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SPECIAL REPORT

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HEALTHCARE PROFESSIONAL INTERVIEWS

THE PRIVATE SECTOR'S INCURSION INTO RESIDENTIAL CARE SETTINGS

THE URGENT NEED FOR A LAW ON SAFE RATIOS

RESIDENTIAL CARE FOR PEOPLE WITH A LOSS OF AUTONOMY

HEARING FROM THOSE WHO ARE RARELY HEARD

GIVING VOICE

VOL. 9, NO. 1, DECEMBER 2022, SPECIAL REPORT

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TABLE OF CONTENTS

3 Word from the presidents
4 Residential care and costs: Who does what?
5 Interview: Manon Trépanier
6 The evolution of long-term care in Quebec
7 Sounding the alarm!
8 Interview: Valérie Fortier
9 Interview: Nathalie Perreault
10 The private sector's incursion into residential care settings
11 Interview: Samira Ajbir
12 Interview: Jessica Proulx-Tondreau
13 Working conditions: The urgent need for a law on safe ratios
14 The FIQ and FIQP's demands for residential care

NOTE ON CONTENT

This special report on residential care provides an overview of the services available to the elderly. It also aims to give voice to those who work with these people on a daily basis. Important issues have come up in the last few years. They are of concern to our whole society as our healthcare system is facing major challenges. Healthcare professionals' working conditions and the quality and safety of care provided in residential and long-term care centres in Quebec are central to the FIQ and FIQP's concerns. Residential care for seniors has been top of mind for several years and the pandemic has illustrated just how important it is to tackle the issues now.

WE HOPE YOU FIND THIS INFORMATIVE!

WORD FROM THE PRESIDENTS

Seniors and residential care have frequently made headlines over the last two years of the pandemic, most often for unfortunate reasons. As spokespeople for the healthcare professionals' denunciations, the Federations contributed to collective reflections and investigations on the tragedy in CHSLDs to ensure it doesn't happen again. We will continue to focus a lot of energy on this so that all long-term care and home care residents can finally receive safe, quality care.

With this publication, we hope to highlight the role of healthcare professionals in long-term care. It is a complex, interdisciplinary role that needs to be further known, understood, and valued. The FIQ and FIQP believe that residential environments are first and foremost care settings that must be humanized, and healthcare professionals have both the expertise and vision to help make this happen. Think of what could be accomplished with fully developed fields of practice, more time spent on clinical activities and safe ratios!

We would like to extend a big thank you to the participants who agreed to share their stories. In preparing this special report, we saw that there are still significant obstacles in the field preventing healthcare professionals from speaking out. It is another battle that we must continue to fight because our voice is crucial to critical analysis, defending patients, and improving the health network. That is why the testimonies in this special report are so precious.

It is through a better understanding of what we are living as healthcare professionals, both the successes and challenges, that we strengthen our connections between different job titles, centres of activities and institutions, and that we move toward the change we want to see.

We hope that this report will help to spread increased awareness of the essential role healthcare professionals play in residential care. The FIQ and FIQP pay tribute to and thank all the members they represent in the vast residential care sector.

Julie Bouchard
FIQ President

Sonia Mancier
FIQP President

RESIDENTIAL CARE AND COSTS: WHO DOES WHAT?

2,600 LIVING ENVIRONMENTS FOR THE ELDERLY AND THOSE WITH A LOSS OF AUTONOMY IN QUEBEC

RESIDENTIAL AND LONG-TERM CARE CENTRE (CHSLD)

PUBLIC

- 321, integrated into CISSSs/CIUSSSs in each Quebec region
- $1,947 per month: maximum cost covered by the patient
- Minimum 3.5 care hours per day
- Public CHSLDs do not generate any profit

PRIVATE SUBSIDIZED INSTITUTIONS (EPCS/CHSLDS)

- 60, owned and managed by private businesses
- Activities financed by public funds to the same degree as public CHSLDs and application of collective agreements negotiated in the public sector
- Criteria and cost of admission: the same as for public CHSLDs
- Profits made solely on administration, food service, etc.

PRIVATE NON-SUBSIDIZED INSTITUTIONS

- 47, not financed by public funds and generate profits
- $4,000 to $8,000/month: cost set by the owners and paid entirely by patients

INTERMEDIARY RESOURCES (IR)

- 1,835, managed by the private sector and generate profits for the owners
- For people with a small to medium loss of autonomy
- Less than 3 hours of care required per day

PRIVATE SENIORS' RESIDENCES (RPA)

- 1,512, managed by private businesses
- The most widespread type of housing. Unsupervised apartment, room with services for semi-autonomous people, etc.
- Rent prices vary greatly
- Business model that generates a lot of profit

SENIORS' AND ALTERNATIVE HOUSING

- 46, Government project launched in 2020 and houses are still under construction
- Amount determined by the RAMQ based on residents' financial situation
- Target clientèle: elderly people with a great loss of autonomy and severely disabled adults
- Health care services vary from one house to another

45,637: NUMBER OF PEOPLE WAITING FOR HOME CARE

For over 20 years, successive governments have claimed that they want to keep elderly people at home as long as possible. Different policies and some investments have helped home care and services. But despite the government's intentions, there is still not enough funding to make home care an accessible option.

MANON TRÉPANIER

"MY COMMITMENT IS TO MY PATIENTS AND THEIR LOVED ONES."

A nurse clinician since 1989, Manon Trépanier worked in a university hospital in the Montreal area for several years and was a manager in the health network. A few years from her retirement, she now works as an assistant to the immediate superior at the CHSLD de Sainte-Adèle in the Laurentians.

Life circumstances led her to work in CHSLDs and, more recently, as they say in the field, to return to work on the "floor." "Looking back, I must admit that I had a negative, preconceived notion of CHSLDs," says Manon right off the bat. She quickly realized that she was totally wrong and today she deeply loves the work she is doing for her 34 residents who have medium to severe cognitive impairments.

Every day she spends over half of her time clinically assessing residents. Whether it's for clinical instability after a fall, after skin deterioration or oral health education, Manon is in high demand. "I use my right to prescribe a lot since I am almost the only one who has it in the institution. It's such a great thing to have. It allows me to be much more independent and makes my work more fulfilling and stimulating."

As the only nurse in the unit with it, she believes that nurses' right to prescribe is very important. It gives them the option to begin treatments, to follow progress and to prevent the deterioration of patients' conditions. "In the end, the enriched clinical expertise of nurses in CHSLDs means that fewer patients are transferred to the emergency room and that doctors can concentrate on the most serious cases." Manon believes that more healthcare professionals who work in residential care should have the right to prescribe. "It's a win-win situation!"

The time when residents arrived at CHSLDs in their car with their suitcase in hand is a long-gone era. It's not at all what happens today. Patients come to CHSLDs when they have exhausted all the other residential care options. "So, very often residents have lost a lot of functional and cognitive autonomy and their families are anxious. That means we need to have specific skills to do our work. Teamwork is therefore key to accomplishing big things both with residents and their families. Often, we get home and are exhausted and wonder if we could have done things better." This type of repetitious questioning is a result of the deterioration of care and services in CHSLDs. Residents' health conditions require ever more care-hours and, unfortunately, there isn't enough staff.

And that is one of the things Manon would like to see, more professional staff in her CHSLD. "We are short beneficiary attendants, nurses and licensed practical nurses. This persistent lack of staff means that everyone is doing the best they can but the truth is that it's not optimal. And that is frustrating."

Patient assessments and orientations are also on the list of things Manon would like to see improve. "We see residents in CHSLDs who should not still be there. I remember one resident who left a real impression on me and touched my life. I would give him little tasks to do in my office to keep him busy. He definitely should not have been in a CHSLD." It's important to have the right professional in the right place but it's just as important to have patients in the right place.

What is her message to young healthcare professionals? "Go get experience, get tools, experience different clinical settings and then come work in a CHSLD! You will see that it is very stimulating and fulfilling!"

THE EVOLUTION OF LONG-TERM CARE IN QUEBEC

BEFORE 1960

Under the responsibility of families and philanthropic organizations.

1960-1980

Institutionalization and government takeover, prioritizing medical and hospital institutions and isolating long-term care.

MID-1980S

Shift to keep it in the community and "partnership" with families and the social economy. Public services were not involved much and the shift was never completed.

1990

Increased social economy and private sector participation; new name for extended care hospital centres and nursing homes: residential and long-term care centres (CHSLD).

1990-2000

Two new tools: SIPA: Système de services intégrés pour personnes âgées (Integrated services for frail elders) and PRISMA: Program of research to integrate the services for the maintenance of autonomy.

2003 AND 2015

Successive health reforms and mergers. CHSLDs were diluted in an oversized structure, composed of many levels, that covers a vast territory, which led to centralized and remote management. Marginalization of CLSCs.

2020

Beginning of the development of the seniors' housing project launched by the Coalition Avenir Québec (CAQ) in 2019. It's a new living environment concept with each aspect designed so that residents feel like they are at home.

The pandemic takes CHSLDs by storm.

2021

Launch of the policy on residential and long-term care (PHSSLD) and the action plan for long-term care homes.

SOUNDING THE ALARM!

In March 2020, the global COVID-19 pandemic was declared. Since then, the tragic deaths in CHSLDs and seniors' residences have been a talking point. 5,060 deaths were recorded in just a few months. After journalistic, institutional and legal investigations, there are still holes in the narrative and the government has taken very little action to turn things around.

While the pandemic showed the Quebec population the scale of the situation in residential and long-term care centres, healthcare professionals have long seen and suffered the consequences of successive governments' neglect for society's most vulnerable. And yet, the FIQ and FIQP had already been alerting public authorities for a long time, urging them to address what too often resembled organizational mistreatment.

SAGA AT THE CENTRE D'HÉBERGEMENT DENIS-BENJAMIN-VIGER

In this CHSLD in the Ouest-de-l'Île-de-Montréal, the work overload and lack of staff made it impossible for healthcare professionals to meet patients' basic needs. At the end of the winter of 2016, the union denounced the unacceptable conditions for residents: a lack of material and resources for safe care. It took six years of collective, individual, union, and legal action, as well as public denunciations, for the FIQ to win its case in June 2022 in the Quebec Court of Appeal. That timeline is unacceptable!

DIZZYING RATIOS

With the symposium, Black Book, and ratio pilot projects, the FIQ and FIQP have put every effort into promoting safe healthcare professional-to-patient ratios as THE solution for safe, quality care. After several actions and public relations initiatives, the government is still turning a deaf ear and keeping ridiculously high healthcare professional-to-patient ratios.

A REVOLTING TELECONSULTATION PILOT PROJECT

While the consensus is that there should always be an on-site nurse in CHSLDs, a teleconsultation project promoted by the provincial director of nursing care and services was announced late 2021 for some Quebec regions. The goal of the project is to fill in for the absence of a nurse on certain shifts in CHSLDs with under 50 residents by allowing one to intervene remotely via an electronic tablet. Despite the FIQ and FIQP's denunciations, the pilot project is being deployed.

VALÉRIE FORTIER

"I LOVE WHAT I DO, OTHERWISE I WOULDN'T DO IT!"

Valérie Fortier has been a licensed practical nurse since 2009 and has worked in rehabilitation at the CHSLD Sainte-Croix in the CISSS de la Montérégie-Centre since 2013. Her amazing team is a source of daily motivation for her.

When Valérie started working on the rehabilitation floor at the CHSLD, her and her colleagues took care of semi-autonomous patients to help them regain some of their abilities before returning home. Since the start of the COVID-19 pandemic, the work climate has changed and the conditions of resident patients have worsened. She believes this is why her unit was turned into a transitional unit. From now on, patients "are waiting for accommodations and no longer need rehabilitation. This change was made at the management level."

She brought up the first two waves of the pandemic, a dramatic challenge for staff, patients and families: "I found it difficult to see elderly people left on their own with no visits. I even saw one let himself die. I don't have numbers and I am not an expert in this area, but I am convinced that there were others who let themselves die during the pandemic. They were confined 24/7 to a small room. I think any one of us would have gone crazy." Valérie said that the families who visited their loved ones before came less and less to the CHSLD and added that managers made an exception and gave a hand on the floor due to the circumstances.

Valérie is worried about the care quality since the work overload forces her to prioritize certain tasks over others. She is holding up thanks to the solidarity of her team, which is made up of nurses, beneficiary attendants, occupational therapists and social workers: "We are short staffed but I think that we have become so used to it that when staff is missing, we take on more patients. Nurses will take one section. We try not to impose mandatory overtime. We make it work, we help each other a lot. We are a good team and that is our strength. We are friends outside of work."

What she would like to change: "To know that when I get to work, there will be a reasonable patient quota with no work overload and no mandatory overtime. I would like to feel that the managers are on our side."

What she would say to a colleague who was trying to decide whether or not to work in her centre: "We have the best team. We support each other so much. We are a great team. My colleagues are amazing people!"

NATHALIE PERREAULT

"IT IS OUR DUTY TO DO BETTER SO THAT PEOPLE CAN GROW OLD AT HOME."

A licensed practical nurse at the CLSC du Plateau-Mont-Royal in Montreal, Nathalie Perreault has been working in home care since 2015. Throughout her career, she has worked in a variety of care settings in Montreal and has lived through several of the MSSS's reforms. She has gained a lot of experience in seniors' care and speaks about it from her heart.

While successive governments started the shift to home care years ago and services are being progressively deployed, there is still a lot of work to do. In the case of the CLSC where Nathalie works, this deployment is resulting in an increase in cases for the multidisciplinary team to treat. There is an increasing number of home care follow-ups, in particular for orthopedic surgeries, she says, which involves implementing a full treatment plan to avoid a return to the hospital. Nathalie's work also focuses on infection prevention and rehabilitation. The multidisciplinary team's solidarity and collaboration are a source of motivation. However, Nathalie thinks that there still aren't enough services to properly meet all of the elderly people's needs.

The CLSC offers a certain number of care hours, following complex assessments, which, in some cases, are no longer sufficient. Consequently, caregivers have to manage hiring and paying people who provide home assistance. "If a person is incontinent and we intervene in the day and at bedtime, but there is no service at night, the caregiver must do it themselves or hire someone." According to Nathalie, these responsibilities can sometimes be too heavy a load to bear and cause exhaustion in loved ones.

When patients have a loss of autonomy, and especially when paired with cognitive problems, "at times it's more difficult to find solutions to keep them at home safely, even in a context where finding residential care can be tricky. It takes several members of a care team to help families that often have a lack of funds and are distressed. Recently, one caregiver had to quit his job to take care of his father who needed monitoring at night." Nathalie pointed out that healthcare professionals keep assessments open so that they can quickly intervene when a person's autonomy rapidly deteriorates.

When she hears that the government wants to further develop home care services, Nathalie says, "It will likely be hard to achieve that goal. The salary is lower than in other provinces. Homes are often unsanitary, there are bedbugs or cockroaches. With these working conditions, the profession becomes less attractive." Despite these difficulties, Nathalie likes her work. She believes that everyone should have the option to stay at home and that the government should implement sustainable solutions for the well-being of the ageing population.

What would she like to change? "I would like there to be more help for people living in unsanitary conditions... Not everyone can afford cleaning services with the steep price increases for housing and food."

What she would say to a colleague who is wondering whether they should work in home care: "Do it! It will change your life! We are a team of exceptional, down-to-earth people."

PUBLIC OR PRIVATE

THE PRIVATE SECTOR'S INCURSION INTO RESIDENTIAL CARE SETTINGS

In Quebec, having several types of services for seniors with a loss of autonomy constitutes a real strength. However, in recent years, the health network has become increasingly privatized, especially residential care. The use of private agencies in home care is also on the rise. For example, in 2019-2020, 27.9% of the hours worked in home care were performed by staff from private employment agencies, which is in stark contrast with the 2.9% throughout the entire network. The hiring of private sector staff eats away at public funds, affects the workforce and weakens public services. In the mid to long-term, the increased hiring of private sector health care staff and subsequent profit seeking endangers the very survival of our public health system and its principles of universality, accessibility and free access.

The COVID-19 pandemic unfortunately perfectly illustrated what commodifying the health care for the most vulnerable can mean. More than 5,000 elderly people died in atrocious conditions across the province. The underfunding of CHSLDs and the reduction in the number of residential beds opened the door to CISSSs and CIUSSSs having to purchase tons of beds from private resources. Given that the private resources didn't have negotiated working conditions, quality control or sufficient financial or human resources, they were clearly not in a position to meet the needs of the elderly residents.

As the FIQ and FIQP see it, all citizens should have access to quality public care and services, regardless of where they live. All elderly people have the right to health and to the care they need, regardless of what's in their bank account. As such, it is up to the government to respond adequately. That is why the Federations will continue to defend the public healthcare system while fighting for better provincial workforce planning and massive funding to strengthen the public network services, especially in home care.

SAMIRA AJBIR

"WHAT'S MOST IMPORTANT TO ME IS BRINGING LIFE TO THE LIVING ENVIRONMENT!"

Samira Ajbir is a licensed practical nurse who works the day shift at the CHSLD Nicolet in east Montreal. Since 2007, she has gained different types of experience across all care settings, but she is quick to share how much she loves working in a residential care centre in the public network.

Samira openly admits that private agencies want to hire her, she has the option to choose her work location and schedule. "Private agencies are offering me good salaries, it's appealing." But Samira chose her personal life and a mental balance that she finds at the CHSLD. Her priorities are spending time with her family, having a stable work team, and a pleasant work atmosphere.

There is not much mandatory overtime (MOT) in her institution, which she says is due to the stable work teams strengthened by the position upgrades that occurred before the pandemic: "Those who have a four/fifteen automatically have full time now and that's why we don't have MOT. It can happen between the evening and night, but during the day it's fine."

During this difficult time for Quebec CHSLDs, Samira speaks with a laugh in her voice, as well as passion and optimism. At the CHSLD Nicolet, 90% of her colleagues are immigrants, from Haiti or North Africa. "It's really multicultural, which is great." We exchange food and when we visit our country, we bring each other souvenirs. I love that! It's a living environment for both the seniors and for us. We are friends. If events happen outside of work, like weddings, we invite each other."

Samira's other main source of work motivation is her respect for seniors: "I spend 8 hours here... We get attached to the patients. We have patients who talk about their life, their past, it's interesting." She also has recommendations for the decision-makers: "If I were the health minister, first, I would listen. I would go to the institutions and speak directly to the staff and residents. I would put life into the living environment, I would offer activities. Bingo isn't enough. I would ask residents, what did you do when you were at home? Did you like drawing, theatre, music, outings? That's life. Before coming here, they lived a normal life. Here, they live between four walls. We must improve their quality of life." According to Samira, boredom and no socializing can cause depression in seniors.

As for improvements for staff, Samira says: "I would increase the salary to attract young people. There needs to be motivation to come work in the health sector because it requires compromise, especially when you have young children at home."

What would she say to those who are contemplating working with her: "Come, we have some positions open (laughter). In my culture, we believe seniors are very important. You develop a relationship with them. But it doesn't come naturally to everyone, you need patience."

JESSICA PROULX-TONDREAU

"LET'S REORGANIZE THE WORK SO THAT CHSLDS BECOME REAL LIVING ENVIRONMENTS."

Jessica Proulx-Tondreau has been a licensed practical nurse on the night shift at the CHSLD de Montmagny since 2014. It was her very first assignment and she stayed because she felt comfortable there. She likes working at night.

Jessica says that most of the time she is able to offer quality care. However, there are times when there is no nurse on site and that can be challenging. On-call nurses may be called if there is a fall, for example, but in Jessica's opinion, there are care gaps because patients have to wait until a nurse arrives to be assessed and their condition can deteriorate quickly.

At night, she works alone on the floor with a beneficiary attendant. She says that this way she is able to use her expertise. Responsible for the initial approach and all medical care, like administering medication or taking blood, she has a certain autonomy and numerous possibilities for practicing the various aspects of her profession. She is not just in charge of hygiene needs which makes her feel good.

Jessica thinks that working in CHSLDs is not a popular choice since few nurses and licensed practical nurses choose to work there after their studies. At first even she wanted to work in a hospital to save lives. Instead, destiny brought her to a CHSLD and she feels good there. In her opinion, healthcare professionals working in CHSLDs do not receive the same level of recognition as those who work in the ER or in surgery where they give direct, immediate care so patients can return home healthy as quickly as possible.

"What we must say to ourselves is that, if we don't take care of these people, they could end up alone, and waste away and that's not what we want." As such, the unexpected positive impact of the pandemic was to show that the situation in CHSLDs was not very happy, which forced the government to finally take action.

Jessica thinks that there is a way to transform CHSLDs into real living environments. But it would require a reorganization of work: "Why can't we let people who like to sleep in wake up late? Why do we have to wake them all up at set times? Even if the person is washed later in the day, they still get washed and that is what counts!" In Jessica's view, it is important to respect each person's habits.

She would like managers to listen more and show more understanding, especially for planning and making up for the lack of staff. "Patients can be aggressive, and we need more staff in those cases to ensure our safety."

She strongly recommends her future colleagues try working in a CHSLD because it is not the same experience as in a hospital where people are constantly coming and going. "Here, we get attached to patients. We end up being like family."

WORKING CONDITIONS:

THE URGENT NEED FOR A LAW ON SAFE RATIOS

There is no doubt that healthcare professionals who work in residential care, like those in other sectors, witness a continuous deterioration of the quality and safety of care due to the unreasonably high number of patients in their care. That is why for several years now, the FIQ and FIQP have focused their actions on obtaining safe healthcare professional-to-patient ratios in the health network.

Several people mistakenly think that there have to be more healthcare professionals available before implementing ratios. And yet, science and experience have shown the opposite to be true. In settings where ratios were gradually implemented abroad, a significant number of healthcare professionals returned to their healthcare systems.

We must break the vicious cycle imposing work overloads on healthcare professionals and causing them to burn out. Safe healthcare professional-to-patient ratios are the structural solution that will benefit both patients and healthcare professionals.

In Quebec, we need to be able to count on consistent care that is not subject to budget cuts or the whims of governmental or healthcare-institution decisions. That means it has to be set down in legislation!

TO SIGN THE PETITION FOR A LAW ON SAFE HEALTHCARE RATIOS IN QUEBEC, GO TO RATIOSENSANTE.ORG.

THE FIQ AND FIQP'S DEMANDS FOR RESIDENTIAL CARE

The next months and years will bring important changes at several levels to residential and long term care, including the opening of the first seniors' homes, the teleconsultation pilot project via tablet, private CHSLDs coming under negotiated agreement, and any other new government orientation in this area. The FIQ and FIQP will continue to take strong action for safe, quality care and better working conditions for healthcare professionals.

THE MAIN FOCUSES OF THEIR DEMANDS:

- A rejection of any notion of profit within health care;
- Safe healthcare professional-to-patient ratios in all residential settings, including IRs and RPAs;
- Dedicated care teams that are stable, fully staffed, and have the necessary professional independence, as well as an organization of care and services that takes the vulnerability of patients into account;
- Provincial and local workforce planning that includes an attraction and retention plan and human resources strategy;
- Major public reinvestment in residential resources and home and care services to achieve 40% public coverage of home care over 5 years;
- The recognition and appreciation of the role of healthcare professionals in residential care in the government's actions and public discourse.

FOLLOW THE PROGRESS OF OUR DEMANDS FOR RESIDENTIAL CARE AT FIQSANTE.QC.CA

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