



PROTECTEUR
DU CITOYEN

INTERVENTION REPORT

Intervention at CLSC Naskapi

Québec City, July 4, 2022

NOTICE

This report was written further to an intervention by the Québec Ombudsman in accordance with Chapter IV of the *Act respecting the Health and Social Services Ombudsman* (CQLR, c. P-31.1). Its communication or distribution is governed by this Act and the *Act respecting access to documents held by public bodies and the Protection of personal information* (CQLR, c. A-2.1).

It may be communicated by the Québec Ombudsman to the bodies and individuals concerned in accordance with section 24 of the *Act respecting the Health and Social Services Ombudsman*. Furthermore, the findings of the intervention may be communicated to any interested party.

However, certain excerpts from this report may be redacted in accordance with A-2.1 (sections 53, 54, 83 and 88 in particular) because they contain personal information which would allow the person to be identified. These excerpts cannot be disclosed without the person's consent, as prescribed by section 59.

THE MISSION OF THE QUÉBEC OMBUDSMAN

The Québec Ombudsman ensures that the rights of citizens are upheld by intervening with Québec government departments and agencies and the various bodies within the health and social services network to rectify situations that are prejudicial to a person or a group of people. It also handles disclosures of wrongdoing relating to public bodies and reprisal complaints arising from these disclosures. Appointed by at least two thirds of the elected members of all political parties and reporting to the National Assembly, the Québec Ombudsman acts independently and impartially, whether an intervention is undertaken in response to a complaint or a series of complaints or on the institution's own initiative.

Respect of users and their rights and the prevention of harm are at the heart of the Québec Ombudsman's mission. Its preventive role is exercised in particular through its analysis of situations that cause harm to significant numbers of citizens or that are systemic.

Pursuant to the powers conferred upon it, it can propose amendments to acts and regulations and changes to administrative directives and policies with a view to improving them in the interest of the people concerned.

TABLE OF CONTENTS

1	Context of the intervention	1
1.1	<i>Act respecting the Health and Social Services Ombudsman</i>	1
1.2	Request for intervention	1
1.3	Facility concerned	1
2	The intervention	2
2.1	Delegates assigned to the investigation.....	2
2.2	Information collection.....	2
2.3	Documents consulted	2
3	Results of our investigation	3
3.1	Context	3
3.2	Shortage of staff.....	3
3.3	Organization of psychosocial services	4
3.3.1	Service delivery.....	4
3.3.2	Service coordination	5
3.3.3	Administrative supervision of staff.....	5
3.4	Use of means of control.....	5
3.5	Record-keeping	6
3.6	Access to the complaint-examination process.....	6
4	Conclusion	7
5	Recommendations	7
6	Follow-up	10

1 CONTEXT OF THE INTERVENTION

1.1 Act respecting the Health and Social Services Ombudsman

The Québec Ombudsman exercises the functions provided for in the Act respecting the Health and Social Services Ombudsman, hereinafter referred to as the Act. It must by any appropriate means see to it that users are respected and that their rights, as defined in the Act and in any other Act, are enforced.¹ Among other things, it may intervene if it has reasonable grounds to believe that a natural person or a group of natural persons has been or may likely be wronged by an act or omission.²

The respect of users and of their rights is at the heart of the Québec Ombudsman's mission.

1.2 Request for intervention

The Québec Ombudsman received a report about a shortage of various professionals (dispensary nurses, community nurse, psychologist, kinesiologist, nutritionist, psychosocial worker) at Centre local de services communautaires (CLSC) Naskapi, leading to service interruption. The purpose of the intervention is to ensure that the care and services offered by the CLSC are adequate.

1.3 Facility concerned

The facility in question is CLSC Naskapi, located in Kawawachikamach, 12 kilometres northeast of Schefferville. The main language spoken is Naskapi and English is the second language. Some people only speak and understand Naskapi.

The mission of a CLSC is to provide regular front-line health services and social services. Intended primarily for the population it serves, the CLSC also provides preventive or curative services, rehabilitation or reintegration services, as well as public health activities. In particular, CLSC Naskapi offers situation-specific consultation and emergency services at all times, home nursing, dental care, radiology and sample-collection, psychosocial services and vaccination against COVID-19.

This facility is independent and does not report to Centre intégré de santé et de services sociaux (CISSS) de la Côte-Nord. However, the Centre may provide it with occasional and technical support, notably for payroll management. CLSC Naskapi is funded primarily by the ministère de la Santé et des Services sociaux (MSSS).

1. *Act respecting the Health and Social Services Ombudsman*, CQLR, c. P-31.1, ss. 1 and 7.

2. *Ibid.*, s. 20 and following.

The physical health care team consists of four full-time nurses, four part-time nurses, and an assistant head nurse. Nursing staff from employment agencies are also hired to fill vacant time slots in the work schedule and to replace absent employees. Care is available at all times and there is very little wait time when people show up without an appointment. There is a physician on site two and a half days a week. The physician is also available for emergencies and by phone. If necessary, users may be transported by plane to more southern regions of Québec.

At the time of the investigation by the Québec Ombudsman, the psychosocial team was composed of three professionals, including a clinical activities specialist who has a clinical and administrative role, a social worker and a human relations officer. Steps to have the position of head of psychosocial services, a kinesiologist, a community nurse and a nutritionist were underway during the same period.

2 THE INTERVENTION

2.1 Delegates assigned to the investigation

By virtue of the powers conferred on him, the Québec Ombudsman entrusted two of his delegates, Geneviève Lauzon and Émilie Plamondon, with gathering testimony from those concerned and the viewpoint of the organization involved, as well as any other information deemed relevant. The purpose was to analyze the situation and propose any required corrective measures as well as an approach conducive to implementing them.

2.2 Information collection

Within the framework of the investigation, in order to obtain information relevant to and needed for the intervention, comments and observations were obtained from several members of the professional staff of CLSC Naskapi, MSSS and CISSS de la Côte-Nord.

2.3 Documents consulted

To complete the information-gathering process, various documents were consulted, including the following:

- 2020-2021 Annual Report, CLSC Naskapi;
- *Organisation administrative et structurelle proposée*, CLSC Naskapi, July 2021;
- *Évaluation des besoins psychosociaux des Naskapis*, CLSC Naskapi, December 10, 2020;
- *Code of Ethics of Nurses*, Ordre des infirmières et infirmiers du Québec;
- *Our code of ethics*, CLSC Naskapi;

- *Cadre de référence pour l'élaboration des protocoles d'application des mesures de contrôle : Contention, isolement et substances chimiques*, ministère de la Santé et des Services sociaux, 2015;
- *Orientations ministérielles relatives à l'utilisation exceptionnelle des mesures de contrôle : Contention, isolement et substances chimiques*, ministère de la Santé et des Services sociaux, 2002;
- *Protocole d'utilisation de la salle d'isolement et d'apaisement*, CLSC Naskapi, August 2019;
- *Entente entre le CISSS de la Côte-Nord et le CLSC Naskapi pour les services d'un commissaire local aux plaintes et à la qualité des services*, CISSS de la Côte-Nord, 2018;
- *Act respecting health services and social services*, CQLR, c. S-4.2, s. 118.1.

3 RESULTS OF OUR INVESTIGATION

3.1 Context

The Québec Ombudsman considered all the elements of the report which it had received.

However, during its investigation, it saw that the CLSC had already taken measures to correct certain shortcomings, notably to improve the quality of home support and access to physical health care.

Worrisome elements that did not figure in the initial report were also reported during the intervention.

The investigation therefore dealt more specifically with:

- The shortage of staff;
- The organization of psychosocial services, including their delivery;
- Service coordination and administrative supervision of staff;
- Use of means of control;
- Record-keeping;
- Access to the complaint-examination process.

3.2 Shortage of staff

The report drew attention to a shortage of staff and management's lack of initiative in trying to fill the positions of dispensary nurse, community nurse, kinesiologist, nutritionist and social workers.

According to the information collected, in the fall of 2021, the CLSC's consultation services were sometimes limited due to understaffing. Only emergency care and scheduled appointments were maintained. The CLSC quickly hired nursing staff. The services are now offered all the time. Management has confirmed that steps are being taken to hire more nursing staff because staff workload remains high. Positions are posted regularly and the CLSC intends to participate at various job fairs in the coming year.

The Québec Ombudsman was informed that the position of community nurse has been filled since March 2022 and a new kinesiologist will begin working in September 2022. Moreover, while waiting for the position of nutritionist to be filled, someone who works in the field, but who does not live in Naskapi territory, offers teleconsultations. Action is also underway to fill the position of dispensary nurse.

Regarding psychosocial services, a consultant was hired to pinpoint service organization needs. Staff will be hired based on her findings.

The Québec Ombudsman recognizes the efforts of CLSC Naskapi to hire staff. However, given the importance of filling these positions in order to offer quality services, follow-up on the hiring process is being requested (F-1) as well as on the consultant's findings concerning psychosocial services (F-2).

3.3 Organization of psychosocial services

3.3.1 Service delivery

The statements collected show that specialized resources are urgently needed, given the reality of suicidal crisis, addiction and domestic violence. The number of people with psychosocial and psychiatric problems is clearly higher than the number of people who receive appropriate services.

The Naskapi population is suspicious of the non-Indigenous professionals who offer services at the CLSC. Because of this, the Québec Ombudsman feels that it is necessary for psychosocial workers to be more involved in the Naskapi community in order to foster trust in the CLSC staff and its services. Within other communities, employees and members of the local population have been paired. A recommendation has been made about this (R-1).

The Québec Ombudsman also saw in the files from the sample analyzed that referral to psychosocial services is mainly done by the physician. After such a referral, it is crucial that the psychosocial team make initial contact with the user quickly. The investigation showed that several attempts may be necessary before arrangements can be made for appointments to begin follow-up. The Québec Ombudsman also saw that in certain files, no follow-up by psychosocial workers (phone, email or text message reminders) had occurred. This compromises service provision and leads to frequent no-shows for appointments. A recommendation has been made about this (R-2).

3.3.2 Service coordination

The Naskapi population receives services from a community organization under the Wellness Program, coordinated by a person from the community. The organization offers various services, including referral to addiction treatment resources and support for single parents and low-income families. The organization also runs a food bank and provides clothing, financial support for housekeeping, and recreational and preventive activities within the community. The Wellness Program coordinator also intervenes in situations of suicidal crisis, sometimes in collaboration with the on-call psychosocial team established by the CLSC in recent years.

The Québec Ombudsman noted that in order to foster service continuity, the CLSC's services and those of the Wellness Program must be better coordinated, respective roles must be defined, and a real partnership must be forged.

The Québec Ombudsman feels it is crucial that ties with community partners be enhanced. A recommendation has been made about this (R-3).

3.3.3 Administrative supervision of staff

The investigation showed that several time slots were free whereas they could have been used to organize meetings between psychosocial services team staff and users.

The Québec Ombudsman saw that there was lack of administrative supervision of the team, despite the director general's introduction of mentorship for the head of the physical health and psychosocial services program. This person feels better equipped in his role to coordinate physical health care than mental health care and addictions, given that his basic training is in nursing.

As a result, the Québec Ombudsman feels that it is necessary that the current vacant position of head of psychosocial services be filled as soon as possible in order to foster better service quality. Since recruiting for this position is difficult in the region, the Québec Ombudsman recommends that MSSS support the CLSC with this process. Joint recommendations (R-4 and R-10) have been made.

3.4 Use of means of control

The CLSC has an isolation room which is not used currently because of problems with the door and lack of staff to supervise users in suicidal crisis or experiencing behavioural disorganization. The information collected shows that the people who could benefit from safe supervision in the isolation room are often taken to the police station instead.

Since the CLSC is a dispensary that deals with physical health problems and mental disorders, the Québec Ombudsman considers that it must make its isolation room functional and assign the necessary supervision staff for it. For example, one solution may be to hire a care attendant or an intervention agent if the nursing staff

cannot ensure that the people in the isolation remain safe. A recommendation has been made about this (R-5).

Although MSSS has put together a reference framework for producing protocols for applying means of control, the CLSC's current protocol is outdated and lacks any guidelines concerning the use of chemical substances as a means of control. Similarly, certain terms used in this protocol are likely to create confusion when staff apply it. The Québec Ombudsman feels that the protocol must be revised to take current MSSS standards into account. Recommendations about this have been made to the CLSC and CISSS de la Côte-Nord (R-6 and R-11).

3.5 Record keeping

Section 14 of the *Code of Ethics of Nurses* stipulates that nursing staff must not fail to enter any necessary information in users' records. Record-keeping must reflect the quality of the care and services that are provided and contribute to ensuring care continuity and improvement.

Random file analyses by the Québec Ombudsman showed that the psychosocial services offered by CLSC workers are appropriate. In interviewing the workers, the Québec Ombudsman saw that they are very familiar with the psychosocial problems of the users they meet, as well as with the needs of the Naskapi population. However, even though psychotherapy files contain a therapeutic contract, there is no intervention plan with clear objectives, ways of achieving them, and timeframes.

When nursing care is provided at home, file notes are usually clear and complete. However, even though many users receive follow-up care at home, no therapeutic nursing plan is written up. The Québec Ombudsman feels that this must be done to ensure the continuity of care. Recommendations have been made (R-7 and R-8) about this.

Furthermore, the computerized file for users, I-CLSC, is not completed adequately and staff are not given any training on how to do this. The recommendations to CLSC Naskapi are aimed at ensuring that staff enter the required information in the computerized files (R-9). The Québec Ombudsman also seeks the collaboration of CISSS de la Côte-Nord to support the CLSC in implementing this recommendation (R-12).

3.6 Access to the complaint-examination process

The document titled *Entente entre le CISSS de la Côte-Nord et le CLSC Naskapi pour les services d'un commissaire local aux plaintes et à la qualité des services* (the agreement) states that CISSS de la Côte-Nord must adjust the availability of the service quality and complaints commissioner to the CLSC's needs, which may be the equivalent of approximately one day a week.

The information collected by the Québec Ombudsman showed that people did sometimes express dissatisfaction with the quality of services. Furthermore, the complaint-examination process did not appear to be very well known to CLSC users,

despite the agreement. CISSS de la Côte-Nord's service quality and complaints commissioner has confirmed that she has not examined any complaints about CLSC Naskapi for a long time. Considering the role of service quality and complaints commissioners in promoting the complaint-examination process,³ a recommendation about this has been made to CISSS de la Côte-Nord (R-13).

4 CONCLUSION

The Québec Ombudsman wishes to highlight the positive spirit of collaboration of the people interviewed during the investigation. The staff of CLSC Naskapi take the organization's mission and service quality to heart.

It is also important to mention that during the investigation, CLSC Naskapi hired a consultant to support the development of psychosocial services. This initiative deserves to be acknowledged because it will enable CLSC Naskapi to offer services in keeping with its mission as an organization. Other worthwhile initiatives were carried out before and during the investigation. These include the creation of 24/7 psychosocial on-call services and concrete steps to hire new staff. The CISSS and MSSS have shown to be open and available to cooperate with CLSC Naskapi to improve service quality.

However, the Québec Ombudsman's investigation shed light on numerous shortcomings in the quality of the care and services offered to CLSC Naskapi users. Substantial deficiencies were observed in staff supervision and training, record-keeping, non-use of the isolation room, and coordination with the services of the community.

5 RECOMMENDATIONS

Given the preceding, the Québec Ombudsman is making the following recommendations to CLSC Naskapi:

R-1 Foster the participation of psychosocial workers in community activities in order to develop people's trust towards the CLSC;

By October 31, 2022, inform the Québec Ombudsman about the steps taken to meet this goal.

R-2 To avoid service ruptures or repeated absences from appointments, remind psychosocial workers of the need to contact, either by phone, email or text message, users who are subject to follow-up measures by the CLSC;

3. *Act respecting health services and social services*, s. 33 (2).

By September 30, 2022, provide the Québec Ombudsman confirmation that these reminders were issued and of how this was done.

- R-3** Produce a collaboration agreement on complementary psychosocial services between the CLSC and the Wellness Program;

By October 31, 2022, inform the Québec Ombudsman about the steps taken to meet this goal.

- R-4** Ensure psychosocial workers receive regular administrative supervision by the head of their program until the head of psychosocial services begins working, notably in order to offer users available time slots for consulting a worker;

By August 30, 2022, inform the Québec Ombudsman about the steps taken to meet this goal.

- R-5** Take the necessary measures to adequately use the CLSC's isolation room, thereby avoiding the needless detention of users in crisis at the police station. To do this:

- Bring the room up to code in terms of safety;
- Train the staff concerned on how to use the room.

By October 31, 2022, inform the Québec Ombudsman about the steps taken to meet this goal.

- R-6** Revise the protocol for using the isolation room to bring it up to ministerial standards for a protocol for applying means of control, including chemical substances. Use clear language in the protocol to prevent ambiguity for the staff;

By November 30, 2022, send the Québec Ombudsman a copy of the revised protocol.

- R-7** Take the required measures so that intervention plans are produced and entered in the files of users who receive psychosocial services;

By September 30, 2022, provide the Québec Ombudsman confirmation that this goal has been achieved and of how this was done.

- R-8** Remind the nursing staff, including those from agencies, of the importance of producing therapeutic nursing plans and of entering them in the files of the people receiving home support services;

By September 30, 2022, provide the Québec Ombudsman confirmation that this reminder has been issued and of how this was done.

- R-9** Offer I-CLSC training to all staff who provide direct care to users;

By October 31, 2022, provide the Québec Ombudsman confirmation that the training was given and of how this was done.

The Québec Ombudsman is making the following recommendation to the Ministère de la Santé et des Services sociaux:

R-10 Support CLSC Naskapi in hiring a head of psychosocial services;

By September 30, 2022, inform the Québec Ombudsman about the steps taken to meet this goal.

The Québec Ombudsman is making the following recommendations to Centre intégré de santé et de services sociaux de la Côte-Nord:

R-11 Support CLSC Naskapi in reviewing its protocol concerning the application of means of control;

By September 30, 2022, inform the Québec Ombudsman about the steps taken to meet this goal.

R-12 Collaborate with CLSC Naskapi to make I-CLSC training available to its staff;

By September 30, 2022, inform the Québec Ombudsman about the steps taken to meet this goal.

R-13 Remind the service quality and complaints commissioner of the importance of distributing information about users' rights and obligations and of ensuring that her role and that of the complaint-examination process are promoted within CLSC Naskapi;

By September 30, 2022, show the Québec Ombudsman that this reminder was issued and indicate how this was done.

Expected follow-up

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, CLSC Naskapi and Centre intégré de santé et de services sociaux de la Côte-Nord must inform the Québec Ombudsman of whether they intend to implement the recommendations made to them, or of their reasons if they have decided not to act on them.

The Québec Ombudsman is also asking the Ministère de la Santé et des Services sociaux to inform it, within 30 days of receiving this report, of whether it intends to implement the recommendation made to it.

6 FOLLOW-UP

The Québec Ombudsman is asking the CLSC Naskapi for the following follow-up:

- F-1** By September 30, 2022, brief the Québec Ombudsman on developments concerning the hiring of a dispensary nurse, a kinesiologist and a nutritionist;
- F-2** By September 30, 2022, send the Québec Ombudsman information about the steps taken or to be taken, further to the findings by the psychosocial services consultant.



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