

Diabetes, arterial hypertension and chronic obstructive pulmonary disease
CLSC de Côte-des-Neiges, de Parc-Extension, and de Benny Farm
514-484-7878, ext. 1420

Coronary heart disease
CLSC de Benny Farm
514-484-7878, ext. 1420

Fall prevention program
The PIED program is an intensive, 12-week program to prevent falls among individuals 65 and over.

CLSC de Parc-Extension
514-273-9591, ext. 6518
CLSC de Benny Farm
514-484-7878, ext. 3475
As the Child Psychiatry Program at the Jewish General Hospital commemorates its landmark 50th anniversary, its early years—as well as many recent achievements—are back in the spotlight.

The contrasts between modern times and the old days are considerable, with children now treated in the airy, light-filled Ruth and Saul Kaplan Pavilion, home of the JGH Centre for Child Development and Mental Health.

What has not changed, however, are the fundamentals of the Centre’s pace-setting approach to treatment—a strategy that involves not just the child, but a collaboration among parents, teachers, therapists, nurses and allied health professionals.

“We’re not a school, but a treatment facility,” says Dr. Jaswant Guzder, the Centre’s former Director, who stepped down last summer after more than 40 years at the JGH. “We are coaching children and their families to give them the strength to master their regular school, which is the goal of treatment.”

This is why it’s so important for the Centre’s 56 children—half under the age of 7, the rest between 8 and 12—to return to their regular schools for one day a week, says Dr. Guzder. For this to happen, close contact between the Centre’s staff and the children’s teachers is essential.

“The new building, which opened in 2010, also helps to lessen the stigma of coming to a hospital or to Child Psychiatry,” adds Dr. Paola Habib, who became Director of Child Psychiatry last summer. “Patients and their families are reassured and pleasantly surprised by the setting.”

What impressed Dr. Habib when she joined the JGH in 2014 was “its culturally oriented approach, with a strong emphasis on family therapy and a multidisciplinary approach, as opposed to a medication-prone approach alone.”

The Child Psychiatry Program was launched in 1967, with Dr. Ronald Feldman as its inaugural Director. Located on the fourth floor of the hospital’s new northeast wing, the program made history by establishing the first children’s in-patient psychiatric unit in a Canadian general hospital.

However, Dr. Feldman eventually closed this unit to make more effective use of funding, staff and related resources. “With that change,” he says, “we were able to more than double the number of children we could look after, while still tending to the needs of children who needed more attention, especially those with autism disorders.”

Much was accomplished, despite chronic under-funding and barely adequate facilities that persisted for many years, says Rosemary Short, who joined the JGH in 1983 and served as Head Nurse of Child Psychiatry from 1990 until her retirement last July.

A major problem was having to spread various elements of Child Psychiatry throughout the JGH and in two external schools. Much of the treatment at the JGH took place on the fourth floor of Pavilion A, whose cramped rooms had previously been used for the JGH School of Nursing.

“The professionals didn’t even have their own offices,” Ms. Short recalls. “Four or five people sometimes had to share the same office, and a lot of negotiation had to happen. For instance, staff had to decide when their colleague would see a family and whether they could still manage to make their phone calls. It was constantly a question of, ‘How can I get my job done? I have nowhere to sit and do it.’”

Realizing that Child Psychiatry was long overdue for a proper home, Dr. Guzder and Ms. Short began working on a proposal in 2005 that would eventually lead to construction of the Ruth and Saul Kaplan Pavilion.

Launched in 2010, the new building not only has an atmosphere that is more conducive to treatment, but it has given the department a centralized location for all elements of the program.

“That was the heart of my legacy here—bringing the department together,” says Dr. Guzder. “It has complemented the really strong consolidation of our research and our family therapy model, which I think is one of the best in the country.”
Super-clinics: SUPERIOR access to frontline health services

A packed Emergency waiting room is no place for an orphan. ‘Orphan patients’—people without access to family doctors—now receive proper care sooner, at one of six new super-clinics offering walk-in health services.

As of September 2017, patients without a GP or who cannot be seen by their doctor within a brief timeframe can drop in to one of the new super-clinics opened in the CIUSSS West-Central Montreal catchment. The clinics’ multidisciplinary teams are available to welcome patients 7 days a week and 12 hours a day, which makes them a convenient alternative to busy hospital emergency rooms.

“In frontline, we are always evaluating how to best serve our local population, based on their particular medical needs,” says Lisa Westaway, the Associate Director of Frontline Services. “We examine how and where services are offered, so that we can develop the most suitable services for our users in partnership with existing clinics within the community.”

The super-clinics are well equipped to serve patients with semi-urgent medical problems. They offer on-site or nearby diagnostic tests and radiology services, so that a patient with difficulty breathing may be sent for a lung X-ray, while a diabetic can receive a blood test. The lab or medical imaging results are available sooner, which means the doctor can prescribe medication or treatment within a reasonable delay.

The super-clinics also provide improved access in times when there is a greater demand for medical services, such as the flu season, points out Julie Simard, a Frontline Planning, Programming and Research Officer.

Learn more about super-clinics on our CIUSSS website at Home ➤ Care and services ➤ Family Medicine Group (FMG) ➤ What is a FMG? ➤ Super-Clinics (FMG-Network).

SUPER-CLINICS AT A GLANCE

- Serve patients without access to a family doctor
- Open 12 hours a day, seven days a week, 365 days a year
- Offer walk-ins same-day medical consultation
- Provide onsite test centre and radiology services
- Use electronic medical records to ensure continuity of care
- To date, six super-clinics in our CIUSSS territory
Family Medicine Groups

Family Medicine Groups (FMGs) are teams of family doctors who work in clinics in close collaboration with other healthcare professionals.

GMF Cavendish
• CLSC de Benny Farm
• CLSC René-Cassin

GMF du Village Santé
• CLSC Métro
• CLSC de Côte-des-Neiges
• CLSC de Parc-Extension
• Maison Bleue
• La Maison Bleue de Parc-Extension

GMF Goldman Herzl
Family Practice Centre
5790 Côte-des-Neiges Rd.
Pav. H, 2nd floor
Montreal
Phone: 514-340-8253

GMF de La Cité
300 Léo-Pariseau St.
Suite 900
Montreal
Phone: 514-281-1722
Appointment centre: 514-316-8127

GMF La Cité médicale de Montréal
Alexis Nihon Complex,
Tower 2
3500 De Maisonneuve Blvd. West
Suite 1520
Montreal
Phone: 514-788-6484
Fax: 514-788-1983
Email: secretariat@lacetimedicale.com

GMF Elna Decarie
6900 Decarie Blvd.
Suite M160
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GMF Métro Médic Centre-Ville
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GMF Groupe Santé Westmount Square
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Fax: 514-931-2929
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GMF Diamant
5885 Côte-des-Neiges Rd.
Suite 201
Montreal
Phone: 514-731-5994

Online resource dedicated to Family Medicine Group clinics

The Family Medicine Groups (FMGs) were created to improve patient access to medical care within our CIUSSS, and now a website has been created to improve digital access to those clinics, and the services they provide.

fmg.ciuusswestcentral.ca

The site offers an introduction to FMGs, describes the role of various team members (such as nurses, social workers, nutritionists and kinesthesiologists), and lists every clinic within the network along with their contact information and a location map.

Montrealers are also guided through the process of finding a family doctor that is accepting new patients in their catchment area.

The new dedicated section is found on the CIUSSS West-Central Montreal internet under Home > Care and services > Family Medicine Group (FMG).
A FMG with a network designation (GMF-R) is also responsible for providing simple urgent services, semi-urgent first-line services, diagnostic tests and radiological services.

**GMF-R Herzl Walk-in Centre**
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**Test centres**

**Remember to bring to your appointment your:**

- Doctor’s requisition
- Health insurance card

Ask your doctor if you need to fast or stop taking your medication prior to the test.

Please note: Because of the special nature of induced hyperglycemia and of AC and PC glycemia tests, please arrive at the sampling clinic before 8:00 a.m.

**Jewish General Hospital**
Monday – Thursday
7:30 a.m. – 8:00 p.m.
Friday
7:30 a.m. – 4:00 p.m.
Phone: 514-340-8263

**Mount Sinai Hospital**
Monday – Friday
7:30 a.m. – 9:30 a.m.
Phone: 514-369-2222, dial 0 to make an appointment

**CLSC Métro**
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Phone: 514-934-0354

**CLSC de Benny Farm**
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**CLSC de Côte-des-Neiges**
Phone: 514-273-9591

**CLSC de Parc-Extension**
Phone: 514-273-9591

**CLSC Métro**
Phone: 514-934-0505, ext. 7406

**Sexually transmitted and blood-borne infections screening**
Free services offered by appointment.

**CLSC de Benny Farm**
and **CLSC René-Cassin**
Phone: 514-484-7878

**CLSC de Côte-des-Neiges**
Phone: 514-731-8531

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Phone: 514-273-9591

**Hepatitis C screening**
Free service offered by appointment, including a blood test and consultation with a nurse.

**CLSC Métro**
Phone: 514-934-0505, ext. 7406
What is home care?
Home care services may include nursing care, social work, physiotherapy, occupational therapy and help with daily tasks such as bathing or medication management. In addition, if any adaptive items (such as handle bars or walkers) are needed in the home, the home care team will make all the necessary arrangements.

I know someone who could benefit from home care, what should I do?
Call your local CLSC and let them know that you would like to access home care services.

CLSC René Cassin and CLSC de Benny Farm
514-484-7878

CLSC de Côte-des-Neiges
514-731-1386

CLSC Métro
514-934-0505

CLSC de Parc-Extension
514-273-9591

How does the home care team determine who is a candidate?
The initial conversation will include pre-screening questions, such as:

- Does the person live alone?
- Can they manage their medication?
- Can they dress themselves properly?

A referral is then sent to the home care team, which will do a full assessment of the client and their environment. This includes checking to see if the person can reach their dishes or take a bath without falling.

After a global assessment is complete, a home care plan will be developed and put in place. The plan will identify the services that best correspond to the client’s unique needs, as well as a full schedule of when these services will be provided.

What kind of follow-up is done?
The home care client is followed by a multidisciplinary team that will monitor their progress. If it is determined that a client is experiencing a significant loss of autonomy, a case manager may need to (re)evaluate the situation.

Statistics about home care in our CIUSSS
The home care teams provided a total of 972,465 hours of direct services to 9,207 clients during the 2017-2018 fiscal year. This increase of 175,789 hours of direct services compared to the previous year reflects an increase in needs for vulnerable people with a lower level of autonomy.

What about palliative home care?
We are also caring for clients in palliative care. In 2017-2018, we served 577 clients in palliative care and performed 29,845 interventions with them and their caregivers.

Why is there such a high importance on home care?
The government has been focusing their resources on measures to help keep people in their homes, according to the Director of the Support Program for the Autonomy of Seniors, Barbra Gold. “We have been seeing a greater budget for home care and more of a push for added resources,” Ms. Gold says. “The government recognizes the best place for anyone is to remain in their home as long as possible and it is our job to ensure that people can stay at home in a safe environment with access to the care they need.”
FEELING UNWELL ON CHEMO?

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Call the Symptom Management Hotline as soon as you start experiencing symptoms.

SYMPTOM MANAGEMENT 514-340-8222, ext. 25529
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Why is early detection so important? Glaucoma causes irreversible damage to the optic nerve and may lead to blindness, says Dr. Oscar Kasner, Director of the Glaucoma Service at the Jewish General Hospital (JGH).

“Glaucoma is the silent thief of sight, incurable and asymptomatic at its onset,” says Marc Renaud, a JGH ophthalmic technician. “Fortunately, though, it can be stabilized through a variety of effective treatments.”

Mr. Renaud explains that people of African descent have a higher incidence of the most common form of glaucoma, so the glaucoma team keeps very active in getting the word out in the community.

Raising glaucoma awareness

For thirteen years, a monthly drop-in clinic on glaucoma has been offered to the public at the JGH by the McGill Glaucoma Information Centre. Alternating English and French, the sessions offer patients and their families explanations on how to control and stabilize their vision straight from the experts, including Mr. Renaud, the project’s manager, JGH Ophthalmic Nurse Carole Desharnais and Dr. Kasner.

Mr. Renaud explains the causes and consequences of glaucoma, while Ms. Desharnais demonstrates how to properly administer daily eye drop medication. In the final portion of the session, patients can ask questions about their condition.

“Glaucoma is the second-leading cause of vision loss in elderly Quebecers, but it is said that over 50 per cent of people with glaucoma are unaware that they have the disease,” says Mr. Renaud. “That’s why awareness and education efforts so important and should be encouraged within the medical community.”

To learn more about the free information sessions at the JGH, including dates of the upcoming presentations, contact Mr. Renaud at glaucoma@ymail.ca or by telephone at 514-340-8222, extension 24954.
A complaint about an adverse incident, no matter how regrettable, can potentially be transformed into an instrument of change that leads to improvements in health care and social services, says the Commissioner of Complaints and Quality of Service (ombudsman) for CIUSSS West-Central Montreal.

At the same time, adds Marisol Miro, the details of each complaint—as well as any request for assistance—must be thoroughly examined in a manner that respects the rights and obligations of healthcare users and staff alike.

“I don’t know if ‘watchdog’ is too strong a word for what I do,” she says, “but in general, I think this is what an ombudsman is: someone who makes sure that the concerns of our users are addressed in a timely fashion and in a satisfactory way. I answer to the Board of Directors of the CIUSSS, so this is quite a responsible role.”

Ms. Miro realizes that the specifics of individual cases are usually limited in their scope. However, she notes, certain incidents can have a broader significance, since their underlying principles touch on a wide range of policies and procedures throughout the CIUSSS.

“I see this as an integral part of improving quality,” she says. “How can we upgrade the quality of care, unless we hear and learn from the users themselves? For me personally, offering to help someone who is hurting or is concerned about a family member, and then to develop a solution to their concerns is a source of great satisfaction.”

Ms. Miro is quick to note that even though she is the most prominent participant in the complaints process, the skills of everyone in her department are needed to resolve users’ difficulties and provide them with assistance.

“I want this to be seen as a team effort,” she insists. “What we all do together on behalf of the patients, residents and clients of our CIUSSS is something that I could never accomplish on my own.”

She has also started a process that will result in all telephone calls and emails being routed to her office, no matter from which CIUSSS site they originate. “This is being done not just to facilitate our work, but to make sure that members of the public know there is one ombudsman, one team and one bureau for the entire CIUSSS.”

While dealing with a steady stream of complaints and requests can sometimes be a trying experience, Ms. Miro says she’s undaunted, because “by nature, I’m a very positive person. I’m also aware that any action by our team to improve the experience of a user in a difficult situation can be counted as a true gain, a real victory.”

How to contact the ombudsman
At the JGH and in other healthcare facilities of CIUSSS West-Central Montreal, a complaint can be registered or assistance can be requested from the Commissioner of Complaints and Quality of Service (ombudsman) at ombudsman.comtl@ssss.gouv.qc.ca or by phoning 514-340-8222, extension 24222.
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Satellite Centre
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3500 Decarie Boulevard, Montreal
514-488-5552

MAB site
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