

**THE  
BLACK BOOK  
OF THE  
OPTIMIZATION  
OF WORK**

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# For months now,

private “optimization of work” firms have been moving into our institutions. All over Québec, our managers are signing contracts with these firms to improve the “performance” of the health-care system. In plain language, this means doing anything and everything to increase the quantity of services, often at the expense of the quality of the services that we provide to the population. That’s not what our managers say, of course, but that’s what we see in the reality of our daily work ! By focusing on timing each aspect of what we do with clients and patients, these firms draw freely on time-motion study methods in industrial settings and utterly distort the fundamental meaning of what we do day in and day out, which is to care for human beings !

In this part of the guide, we use quotations from various articles in the mass media to point out the serious negative impact that the presence of these private firms has on our practices and the services we provide to the population. We also question the significance of these contracts at a time of on-going cuts in the health and social services system. Why are contracts being given to private firms with questionable knowledge of the system rather than having the work done internally ? When will institutions be reined in and given guidelines to follow for organization of work projects ?

This general portrait is a wake-up call. We cannot agree with treating users as if they were parts on an assembly line. We cannot continue for long living with this unwarranted pressure that erodes the climate of work. And once we realize what the situation is, the next step is action !

## Impact on our practices

Optimization projects have many consequences for our work, as has been widely reported in recent months. More and more questions are being raised about the pressure put on workers in the system. In many cases, the measures brought in by these firms are causing more burnout and undermining the climate of work. Since these firms moved in, the clinical judgment of professionals is increasingly questioned, jeopardizing their independence and often violating their codes of ethics. Health and social service aides are being asked to stick to direct care, leaving out the whole aspect of personal support, although this is an important part of our work. At the end of their day of work, many have the impression that they haven't been able to help users as they would have liked... or in fact as they should have.

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“Many social workers, occupational therapists, nutritionists and physiotherapists are dissatisfied with their working conditions. For them, timing their work when they visit seniors at home and being obliged to explain each week why they have exceeded the allotted time for providing services is unacceptable.”

(Pierre Pelchat, *Le Soleil*, September 25, 2012)

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“I've worked as a nurse clinician in home care in Montréal-Nord for 14 years. Clients are vulnerable, with very serious and debilitating health problems. I have seen every kind of restructuring imaginable in the course of my career. But I've never seen anything as bad as this. I'm treated like a child – we're all treated like children. I have the impression I'm working on an assembly line in a canning factory,” said, her voice choking, a baccalaureate nurse

who asked to remain anonymous.”

(Sara Champagne, *La Presse*, November 3, 2012)

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“Proaction’s method is based to a large extent on creating a ‘planning and completion’ grid in which all acts, from tube feeding to psycho-social interventions, are timed. The grid is developed by an internal committee of a few handpicked employees and stipulates, for example, that a nurse shouldn’t take more than 15 minutes to flush one ear, or 20 minutes for both ears. Care for a simple wound shouldn’t take more than 15 minutes. The time allowed for ‘post-death’ follow-up is 30 minutes.

“In practice, it means going so far as to tell occupational therapists not to intervene with patients in psychological distress, instead transferring the work to a social worker to save time, *La Presse* observed. If an employee can’t complete the work in the prescribed time, he or she has to explain why to senior unionized [sic] personnel.”

(Sara Champagne, *La Presse*, November 3, 2012)

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“The methods of work introduced by Proaction put unwarranted pressure on professionals, and the parameters used to calculate the cost-effectiveness of these projects ignore the quality of services, in the opinion of the unions representing social workers, occupational therapists, physiotherapists and nurses (FSSS-CSN, FIQ and APTS).”

(Jeanne Corriveau, *Le Devoir*, November 28, 2012)

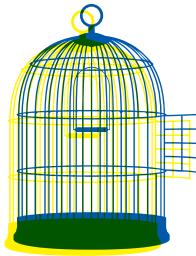
“Proaction’s Toyota method violates not only a number of articles in the Code of Ethics of nurses, but also those of dietitians, occupational therapists, social workers, psycho-social caseworkers and physiotherapists in physical rehabilitation.”

(Daphné Cameron, *La Presse*, December 8, 2012)

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“In a letter to local management, nine physicians at the CSSS Ahuntsic-Montréal-Nord “condemned the LEAN or Toyota method, which is in theory the basis of Proaction’s method, saying that it causes a high level of stress for employees, leaving no leeway for mistakes or space for employee creativity, and over-estimating the importance of immediate results versus long-term results.”

(Claude Giguère, *Guide de Montréal-Nord*, March 18, 2013)



## **The impact on services to the population**

The arrival of these optimization of work firms throws our work practices into chaos, and the same is true for the quality of services to the population. In focusing exclusively on the goal of reducing wait lists, they wind up forgetting that the system is also supposed to provide quality services ! By obliging workers in the system to follow standards, they wind up forgetting that some users may need more time, for various reasons. It is impossible to reduce the work we do to standards arbitrarily defined by private firms that have nothing to do with our work !

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“According to Luc Bastien from the Fédération de la santé de la CSN, the time allowed for giving a senior a bath, for example, doesn’t take into account the fact that beneficiaries are sometimes disorganized.”

(*Radio-Canada*, November 2, 2012)

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“This nurse, like a dozen health-care workers to whom *La Presse* was able to speak, said that managers in their health-care centres have cut back on hours for baths to increase the efficiency of their interventions. ‘We now have a waiting list for beneficiaries to get one bath a week,’ one of them deplored. ‘It’s inhumane. I have one now suffering from bedsores and he’s on the waiting list.’”

(Sara Champagne, *La Presse*, November 3, 2012)

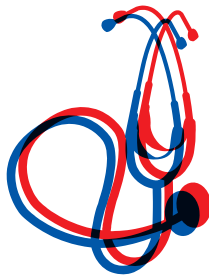
“Another example is an application for residential care that is more complicated because the spouse is already in an institution. The time spent with a person in distress is often longer. We can’t define everything solely by the clock,’ argued Mr. Roy [from the CSN union at the CSSS Québec-Nord].”

(Pierre Pelchat, *Le Soleil*, November 7, 2012)

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“These nine physicians [at the CSSS d’Ahuntsic-Montréal-Nord] point out, however, that their Code of Ethics makes it their fundamental duty to protect and promote the health and well-being of the individuals they serve. “Yet there is every reason to think that the methods introduced by Proaction can be detrimental to patient care, and it is our duty to denounce such situations,’ they write.”

(Claude Giguère, *Guide de Montréal-Nord*, March 18, 2013)





## **The issue of the contracts: a waste of public funds and firms with a lack of knowledge**

At a time of cutbacks in the health and social services system, it is all the harder to understand why public institutions decided to hire private firms to do work that could very well have been done in-house, as a number of institutions have in fact done. Knowing that these private firms specialize in training managers to use methods for controlling the performance of workers rather than directly improving the quality of services to users, we are entitled to seriously question how much sense these measures make.

And what qualifications do these firms have? What do they know about the work we do? What do they know about the health and social services system? How are they better placed than us and managers in the system to establish organization of work projects? How can they claim to replace the clinical qualifications and skills of professionals in the system? How can anyone think that these firms have more expertise than we do?

Furthermore, at a time when ethical issues are front-page news, it is also worth asking questions about how the contracts were awarded, and the preference of management in various places for Proaction. We now know that most of the contracts were awarded without a tendering process. It is clear that there is a questionable closeness between local managers and these private firms that must be denounced.

“This firm, Proaction, was founded in 2004 and first made its mark in manufacturing. Its founders had never set foot in a hospital or health-care centre before 2009. Yet the company obtained a number of contracts to provide support for managers and implement performance tools, in both Montréal and the rest of Québec, including the operating rooms in Sept-Îles.”

(Sara Champagne, *La Presse*, November 3, 2012)

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“Fees amount to as much as \$27,540 a week (before taxes) for up to 35 weeks.”

(Sara Champagne, *La Presse*, November 12, 2012)

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“Proaction had discussions with management at the CSSS de la Vieille-Capitale before obtaining the contract to reorganize home care.”

(Isabelle Porter, *Le Devoir*, November 20, 2012)

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“Since 2010, this firm has obtained 16 contracts worth a total of \$7.3 million from Québec’s health-care system. Seven of them were awarded without calls for tenders. The CSSSs cited the urgency of proceeding and Proaction’s guarantee of a short-term return on investment to justify these private agreements.”

(Jeanne Corriveau, *Le Devoir*, November 28, 2012)

## **Can it really be that managers are defending private firms instead of their own employees and the public system?**

Since we began denouncing the practices of these private firms, we have been amazed to see how eager and quick the institutions that hired them have been to defend them... and to try to instil a climate of fear in the workplace. Despite their barely veiled attempts to muzzle us, the denunciations have continued and shown that we have every reason to be indignant!

Local management, Proaction and the AQESSS have all spoken out publicly to defend the results of their “experiences”. Yet the reality is a far cry from the rosy picture they paint. We should be concerned about how little importance they attach to the quality of services for the population. All they can think of is performance and the number of visits to users. It goes without saying, in our opinion, that with these projects an increase in the number of visits doesn't necessarily mean an improvement in the services offered, and that's a real problem. In short, performance must never be seen in isolation from the quality of services for the population.



“An executive at the Cavendish CSSS travelled to Vancouver at Proaction’s expense to extol the merits of this private firm’s controversial method, which consists in timing – down to the minute – the acts of home-care personnel, La Presse has learned.

“*La Presse* tried to find out from Denis Lefebvre, founder of Proaction and owner of a trendy bistro in Montréal, whether he had paid for trips or expenses for other public servants in healthcare. He never called back. According to our information, the firm apparently paid for a luncheon for a number of senior public servants last fall to present its services.”

(Sara Champagne, *La Presse*, January 23, 2013)

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“According to official documents obtained by *La Presse*, the private firm Proaction has successfully moved on, in its own words, ‘to another stage in its development’ in health care with the conclusion of an agreement with the CSSS de Bordeaux-Cartierville-Saint-Laurent. The agreement is to introduce software designed to link the timing of home-care interventions to the central server at the CSSS. Since Proaction doesn’t have the expertise to write the software, this has been contracted out to Worximity Technologies inc., a company with a head office in Terrebonne. At least two other CSSSs – Cavendish and Jeanne-Mance – have indicated that they are interested in the software.”

(Sara Champagne, *La Presse*, March 6, 2013)

“The CSSS undertook to ‘keep confidential’ the costs charged for designing the software, but La Presse has learned that they amount to \$50,000. The CSSS also agreed that the software will remain the property of Proaction. As well, Bordeaux executive director Daniel Corbeil personally signed a document agreeing to produce a video or promotional document with the Proaction team to promote the merits of the project. The CSSS has to pay \$15,000 for design costs and then 18% of the cost of the software (priced by Proaction at \$35,000) annually – \$6,300 a year. Not to mention the half-a-million dollars this CSSS has already paid to implement the Lean method.”

(Sara Champagne, La Presse, March 6, 2013)



## **And what does the government intend to do ?**

Despite our denunciations of the situation in a number of institutions in Québec, there is no getting around the fact that resolving the situation requires Health and Social Services Minister Réjean Hébert to intervene. Alerted several times by the media, he has expressed his concern about the situations that we have brought to light. However, he still hasn't intervened and drawn the line between what the organization of work in health care and social services should or shouldn't be. Last November, he was already asking for an investigation into the contracts given to these private firms. Months later, we still don't have any news about the results of any such investigation. What does the government intend to do? Defend the profits of private firms, or defend the health of the population ?

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“Health Minister Hébert also wants the CSSSs to develop their own management expertise more, to avoid systematically giving lucrative contracts to private firms.”

*(Radio-Canada, November 2, 2012)*

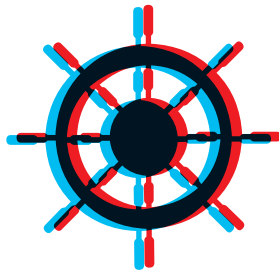
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“Last Monday, at the annual convention of the Ordre des infirmières et des infirmiers du Québec (OIIQ), Dr. Hébert strongly criticized the application of the Toyota (or Lean) method, aimed at reducing waste, in some Québec health-care institutions. ‘When I hear about some of the applications of the so-called Lean method, it makes my hair stand on end.’”

*(Jeanne Corriveau, Le Devoir, November 2, 2012)*

“He indicated that he was ‘concerned’ and intended to demand more information about the Proaction method. ‘In my opinion, it doesn’t correspond at all the Lean method, which consists in sitting down with personnel in care units and then setting up a pilot project to test the effectiveness. It’s the quality of work with the patient that should take priority. I think that instead of turning to outside firms, it would be better to develop the approach internally.’”

(Sara Champagne, *La Presse*, November 12, 2012)







**THE  
WHITE BOOK  
OF THE  
ORGANIZATION  
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## **The White Book of the organization of work**

Far from being opposed to the organization of work and better services for the population (in both quantity and quality), we have developed a number of positions on this matter. We are convinced that it is possible to do better – in fact, it's been proven in a number of places ! There are, however, a few guidelines that have to be respected in order for organization of work projects to be concluded successfully for us and for the population. In fact, for these projects to lead to better working conditions and a better quality of services, unions have to be involved. But is that really surprising? Not really, especially when we see how the private firms operate and when we know that the women and men who are really knowledgeable about the health and social services system are... the workers in this system. So instead of finding this surprising, we should be doing everything we can to have institutions adopt this approach, everywhere in Québec.

While many institutions continue to turn a deaf ear and stubbornly persist in wasting public funds by giving contracts to private firms (instead of taking advantage of in-house expertise!), there are some that have opted for another approach. Consider the example of the CSSS Québec-Nord.

“Another CSSS recently chose instead to listen to workers on this issue. Following a CSN press conference this fall, the CSSS Québec-Nord abandoned the part of the program that bothered employees the most, which included timing all their interventions. ‘They weren’t comfortable with the monitoring tool that had been introduced,’ explained Caroline Dallaire, assistant director for home care. ‘We mutually agreed to withdraw it.’”

(Isabelle Porter, *Le Devoir*, November 1, 2012)

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In this White Book, we will see that there are a number of arguments in favour of a union presence in these projects. The objectives pursued by the projects with union participation put the user – not financial implications! – front and centre in the project’s concerns. The projects that have pursued these objectives are successful. We will take this opportunity to identify a few of them. Finally, we will see that the FSSS-CSN’s involvement in organization of work issues is nothing new.



## **Objectives of an organization of work project with union participation**

There are various arguments for a joint approach to the organization of work. When they are examined, the reasons for doing without a union presence are slight, to say the least. Projects that count on union involvement focus on targeted objectives that incorporate both greater efficiency, better working conditions and quality services. And isn't that what our managers' responsibility is – to provide efficient, quality services, using personnel working in the best possible climate to provide the services? We think so.

But how do we get there? How do we ensure that an organization of work project has all these positive outcomes? We have to start by demanding union participation right from the start of the process (before an outside firm, if any, or a management model is chosen) and throughout all its phases. The union has to be a partner in the planning, decision-making, implementation and follow-up of organization of work projects. The best way to achieve this is to make the case using the union arguments that you've just read.

We then have to determine joint operating arrangements and the elements for which there should be quantitative and qualitative indicators of success for doing follow-up on the projects and taking into account the impact on services as well as on working conditions. A series of standard provisions can be useful guidelines for joint work.

## **Union success stories ? Take your pick !**

There have been a number of joint organization of work processes that didn't involve private optimization of work firms. And the results have been positive in every case.

Take the example of the CSSS de la Vieille-Capitale: a 6% increase in the number of interventions in home care, without affecting the quality of services. Needless to say, the unions are ready to repeat the exercise! Do we really need to pay private firms hundreds of thousands of dollars for an organization of work project, when we are able to do this internally ?

Another example? At the CHU Sainte-Justine, unions and management have worked together on the organization of work for years now. One of these projects reduced the postponement rate for surgery in intensive care because of bed shortages from 33% in 2007-2008 to 15% in 2010-2011.

At the Hôpital du Sacré-Cœur in Montréal, the parties agreed to set up a joint health and sanitation committee and a joint monitoring committee. These two committees will involve an active union presence, along with the workers concerned. As well, these joint committees will be based on the principles of seeking consensus and respect for the parties' obligations and mandates – all without bringing in a private firm !

All these projects have succeeded because they have banked on sincere, frank dialogue between management, employees and their unions, with the participation of all in identifying the right objectives and working on finding solutions that satisfy everyone's concerns – because we consider that one of the effects of reviewing the organization of work must also be to solve the concrete problems that personnel experience in their work. It must necessarily lead to greater satisfaction on the job.





## **The FSSS and the organization of work**

At its 2003 convention, the Federation reiterated the fundamental role of unions in the organization of work, notably by demanding that the union be recognized as the primary representative of and spokesperson for the members it represents. The Federation also demanded that work on the organization of work lead to concrete, preventive solutions to problems related to our members' working conditions. At its 2012 convention, the FSSS decided to focus on the establishment of local joint committees as the framework for organization of work projects, including a decision-making model of consensus.

On the basis of these mandates, the FSSS began negotiating such committees. With Letters of Agreement no. 27 and 28, the Federation is showing that these mandates are implemented.

Letter of Agreement no. 27 provides in particular for the establishment of joint local and national committees using a consensus mode of decision-making and union involvement throughout the entire process, from defining the objectives of the project right through to the choice of consultants and transparent information-sharing.

The objectives pursued in these organization of work projects should tend towards encouraging the attraction and retention of personnel, a sound organizational climate and optimal use of workers' qualifications and skills.

We can improve the services we provide to the population. But to do so, we have to take into account the expertise of the workers who provide these services and the unions that represent them !



