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37th Annual Report
of the Québec Ombudsman

**SERVICE ACCESSIBILITY AND CONTINUITY
MUST BE IMPROVED THROUGHOUT QUÉBEC,
ESPECIALLY FOR HOMECARE PATIENTS**

Québec City, June 7, 2007 – The reforms begun in 2003 by Ministère de la Santé et des Services sociaux (MSSS) must provide better access and continuity of services throughout the network. According to Québec Ombudswoman Raymonde Saint-Germain, certain progress still needs to be made. “The complaints we’ve received mainly deal with the lack of homecare services and the difficulty of getting access to rehabilitation services,” she states.

These reforms are intended to make services more accessible to the public and ensure continuity of service among hospitals, local community service centers (CLSC), and residential and long-term care centers (CHSLD) in the same geographical area. Professionals working in these establishments can only care for patients if they have the resources to meet the demand. The complaints examined by the Québec Ombudsman over the last year have revealed that this is not always the case.

Homecare services aren’t keeping up with demand

Complaints reveal a major shortfall between demand for homecare services and the ability of CLSCs to meet the demand. For patients who find it difficult to function at home, this could mean a visit to the emergency room, a hospital stay, or early placement in a care center. “The problems are manifold. Patients have service plans, and these plans are based on evaluations by professionals, but only part of the services are being provided. Family members and other natural caregivers are increasingly pressed into duty, and they don’t always get the support they need, which compromises their ability to make long-term commitments to patients like their aging parents or handicapped children. There are also problems of equity between regions and between areas within regions. The services available vary according to the financial resources of the CLSC,” states the Québec Ombudswoman.

These findings match those by other specialists and organizations and confirm the importance of pursuing efforts to increase homecare services. “We must ensure that the services available are more in keeping with the *Home Support Policy*. Improvements to practices and processes, new tools to help manage clinics, and network development are possibilities to explore,” she adds.

Access to rehabilitation services

Difficulty gaining access to rehabilitation services is another problem that complaints to the Québec Ombudsman have revealed. Hospitals normally give priority to hospitalized patients and patients that have undergone surgery. However, patients who return to their home regions following surgery do not receive this same priority treatment from their local hospitals. This can create barriers to rehabilitation services their condition still demands. They are either forced onto waiting lists or must seek the services of a private clinic. In some cases, lack of timely care can aggravate their condition.

Patients who go to outpatient clinics on the advice of their doctors are usually referred to private rehabilitation clinics at their own expense. Those who can't afford to do so may wait for over a year for an appointment. Yet SAAQ (Société de l'assurance automobile du Québec) and CSST (Commission de la santé et de la sécurité du travail) programs provide physiotherapy services in either hospitals or private clinics under service agreements.

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“Less fortunate citizens, most of whom do not have private insurance, cannot turn to the private sector. Often, their only option is to register on a waiting list. I believe that certain patients, specifically those seeking outpatient consultations, are receiving unequal treatment,” says Ms. Saint-Germain.

The Québec Ombudswoman has already brought this to the attention of Parliament. In appearing before the parliamentary committee during public hearings on Bill 33, she recommended that MSSS create a plan of action to address the difficulty of access to rehabilitation services.

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