Centre de santé et de services sociaux du Pontiac

Bureau du Commissaire
CSSS Pontiac
160 Chemin de la Chute C.P. 430
Mansfield-et-Pontefract (QUÉBEC) J0X 1V0

Quality of service and complaint Commissioner Annual report

From April 1st, 2011 to March 31st, 2012

37 dossiers were received at the Commissioner's office

Complaints	Complaints with double component	Medical complaints	Assistances/ interventions
22	6	5	4

Subjects of complaints		Areas of intervention	
Accessibility and continuity	13 %	Information/explanation	20 %
Care and services	32 %	Conciliation	16 %
Interpersonal relationship and communication problems	32 %	Amelioration of practices	24 %
Environment and material resources	13 %	Reminders/validation of procedures	17 %
Financial and/or organisational aspect	10 %	Recognition / error	18 %
		Modification of procedures	4 %
		Adaptation of environment	1 %

Concerned programs					
Physical health and nursing care	Community services and public health	Autonomy support	Medical sector	Reception and secretarial services	Technical services
53 %	---	14 %	24 %	4 %	5 %

Concerned authority					
Hospital	*CLSC* *Public health*	*CLSC* *Community services*	*CHSLD* *MSC-SLD*	*CHSLD* *CAP*	*SAD*
62 %	*20 %*	---	*7,5 %*	*2,5 %*	*8 %*

Conclusion delays		
0-30 days	*31-45 days*	*+ 45 days*
29 %	*42 %*	*29 %*

Presentation method			
Written	*E-Mail*	*Written with meeting*	*Verbal*
16	*4*	*10*	*7*
Authors of the complaint	*Users*	*Representatives*	
	22	*15*	

Situations	22				
Physical health and nursing care	Community services and public health	Autonomy support	Medical sector	Reception and secretarial services	Technical services
32%	16%	8%	16%	16%	3%

Quality assurance actions
Meetings, case study in team or individually Program "*Elderly in an hospital environment*" (in implementation) Internal memos and reminders to concerned employees Precisions as for the role of each (commissioner, medical examiner and DPS), to the types of complaint and to who may file a medical complaint Support offered to the users and to the family (EX. : mediation) New equipment added (RE : warm meals on the unit) and environmental modification (night bell at the door of the emergency clinic at the CLSC) Harmonization of the information transmitted to the user (reception and emergency at the hospital) Revision of the « visitors' policy » at the hospital Smoking outside at the hospital (request of adaptation) Coordination between workers and concerned doctors Meeting with managers (comité de gestion et coordination - CCG) Update and revision of pamphlets and posters for users

Outlines

Larger number of complaints with double components (6)

Medical complaints of which more involves attitude and communication problems (plausible explanation: cultural differences)

Meeting and communicating with users more exploited

Delays for concluding more difficult to meet (11 complaints of more than 45 days) which could be justified by the complexity of situations and the heaviness of the task during the analysis; a notice of delay is generally sent to the concerned person.

Analysis of complaints by programs

NOTE: Some cases are in process of conclusion at the time of the writing of thepresent report (3 medical complaints of more than 90 days and one complaint of 45 days

It is important here to underline the quality of the work carried out by the watchdog committee members and their availability. Also involved in the committee this year is the “Quality and risk manager”. Concerning the connections between all committees of the CSSS it is insured by the executive director. Special thanks also to our secretary for the quality of her work.

May 23rd , 2012

Benoit Paré
Quality of services
and complaint Commissioner
819-683-3000 ext. 265
benoit_pare@ssss.gouv.qc.ca