Lachine Hospital, Camille-Lefebvre Pavilion

Examination of the situation of the unit lodging ventilator-assisted clientele

by

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Report Content

This report presents the:

1. Context
2. Mandate
3. Approach
4. Current situation
5. Issues
6. Recommendations

1. Context

- In 2008, the Lachine Hospital, including the attached Camille-Lefebvre Pavilion, was transferred to the McGill University Health Centre. This pavilion had a capacity of 134 long-term beds.
- In 2014, a project is put forward to welcome adult ventilator-assisted clientele to the Camille-Lefebvre Pavilion, who were hospitalized at the Montreal Chest Institute.
- A unit at the Camille-Lefebvre Pavilion was modified to accommodate 20 patients receiving ventilator assistance, notably Unit 2 East. A co-habitation is planned with long-term residents to complete the occupancy of the unit.
- In January 2015, patients and caregivers are transferred to the Camille-Lefebvre Pavilion.

1.1 Integration within the Pavilion

- Following the transfer, several families decided that, contrary to what they had been told, their loved ones were not receiving the same intensity of care as they had been at the Montreal Chest Institute, notably in regard to the level of nursing care and the medical presence on the unit.
- At the time of the transfer, the new care team made up of members from the Montreal Chest Institute and the Camille-Lefebvre Pavilion, experienced culture shock given the significant differences in expertise and history.
- Right from the start of residency, dissatisfactions were formulated by families. For some, these dissatisfactions were present before the transfer but they manifested themselves with more insistence.

1.1 Integration within the Pavilion
(Cont'd)

- It is important to remember that 8 patients transferred in 2015 continue to receive care in the Pavilion and that more than half of the care team worked previously at the Montreal Chest Institute.
- The care unit where they reside (2 East) has continued to be the subject of repeated criticism to this day, primarily from family and loved ones. These individuals deplore notably an intensity of care that is not adapted to the clientele's needs, difficult communication with management, insufficient medical services, and patient rooms that are too small in light of the nature of the care dispensed and the required equipment.
- The work climate and relationship with families has remained difficult since the start.

1.1 Integration within the Pavilion
(Cont'd)

Since unit opened, the MUHC has taken several steps to improve the situation:

- Increases in staffing
- Training programmes
- Interventions with ethics personnel
- Restructuring of medical services
- Team meetings
- Work climate analysis initiative
- Implementation of recommendations formulated following complaints, inspection reports or examinations, notably by the Protecteur du Citoyen

2. Mandate

- Given the persistent difficulties, the MUHC's administration asked the Minister of Health and Social Services (MSSS) to designate an external person to examine the situation with an objective lens.
- The MSSS, with the agreement of the MUHC, designated Mr. Roger Paquet on June 6, 2019 to examine the situation.
- The mandate entailed:
  - Documenting and analysis the facts reported by the Establishment, the personnel, the residents and families
  - Establishing conclusions and making recommendations
  - Depositing a report that proposed a solution

3. Approach

- To fulfil the mandate, the designee completed the following steps:
  - Interviewed 5 patients and 11 family members/loved ones
  - Interviewed nurses, auxiliary nurses, patient attendants on day, evening, night and weekend shifts
  - Interviewed 3 doctors involved with the unit's residents, namely 2 family doctors and 1 respirologist
  - Interviewed respiratory therapy and social services professionals
  - Interviewed with the complaints commissioner

3. Approach
(Cont'd)

- Interviewed with the Lachine Hospital's director and Unit 2 East Manager
- Exchanged with the director of professional services and infection-control doctor
- Exchanged with patients and families who solicited an exchange
- Reviewed the Protecteur du Citoyen's 2017 report and follow-ups on recommendations
- Reviewed the report from the Ministry's last inspection
- Reviewed the administrative reports involving the unit's operations

3. Approach
(Cont'd)

- Reviewed documentation provided by families in regard to services received by their loved ones and their dissatisfactions
- Reviewed Data available in regard to call-bell response time, the nature and volume of medical consultations and requests for diagnostic tests
- In total, 46 people helped identify perceived problems and possible solutions.

4. Current Situation

- The analysis confirms the existence of a deep discomfort within the unit, which offers services to ventilator-assisted patients.
- This uneasiness affects the climate within the unit and disrupts communications between management, the care team and families, which in turn leads to mutual distrust between some families and staff.
- Due to this mistrust, certain families made the decision to increase the level of surveillance of their loved ones by installing a camera in their rooms or by transferring them to another facility of their own initiative.
- The care team feels like it is being watched and its every move scrutinized, which makes communication with certain families difficult.

4. Current Situation
(Cont'd)

- Management took steps in reaction to behaviours from certain families that it judged inappropriate (restricted communication, banned presence on unit, etc.). Several families deplore that rules are not applied in a uniform manner for similar behaviours.
- It is important to specify that, despite the current climate, engagement to residents is still present, as much among families as staff.
- Several families are present daily or near daily, and notably for several hours during the day.

4. Current Situation
(Cont'd)

- Staff members want to offer the best possible care and their dedication is underscored by several families.
- However, the level of distress and suffering is very high amongst the two groups and some doubt that the situation can improve in the future.

5. Issues

- Analysis of the situation and the many testimonials received point to 5 principal issues, namely:

  A. Intensity of care

  B. Medical coverage

  C. Relationship with families

  D. Care team

  E. Unit layout and maintenance

A – Intensity of Care

- The care and services currently offered are guided by rules applicable to long-term-care centres (CHSLDs).
- In nearly all of the testimonials received, the intensity of care is insufficient for the clientele, notably with respect to medical coverage, access to medical specialists and the size of the care team.
- For several families, the intensity of care does not respect the commitment provided or information shared before the transfer, which indicated that the same intensity of care would be offered at the Camille-Lefebvre Pavilion.
- For a high number of patients, they have transferred from an intensive-care environment to a long-term-care centre.

A – Intensity of Care
(Cont'd)

- Examination of the situation reveals that the opinion, presence or intervention of a physician is required almost daily given the condition of the patients, the use of numerous pieces of equipment and the communication challenges with patients.
- Requests for follow-up tests and consultation with medical specialists are very frequent and judged essential for the quality and safety of care.
- These requests correspond, for some patients, to the volume of requests observed in a hospital's short stay unit.

A – Intensity of Care
(Cont'd)

- The CHSLD environment is not able to offer this intensity of care, despite the willingness and efforts of the care team.
- Therefore, the intensity of care needs to be adjusted in relation to the clientele's needs.
- Such an adjustment appears possible while also maintaining services at the Camille-Lefebvre Pavilion and preserving certain living environment elements such as leisure activities.

B – Medical Coverage

- A group of three family doctors, with coordination assured by one physician who was designated unit manager, assures medical services for the clientele. A medical specialist in respirology was designated as a consultant to complete the team.
- Their services are dispensed as part of agreements tied to CHSLD practices. Their availability does not permit a sustained presence.
- Before recent changes in coverage, the rotation of physicians assuring medical coverage led to very frequent changes in direction vis-à-vis care, provoking confusion amongst the care team and many questions on the part of families.

B – Medical Coverage
(Cont'd)

- For several families, the presence of a respirologist for patients and his participation in care was expected, which doesn't correspond to CHSLD norms.
- For other consultations, access delays, often very long, are observed and involve the mobilization of significant resources during transfers given the clinical condition of the patients.
- In the context of the rules established in a long-term living environment, the possibilities of adjustment of the intensity and frequency of medical coverage are very limited.

B – Medical Coverage
(Cont'd)

- For several families, this situation is counter to the right to quality services for their loved one and puts at risk the possibility of respecting the intensity of care established for the patient.
- The adjustment must be done on a systematic basis to establish coherence between intensity of care, medical coverage and the composition of the care team (nurses, auxiliary nurses and patient attendants).

C – Relationship with Families

- The relationship between families and the team presents a twin image. Certain families and certain patients express satisfaction with services received and communication with the team. For others, the relationship is dissatisfactory, difficult and even very difficult.
- The result is a context of tensions that is having a lasting effect on communications and the work climate.
- Efforts exerted to modify this situation have not produced significant results and some people have lost hope that the situation will improve.

C – Relationship with Families
(Cont'd)

- Measures were taken by the Establishment in reaction to inappropriate behaviours or statements by limiting access to the unit or the visiting hours. There is not, however, currently, any proactive intervention to redress the situation or help it evolve so as to return to regular rules.
- Families and staff deplore the lack of consistency in the application of norms and procedures in the unit, which is perceived as a form of entitlement.

D – Care Team

- Since the unit opened, staff numbers have been increased, the last addition being when a second bath per week was added.
- In link with the increase in the intensity of care recommended in the past, the composition of the current team needs to be adjusted upwards in terms of nursing care.
- Supervision is assured by a nurse manager and assistants during the day and evening. The absence of a person in authority on site at night does not permit continuous supervision.
- Recently, the organization of respiratory therapy services was modified to group professionals together. Services continue to be accessible when patients are in need of them.

D – Care Team
(Cont'd)

- Several families underscored the quality of work of patient attendants.
- The team benefits from a continuing education programme, primarily oriented towards the development of competencies in nursing.
- Little in the way of training activities targets the development of communication skills and collaborative approaches with families and loved ones.
- Those responsible for the unit have endeavoured recently to work more as a team in collaboration with the physician designated as unit manager.

E – Unit Layout and Maintenance

- In terms of the unit's layout, the size of the rooms is often highlighted as a constraint for the dispensing of care, particularly because of the equipment required.
- This difficulty is amplified in some rooms by the accumulation of personal effects or care supplies.
- In the short-term, greater vigilance is needed to avoid clutter in all rooms.
- The current layout does not compromise the dispensing of care.
- In the mid-term, the layout should be rethought in relation to the redefined mission of this unit.

E – Unit Layout and Maintenance
(Cont'd)

- Presence on the unit, at different times, has permitted the noting of a slackening of maintenance services.
- In the rooms, much like in the common spaces, an accumulation of dust has been observed, which constitutes a risk factor for the clientele.

6. Recommendations

In several individual situations related to patient care and to communication with families, there are a number of challenging areas arising from the unit's care mission and the associated operating rules:

- The tension and difficult climate that characterize the current situation has persisted since the unit was established.
- Consequently, one has to reflect on systemic measures of change and the need for an evolving approach for implementation and monitoring.

6. Recommendations
(Cont'd)

With respect to the intensity of care, it is recommended to:

- Designate the unit as specialized to offer long-term, acute-care services and accommodation to the ventilator-assisted clientele.
  - The type of services offered in such a unit fall in between the services of intensive care units and services for long-term care accommodation.
  - The programming of care permits the intensity of care to be adapted according to the evolution of each patient's clinical situation, and with respect to individual choices.
  - Access to palliative care is also assured, with respect to individual choices.

6. Recommendations
(Cont'd)

- Register with and establish a close link with the National Programme for Home Ventilation Assistance (PNAVD), put in place by the MSSS to share practice standards, equipment usage protocols and facilitate the training of personnel.
- Examine opportunities of complementarity of services for the clientele between the unit and the clientele served in the PNAVD, notably in regards to respite for family and loved ones, to consolidate the continuum of care.
- Invite the MSSS to re-examine the evolution of the ventilator-assisted clientele's needs and modes of dispensing services in the Montreal region so as to determine if the current offering is sufficient, particularly in light of the reduced access in other establishments providing this type of care in the past.

6. Recommendations
(Cont'd)

With respect to medical coverage, it is recommended to:

- Revisit medical coverage such that a regular presence on the unit is assured and to specify the rules of continuity of care.
- Leverage the possibilities of telemedicine service for consultation requests in specialized services.
- Consolidate the medical-administrative co-management approach for this unit.

6. Recommendations
(Cont'd)

With respect to the care team, it is recommended to:

- Consolidate the care team by adding a full-time, day-shift nurse, 7 days/week, to meet the demands of the unit's new care designation.
- Complete supervision of the team by designating an assistant for the night shift.

6. Recommendations
(Cont'd)

With respect to the relationship with families, it is recommended to:

- Establish a policy that is consistent with the orientation recommended by the MUHC and which specifies the modes of communication with families, in collaboration with the care team and expectations vis-à-vis respect and the safety of care.
- Apply with rigour and equity this policy to help re-establish a climate of mutual trust.
- Provide the necessary training activities to support personnel.
- Designate a resource person to work with the team to implement this approach and intervene as needed in situations of conflict.

6. Recommendations
(Cont'd)

With respect to unit layout and maintenance, it is recommended to:

- Tighten up procedures for housekeeping services.
- Take the necessary steps to avoid clutter in rooms.
- Revisit in the mid-term the unit layout in relation to the new specialized services mission.

6. Recommendations
(Cont'd)

With respect to implementing the recommendations, it is recommended to:

- Ask the MUHC to formulate an action plan for the recommendations and implement it.
- Designate, following the adoption of the action plan, an external resource to monitor its implementation and the improvement of outcomes, and to report back to the MUHC's president and executive director on a quarterly basis for the next year.
- Communicate the measures being advanced to families, as well as to the care team, medical team, site managers, and unit managers.