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INTERVENTION REPORT (EXCERPTS)

**Intervention at Centre intégré
universitaire de santé et de services
sociaux de l'Est-de-l'Île-de-Montréal**

Québec City, January 24, 2022

THE REPORT

The Québec Ombudsman received a report concerning Hôpital Santa Cabrini Ospedale of Centre intégré universitaire de santé et de services sociaux de l'Est-de-l'Île-de-Montréal (hereinafter the CIUSSS).

The Québec Ombudsman's attention was drawn to the average time spent on stretchers in the emergency unit of Hôpital Santa Cabrini Ospedale (HSCO), which went from 19 hours to 26 hours between 2019-2020 and 2020-2021. Several people remained on stretchers for four to nine days due to the lack of beds available on care units.

THE FINDINGS

At first, the Québec Ombudsman's investigation looked at the HSCO emergency unit and confirmed that there were long stays there. It also showed that there were problems with hospital fluidity leading to emergency unit overcrowding. As a result, the investigation was expanded to encompass service users' complete trajectory, including:

- Upstream interventions to decrease reliance on the emergency unit;
- Emergency unit interventions;
- Downstream interventions to speed up departures.

Note that overcrowding was exacerbated by the COVID-19 pandemic in many ways. The HSCO is especially affected by current staff shortages in the health and social services network overall.

Status

HSCO emergency room traffic experienced a slight decrease since COVID-19, to stabilize at around 2,500 visitors per period in 2021-2022¹. The average stay of emergency room service users on stretchers went from 26 hours in 2020-2021 to 22 hours for the five first periods in 2021-2022. Before the pandemic, it was 19 hours.

The guide for managing emergency units indicated an average stay of 13½ hours in 2019-2020, 13 hours in 2020-2021 and 12½ hours in 2021-2022. As part of the STAT team intervention in the spring of 2021, a more realistic target of 21 hours was established for the HSCO.

¹ Data for 2021-2022 cover periods 1 to 5 inclusively. A fiscal year runs from April 1 to March 31. Every fiscal year consists of 13 four-week periods.

MSSS also asks that the stay in emergency units be no more than 24 hours. In 2021-2022, an average of 350 people by period remained in the emergency unit more than 24 hours, including 126 for more than 48 hours. Even though this represents a decrease from preceding years, this figure is far from the target number. According to HSCO's staff, it is not uncommon for service users to remain in the emergency unit for more than three days, at times spending their entire hospital stay there without obtaining a bed on a care unit.

Under these conditions, the emergency unit becomes a de facto hospitalization unit, without having been designed for that purpose. Equipped for triage, orienting users and stabilizing the condition of those presenting with an urgent medical condition, the emergency unit cannot be an adequate acute care environment.

Long stays are largely due to the lack of beds on hospitalization units because of various factors:

- Closure of beds as a result of staff shortages. According to the information obtained, 35 to 40 beds were closed per day at the time of the investigation;
- Fewer wards because of COVID-19;
- Certain patients' long stays on hospitalization units.

The investigation showed that the institution is aware of these issues and is actively at work to improve the situation. To ensure that the measures taken have a concrete impact on relieving emergency unit overcrowding, the Québec Ombudsman has asked the institution to send it updates on the main emergency unit performance indicators (S-1).

Elements to strengthen in order to reduce emergency unit stay times

Human resources

There are glaring staff shortages, especially nursing staff, throughout the institution. It is even more acute in sectors that offer services 24/7, including the emergency unit and hospitalization units. An average of around 50% of positions are filled. For example, at the HSCO emergency unit, at the time of the investigation, 31% of evening shift nursing positions were filled, and 42% of night shift positions.

A contingency plan is in place but it is not always possible to comply with its patient/staff ratios, despite overtime. In May 2021, an attraction and retention plan was developed so that human resource use would be effective. It focuses on three elements: clinical organization, human resource capacity, and performance. Recruitment efforts are focused on the sectors that provide 24/7 services.

Nursing and auxiliary nursing staff, respiratory therapists and perfusionists are prioritized.

The Québec Ombudsman has noted that understaffing is a major factor in the bid to improve hospital fluidity. Given the steps taken by the institution, supervision by MSSS and the province-wide shortage of labour, an intervention by the Québec Ombudsman would not enable anything further to be achieved. It therefore urges the institution to continue in the

same vein. The Québec Ombudsman will monitor the situation attentively by means of the recommendations made and the follow-up requests in this report.

Redirecting emergency unit service users

Safely redirecting people whose condition is not urgent is recognized as a strategy for managing service user inflow. This process makes it possible for them to receive appropriate and timely care other than in an emergency environment.

The departmental policy published in 2021 broadens the definition of people who might be eligible to be redirected based on their clinical condition instead of on their Canadian Emergency Room Triage and Acuity Scale rating, as used to be the case. Therefore, any walk-in service user whose condition is deemed non-urgent according to defined criteria and who can be treated in a resource other than the emergency department is now qualified as "redirectable."

To reflect this change, the institution changed its triage process in July 2021. A computer tool for identifying admissible service users was added to emergency triage software.

Since 2021-2022, MSSS's redirection target has been 15%. According to the statistics obtained, the redirection rate has been 13.7% since the new process was implemented (periods 4 to 6 in 2021-2022)—double that for the same period last year. To ensure that the recent project is strengthened and the 15%² target is achieved, the Québec Ombudsman is asking the institution to send it updates on its redirection rates (S-2).

Delay between hospitalization requests and admissions

According to the emergency department management guide, the average delay between a hospitalization request and assignment of a bed should be one hour. The average delay between assignment of a bed and departure for the care unit should be 30 minutes. Therefore, the recommended maximum delay between the hospitalization request and admission is 1½ hours.

The statistics sent by the institution indicate that this delay is much longer and has doubled since the COVID-19 epidemic, going from an average of 8 hours in 2019-2020 to 17 hours for the five first periods of 2021-2022. The Québec Ombudsman has noted that the time of the request for hospitalization and the time of admission are entered by hand rather than electronically. However, even factoring in data entry time, an average delay of 17 hours remains too long.

Departmental policy on how to counter emergency room overcrowding recommends computerizing the request for a janitorial team when a bed frees up on a care unit. Currently, the bed management chart is not interactive. There are plans to enhance it to become interactive, which will make it possible to automate certain tasks. For example, this would eliminate the need to call ahead to see whether a bed is ready for an emergency department user or if the room is ready for cleaning. The Québec Ombudsman feels that time and efficiency will improve if this tool is introduced. At the time of the investigation, the tool was

² Numerator: redirected client population. Denominator: redirectable client population.

being upgraded. A recommendation has been made so that the benefits of the project are assessed (R-1).

Other work is underway within the institution to reduce delays, including changes to medical practices. The suitability of consultations, hospitalizations and tests is being evaluated. The Québec Ombudsman considers that these steps, combined with those laid out in the next section, could have a positive impact on the time between hospitalization requests and admissions. It urges the institution to actively pursue the initiatives begun and is asking it for follow-up about the delay between hospitalization requests and departures for care units in order to ensure that real improvement occurs (S-3).

Alternative care service users

Alternative care (AC) patients occupy hospital beds intended for people needing short-term care. However, AC patients no longer need to be hospitalized to receive care adapted to their condition. They therefore use human and material resources that could help reduce emergency unit overcrowding. MSSS has asked the institution to maintain an AC rate of 8% or less in hospital beds. The data indicate that as at October 28, 2021, the rate was 12.1% and ranged from 7.5% to 21% between June and October of the same year.

A project for early joint planning of hospital discharges (PPCC) was put together to shorten hospital stays and, by the same token:

- avoid assigning AC status to service users;
- decrease the number of AC service users;
- decrease the amount of time they spend on care units.

The PPCC is aimed at people whose return home could be compromised due to vulnerability factors that are not offset by sufficient protection factors. It is one of the actions recommended in the government policy on relieving emergency room overcrowding.

The project was rolled out before the COVID-19 pandemic. According to the information obtained, the actions scheduled for late winter and early spring 2020 were not carried out or did not yield the desired results. The 2.0 version of the project was launched in recent months. The Québec Ombudsman has noted that there will be an interactive computer tool to support the professionals involved and enable real-time tracking of service users. The physicians are also involved in implementing the project. A committee for weekly monitoring of long hospital stays is also conducting a systematic review of the people in hospital for more than 15 days.

The Québec Ombudsman's investigation showed that deployment of the eGap computer tool for managing professional requisitions could mean additional gains in efficiency by streamlining the process and through real-time tracking of requests. During the investigation, implementation was postponed in order to improve HSCO's IT structure. No date was set for rollout. According to the information obtained, it would not be far-fetched to think that staff could begin using the computer tool as of April 1, 2022.

The Québec Ombudsman welcomes these measures and notes that the institution is actively working to shorten hospital stays and the number of AC service users. However, several stages need have taken place in the coming months before improvements to hospital fluidity

are seen. In order to ensure that this happens and to be able to measure the effects on fluidity, the Québec Ombudsman will make a recommendation (R-2) concerning the PPCC project and is requesting follow-up concerning rollout of the eGap computer tool (S-4).

Other projects or initiatives

Other projects or initiatives were brought to the Québec Ombudsman's attention as part of the investigation, including the following:

- implementation of accelerated access to the walk-in test and follow-up referral unit;
- opening of a waiting lounge for those who have been released from hospital;
- opening of a clinical decision unit;
- work concerning frequent care consumers;
- the ties developed with residential and long-term care centres (CHSLDs) and seniors' residences with a view to decreasing transfers to the emergency unit.

While these projects and measures were not analyzed in this report, the Québec Ombudsman feels that they are aimed at better hospital fluidity and urges the institution to continue to implement them.

RECOMMENDATIONS

Given the preceding, the Québec Ombudsman is making the following recommendations to Centre intégré universitaire de santé et de services sociaux de l'Est-de-l'Île-de-Montréal:

R-1 Produce a report on the impact of the interactive bed management chart rollout;

By April 15, 2022, send the Québec Ombudsman the report, including information about the effects observed on the time between assignment of a bed and departure for a care unit.

R-2 Produce a report on the impact of implementing the 2.0 early joint planning of hospital discharges project.

By September 30, 2022, send the Québec Ombudsman the report, including information about the effects on the following indicators:

- Length of stays on medicine and surgery units;
- Rate of alternative care service users who remain beyond the prescribed maximum target time;
- Rate of alternative care service users in hospitalization beds.

Expected follow-up

The Québec Ombudsman is also asking Centre intégré universitaire de santé et de services sociaux de l'Est-de-l'Île-de-Montréal to send it the following elements by September 30, 2022:

- S-1** Data on the situation at the Hôpital Santa Cabrini Ospedale emergency unit:
 - Average length of stays on stretchers, by period;
 - Number of stays of more than 24 hours, by period;
 - Number of stays of more than 48 hours, by period.
- S-2** The rate of redirected service users, by period, at the Hôpital Santa Cabrini Ospedale emergency unit, as defined in the departmental orientations on redirecting the non-urgent walk-in client population;
- S-3** The wait time between the request for hospitalization and the service user's departure for the care unit;

Lastly, the Québec Ombudsman is asking Centre intégré universitaire de santé et de services sociaux de l'Est-de-l'Île-de-Montréal to send it the following information by April 15, 2022:

- S-4** Confirmation that the eGap tool for managing professional requisitions has been deployed.

In accordance with the provisions of the *Act respecting the Health and Social Services Ombudsman* (CQLR, c. P-31.1) within 30 days of receiving this report, Centre intégré universitaire de santé et de services sociaux de l'Est-de-l'Île-de-Montréal must inform the Québec Ombudsman of whether it intends to implement the recommendations made to it, or of its reasons if it has decided not to act on them.



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Québec City Office

800, place D'Youville, 19^e étage
Québec (Québec) G1R 3P4
Phone: 418 643-2688

Montréal Office

1080, côte du Beaver Hall
10^e étage, bureau 1000
Montréal (Québec) H2Z 1S8
Phone: 514 873-2032

protecteurducitoyen.qc.ca

Toll-free: 1 800 463-5070
Fax: 1 866 902-7130
protecteur@protecteurducitoyen.qc.ca