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## Context and Origin

## Objectives and Method

In Quebec, the vulnerability of refugees is exacerbated by the lack of integration of existing resources and the lack of access and continuity of healthcare and services.

An action-research project (2017-2019) by Mailet and colleagues cross-referenced the points of view of refugees, social workers, clinicians and decision-makers in a medium-sized city in Quebec. This project identified several issues relating to the accessibility of services for refugees, and then proposed scenarios for innovation. The recommendation was to set up an intersectoral network for refugees, staffed by community nurses (CNs) and specialized nurse practitioners in primary care (SNPPCs), social workers, liaison workers, community organizers and doctors.

The pilot project presented here (funded by the Foundation of the Ordre des infirmières et infirmières du Québec) therefore consisted in implementing a new role of CN within local-based psychosocial interventions that had already existed for 15 years in two neighborhoods.

The aim is to provide both population-based and specific intervention for refugees. The CN can refer refugees with complex unmet needs to the Refugees Clinic, where dedicated SNPPCs receive and treat these requests directly. Cross-sector partners (public institutions, community organizations, municipalities, pharmacies, family doctor groups, etc.) are stakeholders in this network, which also reinforces the safety net deployed around refugees in these city.

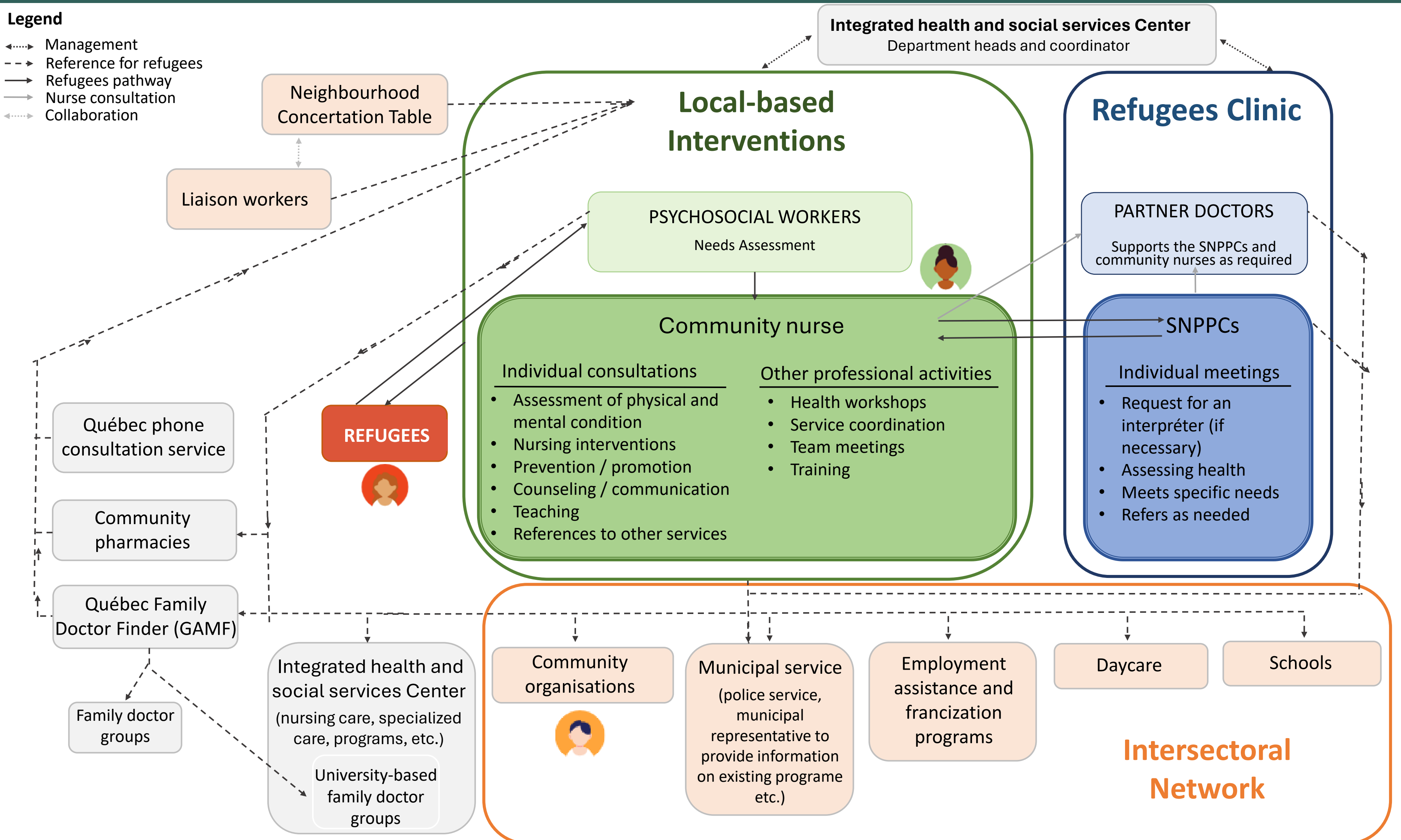
**Study objective :** to understand and support in real time the development and implementation processes of this intersectoral network, centered on the optimal role of an innovative front-line nursing practice, to ensure continuity of care and services pathways for refugees in this two neighborhoods.

**Poster objective :** to present the mapping of the intersectoral network and some quantitative and qualitative aspects of its effects on users, network and health system.

**Study design:** Developmental evaluation with a mixed methods design

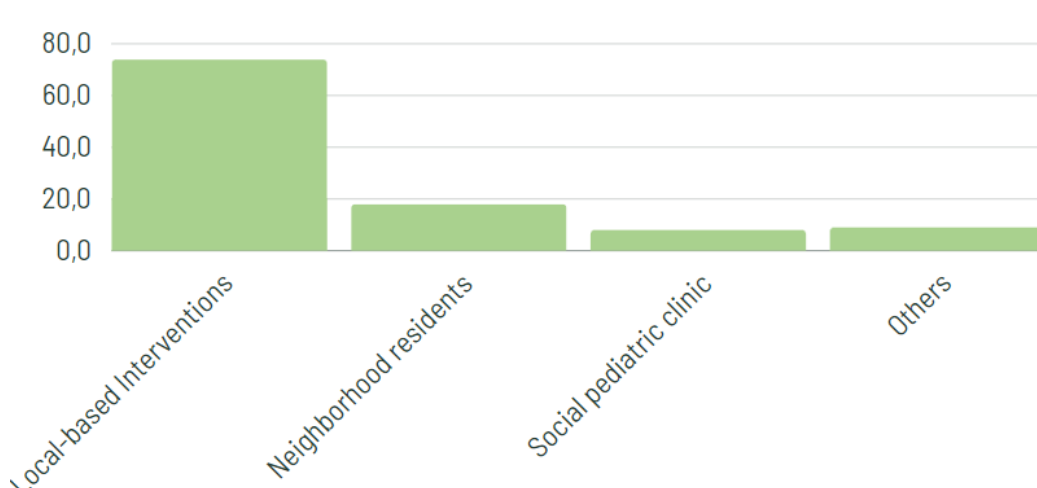
Qualitative	<ul style="list-style-type: none"> <li>Semi-directed interviews with : <ul style="list-style-type: none"> <li>Psychosocial workers + Health providers + Community partners N=15</li> <li>Refugee users N=2</li> </ul> </li> <li>Observation of 23 meetings of the project team and professionals in the field</li> </ul>
Quantitative	<ul style="list-style-type: none"> <li>Masks on the interventions carried out completed by CNs, SNPPCs and doctors N=474</li> <li>Completed by the ICLSC clinical-administrative database: n=142</li> <li>Total: 616 consultations which correspond to 319 users</li> </ul>

## Mapping the intersectoral network



## Results

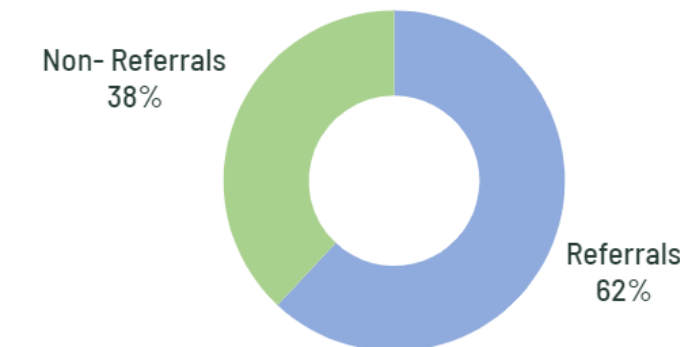
### Origin of references to the CN :



Around ¾ are referred to the CNs from the local-based intervention workers (73.9%). Others come mainly from neighborhood residents and the social pediatric clinic. There is still work to do to raise awareness of the intervention in the community.

### Consultations resolved by the CNs and referred to the right person :

Of all the consultations carried out by the CNs, **38% were resolved by them** and 62% resulted in a referral to a third party (SNPPC, doctor, registration on the waiting list for a family doctor, pharmacy, etc.).



### Interview excerpts :

"What I like so much about the CN is that she responds quickly to my needs. If I call her and she doesn't answer, I'll leave her a message and she'll get back to me in two or three hours. And if she answers, she'll tell me to come tomorrow, or two days from now if that's okay with me."

Refugee User

"It's clear that we're reducing the number of non-urgent emergency visits and facilitating access to the healthcare system. So, it's definitely a positive thing for users to have an access point to the healthcare network in the community... I'm like the Centralized Access Point in the neighborhood!"

Community nurse

[Before] the only solution was to send a lot of them to emergency.

Community organisation worker

## Conclusion and perspective

To sum up, this intervention helps to meet the needs of refugees in terms of access to healthcare for a variety of reasons (relevance, less anxiety, reasonable waiting time), it enables local services to complement each other within the intersectoral network, and it facilitates care and service pathways within the health and social services network (fewer non-urgent consultations in emergency departments, rapid referral to the right healthcare professional).

Nevertheless, there is still work to be done to make this intervention better known in the community and thus respond more widely to the needs of this clientele. Lastly, the sustainability of this intervention following the research project is currently in doubt, notably for human resources reasons.

**References :** Mailet, L., Manceau, L., M., Desjardins, F., Gagnon, et al. (2022). Research through action: research protocol on the implementation of an integrated place-based primary intervention in a multicultural context. Research Square pre-print, study protocol. ; Mailet, L., Champagne, G., Déry, J., Goudet, A., Charest, S., Abou-Malham, S., Desjardins, F., et al. ., (2021). Implementation of an intersectoral outreach and community nursing care intervention with refugees in Quebec: A protocol study. Journal of Advanced Nursing, 77(11), pp.4586-4597. ; Robert, E., Mailet, L., Desjardins, F., Charpentier, C., & Allaire, J.-F. (2019). Réunir les communautés pour améliorer l'accès des réfugiés au Réseau des soins et services sociaux à Sherbrooke. Centre de santé et de services sociaux-Institut universitaire de gériatrie de Sherbrooke.