

REPORT 2016-2017

Putting people first

THE CIUSSS DE L'ESTRIE – CHUS
CONTINUES TO EVOLVE

EVERY DAY, OUR TEAMS SHARE THEIR EXPERTISE AND THEIR PASSION,
BENEFITTING SOME 500 000 PEOPLE FROM OUR VAST AREA.

In the Estrie region, after two years, the transformation of the health and social services network, which included a merger creating a university hospital centre, has led to significant gains in terms of accessibility to, and the quality and continuity of the care and services offered to users.



The year's success stories



The public

PARTNER IN IMPROVED
ACCESSIBILITY



**162 400 EMERGENCY
DEPARTMENT VISITS:**
4 000 FEWER VISITS IN 2 YEARS

For their non-emergency needs, users are opting more and more often to consult family medicine groups (GMF) and local community services centres (CLSC) rather than to head directly to one of the institution's 8 emergency departments.



80% REDUCTION

TO WAITING LISTS TO SEE A SPECIALIST

In just one year, through a new appointment management system, the waiting list for 9 medical specialties has dropped from **16 211 to 3 379** requests.



NEARLY 1 000 PEOPLE
OPTED FOR A **SECOND OFFER**
WITHIN THE REGION FOR
THEIR MEDICAL IMAGING TEST

The use of resources and infrastructure was thus maximized, and users benefited from accessing services more quickly.



MORE ACCESSIBLE care and services



FAMILY PHYSICIANS

82% of the population registered with a physician, i.e. nearly **21 000 more people** registered in 2 years



MENTAL HEALTH

Intensive follow-up of an **additional 250 users** • **30% reduction** to the waiting list for ambulatory services



SURGERIES

44 824 surgeries:
2 059 more over the past 2 years



EMERGENCIES

1-hour reduction to the wait time on a stretcher over the past 2 years • The average wait time is **13.6 hours**.



MEDICAL IMAGING

601 000 tests:
64 000 more over the past 2 years



AUTISM SPECTRUM DISORDER

Average wait time for first specialized service for children under 5 years of age: **48 days** compared to the target of 90 days



SCHOOL HEALTH

(DENTAL HYGIENE, SCHOOL NURSE)

13 067 interventions:
38% more within 1 year



SPECIALIZED SERVICES IN PHYSICAL REHABILITATION

86% of requests handled within the prescribed timelines • **26 300** interventions in respiratory home care: **2 400 more** within 1 year



SPACES ADDED IN VARIOUS CARE MILIEUS

59 more beds in long-term care facilities (CHSLD) • **60 more** in non-institutional resources for the elderly • **10 more** beds for convalescences

THE CIUSSS DE L'ESTRIE – CHUS BASES ITS DECISIONS AND ACTIONS ON SIX GUIDING PRINCIPLES

2016-2017 highlights

GUIDING PRINCIPLE

1

ACTING FOR AND WITH USERS, THEIR LOVED ONES, AND THE PUBLIC



PARTICIPATION OF USERS AND THEIR LOVED ONES IN THE ORGANIZATION AND DELIVERY OF CARE AND SERVICES

GOVERNANCE STRUCTURE

Users' representatives participate on permanent committees.

BOARD OF DIRECTORS

10 of the 19 directors are from the public-at-large and have different skills profiles.

COMITÉ D'ÉTHIQUE CLINIQUE ET ORGANISATIONNELLE

COMITÉS D'ÉTHIQUE À LA RECHERCHE

COMITÉ DE PRESTATION SÉCURITAIRE DES SOINS ET SERVICES AUX USAGERS

COMITÉ RÉGIONAL DES SERVICES AUX ANGLOPHONES

COMITÉS DES USAGERS ET COMITÉS DE RÉSIDENTS

1 users' committee for the entire institution

14 users' committees in the former institutions

26 residents' committees in residential centres

ORGANIZATIONAL PROJECTS

Users are contributing to several organizational projects through their involvement on various committees:

- Committee on the quality of care and services
- Committees on improving trajectories



REGULAR OPERATIONS

- Users are involved at various levels of the institution's daily operations to improve care and services.



The institution wants its users to be informed and consulted; its users to play a role in the care and services offered; and the involvement of loved ones to be seen in a positive light.

GUIDING PRINCIPLE 2

GUARANTEEING ACCESS TO CARE AND SERVICES



MEDICAL IMAGING

85.7% of users have waited less than 3 months for a magnetic resonance imaging (MRI) test. An improvement in accessibility of **nearly 40%** in 1 year.



REPORTINGS TO THE DIRECTION DE LA PROTECTION DE LA JEUNESSE

4 473 reportings were processed, and **1 615** of them were retained. The 60% increase in reportings compared to those of the previous year is attributable notably to the inclusion of the Haute-Yamaska and la Pommeraiie regions and to greater public vigilance. When these latter areas are excluded, there were 259 additional reportings, i.e. 9.25%.



INFANT AND PARENTAL HEALTH

21 314 interventions: **5% increase** in 1 year



HOME CARE

78 160 home care interventions (physiotherapy, occupational therapy, respiratory therapy): **3 462** more within 1 year



PALLIATIVE HOME CARE

Services offered to **1 730** users: **130 more** within 1 year



MEDICALLY ASSISTED DYING

Since the *Act respecting end-of-life care* came into effect in December 2015, **67** requests for medically assisted dying have been submitted by users. Of this number, **52** were granted.

GUIDING PRINCIPLE 3

ENSURING QUALITY CARE AND SERVICES



INCIDENTS AND ACCIDENTS DECLARED

The majority of the events, primarily attributable to falls by users or to medication errors, did not result in serious consequences.

MAIN TYPES OF EVENTS DECLARED	2016-2017	2015-2016
Falls	31%	31%
Medication	35%	37%
Other	34%	32%
Total number	30 800	34 283



CERTIFICATION

The institution has been certified, with a compliance rate of **nearly 90%**.



HOSPITAL-ACQUIRED INFECTIONS AND OUTBREAKS

Thanks to the best practices in place, all of the area's hospitals have hospital-acquired infection rates that meet the established rates and meet **100%** of accreditation Canada's evaluation criteria for infection prevention and control.

An outbreak is defined as a situation in which two or more people develop an infection in the same care setting during the same time period (*C. difficile*, the flu, and gastroenteritis, for example).

Hospital-acquired infections are infections picked up while a user is being cared for in a hospital setting.

GUIDING PRINCIPLE

4

BUILDING FOR AND WITH EMPLOYEES, PHYSICIANS, RESEARCHERS, MANAGERS, VOLUNTEERS, COMMUNITIES, AND PARTNERS



THE LABOUR FORCE CHALLENGE

As in other regions of Québec, the Estrie region is suffering from a labour force shortage. At the CIUSSS de l'Estrie – CHUS, this lack and unavailability of staff over the past 2 years have resulted in a significant increase in the costs associated with wage insurance and overtime hours.

MASSIVE HIRINGS

More than 1 800 people have been hired, including **702** nurses, **327** health and social services professionals and technicians, and **more than 560** support and administrative sector staff.

HEALTH, WELL-BEING, AND WORK RECOGNITION

The institution relies on the physical and psychological health of its employees to be conducive to their attendance at work and to contribute to the quality of care and services. For example, **more than 600** hours of activities were offered (outside of work hours), attracting **more than 1 000** participants from throughout the area and generating a high level of satisfaction. **Nearly 1 400** employees who were retiring or who had 20 years of service were honoured at the institution's recognition events.

WITH ITS THREE RESEARCH BODIES, THE CIUSSS DE L'ESTRIE – CHUS IS ONE OF QUÉBEC'S MAJOR RESEARCH FORCES

CENTRE DE RECHERCHE DU CHUS (CRCHUS)

PROGRESS IN SCREENING CANCEROUS TUMOURS

The CRCHUS now produces Dota-tate, a tracer making it possible to detect 4-millimetre neuroendocrine tumours and lesions, well below the Canadian standard of 1 centimetre! Furthermore, the diagnostic test can now be completed in less than 2 hours, with little exposure to rays.

CENTRE DE RECHERCHE SUR LE VIEILLISSEMENT (CdRV)

RESEARCHERS MEET THE PUBLIC-AT-LARGE

The public responded in force to the invitation to an afternoon of presentations and discussions with 4 researchers from the CdRV on brain health, memory functioning, the impacts of nutrition, and Alzheimer's disease. Nearly 200 people also took advantage of the opportunity to register for a free memory assessment clinic.

INSTITUT UNIVERSITAIRE DE PREMIÈRE LIGNE EN SANTÉ ET SERVICES SOCIAUX (IUPLSSS)

ORGANIZATION OF A PROVINCE-WIDE CONFERENCE ON THE THEME *AGIR POUR ET AVEC L'USAGER, SES PROCHES ET LA POPULATION POUR DE MEILLEURS SERVICES SOCIAUX ET DE SANTÉ*

This participatory event addressed the involvement and participation of members of the public and communities in the development of initiatives and in the offer of care and social services targeting the public's well-being and quality of life.

GUIDING PRINCIPLE

5

INCORPORATING THE UNIVERSITY MISSION

(Research, teaching, outreach, knowledge transfer, assessment of health-related technologies and intervention methods, and sharing of cutting-edge practices)

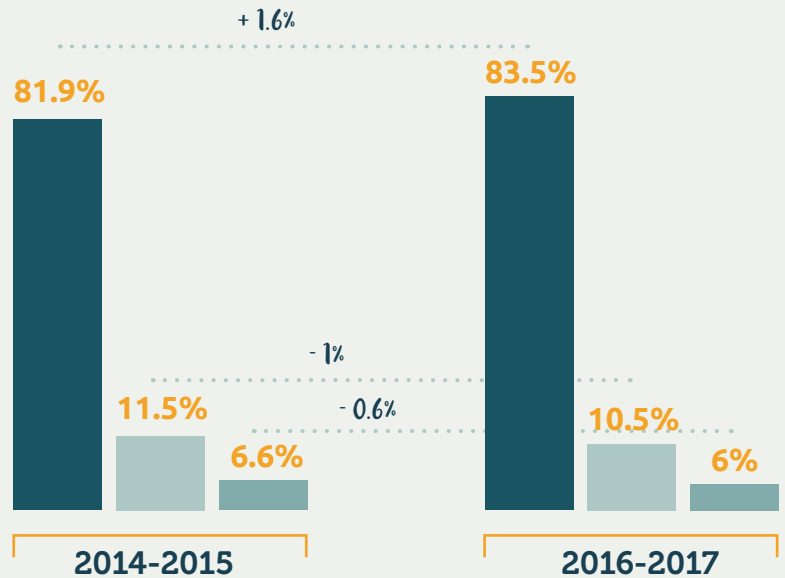




**THE MANAGEMENT OF HUMAN, FINANCIAL, MATERIAL,
AND INFORMATION-RELATED RESOURCES SEEKS TO
ATTAIN QUALITY, ACCESSIBILITY, AND CONTINUITY
OF CARE AND SERVICES**

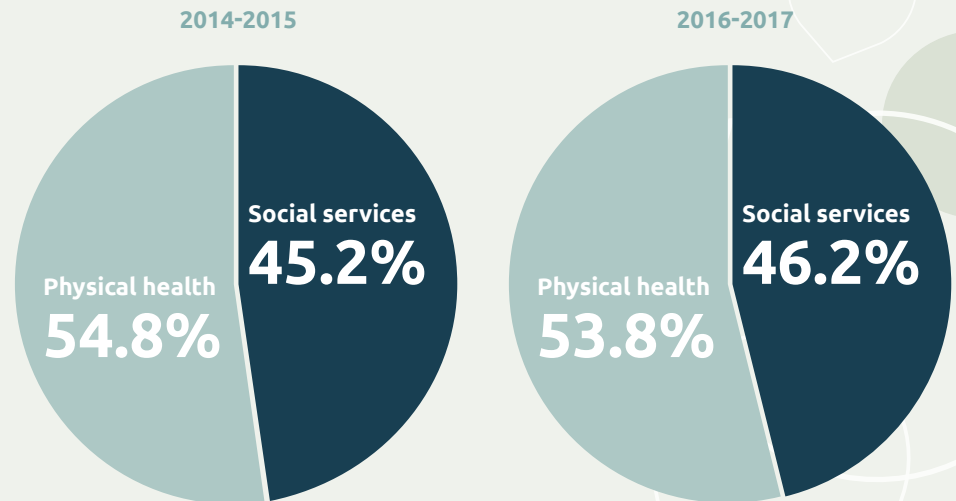
ADMINISTRATIVE EXPENSES HAVE DECLINED IN TANDEM
WITH AN INCREASE IN CLINICAL EXPENSES

GUIDING PRINCIPLE 6
EFFECTIVE AND EFFICIENT
USE OF RESOURCES




- Care and services for users
- Support and technical services
- Administrative activities

DISTRIBUTION OF CLINICAL EXPENSES



Protection of the portion for social services in clinical expenses



PROCESSING COMPLAINTS: A WAY TO IMPROVE THE QUALITY OF CARE AND SERVICES

Filing a complaint is one of a user's rights. If dissatisfied, any user may file a complaint relating to the services they received from, are to receive from, or required by the health and social services network. In this regard, in the geographical area covered, there are 1 complaints and quality of services commissioner and 4 assistant commissioners.

Information: santeestrie.qc.ca or 1 866 917-7903

28% INCREASE IN THE NUMBER OF FILES COMPLETED AND CLOSED



In total, 2 136 cases were completed and closed by physician examiners and the commissioner's team. Users' dissatisfactions primarily concern the quality of the delivery of care and services (skills) and the quality of interpersonal relations (attitudes). Improvement measures will include enhancing processes, communications, and the supervision and support provided to staff.

2017-2018 PERSPECTIVES



- Monitoring the timeline for processing complaints.
- Monitoring the evolution of dissatisfactions pertaining to accessibility.
- Assessing the impacts of the compassion training provided to clinical workers.
- Recruiting new physician examiners (complaints involving physicians).
- Reviewing the work processes in the service quality and complaints commissioner's office.

2017-2018 OBJECTIVES

CONSOLIDATING THE SERVICE OFFER FOR THE BENEFIT OF THE POPULATION OF THE AREA COVERED



IMPROVING ACCESS TO FAMILY PHYSICIANS, LOCAL COMMUNITY SERVICES CENTRES (CLSC), AND SPECIALIZED SERVICES

- Increase the proportion of the population registered with a family physician to **85%**.
- Boost the number of surgery patients treated within the prescribed timelines.
- Increase the number of patients referred to medical specialties and seen within the prescribed timelines.
- Enhancing the proportion of users receiving their first service of a psychosocial nature within a 30-day timeline (CLSC).



REDUCING EMERGENCY WAIT TIMES

Target an average wait time of **12 hours** in Emergency.



IMPROVING HOME CARE

Increase the number of people receiving long-term home care.



ADDRESSING THE LABOUR FORCE CHALLENGE

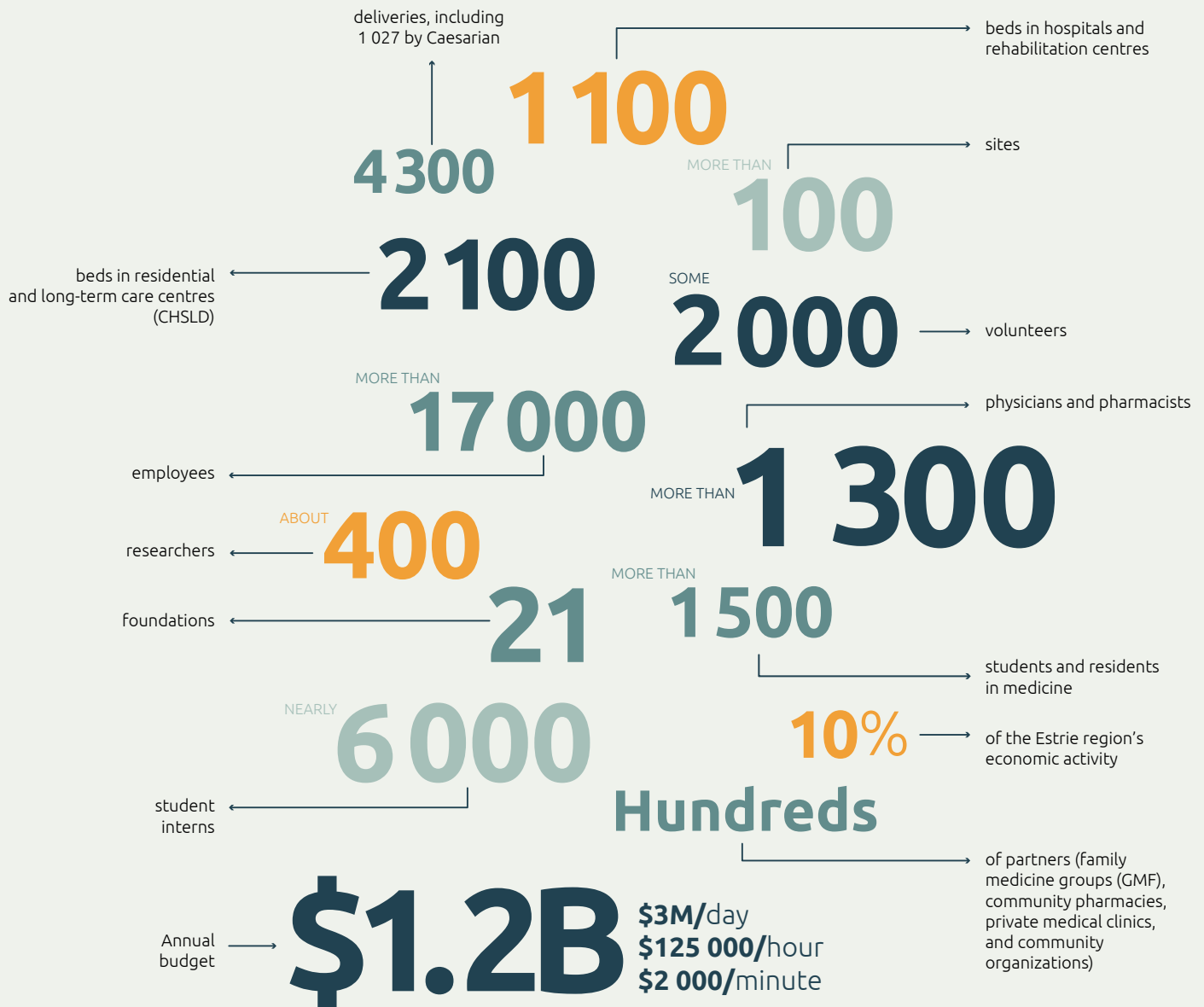
Increase the labour force pool, employee availability, and employee retention.

THE CIUSSS DE L'ESTRIE – CHUS IN NUMBERS

TOGETHER
for
LIFE

THE BROADEST RANGE OF SERVICES IN QUÉBEC,
INCLUDING A UNIVERSITY HOSPITAL CENTRE

- from birth to end-of-life care;
- from prevention (school-based care and services, vaccination, etc.) to specialized care (surgery, oncology, radiology, etc.) and subspecialized care (neurosurgery, neonatology, etc.).



**THE LARGEST
employer in the
Estrie region**