

# 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	<b>31%</b>	31%
Medication	<b>35%</b>	37%
Other	<b>34%</b>	32%
<b>Total number</b>	<b>30 800</b>	<b>34 283</b>



### 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)



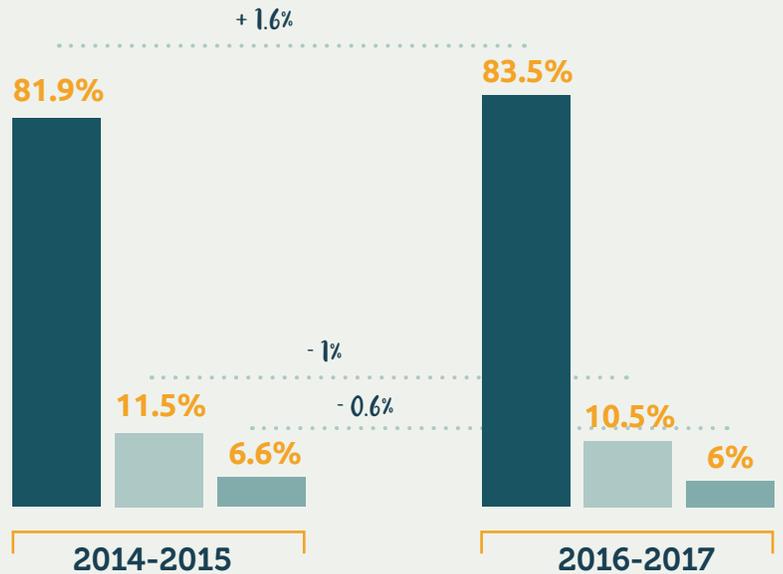


**THE MANAGEMENT OF HUMAN, FINANCIAL, MATERIAL,  
AND INFORMATION-RELATED RESOURCES SEEKS TO  
ATTAIN QUALITY, ACCESSIBILITY, AND CONTINUITY  
OF CARE AND SERVICES**

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

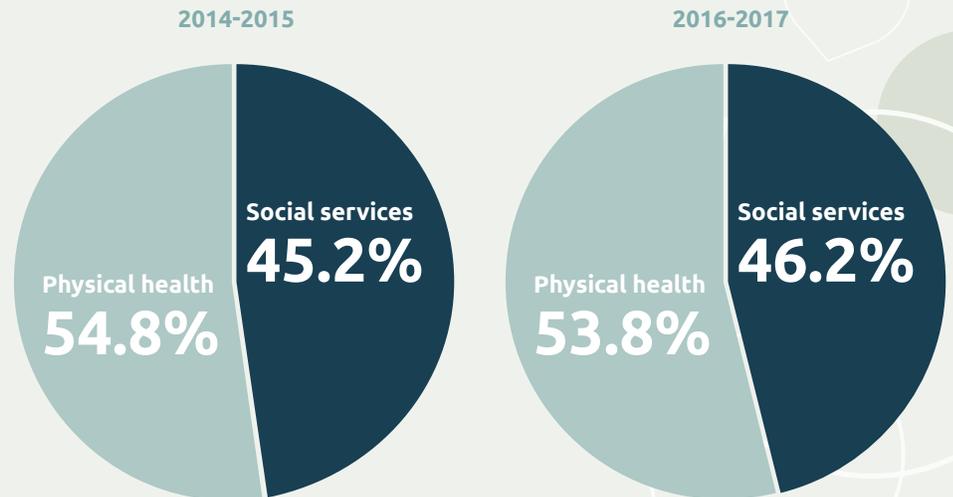
**GUIDING PRINCIPLE 6**

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](http://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

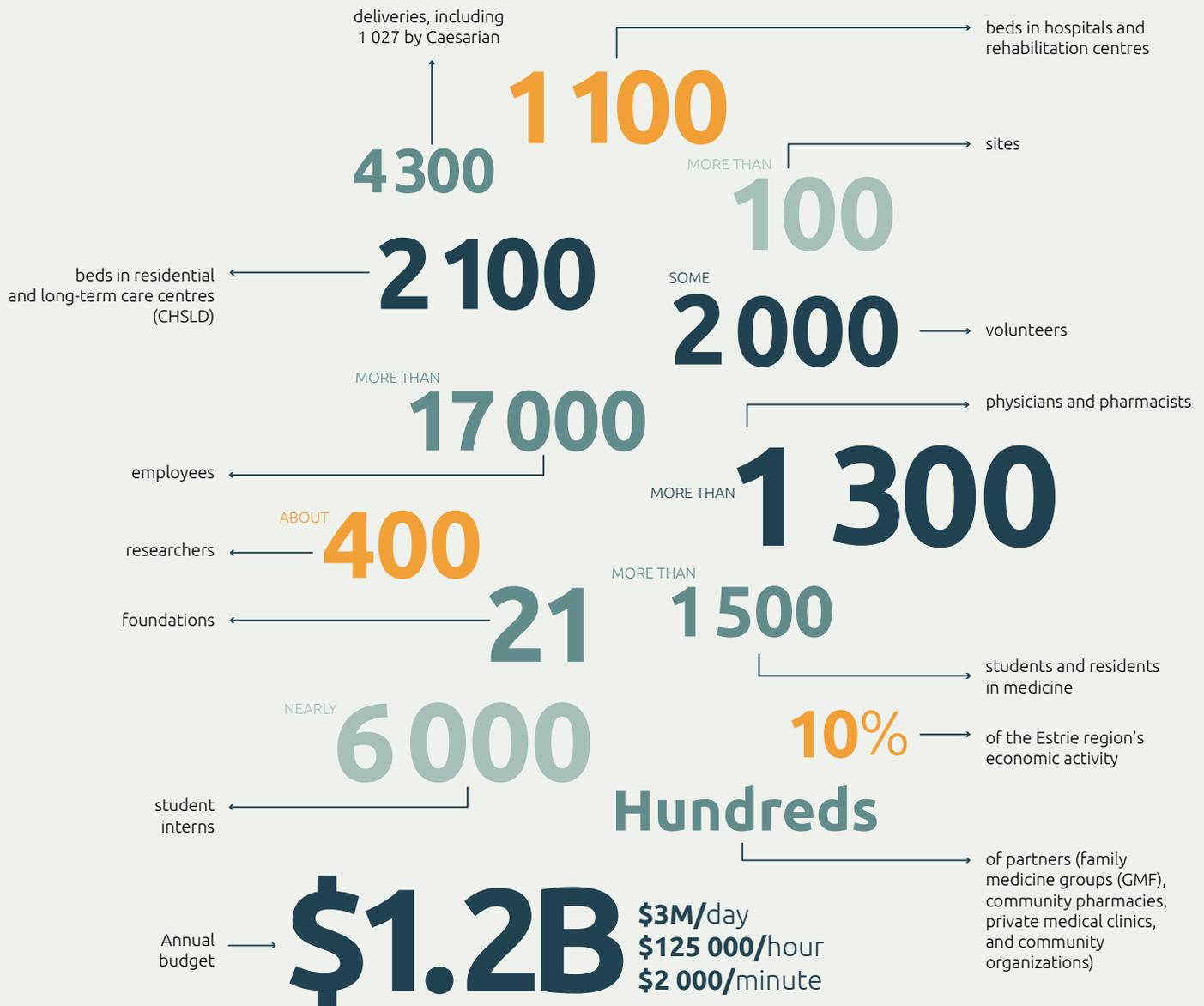
Increase the labour force pool, employee availability, and employee retention.

# 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**