

Intervention report (excerpts)

Intervention at Centre intégré de santé et de services sociaux de la Gaspésie

Québec City, December 22, 2016

The intervention

On June 14, 2016, the Québec Ombudsman received a report concerning the accessibility, quality and safety of the care offered to Centre intégré de santé et de services sociaux (CISSS) de la Gaspésie users. This report described flaws in the long-term, acute and front-line care offered to the users of the institution. The Québec Ombudsman also received reports specifically concerning Centre d'hébergement du Rocher-Percé.

In this context, the Québec Ombudsman decided to undertake an intervention to ensure the quality of the care and services and of the long-term care environments offered to CISSS de la Gaspésie users at the facilities concerned.

Institution and facilities concerned

The institution concerned is CISSS de la Gaspésie.

The residential facilities concerned are:

- ▶ Centre d'hébergement de Maria (95 permanent beds, including a specific 14-bed unit);
- ▶ Centre d'hébergement de New Carlisle (70 permanent beds, including a 19-bed protective care unit);
- ▶ Centre d'hébergement du Rocher-Percé (62 permanent beds, including a 16-bed protective care unit);
- ▶ the long-term care unit of Hôpital de Chandler (36 permanent beds);
- ▶ Centre d'hébergement Mgr-Ross de Gaspé (97 permanent beds).
 - The facilities offering short-term care are:
- ▶ Hôpital de Maria (10 emergency-room stretchers, 77 short-term care beds, including 5 beds in obstetrics);
- ▶ Hôpital de Chandler (10 emergency-room stretchers, 57 short-term care beds, including 4 beds in obstetrics);
- ▶ Hôpital de Gaspé (6 emergency-room stretchers, 56 short-term care beds, including 4 beds in obstetrics);
- ▶ CLSC de Grande-Vallée (2 emergency-room stretchers plus routine care);
- ▶ CLSC de Murdochville (2 emergency-room stretchers plus routine care).

Conclusion

The Québec Ombudsman decided to undertake an intervention further to information describing shortcomings in the long-term, acute and front-line care provided by CISSS de la Gaspésie.

The intervention required investigative activities in a great many of the facilities of the region concerned. While there was room for improvement of various elements, on the whole, no major deficiencies were found that caused the Québec Ombudsman to fear for users' health and safety. The number of recommendations by the Québec Ombudsman to the institution proved relatively modest given the number of facilities in question.

Lastly, the Québec Ombudsman would like to underscore the excellent cooperation of all those approached during the investigation it conducted, including the institution's caregivers and management.

Recommendations

Given the preceding, the Québec Ombudsman recommends that Centre de santé et de services sociaux de la Gaspésie (CISSS):

- R-1 Have**, for each of the residential facilities under its responsibility, a formal mechanism for safeguarding the nursing care supply to residents by enabling swift support on demand when there are work overloads.

By January 31, 2017, the CISSS must inform the Québec Ombudsman of the mechanism put in place further to this recommendation and of the measures used to inform and sensitize the nursing staff.

- R-2 Provide**, in each of the residential facilities under its responsibility, a prompt response to residents' support and assistance needs by:

- ▶ conducting audits to determine the real response time for the call bells activated by the residents;
- ▶ ensuring prompt assessment of the urgency of the situation of residents who use their call bell.

By January 31, 2017, the CISSS must inform the Québec Ombudsman of the results of these audits and of the measures put in place further to them.

- R-3 Have**, for all the residential facilities under its responsibility, a detailed protocol for responding to the needs of residents with behavioural disorders, notably in order to:

- ▶ define rigorous practices for assessing the profile and needs of residents with behavioural disorders;
- ▶ follow up appropriately on the assessments carried out so that the residents concerned are directed to the residential environments consistent with their needs and behavioural profile;
- ▶ specify admission and maintenance criteria in the different residential units so as to prevent any situation of incompatibility among the profiles of the client populations;

- ▶ always respect the right of every resident to a living environment that ensures his or her safety, when residents with behavioural disorders live alongside a vulnerable client population.

By March 31, 2017, the CISSS must provide the Québec Ombudsman with a copy of this protocol and indicate the measures for its implementation.

- R-4 Provide** its personnel with specific training on how to intervene adequately with residents who have cognitive impairments as well as behavioural and psychological symptoms associated with cognitive impairment.

By March 31, 2017, the CISSS must inform the Québec Ombudsman about the training offered to the members of its personnel further to this recommendation.

- R-5 Reassess**, by means of a multidisciplinary team, each of the means of control used with the residents of the specific unit of Centre d'hébergement de Maria, ensuring that they are applied in keeping with accepted practices and the basic rights of the people concerned.

By January 31, 2017, the CISSS must inform the Québec Ombudsman of the results of this reassessment and of the concrete measures put in place further to the reassessment.

- R-6 Strengthen** the ability to monitor the residents on the specific unit of Centre d'hébergement de Maria so as to limit the use of means of control only to those residents whose clinical condition requires such use, while following the applicable rules and upholding the basic rights of the people concerned.

By January 31, 2017, the CISSS must inform the Québec Ombudsman of the measures put in place further to this recommendation.

- R-7 Give** all Centre d'hébergement Mgr-Ross de Gaspé residents the opportunity to have a full-immersion bath, while respecting their preferences and clinical condition.

By January 31, 2017, the CISSS must inform the Québec Ombudsman of the measures taken for this purpose.

- R-8 Improve** the quality of the living environment provided to the residents of the residential facilities under its responsibility by:

- ▶ respecting residents' biological rhythm and preferences regarding morning wakeup time;
- ▶ defining the provision of relational and emotional support to the residents;
- ▶ applying a walking promotion and maintenance program for the residents, based on their wishes and state of functional health.

By January 31, 2017, the CISSS must inform the Québec Ombudsman of the measures put in place further to this recommendation.

- R-9 Ensure** that every patient who wishes to be seen at the emergency section of CLSC de Grande-Vallée and CLSC Murdochville for a health problem be assessed at triage before he or she is registered at the emergency section.

By June 30, 2017, the CISSS must provide the Québec Ombudsman with confirmation that this objective has been achieved and indicate the means for doing so.

R-10 Ensure that the nursing staff at the emergency section of CLSC de Murdochville:

- ▶ comply with the prescribed maximum ten-minute wait time for the initial assessment at triage;
- ▶ have a full view of all waiting room patients at all times.

By March 31, 2017, the CISSS must provide the Québec Ombudsman with confirmation that these objectives have been achieved and indicate the measures taken for this purpose.

R-11 Ensure that the nursing staff at the emergency room of the Maria, Chandler and Gaspé hospitals conduct reassessments in keeping with TAS-prescribed maximum wait times.

By January 31, 2017, the CISSS must provide the Québec Ombudsman with confirmation that this objective has been achieved and indicate the means for doing so.

R-12 Reduce the average wait time at the emergency room of Hôpital de Maria so as to prevent any prolonged delays, notably by redirecting certain patients to alternative resources, reducing consultation and diagnostic test delays or allocating supplementary resources at peak times.

By June 30, 2017, the CISSS must inform the Québec Ombudsman of the measures taken for this purpose.

R-13 Reduce delays at Hôpital de Maria and Hôpital de Chandler between the request for hospitalization and the patient's departure for the care unit, with a view to an average wait time of two hours, taking into account the various steps of the admission process.

By June 30, 2017, the CISSS must inform the Québec Ombudsman of the measures put in place further to this recommendation.

R-14 Continue work to develop new agreements for redirecting patients who use the emergency rooms of the Maria, Chandler and Gaspé hospitals and whose priority level is 4 and 5.

By June 30, 2017, the CISSS must inform the Québec Ombudsman of the results of this work.

R-15 Ensure at all times that the bins for soiled items at Hôpital de Maria are placed so that the soiled items cannot contaminate clean items.

By January 31, 2017, the CISSS must provide the Québec Ombudsman with confirmation that this objective has been achieved and indicate the means for doing so.

R-16 Continue developing the new interinstitutional transfer policy.

By June 30, 2017, the CISSS must send the Québec Ombudsman a copy of this policy.

R-17 Ensure, through file audits in particular, that therapeutic nursing plans are implemented on the surgery unit of Hôpital de Maria.

By March 31, 2017, the CISSS must inform the Québec Ombudsman of the results of these audits and of the measures put in place further to them.

R-18 Increase training for the nursing staff at the Maria, Chandler and Gaspé hospitals so that it is more accessible to them and ensure that it truly contributes to improving the quality of care and services offered to patients.

By March 31, 2017, the CISSS must provide the Québec Ombudsman with confirmation that this objective has been achieved and indicate the means for doing so.

R-19 Provide the personnel concerned at Maria and Gaspé hospitals and at CLSC de Grande-Vallée and CLSC de Murdochville with training so that they can intervene adequately with palliative care and end-of-life care patients.

By June 30, 2017, the CISSS must provide the Québec Ombudsman with confirmation that this objective has been achieved and indicate the means for doing so.

Expected follow-up

As provided for in the *Act respecting the Health and Social Services Ombudsman* (CQLR, c. P-31.1), within 30 days of receipt of this report, the institution concerned must inform the Québec Ombudsman of the actions to be taken as a result of the recommendations or, if the institution has decided not to act upon them, of the reasons for such a decision.