

Rates for private and semi-private rooms in hospital centres

THE IMPORTANCE OF SPECIFYING RULES FROM THE OUTSET

The Québec Ombudsman believes that users' choices are decisive in establishing rates for hospital rooms. For users to be able to make informed choices, the institution must inform them in advance of the options available, the cost of their choices and their right to change those choices.

To avoid further confusion regarding room fees, the Québec Ombudsman has made recommendations to institutions about which it has received complaints. These institutions have been asked to develop or review their forms for choosing rooms with clearer and more complete information and to provide users with a copy. The information users need to make the right decision includes the three types of rooms available (ward, semi-private or private room) and the associated rate. This form must be dated and signed by the user or his representative.

Furthermore, the Québec Ombudsman has recommended that institutions explain to users:

- that it is their responsibility to check their insurance coverage regarding hospital room charges. If their insurer does not pay the bill, the user will have to.
- that they can change their choice of room at any time during their hospitalization.
- that the use of one bed on a ward is free and that there is a charge for a private or semi-private room.
- that if they ask for a private room and the institution assigns them to a semi-private room, they will pay the rate for the semi-private room.

In some cases, users cannot choose when they are admitted. This may occur if they go to the emergency room and are diagnosed by a physician who decides to isolate them in a private room when they are admitted. In this sort of case, it is the physician who has made the choice for the user. Since the user had no choice in the matter, the institution must not bill for the room for as long as isolation is necessary. In such circumstances, the Québec Ombudsman recommends cancelling the bill.

The *Regulation respecting the application of the Hospital Insurance Act* sets the standards that apply to private and semi-private rooms and their billing in hospital centres. Since the adoption of the regulation in 1981, new medical and social realities have prompted institutions to change and reorganize some of their facilities. But the regulation has not been reviewed, and institutions bill for private and semi-private rooms for stays in areas that users used to have free access to.

These changes have increased the number of private and semi-private rooms and reduced the number of beds on wards. As a result, sometimes when a user asks for a ward, he or she is assigned a semi-private room at no charge, whereas those who ask for a semi-private room have to pay for it. This situation creates an appearance of injustice.

After reviewing complaints on this matter, the Québec Ombudsman's opinion is that the interpretation of this regulation creates problems. Because the circumstances of today are very different from those of 26 years ago, the regulation has become cumbersome to apply. Certain situations highlight the difficulties in applying these rules, in particular when people have a private room at the physician's request or because the medical services required are only provided in private rooms. Here are a few examples that illustrate the problem.

INTENSIVE CARE

Previously, intensive care units were organized in large wards. As a result, stays in intensive care did not result in room fees, because beds on a ward are free. Today, more institutions are organizing intensive care and intermediate care units into private or semi-private rooms. Users who upon admission asked for a private or semi-private room must pay room fees if they stay in intensive care, and are unhappy paying these fees for a stay that is "medically required."

ISOLATION

Isolation in a private room is a common measure used by institutions to prevent the spread of nosocomial infections, as these infections extend hospital stays. As a result, users who have chosen a private or semi-private room complain when they receive a higher bill.

Some institutions have a policy of not billing for isolation in private or semi-private rooms in the event of a nosocomial infection. The Québec Ombudsman encourages this practice.

DELIVERY ROOMS

Since the appearance of midwives and the development of new approaches to the perinatal period, many deliveries take place in birthing rooms, which are designated as private rooms. In certain institutions, birthing rooms are the only place available for delivery. Women who ask for a private or semi-private room upon admission are unhappy being charged room fees for delivering in a birthing room, particularly once they realize that there is no other choice. The regulation states that the use of delivery rooms is free, but does not provide for the use of birthing rooms.

When the Québec Ombudsman has reviewed complaints on the matter, it points to the fact that birthing rooms have replaced delivery rooms. It recommends that the day of the delivery in a birthing room not be billed. For the other days, if the institution offers more than one type of room, birthing rooms, which are private, must be billed based on the user's choice upon admission. If the institution only offers birthing rooms, the service should be free as users are unable to choose.

PHONE SERVICE

In reviewing complaints, the Québec Ombudsman noted that certain institutions systematically bill for phone service. It believes that access to this service should be at the choice of the user. Unless it is included in the rate for the room requested and assigned, the institution cannot bill for it systematically.

REVIEW THE REGULATION AND USE STANDARD FORMS FOR THE CHOICE OF ROOM

Since the review of complaints reveals major differences in how the regulation is applied among institutions, it has become urgent to underline the difficulties in interpreting the *Regulation respecting the application of the Hospital Insurance Act* to the Ministère de la Santé et des Services sociaux. On March 1, 2006, the Health and Social Services Ombudsman drew the Department's attention to the lack of uniformity in the form for choosing rooms, to the importance of written information to allow the user to make an informed decision and to the need to review the regulation.

The Québec Ombudsman believes that the regulation must be updated to reflect new realities and that the form for choosing a room must be standard across institutions to provide the same information. Until the regulation is revised, the Department has committed to issuing directives to hospital centres to encourage a more consistent interpretation of the regulation throughout the network.

On January 17, 2007, the Department provided the Québec Ombudsman with a draft of a circular with instructions for directors general of institutions regarding billing for hospital rooms. The text addresses issues it had raised. On February 23, 2007, the Québec Ombudsman shared its positions and comments on the draft with the Department and informed it that it would take the draft into account in its review of complaints and recommendations.

The Department has just confirmed that it agrees with the recommendations of the Québec Ombudsman and that it will instruct hospitals accordingly.