



BOARD ROOM NEWS

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*North of all
what we can become*

ADOPTION OF THE HAND HYGIENE POLICY

The Board of Directors adopted the Hand Hygiene Policy, which notably aims to standardize this practice, to raise awareness on the importance and the respect of hand hygiene among all actors, to develop an infection prevention culture, and to reduce the incidence of nosocomial infection and outbreaks within the establishment.

While it is the simplest basic measure, hand hygiene is the cornerstone of infection prevention and control. In fact, several researches show that hands remain the most important transmitting agent of micro-organism. An efficient hand hygiene at the right time allows considerably reducing the probability of transmitting micro-organisms.

Hand hygiene must be performed by all intervenors, including those who do not deliver direct care to users, service providers, volunteers, visitors and the users themselves. It must be performed at the following times:

- When entering and leaving a health facility;
- Before preparing or handling medication or food;
- After having met personal needs (blowing your nose, going to the bathroom, etc.);
- After taking off gloves;
- Before handling medical equipment;
- As soon as hands are visibly soiled.



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POLICY ON THE MANAGEMENT OF VISITS DURING OUTBREAK PERIODS

The Board of Directors adopted the Policy on the management of visits during outbreak periods. This policy specifies the measures to apply during an outbreak involving an interruption of visits to users, which are:

- Notifying users, families, employees and volunteers.
- Installing posters about the restriction or the interruption of visits at the entrance of the facility as well as on each unit affected by the outbreak and in elevators. If possible, install a person at the main entrance to manage visitor traffic.
- Depending on the facility and if staff is available, when a visitor brings personal belongings to a user, a person in charge of admission will ask them to identify them and a member of staff will bring them to the user's room. If this is not possible, the visitor may bring the belongings to the nurse station after having performed hand hygiene, and must leave afterward.

During outbreak periods, the management of visits is important in order to avoid the transmission of infections and to protect users and visitors.

**Next meeting of the
Board of Directors:**
Wednesday May 15th, 2019
in Sept-Îles

MANAGEMENT OF HIGH-ALERT MEDICATIONS

The administrators approved the content of the Policy on the management of high-alert medications. Before the creation of the Centre intégré de santé et de services sociaux (CISSS) de la Côte-Nord, most of the establishments in the region already had such a policy. With the adoption of this policy, practices will be harmonized throughout the territory.

High-alert medications represent a high risk of causing serious harm to a user if they are not used properly. A documented and coordinated approach for the safe management of high-alert medications improves the safety of users and reduces the possibility of harm. The Institute for Safe Medication Practices Canada (ISMP Canada) developed a detailed list of high-alert medications for environments where short-term, ambulatory and community health care is provided.

The policy provides for the following actions:

- Identifying the high-alert medications used in the establishment;
- Limiting the access to high-alert medications;
- Standardizing the storage, the prescription, the preparation, the administering, the delivery and the consignment of those medications.

Independent double verification of medications

The Board of Directors also adopted the Policy on the independent double verification of medications, which aims to reduce the risk of incidents related to the preparation and the administering of certain high-alert medications. The independent double verification is a proven measure and it is widely used in several health establishments as a measure to reduce incidents and accidents.

The independent double verification allows someone to double check a task carried out by someone else. It may be two persons with the same job title (e.g.: two nurses) or with different job titles (e.g.: nurse and nursing assistant). In both cases, the most important aspect is to maximize the independence of the double verification by ensuring the first professional does not suggest the results of their verification to the second one. It means that the authorized professional initiates the preparation of the medication according to good practices and that another authorized professional repeats the whole process alone in order to make sure the product complies with the prescription. Note that this policy meets the requirements of Accreditation Canada.

QUALITY CONTROL OF IR-FTR

The Board of Directors adopted three policies to formalize the quality control process for services provided to users in intermediate resources and family-type resources (IR-FTR):

- Policy on the management of the personal spending allowance and the assets (inventory of assets) of an adult user in IR-FTR;
- Policy on the management of the personal spending allowance and the assets (inventory of assets) of a youth user in IR-FTR;
- Policy on the verification of the criminal record for IR-FTR.

The policies and procedures arising from them will allow measuring and documenting the quality of services provided by the establishment and by IR-FTR, identifying the existence of gaps in quality, determining and analysing the causes, planning the actions to be implemented, and finally, following up and evaluating the actions taken.

RESIGNATION FROM THE BOARD OF DIRECTORS

Ms. Manon Cody confirmed her resignation as member designated for the Council of Nurses on the Board of Directors of the CISSS de la Côte-Nord on March 4th. The process to fill this position among members of the Council of Nurses will be initiated shortly. The list of members of the Board of Directors is available on the [website](#) of the CISSS de la Côte-Nord.

APPOINTMENT TO THE AUDIT COMMITTEE

Ms. Ginette Côté was appointed to the Audit Committee in order to fill the position left vacant following the resignation of Mr. Claude Montigny.

The other members of the committee are Michael Lavigne, Diane Ouellet, Solange Turgeon and Jean-Pierre Porlier.

APPOINTMENTS TO THE CISSS DE LA CÔTE-NORD

Mr. Yannick Sauvé is appointed as Deputy director of logistics – head of food services, laundry services, procurement and transportation. Mr. Sauvé has been working in the field of management of the different components of the logistics chain for over 15 years, including storage, transportation, procurement, inventories, customs and planning. He acquired diversified expertise within manufacturing and distribution companies of national and international renown. The management and the members of the Board of Directors of the CISSS de la Côte-Nord would like to welcome him.

Obstetrics and gynecology department

Dr. Martine Simard was appointed as head of the obstetrics and gynecology department of the CISSS de la Côte-Nord. For her part, Dr. Marie-Claude Thalabot will act as deputy head of this department.

PROGRAM OF ACCESS TO SERVICES IN THE ENGLISH LANGUAGE

The Board of Directors adopted the By-law of the North Shore Regional Committee for the Program of Access to Health Services and Social Services in the English Language. Under legislative provisions, the CISSS de la Côte-Nord must, by by-law, provide for the composition of the regional committee, its operating and internal management rules, the administrative modalities, and its functions, duties and powers.

The regional committee will be formed by the end of June 2019. The members of the committee will be named by the Board of Directors of the CISSS from lists of names provided by organizations promoting the interests of the English-speaking population. The committee will be composed of seven members, including at least three from the Lower North Shore, who will have to demonstrate understanding, knowledge and experience regarding cultural, historical and linguistic issues of the English-speaking population. They will also have to be familiar with the issues of this population concerning the health and social service offer, the organization of the health network and its governance. At least two members must work or have worked in a facility of the CISSS de la Côte-Nord as professionals, executives or physicians. A seat is also provided for a representative of the region's English-speaking education network.

APPOINTMENTS TO THE LOWER NORTH SHORE ADVISORY COMMITTEE

Mr. Roderick Fequet and Mr. Vincent Joncas, as well as Ms. Ana Osborne and Ms. Lorette Gallibois, were appointed to sit on the Lower North Shore Advisory Committee for a three-year term. This committee is composed of seven members, and its mandate is to make recommendations to the Board of Directors of the CISSS de la Côte-Nord on the means to be implemented in order to preserve the cultural, historical, linguistic or local nature of the former Centre de santé et de services sociaux (CSSS) de la Basse-Côte-Nord.

In January, the CISSS de la Côte-Nord consulted the Lower North Shore community in order to fill the positions falling due within the committee. The other members are Ms. Kimberly Buffit, Ms. Fay Collier and Ms. Ghislaine Nadeau.

Centre intégré
de santé
et de services sociaux
de la Côte-Nord

Québec 

835, boulevard Jolliet
Baie-Comeau (Québec) G5C 1P5
Telephone: 418 589-9845
Fax: 418 589-8574

Visit our website:
www.ciass-cotenord.gouv.qc.ca

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*Should you require further information about any of the covered topics, please contact the Communication Department at **418-589-9845, extension 252268.***