



CHU Sainte-Justine

*Le centre hospitalier
universitaire mère-enfant*

Pour l'amour des enfants

Université 
de Montréal

PRACTICAL GUIDE -(LONG TERM) CLIENTS- (FOR A PERIOD OF MORE THAN 2 YEARS)

QUEBEC ENTERAL FEEDING PROGRAM

**MICHÈLE ROBINSON / FABIENNE REVOLUS /
VINCENT DESJARDINS
ADMINISTRATIVE OFFICERS**

JULY 2018

3175 Côte Sainte-Catherine Road
Montréal, QC
H3T 1C5

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This is to confirm your registration in the Quebec Enteral Feeding Program managed by CHU Sainte-Justine. This request for financial and/or technical assistance to meet your nutritional needs was completed by your healthcare worker and signed by you, or your respondent, as the case may be. Your healthcare worker should have explained to you what the program involves, the basis for this assistance and how the program works.

This quick and easy guide contains all the information to help answer any questions you might still have since registering in this program. We hope you find it useful. Please read the information carefully and refer to it as often as necessary. This guide is an indispensable tool, so we suggest that you keep it in an easily accessible place.

PATIENT WITHOUT PRIVATE INSURANCE



You are receiving financial assistance in the form of supplies required to meet your nutritional needs.

The first order, based to the needs assessment done by the healthcare worker who registered you in the program, will be sent directly to your home. In the future, you will have to order new supplies yourself as needed either by e-mail, by fax or mail. You will find the maximum allotted quotas to which you are entitled for one year, from the date of your enrolment in the program or your first receipt of supplies, on page 3. You must order supplies for your tube feeding only. You may be asked to justify certain orders.

In planning your inventory, allow enough time for shipping and handling of your order and receipt of your supplies by mail.

To request an adjustment in supplies or for any other request, contact your main healthcare worker (p. 19). Any additional supplies you wish to use will be at your own expense. Supplies are available in pharmacies. We will not reimburse any purchases you make on your own.

Should you become insured during the course of treatment, please follow the procedure on page 7.

ALLOTTED QUOTAS* **

You will be reimbursed the same amount if you become insured privately.

ePump Supplies	Max. Annual Quantity
Open System: #773656 (1000ml soft bag)	120
Closed System: #775659	365 (or as per treatment)
Joey Pump Supplies	
Open System: #763656 (1000ml soft bag)	120
Closed System: #765559	365 (or as per treatment)
Gravity feeding supplies	
Open System: #8884702500 (1000ml soft bag)	120
Open System: #702505 (1000ml heavy flow soft bag)	120
Skin Level Balloon Gastrostomy (button) and Foley probes	
Nutriport, Entristar, Bard, Mickey	on request
Extensions for feeding system (button extensions)	
Nutriport, Entristar, Bard, Mickey	6 (8 if going to school)
Syringes	
10cc	100
60cc or 60cc catheter plugs	120 (240 if bolus syringes)
Syringe adapters	12
Nasogastric tubes	
8FR x 42 in. (radiopaque)	52
Corpak/Corflo	6
Pedi-Tube	12
Other supplies	
Hypafix (5cm x 10m, 10cm x 10m, 15cm x 10m)	as per assessment
Transpore (transparent tape)	as per assessment
Micropore (paper tape)	as per assessment
Elastoplast (pink tape)	as per assessment
Tegaderm	as per assessment
Duoderm	as per assessment
Compresses (2x2 and/or 4x4 non-sterile)	as per assessment
Drain attachment (Hollister drain #9781 or #9782)	52 units
Y connector (adapter) for PEG	6

*All additional supplies will be at your own expense.

**For all unlisted supplies, contact your healthcare worker to place an order. Your request will be assessed and added to your file, if accepted.

Supplies not covered without exception

- Tracheostomy compresses (pre-cut compresses)
- Sterile compresses and woven compresses
- Mounted swabs (cotton swabs)
- NACL.9 , sterile water
- Sterile and non-sterile gloves
- Needles for syringes
- Suction catheter
- Masks
- Quilted pads (mattress protectors)

Important notes

*Supplies may come in different shipments and by different carriers. Only one shipping address is permitted. Please allow 3 to 5 business days for delivery.

*Any change in the initial request must be made by your healthcare worker.

*Only one system (open or closed) is allocated. Alternating between the two systems will be at your own expense.

Renewal of supplies

Procedures for the renewal of supplies:

1- by e-mail: include the name, contact information (address and phone number) and a detailed description of the supplies you would like and send your request to: programme.ministeriel.hsj@ssss.gouv.qc.ca which can be found on our website : <https://www.chusj.org/soins-services/A/Alimentation-enterale>

Or

2- by mail: fill out the order form (see page 5). Mail your order form to:

CHU Sainte-Justine
Quebec Enteral Feeding Program-Order
3175 Côte Sainte-Catherine
Étage 7, Bloc 6
Montréal, QC H3T 1C5

Or

3- by fax: fill out the order form (see page 5). Send it to 514-345-4983

* If you order by mail, please notify us if order forms are needed.

** Available quantities of each item differ per order and will be added, based on the information in your file, within the annual quotas. Each item will be added separately. The date of the annual quotas will be different from the application date. Please manage your supplies accordingly.

Phone Number : _____ Date : _____

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PATIENT WITH PRIVATE INSURANCE



The financial assistance you are receiving is to cover the non-refundable portion of those supplies purchased for your tube feeding, which are not covered under your private insurance plan.

You must arrange to purchase the feeding supplies you require (an extensive list of suppliers appears on p. 13). To receive a refund, you will need to follow the procedure on page 8. This procedure applies only if your insurance plan covers this type of supplies.

Any supplies that are non-refundable or not covered under your insurance plan will be provided to you free of charge through our Program. Order the supplies you require but keep in mind that they must not be covered by your insurance plan. You will be asked to provide proof that your claim has been rejected.

You can also request reimbursement for the non-refundable difference in the cost of purchasing your tube feeding solution, not covered by your insurance plan. The procedure is the same as for supplies. You are entitled to a refund even if your insurer does cover the cost of supplies.

For more information, contact your main healthcare worker listed on page 19.

This financial assistance is valid for as long as you are being treated. Please notify us via your social worker when your treatment ends. If no refund is claimed for four consecutive periods, the file will be closed after a final check with the healthcare worker listed.

IMPORTANT POINTS FOR PATIENTS WITH PRIVATE INSURANCE

- If you are currently insured or become insured during your treatment, your healthcare worker must submit a claim first to your insurance company for payment of the supplies.
- You will need to have a needs assessment done, obtain a quote from a private supplier and submit it to your insurance company. Be sure to get a letter as soon as possible confirming or reversing the insurer's decision. In the event of a negative response (verbal or written), do not make any purchases as they will not be reimbursed by the Program.
- Under Bill 33 of the Quebec government's drug insurance plan, insurers are required to provide the minimum RAMQ coverage (tube feeding solutions). Employees insured with the Government of Canada may encounter problems with payment. For all other problems or outstanding issues with your insurer or to learn what recourse you may have, go to www.accap.ca
- Regarding supplies, insurance company contracts take precedence and are not regulated by any law nor carry any obligation on the part of the insurer.
- If the insurer refuses to pay for supplies, the Program will provide them to you.
- If the insurer accepts to pay for supplies, the non-refundable difference can be covered by the Program.
- To obtain a refund, submit a claims form with the following information::
 1. original invoices or duplicates of purchases made (no photocopy or fax);
 2. a copy of the insurance statement (photocopy accepted) detailing the expenses incurred. Not required if the amount to be refunded or paid is clearly indicated on the purchase invoice.
- If your insurance coverage ends during treatment, the Program will provide the supplies to you.
- If your insurance coverage changes during treatment, you will need to begin the above procedure over again, without the presumption that coverage will remain the same.
- In the case of a patient who reaches the age of 18 and is covered by parents' or another person's insurance policy, verify that the insurance coverage is still valid. In many cases, insurance ends at age 18, and the patient now becomes eligible to receive tube feeding supplies through the MSSS Enteral Feeding Program. This is not a firm rule, however, so it is important to verify the circumstances. Remember to advise the Program of any change to your insurance coverage.

REQUIRED DOCUMENTS TO FILE A CLAIM

Failure to comply with the requirements and/or any variance between the claims form and the documents received will result in your claim being refused and all documents will be returned to you.

Please allow 30 business days for your claim to be processed.

- Your original purchase invoices or duplicates.
 - Photocopies are inadmissible and will be returned to you. Your pharmacy or supplier can provide you with these documents. Simply ask at the time of purchase.
- A copy of the statement from your insurer (photocopy acceptable) listing your expenses and explaining clearly the amounts reimbursed by them
 - This is not required if your pharmacy or supplier indicates on the invoices the amounts to be reimbursed or paid.
- Claims forms duly filled in (see page 9)
 - This guide contains four detachable claims forms with pre-set dates. Once you have used up these forms, please notify us in the comments section of your final claim and we will send you a new set. In order to receive a refund, you must comply with the dates written on the forms. No refund will be made for expenses submitted after the claim period is past.
- If the dates suggested on the forms do not suit you, please advise us in writing, explaining the reasons why. New dates will be proposed.
- Forward the above documents to the following address:

**Insurance - Refunds
MSSS Enteral Feeding Program
3175 Côte Sainte-Catherine
Étage 7, Bloc 6
Montréal, QC.
H3T 1C5**

CLAIMS FORM 1
(Detachable)
PERIOD FROM APRIL 1 TO JUNE 30

Patient's Name: _____

Name and phone number of the person to whom the cheque should be made out:

Mailing address for the cheque: _____

Number of invoices included with this mailing: _____

Total amount claimed (if possible): \$ _____

Comments or explanations:

REMINDER: Failure to comply with the requirements and/or any variance between the claims form and the documents received will result in your claim being refused and all documents will be returned to you.

INCLUDE: Your original invoices, insurance statement and this form, and mail to:

Insurance – Refunds
Quebec Enteral Feeding Program
3175 Côte Sainte-Catherine
Étage 7, Bloc 6
Montréal, QC
H3T 1C5

CLAIMS FORM 2
(Detachable)
PERIOD FROM JULY 1 TO SEPTEMBER 30

Patient's Name: _____

Name and phone number of the person to whom the cheque should be made out:

Mailing address for the cheque: _____

Number of invoices included with this mailing: _____

Total amount claimed (if possible): \$ _____

Comments or explanations:

REMINDER: Failure to comply with the requirements and/or any variance between the claims form and the documents received will result in your claim being refused and all documents will be returned to you.

INCLUDE: Your original invoices, insurance statement and this form, and mail to:

Insurance – Refunds
Quebec Enteral Feeding Program
3175 Côte Sainte-Catherine
Étage 7, Bloc 6
Montréal, QC
H3T 1C5

CLAIMS FORM 3
(Detachable)
PERIOD FROM OCTOBER 1 TO DECEMBER 31

Patient's Name: _____

Name and phone number of the person to whom the cheque should be made out:

Mailing address for the cheque: _____

Number of invoices included with this mailing: _____

Total amount claimed (if possible): \$ _____

Comments or explanations:

REMINDER: Failure to comply with the requirements and/or any variance between the claims form and the documents received will result in your claim being refused and all documents will be returned to you.

INCLUDE: Your original invoices, insurance statement and this form, and mail to:

Insurance – Refunds
Quebec Enteral Feeding Program
3175 Côte Sainte-Catherine
Étage 7, Bloc 6
Montréal, QC
H3T 1C5

CLAIMS FORM 4
(Detachable)
PERIOD FROM JANUARY 1 TO MARCH 31

Patient's Name: _____

Name and phone number of the person to whom the cheque should be made out:

Mailing address for the cheque: _____

Number of invoices included with this mailing: _____

Total amount claimed (if possible): \$ _____

Comments or explanations:

REMINDER: Failure to comply with the requirements and/or any variance between the claims form and the documents received will result in your claim being refused and all documents will be returned to you.

INCLUDE: Your original invoices, insurance statement and this form, and mail to:

Insurance – Refunds
Quebec Enteral Feeding Program
3175 Côte Sainte-Catherine
Étage 7, Bloc 6
Montréal, QC
H3T 1C5

Medical Suppliers

Below are some suggested names of medical suppliers for patients who have private insurance or who wish to purchase additional supplies. Most of the pharmacies, ostomy centre and specialized medical supplies centre can also provide these kinds of supplies. This list is a comprehensive list and is not sponsored in any way.

RÉGION DU BAS ST-LAURENT		
Maison André Viger	619 boul. Wilfrid-Hamel, Québec, Qc. G1M 2T4	418-914-1213
RÉGION DU SAGUENAY LAC-ST-JEAN		
Maison André Viger	619 boul. Wilfrid-Hamel, Québec, Qc. G1M 2T4	418-914-1213
Distribution Médical Saguenay	1657 boul. St-Paul, Chicoutimi, Qc. G7J 3Y3	418-602-0662
RÉGION DE LA CAPITALE-NATIONALE		
ProAssist (Centre de Stomie du Qc)	355, rue du Marais Local 130, Québec, Qc. G1M 3N8	418-522-1268
Maison André Viger	619 boul. Wilfrid-Hamel, Québec, Qc. G1M 2T4	418-914-1213
Médico Concept	390 boul. Père-Lelièvre, Québec, Qc. G1M 1M8	418-686-6688
Médi-Sélect Ltée	670 rue Bouvier, Québec, Qc. G2J 1A7	418-623-3353
RÉGION DE LA MAURICIE ET DU CENTRE-DU-QUÉBEC		
Centre de Stomie de la Mauricie Inc	226 boul. Thibeau, Trois-Rivières, Qc. G8T 6Y1	819-378-4204
Le Groupe Medicus	3000 boul. Saint-Jean, Trois-Rivières, Qc. G9B 2M9	888-833-6381
RÉGION DE L'ESTRIE		
Centre Orthopédique CDD	126 rue Hériot, Drummondville, Qc. J2C 1J8	819-472-5417
Oxybec Médical Inc	981 rue King O, Sherbrooke, Qc. J1H 1S3	819-346-0555
Pharmacie Grondin Duval	10 rue Bruno-Dandeneault, Sherbrooke, Qc. J1G 2J1	819-563-4401

Medical Suppliers (continued)

RÉGION DE MONTRÉAL		
Caléa	4847 rue Levy, Saint-Laurent, Qc. H4R 2P9	514-335-3500
Maison André Viger Inc	6700 rue St-Denis, Montréal, Qc. H2S 2S2	514-274-7560
Mediquip	163- 175 av. Stillview, Pointe-Claire, Qc. H9R 4S3	514-697-8868
Premier Ostomy Center	6607 ch. Côte-des-Neiges, Montréal, Qc. H3S 2B3	514-940-9666
Dufort & Lavigne	8581 Place Marien, Montréal-Est, Qc. H1B 5W	514-528-2339 1-800-361-0655
RÉGION DE L'OUTAOUAIS		
Les Entreprises Médicales de L'Outaouais	131 boul. Gréber, Gatineau, Qc. J8T 6G6	819-205-9111
RÉGION DE L'ABITIBI-TÉMISCAMINGUE		
Maison André Viger Inc	6700 rue St-Denis, Montréal, Qc. H2S 2S2	514-274-7560
RÉGION DE LA CÔTE-NORD		
Maison André Viger	619 boul. Wilfrid-Hamel, Québec, Qc. G1M 2T4	418-914-1213
RÉGION DE LA GASPÉSIE-ÎLES-DE-LA MADELEINE		
Jean-Coutu- Daniel Larendeau #138	79 rue Jacques Cartier, Gaspé, Qc. G4X 1M5	418-368-5501
RÉGION DE CHAUDIÈRE-APPALACHES		
Ultra Médic	1000 127 ^e Rue, local 103, St-Georges, QC. G5Y 2W7	418-227-6900
RÉGION DE LAVAL		
Michel Cullen Médical Inc	1040 boul. Michèle Bohec, Blainville, Qc. J7C 5E2	450-434-1920
Stomo Médical Laval	3241 Av. Jean-Béraud, Laval, Qc. H7T 2L2	450-786-0786
RÉGION DE LANAUDIÈRE		
Maison André Viger Inc	3340 boul. Taschereau, Greenfield Park, QC. J4V 2H6	450-465-7560
Michel Cullen Médical Inc	1040 boul. Michèle Bohec, Blainville, Qc. J7C 5E2	450-434-1920

Medical Suppliers (continued)

RÉGION DES LAURENTIDES		
Michel Cullen Médical Inc	1040 boul. Michèle Bohec, Blainville, Qc. J7C 5E2	450-434-1920
RÉGION DE LA MONTÉRÉGIE		
Centre d'Équipement orthopédiques et de Stomisés de Sorel	265 boul. Fiset, Sorel, Qc. J3P 3P9	450-780-2825
Centre de Stomothérapie du Québec Inc	3180 ch. de Chambly, Longueuil, Qc. J4L 1N6	450-670-0600
Stomo Médical Longueuil	157 rue Saint-Charles O, Longueuil, Qc. J4H 1C7	450-928-4848
Pharmacie Bergeron, Jutras, Ménard	145 rue St-Charles O. Longueuil, Qc. J1G 2J1	819-563-4401

IV Pole

You are entitled to receive an IV pole when you register with our Program.

If you wish to purchase one, please refer to the list of suppliers on the previous page or any other medical equipment supplier.

The inventory number of the product we suggest is AMG775751.

- Purchase the IV pole and send the original invoice for refund to the address below.
- The maximum refundable amount is \$100 (excluding taxes and transport fees).
- Refunds are made through the accounting department of our hospital.
- Anticipate approximately one month from the time your invoice is received by us for your refund to arrive.

Important: Adapting or modifying the IV pole is at the patient's expense.

Address for refunds:

**IV Pole – Refunds
Quebec Enteral Feeding Program
3175 Côte Sainte-Catherine
Étage 7, Bloc 6
Montréal, QC
H3T 1C5**

USEFUL LIFE OF SUPPLIES*

Bags with integrated tube	3 days
Tube with piercing pin or <i>Spikeright</i>	1 day or 1 per bottle/bag
Syringes	1 week for hydration 3 days if bolus /gavage by syringe
Syringe adapters	1 month
Extensions for gastrostomy button	2 months
Nutriport or Mickey type gastrostomy button	1 year and on request in case of breakage
Bard or Entristar-type gastrostomy button	On request/as needed
Y connectors	2 months
N/G 8fr 42 in. radiopaque tubes	1 week
Nasogastric tubes	Peditube: 1 month Corpak: 3 months
Compresses, tape, drain attachments (Hollister drain)	Based on clinical assessment
Urinary probes (Foley)	1 per month if no button 1 per year in case of a broken button

*Note that these useful lives are based on study standards and may vary depending on the patient's treatment regimen. They may need to be justified, where necessary.

MAINTAINING SUPPLIES

- General Information

- After each tube feeding, rinse the bag and tube, extensions and syringes with warm water until the water runs clear.
- **Soapy water:** 1 tbsp of dishwashing powder diluted in 125 ml of boiling water. Be sure to let the mixture cool before using.

- Open System

- **Major cleaning once every 24 hours:**
 - ❖ Rinse the bag and tube thoroughly in warm water until the water runs clear.
 - ❖ Place 250 ml of warm water and 1 tbsp of soapy water in the bag and force down the tubing.
 - ❖ Rinse thoroughly again with warm water until the water runs clear (no soapy residue). Repeat as necessary.

- Closed System

- Do not rinse the piercing pin or *Spikeright*.
- Do not touch the piercing pin or *Spikeright* with your fingers to avoid contamination.
- Use only one tube per bottle. Discard the bottle and do not reuse in the place of another bottle. Follow the written instructions on the bottle for suspension times.

- Syringes and Extensions

- To clean the syringes and gastrostomy extensions thoroughly, follow the same procedure as the tube feeding bags (See Open System). To clean the gastrostomy extensions, place soapy water in a 60 ml syringe diluted with warm water and roll the tube between your fingers to dislodge any residue that remains stuck. Rinse with warm water for as long as necessary to ensure that no soapy residue remains.
- Always use warm water to clean and rinse, since hot water will make the plastic rigid, melt away the numbers on the syringes and make the plunger sticky.

- Gavage Pumps

- Be sure to clean your gavage pump to minimize the risk of breakage, poor operation, contamination and incorrect dosage. Refer to the user's guide for proper maintenance.

VERIFICATION PROCEDURE FOR THE KANGAROO ePump ENTERAL FEEDING PUMP

1. Cleaning Procedure

Attention: Disconnect the pump from the electrical outlet before cleaning. Once the pump is clean, do not reconnect it until the pump and power cord is completely dry.

✓ Cleaning the outside of the pump

- Use a gentle cleanser. If necessary, the pump can be cleaned with a 1:10 solution of bleach and water. 70% isopropyl alcohol can also be used.
- Gently clean the blue door both outside and inside. (Figure 1)



Figure 1

✓ Cleaning the power cord

- Clean the power cord with a cloth dampened with a cleaning solution, starting at the plug and working up to the end of the cord.

✓ Cleaning the drip detectors (Figure 2)

- Use a cotton swab dampened with a cleaning solution to clean the drip detectors.

A dirty sensor can cause a **"FEED ERROR"** alarm.

✓ Cleaning the rotor (Figure 3)

- Clean each roller, as well as the centre of the rotor, using a well dampened cotton swab.
- Thoroughly wipe the rollers and rotor before turning the pump back on.



Figure 2



Figure 3

VERIFICATION PROCEDURE FOR THE KANGAROO JOEY ENTERAL FEEDING PUMP

1. Cleaning Procedure

Attention: Disconnect the pump from the electrical outlet before cleaning. Once the pump is clean, do not reconnect it until the pump and power cord is completely dry.

✓ Cleaning the outside of the pump and charger

- Remove the pump from the charger. (Figure 1)
- Use a gentle cleanser. If necessary, the pump can be cleaned with a 1:10 solution of bleach and water. 70% isopropyl alcohol can also be used.
- Gently clean the blue door both outside and inside. (Figure 1)



Figure 1

✓ Cleaning the power cord

- Clean the power cord with a cloth dampened with a cleaning solution, starting at the plug and working up to the end of the cord.

✓ Cleaning the drip detectors (Figure 2)

- Use a cotton swab dampened with a cleaning solution to clean the drip detectors.

A dirty sensor can cause a **"FEED ERROR"** alarm.

(Note du traducteur : message d'erreur anglais du fabricant)

✓ Cleaning the rotor (Figure 3)

- Clean each roller, as well as the centre of the rotor, using a well dampened cotton swab.
- Thoroughly wipe the rollers and rotor before turning the pump back on.



Figure 2



Figure 3

Telephone contacts

You should contact your primary caregiver if you have any questions regarding the Quebec Enteral Feeding Program or an update of your file. It can be any health professional who knows your current health status. Make sure you have a contact person on your file.

Broken Pump*

In the event of a defect or other problem with your pump, please call the following number and mention that you are enrolled in the Quebec Enteral Feeding Program:

Cardinal Health : 1-800-268-7916 (Parts and Service)

***Make sure that you put an emergency procedure in place with your therapist in the event that your pump breaks.**

Inactive File

Please read the following information carefully to ensure that your file remains active and in good standing. If you fail to comply with any of these conditions, your file will be closed. A final check with your last known healthcare worker will be done before any definitive action is taken.

- If you do not order supplies for a long period of time (1 year), your file will be closed. We will, however, take into account the specific requirements of each case. We will check with you or your healthcare worker before closing a file permanently.
- If you have private insurance, be sure to make a claim at least once a year. If there are no claims in a full year, your file will be closed. Also make sure that you comply with the dates of the fiscal year (April 1 to March 31 of the following year.) No refunds can be made once a fiscal year has ended.
- You must advise us of any change of address. You can e-mail us at programme.ministeriel.hsj@ssss.gouv.qc.ca or mail us the form for this purpose on page 20 or notify us through your healthcare worker. If mail or supplies are returned because you failed to let us know that you had moved, your file will be closed after a final check with your last known healthcare worker.
- If you return material to us without a stated reason, we will assume that your treatments have ended and your file will be closed.

Returning Supplies

Points to remember

- You must notify your patient navigator so that he / she can inform us of the end of the treatment.
- Do not return the feeding solutions because they are not reusable on our part.
- **Provide the name of the patient with the shipment and the reason for the return on a sheet that you will integrate with your shipment.**
- Keep the confirmation # of your return. You may be asked if there is a problem or no reception of the return.

RETURNING PUMP

You must request an Authorized Return Number (RGA) from Customer Service at Cardinal Health: 1-800-268-7916,

E-mail: NTSC-SC@cardinalhealth.ca

Address: NTSC

6201 Vipond Drive Door 5. Mississauga, Ontario. L5T 2B2

RETURNING NON-OPEN TUBING BOXES

- If you are able to come in person, please return the material to:

**Service liaison/ Consultation réseau
CHU Sainte-Justine
3175 Ch. De La Côte-Ste-Catherine
Étage 7 Bloc 6
Montréal, QC
H3T 1C5**

- If you are unable to come in person, use the **free return** service and give the address above.

Purolator: 1-888-744-7123

Account number: 4805832

- The supplies must be returned in good working order since they will be used by other patients who need the same service you benefited from. Do not return opened or used material.

Moving

In the event of a change of address please send us an e-mail with the necessary information to the following address:

programme.ministeriel.hsj@ssss.gouv.qc.ca

Use these forms to notify us of your new address.

Return to: **Moving/Change of Address
Quebec Enteral Feeding Program
3175 Côte Sainte-Catherine
Étage 7, Bloc 6
Montréal, QC
H3T 1C5**

First and last names of patient: _____

New address: _____

Phone: _____

Email: _____

First and last names of patient: _____

New address: _____

Phone: _____

Email: _____

First and last names of patient: _____

New address: _____

Phone: _____

Email: _____

PERSONAL NOTES AND UPDATES

Use this page to jot down any information that seems important to you.

You will be advised of any updates to procedures as soon as they come into effect.

Use this page to note any discrepancies with the procedures described in this guide.

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal blue lines across its entire width. The lines are thin and consistent in color, set against a plain white background. There are no margins, text, or other markings present on the page.

Conclusion

We hope that you find this practical guide helpful.

Refer to it as often as necessary.

If you have questions and can't find the answers in this guide, contact your healthcare worker first, who will be able to answer them for you.

If you still need answers, you can send us your questions by e-mail at the following address: programme.ministeriel.hsj@ssss.gouv.qc.ca

Or via the mail at:

**Correspondence- Questions- Comments
Quebec Enteral Feeding Program
3175 Côte Sainte-Catherine
Étage 7, Bloc 6
Montréal, QC
H3T 1C5**

Or via the fax number 514-345-4983