HEALTH AND SOCIAL SERVICES: DEPARTMENT AND NETWORK INSTITUTIONS

This section covering the Ministère de la Santé et des Services sociaux and its network of institutions and services focuses on:

- service programs that designate a set of services and activities to meet the public's needs;
- support programs that combine administrative and technical activities to support the service programs.

For every program, the report on the past year presents the main issues and the Québec Ombudsman's findings. Citizen complaints may be used to illustrate the findings. It should be noted that the complaints presented were most often selected based on how well they represent the deficiencies described and how well-founded the complaints are.

This year the number of complaints increased from 1,123 in 2009–2010 to 1,188 in 2010–2011. For the same period, there was a marked increase (from 118 to 179) in reports—in other words, third-party requests soliciting the Québec Ombudsman's intervention in situations that could compromise the health or well-being of one or more users of the network, who are often vulnerable. Private seniors' residences were the most frequent subject of reports to the Québec Ombudsman. Seniors often fear retaliation and do not dare complain to the local or regional commissioner. Consequently, their friends and family often take the initiative. Another significant number of requests concerns facilities that accommodate vulnerable persons.

The Québec Ombudsman estimates that nearly 50% of complaints and reports closed in 2010–2011 were substantiated, representing a significant increase over last year (39%). The majority of complaints and reports fell into the following areas: clinical and care activities, accommodations, wait times, and in-home care.

ERADICATING COMPARTMENTALIZATION AND MONITORING SERVICE CONTINUITY

It cannot be denied—public services could be better integrated. Barriers between institutions and between professionals remain, preventing the introduction of satisfactory solutions to user needs. Some people find themselves in a state of great vulnerability after losing access to services and become discouraged due to the complex legwork that is required.

We note failures in the implementation of local networks. A persistent "silo" culture makes it difficult to ensure proper service continuity and dovetailing. As a result, users experience service interruptions, particularly while waiting for specialized services.

IMPROVING ACCESS TO HOME-CARE SERVICE

Home-care service applies to a number of service programs and is an essential component of the *Chez soi le premier choix* policy. The Québec Ombudsman nevertheless notes that part or all of individuals' home-care services have been cut off without consideration for the impact on their health and well-being. These vulnerable persons then find themselves isolated as a result. Others are refused services or see that their names are still on a waiting list. The reasons given for decreasing access to home-care service are often budget-related. In March 2011, the Department announced an integrated services plan for seniors that will be accompanied by a new policy entitled *Vieillir chez soi*. This plan notably provides for in-home care. To this end, another $150 million must be disbursed in 2011–2012 for senior care.

CLARIFYING SERVICE OFFERINGS TO REDUCE UNFAIRNESS

The Québec Ombudsman has been receiving more and more complaints related to service reduction. Faced with increasing cost pressures, the Department must clarify the basket of services since, in the absence of clear guidelines, institutional choices create disparities.

In addition, certain services are no longer being offered in hospital settings and are instead being transferred to clinics. At the same time, a variety of different rate formulas are being used. Moreover, access to rehabilitation services varies greatly depending on whether one is an individual, a road accident victim, or has been injured at work. Inequities have become increasingly marked over time.

ABIDING BY CERTIFICATION COMMITMENTS

In its prior annual reports, the Québec Ombudsman has asked the Department to finish certifying private seniors' residences and include these residences on the schedule of assessment visits. The Department responded that it:

- would revise the Regulation respecting the conditions for obtaining a certificate of compliance for a residence for the elderly;
- planned to drop in on residences to ensure they are complying with the rules under the regulation and the *Act respecting health services and social services* and that the safety and quality of such residences are appropriate.

Since the Québec Ombudsman is highly committed to ensuring the quality of services provided to seniors, it expects that the Department will take concrete action on its commitments and that the new draft regulation will provide a suitable response to the desired objectives.

ENSURING THE COMPLAINT EXAMINATION SYSTEM HAS FULL EFFECT

The mechanism established for receiving and handling user complaints is the cornerstone of a sound approach to improving the quality of care and services provided within the network. Substantiated complaints must serve as a tool for guiding specialists and resource persons toward better practices. They must also inspire network administrators in their selection of offered services. To achieve this, local and regional commissioners must have the appropriate resources and working conditions to fulfill their responsibilities, as the Québec Ombudsman has emphasized in its annual reports. Yet this is not always the case, as demonstrated by the complaints received. In addition, the Québec Ombudsman notes that institutional authorities do not always apply or even consider commissioners'

recommendations. It hopes that the Department—in addition to ensuring the complaint examination system operates smoothly—will encourage these authorities to consider and apply commissioner recommendations.

The Department therefore pledged to publish and promote a guide covering a number of aspects of the commissioner's job, in particular the hiring, training, and evaluation of commissioners. This guide will be aimed at all those who are involved in any way with the complaint examination system and will confirm the Department's role. The Québec Ombudsman welcomes this commitment and expects the guide to be completed as soon as possible.

In addition, local commissioners continue to handle certain requests as requests for assistance when, depending on their nature, they should have been handled as complaints. Assistance, as defined in the *Act respecting health services and social services,* is limited to helping people formulate a complaint, answering their questions, and referring them to an organization that will help them through the process. Any other interpretation will deprive users of other available means of recourse, including access to the Québec Ombudsman. Although the Department has reminded the commissioners of this fact, the Québec Ombudsman believes the information should be redistributed regularly through Department means.

Regarding local commissioners' refusal to handle billing complaints, the Department has taken the firm position that commissioners must accept and examine such complaints. The Department promised to issue them a written reminder. The topic gave rise to discussions and a verbal reminder at the meeting of the Department's table of regional commissioners. However, the written reminder has yet to be issued.

FOLLOWING UP ON THE QUÉBEC OMBUDSMAN'S RECOMMENDATIONS

In its 2009–2010 annual report, the Québec Ombudsman expressed its regret over the Department's inadequate follow-up on its recommendations: in recent years, 20 recommendations have received no response. The Department went on to provide assurance that it would officially record its commitments in an action plan that would subsequently be implemented. The Department sent the Québec Ombudsman an action plan to follow up on the recommendations in December 2010. This plan is very fitting. Certain proposed actions were carried out and satisfactorily meet user needs. Other planned solutions are appropriate but must still be applied or clarified before being implemented. The Québec Ombudsman will thoroughly monitor the steps taken so that the necessary improvements are effectively implemented. It would, however, like to emphasize the Department's excellent cooperation over the past year.

A summary of follow-up on all recommendations made to the Department can be found on page 148 of this annual report, in the "Follow-up to recommendations in the Québec Ombudsman's 2007-2008, 2008-2009, and 2009-2010 annual reports" section.

THE QUÉBEC OMBUDSMAN'S RESPONSE TO BILLS AND DRAFT REGULATIONS

The Québec Ombudsman commented on the following:

- Bill 127, the *Act to improve the management of the health and social services network*;
- the *Regulation amending the code of ethics of physicians.*

The Québec Ombudsman's statements can be found on pages 110 and 118 of this annual report, in the "Parliamentary Watch Report" section.

The following sections present the findings from the examination of complaints received, in the following order:

- International adoption;
- Physical and intellectual disabilities and pervasive development disorders;
- Addictions;
- Troubled youth;
- Age-related loss of independence;
- Mental health;
- Physical health;
- Support.

Where applicable, these sections include the Québec Ombudsman's recommendations to the Department.

It should be noted that names of institutions have been removed to preserve anonymity, with the exception of certain cases in which the deficiencies appeared particularly serious and appalling.

International Adoption

The Secrétariat à l'adoption internationale falls under the Ministère de la Santé et des Services sociaux. It is responsible for coordinating international adoption activities in Québec and, in particular, assisting and counselling people who plan to adopt a child domiciled outside Québec.

COMPLAINTS IN 2010-2011

In 2010-2011, the Québec Ombudsman received roughly the same number of complaints as the previous year. For the most part, the complaints concerned the need for applicants to be properly informed about the specifics of international adoption and the steps in the adoption process.

CONTINUING TO IMPROVE SERVICES FOR CHILDREN AND THEIR PARENTS

In 2010-2011, the Secrétariat continued its efforts to improve the services provided to parents who adopt children domiciled outside Québec. These efforts are primarily in response to the recommendation made to the Ministère de la Santé et des Services sociaux by the Québec Ombudsman in 2008-2009 to harmonize the services provided to parents of children adopted in Québec and parents of children adopted internationally to ensure that these parents receive equivalent support, but adapted to the realities of each type of adoption.

In December 2010, the Secrétariat and its partners published a guide to international adoption entitled *Guide d'intervention en adoption internationale*, which sets out the roles and responsibilities of the partners involved in each step of the international adoption process and reaffirms the principles and rules governing the process. The guide was designed such that a follow-up committee can make amendments as international adoption practices and issues change. Although the Secrétariat

and its partners did not jointly sign the guide, despite the Department's commitment, the Québec Ombudsman is satisfied to see that the guide clearly sets out the responsibilities and functions of each player in the adoption process.

The Secrétariat also finished setting up an international adoption training program for professionals from health and social services centres (CSSSs). In 2011-2012, it plans to offer this training to professionals responsible for medical and psychosocial follow-up of adopted children and their parents.

As well, the Secrétariat continued setting up an outreach program it hopes to offer in 2011-2012 to people applying for international adoptions. In the first part of the program, the Secrétariat in cooperation with Québec youth centres, will provide general information on adopting in Québec and internationally. The second part will focus on international adoption.

The Québec Ombudsman acknowledges the efforts made by the Secrétariat and its partners to provide adoptive parents with better support during the legal and administrative procedures involved in their adoption plan. However, it questions the accessibility of specialized medical and psychosocial services for adopted children and their parents, and intends to remain vigilant with regard to these problems.

Information not accessible to someone wanting to adopt internationally

In 2010-2011, a person wishing to adopt a child without going through a body certified by the Minister of Health and Social Services submitted an adoption proposal to the Secrétariat à l'adoption internationale. After studying the file, the Secrétariat refused to issue the authorization needed for the potential adoptive parent to proceed with her plan to adopt. The reasons for this decision were never explained. The Québec Ombudsman called on the Secrétariat to provide the citizen with the requested information as well as any necessary clarifications regarding the rules and assessment pertaining to the planned adoption. The Secrétariat accepted and acted on the Québec Ombudsman's recommendation and gave the complainant the necessary information.

Physical Disabilities, Intellectual Disabilities and Pervasive Development Disorders

The physical disability program is aimed at people of all ages suffering from a disability that results or is likely to result in a significant and persistent motor, hearing, visual, or language impairment.

The intellectual disability and pervasive development disorder program is aimed at people in these two groups. Intellectual disability is characterized by significantly sub-average intellectual functioning and limitations in adaptive behaviour that manifest before age 18. Pervasive development disorders are specific problems that affect all areas of a person's development, i.e., cognitive, social, emotional, intellectual, sensory, and language.

These conditions can result in limitations on the affected person's lifestyle habits or ability to play a social role and, consequently, in the need for specialized rehabilitation or community inclusion support services at some point in the person's life.

COMPLAINTS IN 2010-2011

The complaints filed with the Québec Ombudsman in 2010-2011 in relation to these two programs primarily concerned:

- wait times;
- breakdown in service continuity;
- deficiencies in residential care for vulnerable persons;
- cuts in home care support programs.

REDUCING THE WAIT FOR SERVICES

Finding out that their child is handicapped is devastating for parents, and the diagnosis comes with a host of questions, worries, and needs. The goal of the service access plan for people with disabilities, which came into force in November 2008, is to take users and their families in hand as soon as possible after a disability is confirmed. Under the plan, individuals whose needs are deemed high priority are supposed to begin receiving services within 30 days following their registration with a health and social services centre (CSSS) and within 90 days for specialized services provided by a rehabilitation centre.

CSSSs are the portal to services, but they are not always able to respond to a request, in which case the user and his family must wait to receive the support they need—just when they need it most. The Québec Ombudsman also observed that the obligation to refer a user to a rehabilitation centre for specialized services is not always met due to time constraints. The whole access to the service system is thus paralyzed from the outset and the wait-time clock starts ticking.

Tenfold increase in wait times, from 30 days to 300…

A father whose four-year-old son was diagnosed with a pervasive development disorder was having problems obtaining services from his CSSS (intake, needs assessment, referral to a rehabilitation centre, family assistance, and support) and filed a complaint with the Québec Ombudsman.

To begin with, he had to wait 75 days for the CSSS to register his son, whereas the time prescribed in the service access plan of the Ministère de la Santé et des Services sociaux is three days. When the complaint was being investigated, the child and his parents had been waiting 300 days for so-called "front-line" services, whereas the maximum wait time under the service access plan is 30 days. The "system navigator" was unable to refer them to specialized services in a rehabilitation centre because she had more than 120 user files to juggle at the same time. Consequently, the child's parents had to take multiple steps to speed up the referral process.

The Québec Ombudsman's investigation revealed that the CSSS did not receive the funding to deploy the access plan until a year after the government implemented it. This situation hampered the CSSS's efforts to improve its services as well as directly affected users with a

pervasive development disorder. The Québec Ombudsman therefore recommended that the health and social services agency concerned take the necessary means to help the rehabilitation centre fulfill its mission. The agency acted on this recommendation. It received a portion of the anticipated funding to deploy the access plan, which enabled the agency to reduce wait times, although the latter were still longer than the standard times set by the Department.

ENSURING SERVICE CONTINUITY

Users sometimes have to wait a long time before being referred to another service provider and receive no support while waiting, even though the purpose of local health and social services networks is to ensure access to the right service at the right time from the right institution. Nevertheless, the Québec Ombudsman noted breakdowns in service continuity, particularly during referral from one service provider to another. These breakdowns are unacceptable, penalize users and their families, and violate both the *Act respecting health services and social services* and the Department's own service access plan.

An endless wait

A three-year-old girl with a physical disability was referred to a rehabilitation centre for people with physical disabilities to get specialized services. The rehabilitation centre informed the girl's mother that she would have to wait 18 months to receive services, which is six times the 90-day wait prescribed in the access plan for children under six years of age. The mother filed a complaint with the centre and then with the Québec Ombudsman.

The investigation revealed that the rehabilitation centre had not offered the girl and her mother the backup measures provided for in the access plan for people with disabilities. These measures are aimed at offsetting the inability to begin providing services within the prescribed time and mitigating the impact of long waits. In the case at hand, the rehabilitation centre said it was unable to implement backup measures, and the Québec Ombudsman found that the centre was indeed facing real constraints. However, an examination of the centre's financial statements revealed a significant budget surplus. The Québec Ombudsman recommended that the surplus be used to reduce the adverse effects of long waits on users.

The Québec Ombudsman also recommended that:

- *the CSSS establish an individualized service plan for the girl in order to provide her with services during the waiting period;*
- *the CSSS and the rehabilitation centre finish implementing access mechanisms binding the organizations.*

Both the CSSS and the rehabilitation centre agreed to follow the Québec Ombudsman's recommendations.

Users suffering from multiple problems, whether physical or mental health, for example, after an accident, and who have reduced functional independence making it hard for them to stay in their homes, can end up getting shuttled from one program or health and social services institution to another. When this happens, there is no comprehensive assessment of their needs and users do not receive the services they require.

Victim of a car accident and of poor handling of her case by public services

A woman was still suffering from the physical after-effects of a car accident a few years after it happened. The Société de l'assurance automobile du Québec (SAAQ) paid for private rehabilitation services for a certain period of time, after which the private agency closed the woman's file. The woman contested SAAQ's decision and the appeal process took its course. In the meantime, the woman's physician referred her to the CSSS so that she could continue receiving physiotherapy and occupational therapy treatments. The CSSS refused her request on the grounds that it did not provide the medium- and long-term services required following a head injury. The CSSS forwarded the request to the rehabilitation centre with which it had a cooperation agreement. The woman was again denied services. The rehabilitation centre explained the grounds for this decision and encouraged the woman to ask the CSSS for psychosocial assistance and a psychiatric evaluation. The woman filed a complaint with the CSSS and asked to receive the rehabilitation services prescribed by her physician.

During its investigation, the Québec Ombudsman found that the CSSS did not handle the request for services with enough rigour:

- *intake, assessment and referral were handled in too cursory a manner and a biopsychosocial assessment of the individual was not conducted;*
- *an individualized service plan was not prepared;*
- *there was a lack of services for the ambulatory adult population with medium- and long-term rehabilitation needs;*
- *the dispute settlement and follow-up mechanisms provided for in the agreement binding the CSSS and the rehabilitation centre were not applied.*

The Québec Ombudsman made recommendations aimed at rectifying the complainant's situation and improving the quality of services provided by the CSSS. The CSSS accepted all of the recommendations and implemented corrective measures in accordance with the action plan concerned.

IMPROVING THE QUALITY OF RESIDENTIAL SERVICES FOR VULNERABLE PERSONS IN SOME REHABILITATION CENTRES

The mission of rehabilitation centres for people with intellectual disabilities and pervasive development disorders is to improve their clients' autonomy and community participation in order to improve their quality of life. The residential services provided by rehabilitation centres are a crucial lever for fulfilling this mission. However, residents of these centres, especially the most socially isolated ones, sometimes suffer in silence when their rights under the *Act respecting health services and social services* and, in the most serious cases, their integrity and fundamental rights, are violated.

There were serious breaches during the year in the quality of residential services provided by some residential resources under contract with rehabilitation centres for people with intellectual disabilities and pervasive development disorders. Following these revelations, the Agence de la santé et des services sociaux de Montréal placed the Centre de réadaptation en déficience intellectuelle Lisette-Dupras under interim administration in spring 2010, at the centre's request and on the Minister of Health and Social Services' recommendation. During the summer, the same agency also decided to extend assessment of the quality of residential services to all rehabilitation centres for intellectual disabilities and pervasive development disorders within its territory. Concurrently, the Québec Ombudsman was investigating, on its own initiative, Miriam Home and Services following a report of negligence in one of its intermediate resources.

In the wake of these events, the Québec Ombudsman set up an oversight mechanism to monitor the quality of services in noninstitutional resources providing lodging for people with intellectual disabilities and pervasive development disorders. The information gathered during this monitoring exercise and the action taken by the Québec Ombudsman with regard to Miriam Home and Services is worrisome. An extreme violation of a person's rights and integrity can only occur and continue over time if there are serious failings in an institution's residential programs. Some of them struggle to manage their residential program according to departmental standards. The cited program failures had serious consequences for the rights of certain users.

Extreme negligence

A person informed the Québec Ombudsman of what he felt was a case of extreme negligence in an intermediate resource under contract with Miriam Home and Services. The resource had six severely disabled residents. Based on the evidence, the Québec Ombudsman visited the resource unannounced and found that there was indeed serious negligence. Following the visit, the Québec Ombudsman made a number of recommendations to the rehabilitation centre, including:

- *suspending the intermediate resource's operations;*
- *moving the users to another resource while the centre conducted an administrative investigation;*
- *assessing the residents' state of health.*

The rehabilitation centre took swift action to implement all of the recommendations.

An in-depth investigation by the Québec Ombudsman revealed a number of failings in the rehabilitation centre's residential program in terms of compliance with departmental standards for noninstitutional residential resources.

The action taken by the Québec Ombudsman put an end to the unacceptable negligence suffered by the six users concerned. The intermediate resource shut down and its residents were moved to suitable resources. Since then, the Québec Ombudsman has observed an improvement in the organization and operation of the rehabilitation centre's residential program, which should translate into compliance with the departmental standards for residential resources as well as users.

The fact that the Lisette-Dupras and Miriam rehabilitation centres were visited during the Department's service-quality assessment in 2007 raises questions about the efficacy of assessment visits. The Department claims that "quality assessment visits are one of the tools used by the Minister of Health and Social Services to ensure that every person who lives in a substitute living environment that is associated with or part of the public system receives adequate services and has a quality physical environment." Although the purpose of assessment visits is not to identify inadequate residential resources, but rather to evaluate users' quality of life and compliance with the Department's policy directions, the Québec Ombudsman found that these rehabilitation centres did not meet the objectives of the quality assessment program. Three years after the Department's assessment teams conducted their visits, the Agence de la santé et des services sociaux de Montréal and the Québec Ombudsman noted that violations of the right to integrity of the person of users under the responsibility of these rehabilitation centres had been going on for years. While the centres and management of their residential programs may be responsible for the observed failures, how should the quality assessment program help prevent and correct these situations?

RECOMMANDATIONS

WHEREAS ensuring adequate delivery of services implies conducting activities that enable the Department to identify and rectify problems;

WHEREAS the quality assessment program advocates notifying intermediate and family-type resources that they will be visited and allowing them to refuse such visits, and that this inhibits assessment teams' ability to evaluate the true quality of services;

WHEREAS assessment visits are conducted within a very short time (total 24-48 hours for all visits), and that this inhibits the teams' ability to make a thorough assessment;

WHEREAS the teams that visit resources do not have all of the tools needed to obtain information that would be helpful to their assessment, in particular, information protected under the *Act respecting Access to documents held by public bodies and the Protection of personal information*;

The Québec Ombudsman recommends that the Ministère de la Santé et des Services sociaux:

- amend its quality assessment program such that visits to intermediate and family-type resources make it possible to ensure that every resident in a substitute living environment that is associated with or part of the public system receives suitable services and enjoys a quality physical environment;
- submit an action plan to that end to the Québec Ombudsman no later than December 31, 2011.

DEPARTMENT'S REMARKS

"Steps are being taken to optimize the visits conducted under the Department's certification assessment program. The existing assessment tools and processes will be revised and enhanced with a view to continuous improvement of the care and services provided to people living in residential resources.

"The Department will continue to conduct visits to rehabilitation centres in order to assess the deployment of the *Milieu de vie* (living environment) approach in intermediate and family-type resources. The presence and maintenance of safe, quality living environments in facilities housing vulnerable persons remains a constant priority for the Department, and visiting resources is a preferred means of ensuring this objective is attained. Monitoring implementation of this recommendation will be part of the departmental action plan that will be sent to you no later than December 31, 2011."

ENSURING ACCESS TO HOME CARE SUPPORT SERVICES AND SERVICE CONTINUITY

In the wake of the process to harmonize practices, health and social services institutions, in conjunction with the regional agencies, updated several programs and normative frameworks, particularly as regards in-home care. Several regions developed tools to ensure equitable allocation of services, which, unfortunately, are sometimes applied too rigidly and thus leave little room for the professional judgment needed to handle complex situations. Also, the support of a family caregiver is often taken for granted without verifying if the person actually has the availability and capacity to meet the needs of the person cared for. Consequently, users determined through a professional assessment to be suffering from a significant loss of autonomy sometimes have their services cut because they are living with a spouse, or because their condition does not match a disability rating provided for in the normative framework. For example, the CSSS reviewed its needs assessment criteria for home care support services with the result being that numerous users lost services they had been receiving prior to the review. The Québec Ombudsman launched a systemic investigation into the matter.

From eight hours of support a week to 14 hours a year!

A woman lost her sight and had neurological after-effects further to a series of strokes. Although she was eventually able to regain enough autonomy to perform activities of daily living and domestic activities of daily living in her home, she could not go out without an attendant. After the new criteria under the normative framework took effect, the woman saw the number of hours of home care support she received reduced from eight hours a week to 14 hours a year! She lost the attendant care services she had prior to the change and thus found herself confined to her home. In her complaint to the Québec Ombudsman, she decried the lack of information provided during the reassessment of her service plan and the lack of assistance in finding alternative resources. The woman also lamented the lack of transparency in the process. The Québec Ombudsman recommended that her needs be reassessed and that she get back her attendant care services if no alternative resources were available. The CSSS agreed to review the user's genuine needs and take the necessary steps to meet them.

FOLLOWING UP ON THE QUÉBEC OMBUDSMAN'S RECOMMENDATIONS

Last year, the Québec Ombudsman made three recommendations to the Department with respect to its programs of services for people with physical disabilities and people with intellectual disabilities and pervasive development disorders:

- a recommendation to gradually reduce the waiting lists existing prior to the implementation of the service access plan for people with disabilities;
- a recommendation to improve guidelines respecting additional delays that occur after the "start of services" (*début des services*) within the meaning of the access plan;
- a recommendation for the Department to more clearly define "first service" (*premier service*) so that it corresponds to the priority need for which the user must receive services from a rehabilitation centre.

Only the first recommendation was implemented to the Québec Ombudsman's satisfaction. The Québec Ombudsman remains in constant contact with the Department to make sure it acts on the last two recommendations.

Addictions

The purpose of the addiction treatment program is to meet the needs of those suffering from alcoholism, drug addiction, compulsive gambling, or Internet addiction. It includes rehabilitation, detoxification, and social reintegration services for these people and services for their families and close circle.

COMPLAINTS IN 2010-2011

This section of the annual report covers an area of jurisdiction new to the Québec Ombudsman. In February 2010, the *Act respecting health services and social services* was amended to make certification mandatory for certain community or private resources offering lodging in private residences for persons suffering from drug addiction or compulsive gambling. More specifically, the *Regulation respecting the certification of drug addiction or pathological gambling resources*, passed in July 2010, extends the Québec Ombudsman's field of intervention to cover drug addiction or compulsive gambling resources, whether certified or not, that meet the following definition (from the Regulation): "Such a resource is a place that offers residential services and support services of various kinds, including therapy, social reintegration, assistance and support in recovering from an intoxication, and assistance and support in disintoxication, through individual or group interventions in the field of drug addiction or pathological gambling."

A NEW AREA OF RESPONSIBILITY: SEVERAL INVESTIGATIONS ALREADY UNDERWAY

As soon as the Québec Ombudsman was assigned this responsibility, it began to receive complaints and reports concerning the quality of care, services, and lodging in certain private resources specialized in addiction treatment. Since then, various investigations have been undertaken, and the Québec Ombudsman intends to be proactive with regard to this type of residence. It will comment on its initiatives in next year's annual report.

Troubled Youth

The Troubled Youth program consists of services for children and adolescents with developmental, behavioural, or social adjustment problems. The program is also intended for youth who need appropriate assistance to ensure their safety and development or to make sure it is not threatened or compromised. Troubled Youth also includes services for the families of these young people as well as specialized services such as adoption, placement, and social rehabilitation.

COMPLAINTS IN 2010-2011

In 2010-2011, the number of complaints to the Québec Ombudsman concerning the Troubled Youth program was the same as the previous year. The grounds were also the same, namely:

- the intervention of youth centre staff in responding to the reporting of events ("signalement") and in monitoring individualized service plans for children and their parents;
- non-compliance with the measures agreed to by directors of youth protection and parents or ordered by the courts;
- the quality of services provided to children in residential centres and to their parents;
- the regulatory limits on parents' financial contribution while their child is placed;
- the coordination and complementarity of family interventions between institutions.

Lack of information during a critical period

A parent complained to the Québec Ombudsman about the scarce information he received when his child was placed in a rehabilitation centre. The Québec Ombudsman showed how important it is in such situations for the child and his parents to be given a description of the rehabilitation measures taken and the steps leading up to discharge. As a result of the Québec Ombudsman's recommendation, the rehabilitation centre revised its intake program to provide those concerned with all necessary information pertaining to in-house rules and the rehabilitation process.

Billing of unused services and a questionable concept of equity

When an adolescent was placed in a foster family, the youth centre and the parents agreed that he would live with his grandparents temporarily. This measure proved to be clinically sound and beneficial to the teen's development. However, the parents had to continue paying a financial contribution to the youth centre for their son's placement and were not credited for the days he spent at his grandparents' home.

The investigation completed, the Québec Ombudsman remains concerned about the limits imposed by the Regulation respecting the application of the Act respecting health services and social services. Systemic action is underway to address problems of equity stemming from the Regulation and the necessary corrective measures.

TIGHTENING THE SAFETY NET TO PROTECT INFANTS AND TODDLERS

In 2010-2011, the Québec Ombudsman concluded an investigation on the services provided to three families and their young children by youth centres and CSSSs in three regions. Two children under age two died and a third in the same age group suffered serious consequences as a result of trauma. While the dedication of the caseworkers cannot be disputed, the Québec Ombudsman observed problems with service coordination and continuity in ensuring maximum protection of the children. Furthermore, access to resources for parents who have an addiction is wanting.

At the end of its investigation, the Québec Ombudsman made recommendations to the six institutions concerned. The recommendations are aimed at:

- developing, if not strengthening, collaboration among institutions in assessing potential risk situations;
- fostering the use of specialized services for parents in difficulty;
- improving interventions carried out singly or jointly by the region's institutions by conducting non-partisan case reviews following tragic events.

Afterwards, the Québec Ombudsman filed a report with the Ministère de la Santé et des Services sociaux highlighting what can be learned from these situations. The report's recommendations concern continuous improvement of the services provided by institutions in every region of Québec to children born into or living in a situation of vulnerability or neglect. More specifically, they concern:

- the ties and collaboration between CSSS staff and youth centre staff;
- the staff's use of validated clinical tools in assessing the level of risk to which infants and toddlers are exposed;
- the availability of specialized services for parents grappling with addiction.

The Québec Ombudsman is happy to report that the Department and the institutions concerned accepted and implemented almost all of its recommendations.

> To learn more, see the Québec Ombudsman's special report
> www.protecteurducitoyen.qc.ca, under the "Cases and Documentation" tab.

Age-Related Loss of Independence

The Age-Related Loss of Independence program includes all services designed for those who have lost independence and for their families. The loss of independence must be related to age, regardless of cause: loss of functional autonomy, cognitive problems like Alzheimer's disease, or chronic illnesses. Certain services are provided in the home, others at an institution. They aim to compensate for these individuals' deterioration in health, build on their remaining potential, and ensure a safe living environment.

COMPLAINTS IN 2010–2011

In 2010–2011, there was a significant increase—from 200 to 250—in the number of complaints and reports received by the Québec Ombudsman concerning the various residential resources. The complaints highlight problems related to the quality of services and care in public and private institutions alike. Certain private residences for seniors have trouble providing a pleasant and warm living environment that fosters a feeling of safety and belonging. Communication and residents' involvement in the living environment are often neglected in favour of a management style that focuses more on property administration than on seniors and their characteristics.

BETTER ACCOMMODATING THE NEEDS EXPRESSED BY NON-PROFIT HOUSING RESIDENTS

Private seniors' residences managed by non-profit housing agencies are the product of a cooperative effort by municipalities and the government to offer seniors affordable and safe housing options, including a relatively broad range of services, one of which is meals. These residences accommodate low- and modest-income seniors who are independent or slightly dependent. Such residences are managed by a board of directors that is composed of volunteers and that must include a certain number of residents.

Management ill-suited to seniors' needs

The Québec Ombudsman received a report about major dissatisfaction on the part of a number of residents of a non-profit residence over food service, the fact that there were no residents on the board of directors, and managers' lack of respect and unwillingness to listen to residents.

In order to hear the different versions of the facts, the Québec Ombudsman's investigation included meetings with dozens of residents, the executive director, the members of the board of directors, as well as a number of outside parties, including representatives from the Société d'habitation du Québec and the relevant health and social services agency. These two agencies were called upon to help research possible solutions for improving service quality at the residence based on the Québec Ombudsman's recommendations.

The Québec Ombudsman's investigation confirmed the following:

- *resident participation in life at the residence was not promoted;*
- *there were no residents on the board of directors;*
- *there was no forum for residents to express themselves;*
- *recurrent problems were adversely affecting relations and communication between residents and management.*

The Québec Ombudsman made a number of recommendations, which were all accepted. More specifically, they concerned the following:

- *use of a consulting process to facilitate the adoption of best management practices for a senior residence by the board and management;*
- *identification, in a code of conduct, of the desired attitudes and behaviour for administrators and managers in their relations with residents, as well as enforcement measures;*
- *implementation of measures to promote the dissemination of information to residents as well as their participation on the board of directors and involvement in organizing their living environment;*
- *use of a nutritionist to ensure the quality of resident food services;*
- *amendment of the complaint management process.*

As at March 31, 2011, a number of recommendations had been implemented to the Québec Ombudsman's satisfaction: a code of conduct had been developed, residents had been elected to the board of directors, a residents' committee had been formed, a monthly internal newsletter had been published, and a nutritionist's evaluation report on the quality of food services had been received.

Improvements that must still be made include having the nutritionist monitor the food service, amending the internal complaint management process, and undertaking a consultation process with managers to develop suitable management practices for the senior residence.

The Québec Ombudsman is closely following the residence's implementation of its recommendations.

MONITORING SERVICE AND LIVING ENVIRONMENT QUALITY

The Québec Ombudsman requested that the Ministère de la Santé et des Services sociaux adapt services to the needs of a resident under curatorship.

Inappropriate resources for an elderly person under curatorship

The Curateur public represented a 73-year-old man living in a health institution whose services had not suited his condition for four years. The man had mental health issues, had lost independence, and presented mild mental retardation. He was excluded from existing health and social services network programs for specific populations because he never fully met the established admissions and priority criteria in his area of residence.

To expedite this man's case and provide him with appropriate resources, the Curateur public took a series of steps for which it solicited the Québec Ombudsman's assistance. In response to this intervention, the health and social services network designated the man's situation a priority, which entitled him to be transferred to the appropriate institution as soon as space became available.

INCREASING SAFETY MEASURES BASED ON SENIOR CLIENTELE VULNERABILITY

Every year, injuries and even deaths occur due to exposure to overly hot water. According to the Institut national de santé publique du Québec:

- such burns have caused 17 individuals, most of whom were 65 or older, to die in 2000–2007;
- 81 individuals, nearly 40% of whom were 65 or older, were hospitalized for this type of burn during the same period.

Studies show that the risk of hot water burns increases significantly with vulnerable persons: children, the elderly, and those with physical or mental disabilities. The risk is higher because their skin is fragile or because, when they find themselves in a dangerous situation, they have more difficulty escaping it.

The only standards and requirements related to hot water temperature are found in Québec's construction and plumbing codes. These regulations, which are implemented by the Régie du bâtiment du Québec, stipulate that the temperature of water leaving the faucet must never exceed 49°C. However, this requirement only applies to new buildings, which excludes any structure built before 1995. A number of residential and long-term care centres (CHSLDs) are therefore not subject to these standards and requirements.

A working committee was set up to prepare a draft regulation to impose maximum hot water temperatures. The primary goal of the regulation would be to minimize the risk of burns in health institutions, particularly those that accommodate vulnerable populations. The committee is made up of representatives from the Department, the Corporation d'hébergement du Québec, the Institut national de santé publique du Québec, the Corporation des maîtres mécaniciens en tuyauterie du Québec, and the Regroupement québécois des résidences pour aînés. Although the Québec Ombudsman recognizes the value of this initiative, it is still concerned about the situation and plans to devote its full attention to this committee's work and the general progress of the situation, which it would like to see accelerated for the purposes of prevention. Once the regulation is published, it will analyze the wording and make any recommendations it deems necessary.

A death due to very hot water exposure

A 94-year-old resident of a residential and long-term care centre lost his balance in the bathroom and fell into the empty bathtub. He grabbed one of the faucets and involuntarily turned on the hot water. Since he was unable to get out of the bathtub or shut off the faucet, he suffered second-degree burns. Following this, he was transferred to a hospital burn unit, where he died six days later. This was the second death due to the same cause in under two years at this institution.

The Québec Ombudsman's intervention led to 15 recommendations that were all accepted by the various institutions concerned:

- *the CHSLD implemented measures to ensure that water temperatures did not exceed 40°C at any faucet accessible to residents;*
- *the health and social services agency asked all residential and long-term care centres in its area—while awaiting specific regulations—to take the necessary measures to immediately limit water temperatures to 43°C and provide it with an attestation completed by a recognized professional;*
- *the Department had to take measures to enact the standards or regulations that will impose water temperature limits to prevent burns in the residential and long-term care centres not subject to the standards that apply to new buildings*

The Québec Ombudsman notes that as at March 31, 2011, these last measures had not yet been announced by the Department.

FOLLOWING UP ON THE QUÉBEC OMBUDSMAN'S RECOMMENDATIONS

Once again this year, the Québec Ombudsman is seeking follow-up on the recommendations it made to the Department in its 2007–2008, 2008–2009, and 2009–2010 reports. These concerned the development of quality standards for the delivery of care and services to residents as well as the implementation of departmental guidelines for quality living environments for CHSLDs. The Department has said it is working on revising long-term residential service offerings, and the Québec Ombudsman will keep a close watch in order to analyze the impact of the changes on citizens.

In its past reports, the Québec Ombudsman has also raised the need to design a mechanism for assessing the quality of services provided in private seniors' residences. It has also emphasized time frames for completing the certification process. On this topic, the Department informed the Québec Ombudsman that it had begun amending the *Regulation respecting the conditions for obtaining a certificate of compliance for a residence for the elderly* and that the proposed changes should meet the recommendations. The Québec Ombudsman welcomes this initiative but remains very intent on ensuring that the amended regulation preserves the rights and protective mechanisms that seniors living in such residential environments currently enjoy.

With regard to the process of certification and the amendment of the *Regulation respecting the conditions for obtaining a certificate of compliance for a residence for the elderly*, the Québec Ombudsman intends to stay vigilant so that:

- the protection of vulnerable seniors remains central to these changes;
- seniors, especially those living in residences subject to the certification process on March 31, 2011, do not lose any rights they currently enjoy, in particular, access to complaint mechanisms.

Mental Health

The Mental Health program is designed to provide an appropriate response to the needs of the mentally ill and see that they receive the right kind of attention, regardless of the intensity or duration of their problems. First-, second-, and third-line care teams are responsible for providing and coordinating care and services. The work must necessarily be carried out in partnership with those who require these services, their loved ones, as well as community organizations in some cases.

COMPLAINTS IN 2010–2011

Over the years, the majority of the complaints received by the Québec Ombudsman have demonstrated that the rights of mental health patients remain poorly understood and the rules governing respect of these rights are applied inconsistently by those responsible.

In 2010–2011, the Québec Ombudsman, in addition to dealing with individual complaints, took action on a systemic level to correct problems affecting the entire mental health system. It also conducted extensive follow-up of its recommendations with the Ministère de la Santé et des Services sociaux regarding control measures, specifically, the use of isolation and restraint by institutions. Two special reports were produced on two aspects of the problem:

- application of the *Act respecting the protection of persons whose mental state presents a danger to themselves or to others*;
- detainees with mental health problems.

INFORMING DYING PATIENTS' RELATIVES

Some mental health patients are treated in short-term care units. Others are housed in the long-term care units of institutions or so-called noninstitutional resource accommodations. The staff of such institutions is not always up-to-date on palliative care practices. Sometimes staff fails to provide appropriate information to patients and their loved ones.

Who is responsible: the Curateur public or the hospital?

An unfit individual represented by the Curateur public had lived for many years in the long-term care unit of a hospital. This person's cousin contacted the Québec Ombudsman to complain that she was not informed of her cousin's condition and subsequent decease. She was, however, well known to the care unit staff, visited regularly, kept up-to-date on the patient's condition, and had provided contact information to the institution so staff could reach her if necessary.

The Québec Ombudsman's investigation found that it was the responsibility of hospital staff to inform the family or contact person of a patient's death, even if the patient was represented by the Curateur public, as specified in the Curateur public's reference guide (Guide de référence du Curateur public à l'intention des personnes-ressources du réseau de la santé et des services

sociaux). *This was not done because the hospital thought it was the responsibility of the Curateur public. The Québec Ombudsman recommended that a policy be established to designate staff members responsible for notifying the family of the death of a family member, whether the patient is represented by the Curateur public or not.*

The hospital was open to the recommendation and agreed to review its policy regarding patients in long-term care and noninstitutional resource accommodations connected to it. This process will ensure that information is provided at the appropriate time. The institution is also working with the Curateur public to share information should important events arise involving hospital patients represented by the Curateur public. The hospital has agreed to inform the Québec Ombudsman of the outcome of these discussions.

BEING VIGILANT ABOUT BASIC HUMAN RIGHTS

The rights of those treated in mental health institutions are of particular concern to the Québec Ombudsman. Like everyone else, these patients have the right to:

- be informed about and consent freely to care offered;
- choose the institution in which and the physician from whom they receive care;
- decide, except in certain cases, to leave the institution if they so wish.

When institutions wish to make an exception to these rights, they must do so under the law. In the last year, the Québec Ombudsman has often had to recommend to institutions that they review their practices in this area.

Violation of the rights of an individual admitted involuntarily

On police request, ambulance attendants brought an individual to a hospital where she was held against her will for close to three weeks. During this time, the protective confinement process was not adhered to as specified by the law. The patient clearly expressed her desire to leave the hospital.

On investigation, the Québec Ombudsman found that the individual did not understand why she was being held in the institution and that the notes in her file made no mention of her being informed of her protective confinement. Another disturbing fact was that several times during her hospital stay, she was forced to bargain for her personal clothing after refusing to take her medications. In the first four months she spent in hospital, she was only allowed to go outside for brief walks three times, the institution citing a shortage of staff.

The Québec Ombudsman recommended that the institution establish concrete measures to safeguard the rights of patients, including:

- *a reminder to staff of their responsibilities in this area;*
- *training sessions;*
- *measures to ensure that current laws and standards are strictly applied;*
- *a review of the institution's code of ethics.*

FOLLOW-UP TO THE QUÉBEC OMBUDSMAN'S SPECIAL REPORT

In February 2011, the Québec Ombudsman submitted a special report to the Minister of Health and Social Services on problems with the application of the *Act respecting the protection of persons whose mental state presents a danger to themselves or to others*. Under certain conditions, this law allows for individuals to be confined involuntarily in a health and social services institution.

The Québec Ombudsman's report indicates various problems and recommends possible ways to address them, including:

- amendments to legislation;
- departmental guidelines to improve the legal framework relating to confinement;
- strict accountability for everything done in virtue of the act;
- development and establishment of a national training program.

The Department indicated its agreement in spirit with the recommendations of the Québec Ombudsman's report, making essentially the same observations in its own report on the question, which appeared shortly after. The Québec Ombudsman will pay close attention to the follow-up given to these two reports.

To learn more, see the Québec Ombudsman's special report
www.protecteurducitoyen.qc.ca, under the "Cases and Documentation" tab.

INTERVENING APPROPRIATELY WITH PERSONS IN CUSTODY WHO HAVE MENTAL HEALTH PROBLEMS

This year, the Québec Ombudsman produced a special report on the services for detainees with mental health problems. This report is posted on the Québec Ombudsman's website (www.protecteurducitoyen.qc.ca), under the "Cases and Documentation" tab. It is also discussed on page 48 of this annual report, in the "Ministère de la Sécurité publique – Correctional Services" section.

FOLLOWING UP ON THE QUÉBEC OMBUDSMAN'S RECOMMENDATIONS

In previous years, the Québec Ombudsman has made a number of recommendations to the Department regarding the mental health program, particularly on control measures. The Québec Ombudsman is carefully watching the Department's follow-up to these recommendations, which may concern all segments of the public—not only those with mental health problems.

Physical Health

The Physical Health program consists of the care and services delivered by hospitals, both for ambulatory and short-term care, as well as the in-home care and support services provided to people who cannot get out. The program also includes the palliative care and services provided to users who require continuous care.

COMPLAINTS IN 2010-2011

A large percentage of the complaints filed with the Québec Ombudsman in 2010-2011 concerned wait times and the referral of users assigned a priority level of 4 or 5 to other service providers. The Québec Ombudsman also found that users referred to clinics with which the institution has affiliation agreements do not receive enough information. This practice compromises users' ability to make a free and informed choice as to the resource.

FULFILLING DEPARTMENTAL COMMITMENTS AND INSTITUTIONAL MISSIONS

The Ministère de la Santé et des Services sociaux uses policy directions, protocols, action plans, terms of reference, directives, guidelines, and circulars to inform institutions how care and services are to be delivered throughout the territory of Québec. The Québec Ombudsman examines these documents in detail as soon as they are published. As a rule, they are intended to improve coordination and harmonization of the various activities while promoting justice and fairness. However, the case studies presented below illustrate failures to fulfill departmental commitments and the basic missions of the institutions in question.

Budgetary considerations versus users' needs

A person receiving in-home care from a local community services centre (CLSC) under the regional oxygen therapy program complained to the Québec Ombudsman about the CLSC's refusal to provide her with a sufficient supply of ambulatory oxygen (filling of tanks).

The Québec Ombudsman's investigation revealed that the CLSC filled the user's oxygen tanks to provide up to 20 hours of oxygen per month. Given that it already provided the user with the fixed maximum, the CLSC did not reassess the person's needs. It based this decision on the fact that it has a closed budget and, therefore, no leeway, and cannot give anyone special treatment.

The Québec Ombudsman concluded that the CLSC failed to comply with the Department's policy directions requiring that needs be assessed at least once a year, according to the frequency fixed in the medical criteria. Furthermore, the CLSC did not comply with the home care support policy, which provides that the needs of all persons with a significant and persistent disability, as well as those of their caregivers, must be reassessed as needed or at least once a year.

The Québec Ombudsman deemed that a comprehensive needs assessment is required in order to ensure that users receive the equipment and supplies they need to live. It recommended that the CLSC conduct such an assessment and establish a personalized intervention plan tailored to the user's situation. The CLSC followed this recommendation.

A decision that ignores the user's special circumstances

A CLSC informed a citizen that the number of catheters supplied to him was being reduced from nine to four a day. This was an administrative decision that would apply for four years. However, the attending physician kept the initial prescription of nine sterile catheters a day.

The citizen has been a paraplegic since 1976 and a quadriplegic since 1997. He works and handles all his own care. It is important that he continue receiving the same number of sterile catheters; otherwise, the risk of infection is liable to increase. In this case, the CLSC's decision did not take the citizen's special circumstances into account or the consequences for his independence and health.

The Québec Ombudsman deemed that, despite the CLSC's tight budgetary constraints, it is vital that decisions regarding the granting of material aid be made in a manner that ensures a person's quality of life and meets the person's needs. Moreover, this principle is explicitly set forth in the Department's policies and programs.

The Québec Ombudsman recommended that the CLSC assess all of the person's needs and avoid the adverse consequences of such a decision for the person's health and ability to continue working.

The CLSC reviewed its decision and admitted that it should have taken clinical aspects, not just financial aspects, into account.

SOLVING PROBLEMS WITH ACCESS TO REHABILITATION SERVICES

Systemic problems with access to rehabilitation services have existed for years. Back in 2006, the Québec Ombudsman recommended that the Department start exploring means for providing users with services that are commensurate with their actual needs, irrespective of the plan that reimburses the cost of these services. The Québec Ombudsman underscored the fact that the coexistence of the hospital insurance plan and other public insurance plans, in particular those administered by the Société de l'assurance automobile du Québec (SAAQ) and the Commission de la santé et de la sécurité du travail (CSST), has an impact on the delivery of rehabilitation services. Indeed, whereas people who benefit from the plans administered by CSST and SAAQ can obtain services from private clinics or hospitals pursuant to service agreements, other users cannot. The Québec Ombudsman concluded that a percentage of the population, in particular people who go to outpatient clinics for care, suffer a form of inequity. In addition, it was also concerned that access to non-emergency hip and knee surgery would result in an increase in demand for rehabilitation services in the public network. It also recommended that the minister, in conjunction with the parties concerned, develop an action plan to address the problems with access to rehabilitation services.

Five years later, all of these problems continue to exist. The Québec Ombudsman still receives complaints from people who wait months, if not years, for physiotherapy treatments or an audiological evaluation. Healthcare institutions advise people to seek services from the private sector, but not everyone has the means to do so. Institutions blame their inability to hire enough professional resources and specialists on budgetary constraints. The recommendations made by the Québec Ombudsman in 2006 regarding equitable treatment of users and access to rehabilitation services still hold today.

Prolonged wait for unlikely treatment

A person waited five years to receive physiotherapy services from a hospital. Her case was deemed to be "semi-urgent." In 2010, she contacted the service quality and complaints commissioner and was told that there were nearly 600 people on the waiting list and that only people whose condition is deemed an emergency or who are referred to physiotherapy services by CSST receive treatment (under an agreement, beneficiaries must be seen within five days). The commissioner also said that he had received other complaints about the same thing and told the person that in all likelihood she would never receive physiotherapy treatments from the hospital.

SHOWING EMPATHY TO A DYING PATIENT'S LOVED ONES

When a loved one is in hospital and it becomes clear that the person will not get better and is about to die, family members are suddenly overwhelmed with feelings of helplessness. They rely on hospital staff to tell them what to do. Unfortunately, however, the support and empathy they need are not always there.

Shortage of services and lack of supportive care and attention

A woman filed a complaint with the Québec Ombudsman after her husband died in hospital. She was at her husband's bedside throughout his hospitalization and even tended to his personal hygiene herself.

However, following a bacteria outbreak in the unit the man was in, the hospital put the patients into isolation and closed the unit to visitors without considering the special circumstances of a dying patient's loved ones.

The Québec Ombudsman took the matter up with the hospital and the hospital acknowledged that it had failed to follow its own protocols. To prevent the same thing from happening again, the authorities tightened the enforcement of its protocols. In particular:

- *when a care unit is closed to protect both patients and visitors from infection, family members are allowed to start visiting dying patients again as soon as possible, while taking the necessary additional precautions;*
- *if a patient's condition changes, the advisability of allowing visitors even though the unit is closed is systematically evaluated.*

The same complaint raised another major problem. Up until the isolation, the man's wife had been tending to his personal hygiene, virtually the only care he would accept. During the time the unit was closed to visitors, the hospital staff never succeeded in tending to the man's personal hygiene and ended up having to ask his wife to come in despite the isolation order. Seeing the deplorable condition her husband was in, the woman complained that the hospital had waited too long before calling her. Deeming that the patient's needs had not been properly assessed and that the situation was unacceptable, the Québec Ombudsman made recommendations to the hospital to make sure this kind of thing does not happen again.

The hospital accepted the recommendations and all of the employees concerned received the necessary training.

Lack of services and empathy during end-of-life palliative care

A son complained to the Québec Ombudsman about the lack of empathy and supportive care his father had received from hospital staff. His father should have received end-of-life care even if he was in a short-term care unit. The evening before he died, the man went into convulsions. Despite the son's repeated calls for help, no one came to his aid or even explained what was happening. When his father died, the son was left alone and got no sympathy from the hospital staff.

The Québec Ombudsman noted that the staff working in this care unit did not seem to consider the following:

- *the patient's condition was getting much worse;*
- *the care administered should have been adjusted to his worsening condition;*
- *a different approach should have been adopted, i.e., end-of-life care.*

In addition, the facts show a lack of coordination between the different teams, which should have ensured continuity in care.

After submitting its findings, the Québec Ombudsman noted changes:

- *the hospital introduced an approach to palliative care along with various strategies to enable families to be with their loved one with complete peace of mind;*
- *two private rooms in the short-term care unit were set up and reserved exclusively for end-of-life care. A semi-private room was also used first and foremost for this type of care;*
- *a palliative care service coordinator was hired, with the mandate to raise employee awareness about the need to adapt their practices in these specific cases;*
- *staff received training;*
- *new clinical tools to monitor palliative care patients will be introduced soon.*

ENSURING QUALITY CARE AND SERVICES

The complaint described below highlights significant failures, particularly in nursing care.

Poor care resulting in a tragic outcome

A man turned to the Québec Ombudsman when his wife died after giving birth to their third child. The complainant felt that his wife's life could have been saved if the hospital had been more responsible. He decried the lack of planning of nursing care, the lack of consistency and continuity in services, and the lack of information received.

The Québec Ombudsman's investigation revealed that nursing best practices were indeed not followed. The hospital officials have since given the Québec Ombudsman guarantees that the stringent measures put in place to ensure safety and quality care for mothers and newborns will be complied with, in particular measures dealing with nurses' training, professional support and coaching, and work organization.

The users' rights enshrined in the *Act respecting health services and social services* are not always respected.

Failure to listen to a family member

An elderly woman went to a hospital emergency room alone. Her daughter arrived shortly thereafter and wanted to speak to the triage nurse to make sure that her mother had given them all the necessary information regarding her case. The nurse refused to speak to the daughter, preventing the latter from being able to help her mother, who has Alzheimer's disease.

Following an investigation, the Québec Ombudsman recommended that the hospital give greater consideration to the special needs of the elderly and to the legitimate desire of family members to assist them, as stipulated in the hospital's code of ethics. As at March 31, 2011, the Québec Ombudsman was still waiting to see if the hospital had followed its recommendation.

FOLLOWING UP ON THE QUÉBEC OMBUDSMAN'S RECOMMENDATIONS

The Québec Ombudsman has made a number of recommendations to the Department in the last few years, in particular regarding wait times in hospital emergency rooms. The Department responded to the Ombudsman's recommendations by introducing measures to provide front-line services elsewhere than in hospital emergency rooms to users in need of less urgent care (priority level 4 or 5). The Québec Ombudsman was pleased with the different means taken by the Department to reduce wait times. It is keeping a close watch to ensure solutions are effectively implemented.

The Québec Ombudsman also drew the Department's attention to the issue of end-of-life care, stressing the need to implement the End-of-Life Palliative Care Policy, particularly as regards employee training. The Québec Ombudsman is especially concerned about services that must be provided to users and their loved ones who go through these critical times outside of palliative care units, that is, in any other unit where death occurs. The Department accepted and promised to strive to implement this recommendation.

Support

Support programs include administrative activities and those that assist with the delivery of services to clientele in all institutions that are part of the health and social services network. These programs concern the general management of institutions, administration of technical services, and management of the physical environment and equipment.

COMPLAINTS IN 2010–2011

Complaints submitted to the Québec Ombudsman in 2010–2011 concerned room rates and fees for equipment used for therapeutic purposes in hospitals, among others.

HARMONIZING THE APPLICATION OF BILLING STANDARDS

The Ministère de la Santé et des Services sociaux regulation and circular on hospital-room billing stipulates that private or semi-private rooms in intensive care are billed when patients make their room selection at the time of admission and occupy that room type before being transferred to intensive care.

Some patients received hospital bills for occupying a private room in intensive care after being transferred directly from the emergency room to that unit. It was only after the transfer that their representatives went to admissions and signed a form to select a private room. In such circumstances, the Québec Ombudsman believes that patients should not be billed for a private room for their stay in intensive care.

Another patient received a bill from the same hospital for her occupancy of a private room in intensive care. She had requested admission to a private room but was staying in a semi-private room when she was transferred to intensive care. The Québec Ombudsman therefore believes that the semi-private room rate should apply for her stay in intensive care.

This hospital's refusal to follow the Québec Ombudsman's recommendations led it to intervene with the Department to have the regulation changed and, in the meantime, have more details added to the Department circular to prevent application disparities. The Québec Ombudsman was still awaiting the Department's response on March 31, 2011.

Incorrect application of the rule and a lack of humanity

The mother of a young child who was hospitalized after being run over and seriously injured by a school bus contacted the Québec Ombudsman regarding room charges that were billed by the hospital for the child's stay of approximately one month in the intensive care unit. From the moment the child was admitted to the hospital, specialists considered the child's chances of survival to be slim.

The Québec Ombudsman's investigation showed that the child went directly from the emergency room to a private room in intensive care further to the doctor's decision. The mother had requested a private room after her child was transferred but did not remember signing a form to this effect because she was in shock at the time.

The Québec Ombudsman recommended in this case that no fees be billed for the private room because the child was already in intensive care further to a medical decision when the mother signed the room selection form. On March 31, 2011, the hospital centre had yet to reimburse the citizen.

An unjustified bill

A woman complained about fees she had to pay for a halo vest, a device that was medically required in her situation to treat a neck fracture. The device was installed (through the insertion of a screw in her neck) by a neurosurgeon and an orthotist in the operating area. The woman received a medical prescription and wore the vest for three months. There were no cost-free alternatives in her situation.

The Hospital Insurance Act stipulates that insured services are provided free of charge by hospitals to residents for the period during which such services are medically required. Insured services include the use of operating rooms with the necessary equipment and materials, as well as the supply of prosthetics and orthotics that may be incorporated into the human body.

Given these guidelines, the Québec Ombudsman demonstrated the woman was not responsible for paying for the device.

The hospital agreed to follow its recommendation and reimbursed the woman.