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## **INTERVENTION REPORT**

**Intervention at Ungava Tulattavik Health  
Center**

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Québec City, July 8, 2021

## 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.

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## 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 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.

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# 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.<sup>1</sup> 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.<sup>2</sup>

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 concerning several flaws in the care and services to the client population of Ungava Tulattavik Health Center's Elders' Home. The purpose of the intervention was to ensure that the care and services provided by the facility are adequate.

## 1.3 Facility concerned

Located in Kuujuaq, Ungava Tulattavik Health Center (UTHC) reports to Nunavik Regional Board of Health and Social Services. UTHC is responsible for the clinical care of the service users of the facility involved in the request for intervention (Elders' Home).

Elders' Home (also designated as a UTHC facility) is a community-type residential resource. It provides long-term care and services to a diversified client population. It has 12 residential beds and two respite beds and responds to various UTHC missions. This includes offering an alternative living environment (temporary or permanent) to service users who cannot live in their natural living environment due to a loss of functional autonomy.

A department head is responsible for the administrative management of Elders' Home. At the time of the investigation, the assistant head nurse was assuming the department head's tasks. Members of the nursing staff and care attendants, as well as "Northern attendants," who live in the North, are also part of the staff and provide assistance to the residents. Elders' Home residents also have access to the services of UTHC professionals, including a respiratory therapist, an occupational therapist, a clinical nurse specialist and a nutritionist.

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

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

## 2 THE INTERVENTION

### 2.1 Delegates assigned to the investigation

By virtue of the powers conferred on her, the Québec Ombudsperson entrusted two of her delegates, Brigitte Carrier 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 and an approach conducive to implementing them.

### 2.2 Information gathering

Within the framework of the investigation, in order to obtain information relevant to and needed for the intervention, comments and observations were obtained from the following people: the director of community services, the assistant head nurse, the nursing staff, the nursing assistant and the care attendant staff.

### 2.3 Documents consulted

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

- Users' records;
- The *Act respecting health services and social services*;
- The *Code of Ethics of Nurses*;
- *Apprendre à rédiger des notes d'évolution au dossier*, vol. 1, 4th edition, 2006, Yvon Brassard;
- *Cadre de référence pour l'élaboration des protocoles d'application des mesures de contrôle – Contention, isolement et substance chimique*, Ministère de la Santé et des Services sociaux, 2011;
- Professional standard: *Administration sécuritaire des médicaments*, Ordre des infirmières et infirmiers du Québec (OIIQ), 2020;
- *Soins infirmiers – Fondements généraux*, 4th edition, Potter, 2016;
- Various clinical and administrative documents from the institution.

## 3 RESULTS OF OUR INVESTIGATION

### 3.1 Context

The Québec Ombudsman considered all the sources of dissatisfaction brought to its attention. However, during the investigation it learned that the institution had already taken measures to correct certain shortcomings, particularly concerning upkeep of the premises. As a result, the investigation dealt more specifically with the following elements:

- Medication management;
- Record-keeping;
- Protocols and clinical reference frameworks;
- Staff supervision;
- Training in tracheostomy care;
- Reporting incidents and accidents.

### 3.2 Medication management

According to what was reported, some staff members did not comply with medical prescriptions. The report described deficient opiate administration and post-administration monitoring. Among other issues, pain medication was allegedly not always administered in keeping with the standards.

Medication management is an activity reserved for nursing staff. This activity must be supervised in order to prevent the harm inherent in the mismanagement of medication. The OIIQ provides for professional standards and establishes principles, rules, and requirements in order to ensure the quality of this activity.

#### 3.2.1 Administration of medication

A physician visits Elders' Home approximately only once a month. Because of this, most prescriptions are given to the nursing staff verbally. They are responsible for entering phone prescriptions and medical instructions in users' records.

The investigation showed that the rules for entering this type of prescription<sup>3</sup> in users' records are obeyed. Analysis of the files showed that the inscription of medication in the medication administration records was carried out regularly and that the administration of medication complied with the medical prescriptions.

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3. [https://www.oiiq.org/documents/20147/237836/1466\\_doc.pdf](https://www.oiiq.org/documents/20147/237836/1466_doc.pdf)

### 3.2.2 Clinical supervision of opiate administration

Opiates may react on the central nervous system and cause respiratory depression and a reduced state of consciousness. Administration must therefore be closely monitored. For that purpose, a respiratory distress protocol is established by the medical staff based on users' needs.

Clinical monitoring includes assessment of pain, degree of sedation and respiratory condition. For every dose, these parameters must be assessed at the time of administration and when the medication has reached its highest point of efficacy. After this, assessments are carried out based on the patient's state of health, the delivery system, and the opiate's duration of action. Clinical monitoring must be documented in the file.<sup>4</sup>

Information about these parameters is scarcely found in the progress notes by the facility nursing staff. Furthermore, opiates were sometimes administered in response to agitation, crying or pain. According to the information collected, the source was the individual protocols prescribed by the medical staff.

The Québec Ombudsman considers that the lack of regularity in the information entered in users' records was not conducive to adequate clinical monitoring of opiate administration.<sup>5</sup> Moreover, there are no documents for entering the clinical parameters and the frequency of monitoring. So that the clinical monitoring of service users who are administered opiates is carried out in keeping with the standards in effect and is better documented, a recommendation has been made **(R-1)**.

### 3.2.3 Pain assessment

The Québec Ombudsman observed that the nursing staff describes users' pain very briefly. Full pain assessment makes it possible to determine pain intensity and characteristics. It is important to use a recognized pain assessment scale because this makes it easier to describe pain based on criteria common to all staff. Several tools exist, including scales that reveal the pain level based on users' self-assessment.

In order to collect standardized information for all staff during clinical monitoring, the institution must have clinical pain assessment tools and ensure that the relevant information is indicated in users' records. A recommendation has been made concerning this subject **(R-2)**.

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4. *Avis sur la surveillance clinique des clients qui reçoivent des médicaments ayant un effet dépressif sur le système nerveux central*. OIIQ, 2009.

5. "Principe 5", *Norme d'exercice : Administration sécuritaire des médicaments*, OIIQ, 2020.

### 3.3 Record-keeping

After analyzing the facility's users' records, the Québec Ombudsman saw that frequently, there were no notes for several days in all the records audited. For example, in one user's record, there are no notes from August 8 to 14, 2020, and the same for another user's record from May 22 to June 6, 2020. Some staff write very detailed notes regularly, while others rarely write anything or provide few details. The Québec Ombudsman observed a lack of uniformity in record-keeping.

The instruction to staff is to only note exceptional situations and elements (e.g. newly prescribed medication or a service user's unstable condition). The information is seemingly conveyed verbally at each shift change. However, staff are critical that the information that should be indicated is not noted systematically, and this makes it difficult to ensure proper clinical monitoring.

Seeing as how the facility only has a small number of residents, certain staff say that they know these people very well. Despite the scanty notes in the records, they maintain that the residents receive all required care.

Section 14 of the *Code of Ethics of Nurses* states that nurses must not fail to enter the necessary information in users' records. Recording-keeping must reflect the quality of care provided and contribute to ensuring care continuity and improvement. The notes must be relevant, factual, precise, complete, up-to-date and structured. A frequently updated record indicates genuine continuity of monitoring. Given the preceding, a recommendation has been made (R-3).

### 3.4 Protocols and clinical reference frameworks

The report received cites lack of protocols, reference frameworks and rules of nursing care to support the staff's clinical activities. For example, seemingly there is no fall-prevention protocol or a document about the care to provide in episodes of constipation, respiratory distress or monitoring of opiate administration. Because of this, staff apparently feel that they are not given sufficient clinical support.

The investigation showed that certain protocols (e.g. for respiratory distress) are contained in the users' records and prescribed by the physician. The statements made specify that staff have access to certain reference frameworks, protocols and information about nursing methods, but these tools are not distributed adequately. One of the problems is that some protocols are missing or have to be updated. For example, a fall-risk assessment grid is available but there is no protocol or reference framework to go with it, even though these would make it possible to specify assessment frequency and the interventions needed to ensure adequate prevention.



The Québec Ombudsman considers that available protocols and clinical reference frameworks must be reviewed. If need be, the institution should also procure any documents it does not have. A presentation to the staff of the various protocols, clinical reference frameworks and rules of nursing care within the institution must then be carried out. A recommendation has been made (R-4).

### 3.5 Staff supervision

Because of the absence of a head nurse, the assistant is tasked with staff management as well as with his clinical responsibilities. This double role has led to a work overload for the assistant, so that few staff performance reviews are done. The information collected indicates that some of the staff do not use their time advisedly and others are absent for several days without notifying the person in charge.

The Québec Ombudsman feels that it is imperative that a head nurse be hired so that the assistant head nurse is not overloaded with administrative tasks and can focus on clinical aspects. The institution says that it is recruiting. A recommendation has been made so that the Québec Ombudsman is kept informed about the outcome of this process (R-5).

### 3.6 Tracheostomy care training needed

The report cites a lack of tracheostomy care training for staff, many of whom say that they do not feel properly equipped to provide it, especially in emergency situations (e.g. cannula blockage). Considering the crucial nature of this type of care, the Québec Ombudsman feels that staff should be adequately trained. A recommendation has been made (R-6).

### 3.7 Reporting incidents and accidents

In accordance with the *Act respecting health services and social services* (the Act), institutions must report events that occur during the provision of care and services to users. Any event (unintended, feared or undesirable) that has or could have consequences for a user's state of health must be reported.

Any employee of an institution, anyone who carries out their profession in a center operated by the institution, any trainee, or anyone who, pursuant to a service contract, provides services to users on the institution's behalf must report any incident or accident they see as soon as possible. Reports must be filed using the form for that purpose and be put in the user's record.<sup>6</sup>

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6. Mechanism for reporting incidents and accidents, s. 233.1 of the Act.

The document provides that form AH-223-1 is used for reporting incidents/accidents.<sup>7</sup> Use of the form is mandatory for anyone who files a report, regardless of the medium (paper or computer). Institutions must have a policy for managing this form.

The investigation showed that undesirable events (incidents and accidents) are usually entered in the progress notes of the resource's files. Incident/accident reports are rarely in users' records. The staff showed an interest in completing these reports. However, access to the Web application designed for entering the data collected by means of the AH-223-1 forms is limited and is reserved for certain people. Problems with computer network connectivity in outlying regions adds to the complications. Paper forms are sometimes available but are not offered in the staff's workplace languages (French and English).

The Québec Ombudsman saw that the AH-223-1 forms in the records were filed days, and sometimes, weeks, after the event occurred, and often by a designated person and not by the person who noted or saw the situation or event.

To maintain safe care and service provision, the institution must meet the clinical and departmental requirements concerning reporting incidents and accidents. Reporting makes it possible to determine and analyze avoidable events so as to prevent their recurrence.

The institution must therefore allow its employees to complete AH-223-1 forms so that the reports describe the circumstances of the event as soon as possible. Furthermore, it must have a policy for managing these forms, as provided for in the ministère de la Santé et des Services sociaux guidelines.<sup>8</sup> The Québec Ombudsman has made four recommendations in this respect (R-7, R-8, R-9 and R-10).

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7. *Guide d'utilisation du rapport de déclaration d'incident ou d'accident – AH-223-1.*

8. *Déclaration des incidents et des accidents – lignes directrices, MSSS, 2020.*

## 4 CONCLUSION

In the context of its investigation, the Québec Ombudsman noted the staff's attachment towards the residents. The staff clearly cares about the quality of care to the residents while respecting their cultural background and the significant involvement of the community. They also take time to talk with the residents, to know them and to keep them busy, which creates a warm ambiance within the facility.

However, the Québec Ombudsman considers that the clinical support and supervision of staff should be improved, so that the employees have the tools and knowledge they need to provide optimal care. It also considers that record-keeping must be more consistent with the care actually delivered by the staff.

## 5 RECOMMENDATIONS

Given the preceding, the Québec Ombudsman recommends that Ungava Tulattavik Health Center, concerning the Elders' Home facility:

**R-1 Ensure that the nursing staff:**

- comply with the rule of nursing care concerning clinical monitoring when an opiate is administered, which includes assessing pain, sedation level and respiratory status, based on the patient's health condition, before its administration and when each dose of the opiate is at its maximum efficacy;
- enter in users' records the various clinical monitoring parameters and the frequency of opiate administration monitoring;

By August 31, 2021, inform the Québec Ombudsman about the measures for achieving these goals.

**R-2 Ensure that the nursing staff:**

- use standardized pain assessment tools such as scales for measuring pain intensity (verbal or digital visual analog);
- enter relevant and complete pain assessment information in users' records;

By August 31, 2021, inform the Québec Ombudsman about the measures for achieving these goals.

**R-3 Remind the nursing staff of the importance of entering relevant, factual, complete, up-to-date and structured progress notes in users' records so as to ensure adequate clinical monitoring;**

By August 31, 2021, provide confirmation to the Québec Ombudsman that this reminder was issued and indicate how this was done.

**R-4** Ensure that the staff have the clinical documents needed, notably by:

- revising the institution's clinical documents (e.g. protocols, reference frameworks and rules of nursing care) that are essential to care and service delivery;
- acquiring any documents it does not have;
- presenting the available documents to the staff;

By December 31, 2021, send the Québec Ombudsman a copy of each of the clinical documents presented to the staff.

**R-5** Fill the position of head nurse that is currently being staffed;

By August 31, 2021, provide the Québec Ombudsman with confirmation that the position has been filled and inform it of the person's start date.

**R-6** Train the nursing staff in tracheostomy care;

By December 31, 2021, provide confirmation to the Québec Ombudsman that the nursing staff concerned received this training.

**R-7** Draft a policy on managing AH-223-1 forms for reporting incidents or accidents;

By December 31, 2021, send the Québec Ombudsman a copy of this policy.

**R-8** Make AH-223-1 forms (paper and/or computer) available for staff in the two languages of the workplace (English and French);

By August 31, 2021, provide the Québec Ombudsman with confirmation that English and French versions of the AH-223-1 forms are available at all times within the facility.

**R-9** Remind the nursing staff of the importance of completing the AH-223-1 forms as soon as possible after realizing that an incident or accident has occurred and of always enclosing the document in the record of the service user concerned;

By August 31, 2021, provide the Québec Ombudsman with confirmation that this reminder was issued and indicate how this was done.

**R-10** Ensure, by means of file analysis, that a copy of the AH-223-1 form is found in users' records;

By December 31, 2021, send the Québec Ombudsman the results of this analysis.

#### **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, the institution 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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