

Risk management and nosocomial infections

NEW PARAMETERS FOR RISK MANAGEMENT

In December 2002, *An Act respecting health services and social services* was amended with the passage of Bill 113. The amendments, which relate in particular to the user's right to receive safe health services, came into force in January 2003.

By virtue of the amendments, institutions must disclose incidents and accidents, support users and those close to them, maintain a local register of these events and include in the user's file a report of any incident or accident that involves him.

The objective of these parameters is to encourage institutions to operate with greater transparency to increase trust in the health system. All of the proposed measures are intended to prevent recurrent operational problems and to underline the gravity of problems that do occur.

Every institution must set up a risk management committee responsible for identifying and analyzing potential dangers and for making appropriate recommendations to the institution's board of directors.

The watchdog committee analyzes recommendations from the local service quality and complaints commissioner, and the Québec Ombudsman and coordinates activities with other areas of the institution with regard to the quality of services. These recommendations address the quality, safety and efficiency of services, respect for users' rights and the handling of complaints. The committee also proposes responses to recommendations to the board of the directors in an effort to improve the quality of services to users.¹

IT'S ALL IN HOW THE LAW IS APPLIED

In spite of the implementation of such parameters, the Québec Ombudsman has noticed that staff members do not always apply the law according to the intentions of the legislature, which is to improve service delivery and make it safer.

Incident and accident reports, for example, are an important risk management tool. But to contribute to continuous improvement in the quality of treatment and services, reports must be well documented. In its review of situations that were brought to its attention, the Québec Ombudsman noted that this is not always the case: either the report is incomplete, for instance, when someone falls or there is an error in the administration of medication, or the incident is not reported.

1/ Art. 181.0.3 (3°) *An Act respecting health services and social services*.

In addition to using risk management measures set out in the legislation, institutions must rely on prevention. They must make every effort to detect, control and reduce to its simplest terms the dangers that threaten users and staff members. The success of this strategy depends on integrating basic preventive practices in treatment and a change in attitude especially toward infection prevention.

Inadequate surveillance

A user suffering from Alzheimer's had spent several months in the hospital, awaiting a place in a residential and long-term care centre. The user's daughter believed that her father's environment was not appropriate to his condition. She reported that he had fallen and that she had not been informed of the accident. She alleged that there was inadequate surveillance.

The Québec Ombudsman recommended that the institution take appropriate measures to remind nursing staff of the duty to disclose any incident or accident to users or their representatives and to enter appropriate notes in their files. The hospital accepted this recommendation and implemented the proposed corrective measures.

MINISTERIAL ORIENTATIONS TO PREVENT AND CONTROL NOSOCOMIAL INFECTIONS

The prevention of infections is an important aspect of risk management. It requires ongoing attention in the organization of treatment and requires the implementation of effective bacteria control measures.

In 2006, the Ministère de la Santé et des Services sociaux developed an action plan on the prevention and control of nosocomial infections and a frame of reference for health care institutions. It also issued guidelines for hygiene and salubrity. In terms of housekeeping, the Department indicated that staff members must be trained in new techniques and that they must have appropriate equipment. It also emphasized the importance of carefully monitoring the application of these new methods, so that disinfection is performed according to recommended standards.

THE EFFECTS OF STAFF SHORTAGES ON HYGIENE

While in 2006-2007 nosocomial infections proliferated and reached worrisome levels in some institutions, the Québec Ombudsman received few complaints about them, as they were generally dealt with at the level of local commissioners. In light of the complaints it did review, it has noted that the ratio of infection control nurses to the number of beds is not respected in certain institutions. In principle, there should be one nurse per 100 beds in highly specialized care, one nurse per 133 beds in general and specialized care and one nurse per 250 beds in residential and long-term care.

In 2006, the Québec Ombudsman conducted verifications within two institutions following complaints regarding cleanliness. Users were concerned that the lack of cleanliness would encourage the spread of nosocomial infections. The hospital centres implemented new sanitary maintenance techniques and increased the number of hours spent on maintenance. The Québec Ombudsman welcomed these hygiene measures.

SUPPORT EMPLOYEES AND REPEAT INSTRUCTIONS

In its review of complaints, the Québec Ombudsman recommended that institutions ensure that staff members fill out incident and accident reports and place them in the user's file. It asked them to support their employees through training so that they can comply with the requirements of the law.

With regard to nosocomial infections, the Québec Ombudsman emphasizes the need to respect the ratio of infection control nurses proposed in the *Cadre de référence à l'intention des établissements de santé du Québec*. It reminds institutions of their duty to update their prevention and control program for nosocomial infections. To this effect, it insists that the rules regarding hand washing and other matters be respected and that instructions be reiterated regularly to staff members.

DISPARITIES IN THE IMPLEMENTATION OF MINISTERIAL ORIENTATIONS

On November 17, 2006, the Ombudsperson wrote to the Deputy Minister of Health and Social Services to share her comments on the proliferation of nosocomial infections such as *Clostridium difficile*. Based on complaints she received on this matter, she informed him of the disparities in the implementation of ministerial orientations regarding the control of this type of infection. She asked that the Department take short-term concrete measures throughout Québec.

Given the great concern this question raises among the public, in particular among vulnerable people, she recommended that the Department adequately inform the public and users of the health and social services network. The information should address tangible and normal measures for preventing the spread of these infections. The Deputy Minister welcomed her input and confirmed the Department's intention to continue in its efforts.

The prevention of infections within one mental health unit

During a stay in a mental health unit at a hospital, a user pointed out that the measures in place to prevent nosocomial infections seemed unrealistic given the mental health of the client group.

For example, patients waiting the results of a screening test for MRSA² were not confined to their rooms. They circulated freely on the unit and ate with other patients. They did, however, have a dedicated toilet. The user believed that the proximity of these patients during meals encouraged the spread of infection. He does not believe that frequent hand washing and the dedicated toilet were sufficient measures.

The review showed that the hospital took measures to confine patients awaiting screening test results in an isolated part of the dining room. It was also in compliance with the infection prevention measures recommended in the guidelines from the Ministère de la Santé et des Services sociaux. Furthermore, while it did not have a mental health standard, various specialists agree that psychiatric care hospitals should respect a minimum ratio of one infection control nurse per 250 beds. The Québec Ombudsman recommended that the hospital respect this ratio. The institution increased the number of infection control nurses.

2/ MRSA (methicillin-resistant Staphylococcus aureus) is a staphylococcus that has developed a resistance to a number of antibiotics including methicillin.