FREQUENTLY ASKED QUESTIONS

Program(s), service(s) or clinical process?

The PAID (Plan d'action interministériel en dépendance 2018-2028 du MSSS) determines the organisation of addiction services. As far as the CRD is concerned, we have ONE programme and specialized addiction SERVICES. The CISSSMO determines the organisation of the guiding documents for the departments that comprise it. The first document is the clinical process, on which THE programme is based, followed by guides for the different SERVICES.

Who is involved in the clinical process?

All staff are involved. Some people and teams are involved in only one stage of the client's rehabilitation process, but everyone who is involved with clients (in any way) should be familiar with the clinical process.

Which program is the clinical process based on?

The clinical process was written according to the CISSSMO document template (CONTENT) and based on the existing Foster (2014) and Virage (2013) programs and practices (CONTENT). However, it includes elements that should be found in the clinical process and in a program.

From now on, we have a CP, which describes our approaches, guiding principles, values, and stages of the rehabilitation process for all clients. The services programme will include other approaches, the definition of problems and target clientele, objectives, means and intervention methods.

Why is it important to implement it now?

The 2015 reform that led to the creation of the CISSSMO has already brought change for all. **We believe it is time to establish ourselves as the CRD to do justice to the extraordinary work you do on a daily basis.** And it is by formalizing our practices and expertise with English and French speaking clients in Montreal and the Montérégie that we can do so. The first step is the clinical process.

What will this change in my daily life?

The objective of the clinical process is to guide, support, frame and harmonise clinical practices. It will provide concrete support for your work with clients, facilitate the reception of stagiaires and new employees, and offer you a useful reference document to support your practice.

Will the clinical process change my work with clients?

The clinical process is a continuation of what we already do. The more your work matches current expectations and established practice, the less impact it will have. In general, the clinical process will support your work with clients and improve your practices. It is intended as a reference tool for teams and caseworkers.

What does the clinical process change for clients?

By formalising practices throughout the client's journey in the CRD, it ensures that clients have access to and continuity of services, and that they are at the centre of discussions and decisions that concern them. The importance of self-determination (theoretical concept) and the recovery-oriented approach (conceptual framework) place the client at the centre of the process. The clinical process harmonises practices and ensures a service pathway for all clients based on best practice and evidence.

Committees - How many committees are there? What are their roles?

Project team: coming soon

Tactical Committee: coming soon

Work Committee: coming soon

Implementation Committee: coming soon

Advisory Committee: We opted instead for an open discussion with the entire clinical community and targeted key partners, representative of the team partners.

How was the content of the clinical process developed?

The CISSSMO planned to draft a clinical process for each division, so that the teams would have a practice framework document that oversees the division's program(s). A first version, inspired by the existing programs and practices of the Foster component and the Virage component, was developed. A review of best practices, evidence and existing practices of other CRDs made it possible to revisit what is already being done. In order to ensure that the drafting of the clinical process was in line with expectations, the document was read, commented on, worked on and discussed by the Working Committee and the Tactical Committee. The final version was then read and improved by other colleagues and partners of the CRD.

Who was involved in developing its content?

More than 25 people contributed to the project through the committees and the various discussions. The list of contributors can be found in the clinical process. It sets out the basis for our interventions with all clients and will guide us through the next steps.

Why did you choose certain approaches over others?

The clinical process includes evidence-based approaches as a basis for intervention with all our clients. One programme will be written for all clients in addiction. Other evidence-based approaches will be presented in the service programme (e.g. harm reduction and systemic approaches).

How will we ensure that the content of the process makes sense to the specific realities of our different teams?

Although the clinical process is the same for all teams, it will be through your work with clients and your discussions in teams that you will be able to give meaning to the clinical process and ensure that it is applied according to the specificities of your clients.

How will the clinical process be implemented?

The clinical process will be implemented through different learning and development activities and trainings via the ENA platform.

What will be the workload associated with its implementation?

The initial reading of the clinical process will take you about 2 hours. Most of the implementation and integration activities will be planned as part of the team meetings. To a lesser extent, other activities such as training, integration or readings may also be planned. Whatever the activities, they will be known and planned in advance and we will ensure that they do not conflict with your clinical time. The usual clinical support activities (between colleagues, by the coordinators or SREPED) will continue, in line with the clinical process. By virtue of their function, managers, professional coordinators and SREPED professional respondents will have to devote a little more time to this.

Will we be consulted in the implementation of the clinical process?

The Implementation Committee, based on the CISSSMO's previous experiences (good practices) and knowledge of the field, determines the implementation of the clinical process. We have chosen to proceed in "blocks" in order to be able to adjust. Moreover, at each stage, SREPED, managers and professional coordinators are solicited. You are invited to send your questions or comments:

To your professional coordinators and managers;

Via the anonymous survey Your questions and concerns related to the clinical process;

By contacting the Implementation Committee directly (by writing to nancy.corriveau.cisssmo16@ssss.gouv.qc.ca).

Who will follow up on the different implementation activities?

The Implementation Committee is responsible for ensuring the evaluation and follow-up of the integration activities in collaboration with your managers, the SREPED professional respondents who also act as change agents to facilitate this transition.

Is the clinical process an administrative or clinical document?

The clinical process is a clinical tool. It determines the principles, values and approaches that guide our interventions: accessibility, self-determination, recovery, etc. The steps of the clinical process present the client's journey through the services. It deals with all the clinical activities in the client's process.

Can't find an answer to your question?

Write to us! By contacting the Implementation Committee (nancy.corriveau.cisssmo16@ssss.gouv.qc.ca).