

2013-2014 ANNUAL REPORT OF THE QUÉBEC OMBUDSMAN
**Highlights concerning the health and social services
network**

Québec City, September 18, 2014 – In the 2013-2014 Annual Report of the Québec Ombudsman tabled today in the National Assembly, Raymonde Saint-Germain presented her findings and recommendations concerning the Ministère de la Santé et des Services sociaux and its service network.

Home support

All Québec citizens are entitled to the same services no matter where they live. When users move from one CSSS territory to another, they should not have to deal with any service cuts unless their needs have changed since the most recent assessment. However, given the shortage of resources and the ever-growing demand for home support, the slate of services can vary widely from CSSS to CSSS. Consequently, people who move may be facing a decrease that puts the services they receive at a level below what the health system should normally ensure. The Québec Ombudsman continues to see a disconnect between the aims and objectives of the home support policy adopted in 2003 and reality. The Ombudsperson considers that updating of the 2003 policy is crucial and must be done as soon as possible. Raymonde Saint-Germain reiterated her recommendations to the Department to the effect that it determine the level of funding required for home support services and that it provide the public with clear information about the service offering that is truly available.

Mental health

If a residential resource that offers services to people with mental disorders is not attached to a public health and social services institution under a contract, it is not obliged to be certified. The result—neither the Québec Ombudsman nor local service quality and complaints commissioners can intervene. This means that the vulnerable people who live there have no protection. The Québec Ombudsman, very concerned about this situation, has made a formal recommendation to the Department so that

these residential resources be subject to certification, just like seniors' residences, and that the people who live there have access to a safe, salubrious and quality living environment.

Physical disabilities, intellectual disabilities and pervasive developmental disorders (PDDS)

Housing people with physical or intellectual disabilities is a sizable challenge. People with intellectual disabilities who are autonomous enough to live within the community at large do not always get the home support services they need to handle the various responsibilities that come with apartment living. Another example of housing limits—people under age 65 who have severe physical impairments have no choice but to live in a residential and long-term care centre (CHSLD) with residents who are much older than they are. These people, sometimes young adults, need the kind of service organization that is not compatible with that of CHSLDs by definition.

Physical health

The Québec Ombudsman has no reservations per se about users turning to private clinics for the provision of health services as part of the public healthcare system. However, when it comes to the coexistence of public and private services, it reminds the Ministère de la Santé et des Services sociaux of the importance of providing the network with guidelines for public-private contracts. As Raymonde Saint-Germain sees it, “there is virtually no departmental oversight of these situations, which undermines the protection of users and their rights.” The Québec Ombudsman has also noticed that there is confusion as to whether or not certain care or medication is free. For example, on the strength of a departmental circular, a CSSS decided to no longer provide heparin free of charge because it did not consider it a flushing solution that must be made available to users without cost. Yet, in other CSSSs in the same region, heparin is provided free of charge. This obstructs equal access to care.

Support for elderly autonomy

In some CHSLDs, lucid residents with reduced mobility live alongside people with severe cognitive impairments coupled with invasive wandering behaviour, which inevitably gives rise to potentially dangerous situations. The Québec Ombudsman underlines the importance of grouping users according to their profile so every resident can receive services in a safe environment adapted to his or her condition. It reminds CSSSs that they cannot shirk their responsibilities towards the users who live in intermediate resources, with which they are contractually bound. This is why it has made a formal recommendation to the Ministère de la Santé et des Services sociaux that it provide for requirements concerning the training and supervision of the staff at these resources.

Institutions are working to rectify problem situations

The Ombudsperson underlined the collaboration it has received from the vast majority of institutions in their action to rectify the problem situations brought to their

attention. She pointed out that in the health and social services network, the acceptance level of the measures of individual scope requested by the Québec Ombudsman was 94% for complaints and 100% for reports (only 9 out of 156 recommendations were disregarded).

The 2013-2014 Annual Report of the Québec Ombudsman is posted at www.protecteurducitoyen.qc.ca/en/annualreport.

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