

JUNE 2023 | 50 YEARS



# INFO-CADRE

A newsletter for health and social services managers in Quebec and New Brunswick

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## SUMMER IS HERE...

### MORE ARTICLES FOR YOU :

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### AND A WELL-DESERVED REST!

Indeed, we are well out of a global pandemic that we see once in a century, but in our network, the return to normality has not yet fully arrived since we are still struggling with the management of infections including COVID, waiting lists and everything that had to be set aside in order to manage a pandemic...in addition to having to evaluate a new reform...it never stops!! Therefore it is essential to really enjoy the summer and your vacation!!

# A Word from the President



## The Elephant in the room...

On May 23, APER presented its brief on Bill 15, an *Act to make the health and social services system more efficient*, before a parliamentary committee. We were pleasantly surprised by the Minister's favorable reception during our testimony.

During the development of this brief, we mainly focused our intervention on what managers have deplored for more than 50 years (since the adoption of the health and social services system in 1971) the disproportionate power of doctors within establishments and lack of accountability on their part.

We are the only organization heard in parliamentary committee to have named "the elephant in the room" and voluntarily broke the omerta and other taboos on this issue, which is nevertheless very real, in our daily professional life. An article published the next day in *Le Devoir* even spoke of "indictment against doctors" Let's say it's a tad exaggerated, but still with a good grain of truth...

Our position, however, is not new. It was even brought before a parliamentary commission on the Barrette reform in 2014... As the saying goes: "the more things change, the more they stay the same"!

We are more than tired of being constantly put in the way and seeing our management hampered on a daily basis by these potentates who are not accountable to anything or to anyone, except their wallets or their work-leisure balance...

The Quebec reality means that two systems coexist in parallel, the socio-sanitary and the medical, which work in silos. Physicians are self-employed. We have nothing against this state of affairs as long as it remains within the framework of their private activities. But, when they are inside our facilities and for all that is non-medical activities (administrative, punctuality, interpersonal skills, disciplinary etc.) we ask that they be supervised like any of the employees of the network and accountable for their actions.

In short, that they assume the consequences of their actions like anyone else, it just makes sense!

Is that too much to ask? Let's hope that the minister, in his amendments, will have heard our arguments and put them into practice.

Until then, fingers crossed.

**Christian Samoissette**  
**President**

# A Word from the Permanence



## Our Priority, You!

Ouf!! We just went through a global pandemic and here we with a new reform...

APER appeared before the Parliamentary Committee on May 23 to present, once again, the position of its members regarding Minister Dubé's Bill 15.

We have explained that the deleterious climate we have in our network is the result of all the actions, all the reforms and all the cuts imposed on the health and social services network over the past 25 years.

The Couillard and Barrette reforms were put in place to limit (or even eliminate) budgets for non-hospital services...and even for hospital services, we all know who came out ahead of these reforms...physicians especially medical specialists.

This significant imbalance between the network and the medical system feeds the discontent, frustration and disengagement of our employees and managers who are able to observe this imbalance on a daily basis.

Minister Dubé replied "that he drank our words..." Here is the link for the presentation:<https://www.assnat.qc.ca/fr/video-audio/archives-parlementaires/travaux-commissions/AudioVideo-99483.html>

Take a few minutes to read what was said on your behalf!

We have also insisted with the Minister so that it is understood that there is a limit to your ability to take more at this time, by managing a new reform. Minister Dubé has understood and is committed to dialogue with all stakeholders.

In the meantime, enjoy the summer and your holidays...we have to regain our strength, a new reform awaits us!

**Me Anne-Marie Chiquette**

# Our New Advisor

## Welcome Patrick!



**It is with great pleasure that we inform you of the arrival of our colleague, Patrick Eccles, as Labor Relations and Organizational Development Advisor. But let's have him introduce himself:**

Dear colleagues,

I am a nurse by training and, like you, I have been a manager in the health and social services network for fifteen years. I had the opportunity to work in different organizations which gives me a good understanding of the multiple issues experienced in our network.

Indeed, I began my career as a nurse at the MUHC in 1997. I worked more specifically at the Royal-Victoria Hospital on the cardiac surgery unit, on the liver and kidney transplant unit as well as in the intensive care.

In 2008, I had my first experience as a manager at the CHUM. I was head of intensive care unit at St-Luc Hospital as well as head of intensive care and coronary unit at Hôtel-Dieu de Montréal. After 7 years at the CHUM, I wanted to try something else and to broaden my horizons so, in April 2015, I decided to join the CSSS ODI as head of unit in internal medicine in order to broaden my professional horizons.

When I made the decision to join the CSSS ODI, a reform called the Barrette reform was being prepared but was only intended to affect senior managers so, for me, there was no problem changing jobs. You will understand that I quickly found myself without any job guarantee!

I therefore personally understand the stress experienced during an administrative reorganization involving the abolition of a position.

Fortunately for me, during the restructuring, the head of intensive care at the Lakeshore General Hospital got a new position, so I was asked to take over the head of intensive care (you must believe that life always brings me back to intensive care!).

In the meantime, the new CIUSSS ODIM's DSP informed me that there will be the creation of a critical care coordinator position for the entire CIUSSS and that I had the profile to obtain this position.

I therefore obtained that position in November 2015. I was thus responsible for the 3 physical health emergencies and the 3 physical intensive care units of the CIUSSS ODIM (Lakeshore General Hospital, Lasalle Hospital and St-Mary's Hospital Center ).

A year later, the new DSP decided to review the management organization chart and changed my position (fortunately, this time it was positive because my responsibilities were reduced so that it was less intense).

So, from 2016 to February 2023, I held the position of coordinator of intensive care and archives management; I then had the same 3 intensive care units and 5 libraries.

I will surely not surprise you by mentioning that during all these years in management, I have had several added functions combined to mine!

In February 2023, I decided to take on new challenges and I obtained the position of assistant director of critical care and specialized services for the CISSSMO. I was then responsible for emergencies, intensive care, operating units, endoscopy units, URDM, hemodialysis and specialized clinics.

Shortly after taking office at the CISSSMO, I received the APER job offer, just like you! Here it was!!, the job I've been dreaming of for several years now finally appeared!

It is with great enthusiasm that I join the wonderful APER permanent team. I understand your reality very well and I believe I can represent you well and defend your interests!

Looking forward to collaborating!

**Patrick Eccles**



**THE IMPORTANCE OF A NETWORK LIKE APER**

# Le Maintien de l'équité salariale 2021

## Grandeur et misère...On a besoin de vous!

Depuis la dernière rencontre du comité sur le maintien de l'équité salariale 2021, il y a eu un changement d'importance au niveau du Secrétariat du Conseil du trésor.

### Restructuration au SCT

Le 1 mai 2023, nous avons été informés d'une restructuration administrative au Secrétariat du Conseil du trésor. Le programme général d'équité salariale du secteur de la santé et des services sociaux (PGSSS) se retrouve maintenant sous la responsabilité du Bureau adjoint du régime général de la négociation. Le dossier du maintien de l'équité salariale du secteur de la santé et des services sociaux a donc été transféré à une toute nouvelle équipe du SCT.

La nouvelle équipe du SCT affectée à notre dossier s'est présentée lors de la dernière rencontre du comité, le 25 mai 2023. Un organigramme de la nouvelle structure du SCT sera envoyée aux participants au cours des prochaines semaines.

Il n'est pas faux d'affirmer que cette nouvelle équipe monte dans un train en marche et qu'elle devra s'approprier près de trois ans d'échanges.

### Le taux de réponse aux questionnaires d'enquête

Au départ, en novembre 2022, il a été décidé que 969 cadres intermédiaires participants contribueraient à l'enquête avec une réserve de 195 substituts.

À la fin de l'année 2022, le taux de participation était de 14,3% et selon le dernier relevé du taux de participation du mois de mai, celui-ci s'élève à moins de 25%. À cause de ce faible taux de participation, 110 catégories d'emplois se retrouvent actuellement avec aucune réponse aux questionnaires d'enquête.

De plus, il faut souligner que la lecture de plusieurs réponses fournies aux questionnaires n'accorde pas assez de matière permettant une évaluation rigoureuse soit que les réponses données aux questions ne sont pas assez élaborées ou qu'elles ne permettent pas un éclairage suffisant pour déterminer un changement à retenir. Devant le faible taux de réponses ainsi que la qualité des questionnaires d'enquête qui avaient été reçus, le comité sur le maintien de l'équité salariale a décidé de procéder à une deuxième vague d'enquête.

### La suite

Aucune date pour une prochaine rencontre du comité n'a été fixée.

À suivre donc...

**Michelle Bourget**



## Home Insurance: 4 advices to keep it up to date

Your new kitchen is a sight to behold! And changing the plumbing in the house turned out to be another great idea! But did you know that these changes have an impact on your home insurance? Here are some tips for your home insurance renewal, so that the coverage you get and the rate you pay truly reflect your needs.

### 1. Renovations and major work: Let your insurer know

Many factors have an impact on the price of your home insurance: the age, area and size of your property, the construction material used, etc.

The coverage must also take into account the amounts required to rebuild your home in the event of a loss, such as a fire. It comes as no surprise then that renovations have an impact on the value of your home, your coverage and the prices. Finished your basement or replaced an old hot water tank this year?

**Inform your insurer!**

### 2. Report major installations

Your coverage and rates also depend on additions such as...

- Auxiliary heating (fireplace, wood or gas stove, etc.)
- An alarm system that's connected to a central monitoring station
- A non-return valve, which prevents back-ups from municipal sewers

**Having these types of assets may cause your insurer to lower their premium rates!**

### 3. Protect the year's major purchases

Have you purchased jewelry, furniture or a piece of art in the last year?

Check with your insurer if they cover all your property, including recent purchases. Could you afford to buy it all again in the event of a loss.

#### Here's an example

This year, Phil made some significant additions to his wine cellar by purchasing several vintages: White Bordeaux, Chablis... He should notify his insurer because the value of his wine collection will increase but it's not covered. A break-in or vandalism, for example, would cost him dearly.

### 4. Declare any major life changes

Beyond material changes, some modifications in your lifestyle or in the family structure can also create new insurance needs or a review of your rate, such as living with someone, teleworking, a separation, etc

## The key to the right coverage for your home

Home insurance rates are not fixed, which means you don't have to wait 15 years to make changes. The coverage should change as you evolve. Even if you're tempted not to report a change for fear of a rate increase, this is not the right approach in the long haul. If problems do occur, your insurer may reduce the amount you claimed or even hold back payments if they were not notified of any major changes you made. The lesson here then is to make sure you keep your coverage up-to-date!



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# BILL - 15

## EFFICIENCY!

Minister Dubé, through his reform, finally recognizes that the effectiveness of the health and social services network inexorably depends on managers since he will be hiring hundreds of new managers. Take the compliment, you deserve it!

In 2014, APER called for the creation of an independent body to manage health and social services in order to avoid being constantly at the mercy of new reform. We can only applaud the creation of the Santé Québec.

Our request is to locate the head office of Santé Québec in the Greater Montreal...after more than 50 years in Quebec, it is time to have a health and social services organization in the region that serves nearly 60 % of the population of Quebec.

It would also make it possible to avoid the ministry to dictate the rules to this new agency. The ministry wants new blood and a fresh look, it is high time to invest in the organization of the health and social services network elsewhere than next to the ministry in Quebec!

Here are the four main axes proposed in this reform:

- Return to local management by substantially increasing the number of middle managers
- Improve access to health and social services
- Listening to users
- Create Santé Québec for which there will be no administrative reorganization or abolition of managers positions, including CEOs. Alléluia!



## TRAININGS AND NEW SERVICES

With the success obtained following our training sessions and lunchtime conferences this year, APER will offer you, from the standalone, the following training sessions:

- ◆ APER **Videos, recording and manager's rights**
- ◆ APER **The hidden face of social medias and how to protect yourself**
- ◆ APER **Internal promotion and employers' policies**
- ◆ APER **Essentials services and the impact on managers**
- ◆ APER **What your estate should know (retirement plan, life insurance and survivor's pensions)**
- ◆ APER **Defamation on social media and the new jurisprudence**
- ◆ APER **Your retirement plan: better understand to plan better**
- ◆ APER **Manipulators: how to see them coming and how to manage them**
- ◆ APER **Civility and benevolence policies: Be careful! complaints are more and more frequent**
- ◆ APER **Building your financial future can be learned**
- ◆ APER **REER or TFSA: which one to choose**

You will also receive in the fall, a new press release, once a month and called: **Management Tools**.

In addition, the APER offers you since the arrival of our colleague Patrick Eccles, the possibility of speaking to an experienced manager of the network who understands you and who is there for you. Do not hesitate to contact him, if only to bounce ideas or find a new strategy.



Membres de l'APER

**Bien vivre demain, ça se planifie aujourd'hui!**

Sessions d'éducation financière offertes sans frais

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