

# 2017-2018 REPORT

**MAINTAINED AND IMPROVED  
CARE AND SERVICES  
WITH AND FOR USERS, THEIR  
LOVED ONES, AND THE POPULATION**

## HIGHLIGHTS



AVERAGE STAY ON A STRETCHER  
AT THE **EMERGENCY  
DEPARTMENT** : **13.2 HOURS**

A **NEARLY 1.5-HOUR** IMPROVEMENT  
OVER THE PAST 3 YEARS



**APPROXIMATELY 86%**  
OF THE POPULATION HAS A  
**FAMILY PHYSICIAN**

COMPARED TO 77% IN 2015.  
THAT AMOUNTS TO **44,020 MORE  
PEOPLE** OVER THE PAST 3 YEARS.



**13,535 SCHOOL HEALTH  
INTERVENTIONS**  
(dental hygiene, school nurse)

AN INCREASE OF **4,000 OVER**  
THE PAST 2 YEARS



**159,776 AMBULATORY  
VISITS TO THE EMERGENCY  
DEPARTMENTS**

**6,821 FEWER VISITS** IN 3 YEARS

For non-urgent needs, users are increasingly  
choosing to go to family medicine groups  
(GMF) and to local community service centres  
(CLSC) instead of the institution's 8 emergency  
departments.



### HOME CARE

**74,926 SERVICE HOURS**  
FOR PHYSICAL DISABILITIES:  
**3,865 MORE HOURS** OVER THE  
PAST 3 YEARS

**641,381 SERVICE HOURS** IN  
LONG-TERM HOME SUPPORT:  
**1,640 MORE HOURS** OVER THE  
PAST 2 YEARS



**SPECIALIZED SERVICES IN  
PHYSICAL REHABILITATION**

**89.6%** OF REQUESTS PROCESSED  
WITHIN DEADLINE

**AN INCREASE OF MORE THAN 15%**  
OVER THE PAST 2 YEARS EN 2 ANS



**NEARLY 1,400 PEOPLE** CHOSE  
THE **2<sup>nd</sup> OFFER** FOR THEIR  
**MEDICAL IMAGING EXAM.**

A **50% IMPROVEMENT** OVER THE  
PAST 1 YEAR\*



**ADDITIONAL PLACES  
IN CARE**

AN INCREASE OVER THE PAST  
2 YEARS OF:

- **150 ADDITIONAL BEDS** IN  
LONG-TERM CARE (CHSLD)
- **100 ADDITIONAL SPACES** IN NON  
INSTITUTIONAL RESOURCES FOR  
THE ELDERLY
- **15 ADDITIONAL BEDS**  
FOR CONVALESCENCE



**MENTAL HEALTH CARE**

AN INCREASE OVER THE PAST  
2 YEARS OF THE NUMBER OF  
SPACES FOR **INTENSIVE FOLLOW-UPS**,  
FROM **180 TO 248**, AND IN **VARIABLE  
SUPPORT** FROM **531 TO 711**.

**650 PEOPLE** ACCEPTED THE  
**2<sup>nd</sup> OFFER** FOR A **SURGERY** AT  
ANOTHER LOCAL SERVICE NETWORK.\*

\* Infrastructure and resource utilization has thus  
been maximized and users have benefited from  
services more rapidly.

THE FRENCH VERSION OF THIS DOCUMENT AND THE COMPLETE  
VERSION OF THE 2017-2018 ANNUAL MANAGEMENT REPORT ARE  
AVAILABLE AT [SANTEESTRIE.QC.CA/PUBLICATIONS](http://SANTEESTRIE.QC.CA/PUBLICATIONS)

TOGETHER  
for  
**LIFE**

Québec 

# SIX GUIDING PRINCIPLES FOR ALIGNING OUR DECISIONS AND OUR ACTIONS



## GUIDING PRINCIPLE

# 1

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

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

#### GOVERNANCE STRUCTURE

##### BOARD OF DIRECTORS

**10** of the 19 board members are from the public at large and have different skills profiles.

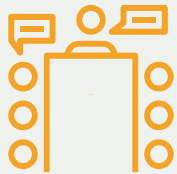
User representatives participate in various permanent board committees:

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 integrated centre**

**14 users' committees for the former institutions**

**26 in-patients' committees at the residential centres**



#### ORGANIZATIONAL PROJECTS

**27 organizational projects** benefited from the active participation of users (focus groups, work groups), in particular for:

- the Centre mère-enfant building project and the new emergency room at Hôpital Fleurimont;
- the improvement of in-patient accompaniment at CHSLDs before, during, and after mealtimes (ambience, well-being, work methods, etc.);
- the improvement of end-of-life conditions in intensive care, etc.



#### REGULAR OPERATING ACTIVITIES

In day-to-day activities, the participation of users and the involvement of their loved ones in the delivery of care and services is valued and encouraged within the institution (development of intervention plans for rehabilitation, parent education at the maternity ward, etc.).



## GUIDING PRINCIPLE

# 2

GUARANTEEING  
ACCESS TO CARE  
AND SERVICES



### EMERGENCY DEPARTMENT | AVERAGE STAY ON A STRETCHER

Mental health care: **17 hours** (5 fewer hours over the past 3 years)  
Seniors aged 75 years and older: **16.7 hours** (a 1-hour improvement over the past 3 years)



### SURGERIES

**43,177** surgeries: **412** more over the past 2 years



### MEDICAL IMAGING

**594,145** exams: **41,665** more over the past 3 years



### PALLIATIVE HOME CARE

Services offered to **1,620** users: **The overall eligible requests were processed within deadline**



### ONCOLOGY AND HEMATOLOGY

An increase in the number of new diagnoses led to a **32%** increase in visits to outpatient services over the past two years



### SEXUALLY TRANSMITTED AND BLOOD-BORNE INFECTIONS (STBBI)

**1,115** screening activities held with youth aged 15 to 24 years: a **45.3%** increase over the past 2 years (e.g.: urine-sample screening for chlamydia and asymptomatic gonorrhoea led at universities, colleges, and high schools)

## GUIDING PRINCIPLE

# 3

ENSURING QUALITY  
CARE AND SERVICES



### REPORTED INCIDENTS AND ACCIDENTS

The majority of events reported, attributable primarily to falls among users and to medication errors, did not result in serious consequences.

MAIN TYPES OF REPORTED EVENTS	2017-2018	2016-2017
Falls	31%	31%
Medication	35%	35%
Other	34%	34%
<b>Total</b>	<b>32,034</b>	<b>32,102</b>



### HAND HYGIENE

Compliance rate: **Nearly 60%** compared to 49.6% in 2015-2016

### NOSOCOMIAL INFECTIONS

For a second consecutive year, all hospitals in the territory had nosocomial infection rates in compliance with the rates set by the MSSS and respected **100%** of the evaluation standards set by Accreditation Canada for infection prevention and control.



Nosocomial infections are also known as hospital-acquired infections, and they are contracted during an episode of care.

## GUIDING PRINCIPLE

# 4

**BUILDING WITH AND FOR STAFF, PHYSICIANS, MANAGERS, VOLUNTEERS, COMMUNITIES, AND PARTNERS**



### THE WORKFORCE CHALLENGE



Over the past few years, just as in the rest of the province, the CIUSSS de l'Estrie – CHUS has been facing major issues such as labour shortages. Considering that our needs continuously evolve, this phenomenon has compelled us to review our planning, identify new means to better manage our workforce in an integrated manner, and implement new strategies to overcome these challenges.

### THE STRATEGIES IMPLEMENTED ARE BEARING FRUIT

**2,161** new employees were welcomed in 2017-2018, representing **568 more people within a year.**

#### Nursing students recruited at the end of their 1<sup>st</sup> year of studies

Different career paths are presented to them to help them in their trajectory within the organization throughout their training. They can thus work as beneficiary-nursing attendants (PAB-SI), externs, or candidates to the nursing or assistant nursing professions, depending on their program.



#### A guaranteed hours program is offered to staff

This program has helped to reduce overtime at certain facilities while enabling staff at others to become better acquainted with various sectors so that they can deal with growing needs.

That is not all. Teams continue to dedicate effort and energy so that the necessary resources are used to provide care and services to the population throughout the territory, in particular by guaranteeing a presence at work thanks to the guidance of our managers and of the support of the human resources, communication, and legal affairs department.

## GUIDING PRINCIPLE

# 5

**INCORPORATING THE UNIVERSITY MISSION**

(research, education, outreach, knowledge transfer, assessment of health-related technologies and intervention methods, dissemination of cutting-edge practices)



### MAJOR BENEFITS FOR USERS WITH OUR 3 RESEARCH BODIES

#### CENTRE DE RECHERCHE DU CHUS (CRCHUS)

##### MORE CHILDREN VACCINATED THANKS TO PROMOVAC



By informing parents and answering their questions regarding child vaccination, the Promovac strategy, developed at the CRCHUS, has contributed to significantly increase the number of children who have been vaccinated. Promovac was adopted by the Ministère de la Santé et des Services sociaux (MSSS) and implemented at several maternity wards throughout Québec under the name Motivational Interviewing in the Maternity Ward for the Immunization of Children (EMMIE) Program.

#### CENTRE DE RECHERCHE SUR LE VIEILLISSEMENT (CdRV)

##### AN ATTENTIVE COMMUNITY FOR ISOLATED SENIORS



The Centre d'action bénévole de la MRC de Coaticook and the CdRV examined the factors which promote the social participation of seniors. More than 160 seniors, workers, and local partners were given the opportunity to express their needs, thus making it possible to better understand how to identify vulnerable or isolated seniors and to encourage their social integration.

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

##### A POSITIVE RESEARCH REPORT FOR THE PSYCHOSOCIAL INTERVENTION TEAM (ÉMIP)

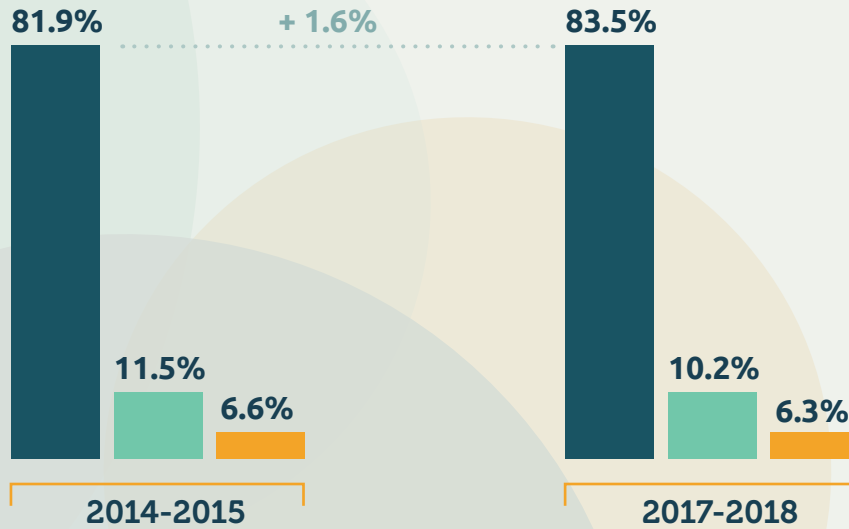


Thanks to ÉMIP, the number of vulnerable persons in crisis or in distress transported to the hospital has gone down by nearly 50%, case managements by the community or social networks has increased by 51%, and the use of force has dropped by 11%. ÉMIP, composed of a police officer with the Service de police de Sherbrooke and a social worker of the CIUSSS de l'Estrie – CHUS, will permanently pursue its mission four nights a week.



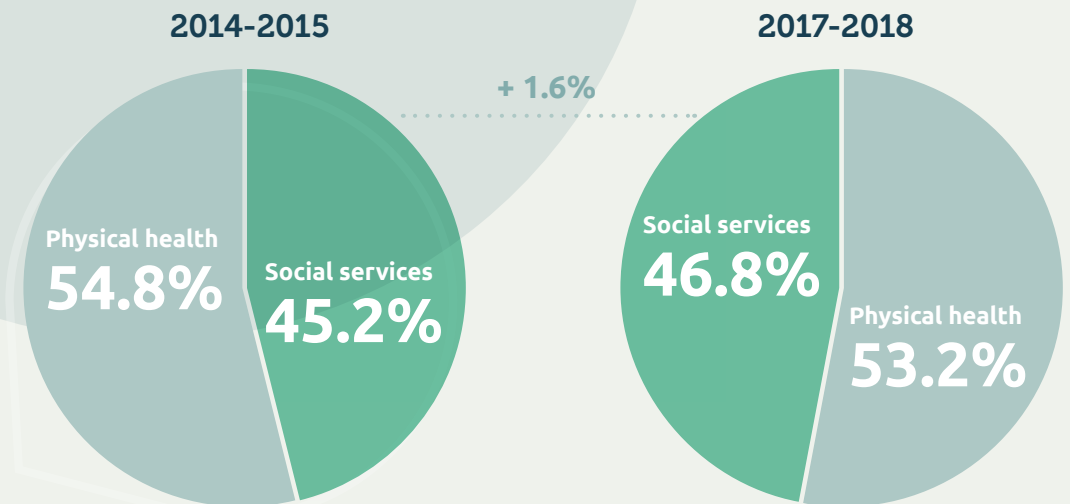
**THE MANAGEMENT OF HUMAN, FINANCIAL, MATERIAL, AND INFORMATION RESOURCES IS ORIENTED TOWARDS QUALITY, ACCESSIBILITY, AND THE CONTINUITY OF CARE AND SERVICES**

**FEWER ADMINISTRATIVE, TECHNICAL AND SUPPORT SERVICES EXPENSES TO THE BENEFIT OF CARE AND SERVICES FOR USERS AND THE POPULATION**



- Care and services for users
- Technical and support services
- Administrative activities

**ALLOCATION OF CLINICAL EXPENSES**



Increase in the proportion of clinical expenses dedicated to social services compared to physical health

## GUIDING PRINCIPLE

# 6

**THE EFFECTIVE AND EFFICIENT USE OF RESOURCES**



# THE PROCESSING OF COMPLAINTS

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## WERE YOU AWARE?

**As a user, you are entitled to file a complaint.**

When dissatisfied, any user may file a complaint regarding the services provided, to be provided, or required from the health care and social services network. To this effect, a team of commissioners, administrative officers, and medical examiners are at work throughout the territory.

### ESSENTIAL COLLABORATIONS TO IMPROVE THE QUALITY AND SAFETY OF CARE AND SERVICES



In 2017-2018, the team of the service quality and complaints commissioner concluded **2,328 cases, a 20% increase**, whereas medical examiners concluded **154 cases, an 18% drop**.

User dissatisfaction concerned primarily the quality of care and services (our know-how) and the quality of interpersonal relations between staff and physicians and the users (our soft skills).

The improvement measures aim primarily to enhance procedures and communications, to improve guidance or clinical support among staff, and to raise awareness.

### PERSPECTIVES FOR 2018-2019



- Pursue the ongoing initiatives to improve staff availability to reduce delays and to prevent service interruptions
- Develop close partnerships, in particular with private seniors' residences
- Continuously update a range of methods, including compassion training to improve the quality of interpersonal relations with users
- See to it that the policy to counter elder abuse is enforced

**Information: [santeestrie.qc.ca](http://santeestrie.qc.ca) or 1 866 917-7903**

# OUR COMMITMENT

## FOR 2018-2019



To improve the user experience, the involvement of user-partners and of partnership in the local service network (RLS)



To improve communications and the standing of the institution



To improve the general health of human and financial resources

**EVERY EFFORT  
WILL BE  
FOCUSED ON  
OUR 7 MAJOR  
OBJECTIVES**



To improve the quality of care and services



To reduce emergency wait times



To ensure that specialized care and services are provided within acceptable timeframes



To improve long-term home support service

# THE CIUSSS DE L'ESTRIE – CHUS *in numbers*



NEARLY  
**160,000** → ambulatory visits to the emergency rooms

births  
883 by C-section and  
379 with midwives  
**4,174**

**1,100** → beds at hospital centres and in rehabilitation centres

MORE THAN  
**100** → sites

beds at residential and long-term care centres (CHSLD)  
**2,100**

SOME  
**2,000** → volunteers

MORE THAN  
**18,000**  
employees

MORE THAN  
**1,300** → physicians and pharmacists

SOME  
**13,000** → internships

MORE THAN  
**1,500** → students and residents in medicine

Annual budget  
**\$1.4-billion**  
\$3.8 million per day  
\$160,000 per hour  
\$2,700 per minute

MORE THAN  
**\$100-million**  
in purchases of goods and services in Estrie

foundations ← **21**

**10%** → of Estrie's economic activity

NEARLY  
**400**  
researchers

**hundreds**

of partners (family medicine groups – GMF, community pharmacies, private medical clinics and community organizations)

One of the **MOST IMPORTANT** research hubs in Québec that includes the CRCHUS, CdRV, and IUPLSSS

**THE LARGEST** employer in Estrie

from birth to end-of-life care

**The MOST COMPLETE IN QUÉBEC,** including a university hospital centre

from prevention (school health and services, vaccination, etc.), to specialized care (surgery, oncology, radiology, etc.) and super-specialized care (neurosurgery, neonatology, etc.).