RUNNING OUT OF STEAM.
AT THE END OF OUR ROPE.
IN NEED OF SAFE RATIOS.

THE BLACK BOOK OF CARE SAFETY

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The personal accounts in this book were taken from FIQ Safe Staffing Forms. The authors gave the FIQ permission to use their accounts in its publications. In order to protect the healthcare professionals' identities, any information that could potentially identify them has been removed. Furthermore, everyone was informed that filling out a Safe Staffing Form does not eliminate the need to report a dangerous situation or fill out an incident-accident report.

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FIGURES AND STRIKING PERSONAL ACCOUNTS

1,326

THE NUMBER OF INCIDENTS AND ACCIDENTS IN HEALTHCARE SETTINGS IN QUEBEC.

EVERY DAY.

IN CALIFORNIA

RATIOS

=

UP TO **+ 60 MIN**

SPENT WITH PATIENTS PER DAY

“I was doing overtime and was supposed to train a new employee. Two of my colleagues were absent with no replacements that evening. So, they asked me to be responsible for all the patients in the nursing homes, which meant over 200 seniors. Plus, they put me on-call for home care, which is an area that includes a lot of patients. … the patient-to-nurse ratio that my employer imposed on me was not safe. I cannot do overtime, train an employee, be on-call for home care and responsible for an additional 200 patients who are spread over a distance of nearly one hour by car there and back. It’s inhuman.”

– Nurse, care and assistance for patients with a loss of autonomy

IN THE UNITED KINGDOM, PATIENTS IN HOSPITALS WITH THE **LOWEST NUMBER OF NURSES PER PATIENT** HAVE A

26%

HIGHER MORTALITY RATE.

94%

THE PERCENTAGE OF QUEBECKERS WHO ARE NOT COMFORTABLE WITH RECEIVING CARE FROM A HEALTHCARE PROFESSIONAL WHO HAS BEEN WORKING FOR OVER 16 HOURS.

WOULD YOU BE?

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INTRODUCTION:
HEALTHCARE PROFESSIONALS BREAK THE SILENCE

INTRODUCTION: **HEALTHCARE PROFESSIONALS BREAK THE SILENCE**

The Fédération interprofessionnelle de la santé du Québec's (FIQ) 75,000 healthcare professionals, of which 90% are women, can no longer remain silent! They are sounding one last alarm with this black book:

Our healthcare professionals no longer work in conditions that enable them to provide safe care to the Quebec population.

In the past, they avoided publicly voicing their concerns about the quality and safety of care out of fear of reprisals, while actively fighting to have adequate measures implemented in their workplaces. Today they understand that in order to fully defend patients' rights and interests, they need to speak up and publicly report situations which make it impossible for them to provide the care they are qualified to offer and to which the public is entitled.

The FIQ demands that the healthcare system implement solutions that have been tested and backed by research as well as adopt safe healthcare professional-to-patient ratios.

Care quality and safety

Healthcare professionals' main mission is to provide you with care; their number one concern is their patients' well-being. These are the basic values that drive healthcare professionals. Their goal to provide proper care to the Quebec public motivates them to go above and beyond day after day, often in difficult working conditions. Despite the challenges they deal with on a daily basis, such as compulsory overtime, they do everything they can to offer safe, quality, accessible care, which is no small feat after working for over 16 hours.

It is essential that healthcare institutions also make quality and safety a priority because by law “Every person is entitled to receive, with continuity and in a personalized safe manner, health services and social services which are scientifically, humanly and socially appropriate.” However, despite what some may believe, there are currently many cases in the Quebec health network in which quality and safety are compromised.

Situations that have become commonplace
Have you ever:

- got wind of a mistake the care staff made?
- heard about your loved ones waiting for long periods before being seen by a healthcare professional?
- seen a new healthcare professional take over your elderly parent’s file every time?
- not had enough time to properly understand instructions to better manage a health problem?
- gotten the feeling that you should have been seen and reassessed more often by healthcare professionals when you were hospitalized?

Evidence suggests that patients and healthcare professionals alike have had to put aside their reasonable expectations of providing and receiving safe, humane care. The situation is currently so bad that we need to just focus on the basics: **Collectively reclaiming the means to provide patients with safe care.**

Why bring up safe care now?

The practice context in healthcare institutions has been deteriorating for over 25 years, further compromising the safety of care offered. The new public management, which insists on implementing models from the manufacturing industry[1] in the Quebec health network, made significant budget cuts in the healthcare institutions.[2] Unlike in manufacturing, where machines and robots have replaced a large percentage of workers, even in 2017, health care services are still fortunately provided by real flesh and blood people. So, for managers who often aren't very familiar with care practices, the cost of the labour of healthcare professionals is seen as something to cut down on rather than an investment in Quebec's public health.

> "... when we are too overloaded, it's the patients who suffer, we don't offer to get them up! If they get up, the wait before laying them back down is often much longer than the 3-5 minutes from before the cuts! Once the bosses told us about the cuts, we thought, we'll continue to help each other, keep passing the trays to help the beneficiary attendant and at first we did. Then we realized that when we helped the beneficiary attendant, we didn't have time to open our files ... ! Everyone helps each other but the whole team is exhausted. We run around like chickens with their heads cut off. We are constantly apologizing to patients for being late with sedatives, mobilization, personal hygiene and other needs!"
>
> – Licensed Practical Nurse in medicine/surgery

As a result, healthcare teams are often far too understaffed to truly meet patients' needs and the patients are always the ones who lose in this administrative nonsense. A staff shortage that endangers people's safety like this would not be tolerated in any other field where safety is so important. For example, on commercial aircrafts, there is a mandatory cabin crew member per passenger ratio.[3] Why then is under-staffing tolerated in healthcare institutions where the staff works with vulnerable patients?

A team of healthcare professionals will face several situations that could interfere with its work:

- Absences on teams are very often not replaced.
- Healthcare teams are not very stable: in 2016, 51% of nurses and 64% of licensed practical nurses did not have full-time jobs.[4]
- When staff is sourced from private employment agencies or "independent labour," the staff doesn't know the institution or the patients' conditions.
- Some employers ask that healthcare professionals take on the role of another member of the care team and complete tasks that aren't theirs.

Healthcare professionals cannot continue treating people with increasingly complex health problems in these conditions, it isn't sustainable for them, their patients' or loved ones and can be very dangerous. The recent healthcare institution mergers have only added to the healthcare professionals' challenges at work by, for example, extending the territory they need to cover for home care and centralizing specialized services in particular cities.

Is this a result of poor management? Healthcare professionals are overloaded in a great many healthcare

> "The problem is the daily shortage of staff. For example, today two nurses are absent and not replaced and we have to administer 50 chemotherapy treatments to very sick, vulnerable patients. There's a much higher risk of error because we are under even more pressure. It's dangerous because we are administering very aggressive chemotherapy treatments where there's no room for error. My colleagues and I are running out of steam and if an error occurs, we will be blamed and reprimanded. Our unit head is aware of the situation but doesn't come to evaluate the situation out of fear of having to face the problem. Help us provide quality care."
>
> – Nurse, oncology

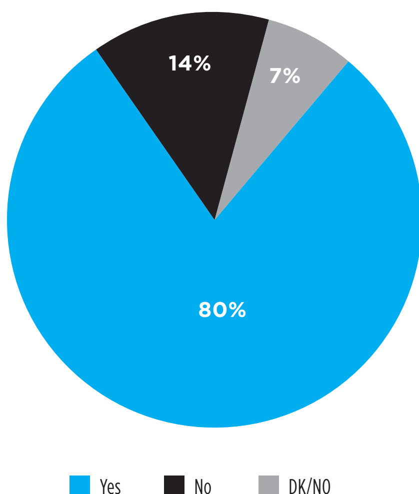
institutions. When the network's managers act this way, they're playing a very dangerous game. They are **risking** your health.

The healthcare professionals are a real 24/7 patient surveillance system. If they have an appropriate workload they can attend to their patients adequately and dedicate their time to delivering quality care. That includes monitoring and evaluating patients' health and quickly responding if there's a problem, possibly even preventing others. When the workload is too much to allow for proper monitoring, care safety and patient safety is compromised.

The excessive workload is also harmful for the healthcare professionals. When the problem goes on for too long, it can result in moral distress, burnout,

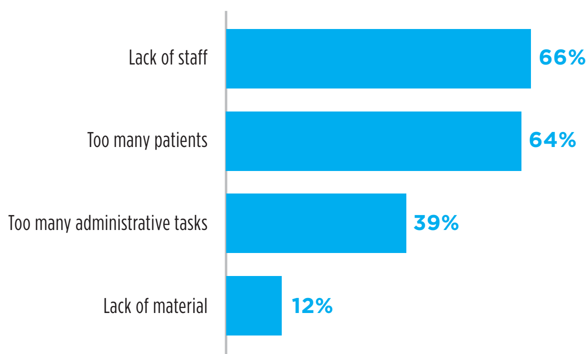
work accidents and even the decision to leave the profession. These situations cause a lot of suffering and decrease the number of healthcare professionals available to provide care.

Does it seem like healthcare professionals are overworked in Quebec?



The public and the patients also notice the excessive workload and feel the negative effects. Even if they observe and appreciate the healthcare professionals' skills and empathy, they see the pace they are forced to keep and the impact on their own care experience. In a recent survey (Léger, August 2017), **80% of respondents said they got the impression that healthcare professionals are overloaded in Quebec**. Among those who received care (or whose loved one did), nearly 40% say they witnessed a situation where it seemed like the healthcare professionals didn't have enough time to do their work properly. They mentioned two main reasons for the lack of time: not enough staff and too many

patients. It is precisely this percentage of patients per healthcare professional that needs to be remedied in order to ensure higher quality and safer care.



Is there a solution?

In Quebec, the current health care context regarding care safety and quality isn't great after the successive budget cuts and administrative mergers. Since the early 2000s, the ministère de la Santé et des Services sociaux (MSSS) and the healthcare institutions implemented multiple, often very costly projects to improve work organization (e.g., Lean projects, which got more media attention). Up until now, most of these employer-initiated projects only brought about superficial changes and, in retrospect, maintained the status quo rather than addressing what really matters: safe staffing of care teams.

It has been scientifically proven that care team staffing affects the health of patients[5] (mortality rate, pain management, infections, length of hospital stay, etc.) and healthcare professionals[6] (job satisfaction,

healthcare professional retention, workplace injury rate, etc.). Safe staffing is associated with better outcomes. Unfortunately, even if local managers wanted to apply these scientific findings to improve care safety, over-centralization, which puts all the power in the minister's hands, would limit their ability to make changes.

Backed by these new scientific findings, healthcare professionals in other countries developed solutions to ensure safe staffing. This international movement includes credible organizations, such as the World Health Organization (WHO),[7] *the Institute of Medicine*[8] (U.S.) and the Secrétariat international des infirmières et infirmiers de l'espace francophone (SIDIIEF).[9] When will we start a movement to make safe staffing a priority in Quebec? **Management ignores the evidence-based findings and research on safe staffing to the detriment of our health network.**

SOLUTION:

SAFE HEALTHCARE PROFESSIONAL-TO-PATIENT RATIOS

SOLUTION: **SAFE HEALTHCARE PROFESSIONAL-TO-PATIENT RATIOS**

For many years, the government focused on reforming the health network based on its electoral needs. We see the subsequent outcome and how patients are the ones who suffer due to reduced access to care, lack of care continuity between healthcare professionals, errors and a potentially harmful care environment (e.g., hospital-acquired infections). Unfortunately, managers are all too often aware of patients' and their care providers' problems.

Now is the time for us to come together to propose a solution that will meet our needs as a community. A permanent solution that will remain valid over the long-term. A solution that will be protected from electoral whims and management's superficial solutions—easy budget cuts that inflict the most damage on patients.

The solution, promoted by the FIQ, is healthcare professional-to-patient ratios.

What are safe ratios?

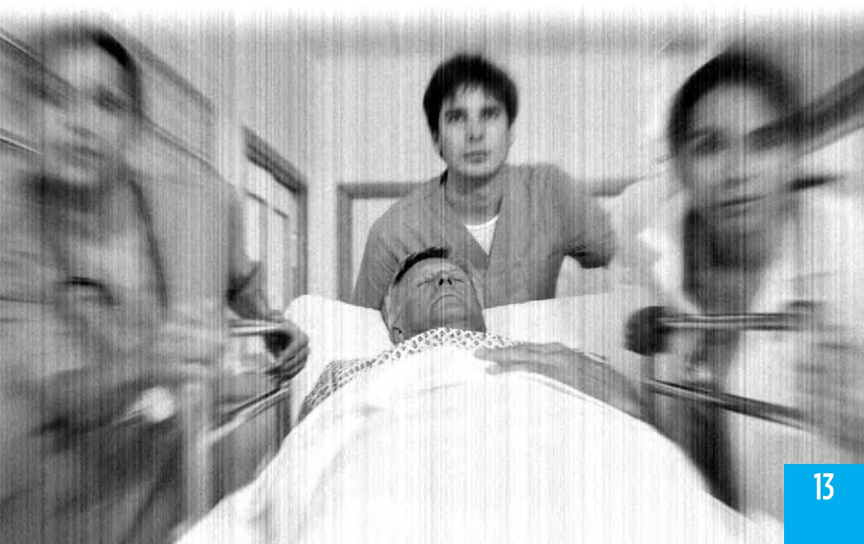
It's a very simple concept that has already been implemented in other activity sectors. A ratio establishes a minimum number of staff per number of people to ensure they receive quality services.

- In schools, a safe staffing ratio would determine the maximum number of students per teacher.
- On an airplane, there's a maximum number of passengers per crew member.

- In day-care centres, there's a ratio that determines the maximum number of children per educator, which will vary depending on the children's age group and needs.

The safe ratios that the FIQ recommends establish a minimum number of healthcare professionals for a group of patients with similar health problems. This minimum can be raised based on patients' needs. The ratios are a solution for the health network.

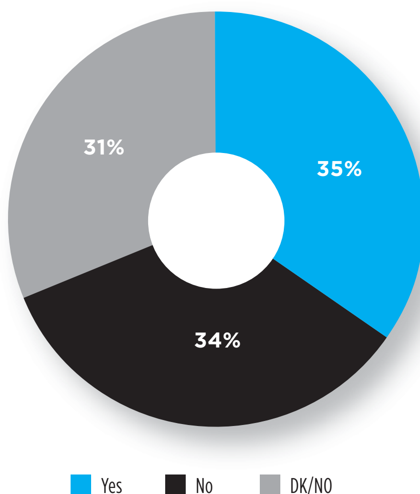
Safe ratios translate into saving lives, optimizing healing, preventing adverse events and respecting patients' dignity.



DID YOU KNOW THAT...?

Unlike for early childhood education[10] and education,[11] there is no ratio that guarantees a minimum number of basic healthcare staff for patients in Quebec. Together we established safety measures to protect children and other vulnerable groups, so why haven't we done the same for people with health problems? Healthcare ratios make so much sense that over a third (35%) of the population thinks that there are already established ratios (Léger, August 2017).

Do you think that the Quebec health network currently has an established maximum number of patients per nurse or licensed practical nurse?



The data doesn't lie: safe ratios = better outcomes

This finding is backed by over 20 years of scientific research, countless studies conducted around the world and reports that support the link between safe staffing and improved outcomes for patients and healthcare professionals. A few examples:

- " ... each additional patient per nurse was associated with a 7% increase in the likelihood of dying within 30 days of admission and a 7% increase in the odds of failure-to-rescue." For example, "the difference from 4 to 6 ... patients per nurse would be accompanied by [a] 14%" increase in mortality.[12]
- By observing patients' health in a hospital with an excellent reputation, researchers proved that the "risk of death increased by 2%" for each shift when the number of staff was below target staffing levels.[13] When patients were exposed to several below-target shifts, their risk of death increased by just as much.
- " ... hospitals with the most favourable staffing levels (the lowest patient-to-nurse ratios) had consistently better outcomes than those in hospitals with less favourable staffing." Patients in hospitals with the lowest number of nurses per patient have a 26% higher mortality rate.[14]
- "Each additional patient per nurse on medical-surgical units was associated with a 5% lower likelihood of surviving IHCA [in-hospital cardiac arrest] to discharge."[15]
- Hospital-acquired infections are strongly associated with understaffing. " ... an additional patient assigned to each nurse in a hospital was associated with ... an increase of nearly 1 per 1,000 ... in the rate of urinary tract infection."[16]

- "Patients' perception of pain control significantly improved with higher numbers of ... nursing staff" in their unit."[17]

What's the situation in Quebec? Research shows that what has been observed in hospitals around the world is also happening here.

- A Quebec study showed that 35.7% of nurses working in neonatal intensive care units who filled out the questionnaire "showed high emotional exhaustion, and 19.2% rated the quality of care on their unit as fair or poor."[18]

- Many say that patients in CHSLDs are not getting their needs met, but few studies have been done to assess this gap. However, we know that in 2005 "[t]he average funding of long-term care in Quebec, Canada, [covered less than] 70% of the care hours required, which means that 30% of needs [were] unmet."[19]

- We also know that when Quebec emergency departments (EDs) are crowded, staff isn't necessarily increased to meet increased patient needs. Not surprisingly, a Quebec study shows that "[i]n Quebec EDs, increased bed crowding is associated with two important adverse outcomes: 30-day mortality, both among patients who are hospitalized and among those who are discharged, and hospitalization at the first 30-day ED return visit among those discharged."[20]

YOUR HEALTH **AT RISK**

Missed care endangers your health

What do you do when you have a lot to accomplish and are short on time? You prioritize. Healthcare professionals have to do the same and are forced to choose between priorities. When healthcare professionals set priorities for care, it is called *rationing* and refers to the activities that have not been carried out due to a lack of time;[21] it's missed care.

> "... we're told that ... even if we don't complete all the blood tests, no one will die. To do the most urgent ones and not to worry about the rest. Isn't that just inhumane? On behalf of our patients, can't we just provide them with safe care with dignity? We have insane workloads."
>
> – Licensed Practical Nurse in medicine/surgery

As one would expect, missed care has significant impacts on patients, including: falls, hospital-acquired infections, medication errors, and pressure ulcers.[22]

In Switzerland, "[p]atients treated in the hospital with the highest rationing level were 51% more likely to die than those in peer institutions." Why? Researchers suggest that " ... omissions, [such as close monitoring] could have important consequences for patients' risks of developing serious problems and/or receiving inadequate treatment for complications."[23]

Healthcare professionals have to deal with this reality every day. Not surprisingly, inadequate ratios and unreplaced staff absences[24] often result in missed care, which can in turn lead to adverse events for patients.

What are adverse events? These events include accidents and errors in health institutions, which sometimes have disastrous consequences.

Not all of these events are associated with nursing care but those that are[25] generate significant costs. One study shows that for just 11 Quebec hospitals, adverse events associated with nursing care led to an increase in length of hospital stay for 166 patients who suffered as a result and, of course, generated excess treatment costs:[26]

Pressure ulcers with consequences	=	7.5 extra days, $1,351/day
Fall with consequences	=	7.3 extra days, $139/day
Medication administration error	=	4 extra days, $496/day
Hospital-acquired pneumonia	=	12.3 extra days, $272/day
Hospital-acquired UTI	=	8.6 extra days, $170/day

A pressure ulcer is skin and tissue damage that usually occurs when skin or tissue is subject to prolonged pressure between a bone (e.g., an elbow) and a surface (e.g., a bed). A pressure ulcer can vary between a red patch to further skin damage, exposing bone, tendon or muscle. The elderly are particularly susceptible to them.[27]

That equals over 1,300 extra days of hospitalization with an estimated $600,000 in additional treatment for adverse events for only 166 patients. **Imagine what that would mean for all of Quebec!**

Not all events can be foreseen. However, we need to focus on the organization of care so that healthcare professionals have good working conditions, can provide the required care and prevent any foreseeable adverse events from happening. One measure that would make this possible would be having enough healthcare staff to take care of the patients. **Sometimes this is a matter of life and death.**

> “I was busy in the recovery room with a patient who needed treatment and the WHOLE hospital needed a respiratory therapist … . LUCKILY, there was no one in labour at the time, LUCKILY there was no one else in the recovery room right then, LUCKILY, there were no other cases of decompensation in the hospital at that time. Despite all my colleague’s efforts, she couldn’t complete the whole workload … , so some people didn’t get their treatment or test. And neither of us even took any breaks the whole night, not even to stop to eat. So, the situation could have been a lot worse if there had been another major case at the hospital. What’s more, despite all of our effort, some patients’ conditions worsened.”
>
> – Respiratory Therapist

Number of incidents and accidents in healthcare settings in Quebec: 1,326 per day!

The population in general may think the health care field is quite safe. However, between April 2015 and March 2016, 484,021 incidents and accidents were reported in Quebec[28] which comes to an average of 1,326 adverse events per day! Adverse events occur more often in residential and long-term care centres (CHSLD) (43.5%) and in hospital centres (43.2%). Although it is mandatory to report them, the FIQ believes that incidents and accidents are likely under-reported since there is an unspoken vow of silence in health institutions and some managers discourage reporting them.

The events that are reported the most often are falls (35%) and medication errors (28%). Pressure ulcers constitute 4.8% of the cases reported in Quebec. Falls occur more often in CHSLDs and in CLSCs, which provide care to patients at home and in rehabilitation centres for the intellectually handicapped (CRDI). Meanwhile, medication errors are most often reported in hospital centres, youth centres (CJ) and in physical rehabilitation centres (CRDP). 51.2% of the events that led to patient deaths were falls.

The FIQ must point out that, according to credible studies, such events are associated with care team staffing and the number of healthcare professionals taking care of patients.[29]

The ministère de la Santé et des Services sociaux (MSSS) implemented measures to reduce the number of falls and medication errors. However, it is not addressing the source of the problem. While the FIQ recognizes that decision-makers are looking increasingly at risk management, they are still ignoring scientific evidence that shows that safe staffing ratios are essential to providing quality care.

"At night we have two less people ... and several patients have gone into labour ... . We work through the night and just manage to complete the basic duties, all the while hoping to be lucky once again. And this happens often and everyone knows about it, but nothing is done to change it ... . Patients' lives are regularly put in danger due to this situation ... ."

– Perinatal Nurse

DID YOU KNOW THAT...?

Taking a closer look at incidents and accidents

ACCIDENT :

" ... means an action or situation where a risk event occurs which has or could have consequences for the state of health or welfare of the user, a personnel member, a professional involved or a third person."[30]

INCIDENT:

" ... means an action or situation that does not have consequences for the state of health or welfare of a user, a personnel member, a professional involved or a third person, but the outcome of which is unusual and could have had consequences under different circumstances."[30]

IN QUEBEC:

- Women (53.8%) and seniors ages 75 and over (53.5%) are the most affected by incidents and accidents which occur during the provision of care and services.
- Nearly 70% of reported falls and 50% of reported medication errors occur among patients ages 75 and up.

IN CANADA:

- The estimated rate of adverse events for hospitalized patients is 7.5%. Nearly 37% of these adverse events were preventable and close to 21% resulted in the death of a patient.[31]
- The economic burden of adverse events in acute care in Canada from 2009-2010 was an estimated 1.1 billion dollars, 400 million dollars of which was associated with preventable events. This estimation does not include post-discharge care costs, nor the social costs of the illness.[32]
- According to the studies, the average cost of medication errors comes to $4,028 per event, whereas for hospital-acquired infections it varies between $2,265 and $22,400.[33]

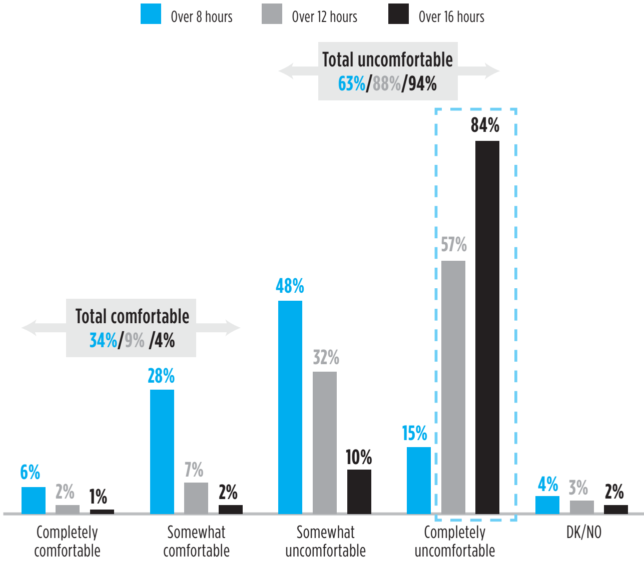
Healthcare professional fatigue is a real danger

A care team that is not put together with patient safety as the top priority results in healthcare professional fatigue. Moreover, in addition to being overloaded at work, because management often falls short on planning, they have to do overtime, which is sometimes compulsory.

This is a very serious issue: from 2014-2015, Quebec nurses alone put in 4.5 million overtime hours.[34] A tribunal even agreed with FIQ members who reported that the health institution for which they work had understaffed care teams, didn't replace long-term absences and systematically used compulsory overtime.[35]

Would you be comfortable with receiving care from a nurse, licensed practical nurse or respiratory therapist who had been working for 12 or even 16 hours? Quebeckers' answers were clear (Léger, August 2017): they are not okay with receiving care from a professional who has been working too many hours. 63% say they would not want to receive care from a healthcare professional after she has worked 8 hours, 88% after 12 hours and 94% after 16 hours. And yet, these situations occur frequently and put healthcare professionals' and the population's safety in danger. As a guideline, the Canadian Nurses Association recommends limiting the " ... hours worked by a nurse in one (1) day to 12 hours, exclusive of shift hand-off and inclusive of on-call hours, and (2) in one 7-day period to 48 hours, inclusive of on-call hours."[36]

The public said they are not okay with receiving care from a professional who has been working for too many hours. Consequently, they strongly agree that there should be an established maximum number of work hours. "Should there be a maximum number of consecutive work hours for licensed practical nurses in the Quebec health network?" 89% say yes (Léger, 2017).



"Because we are a small staff, we often have to be on-call (once or twice a week and sometimes on weekends). More often than not, we are asked to work the whole time, for 24 hours in a row. Many of us have worked over 35-40 hours in one weekend, without the employer granting any days off to rest the next week. After all those hours, do our managers think that we are still able to provide safe care? If the population knew, would they agree to being taken care of by someone who had worked that many hours without having slept, eaten or drank?"

– Clinical Perfusionist, operating room

Forced to work 16 hours in a row, she called the police

In February 2016, a licensed practical nurse working in a CHSLD did something remarkable to report what she was experiencing at work. Since she was unable to leave work after her shift, she picked up the phone and dialled 911.

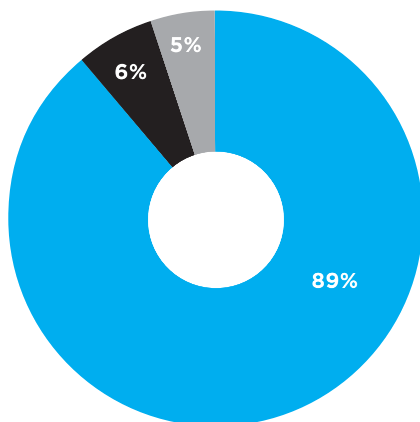
That day, she learned that at the end of her shift, at 3:30 p.m., she would have to work another 8 hours, until 11:30 p.m. She needed to pick up her daughter at school but the employer let her know that she'd better find a babysitter immediately and that she had to stay at work.

The licensed practical nurse stayed at work that evening. During her meal break, she picked up her daughter at school and called 911. "I told them that I was being held hostage at work," she explained unapologetically. "We have to report it or nothing will change!" When the police officer arrived at the CHSLD, they'd found someone to replace her.

(Based on an article in the *Journal de Montréal*, Héloïse Archambault, April 22, 2016)

When a care team is understaffed, it means healthcare professionals need to work an unsafe number of hours to compensate for the shortage. This results in obvious negative consequences for patients: healthcare professionals may be less alert, less focused, unable to resolve problems or make sound decisions when required.[37] Unfortunately, terrible accidents may occur due to poor staff management in units. Healthcare professionals' fatigue can result in emotional exhaustion, a work accident or absenteeism and is therefore also harmful to the healthcare system.

Should there be a maximum number of consecutive work hours for healthcare professionals in the Quebec health network?



Let's put an end to it! Safe healthcare professional-to-patient ratios will ensure:

- proper staffing;
- healthcare professionals work a safe number of hours;
- healthcare professionals can provide effective, quality care to Quebec patients.

HEALTHCARE PROFESSIONALS AND **PUBLIC PROTECTION BODIES ARE ON ALERT**

HEALTHCARE PROFESSIONALS AND **PUBLIC PROTECTION BODIES ARE ON ALERT**

Healthcare professionals report

FIQ members adopted an effective tool to emphasize their commitment to Quebeckers' health: the Safe Staffing Form. It became available in June 2016 and is highly used. Members can use the form to notify their union team of any situation that prevents them from providing safe care to patients and when institution managers are not taking steps to correct a situation.

In less than a year, healthcare professionals filled out close to 2,000 forms reporting unacceptable situations which haven't been corrected despite their reports. Many reports detail situations where patients didn't receive the best possible care or times when there could have been dire consequences because their working conditions put them in situations where they were likely to make errors.

"Some patients weren't seen during the day shift. ... There're calls coming in from all over for patients who need treatments ... , evaluations ... . In short, it's impossible to properly monitor the patients and to administer treatments at the required intervals. It's exhausting. The patients have to wait for relief."

– Respiratory Therapist

What do these accounts tell us?

- Over 40% said that they were unable to deliver all the care their patients needed. In CHSLDs, it's almost 50%;
- In over 52% of the work shifts reported in the forms, there were healthcare professionals doing overtime (healthcare professionals specified whether someone was doing overtime when they were aware of it);
- Nearly 1 out of every 5 forms reported that during shifts, one job title would be replaced by another. For example, a licensed practical nurse would be put on the floor when a nurse was needed, or a licensed practical nurse would end up doing a beneficiary attendant's tasks, etc.;
- In 59.4% of cases, not all absences were replaced (the healthcare professionals included this information when they were aware of it).

Currently, at our service point, we are understaffed by 2 to 5 nurses every day ... and they aren't replaced, which means we have an excessive workload and the patients suffer as a result. Either we delay the patient's visit until the evening or next day without forewarning...which means the nurse will get an earful from the patient who was worried by the lack of a visit, and rightfully so!"

- Nurse, home care

Should we really leave it up to managers to decide how many healthcare professionals should be on the floor without any predetermined guidelines? Or should we determine a safe standard and ensure that it is followed carefully at all times wherever it is applicable?

The health network sometimes thinks of patients as clients, but healthcare professionals know that patients are much more than that. They are people and citizens who go to see healthcare professionals when they are often in a very vulnerable position. Healthcare professionals would like to use all of their skills to provide them with humane care, with empathy and compassion.

"Very often, especially these days, we are so overworked that we don't have time to provide safe care to a patient. We don't have time to review their file, transcribe the prescriptions to the Kardex card or use proper techniques. We have been doing around twice the normal amount of work almost every night for several weeks now, the same goes for many others in the hospital, which results in medication errors ... . Under normal working conditions, these problems wouldn't arise because we would be able to follow protocol: transcribe prescriptions to the Kardex card before giving each treatment. This is currently IMPOSSIBLE because we are running all over the hospital. The employer is not planning to increase the staff despite the major increase in workload."

– Respiratory Therapist

The Ombudsperson denounces poor management practices

In the Ombudsperson's annual report, she highlights the importance of being attentive to patients' needs and expectations and to focus on their well-being. For example, in CHSLDs, she mentions complaints about " ... long response times when residents ask to be taken to the washroom, insufficient help with eating and personal hygiene and disruptive staff shortages and high turnover, as well as a stultifying environment."[38] She laments that " ... **flawed and inadequate management practices and supervision allow unacceptable situations to persist** ... " and that "[i]n acting this way ... **managers abdicate responsibility for the well-being of residents**."

Intervention and inquiry reports[39] in other residential centres also highlight several issues with care quality: multiple transfers between living environments of patients with cognitive issues due to poor patient assessment, a lack of clinical monitoring of residents, a lack of notes in their files, inadequate monitoring of wounds, a lack of oral hygiene, etc. Unfortunately, none of this is surprising in light of the ubiquitous excessive workloads in the health network.

The Chief Coroner's Office investigates

The most serious adverse events have led to patient deaths; these patients paid with their lives for short-sighted management decisions that degrade the safety of health care and services. It's completely unacceptable!

DID YOU KNOW THAT…?

In the last few years, the Chief Coroner's Office made recommendations for care teams following unfortunate patient deaths? To improve care safety, he recommended that CHSLDs:

- "lower the patient-to-nurse ratio;[40]
- thoroughly review the option of increasing the number of night staff;[41]
- make an effort to stabilize their staff."[42]

Let's not wait for more adverse events to occur!

One nurse to care for 175 patients

One nurse responsible for 175 residents in a CHSLD! Seriously? This situation occurred in the Québec City region and led to critical errors, according to the conclusions in the Coroner's inquiry. On September 21, 2015, a patient died after receiving five doses of Dilaudid that were twice the prescribed concentration.

The union put the blame on the healthcare professional's excessive workload. The patient's mother agreed with the union. "The nurse was responsible for three floors of patients," she said, while being sure to mention that she did not blame the nurse. "It's a mad race."

The Coroner also stated in his report that: "The main cause for errors that evening appears to be an excessive workload."

(Based on an article by Philippe Teisceira-Lessard, *La Presse*, Nov. 19, 2016)

AGEING
WITH DIGNITY?

AGEING WITH DIGNITY?

The living conditions of the elderly with a great loss of autonomy and at the end of their lives are particularly worrisome. Headlines regularly feature heartbreaking stories, which are the result of the under-financing of CHSLDs and home care. The staff shortage is a major problem and the inadequate healthcare professional-to-patient ratios are getting extremely dangerous. **Would we like to see our loved ones (or ourselves) receiving health care in a situation that puts their safety at risk?**

The MSSS responded to this type of situation with a budget of 65 million dollars in fall of 2016 and 36 million dollars in fall of 2017 to increase staff in CHSLDs. These are ludicrous amounts considering the number of patients in CHSLDs. Furthermore, this solution does not translate into safe ratios, especially since it is based on budget standards rather than on patient needs, which are increasingly complex.

CHSLDs: understaffed mini hospitals

In your mind's eye, do you still picture seniors driving themselves to a CHSLD? The opposite couldn't be truer. To assess the needs of seniors with a loss of autonomy, we use a tool called ISO-SMAF, which categorizes patients between level 1 (the most independent) and level 14 (in need of full assistance).[43] The MSSS's goal is to have 85% of patients who are newly admitted to CHSLDs fit between ISO-SMAF profiles 10 to 14.[44]

Therefore, residents who are admitted to CHSLDs have a severe loss of autonomy, as well as major cognitive and physical impairments.[45]

A growing number of residents need acute care and nearly 2 out of 10 patients die within the year, which requires end-of-life care, i.e. palliative care.[46] There isn't enough staff to provide the required care. The OIIQ has found major shortcomings in nurses' conditions of practice in CHSLDs, especially with regard to the shortage of nurses.

The number of spots in public and private subsidized CHSLDs continues to drop; since 2009, 3,264 spots have disappeared,[47] while nearly 2,900 people are currently in need of one.[48] But what choice do seniors and their loved ones have? Private residences for seniors with a loss of autonomy are cost-prohibitive for most people. Regardless, the FIQ strongly believes that the public health network is the best solution for seniors with a loss of autonomy.

As for home care, even if the government says it's a priority, it only allocates small amounts to it that cover a tiny percentage of patients' needs.[49] For example, approximately 16,500 people were waiting for home care and services in 2015 and the average wait time was between six months and one year.[50] This comes as no surprise when you look at the most recent data. Quebec spent $79.86 on home care per person, whereas the average amount spent per person in the rest of Canada was $93.59, which is a far cry from New Brunswick's $163.35 per person.[51] Some seniors turn to the private sector for home care, but many people don't want to or simply don't have the means. As a result, loved ones are obliged to take over. Indeed, Quebeckers feel responsible for their elderly loved ones' well-being and are willing to devote time and energy to ensure they are taken care of.

Unfortunately, not all seniors have such social networks. What's more, when family caregivers step in, the impact on their own lives must be taken into account. Nearly 60% of these caregivers are women, more than half have jobs, almost a quarter of them provide medical or personal care and 99% of them say that their role as caregiver affects their own health.[52] Canadian data show that 30% of women who take care of a loved one miss work, 6.4% of them retire early, quit or are fired from their paid jobs, while 4.7% must refuse promotions.[53]

> "Several of my colleagues and I feel that the care is dehumanized and some patients just ask for a few minutes to chat–it's unfortunate that we can no longer afford to give this time, which makes such a huge difference to them. It's shameful. But we try to give them our best and with a smile."
>
> – Licensed Practical Nurse in long-term care

How many minutes of care per patient in a CHSLD?

With such small care teams, there's very little time to devote per patient, as highlighted by the Auditor General of Quebec in this table showing the average care time per patient per 24 hours in six CHSLDs:

Week	Nurses	Licensed practical nurses	Beneficiary attendant	TOTAL* - Minutes for all care, including for eating and hygiene
Day	8 to 29 minutes	8 to 20 minutes	50 to 75 minutes	78 to 102 minutes
Evening	4 to 29 minutes	0 to 19 minutes	30 to 49 minutes	52 to 85 minutes
Night	2 to 13 minutes	0 to 8 minutes	8 to 30 minutes	24 to 32 minutes
Weekend				
Day	4 to 11 minutes	0 to 20 minutes	26 to 75 minutes	37 to 86 minutes
Evening	4 to 11 minutes	0 to 19 minutes	16 to 49 minutes	21 to 66 minutes
Night	2 to 5 minutes	0 to 8 minutes	3 to 30 minutes	10 to 32 minutes

* Totals do not equal the sum of the columns because " ... for purposes of comparison, the average daily time was calculated based on a 7-hour shift. It may actually vary on average from 7 to 8 hours depending on the type of staff." [54]

If only the staff had an extra few minutes to offer some psychosocial support to patients, to spend some quality time with them, but it's just not possible! Can you imagine how little time that leaves to provide all the care that vulnerable seniors need (medication, lab tests, assessing and monitoring their health, updating their files, etc.), in addition to assisting them with their daily activities (eating, washing, going to the toilet, etc.).

Does the Quebec population in CHSLDs deserve such conditions when there are such drastically different care situations elsewhere? For example, in the state of Victoria in Australia, healthcare professionals in CHSLDs care for a maximum of seven patients during a day shift, eight patients during an evening shift and 15 patients during a night shift since they adopted safe healthcare professional-to-patient ratios.

An adequate number of healthcare professionals is key to offering Quebec seniors quality, safe and humane care, as much in a long-term care facility as in home care.

> "I barely have time to say a few sentences to my residents. I would like to conduct better assessments and monitoring but there's too much work. I have 40 patients, most of them lucid, with a wide range of diagnoses. We all feel like we're working at the pace of an assembly line. It's inhuman."
>
> – Licensed Practical Nurse in long-term care

MANY HEALTHCARE SYSTEMS AROUND THE WORLD HAVE IMPLEMENTED SAFE HEALTHCARE RATIOS

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In October 2016, in collaboration with the Secrétariat international des infirmières et infirmiers de l'espace francophone (SIDIIEF), the FIQ held a one-of-a-kind symposium: the International Symposium on Safe Health Care. The symposium brought together people from Australia, the U.S., Ontario and Quebec to discuss recent issues and developments. It was an opportunity to discuss measures to ensure the Quebec population receives quality, safe and humane care. This event showed that the current state of the health network is not incurable! It can be remedied.

Safe ratios are the norm in California and the state of Victoria in Australia. Like in Quebec, their health systems underwent reforms which accelerated their work pace, shortened hospital stays and created a labour shortage by making work environments difficult[55] and unappealing.

The California Nurses Association is a leader in healthcare professional-to-patient ratios

In the early 1990s, the California Nurses Association (CNA) began a historical battle that ultimately led to creating legislation that made safe staffing ratios mandatory in all hospital care units. The law was adopted in 1999 and came into effect on January 1, 2004. For the first time ever, this law enforced basic ratios for nurses and licensed practical nurses, which can be increased based on patients' needs.

The Australian Nursing and Midwifery Federation, state of Victoria, Australia

The day-to-day of healthcare professionals in the state of Victoria in Australia was very similar to that of healthcare professionals in California. In 2000, faced with the overwhelming amount of personal stories from patients, families and healthcare professionals, the Industrial Relations Board decided to include the ratios in the state's collective agreement. There was a second momentous occasion in 2014 when the government recognized that ratios were a public health issue, which led to the adoption of a law in 2015: the *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Bill*.

The positive effects of safe ratios

The ratios achieved both of the healthcare professionals' goals: to make the healthcare professionals available for their patients and in turn improve the quality and safety of care. In California, the following effects have already been documented:

- The legislation on ratios increased the daily time healthcare professionals have with their patients from 30 to 60 minutes.[56]
- The mortality rate was lower in California than in the two other states studied in comparison. In concrete terms, if California's ratios were applied in New Jersey and Pennsylvania, there would be 13.9% fewer surgical deaths in New Jersey and 10.6% fewer surgical deaths in Pennsylvania.[57]
- Ratios are also associated with decreased readmissions within 30 days following discharge for patients who were hospitalized for a cardiac problem or pneumonia.[58,59]
- When ratios weren't followed, the wait time in the emergency department increased by 16% and the time before receiving care in the ED rose by 37%.[60]
- 74% of staff nurses and 68% of front-line nurse managers or assistant nurse managers agreed that the quality of care improved due to the legislation on ratios.[57]
- By comparing the period preceding the ratios (1999-2003) and the four first years following implementation (2005-2009), a 31.6% reduction for nurses and 38.2% reduction for licensed practical nurses in occupational injuries was observed.[61] These statistics are insignificant when considering how important remaining healthy at work is to the retention of healthcare professionals and that the cost to replace them is very high for health network employers.

DOES THE QUEBEC GOVERNMENT REALLY TAKE ACTION **TO PROMOTE SAFE CARE?**

DOES THE QUEBEC GOVERNMENT REALLY TAKE ACTION **TO PROMOTE SAFE CARE?**

What does the Quebec government do faced with rigorous scientific data that emphasizes the importance of having adequate care staff?

We can't help but point out that the entire restructuring of the network (merging institutions into CISSSs and CIUSSs) mobilized the Health Minister's and institution managers' attention and energy. They use a short-term plan to manage the health network, which is the collective wealth of the Quebec population. And yet, taking action to support care safety is as beneficial for patients as for healthcare professionals and the health and social services network as a whole. It could help to rebuild the population's trust in the public health network. In other countries, safe healthcare professional-to-patient ratios, that ensure safe staffing adapted to patients' needs, have been successfully implemented.

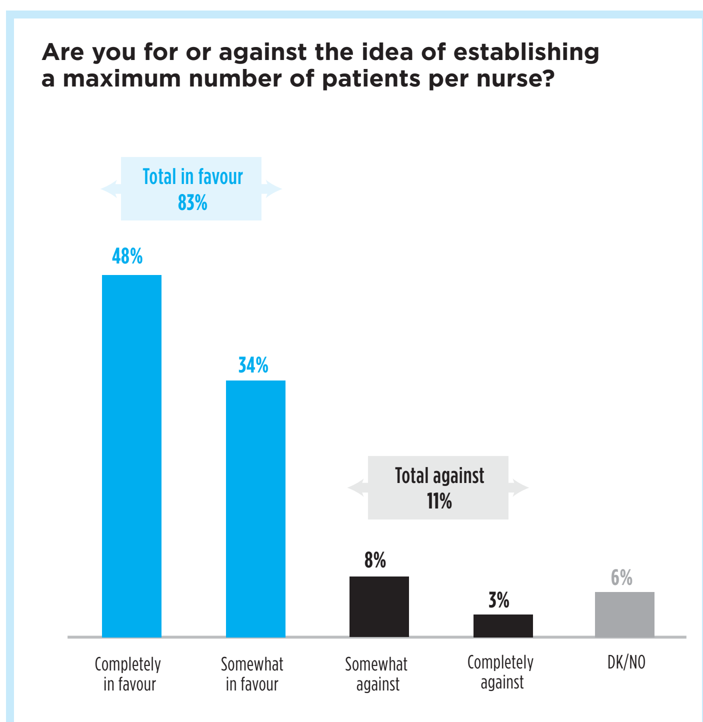
A matter of logic

Currently, health network managers are accountable for their budgets but few are responsible for the safety and quality of care. Indeed, unlike healthcare professionals who must abide by a code of ethics, there are very few measures in place to guide managers' actions and in turn protect patients. Unfortunately, there is very little data collected on this in most health institutions. Furthermore, there is no systematic monitoring of patients' health status indicators. Some clinical administrations, such as the nursing administration, have lost their decision-making power as a result of health network reforms and now often play an advisory role.

This way, by not fully considering health problems that could have been prevented, such as falls, longer hospital stays, hospital-acquired infections or even death, the system generates significant costs for the health network, as well as suffering.

The public is ready for ratios!

After all the reforms that didn't yield the promised benefits, the public is ready to support simple, concrete measures that will make a difference in the safety of care. The public's answer to the question "Are you for or against the idea of establishing a maximum number of patients per nurse?" is unequivocal. (Léger, August 2017)



The FIQ’s actions in support of safe ratios

Out of concern for the public’s health, the FIQ has already started demanding safe ratios for the Quebec health network. In fact, the FIQ made a historic win in its provincial negotiations: it set up a joint-provincial committee on ratios with a mandate to study the relevance and feasibility of healthcare professional-to-patient ratios in Quebec through pilot projects. The committee began its work in fall 2016. Counting on open and active participation from the ministère de la Santé et des Services sociaux, these pilot projects should once again illustrate the direct impact of safe ratios on the well-being of patients.

We hope that with these pilot projects, our decision-makers will no longer be able to ignore the importance of having an adequate number of healthcare professionals in the network. Moreover, we hope that it will prevent further cuts to essential resources, as it is easier to make cuts to healthcare professionals’ jobs than other budgetary items, such as doctors’ compensation.

Publishing the Black Book of Care Safety, in addition to other communication initiatives, is a key part of the FIQ’s plan to alert the Quebec public to what’s going on in the health network and propose a real, applicable solution: safe ratios. **The FIQ will continue to strive for change until the system, minister and managers understand that they need to support the healthcare professionals who are the lifeblood of the network. All they want is to provide the best care possible and they need to be given the means to do it.**

CONCLUSION

CONCLUSION

Everything—accounts, reports, studies, surveys, international success stories—points to implementing safe healthcare professional-to-patient ratios. Once safe staffing ratios are made the standard, they will:

- Help provide patients and healthcare professionals with the proper conditions for giving and receiving safe care;
- Decrease adverse events and barriers to care: death rates, falls, pain, medication errors, infections, pressure ulcers, readmissions, wait times, etc.;
- Reduce costs associated with preventable events, i.e., not only direct costs for the health network but indirect costs for society (absenteeism, etc.);
- Significantly reduce physical and emotional suffering, which has a major impact on patients and their loved ones;
- Reduce the excessive workload, stabilize care teams, plan resources more efficiently, attract new healthcare professionals to the network and retain current staff.

In short, safe healthcare professional-to-patient ratios will help to ensure the Quebec population receives the proper care to which it is entitled: care with continuity that is scientifically, humanly and socially appropriate, as well as safe and personalized.

Because of the current state of our health network, the population is scared of falling ill. It is time to restore Quebeckers' trust in the public health network. They are counting on this network **to take care** of them, their parents, loved ones and children when they are vulnerable.

Why implement safe healthcare professional-to-patient ratios? The real question is—**why don't we have them already?**

Who are the members of the FIQ?[62]

Here is an overview of the healthcare professionals that the FIQ is proud to represent. Specific conditions apply to some of these activities. For further information, visit: **http://www.fiqsante.qc.ca/en/2017/04/11/the-fiq-publishes-a-new-brochure-on-the-reserved-activities/**

Nurse*

A nurse assesses patients' state of health, determines and ensures the nursing care plan and treatments are carried out, provides nursing and medical care and treatments to maintain and restore health, prevents illness and provides palliative care.

Some activities that a nurse may perform:

- Assess the physical and mental state of patients
- Perform diagnostic tests
- Administer treatment
- Clinically oversee/monitor patients
- Administer and adjust medication
- Determine and implement a treatment plan for wounds
- Conduct follow-ups for people who have complex health problems
- Give vaccinations
- Perform screening (public health)
- Participate in pregnancy care, deliveries and postnatal care
- Decide whether to use restraint or isolation measures
- Etc.

*Specialty nurse practitioners (SNPs) may also perform some medical activities.

Licensed practical nurse

A licensed practical nurse helps assess patients' state of health and carry out the treatment plan, provides nursing and medical care and treatments to maintain and restore health, prevents illness and provides palliative care.

Some activities that a licensed practical nurse may perform:

- Administer medication
- Monitor patients' state of consciousness and neurological signs
- Maintain therapeutic equipment (invasive measures, e.g., catheters, drains, tubes, ostomies)
- Provide wound care
- Collect specimens
- Help with vaccinations
- Etc.

Respiratory therapist

A respiratory therapist helps to assess patients' cardiopulmonary functioning, helps administer anesthesia and treat problems affecting the cardiopulmonary system.

Some activities that a respiratory therapist may perform:

- Provide respiratory assistance
- Clinically oversee patients under anesthesia or ventilatory assistance
- Administer and adjust medication
- Test cardiopulmonary function (e.g., with an electrocardiogram, polysomnography - to test for sleep apnoea)
- Collect specimens
- Etc.

Clinical perfusionist

Clinical perfusionists help to maintain patients' physiological functions while they receive treatments that require support or the temporary replacement of their cardiac, pulmonary and circulatory functions.

Some activities that a clinical perfusionist may perform:

- Operate and ensure the operation of cardiac, pulmonary or circulatory assistance, autotransfusion or apheresis equipment (extracorporeal medical technology that removes blood from the patient and separates components of the blood)
- Provide clinical supervision of the condition of persons linked to cardiac, pulmonary or circulatory assistance, autotransfusion or apheresis equipment
- Perform treatments through the ciruculatory supports
- Program a pacemaker or cardiac defibrillator
- Administer and adjust prescribed medications
- Collect specimens from catheters already in place or through the circuit of the circulatory supports

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The FIQ | Secteur privé–FIQP is a federation composed of six unions. It represents over 1,600 nurses and licensed practical nurses who work in over thirty private subsidized health institutions and private institutions in Quebec.