

Comments from the department

The following statement from the department was issued by its Deputy Minister :

“This series of recommendations is in line with the orientations of the action plan regarding services for the elderly. The department will give these recommendations due consideration as it continues with the implementation of the plan.”

Hospital centres

The mission of hospital centres is to offer diagnostic services as well as general or specialized physical and mental healthcare services.

Type of complaints

Complaints reviewed by the Québec Ombudsman

Hospital centres						
Under investigation at April 1, 2007	Received	Investigated*				Under investigation at March 31, 2007
		Referred	Interrupted	Unsubstantiated	Substantiated	
215	300	2	41	136	93	238

* Excluding complaints whose processing was interrupted or which were referred.

The following table depicts the distribution of the complaints evaluated according to complaints grounds, also indicating the number of corrective measures.

Results of the review of complaints

Category	Inquirers*	Complaints*	Unsubstantiated	Substantiated	Number of corrective measures
Clinical aspects	63	100	58	42	87
Financial aspects	45	50	29	21	55
Environment and living environment	13	19	12	7	8
Programs and services	46	60	37	23	37

* Excluding complaints whose processing was interrupted or which were referred.

Overview of the situation

Since the introduction of local health and social services networks in 2005, most general and specialized hospital centres have been integrated to health and social service centres. These local multipurpose agencies were created to ensure improved availability and continuity of care and services to the populations of given territories.

Seeing as the health network's restructuring is recent, not all of the conditions necessary for a truly integrated services network have been met. This is obvious from the repeated complaints submitted to the Québec Ombudsman with regard to certain problems.

Over the years, the complaints we received with regard to general and specialized hospital centres have mostly been of the same type. They primarily focused on the availability of emergency services, the cost of private or semi-private rooms, the spread of hospital-acquired infections, the application of the Act respecting the protection of persons whose mental state presents a danger to themselves or to others, and the use of confinement or isolation measures for mental health patients.

This Part 3 comprises a section devoted to mental health issues.

Emergency room management : a definite challenge

Again this year, emergency room waiting times are among the items most often complained about. The Centre de coordination nationale des urgences of the Ministère de la Santé et des Services sociaux favours measures for ensuring greater access to emergency services. One of the measures consists of improved availability of front-line medical services as well as technical support centres. Other means of limiting visits to the emergency room include a greater availability of specialized medical care for family medicine patients, network clinics and private medical clinics. A drop in excessive hospital stays is also viewed as a means of increasing the number of beds available for emergency patients.

For the past few years, significant non-recurrent amounts have been allocated to improving emergency rooms through renovations as well as equipment purchases. In February 2007, the Ministère de la Santé et des Services sociaux also announced a new \$ 15 million budget for facilitating the transfer of hospitalized patients awaiting accommodations to residential and long-term care centres or convalescence homes. This initiative will also ensure the availability of beds for emergency patients requiring hospitalization.

In 2006, the Ministère de la Santé et des Services sociaux published the second version of its *Guide de gestion de l'urgence*²⁹ as part of the project for developing health and social service centres. The guide discusses management roles and responsibilities along with work organization in emergency rooms, including triage activities. In situations where emergency room overcrowding persists, the department cooperates with health and social services agencies to follow up on the hospital centres in question.

While satisfied with the measures introduced to improve emergency room activities, the Québec Ombudsman nonetheless remains concerned by the ongoing overcrowding of emergency rooms in certain general and specialized hospital centres and the temporary closing of some of them especially on weekends.

²⁹ *Guide de gestion de l'urgence*, [2nd ed.], Ministère de la Santé et des Services sociaux, Québec, 2006, 250 pp.

Behaviour and attitudes that must be changed

While acknowledging and saluting the work and efforts of emergency room personnel, the Québec Ombudsman this year received a greater number of complaints regarding the attitude and disrespectful behaviour of healthcare staff, and more specifically triage personnel in the emergency room.

The Québec Ombudsman recommended that the institutions concerned closely supervise their personnel and issue a reminder with regard to the ethics of their position. Management brought up the problem of staff shortages and problems retaining employees. In certain institutions, training sessions must be cancelled because the availability of replacement staff cannot be guaranteed.

To counter this lack of staff, a non-recurrent budget item of \$11.4 million was allocated in the summer of 2007 to support nurses in emergency rooms and intensive care units. The department also instituted a discussion table aimed at reflecting upon work organization and improvising the status of the profession with means of attracting and retaining personnel in mind. On March 12, 2008, \$1.2 million was paid to three institutions in the Montreal area to help them reorganize the work of nurses and thereby reduce the number of overtime hours worked by nursing personnel as well as reliance on independent labour.

The Québec Ombudsman is cognizant of the impact of the lack of human resources on the delivery of healthcare and services. This being said, we do not feel that this in any way excuses reproachable behaviour.

Emergency room management

Users question the people skills of nursing personnel, particularly those assigned to triage functions, complaining about the lack of respect and the unwelcoming if not downright cavalier attitude of certain employees. Some people state that they failed to be notified of the waiting time and of the priority they were assigned at the triage stage.

Because of this lukewarm welcome and the little information they are given, users mention that they fail to understand the priority system in the emergency room. They go on to explain their belief that the triage executed is unfair as well as their fear that they will not receive the necessary healthcare services. Users also decry the unwarranted delays in the emergency room.

Emergency rooms apply common criteria to ensure a standardized triage process. These criteria are based on the *Canadian Emergency Department Triage and Acuity Scale*, developed by a group of Canadian experts from the physician and nursing fields. Hospital personnel use this scale to classify patients according to the acuity of their condition, and objectives regarding the time to be treated by medical personnel are recommended on the basis of triage priorities. Patients waiting to be seen should also be regularly assessed according to the priority assigned them. This reassessment allows for making any necessary modifications to the initially established triage priority, while also constituting an occasion to reassure users as to their health condition.

The Québec Ombudsman has noted that some hospital centres have still not implemented the reassessment provided for in the triage process and the *Guide de gestion de l'urgence* published by the department. The most often cited reason given by institutions for this failure to reassess patients is the lack of specialized nursing staff in the emergency.

The Québec Ombudsman prepared recommendations aimed at keeping users informed of the triage process and the situation in the emergency room. We also recommended that staff be reminded of their ethical obligations with regard to appropriate behaviour and attitude.

Moreover, the Québec Ombudsman recommended that emergency department patients be reassessed according to the measures indicated in the *Guide de gestion de l'urgence*.

While satisfied with the measures introduced to improve emergency room activities, the Québec Ombudsman expects improvements vis-à-vis delays and waiting times in the emergency rooms of certain general and specialized hospital centres. Improved front-line services and the consolidation of accommodation services are both measures put forth to reduce instances of emergency room overcrowding. The Québec Ombudsman urges the Ministère de la Santé et des Services sociaux to increasingly focus on the implementation of measures aimed at improving emergency room performance. The following complaint concerning emergency department care and services is an example that supports our comments.

A question of sound judgment during emergency triage

A man went to a hospital emergency room because of numbness in his face, fearing that he might have suffered a stroke. He was vehement in telling the triage nurse that he wanted to be seen as soon as possible. The man reported that the nurse adopted a haughty tone, telling him quite disrespectfully to take a seat and wait like everyone else. After waiting a few hours, the man left the emergency room and went to another hospital centre, where he was diagnosed as having suffered a stroke. The citizen finds it incredible that he was not seen by a physician any sooner, and the nurses lack of compassion unbelievable.

An investigation of the complaint showed that the triage priority was inadequate and that no reassessment had been done. The Québec Ombudsman subsequently recommended updated training for the nursing staff assigned to triage activities and the implementation of a reassessment process for persons waiting in the emergency room. The institution accepted these recommendations, notifying the Québec Ombudsman that it would take action no later than May 2008.

The Québec Ombudsman will check to ensure that the planned steps are taken. As regards the behaviour and attitude of the nurse in question, the institution updated the Québec Ombudsman on the approach taken thus far. In fact, the institution had already identified deficiencies in the attitude and behaviour of its staff in general. It has introduced a training program focused on rules of etiquette and politeness, undertaking to notify the Québec Ombudsman of the dates of the training. The Québec Ombudsman is waiting to see this commitment fulfilled.

Hospital-acquired infections

Users and their close relatives contacted the Québec Ombudsman over the course of the year to vehemently decry the tragic repercussions of hospital-acquired infections, primarily *Clostridium difficile*, with the aim of ensuring that no other citizens will suffer in the future.

The Ministère de la Santé et des Services sociaux has continued its visits of institutions, begun in 2006³⁰, to evaluate the application of infection prevention and control measures in all hospital centres. The Québec Ombudsman also noted an improvement vis-à-vis the creation of infection prevention and control teams as well as the application of planned measures for preventing and controlling the spread of infections. Subsequent to these quality assessment visits, recommendations were made whereby institutions had to produce an action plan by early 2007. Institutions sent a report on the recommendations as well as a progress report on their action plan to their respective health and social services agencies in September 2007. During its investigation, the Québec Ombudsman observed the implementation of measures included in the action plans subsequent to the recommendations ensuing from the department's quality assessment visits.

The mandatory program for the monitoring of *Clostridium difficile* infections was introduced in August 2004. Data gathered each year allow for comparing the evolution of these infections in hospital centres. In 2007-2008, the number of cases of *Clostridium difficile* infections clearly decreased. These positive results are a testimony to the efforts of medical administrators, managers and staff, as well as healthcare personnel, to prevent and control infections.

With sanitary maintenance being critical to controlling the spread of infections, the Ministère de la Santé et des Services sociaux introduced in the fall of 2007 a training program on hygiene and salubrity. The persons in charge estimate that a total of 125 regional multiplying agents will have received the training by February 2008, after which they are responsible for training sanitary maintenance agents in their regional institutions.

Institutions are also waiting for the planned spring 2008 release of the department's guide to hygiene and salubrity. This new guide will specify maintenance procedures and working conditions to promote improved hygiene and salubrity.

Observations

The Québec Ombudsman this year again investigated complaints regarding *Clostridium difficile* infections. Identified causes notably include deficient hygiene and salubrity measures. Users were aghast at the dirtiness of rooms and toilets, noting that infection prevention and control measures were not adequately applied.

In one case, the Québec Ombudsman noted that the institution had assigned more employees to sanitary maintenance and had carried out a work reorganization emphasize the cleaning of high-volume zones such as the emergency rooms, outdoor clinics and the cafeteria.

³⁰ In 2004, health and social services agencies conducted a first series of tours of institutions to assess the application of prevention and control measures with regard to *C. difficile*.

The institution also created a team responsible for the sanitary maintenance of the rooms of patients infected with methicillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile* as a means of ensuring that specific disinfection measures be followed. A quality control mechanism has also been developed. Sanitary maintenance area managers were also freed of certain tasks so that they could focus on staff supervision and quality control, even on week-ends. New sanitary maintenance equipment was purchased. The Québec Ombudsman noted the institution's dedication to the application of the hygiene and salubrity guidelines issued in May 2006 by the Ministère de la Santé et des Services sociaux.

One of the elements criticized by patients or relatives having contracted *Clostridium difficile* touches upon the insufficient information received at the time of infection. The Québec Ombudsman repeated to the institution in question its obligation to properly inform users whenever such events occur.

Another user expressed his disagreement with a decision to limit visitors access subsequent to the appearance of *Clostridium difficile* in a hospital centre. He also noted that the restrictions on visiting hours and the number of visitors were not adhered to. The Québec Ombudsman subsequently issued a recommendation on the development of a policy governing visiting hours. The institution also agreed to issue a reminder to managers regarding the application of the policy governing visiting hours in the event of an outbreak of an infectious disease. It notably informed the Québec Ombudsman of this recommendation's actual implementation.

Complaint from a user who contracted *Clostridium difficile*

An 84-year old man suffering from cardiac decompensation went to the hospital centre, where he was admitted and received antibiotic therapy to treat a pulmonary complication. At the end of his hospital stay, his patient record revealed an increase in the frequency of his bowel movements. Four days following his release, he again showed up at the emergency room, suffering from major diarrhoea, abdominal pain and dehydration. An examination revealed the presence of C. difficile. His condition quickly worsened, and the patient passed away one week later.

Our investigation of this complaint uncovered deficiencies in the information transmitted to the user and his family when he was released, specifically with regard to the symptoms to be on the look-out for given that he had received antibiotics.

*The Québec Ombudsman recommended that the institution provide its users with better information on *Clostridium difficile* symptoms and risks following a hospital stay. It is waiting on the institution's response to its recommendation and intends to specifically follow up on this issue.*

Ombudsman follow-up and actions

Fees for private and semi-private rooms

The Québec Ombudsman has received complaints from citizens regarding bills sent to them by hospital centres subsequent to their stay in a private or semi-private room. The Québec Ombudsman's past recommendations have repeatedly addressed the conditions institutions should adhere to with regard to the signing of forms for the choice of a room and the related free and informed consent.

In 2006-2007, the Québec Ombudsman advised the Ministère de la Santé et des Services sociaux of the lack of consistency in the forms used for room choice by hospital centres, the importance of providing written information enabling users to make informed decisions, and the need to amend the *Regulation respecting the application of the Hospital Insurance Act* with regard to billing for hospital rooms.

It also recommended that the Regulation be updated to better reflect new realities and that the form for choice of room be revised and standardized for use by all institutions, hence ensuring that similar information is distributed across the network. Until the regulation is revised, the department has committed to issuing directives to hospital centres to encourage a more consistent interpretation of the Regulation throughout the network.

The Québec Ombudsman notes that the Ministère de la Santé et des Services sociaux upheld its commitment in this regard, having issued a new circular on July 26, 2007³¹ which includes examples to help managers better apply the Regulation's provisions. It also published, on December 10, 2007, an appendix³² to its new circular which includes a list of the information to be included in the institution's form for choice of room. This addition makes it possible to standardize the information provided users in addition to ensuring that this information has indeed been brought to their attention.

COLLECTIVE
benefit

The Québec Ombudsman notes the department's efforts to guide hospital centres with regard to the information to include on the form for choice of room. In its opinion, the modification of the circular regarding room fees in hospital centres is a practical solution to the issue.

Room fees

An analysis of the complaints received revealed the importance of properly informing users when they make a room choice, remembering to provide them all the details required to make an informed decision.

We noted that most problem cases occur when users' insurance policies do not or no longer cover the costs of the room requested, and this without the user's knowledge. Users in such cases claim that hospital centres failed to check with their insurer, a responsibility, however, that does not fall to institutions. The form for choice of room clearly specifies that such verifications are of a private nature and must be done by the users themselves.

31 Circular 2007-011 (03.01.42.22) on the billing of private and semi-private rooms and user access to telephone services.

32 The circular amended on December 7, 2007 (bearing the same title and number) notes that the list of information to include on the form for choice of room is appended to the circular.

Choice of room, however, is often done at a particularly difficult time, when users have health concerns and are likely not considering financial issues. This being said, the Québec Ombudsman is of the opinion that users who are able to sign the form for choice of room are responsible for making the necessary verifications with their insurance company. We did come across certain situations, however, where institutions had requested that users sign this form while in a highly altered health condition, in which case the conditions of free and informed consent were not present.

In such instances, the Québec Ombudsman feels that an institution's refusal to modify or cancel a bill is clearly unreasonable. In the case of a complaint specifically dealing with this issue, the Québec Ombudsman did, after significant effort, manage to convince the institution in question to cancel the room fees, to the user's satisfaction.

Child and youth protection centres

The mission of child and youth protection centres consists of offering regional psychosocial services, including emergency child and youth social services rendered legally necessary by circumstances, child placement services, family mediation services, expert opinions to the Superior Court on child care, adoption services and searches for biological antecedents.

Type of complaints

Complaints reviewed by the Québec Ombudsman

CYPC						
Under investigation at April 1, 2007	Received	Investigated*				Under investigation at March 31, 2007
		Referred	Interrupted	Unsubstantiated	Substantiated	
88	81	2	3	81	16	55

* Excluding complaints whose processing was interrupted or which were referred.