

Initial  
training  
P. 4

Modification of the  
health insurance plan  
P. 7

Lean  
Projects  
P. 8



# ENACTION

Vol 25 | No 1 | March 2012

Federal Council  
March 13, 14 and 15, 2012

FÉDÉRATION INTERPROFESSIONNELLE DE LA SANTÉ DU QUÉBEC | [www.fiqsante.qc.ca](http://www.fiqsante.qc.ca)



Rose-Marie Charest, President of the *Ordre des psychologues du Québec*

## NOT EASY TO BE A HEALTHCARE PROFESSIONAL

It's not easy lately to be a healthcare professional. Lack of staff, compulsory overtime, inadequate organization of work, seriousness of the cases treated, family-work balance are part of their daily lives. Not surprising to find professional burnout, even psychological distress among the licensed practical nurses, nurses, respiratory therapists and the perfusionists.

The members have sounded the alarm with the Federation for them to find solutions, a light at the end of the tunnel for this unbearable situation. Touched by this call for help, the FIQ reflected on what it could do besides continuing the fight to improve working conditions. To enlighten its analysis, it consulted various people in order to better understand what its members want. It was a discussion with the president of the *Ordre des psychologues du Québec*, Rose-Marie Charest, which provided somewhat of an answer to that demand.

Forced to take care of others, the healthcare professionals forget to take care of themselves. It is in this spirit that the theme for Health Month 2012 was developed. The Federation took advantage of the Federal Council to launch this event by inviting Ms Charest

to address the delegation in order to start becoming aware of the pitfalls in which our professionalism sometimes gets into and the little things that we have to pay attention to in order for us to feel better.

Here is a brief overview of the presentation given by Rose-Marie Charest which, unfortunately, cannot do justice to all that it contained. "Joy exists in sharing, it exists in a shared vision", that was what Ms Charest, said right from the outset. She also went so far as to say that the majority of people have lost sight of the goal of being happy.

It is easy to share the successes in a work team, but being able to count on someone to listen to these problems who we can tell that we are at the end of our rope, that is what sharing is all

about. The idea of "think of oneself" could never be written in a collective agreement, but the healthcare professionals have the power to choose.

### PROFESSIONAL IDENTITY

The licensed practical nurses, nurses and respiratory therapists and the perfusionists have a professional identity which, in general, contributes to their well-being. In fact, feeling useful and self-fulfilled are, so to speak, fundamental needs for a human being. However, becoming indispensable contains an enormous risk, because that state can result in severe dependence since in the short term it is exhausting. "Being indispensable can become like a drug provoking a certain satisfaction which can create a destructive dependence for health" stated the psychologist.

CONT'D P. 3



POSTE-PUBLICATION  
Convention 40007983

(adresse de retour)  
FIQ Québec | 1260, boul. Lebourgneuf,  
bur. 300, Québec (Québec) G2K 2G2

## HEALTH MONTH

Health Month 2012 will have the theme "Taking care of us too". In fact, simple actions can be taken to take care of oneself and one's colleagues. By doing this, the licensed practical nurses, nurses, respiratory therapists and perfusionists can take their power: the power over their professional and personal life; the power to give themselves time and to say no before reaching their limits.

For more information: [mois-sante.info](http://mois-sante.info)

**WORD FROM THE PRESIDENT**

FIQ en Action, vol. 25, n° 1, March 2012 | Published by the Communication-Information Service after each FIQ Federal Council and Convention meeting | Distribution: 60,000 copies | Creative design: Nolin | Graphic layout: Josée Roy | Photography: Jacques Lavallée, Jean-François Charlebois | Printing: Solisco-Caractéra | Reprint of any article or excerpt must indicate "reprint from the publication FIQ en Action" | 100% recycled paper | Cover photo: Suzanne Ouellet, CSSS Alphonse-Desjardins | To only subscribe to the electronic version of FIQ publications, send a request to info@fiqsante.qc.ca | ISSN 1913-1755 (Print) | ISSN 1913-1763 (Online)



**THE STUDENTS' FIGHT IS ALSO OUR OWN**

*Régine Daurand*

At the time this was written, more than 200,000 students were on strike to block the increase of tuition fees imposed by the Liberal government of Jean Charest. On many forums, we say they are spoiled children and argue that they need only stop travelling, throwing out their cell phones or selling their cars to settle the problem.

Would such a large number of students be out on strike for such simplistic reasons? Certainly not. The societal issue raised by the student movement goes much further: it is crucial both for this generation and for those to come. All of Québec society must therefore feel concerned, because the students' fight is also our own.

**A REGRESSIVE MEASURE**

As with health, access to studies must not depend on the size of one's wallet. Unfortunately, an increase in tuition fees could discourage certain people from continuing their education, mainly those from underprivileged backgrounds and the regions as well as women who will be the first ones affected.

In fact, the impacts of such an increase would be felt not only by the students, but also by their parents who, very often, subsidize their needs during their education. Yet, other means exist for financing public services. The government must simply have the willingness to force the wealthier and corporations to contribute rather than the less fortunate.

**EDUCATION AS A DETERMINANT OF HEALTH**

Education, on the same terms as health, must remain a fundamental value of Québec society. Today, the students are demonstrating solidarity with each other and with those that will follow them. At the risk of losing their current session, they will continue to the bitter end to defend their vision: education

accessible for all. With this in mind, your delegates at this Federal Council passed a motion to reinforce the Federation's support of the student strike.

Every day healthcare professionals witness the direct impacts of education on the health of the population. An educated society is a healthy society, the relationship is well established.

Public discontent grows: students, their families and their professors are refusing to go backwards as proposed by the Liberal government. Investing in the education of future generations will certainly produce good results and, if the government doesn't act, the public will remember! ■

Your delegates at this Federal Council passed a motion to reinforce the Federation's support of the student strike.



HEALTH MONTH

Support for locked-out workers at Rio Tinto Alcan  
Not easy to be a healthcare professional (cont'd)



Michèle Boisclair, 1<sup>st</sup> Vice-President of the Executive Committee and Karine Crépeau, Union Consultant in the Sociopolitical Sector of the FIQ accompanied by Patrice Harvey and Guy Jodry, union representatives of the office workers at the *aluminerie d'Alma*

SUPPORT FOR LOCKED-OUT WORKERS AT RIO TINTO ALCAN

Union representatives for the locked-out workers at the Rio Tinto Alma aluminum smelter plant came to address the delegation in order to share with them the important issues behind the work conflict that has lasted more than three months and which affects all the employees in this plant, 780 women and men.

Patrice Harvey, President of the unit representing the office employees of local section 9490 and Guy Jodry, Vice-President of the same unit, denounced the intention of the employer, a multinational which gets a reduction in income taxes and hydroelectricity costs from the government, to try and make a profit by reducing the total wage bill to the detriment of quality jobs and economic impacts on the region. They also recounted how they had been brutally put out on the street in the middle of the night, 24 hours before obtaining the legal right to a lockout by the company.

The delegates made a point of expressing their solidarity with the *Syndicat des Métallos*, because their struggle concerns them as healthcare professionals, unionized workers, but also as citizens and taxpayers. Several of the union representatives will join the demonstration to be held in Alma on March 31.

To follow the fight of the *Métallos d'Alma*: [www.solidaritealma.org](http://www.solidaritealma.org)

NOT EASY TO BE A HEALTHCARE PROFESSIONAL

(CONT'D)

THE EXPECTATIONS, THE REQUIREMENTS

"Others have lots of expectations of us, but it is small change compared to our expectations of ourselves". This fact moreover results in a risk of chronic dissatisfaction.

"We are much more tired from the work we haven't done, and that often disturbs sleep, than from the work we do", stated Rose-Marie Charest who emphasized however that an individual decides herself the goals that she wants to attain in a day. She therefore has the power to set herself realistic and achievable goals.

RESPECTING ONE'S LIMITS

"The problem is that we are no longer capable of resting, that we no longer know what to do to have fun; when we are so used to giving, that we no longer know how to receive". Ms Charest wanted to remind the healthcare professionals

that they must respect their limits, they must let others take care of them. "What is essential is to experience satisfaction" she said. Even if everything isn't done, the healthcare professional must be able to do her own evaluation and to be satisfied with her work.

THE STRENGTH OF THE TEAM

"You are not alone, you are not powerless, you have power: the power to choose, to act, to expect, to negotiate, to demand". The work team is a blessing, potent; the healthcare professionals must never forget that. They can do a lot for themselves, they can do a lot for their colleagues, they can do a lot together.

RIGHT TO THE HEART FOR THE DELEGATES

The exchanges following the presentation of Rose-Marie Charest were full of emotion and truth. More than a conference, this presentation

enabled the delegates to be aware of the importance of paying attention to their own needs and those of their members.

Some of the delegation also stated that they suffer from a lack of time that they could give to their patients due to the heavy workload. According to Ms Charest, "what is important is to be fully committed to what you are in the process of doing, because that means a lot to the patient. What is important is the here and now."

Lastly, if there is one thing to retain from the talk of Ms Charest, it is the need to know how to say no. "Each time you say no to something, it is because you have said yes to something else"... to yourself maybe? ■

The conference given by Rose-Marie Charest can be seen at [<mois-sante.info>](http://<mois-sante.info>).



At the microphone:  
1. Stacy Quintal, CSSS de l'Ouest-de-l'île  
2. Réjean Simard, CSSS du Sud-Ouest-Verdun

**INITIAL TRAINING**

**Initial training  
The crucial issues and challenges**



Marie-Josée Forget, CSSS du Haut-Saint-François



Patricia Lajoie, CSSS de la Vieille-Capitale

# INITIAL TRAINING THE CRUCIAL ISSUES AND CHALLENGES

The training programmes and the levels of degree giving the right to practice certain professions are being questioned in all educational and work fields, and this, both at the international and national levels. The two major trends currently seen are an increase or a restructuring of the content of the initial training programmes as well as an upgrading of the level of degree.

To take part in this discussion, the issues of which are crucial for its members, the FIQ has agreed to take the time to lead a profound reflection before taking a decision. At this Federal Council, the Federation therefore presented the timetable to the delegates for the work that will be done over the next year on the file and that will allow all the members to take an informed and thoughtful position.

**ACTIVITIES TO BE CONDUCTED**

For the FIQ, the issue of initial training raises major issues and challenges, not only for all the members, but also for the population. This is why the Federation has chosen to simultaneously conduct work on the initial training for the nursing, licensed practical nurse and respiratory therapy professions.

It is crucial to carry out a profound collective reflection which takes into account the realities of today and future perspectives.

Several issues will be studied, in particular the following:

- Will the changes that have taken place in the care settings (external and internal) over the last few years, those in progress and those anticipated in the years to come require an increase or a restructuring of the initial training programmes or an upgrading of the academic qualifications for entry in to the professions practiced by the members of the FIQ?
- What are the personal, professional and labour issues and challenges raised by any

eventual major change in the issue of initial training required for practicing the nursing, licensed practical nurse and respiratory therapy professions?

The delegates indicated they were very satisfied with the activities to be undertaken by the Federation in order to see this file to its conclusion, because they promote a labour and democratic approach. Some activities will be conducted internally with the members of the Federation, while others will be deployed externally with stakeholders closely concerned with the issue of initial training of healthcare professionals.

The FIQ's goal is to reach a decision by June 2013. This file is one to watch. ■

**Steps in the reflection on the initial training of healthcare professionals**

ACTIVITIES	TIMETABLE
Presentation of an information document to the delegates at a Federal Council	March 2012
Presentation of an analytical paper in order to facilitate understanding and stimulate the reflection of all the members in the FIQ structure, on the issues, the challenges and the possible impacts inherent to questioning initial training <ul style="list-style-type: none"> <li>■ Presentation to the affiliated unions</li> <li>■ Presentation to the delegates at the Federal Council</li> </ul>	November 2012 December 2012
Presentation of the recommendations from the FIQ Executive Committee <ul style="list-style-type: none"> <li>■ To affiliated unions</li> <li>■ To delegates of licensed practical nurse, nurse and respiratory therapists commissions</li> <li>■ To delegates at a Federal Council</li> </ul>	February-March 2013 February-March 2013 March 2013
Mailing of supporting documents for a consultation at local general assemblies	Mid-April 2013
Hold local assemblies for consultation	May 2013
Presentation of a background document to support the exchanges and discussions on the recommendations submitted to the delegates at a Federal Council in order to take a decision	June 2013

**INITIAL TRAINING**

**The SIDIIEF recommends university education**



From left to right: Hélène Salette, Secretary General of the SIDIIEF and Suzanne Kérouac, Professor Emeritus in the Faculty of Nursing at the Université de Montréal

# THE SIDIIEF RECOMMENDS UNIVERSITY EDUCATION

With all the debate that the issue of initial training for healthcare professionals has raised, the Federation felt that it was essential to inform the delegation at the Federal Council of the movement around it on the international French-speaking scene in order to fuel the discussion. For this reason, the *Secrétariat international des infirmières et infirmiers de l'espace francophone* (SIDIIEF) were invited to present the position statement made public on May 26, 2011.

**THE DELEGATES' CONCERNS**

Even if the SEDIIEF is taking a position for the dozens of French-speaking countries and it does not cover Québec, its international position as well as its arguments in favour of a bachelor's education as the entry requirement for the profession raised much emotion in the delegation. Several delegates went to the microphones to express loud and clear the worries of the members of the Federation.

The delegates pointed out the specific situation in Québec regarding college level training compared to the rest of Canada and other countries. They defended on many occasions the quality of the present technical nursing programme which, in the context of a labour shortage, enables the system to have qualified relief quickly. They also insisted on the importance of experience in the field for the quality of care.

The delegates also recalled that certain government choices have had a direct impact on the quality of care given to the public and that the current conditions of practice, particularly the fact of often working with a work overload, are a major obstacle to the improvement of health care, and this, regardless of the level of degree held by the healthcare professionals.

The two authors of the position statement entitled "University Education for Nurses: A Response to the Challenges Facing Health Systems", Hélène Salette, Secretary General of the SIDIIEF, and Suzanne Kérouac, Professor Emeritus, Faculty of Nursing at the *Université de Montréal*, came to explain why nurses must have access to a university education.

The SIDIIEF position statement makes three recommendations to the governments of French-speaking countries, namely:

1. introduce a university education system that includes 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> levels of nursing science;
2. make a bachelor's degree in nursing science the entry requirement to the nursing profession;
3. invite the International Organization of La Francophonie (IOF) to support, through institutional, national, intra- and interregional cooperation mechanisms, university education in nursing and to make this a priority in African countries.

The recommendations follow the findings issued by the members of the SIDIIEF on the disparities and inequities in access to nursing knowledge as well as the research work done by an international working committee set up by the SIDIIEF. This committee was responsible for looking into the situation of nursing education in francophone countries, the major international trends regarding present and future health challenges as well as the common call of major international organizations such as the World Health Organization (WHO), the Organization for Economic Cooperation and Development (OECD) and the International Council of Nurses (ICN).

The work done by this committee indicates that French-speaking countries are currently out of step with the level of education required to practice the nursing profession as compared to the other large regions of the world. The trend at the global level is an upgrading of nursing education to the university level. In addition, the SIDIIEF estimates that in the present context of a reorganization of

health systems and the broadening of the professional roles, the redeployment of nursing skills will pose an unprecedented challenge.

For the SIDIIEF, the renewal of practices and the improvement of the care and collective health demand that the next generation of nurses have access to university education in order to have the skills essential to effect a genuine transformation of health systems. Access to university studies, in a context of rapid advancement of knowledge, appears to be a key element for the nurse to remain a first-line caregiver for the population.

The presentation of the SIDIIEF position statement enabled the delegates to have a frank and animated discussion on the issue of initial training. ■

To find out more about the SIDIIEF and consult its position statement: <[www.sidiief.org](http://www.sidiief.org)>



At the microphone:  
 1. Johanne Tremblay, CSSS de Gatineau  
 2. Louise Gilardeau, CHSLD Gouin Inc.  
 3. Richard Beaugard, CSSS Richelieu-Yamaska

**NEGOTIATION**

**An employer's openness goes hand in hand with success**



From left to right: Daniel Gilbert, 2<sup>nd</sup> Vice-President of the Executive Committee of the FIQ, and Claude Boucher and Chantal Bellavance, representatives from the *Syndicat des professionnelles de la santé Bécancour-Nicolet-Yamaska*

# AN EMPLOYER'S OPENNESS GOES HAND IN HAND WITH SUCCESS

What a great model the *Centre de santé et de services sociaux (CSSS) de Bécancour-Nicolet-Yamaska* is to follow! In this CSSS, the local union team used a comprehensive exercise to enhance the arrangement of work time proposed to its members. The team succeeded in convincing the employer to commit to an approach of planning the labour force which enabled them to identify courses of action for acting on the attraction and retention of healthcare professionals and thus, control the labour shortage they faced.

## NURSES FROM FRANCE

Henceforth:

- The old French training programme (before 2009) giving a State diploma, received before 2012, is equivalent in Québec to the college diploma (DEC) and to an undergraduate nursing certificate. The conditions stipulated in the collective agreement on postgraduate education are applicable.
- For the new French training programme (since the fall of 2009<sup>1</sup>), the MSSS recognizes that it is comparable to the bachelor's degree in Québec. French nurses can therefore be classified in the nurse clinician scale when they hold such a position.

This measure applies as of December 14, 2011, the date the ministry took a position in this file. ■

1. The first diplomas will be handed out in 2012

Claude Boucher and Chantal Bellavance, President and Grievance Agent respectively for the *Syndicat des professionnelles de la santé Bécancour-Nicolet-Yamaska* presented the delegates at this Federal Council with the different steps which led to a significant improvement of the working conditions in their institution:

- Consultation of the healthcare professionals by a survey on the reasons for satisfaction or dissatisfaction;
- Critical analysis of the results;
- Accurate picture of the labour situation;
- Identification of possible structured solutions.

To optimize the use of resources, the local union team proposed the following solutions to the employer, among others:

- Presence of licensed practical nurses 24 hours a day;
- Increase in the number of full-time positions;
- Four-day workweek;
- Structure allowing self-replacement of nurses;
- Improvement in the night shift schedules;
- Maintaining and developing skills;
- Special measures for employees age 55 and over.

Considering the receptiveness of the employer to the union's proposal, the positive effects were soon evident:

- Marked reduction in the amount of overtime;
- Elimination of compulsory overtime and the use of independent labour;
- Retention of personnel at almost 100%;
- Better family-personal-work life balance;

- Significant reduction in the movement of personnel.

Real balls of energy, these two speakers were warmly applauded by the delegates who said they wished they had the same attitude from their employers. Furthermore, many of the delegates went to the microphones to ask technical questions in order to be able to follow in the footsteps of their colleagues. Madams Boucher and Bellavance then insisted on the need of drawing up a portrait of the institution and workforce planning in order that the proposed schedules meet the members' needs and the reality of the institution.

In light of this example, it is easy to make a parallel with the demands made by the FIQ during the last negotiations. In fact, an arrangement of work time was part of the Federation's negotiating priorities then and the four-day workweek is an important key issue. The results of this experience confirm the FIQ's claims on the advantages of this approach in arrangement of work time both for the healthcare professionals and the institutions. Although the FIQ achieved major gains, the government has always refused to hear its arguments for a four-day workweek. In seeing the success at the *CSSS de Bécancour-Nicolet-Yamaska*, the Federation has certainly not had its last say on the matter.

### WORK COMMITTEES AT THE MSSS: THE WORK IS DRAGGING!

During the last negotiations, the Federation agreed to participate on working committees in order to find the best avenues of solution possible on certain issues. After a few months, the work is dragging.

### ATTRACTION AND RETENTION OF EMPLOYEES IN A CHSLD (Letter of Understanding N° 18) ORIENTATION AND TRAINING TASK FOR THE LICENSED PRACTICAL NURSES (Letter of Understanding N° 20)

On March 9, the FIQ held a press conference in order to denounce the serious shortcomings in the residential and long-term care centres (CHSLD). Two licensed practical nurses, members of the Federation, spoke out about the seriousness of the situation. Elisabeth Rich, licensed practical nurse team leader in a residential centre in Montreal, and Sonia Mancier, licensed practical nurse in a CHSLD in the Montérégie spoke out about the seriousness of the situation.

Elisabeth Rich explained that "From May to October 2011, the licensed practical nurses demanded fifteen minutes for the overlap at the end of their shift to give report to the colleague relieving them and to do the narcotic count. As of October, not wanting to pay an additional amount for this work, the employer told the licensed practical nurses to no longer give report or do the narcotic count, which causes problems linked to inventory."

"Day after day, we have to work with a vulnerable clientele. In addition to needing stability, these residents often have a family which also needs to be reassured and informed. Explain to me how it is possible when there are always insufficient numbers of healthcare professionals and there is a very large turnover rate due to using agency personnel which, by its status, is not able to create ties with the residents. And this is not counting the work overload that this generates for the regular staff!" stated Sonia Mancier. **CONT'D P. 7**

INSURANCE

Modification of the health insurance plan  
An employer's openness goes hand in hand with success (cont'd)  
International Workers' Day 2012



# MODIFICATION OF THE HEALTH INSURANCE PLAN

The FIQ has been questioned by its members who have experienced some difficult situations in the reimbursement of their medications. Therefore, the Federation concluded that the impacts on the health insurance plan of using a service of direct payment for the reimbursement of medications rather than the service of differed payment currently in effect needed to be re-evaluated.

Remember that, in 2002, the delegates adopted a decision on access to a differed payment service from the insurer, *Desjardins Sécurité financière* for the reimbursement of their medications. This choice was motivated by the worry of an eventual increase in claims with the use of a direct payment service which could result in a significant rise in the premium rate.

It is true that an increase in the claims and a rise in the premium rate are still foreseen with the use of the direct payment service. However, according to the insurer, this increase would be limited to

3 to 5%, which the Federation judges to be reasonable. Moreover, the financial statements for 2011 indicate a likelihood of a surplus which will allow the stabilization fund to absorb the rise in claims.

The insurer also suggests slightly lower administration costs for the basic drug plan, because there will be a reduction in the expenses related to the differed payment service (issuing cheques, mailing costs, etc.). Lastly, the implementation of a direct payment service will not require any new re-issuance of an insurance certificate, or any interruption in service.

Considering these minimal impacts and the need to allow members to obtain their medications whatever their financial situation, the Federation has authorized the implementation of the direct payment procedure for the reimbursement of medications.

Thus, the participants in the FIQ health insurance plan will have a direct payment service for the reimbursement of their medications by presenting their current insurance card with their identification number on it to the pharmacist as of April 1, 2012. ■

**MARDI 1<sup>er</sup> MAI**  
RASSEMBLEMENT À 18h  
AU PARC MOLSON  
à l'angle des rues D'Iberville et Beaubien  
FÊTE AU THÉÂTRE PLAZA À 20h  
au 6505 rue St-Hubert

1972-2012

FÊTE INTERNATIONALE DES TRAVAILLEUSES ET DES TRAVAILLEURS

## INTERNATIONAL WORKERS' DAY 2012

This year, the *Coalition du 1<sup>er</sup> mai*, of which the FIQ is a part, will mark International Workers' Day with the theme "Nous". The members of the FIQ are invited to participate in the different activities scheduled in their region. Find out the details from your local union team.

### NATIONAL DEMONSTRATION IN MONTRÉAL

For those who live in Montréal or the surrounding area, here are the details on the major demonstration which will take place on Tuesday, May 1, 2012.

Gathering: 18:00  
Molson Park  
Corner D'Iberville and Beaubien St.

A small party will follow: 20:00  
Théâtre Plaza  
6505 St-Hubert St.

For more information:  
<[www.fete1ermai.wordpress.com](http://www.fete1ermai.wordpress.com)>

## AN EMPLOYER'S OPENNESS GOES HAND IN HAND WITH SUCCESS (CONT'D)

Minister Bolduc apparently has no intention of improving the situation at this time and this inertia is very palpable on the working committees on which the Federation sits. Therefore, it has chosen to withdraw from these committees and to evaluate other recourses.

### REDUCTION OF INDEPENDENT LABOUR (Letter of Understanding N° 17)

The Federation is putting a lot of effort in to the work of the reduction of independent labour committee. However, the FIQ was very recently faced with a lack of willingness from the Ministry of Health and Social Services (MSSS). In fact, the latter launched 32 projects covering a reduction of 25% in independent labour in the health-care institutions when the agreement covered a reduction of 40%.

A letter has been sent to Minister Bolduc on this matter in order to let him know about the Federation's profound disagreement and to ask him to quickly intervene to correct this. Given the situation, the FIQ has refused to participate in any project prior to the conclusion of the work on Letter of Understanding N° 17. ■



With the stability of the work teams, it is now easier to maintain and improve access, continuity and quality of services and care for the population.

At the microphone:  
1. Nancy Bédard, Centre hospitalier universitaire de Québec  
2. Michel Desautels, Hôpital Rivière-des-Prairies

# LEAN PROJECTS: THE PLACE OF THE UNIONS AND THE DON'S

The Federation once again updated the delegates on the implementation of the Lean Approach in the health-care institutions in Québec. Remember that at the last Federal Council, several recommendations were adopted so that the FIQ and its unions could play a decisive role in any major change in organization of work in the institutions.

## THE THREE MSSS PROJECTS

The Ministry of Health and Social Services (MSSS) announced last November 1 the names of the three institutions selected in the context of the implementation of the Lean Healthcare Six Sigma management approach. They are the *Centre hospitalier universitaire de Québec*, the *CSSS du Sud-Ouest - Verdun* and the *CSSS Jardins-Roussillon*. Since that announcement, the FIQ and its affiliated unions involved have closely followed the deployment of the projects. Meetings have been held with the Minister of Health and Social Services, Yves Bolduc, to reiterate the importance of the unions being partners in these projects.

The executive directors, union representatives and consultants of the three institutions have also attended these meetings in order to ensure active participation in the decisions of the committees responsible for implementing these projects. Up to now, the unions in these three hospitals have been informed and involved, but since they are members of the tactical committee, they do not have the same powers as those on the steering committee. Despite all this, the unions are in the right place to closely monitor

the projects and to question any change that could have an impact on the quality and safety of care and which would be contrary to the conditions of professional practice and the working conditions of their members.

Lastly, the directors of nursing (DON) of these three institutions covered by the minister's project sit on the steering committee and can therefore intervene at the highest level of the Lean committees in their institutions and perform their legal roles and responsibilities.

## THE OTHER PROJECTS IN PROGRESS

The MSSS wants to implement Lean projects in all the health-care institutions and the majority of them have already set up a Lean project in a targeted sector. Some delegates who are living the implementation are informed about the work and are involved in the process while for others, the employer is loath to really involve them. It also seems that the directors of nursing are not always on the steering committees when they have a role in the decisions related to the quality of care. The FIQ believes that the possible impact of the Lean Approach on the quality of care and services as

well as on professional practice and liability is significant.

## THE ROLE OF THE DIRECTORS OF NURSING

Considering the difficulty of ensuring a union presence at all the decision-making places concerning the implementation of the Lean Approach and

Considering the role and responsibilities of the directors of nursing by virtue of Section 27 in an Act respecting health and social services, particularly to monitor and control the quality of the nursing care provided in her centre,

The delegates are recommending that the affiliated unions undertake steps with the local decision-makers so that the director of nursing is on the steering committee and on the tactical committee of each Lean project implemented in a institution.

The delegates are also recommending that the FIQ ask for a meeting with the *Table nationale des directions de soins infirmiers* in order to inform them of the FIQ's concerns about the implementation of the Lean and Lean Six Sigma Approaches and the crucial role of the nursing administration in such projects. Union vigilance is required! ■



At the microphone:  
Sandra Chiasson, CSSS Domaine-du-Roy