MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX AND ITS SERVICE NETWORK

This section covers the Ministère de la Santé et des Services sociaux (Department) and its service network which consists of nearly 300 institutions providing services at more than 1,700 facilities located in the system's 18 health and social service regions. These institutions are either public, under contract or private. The network is made up of physicians in some 2,000 medical clinics and offices, including family medicine groups, and other partners in more than 3,600 community organizations, social economy enterprises that provide domestic services, and community pharmacies.

The Québec Ombudsman's findings and recommendations with respect to the Department and its network are arranged by program type:

- 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.

COMPLAINTS CONCERNING THE DEPARTMENT

This year, the number of complaints that the Québec Ombudsman received concerning health services and social services dropped by 8.4%, from 1,188 in 2010-2011 to 1,088 in 2011-2012. However, there was a 36.9% increase in the number of reports (from 179 to 245) for the same period, namely, third-party requests for the Québec Ombudsman to intervene in situations that could compromise the health or well-being of one or more users of the network, who are often vulnerable. Facilities that accommodate vulnerable individuals were the most frequent subject of reports to the Québec Ombudsman. These people often fear retaliation and do not dare complain to the local or regional commissioner. Consequently, their friends and family often take the initiative. The Québec Ombudsman concluded that 48.6% of the grounds for complaints and reports closed in 2011-2012 were substantiated. Most had to do with difficulties accessing care and services, wait times, or failure to respect users' rights.

The Québec Ombudsman received complaints from citizens grappling with the adverse effects of some the Department's policy thrusts that institutions must implement without being able to tailor them to users' needs. There were also complaints about situations in which there were no specific rules for the decisions that institution staff have to make, leading to arbitrariness and even inequality among institutions.

The Québec Ombudsman is therefore waiting to see what the Department will do, in particular with regard to the following files:

- Quality assessment visits of residential intermediate and or family-type resources for people with intellectual or physical disabilities. The Québec Ombudsman notes that there have been no quality assessment visits of the residences of this vulnerable client population since 2010, despite the Department's commitment. The Department informed the Québec Ombudsman that it would resume quality assessment visits in September 2012. However, it could not say who would be assigned to conduct them.

- The rules regarding access to and safe storage of dangerous products in residences, the subject of three reports of investigation by the Coroner and of reminders in the national report on visits to assess the quality of life in residential and long-term care centres (CHSLDs) and underlined in the reports on quality assessment visits carried out in 2009-2010.
- The rules governing billing for private or semi-private rooms.
- The tariffs for private rooms in palliative care units.

FOLLOWING UP ON THE QUÉBEC OMBUDSMAN'S RECOMMENDATIONS

In its 2010-2011 Annual Report, the Québec Ombudsman gave an update on more than 20 recommendations that the Department had not addressed. In December 2011, the Department submitted an action plan laying out its commitments and intended follow-up. The Québec Ombudsman has been following this matter, and congratulates the Department on its level of cooperation again this year.

The follow-up to all the recommendations to the Department is on page 191 of this annual report, in the "Follow-Up to Recommendations" section.

COMPLAINTS AND REPORTS CONCERNING THE HEALTH AND SOCIAL SERVICES NETWORK

The complaints and reports examined by the Québec Ombudsman in 2011-2012 concerned all service programs and were made by citizens who were dissatisfied with the care and services they received or because they should have received services but had not. In certain disturbing cases, the Québec Ombudsman intervened on its own initiative or further to a third-party report.

IMPROVING SERVICE COORDINATION AND CONTINUITY

The care and services that users require are likely to be delivered by a multitude of professionals or technicians working out of different service locations. In recent years, the network has reviewed how it intervenes and how it allocates its care and services. A new format for the distribution of resources was produced and service programs were overhauled, with a view to a better response to the needs of all by, as far as possible, providing the right services within proximity and in a timely fashion and with the collaboration of physicians, other health professionals, and institutions within local service networks. So that this major re-engineering of the system is successful, all those who have complementary responsibilities towards the people in a given territory must work together. The Québec Ombudsman has seen the positive effects of these changes.

However, the Québec Ombudsman continues to observe difficulties in terms of access to services, especially for people with physical or intellectual disabilities or pervasive developmental disorders. Local community service centres (CLSCs), the gateway to the network, struggle to process them expeditiously, assess their needs properly, and, when required, refer them to a specialized resource that can meets their needs within an acceptable time frame. Among other weaknesses, service coordination from team to team does not always exist, and continuity of services is compromised when there are wait times at every stage of intervention.

ENSURING THE SAFETY AND RESPECT OF PEOPLE IN RESIDENCES

The Québec Ombudsman had many concerns about the situation of those who are losing their ability to take care of themselves. The main purpose of its interventions was to obtain assurances that these people have a safe and stable substitutive living environment that is physically adapted to them. The Québec Ombudsman considers that the Department's responsibility in this regard is substantial. It must, through various means, see to it that the quality of services provided is appropriate, no matter where these people are. It must ensure that there are sufficient numbers of staff properly trained to handle all situations, especially when residents have behavourial problems combined with cognitive loss.

Respecting these people also means making sure they do not bear the brunt of decisions made because there were no places for them in the appropriate resources or in order to relieve emergency room overcrowding in hospital centres. Everything must be done so the response to their needs respects their new limits at every stage of their life.

CONTINUING THE EFFORTS TO PROVIDE ACCESS TO FAMILY DOCTORS

The Québec Ombudsman received numerous complaints from citizens who went to the emergency rooms of health institutions even though their situation was not very urgent. As a rule, these people do not have a family doctor or if they do, it takes several months to get an appointment, or local clinics are not open. These people definitely feel that they have no choice but to use emergency hospital rooms. Apart from the fact that they face long waits, they are deprived of a continuum of care or appropriate follow-up because emergency physicians can only respond to their immediate needs since they are not mandated to take full charge of patients whose problems do not require hospitalization.

In this regard, the situation in hospital emergency rooms is a measure of the difficulties citizens have in obtaining a family doctor. The Department will see an improvement in emergency room overcrowding only when the problem of access to family doctors has been resolved. The Québec Ombudsman therefore encourages the Department and its network to continue and even step up its efforts on that front.

INFORMING CITIZENS PROPERLY SO THEY CAN MAKE THE RIGHT DECISION

As the Québec Ombudsman sees it, transparency and respecting citizens entails providing them with information about service delivery and coverage. This is not an item on a wish list, but a bona fide right enshrined in section 4 of the Act respecting health services and social services, which states that "every person is entitled to be informed of the existence of health and social services and resources available in his community and of the conditions governing access to such services and resources."

The Québec Ombudsman has observed that in certain situations, citizens were not told how long they would really have to wait before a service became available after they were prescribed tests by a physician for diagnostic purposes or to complete treatment. Concerned about the time it was taking to get an appointment, they inquired only to find out that it could take several months, and, in some cases, more than a year, before the test or exam would be done. If they had received this information sooner, they could have tried to find an alternative. The Québec Ombudsman also saw that when this occurred, staff were quick to inform the citizens that the tests could be taken care of immediately at a medical clinic, where services are not always free of charge, but failed to indicate the length of the wait if the prescribed tests were conducted at the hospital, where they would be free of charge. Here again, the citizens did not have the information they needed to weigh the pros and cons and make the best decision.

Other situations brought to the Québec Ombudsman's attention point to a lack of available information for those who are considered non-residents of Québec, in other words, people who do not yet have their health insurance card and who have to pay for care or services for essential needs after the fact. Information on costs is not given to them beforehand, and they therefore cannot make a free and informed decision or the best decision as to whether they can afford the care and services that are likely to be offered.

HOME SUPPORT, ALWAYS THE OPTION OF CHOICE

In light of the sizable increase in the number of substantiated complaints about access to home support services, on March 30, 2012, the Québec Ombudsman submitted to the Department an investigation report entitled *Is Home Support Always the Option of Choice? Accessibility of Home Support Services for People with Significant and Persistent Disabilities*. The report describes the most problematic aspects of home support—not enough service hours allocated given needs, and the wait times for services.

The Québec Ombudsman, noting inflexibility in applying criteria and a distinct trend towards a decrease in the number of allocated hours, made five recommendations to the Department and the health and social services agencies. The recommendations are presented in detail on page 130 of this annual report.

DEFINING A SLATE OF SERVICES THAT THE NETWORK CAN HANDLE

To help those entrusted with service planning and allocation, the Department establishes policy thrusts accompanied with reference guides, action plans, planning guides, intervention protocols and so forth. At this level, everything seems to be in place after the individual's needs have been assessed by a network professional by means of an intervention plan or an individualized service plan.

But the catch is that network can no longer meet demand. Some institutions have no choice but to spread the services thinly to cover as many users as possible based on available monies, or use a "first-come-first-served" approach that involves putting everyone else on waiting lists. The complaints submitted to the Québec Ombudsman come from every category of client and evidence a chronic shortage of the human and financial resources for meeting all the needs of the population, whether for health services or social services. The results of the Québec Ombudsman's investigations, presented in the following chapters, speak volumes.

The Québec Ombudsman considers that the Department must clearly and explicitly indicate the services that are truly available to the public and inform it properly.

COMPLAINT EXAMINATION PROCEDURE

Service management and provision is governed by the guidelines set out in the Act respecting health services and social services, notably, that recognition of the rights and freedoms of users must inspire every act performed in their regard. The complaint examination procedure that every institution must establish is one of the tools that make it possible to measure achievement of service management and provision goals.

To underscore the importance of examining the causes of user dissatisfaction, the procedure is entrusted to the highest authority within every institution—the board of directors. After establishing such a complaint examination procedure, the board of directors must appoint the following experts:

- A local service quality and complaints commissioner (local commissioner) who must exercise his or her functions independently and exclusively.
- A medical examiner responsible for applying the complaint examination procedure when a complaint concerns a physician, dentist or pharmacist.
- A watchdog committee composed of the members of the board of directors including the executive director of the institution, and the local commissioner. The main task of the committee is to ensure follow-up of the recommendations made by the local commissioner, the medical examiner or the Québec Ombudsman, with a view to improving the quality of the services offered.

In examining these complaints, the Québec Ombudsman has found that local commissioners are hard-pressed to perform their duties because of the confines imposed on them, among other factors. Not all of them have the required resources or conditions, as the Québec Ombudsman has repeatedly pointed out in its annual reports. It has also seen that the effectiveness of the complaint examination varies from one health and social service region to another. It is therefore once again drawing the attention of boards of directors to problems detected:

- Accessibility of local commissioners: Several local commissioners work part-time, are hired on a contractual basis or are assigned to service outlets that are far from one another. The commissioners are difficult to reach or do not have enough time to conduct in-depth examinations of complaints or to meet the 45-day deadline for completing an examination and communicating their conclusions, as prescribed in the act.
- Replacement of local commissioners: It happens that local commissioners who take vacations, are away for extended periods or leave for good are not replaced soon enough, which leaves users who want to file a complaint in the lurch.
- Creation of the position of assistant local commissioner: The Québec Ombudsman has noted that some institutions felt it was necessary to appoint one or more assistant local commissioners, as they are entitled to do under the act, while others have not seen fit to do so. The Québec Ombudsman would like to be assured that local commissioners have the assistance they need when so required.
- Definition of assistance: The act provides that local commissioners give the necessary assistance or see to it that the necessary assistance is given to users for the formulation of a complaint or for any further step related to the complaint. The Québec Ombudsman has observed wide misinterpretations of this notion by commissioners. It underlined this in previous annual reports but nothing was done to correct the situation. A number of requests are handled as if they were requests for assistance when in fact, given their nature, they should be handled as complaints. Such interventions do not show up in the statistics on the complaints received and examined by local commissioners, and, more importantly, cannot be handled by the Québec Ombudsman in the second instance even though the act expressly empowers it to do so.

THE QUÉBEC OMBUDSMAN'S RESPONSE TO BILLS AND DRAFT REGULATIONS

In 2011-2012, the Québec Ombudsman commented on:

- Bill 16, An Act to amend various legislative provisions concerning health and social services in order, in particular, to tighten up the certification process for private seniors' residences;
- Bill 22, An Act to amend the Civil Code as regards the resiliation of a dwelling lease in certain situations;
- the Regulation respecting the professional activities that may be engaged in within the framework of pre-hospital emergency services and care (2011, Gazette officielle, Part 2, 2089).

The Québec Ombudsman's statements are summarized on page 141 of this annual report, in the "Parliamentary Watch Report" section, as well as in the sections concerning the program in question.

The following sections, each one representing a different program, present the findings from the examination of complaints received. Where applicable, these sections include the Québec Ombudsman's recommendations.

- International Adoption;
- Physical Disabilities, Intellectual Disabilities and Pervasive Developmental Disorders;
- Addictions;
- Troubled Youth;
- Age-Related Loss of Independence;
- Home Support;[1]
- Mental Health;
- Physical Health;
- Service Support.

International Adoption

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

RESPECTING THE TERMS OF AN ADOPTION PLAN

In 2011-2012, international adoption applicants asked for the Québec Ombudsman's help in two separate cases where the state of health of the children they were to adopt did not fit the description in the "proposal of a child" they had accepted. From their very first encounters with the children in the country of origin, the adoptive parents could tell that the children had major health problems not mentioned in the medical and psychosocial information contained in their file. Further medical examinations confirmed their fears.

The adoptive parents found themselves in the delicate position of having to stop the adoption process because they did not feel they were capable of taking care of the children and, consequently, the adoption would not be in the children's best interest.

1 Home support is included in the various service programs but because there has been an increase in the number of complaints in this area, this year an entire section has been dedicated to it.

The Québec Ombudsman assisted the applicants in initiating steps to adopt another child through the Secrétariat à l'adoption internationale and certified bodies, this time one that matched their parenting ability as determined in the initial assessment.

DEVELOPING SERVICES FOR PREPARING AND SUPPORTING ADOPTION APPLICANTS

In 2011-2012, the Québec Ombudsman completed its examination to ensure equity in Québec and international adoption services. It consulted various stakeholders and experts in domestic and international adoptions, adoption applicants, adoptive parents and adopted children.

The signatory states to the Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption recognized intercountry adoption as a safeguard for children for whom a permanent family cannot be found in their country of origin. Application of the convention encourages the development of domestic adoption in certain countries and the creation of youth protection services. That is why the average age of children adopted outside Québec is trending upward, as are the number of siblings and number of "special needs children"[1] available for international adoption.[2]

Like the Secrétariat à l'adoption internationale and its partners, the Québec Ombudsman noted that the changing profile of adopted children[3] presents numerous challenges for adoptive parents and Québec society as a whole. Making sure that people applying for international adoptions are properly prepared is vital to creating the necessary conditions for integrating the adopted child into his or her new home environment, to the child's bonding with his or her new parents and to planning future physical and mental health care and services for the child.

Québec youth centres are working with the Secrétariat to try to provide international adoption applicants with better support to make sure they are ready to bring their new child home. The Secrétariat has been working for the past few years to set up a mandatory awareness program. The first part of the program would provide information on adopting in Québec and abroad and the second part would address issues specific to international adoption. After participating in the program, applicants will be better equipped to make informed decisions when planning and realizing their adoption project, e.g. choosing the country they want to adopt from and the certified body they want to use, putting together their adoption file and preparing for the psychosocial assessment.

Currently, some of the support services available to international adoption applicants are provided by certified bodies for international adoptions. However, the Québec Ombudsman found that the range of services offered varies from one body to the next. Note that certified bodies are non-profit organizations and rely mostly on volunteers. In addition, their funding fluctuates with, among other factors, the volume of adoption files opened and being handled. A decrease in adoption files or longer processing times in the country of origin can result in less revenue for some bodies. Sometimes the shortfall is offset by charging applicants higher fees.

This is the context that prevails when certified bodies assist applicants with all the legal and administrative steps required to prepare and submit their adoption file. In particular, they conduct activities to educate applicants about the cultural practices and constraints of the child's country of origin and help them get ready for their trip to bring the child home with them. Some certified bodies organize conferences, for a fee, with experts in the common medical and psychosocial issues associated with adoption. However, not all certified bodies have the resources to offer this type of specialized pre-adoption preparation. During its consultations, the Québec Ombudsman found that the assistance offered to international adoption applicants varies according to each certified body's resources.

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1 For the purposes of this report, "special needs children" means children with known physical or mental health problems for which they can receive care.

2 SECRÉTARIAT À L'ADOPTION INTERNATIONALE, *Faits saillants de l'année 2010 en adoption internationale*, p. 2 (www.adoption.gouv.qc.ca).

3 SECRÉTARIAT À L'ADOPTION INTERNATIONALE, *Guide d'intervention en adoption internationale*, 2011, p. 15-17 (www.msss.gouv.qc.ca).

Unless they pay for the services of a private practitioner, people applying for international adoption who want to learn more and get ready for the arrival of their child have access to only two health and social services centres (CSSS) that offer pre- and post-adoption psychosocial services, both of which are located on the island of Montréal. These services are not available in any other region of Québec. Even though they are greatly appreciated and highly rated, there are very few public services available for people wanting to prepare for an international adoption.

The information gathered by the Québec Ombudsman highlights the need to promote Québec expertise in this field and develop such services in the interest of both the adopted children and the adoptive parents. Several interveners, international adoption applicants and adoptive parents mentioned that the waiting period between transmission of the adoption file to the country of origin and receipt of the proposal of a child would be the perfect time to offer preparatory activities, especially information on the medical and psychosocial aspects of adoption. These services would complement the international adoption awareness and education program the Secrétariat is developing. Questioned about the matter at year's end, the Secrétariat could not give the Québec Ombudsman either a specific date or even a timeline for the program's entry into force.

SYSTEMATICALLY CONDUCT A HOME VISIT AS SOON AS ADOPTED CHILDREN ARRIVE

During the past year, the Québec Ombudsman examined the medical and psychosocial services offered to adopted children and adoptive parents.

First announced by the Department in 2008-2009, the international adoption training program for professionals from CSSSs is expected to begin in May 2012. The program will be offered to professionals in charge of conducting home visits after adopted children have arrived in their new home.

In addition to the delays in making the training available, the Québec Ombudsman notes that CSSSs are not systematically informed of the arrival of a child adopted outside Québec. Consequently, they cannot fulfill their obligation to conduct a home visit within 14 days after the child has arrived.

Yet, all of the professionals and stakeholders in international adoption consulted by the Québec Ombudsman affirmed that home visits after the child has arrived would be an ideal way to pinpoint and prevent future problems and, if necessary, take the child in hand and refer him or her to the required physical or mental health care services. Home visits could also serve to break the isolation experienced by some adoptive parents.

After arriving in Québec, adopted children have access to medical follow-up at pediatric clinics specializing in the field. However, very few psychosocial services are offered by CSSSs, and the only CSSSs that do are located in the Montréal region. If a child is experiencing problems adjusting to his or her new country or home and the adoptive parents do not live in the territory covered by these CSSSs, they must turn to the private sector. But even at that, these services are not available in all regions of Québec.

INCREASING AWARENESS ABOUT AVAILABLE RECOURSES IN THE EVENT OF DISSATISFACTION

International adoption applicants or adoptive parents who wish to file a complaint about the quality of services provided by a certified body may contact the Secrétariat, which has a policy in this regard. However, the Québec Ombudsman found that very little information is provided or disseminated on the recourses available to applicants and adoptive parents who are dissatisfied with the services provided by the Secrétariat itself.

RECOMMENDATIONS

WHEREAS the profile of children adopted outside Québec has changed and more "special needs" and older children as well as siblings are being proposed for adoption;

WHEREAS successful adoption of a child outside Québec requires that prospective adoptive parents be adequately prepared;

WHEREAS the "post-adoption" services offered by CSSSs are defined in *Orientations relatives aux standards d'accès, de continuité, de qualité, d'efficacité et d'efficience – Programme-service Jeunes en difficulté – Offre de service 2007-2012* and in the Perinatal Policy 2008-2018;

WHEREAS pre-adoption and post-adoption services at CSSSs are limited and the services offered by certified bodies for international adoptions vary;

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

- guarantee that the pre-adoption and post-adoption services currently offered by CSSSs will be maintained and that professionals at CSSSs outside the Montréal region will be able to offer this type of service;
- ensure that all CSSSs are systematically informed of the arrival within their territory of a child adopted outside Québec so that a health and social services professional can visit the adoptive parents' home no later than 14 days after the child's arrival.

COMMENTS FROM THE DEPARTMENT

This was the Department's response to the Québec Ombudsman's recommendations:

> We agree with the recommendation to maintain existing pre-adoption and post-adoption services and offer these services in the regions. Moreover, one of the goals of the current training provided to front-line interveners from health and social services centres is to meet the needs expressed by people living in the regions. With regard to the second recommendation, steps are being taking with the authorities concerned to establish and ensure safe communication mechanisms. [Translation]

Physical Disabilities, Intellectual Disabilities and Pervasive Developmental 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 developmental 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 developmental 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 lifestyle habits of those affected or their ability to play a social role, and, consequently, in the need for specialized rehabilitation or community inclusion support services at some point in their life.

COMPLAINTS IN 2011-2012

The disability-related complaints filed with the Québec Ombudsman in 2011-2012 primarily dealt with problems in accessing certain services, in particular:

- assessment and referral services in local community service centres (CLSCs);
- specialized services in rehabilitation centres;
- assistance granted for home support services for persons with disabilities and their caregivers;
- lack of day-activity programs for disabled persons aged 21 and over.

Other frequent grounds for complaints included:

- deficiencies in the quality of services provided in residential resources;
- lack of coordination between institutions and between service network partners;
- inaccessibility of physical rehabilitation services for people with an intellectual disability or pervasive developmental disorder who require these services.

Once again this year, the Québec Ombudsman is highlighting how difficult it is for people with disabilities to obtain the services they need, as well as the complex logistics service network partners face in attempting to work in tandem, as the following cases illustrate.

PROVIDING THE NECESSARY SERVICES TO USERS WITH A DUAL DIAGNOSIS

Users presenting concurrent diagnoses of physical disability and intellectual disability or pervasive developmental disorder receive specialized rehabilitation services from rehabilitation centres for physical disabilities (CRDPs) and rehabilitation centres for intellectual disabilities and pervasive developmental disorders (CRDITEDs), according to the centres' respective purviews. Service complementarity and coordination are crucial to meeting all of these users' needs. However, the Québec Ombudsman has found that in the real world, things are altogether different.

Some CRDPs have not always been willing to provide services to a user referred by another institution or to continue providing services to a user diagnosed with an intellectual disability or pervasive developmental disorder. However, institutions have an obligation to assess the needs of users who are referred to them or are registered for their services. Each institution must contribute its own, complementary expertise in order to meet identified needs.

A number of complaints revealed that CRDPs stop providing physical rehabilitation services entirely to users with intellectual disabilities, even if the user's condition necessitates physical rehabilitation.

Health and social services centres (CSSSs) are responsible for coordinating the partners' intervention in such cases. The Québec Ombudsman therefore recommended that CSSSs establish individualized service plans for these users. It also asked CRDPs and CRDITEDs to assess users' needs and define a service offering that addresses those needs. All of the institutions concerned agreed to do their share to offer services.

(. . . ENSURING A COMPLETE SERVICE OFFERING THROUGH CONCERTED ACTION

A user was unable to obtain the services required by her condition. These are the facts:

- *The user was receiving services from a CRDP. Following an assessment, the CRDP established that the girl had an intellectual disability and stopped providing her with services. On the basis of the ID diagnosis, the girl was referred to a rehabilitation centre for intellectual disabilities (CRDI).*
- *After learning of the services provided by the CRDI, the girl's mother opposed the transfer because she felt that her daughter still needed the rehabilitation services provided by the CRDP.*
- *The mother requested services from both the CRDP and the CRDI.*

Intervention and results

The complaint raised the obligation of institutions to provide appropriate services to users in accordance with the Act respecting health services and social services.

The Québec Ombudsman's investigation essentially revealed that the network partners had not done everything they could to find solutions and work together. Some kind of collaboration between the partners should have been provided for, in particular, the development of an individualized service plan. Responsibility for developing these plans normally falls to the CSSS; however, the regional CSSS had not yet adopted this practice. In addition, the system navigators, who should have been responsible for the plan in this case, did not have the required training.

Consequently, the Québec Ombudsman made recommendations to both the CSSS and CRDI, calling on them to prepare an individualized service plan for the user as quickly as possible in order to implement the necessary partnerships and services. In keeping with the mother's wishes, the plan included services from the CRDP.

To prevent similar situations from occurring with other users, the Québec Ombudsman also recommended that the CSSS:

- *formulate a policy for adopting and developing the use of individualized service plans within the organization;*
- *ensure the implementation of an organizational and clinical project for people with disabilities.*

All of the recommendations were accepted and followed to the Québec Ombudsman's satisfaction.

...

ENSURING CONTINUITY OF SERVICES BETWEEN INSTITUTIONS

The Québec Ombudsman has often lamented the lack of service continuity among health and social services institutions. Yet again this year, users who were transferred from one institution to another failed to get the services they needed.

For example, after being transferred to a CRDP for specialized services, a number of children stopped receiving certain speech therapy services provided by their CSSS, even though they still needed them. On the one hand, rehabilitation centres lack the necessary resources to provide services within the desired time and, on the other, CSSSs cannot make up for the services that rehabilitation centres are unable to provide at the right time without penalizing users already on the CSSS's waiting list. People with disabilities thus wind up receiving no services at all.

In other cases, CSSSs are unable to conduct the assessments required to determine the types of disabilities involved so as to refer users to the services that best meet their needs. Note that access to assessment services is critical because users cannot receive rehabilitation services until they have been assessed, as demonstrated by the following case.

(. . . PROVIDING THE REQUIRED SERVICES

A father complained to the Québec Ombudsman about the totally unreasonable amount of time his child had been waiting to receive rehabilitation services. These are the facts:

- *In 2008, his child received a tentative diagnosis of pervasive developmental disorder and the CSSS told the man he should apply to the CRDITED for services.*
- *The CRDI did not receive the application until two years later, at which time it informed the CSSS that the child had to take another test before he could be registered for its services.*
- *Nearly a year and a half later, the child still had not taken the test in question because no institution in the region was capable of performing it.*

Intervention and results

Under the Act respecting health services and social services, institutions are required to ensure that users receive the necessary services, either from the institution or from another organization. However, in the case at hand, this obligation clearly was not fulfilled. Consequently, the Québec Ombudsman recommended that the CSSS conduct the additional assessments requested as quickly as possible so that the child could be referred to the appropriate services without delay. It also recommended that an action plan be established to ensure access to services for all users in the same situation (7 to 17 years of age).

The Québec Ombudsman also recommended that the regional health and social services agency support the CSSS in implementing the above remedial action as well as establish an action plan to structure and facilitate access to diagnostic assessments for children between the ages of 7 and 17 residing in the region.

Both the CSSS and the agency agreed to follow the Québec Ombudsman's recommendations. The child in question was assessed within a few weeks and was finally able to receive the services he needed. In addition, the regional agency entered into an agreement with the CSSS to ensure that the required assessments are forwarded within the prescribed time period so that other young people do not find themselves in the same situation.

. . .

PROMPTLY DEFINING ORGANIZATIONAL AND CLINICAL PROJECTS

CSSSs are tasked with mobilizing and ensuring the participation of their territorial partners for the purpose of defining a clinical and organizational project that sets out the services that must be offered to the local population and the contributions expected of the different partners.

The Québec Ombudsman found that the problems with access to and continuity and coordination of services largely stem from the delay in setting up the local health and social services networks provided for in the legislation.

RECOMMENDATIONS

WHEREAS, despite the progress made since the implementation of the service access plan for people with disabilities, the Québec Ombudsman still has to intervene with regard to problems experienced by disabled people in obtaining the services required by their condition;

WHEREAS partners have trouble working in concert to provide services to users presenting a dual diagnosis;

WHEREAS people with disabilities find themselves without any services when they transfer from one institution to another;

WHEREAS the delays in defining clinical and organizational projects often result in problems of service access and continuity for people with disabilities;

WHEREAS the local authorities are not all at the same point in defining their clinical and organizational projects for people with disabilities;

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

- take the necessary steps to prevent service interruptions within its network when a user is transferred from one institution to another;
- ensure that, for users presenting a dual diagnosis, rehabilitation centres for physical disabilities (CRDPs) and rehabilitation centres for intellectual disabilities and pervasive developmental disorders (CRDITEDs) assume their respective responsibilities according to their particular expertise;
- ensure that the CSSSs concerned immediately begin defining their clinical and organizational projects for people with disabilities.

The Québec Ombudsman asked the Ministère de la Santé et des Services sociaux to inform it of the steps taken to act on its recommendations.

COMMENTS FROM THE DEPARTMENT

This was the Department's response to the Québec Ombudsman's recommendations:

> To ensure service continuity, the access plan for people with disabilities defines, among other things, two standards: appointment of a system navigator and joint service planning by the partners during transition periods for users and their family. These standards are currently being implemented in all of Québec's administrative regions. All of the regions are also starting to implement integrated management between institutions.
>
> Furthermore, the Department called for accountability with regard to the appointment of a system navigator, development of individualized service plans, determination of regional service paths and application of integration management to ensure that these components are in place in 2015. [Translation]

Addictions

A NEW AREA OF JURISIDICTION FOR THE QUÉBEC OMBUDSMAN: YEAR-ONE REPORT

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.

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: "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."

ENSURING THAT RESIDENTS HAVE QUALITY SERVICES

In 2011-2012, the Québec Ombudsman conducted investigations in five addiction treatment facilities. The main problems called to its attention concerned the quality of care, services and lodging, the physical premises, cleanliness, insufficient supervision of the residents, overbilling for services, and a weak therapeutic program. The investigations found that most of the problems reported were unsubstantiated. However, they brought to light shortcomings for which it made recommendations to the resources in question. The main recommendations were aimed at:

- ensuring the safety of residents in case of fire;
- better adapting workshops and bedrooms to residents' needs so that the residents have quality of life;
- ensuring constant in-house supervision by a staff member and never by a resident;
- listing and detailing any billable or optional services;
- modifying the complaint procedure for residents and the employee code of ethics to specify that every resident has the right to complain directly to the health and social services agency.

The residential resources concerned agreed to act on the Québec Ombudsman's recommendations. The Québec Ombudsman would like to stress the fact that staff and management at every resource were fully cooperative and open to taking the required measures to improve the quality of services to residents.

The investigations made it possible to define additional criteria for certifying residential resources, especially with regard to storing and dispensing medication, medical examination of residents, registering and reporting incidents and accidents, and disposal of illicit substances and prohibited objects confiscated during security checks. The Québec Ombudsman and the Ministère de la Santé et des Services sociaux have discussed the subject and the Department has indicated that it is open to taking these measures to improve the certification process.

Troubled Youth

The troubled youth program consists of services for the following:

- children and adolescents with developmental, behavioural or social adjustment problems;
- youth who need appropriate assistance to ensure their safety and development or to make sure these are not threatened or compromised;
- the families of these young people;
- people who use specialized services such as adoption, placement and social rehabilitation.

COMPLAINTS IN 2011-2012

In 2011-2012, the number of complaints received by the Québec Ombudsman concerning the troubled youth program was more or less the same as the year before.

The grounds were:

- questionable interventions by youth-centre staff in responding to reports of events and in monitoring individualized service plans for children and their parents;
- non-compliance with court-ordered measures or measures agreed to by directors of youth protection and parents;
- 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.

REVIEWING EVENTS IMPARTIALLY

In 2011-2012, the Québec Ombudsman continued doing all it could to prevent tragedies involving vulnerable children as follow-up to its interventions in 2010-2011. This led to its recommendation to youth centres and health and social services centres (CSSSs) to improve what they do singly or jointly, in particular, concerning independent and neutral case reviews which must be carried out in the wake of tragic events. This is what the Québec Ombudsman, acting on its own initiative, urged seven institutions entrusted with children who were seriously injured or who died to do.

For exceptional events related to services for vulnerable children, case reviews:

- are reports written by an expert external to the events (for example, a local service quality and complaints commissioner or a caseworker);
- are produced after the expert has met with everyone involved and any other resource the expert deems relevant;
- are aimed at establishing how the system works and pinpointing what needs to be done to better support the people who work with the children and their families;
- are aimed at sustainable improvement of service quality;
- serve as valuable lessons;
- if need be, include recommendations;
- lead to close monitoring by the Québec Ombudsman, which adds its own recommendations if necessary.

(. . . PREVENTING OTHER TRAGIC EVENTS

After a child was hospitalized with serious permanent injuries, the Québec Ombudsman decided to intervene regarding the services provided to the child and his parents by a CSSS and a youth centre. These are the facts:

- *The child was part of a blended family consisting of him and a child from a previous union.*
- *The mother participated in the Integrated Perinatal and Early Childhood Services for Families Living in Vulnerable Situations (SIPPE) program offered by the CSSS.*
- *The Director of Youth Protection (DPJ) had received a few reports concerning violence towards and neglect of both children, but the reports were shelved for lack of evidence.*
- *Criminal charges were laid against the couple in connection with the serious injuries sustained by their child.*
- *With a view to examining the action of the bodies concerned (DPJ and CSSS), the Québec Ombudsman conducted an investigation on its own initiative.*

Intervention and results

The Québec Ombudsman maintains that in situations of the kind described here, every institution involved with the family concerned must have a case review carried out. Once all the individual case reviews are collated, an in-depth assessment of the events can be made and the conclusive findings that emerge can be used to prevent further tragedies.

The Québec Ombudsman insisted on this priority and recommended that the CSSSs concerned each carry out a neutral and independent case review as well as an inter-institutional case review and send it the results.

The CSSS and the youth centre acted on the Québec Ombudsman's recommendations. The youth centre reviewed its practices and how its intake and report-processing service operates, and developed more targeted screening for situations of negligence or abuse. Supervision was also strengthened. The CSSS reinforced staff training, the report-analysis process and its interactions with the youth centre.

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(. . . MAKING IT EASIER TO GET AN EDUCATION

Further to a complaint, the Québec Ombudsman pointed out to a youth centre that, in some cases, its enforcement of age limits was unfair and made it that much more difficult for young people to gain the independence they had set out to achieve.

Faced with having to move out of his group home because of his age, a young man complained to the Québec Ombudsman. These are the facts:

- *In March, the young man began an 1,800-hour vocational studies program and wanted to complete his diploma while continuing to live in the group home where he had been lodged for more than four years.*
- *Because he had turned 18, he had to be out of the group home by June.*
- *If the citizen had accepted the alternative living arrangements the youth centre offered him, he would have been either obliged to work while studying or live far away from the educational institution he attended. Either option compromised his ability to keep on studying.*

Intervention and results

In investigating, the Québec Ombudsman found that, first, the young man could not count on any support from his family and, second, that his behaviour both in the group home and at school was good. The fact that he was living in a group home penalized him because young people who live in a family-type resource, can, under certain specific conditions, continue living there past age 18.

The Québec Ombudsman argued that this situation was unfair and asked the youth centre to find an option that would enable the young man to complete his diploma of vocational studies while continuing to live in his current group home or in another resource that was a viable alternative.

The young man was not allowed to continue living in the group home. However, the people in charge of the youth centre helped him find a resource for adults in the region where he was studying. Steps were also taken to get the citizen financial assistance under the Loans and Bursaries Program to help cover the new costs incurred to continue his studies.

These solutions made him feel less insecure and helped him concentrate on his studies, which he probably would have given up if the youth centre had not provided support. This fostered the young man's development, made it possible for him to obtain academic qualifications, helped him transition to an independent life as an adult, and prepared him adequately to enter society and the workforce.

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EFFECTIVE TRANSMISSION OF INFORMATION

A report to the Québec Ombudsman called attention to a youth centre adoption service's lack of follow-up on a request for service. The Québec Ombudsman's intervention led to overall changes in the way the youth centre handles and delivers information.

(... BETTER INFORM SERVICE USERS ABOUT TIME FRAMES

The report criticized the unreasonable wait times experienced by a user and the inappropriate disclosure of confidential information. These are the facts:

- *A person filed a request with an adoption and reunion service to be reunited with her birth father.*
- *Four months later, when she contacted the youth centre's adoption service to see how the request was going, she learned from a receptionist that her birth father had been identified and that the delay was due to the fact that her file was waiting to be assigned to a caseworker.*
- *When the Québec Ombudsman received the report, it had been a year since the request had been made and there had been absolutely no follow-up.*
- *When the applicant complained in writing to youth centre authorities about the delays, she did not get a reply.*

Intervention and results

The investigation showed that the processing time was perfectly normal for this type of request. However, the Québec Ombudsman recommended that the youth centre properly inform adoption service users, from the moment they make their request, about each stage in the processing of their request and the processing times involved. It also recommended that staff comply with the standards of practice defined by the Association des centres jeunesse du Québec when they disclose information (i.e. outcome of the search and identification and location of a birth parent). Lastly, the Québec Ombudsman insisted on the importance of forwarding any mailed or emailed complaints about services to the local service quality and complaints commissioner. The youth centre followed all the Québec Ombudsman's recommendations.

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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 disorders 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 2011-2012

In 2011-2012, the number of grounds for complaints and reports concerning the age-related loss of independence program deemed substantiated by the Québec Ombudsman held steady from last year. Most of the grounds brought to light had to do with the quality of healthcare services, especially service and care organization, compliance with clinical procedure and protocol, supervision of services, staff guidance and training, and quality of support services or services to assist with activities of daily living.

The complaints and reports made to the Québec Ombudsman brought into focus problems related to the following:

- the transfer of users living at hospital centres to transitional long-term residential units in order to free up hospital centre beds;
- control of the quality of care and services provided by intermediate resources;
- the safety and supervision of residents, especially those with cognitive disorders combined with behavioural problems;
- home support, discussed in another section of this annual report (page 128).

PLANNING FOR THE TRANSFER OF RESIDENTS AND SEEING TO THEIR SAFETY AND QUALITY OF LIFE

A report to the Québec Ombudsman this year concerned a situation that involved some 60 residents, all of whom were elderly and experiencing a loss of independence. The residents had recently been transferred from a hospital where they were staying while awaiting permanent living arrangements to a transitional residential unit that was hastily set up to accommodate them.

The unit had been opened hurriedly as part of the process to unclog the hospital's emergency services (which is where the residents were initially) that could increase intake if beds in other sections of the hospital were freed up.

The Québec Ombudsman's intervention revealed that by making emergency room unclogging a priority, the authorities had not factored in the impact of the unduly quick transfers on the health of the vulnerable people involved. The literature shows that moving such vulnerable people to a new residence is a major source of stress that can cause their health to deteriorate or even prove fatal to them.

The situation observed led the Québec Ombudsman to intervene at the corrective and preventive levels. First, it ensured that the appropriate corrective action was immediately taken to ensure that residents received the care and services required by their condition in their new environment. Secondly, it was adamant that situations of this kind never happen again, either at the places in question or elsewhere within the health and social services network.

Without downplaying the importance of relieving emergency room overcrowding, the Québec Ombudsman argued that ensuring access to services for one group of users must not be at the expense of other users. In its intervention report, the Québec Ombudsman pointed out that the means taken by the institution to quickly solve the problem of overcrowding had a major impact on the quality of the care and services provided to the people concerned.

The Québec Ombudsman's recommendations were aimed at three decisional levels according to their respective spheres of activity:

- Health and social services centre: Continue implementing the measures provided for in the action plan it drafted further to the internal review report dated July 7, 2011, and provide the Québec Ombudsman with progress reports every three months until implementation is completed.
- Health and social services agency: Take appropriate measures to monitor the corrective action taken by the institutions in response to the instructions to relieve emergency overcrowding so that this action does not put other users at risk and no later than March 31, 2012, inform the Québec Ombudsman of the measures taken to that end.
- Ministère de la Santé et des Services sociaux: Take appropriate measures to ensure that all health and social services institutions and agencies do not put other users at risk by hastily implementing solutions to the problem of emergency overcrowding and no later than March 31, 2012, inform the Québec Ombudsman of the measures taken.

The Québec Ombudsman's intervention report is posted on its website www.protecteurducitoyen.qc.ca, under the "Cases and Documentation" tab, "Intervention Reports" section.

ENSURING THAT RESIDENTS ARE SAFE AND PROTECTED

The situations denounced here—aggression among residents with cognitive disorders combined with major behavioural problems—attest to the problems that arise when a mixed client population has to share the same living environment, and service and care programming and organization are deficient. The Québec Ombudsman called attention to this issue in its annual reports in 2008-2009 and 2009-2010. Far from resolved, the problem persists and is bound to worsen as the number of people with more and increasingly diverse cognitive disorders grows.

People with behavioural problems are often moved from regular residential units and are grouped in other units called "prosthetic" or "specific." These units are reserved for people with all kinds of cognitive disorders. This means that residents with different and incompatible forms of dementia must live together. This increases the odds of altercations, falls and physical violence occurring. For example, people with invasive wandering behaviours are made to live under the same roof as particularly aggressive residents. In such situations, the safety of residents and staff may be at risk if factors like the following are lacking:

- an adapted physical environment;
- a limited number of residents;
- adapted approaches and intervention by a sufficient number of competent staff who can ensure continuity and who work as part of an interdisciplinary team.

This problem is aggravated by the general difficulties accessing places in residential and long-term care centres (CHSLDs) adapted for the elderly with behavioural problems and those with pervasive developmental disorders combined with disruptive behaviours. Transferring residents to and keeping them in places that are not suitable puts all residents and staff at greater risk.

(. . . MAKING SURE THAT RESIDENTS HAVE A SAFE LIVING ENVIRONMENT

The Québec Ombudsman decided to intervene on its own initiative after a person living at a residential centre died. These are the facts:

- *The institution is a private seniors' residence certified by the Ministère de la Santé et des Services sociaux to operate a CHSLD that has 314 permanent beds and 15 temporary beds.*
- *The 83-year-old who died had been living in the institution's prosthetic unit.*
- *In the autumn of 2011, she was assaulted several times by two other residents of the same unit. She died shortly after that.*

Intervention and results

The mandate of the prosthetic unit where the resident was living is the intake of people with dementia and permanent impairments requiring an environment adapted to their dysfunctional behaviours. After investigating, it was patently clear to the Québec Ombudsman that the unit's physical and organizational environment were ill-suited to the approximately 20 residents, most of whom, the victim included, had severe cognitive disorders. The Québec Ombudsman pinpointed the following major flaws:

- *cramped quarters in bad repair;*
- *poor quality of life and services;*
- *high staff turnover and a shortage of staff;*
- *lack of staff training and supervision;*
- *improper fit between the services offered and residents' profiles (admission needs reviewing);*
- *too many residents.*

Following the event, the institution produced an action plan to correct the deficiencies in the prosthetic unit. The Québec Ombudsman's recommendations mainly concerned the importance of making good on the plan's commitments as quickly as possible. It also insisted on measures for ensuring that service organization and programming are consistent with the institution's core program and on establishing ongoing means for monitoring the new requirements. The Québec Ombudsman's recommendations to the health and social services agency included one to the effect that the residential centre undergo a new quality assessment visit by the Department.

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ASSURING PROPER SUPERVISION OF INTERMEDIATE RESOURCES

The Québec Ombudsman's investigations revealed substantial shortcomings in the supervision of the care and services provided by intermediate resources, which take in users with a loss of independence who can no longer live at home for safety reasons but who do not satisfy the conditions for admission to a CHSLD. The mission of an intermediate resource is to provide the users of an institution with which it is contractually bound with a living environment suited to their needs, together with the support or assistance services required by their condition.

In the past two years, several agreements were contracted between health and social services centres and intermediate resources in order to quickly create a large number of places for people who are beginning to lose their independence. The Québec Ombudsman noted on numerous occasions that CSSSs did not fulfill all their responsibilities with respect to monitoring and controlling the quality of the services provided to users in these intermediate resources.

The Québec Ombudsman believes that the reference guide in force for intermediate resources and the standard form contract for healthcare partners no longer reflect new needs in terms of residential services. They do not take sufficient account of residents' needs and characteristics related to their loss of independence on the physical and cognitive level. Furthermore, because the quality standards for intermediate resources (standards for the human and physical environment, services and the living environment) are vague, operators and CSSSs alike interpret them differently, which leads to ambiguities in terms of the service offering. This adversely affects overall day-to-day care and services to users.

When certain users are admitted to an intermediate resource, they are "borderline" CHSLD candidates. The Québec Ombudsman has seen that, since places in CHSLDs are rare and these users' conditions can change rapidly, intermediate resources cannot provide the clinical monitoring and supervision required.

(... ENSURING QUALITY CONTROL FOR SERVICES IN INTERMEDIATE RESOURCES

The Québec Ombudsman received a report on the care, services and living environment provided to residents in an intermediate resource. These are the facts:

- *The complaint concerned numerous aspects closely affecting basic services to the residents, namely, food, assistance with activities of daily living, recreational activities, the physical environment and the cleanliness of the premises.*
- *In addition, there were communication and management problems, plus allegations of abuse, negligence and mistreatment.*

Intervention and results

At the time of the Québec Ombudsman's investigation, some of the problems had been solved by a management shuffle: better service organization, better work plans for orderlies, more staff, better tools, and a better food service and better personal care services.

However, the investigation revealed major weaknesses in the CSSS's supervision of the care and services dispensed by the intermediate resource. The CSSS should have monitored the resource on a regular basis and specified any corrective measures it expected of it. The many red flags raised about the trouble the resource was having guaranteeing the residents the appropriate service quality should have prompted the CSSS to act much sooner.

Originally, the resource was supposed to only accept residents who were in the early stages of loss of independence, but, over time, it became clear that the residents needed more and more help, had increasingly serious physical and cognitive limitations and required almost constant supervision.

The Québec Ombudsman made recommendations to the intermediate resource, the CSSS and the health and social services agency according to their respective responsibilities. The main thrust of the recommendations was to establish corrective measures with a view to a more suitable response to residents' needs, and control and monitoring mechanisms for more stringent supervision and vigilance by the CSSS.

The CSSS accepted all of the Québec Ombudsman's recommendations. The CSSS is keeping a very close eye on implementation of the improvement plan created in May 2011.

The Québec Ombudsman's intervention report is posted on its website www.protecteurducitoyen.qc.ca, under the "Cases and Documentation" tab, "Intervention Reports" section.

...

PROVIDING CHSLD RESIDENTS WITH A SAFE LIVING ENVIRONMENT

Ever since its 2006-2007 Annual Report, the Québec Ombudsman has spoken out about the slow rate of increase of quality assessment visits at CHSLDs and deployment of measures to improve the living environments at residential centres, so it welcomes the initiatives announced in March 2012, namely, the Department's intention to introduce spot checks. However, it remains watchful so that the increase in the number of quality assessment visits proceeds rapidly and quantitative goals are truly achieved. The Québec Ombudsman will pay special attention to the rigour applied in monitoring the introduction of improvement measures further to recommendations by the Department's inspection team. Too often, the reports that the Québec Ombudsman receives concern situations brought to light during assessment visits carried out a few years before but that remain uncorrected.

THE QUÉBEC OMBUDSMAN'S RESPONSE TO BILLS AND DRAFT REGULATIONS

Certification of seniors' residences

The Québec Ombudsman commented on Bill 16, An Act to amend various legislative provisions concerning health and social services in order, in particular, to tighten up the certification process for private seniors' residences. The main thrust of the new provisions is to amend the definition of "seniors' residence" by requiring that, henceforth, in order for a resource to qualify as such a residence, and therefore, be subject to certification, it must, in addition to lodging, offer services in at least two categories.

The Québec Ombudsman pointed out that, under the proposed amendments, several certified residences will become little more than buildings that provide housing to seniors, many of whom are vulnerable. The residents will no longer benefit from the supervision provided by health and social services agencies or from the protection afforded by the complaints examination procedure that includes service quality and complaints commissioners and the Québec Ombudsman.

The bill was assented to in late 2011 without taking into account the Québec Ombudsman's concerns. At least 2,395 places in Greater Montréal alone could be affected by this exclusion. The seniors concerned will no longer benefit from the vigilance that comes with certification. Given the shortage of residential resources for people who are beginning to lose their autonomy, intermediate resources for example, these people often find themselves in residences for the elderly and are even referred to them. The Québec Ombudsman questions how amending the definition advances the interests of seniors, which in some cases, seems to be more a matter of easing for the benefit of operators than of tightening for the benefit of residents.

Attempts to have a three-residence complex excluded from the certification process before the bill was introduced give credence to the Québec Ombudsman's fears. The complex houses 242 residents age 65 and over, 25% of whom are between 75 and 84 years old. The operator advertises that the apartment bedrooms and bathrooms are equipped with emergency call bells, that there is a social committee that organizes events, and that there is a full-time janitor on site. The region's health and social services agency confirmed that the three residences would be excluded from the certification process because they did not provide any of the services enabling them to meet the new definition of seniors' residence. More than 20% of the elderly residents would not be able to escape from the building on their own if there were a fire. In order for the fire safety service to approve the residences' certification, it required that specific measures be taken to ensure the safe evacuation of these residents. These requirements will be lifted if the residences are excluded from the certification process and are no longer considered "seniors' residences."

The Department's eagerness to remove from its register the residences that do not meet the new definition also worries the Québec Ombudsman. How does this serve the interests of seniors? In February 2012, the Department sent all health and services agencies a document setting out the procedure regarding apartment buildings that are not seniors' residences within the meaning of the act. The procedure concerns the identification, verification and removal from the register of buildings that do not match the new definition, which will come into force on November 30, 2012. The procedure defines the services likely to be required for a residence to qualify as a "seniors' residence," even though the draft regulation, one of the goals of which is precisely to spell out these conditions, has not been introduced yet.

The Québec Ombudsman intends to keep a close eye on developments in this respect, with special attention to the draft regulation referred to in the Ombudsperson's brief to the parliamentary committee, which she said she would comment on more specifically when the regulation is published.

The brief is summarized on page 141 of this annual report, in the "Parliamentary Watch Report" section.

Resiliation of a dwelling lease

The Québec Ombudsman expressed its approval of Bill 22, an *Act to amend the Civil Code as regards the resiliation of a dwelling lease in certain situations*. The provisions introduced in the bill will, in particular, help to better protect the elderly by possibly reducing the costs incurred in giving up a lease. The comments are summarized on page 147 of this annual report, in the "Parliamentary Watch Report" section.

Home Support

While the other health and social services sections of this annual report concern service programs, this section deals with a component whose effects may be felt in any of them.

COMPLAINTS IN 2011-2012

In the past year, the Québec Ombudsman has noted a sizable increase in the number of substantiated complaints about home support services, especially with regard to the situation of people with significant and persistent disabilities that require them to have long-term home support services. Complaints were mainly about:

- reduced services;
- the long wait time to obtain services;
- the fact that services are insufficient in relation to needs.

AN INVESTIGATION REPORT ON THE GAPS IN HOME SUPPORT SERVICES

This year, the extent and recurrence of problems in accessing home support services prompted the Québec Ombudsman to carry out an investigation which led to a report entitled *Is Home Support Always the Option of Choice? Accessibility of home support services for people with significant and persistent disabilities.*

The report underscores the gap between *Chez soi: Le premier choix – La politique de soutien à domicile* (the home support policy), adopted in 2003, and the daily lives of the people who receive—or should receive—these services.

The investigation therefore looked into the accessibility of personal assistance services (help with hygiene, eating or moving about), domestic help services and services to support civic participation (particularly in managing a budget) for people with disabilities and people with a loss of independence (seniors in particular). The investigation did not cover home healthcare (such as nursing care) or short-term home support for people with temporary disabilities (for example, after surgery), for which there were very few substantiated complaints and reports.

The home support policy establishes that in respecting the choices of individuals, helping them remain in their home environment should always be the first option, but the cases documented by the Québec Ombudsman clearly show that in the real world this is far from true, and access to long-term home support services is lacking. This gap causes informal caregivers to burn out and puts stress on the healthcare system (poor use of places in hospitals, rehabilitation centres and residential resources).

In the last few years, most health and social services agencies and health and social services centres (CSSSs) reviewed their terms of reference for home support services, which determine the level and duration of services provided to users. The Québec Ombudsman found that while all of these documents are based on the home support policy, there are gaps which can have a direct adverse effect on service delivery.

The following are some of the elements the Québec Ombudsman has noted that stray from the policy:

- New exclusion criteria (in particular, people with disabilities or age-related loss of independence eligible for assistance who have a natural caregiver or access to billable *à la carte* services offered by private seniors' residences).

- Ceilings on the number of service hours that are very frequently below the level required for determined needs.
- Disparities in access to the services laid out in the policy and its application from one agency or CSSS to another (depending on the region, the same number of service hours are not given to people with the same determined needs).
- A decrease in service hours (often within a very short period of time and without adequately informing service users).
- Longer wait times (more than one year and even longer in some cases).

The Québec Ombudsman has noticed that the biggest problems have to do with the insufficient number of service hours allocated given needs, and the time it takes before services are delivered. More generally, it sees inflexibility in applying the criteria and a distinct trend towards a decrease in the number of allocated hours, especially with regard to long-term home support services, at a time when demand is ever on the rise. This decrease is confirmed in the 2010-2011 management report of the Ministère de la Santé et des Services sociaux (Department): "In 2010-2011, the collated data showed that the number of service hours was 9.2 million, a 2.8% decrease from the 2009-2010 figure (9.4 million service hours)." [Translation]

(. . . NO MATTER WHAT THE NEEDS, THE MAXIMUM NUMBER OF SERVICE HOURS IS THE SAME

A severely disabled man was assessed by a CSSS caseworker. He was granted 38 home support service hours a week, but only got 20 hours a week, the maximum for the ceiling established in the normative framework for the CSSSs in his region. Grappling with insufficient resources and with a view to equity and regional consistency, the CSSSs had agreed to a ceiling of 20 service hours a week, whether a person needs 25 or 40 hours.

(. . . UNINTENDED EFFECTS OF THE ASSESSMENT TOOL

After the annual reassessment of her individualized service plan (ISP), a lady was told that her home support would be cut by two hours a week, even though her situation had not changed. She was not given any explanations. These are the facts:

- *After she complained to the CSSS, the local service quality and complaints commissioner explained the changes made to the management framework and their impact on ISPs. The new framework uses the ISO–SMAF assessment model promoted by the Department. From then on, the lady would be getting two fewer services hours a week because of this model and its computer application.*
- *When the Québec Ombudsman examined the grids that had been filled in, it noticed a slight difference in the ratings assigned to certain factors.*
- *The result was that the mathematical rule applied in this computer tool lowered the number of service hours required in this particular case.*

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Based on its investigation findings, the Québec Ombudsman made the following recommendations to the Department, which is responsible for implementing the home support policy:

- Determine the level of funding needed for home support services by:
  - analyzing the waiting lists for every region in Québec;
  - producing a projection of needs for the next few years;
  - benchmarking with other governments.
- Plan budget allocation so that the funding target is achieved.
- Allocate resources by differentiating between the various components of home support services (for people with a temporary disability, for people receiving palliative care, and for people with a significant and persistent disability).
- Establish guidelines clearly setting out the slate of services available under the policy, according to the needs of the population.

The Québec Ombudsman also recommended that health and social services agencies and health and social services centres apply these guidelines and adequately inform the people in their region about the services provided and their availability.

The Québec Ombudsman's special report entitled *Is Home Support Always the Option of Choice? Accessibility of home support services for people with significant and persistent disabilities* is posted on its website www.protecteurducitoyen.qc.ca, under the "Cases and Documentation" tab, "Investigation Reports and Special Reports" section.

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, and, in some cases, community organizations.

COMPLAINTS IN 2011-2012

The number of complaints in 2011-2012 was higher than in 2010-2011. The grounds remained the same, namely:

- trouble accessing front-line services;
- the unprofessional attitude of various workers in the field;
- certain institutions' refusal to take in detainees for psychiatric assessments despite court orders;
- failure to obtain users' consent for care;
- inadequate or inappropriate use of isolation and restraint and enforcement of the Act respecting the Protection of persons whose mental health presents a danger to themselves or to others;
- the difficulty of finding residential resources adapted to users' needs.

When it carries out its investigations, the Québec Ombudsman insists regularly on the importance for health and social services staff to make detailed notes in the user's record of the use of isolation or restraint, to work as part of an interdisciplinary effort and to produce complete individualized care and service plans.

BETTER SUPERVISION OF THE USE OF ISOLATION AND RESTRAINT

The Québec Ombudsman frequently receives complaints concerning the use of isolation and restraint for most health and social service network service programs. Note that within the meaning of the Act respecting health services and social services, this kind of intervention must only be used as a last resort after other methods have been tried, when danger is imminent, and when individuals cannot give their consent for care because of their mental disorganization.

In its 2009-2010 Annual Report, the Québec Ombudsman made a variety of recommendations to the Ministère de la Santé et des Services sociaux aimed at better supervision of these exceptional means.

In 2011, the Department responded to the Québec Ombudsman's concerns with its *Cadre de référence pour l'élaboration des protocoles d'application des mesures de contrôle : isolement et contention*. The Québec Ombudsman believes that the examples of the use of isolation and restraint contained in the reference guide are a further step towards reducing disparities in the application of these measures and helping institutions draft protocols. In its future investigations, the Québec Ombudsman will pay special attention to the reference guide's impact. It will also keep a close eye on the outcomes of its other mental health recommendations, which the Department has begun working on, namely, the need for standardized data collection tools (standardized forms for collating information about recourse to means of restraint), agency guidelines for the use of means of restraint, and training for members of boards of directors given their accountability in this regard.

USING RESPECT AND DISCERNMENT IN APPLYING ISOLATION AND RESTRAINT

Again this year, the Québec Ombudsman had to intervene many times regarding improper use of isolation and restraint, in particular, lack of or insufficient evaluation of alternative means. One of the findings was that the lack of interdisciplinary input among the different service programs and the people who work with the user, along with the lack of an interdisciplinary intervention plan in cases of acute health problems, make the job of choosing the right approach for certain users even more complex. The Québec Ombudsman considers that, ultimately, more collaboration between the various players is crucial if the inappropriate use of these measures is to be avoided.

(. . . RESPECTING THE DEFINITION OF ISOLATION

The Québec Ombudsman examined two complaints with respect to two different institutions where user isolation was not recognized as such. These are the facts:

- *The users were in a mental health unit.*
- *If they exhibited problematic behaviour, they were removed to a section of the unit that they could not leave.*
- *The members of the various healthcare teams said that this was not isolation because the individuals were not placed in an isolation room or because the room was not locked.*

Intervention and results

The Québec Ombudsman's investigation showed that these actions were de facto isolation within the Department's meaning of the term. The people could not leave when they wanted and could not participate in the unit's regular activities for a long period or recurrently. Since the institutions did not acknowledge that they used isolation, none of the standards provided for in the departmental orientations, especially those governing documentation and consent, were respected. Furthermore, there were no intervention plans or interdisciplinary service plans.

The Québec Ombudsman recommended that:

- *such practices be recognized as isolation;*
- *isolation policies be modified accordingly;*
- *departmental orientations be respected;*
- *intervention plans and interdisciplinary service plans be an integral part of user follow-up so that all the workers concerned act coherently.*

The Québec Ombudsman's recommendations were accepted.

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(... EXCESSIVE USE OF ISOLATION

A complaint filed with the Québec Ombudsman instanced an excessive use of isolation. These are the facts:

- *An intellectually and physically disabled user who lives in an intermediate resource under the jurisdiction of a rehabilitation centre for intellectual disabilities was often removed when she exhibited behaviour deemed inappropriate.*
- *She was taken to an isolation room in another residence.*
- *According to her family, this was tantamount to isolation and the user felt that she was being held prisoner.*
- *Her "regular" room had a motion detector that monitored her comings and goings.*

Intervention and results

The Québec Ombudsman's investigation revealed that the user's removal to a room where she could calm down constituted a means of isolation, whether the door was locked or not. When the user tried to leave the room without permission, she was locked in. Similarly, when she wanted to leave her "regular" room, the workers, alerted by the motion detector, went to her room to tell her to not to go anywhere until the next period when she was authorized to leave the room. The Québec Ombudsman therefore recommended that the institution:

- *revise its isolation protocol;*
- *provide its staff and residential resource staff with training on the latest provisions in this regard;*
- *have the content, relevance and effectiveness of the user's active prevention protocol re-examined by an external expert on severe behavioural disorders and make any required corrections;*
- *remove the time-out chair screwed to the wall in the user's room.*

The institution agreed to act on all of the Québec Ombudsman's recommendations.

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MENTAL HEALTH AND DETENTION: FOLLOW-UP TO THE QUÉBEC OMBUDSMAN'S SPECIAL REPORT

In 2010-2011, the Québec Ombudsman published a special report entitled *Towards Services that are Better Adjusted to Detainees with Mental Disorders.*

The recommendations contained in the report are aimed at improving the taking in charge of detainees and of the preventive, curative and social integration services adapted to their condition. This subject is discussed on page 63 of this report, in the "Ministère de la Sécurité publique – Direction générale des services correctionnels" section.

The Québec Ombudsman's special report is posted on its website www.protecteurducitoyen.qc.ca, under the "Cases and Documentation" tab, "Investigation Reports and Special Reports" section.

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 home support services provided to people who cannot get out.

Note that the Québec Ombudsman does not have jurisdiction to intervene with respect to complaints concerning a physician, dentist, pharmacist or a resident within a hospital, local community service centre (CLSC) or any other health institution. Such complaints are handled by medical examiners within the institutions concerned.

COMPLAINTS IN 2011-2012

The number of complaints concerning the physical health program submitted to the Québec Ombudsman decreased slightly in 2011-2012 from last year's figures. A large share of these complaints had to do with wait times at emergency rooms.

While these problems persist in a number of hospital centres, complaints to the Québec Ombudsman concerned the following more specifically:

- wait times for seeing a physician;
- the attitude of staff overwhelmed by their workload;
- the fact that users are not re-assessed while waiting to be seen and the feeling that they have to fend for themselves;
- lack of organization geared to psychiatric patients.

THE PROBLEM OF EMERGENCY ROOM OVERCROWDING: ENSURING THAT SOLUTIONS HAVE NO UNINTENDED EFFECTS

While deploring the current situation with regard to the emergency services for which complaints have been filed, the Québec Ombudsman acknowledges the initiatives by the bodies concerned—the Ministère de la Santé et des Services sociaux (Department), health and social services agencies, and health and social services agencies (CSSS)—to find solutions:

- The Department's Direction nationale des urgences urges institutions to enter into agreements to enable the transfer of users whose short-term condition is less urgent (P4) or non-urgent (P5) to family medicine groups and clinics within the network.
- Short-term hospitalization units are set up to channel away from emergency rooms a certain number of users who require a hospital stay of fewer than 72 hours.
- For greater efficiency, optimization of emergency unit service provision through the introduction of LEAN projects in institutions is encouraged.
- To consolidate front-line medical services, the creation of new family medicine groups and clinics and the establishment of points of access for people who need a family doctor is ongoing. The computerization of medical clinics is also part of this move.

- To unclog emergency wards, the Department creates and uses transitional residential resources so that people waiting to be admitted to a residence, many of whom are elderly and losing their ability to take care of themselves, do not have to remain there.
- A short-term home support program was created to make it easier for hospitalized users, many of whom are losing their independence, to return home.

The Québec Ombudsman is aware of these efforts and of the difficulties implementing them, but nonetheless notes scant results in terms of the average time users spend in emergency rooms, which has not budged for the past three years. These measures barely manage to offset the increase in emergency room traffic.

The Québec Ombudsman, which continues to receive many complaints about long wait times and the fact that those waiting are not re-assessed, intervened with regard to hospital centres in two regions of Québec. After investigating, it drew attention to numerous flaws, especially regarding service organization:

- inappropriate physical layout;
- facilities conducive to the spread of infection;
- unreasonable wait times between triage and medical treatment;
- users not re-assessed while waiting;
- lack of collective prescriptions.

The Québec Ombudsman's recommendations led to corrective measures being introduced. It encourages the Department to continue its efforts to establish healthcare services such as family medicine groups and integrated service networks in order to provide accessible services and flexible delivery. However, this, as well as anything else that serves to redirect users whose condition is deemed less urgent (P4) or non-urgent (P5) from emergency rooms to local clinics, cannot be done without the collaboration of institutions and professional associations and strong leadership from the Department. Furthermore, the solutions considered for making the required corrections must respect the rights of every health service and social service user.

This year, the Québec Ombudsman intervened in a case in which the urgent need to relieve emergency unit overcrowding had effects that were the last thing anyone wanted—people in short-term beds in a hospital centre were hurriedly placed in a transitional resource that was ill-prepared to take them in.

The Québec Ombudsman's intervention, presented on page 123 of this annual report, in the "Age-Related Loss of Independence" section, revealed that by giving precedence to unclogging the emergency unit, the authorities failed to take into account the impact of the hastily arranged transfers on the health of the vulnerable individuals concerned. The literature shows that the transfer of such vulnerable people is a major source of stress that can cause their health to deteriorate or even be fatal.

The Québec Ombudsman's intervention report is posted on its website www.protecteurducitoyen.qc.ca, under the "Cases and Documentation" tab, "Intervention Reports" section.

MAKING HOME SUPPORT MEASURES THE OPTION OF CHOICE

Short-term home support is designed for people expected to regain their independence. For those whose ability to take care of themselves does not improve, there is a problem—services end after a few months and there is a waiting list for long-term home support in several regions. This subject is covered on page 128 of this annual report, in the "Home Support" section.

(. . . RESPECTING THE AGREEMENTS MADE WITH USERS

After being hospitalized, a citizen was referred to a residential resource where she could receive the services required by her health condition. A CLSC caseworker helped her and signed her up for the direct subsidy program. The CSSS agreed to cover the shortfall between the cost of rent and services at the residence and the citizen's financial means. The citizen signed a lease and moved into the residence. When her autonomy was re-assessed a year later, the CSSS decreased the subsidy because the rules had been tightened. When she chose the residence, no one told her that the assistance was temporary or that she could have gone into a public residential resource. The CSSS admitted that there had been a lack of rigour in the first few months of implementing this measure for people who cannot return home after being hospitalized. The Québec Ombudsman recommended that the CSSS abide by its agreement and maintain the subsidy as long as the services at this residence met the user's needs. The institution agreed to act on this recommendation.

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ENSURING ACCESS TO SERVICES

In its preceding reports, the Québec Ombudsman gave accounts of several complaints concerning wait times for receiving services, including one in the field of rehabilitation in which a citizen had been waiting for physiotherapy for five years. The commissioner who handled her complaint told her that he had gotten several similar complaints and that it was unlikely that the citizen would ever receive these services from her hospital. He advised her to seek out private rehabilitation services. Other situations, which involved audiology and speech therapy services, were also brought to the Québec Ombudsman's attention this year.

Some people went to the Québec Ombudsman to denounce the fact that they would have had to wait up to two years for a medically required colonoscopy. They said they were worried because there was colorectal cancer in the family. Some decided to seek reassurance by paying a private clinic several hundreds of dollars out of pocket. The wait for the test was two weeks.

These situations are further proof that the service offering is not always an appropriate response to citizens' needs. The Québec Ombudsman wonders whether access to services is equitable. Yet, under the acts governing hospital insurance (1961), and health insurance (1970), as well as the Act respecting health services and social services (1971), the public health and social system is supposed to make medically required services accessible to all citizens regardless of their ability to pay.

The complaints in question led the Québec Ombudsman to note that, frequently, many citizens cannot access the services "theoretically" available through the public system because of wait times. It has also seen that people who have private insurance or who have a high income can get services without worrying unduly about cost. Many of those who do not have the luxury of such services must wait their turn within the public system, and this may be detrimental to their health.

AGE-RELATED MACULAR DEGENERATION

The Québec Ombudsman received more than 40 complaints from citizens with age-related macular degeneration who felt they had been dealt with unfairly. They had gone to their hospital's out-patient ophthalmology clinic for Lucentis injections, a common treatment that is readily available, but the ophthalmologists referred them to their local medical clinic instead because the hospital no longer allowed them to offer the treatment. The upshot was that these citizens were billed for a treatment by medical specialists that would not have cost them anything had it been available at the hospital.

The Minister of Health and Social Services responded favourably to the Québec Ombudsman's interventions by ensuring that this treatment would be free of charge temporarily (until June 2012). In the meantime, he instructed public institutions to review their slate of services with a view to providing this treatment. However, it will no longer be free for people who opt to have the treatment at their physician's clinic. The Québec Ombudsman is monitoring this issue closely.

ENSURING FOLLOW-UP ON SERVICE QUALITY

In the course of its investigations, the Québec Ombudsman noted that certain services, especially sample analysis, are no longer provided directly by health and social service institutions, but are outsourced to another institution or specialized firm. Although this would not appear to be a problem in itself, it becomes one when the outsourcing institutions do not follow up adequately in order to ensure service quality. The following case is a good illustration of this.

(. . . PREVENTING DIAGNOSTIC ERRORS

A citizen received a false positive for hepatitis B after blood tests were done at a CLSC and the samples were sent to a hospital centre for analysis. These are the facts:

- *After blood tests were done at the CLSC, the user's physician got the results and told him that he had hepatitis B.*
- *The citizen asked to have a new blood test done and was referred to a hospital centre.*
- *After the second sample was analyzed at the hospital laboratory, a physician at the hospital centre told the user that he did not have hepatitis B.*

Intervention and results

The Québec Ombudsman's investigation did not reveal any irregularities in the blood sample procedure for users at the test centre the day the initial sample was taken, or in how samples were handled, identified or transported. The hospital centre analyzed the blood sample taken at the CLSC a second time. It was still positive for hepatitis B. It also checked the procedures applied when the samples were taken, as well as the operation of the machine used to analyze the samples, but no problem was detected.

While the risk of mixing samples is slight, it cannot be discounted. This may have happened at the CLSC or the hospital centre laboratory. Further to this incident, the CLCS put in place a new computerized user management system. A numbered ticket for the test centre is given to users upon their arrival at the CLSC. The blood sample is taken by the nursing assistant who has the same number as the user.

In order to ensure that high-quality services are provided to users, the Québec Ombudsman recommended that the health and social services centre responsible for the CLSC immediately call back all users who had a blood sample taken at the CLSC the same day as the initial sample

was taken so that new samples could be taken. It also recommended that the CLSC and the hospital centre ensure that test centre and laboratory staff become proficient in the content of policies and procedures for blood tests. Both bodies agreed to act on the Québec Ombudsman's recommendations.

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Service Support

Support programs include administrative activities and those that assist with the delivery of services to client populations in all institutions that are part of the health and social services network. These programs concern:

- general management of institutions;
- administration of technical services;
- management of the physical environment and equipment.

COMPLAINTS IN 2011-2012

The number of complaints that the Québec Ombudsman received with regard to support programs in 2011-2012 was stable in relation to last year, and the grounds were also the same:

- hospital-room billing;
- fees for medical services and care to non-residents of Québec;
- users' travel expenses;
- claims for lost objects belonging to hospital centre users;
- accessibility to, quality of and fees charged for pre-hospital emergency services;
- fees for therapeutic equipment.

LACK OF INFORMATION TO NON-RESIDENTS

A growing number of complaints filed with the Québec Ombudsman revealed that several institutions within the health and social services network did not sufficiently inform citizens deemed non-residents of Québec about the fees they had to pay for the care and services they received at hospitals. These individuals were future residents of Québec who were subject to the prescribed waiting period for obtaining a health insurance card or tourists who experienced a health problem while in Québec. The Québec Ombudsman considered that these people had been treated unfairly and therefore recommended that the institutions in question:

- cancel or reduce certain fees charged to non-residents;
- make reception staff aware of the importance of correctly informing citizens about rates and billing;
- produce a procedure concerning information that reception staff must provide or review the existing one;
- review the wording of the billing form and the agreement for non-residents.

At the time this annual report was being written, all but one of the hospital centres involved had agreed to act on these recommendations.

The same concern prompted the Québec Ombudsman to contact the Régie de l'assurance maladie du Québec (RAMQ) and the Ministère de l'Immigration et des Communautés culturelles, both of which deal in various capacities with the problem of lack of Québec Health Insurance Plan coverage for newly arrived immigrants (waiting period). Discussions on this subject are ongoing.

(. . . PROPERLY INFORM USERS

A citizen was issued a claim for hospital fees she felt she should not have to pay. These are the facts:

- *The citizen went to a hospital emergency room to receive medical care and tests.*
- *The newly arrived citizen, who had permanent resident status, was not insured by the RAMQ because the mandatory three-month waiting period before she became eligible for a health insurance card was not over yet.*
- *When she applied for the card, a local community service centre (CLSC) clerk gave her a coupon that she could use to see a doctor at the hospital.*
- *The staff at the CLSC and the hospital emergency room had led her to believe that having the coupon was the same as having a health insurance card.*
- *Two months later, she received a bill of a little over $550 for the services the hospital centre had provided.*

Intervention and results

Under the Québec Health Insurance Plan, applicants are considered residents of Québec only after the three-month waiting period following their registration with the RAMQ. This means that people living in Québec who do not have a health insurance card, either because they have not applied for one or are in the three-month waiting period for the card, are considered non-residents and must pay for the healthcare they receive.

The Québec Ombudsman's investigation showed that the citizen had not been told that she would be billed for the claimed fees and that she thought that she was signing an admissions form and not a payment agreement. In its leaflets and on its website, RAMQ specifies that it does not reimburse users for healthcare they receive during the waiting period. However, the information the citizen got was such that she did not feel the need to look into the matter more closely. The form that the user signed when she registered at the emergency room was confusing. The "agreement" section reads as follows: "In the event of non-payment by the organization, I hereby agree to personally cover the fees incurred by the above-mentioned person." [Translation]. It is an agreement to pay in lieu of another person. In other words, it is a payment bond.

Considering that most people who do not have a health insurance card are new arrivals who are not familiar with our healthcare system or the laws that govern it, and, for the most part, are not familiar with administrative language and "legalese," the Québec Ombudsman believes that they must be provided with clear explanations. In addition to recommending cancellation of the claim, the Québec Ombudsman recommended that the health and social services centre:

- *make reception staff aware that they must provide "cardless" users with clear and accurate information and give its staff basic training on the rates that apply to non-residents;*
- *review the wording of the billing form and the agreement;*
- *inform the Québec Ombudsman about what the hospital intends to do to implement its recommendations and send it a copy of the new form.*

The CSSS centre agreed to act on the Québec Ombudsman's recommendations. It cancelled the user's debt and changed the form so there would be no more confusion.

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APPLYING THE POLICY ON TRAVEL-COST REFUNDS WITH A CONCERN FOR EQUITY

On November 1, 2011, the Ministère de la Santé et des Services sociaux lowered the ceiling for the minimum number of kilometres (from 250 to 200) for eligibility for the refund of travel and accommodation expenses incurred for elective care. This positive measure applies to patients who have to go outside their region for required and prescribed diagnostic services or medically required treatment unavailable locally. The Québec Ombudsman is pleased to note the Department's commitment to offer all users the best possible access to health services.

However, the complaints brought to the Québec Ombudsman's attention this year indicated that certain CSSSs had not applied the policy fairly. In a number of cases, the Québec Ombudsman recommended the review of decisions to refuse the reimbursement of transportation costs.

(. . . ACKNOWLEDGING AN EXCEPTION TO THE RULE

A user complained to the Québec Ombudsman about an institution's refusal to reimburse him for his travel claim. He felt the refusal was unfair. These are the facts:

- *In the summer of 2009, the citizen, who lived in an outlying region, wanted to spend some time in Québec City with his family. He had a disease that required him to have weekly chemotherapy, so he and his attending physician agreed that he would stick to the regular chemotherapy schedule and be treated at a hospital centre in Québec City.*
- *At the first appointment in Québec City, the medical specialist detected renal complications that demanded urgent and priority intervention, so he had to change the course of treatment.*
- *Since these treatments were not available in his region, the man had to remain in Québec City for the next two months.*
- *At the end of the two months, the Québec City physician gave the user permission to return home and, given the user's state of health, he prescribed air flight and accompaniment by a travel companion.*
- *The CSSS in his region refused to pay.*

Intervention and results

The purpose of the policy on travel-cost refunds is to provide financial assistance to people who must travel to another region for the services required because of their state of health. The policy specifies that in most cases, the institution located in the user's region covers compensation for any authorized travel.

In the case at hand, there was confusion because, initially, the user's stay in Québec City was planned as a vacation and no medically ordered arrangements for return transportation had been made before the citizen left home.

The Québec Ombudsman argued that it was impossible for the individual to get medical authorization before he left for Québec City because the complications were only found when he got there. A letter in the user's record from the attending physician in the patient's region confirmed that if he had seen the anomaly that his colleague detected, he would have immediately instructed that the citizen be transferred to Québec City for the required treatments.

Both the stay in Québec City and the return flight were medically required. The combined efforts of the Québec Ombudsman and the Department convinced the CSSS to reimburse the user for his and his travel companion's return airfare ($745).

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