

PIECES ON THE CHESSBOARD HAVE BEEN MOVED

As part of the reform begun in 2003 with Bill 83, *An Act to amend the Act respecting social services and other legislative provisions*, most hospital centres have been integrated to health and social service centres, a local body that coordinates services offered by the main players in a given local health and social services network. The objective of this reform is to reorganize services to bring them closer to the public and to ensure the continuity of the network. The mission of hospital centres is now part of the continuum of services that includes local community service centres (CLSCs) and residential and long-term care centres in a given region.

COMPLAINTS REVIEWED BY THE QUÉBEC OMBUDSMAN

In 2006-2007, the Québec Ombudsman reviewed 124 complaints about hospital centres. As in years past, hospital centres still generate the most complaints within the health and social services network, this year with 180, or 36% of all complaints reviewed by the Québec Ombudsman.

The following table shows the breakdown of grounds for complaint reviewed by category and the number of corrective measures developed for each.

Results of the Review of Grounds for Complaint

Complaint Grounds	Number of Grounds*	Unsubstantiated Grounds	Substantiated Grounds	Number of Corrective Measures
Access to treatment and services	27	18	9	14
Clinical and professional aspects of treatment and services	38	20	18	28
Individual rights	26	15	11	16
Financial aspects	40	27	13	23
Interpersonal relations	19	8	11	12
Physical environment and resources	30	18	12	23
Total	180	106	74	116

* Excluding complaints whose processing was interrupted

Of the 180 grounds for complaint examined, 74 were substantiated. These led to the development of 116 corrective measures.

Financial aspects represented 22.2% of grounds for complaint. Clinical and professional aspects came next with 21.1% of grounds for complaint, followed by the physical environment and resources at 16.7%. Access to treatment and services and individual rights accounted for 15% and 14.4% of grounds respectively, while grounds related to interpersonal relations accounted for 10.6%.

FINANCIAL ASPECTS

In 2006-2007, the Québec Ombudsman examined 40 complaints related to financial matters, 13 of which were substantiated. These complaints related to payments for accommodations, room fees, ambulance transport and parking fees, for example. Claims related to theft or the loss of personal property, such as dental prostheses or glasses, also fall into this category.

Once again this year, the most common complaints in this category related to fees for private or semi-private rooms, including rooms in intensive care, as designated by the board of directors. These complaints accounted for 47.5% of the total (19 out of 40). In reference to the *Politique de déplacement des usagers du réseau de la santé et des services sociaux pour la population en général*, complaints regarding fees charged for the transport of users accounted for 25% of all complaints (10 out of 40). Finally, complaints regarding reimbursements for the replacement of lost personal property accounted for 17.5% (7 out of 40) of complaints in this category.

CLINICAL AND PROFESSIONAL ASPECTS OF TREATMENT AND SERVICES

Aside from continuity of service, this category includes complaints regarding knowledge, know-how and standards of practice. During 2006-2007, 38 complaints were reviewed, 18 of which were substantiated.

Within this category, 28.9% (11 out of 38) of complaints had to do with the administration of medication, physical care or custodial care and 7.9% (3 out of 38) dealt with the unjustified use, and even the abuse, of measures to place people under control, including restraints and isolation, in the emergency room and in patient care units. Problems related to professional evaluation or judgment, including in the assignment of priority codes by

triage nursing staff in the emergency room, accounted for 10.5% (4 out of 38) of complaints. The technical and professional skills of nursing staff and social workers, for example inadequate technique in changing a dressing, resulted in 13.2% (5 out of 38) of complaints in this category. Furthermore, 5.3% (2 out of 38) of complaints related to the failure to respect conditions for preventive confinement, in violation of *An Act respecting the protection of persons whose mental state presents a danger to themselves or to others*. Inadequate control measures for *Clostridium difficile* and the failure of staff to apply measures to prevent nosocomial infections were the source of 7.9% (3 out of 38) of complaints.

THE PHYSICAL ENVIRONMENT AND RESOURCES

This category includes complaints about the physical environment in which treatment and services are provided, for example, the layout of space, food, security, hygiene, facilities and equipment. In 2006-2007, out of the 30 complaints reviewed, 12 were substantiated.

In this category, 30% (9 out of 30) of complaints related to rules and procedures, such as visiting hours and rights and restrictions on the number of visitors. Complaints regarding personal safety and the risk of falling came next at 13.3% (4 out of 30), followed by complaints regarding the hygiene and cleanliness of facilities, at 16.7% (5 out of 30). The application of the tobacco use policy, specifically in psychiatric units, generated 10% of complaints (3 out of 30). Dissatisfaction related to room temperature and disruptions from call bells accounted for 13.3% (4 out of 30) of complaints. Few complaints received related to the quality of the food, problems regarding the mix of client groups and the lack of equipment (patient lifts).

ACCESS TO SERVICES

This category includes complaints regarding structural problems that limit access to services, such as waiting times or the lack of access to services. In 2006-2007, 27 complaints were reviewed and 9 were substantiated.

Waiting times account for 63% (17 out of 27) of these complaints. These are primarily waiting times in the emergency room or for an appointment, a consultation, diagnostic tests, treatment or access to specialized rehabilitation services. Refusal to provide services accounted for 18.5% (5 out of 27) of complaints, while the failure of institutions to respect free choice accounted for 7.4% (2 out of 27) of the complaints in this category.

The Québec Ombudsman reviewed complaints related to very long waiting times, in particular for a consultation of orthopaedic surgery. In one case, the waiting time was two years.

INDIVIDUAL RIGHTS

This category includes complaints regarding the failure to respect the rights of users under *An Act respecting health services and social services*. In 2006-2007, 26 complaints in this category were reviewed, 11 of which were substantiated.

The difficulties users face in exercising their right to lodge a complaint—as part of the complaint review system—ranked first this year and accounted for 38.5% (10 out of 26) of complaints in this category. This was closely followed, at 30.8 % (8 out of 26), by complaints regarding the failure to respect the confidentiality of information in a user's file and difficulties accessing a file. Complaints regarding a lack of information about treatment, in particular in terms of preventive confinement, accounted for 11.5% (3 out of 26). Furthermore, complaints regarding the failure to respect a user's refusal of treatment, a blood sample or a urine test accounted for 11.5% (3 out of 36).

This category also included complaints regarding rights to recourse with a local or regional service quality and complaints commissioner, a medical examiner and the review committee. It also included difficulties faced by users in exercising their right of recourse before judicial or administrative tribunals.

INTERPERSONAL RELATIONS

This category includes complaints about the interpersonal skills of representatives and staff members who provide care and services, in other words their attitudes and behaviour toward users and the way they interact with them. In 2006-2007, 19 complaints of this nature were reviewed, 11 of which were substantiated.

Disrespect toward users and verbal abuse were the main sources of dissatisfaction in this category, accounting for 31.6% (6 out of 19) of complaints. A similar proportion of complainants pointed to a lack of respect for the dignity of users 21% (4 out of 19) and a lack of empathy 26% (5 out of 19). Finally, one complaint raised the importance of being able to clearly identify the staff member providing treatment.