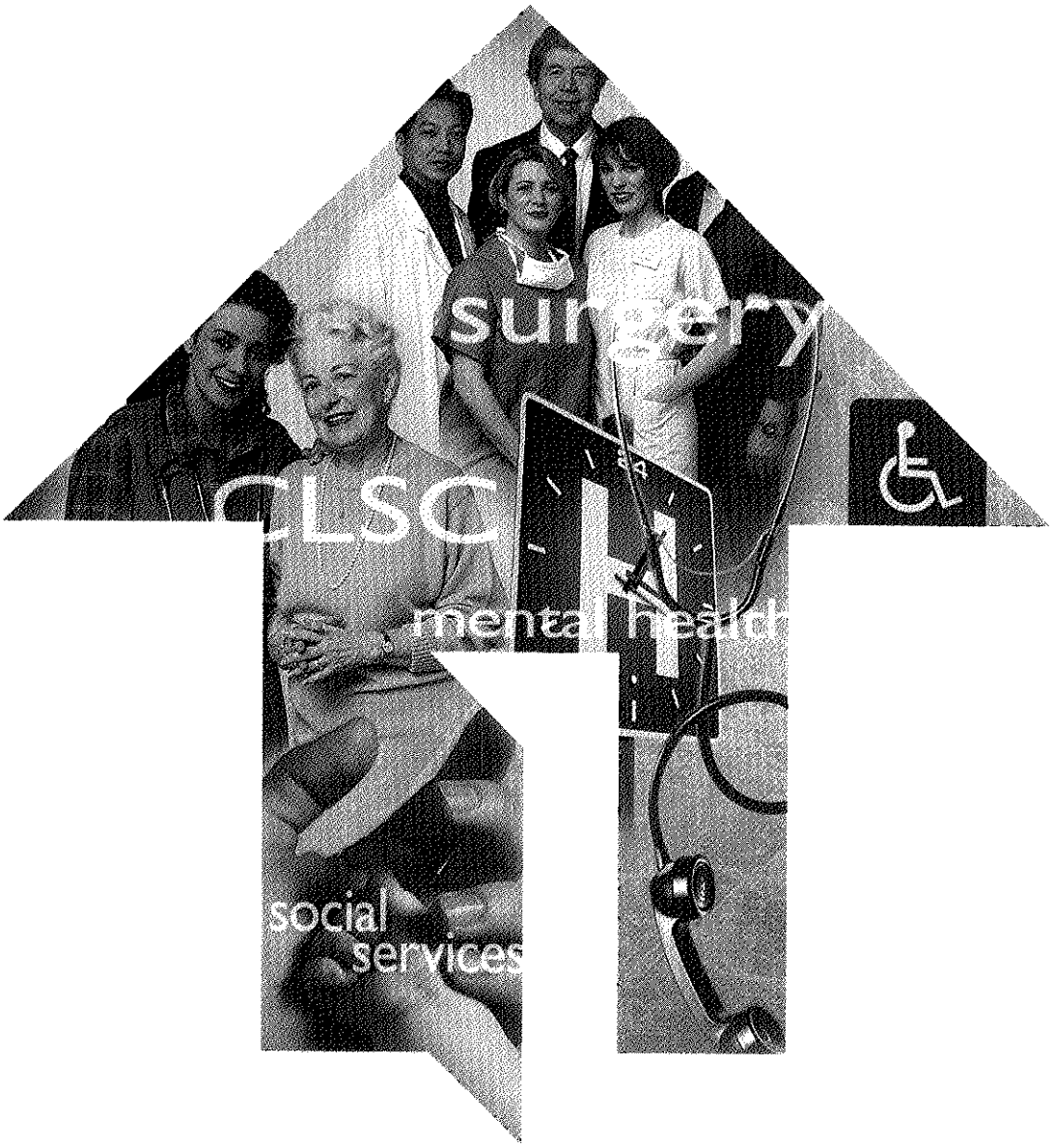
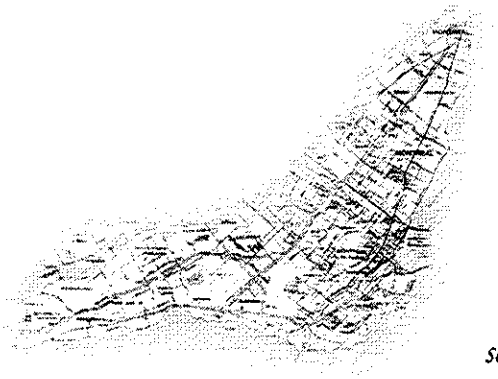


Accent on Access

13 ways to improve accessibility to the health and social services system



Prompt services

Over the past three years, the health and social services system has faced countless challenges under difficult circumstances. Those involved in the health-care field have agreed to significant efforts to adapt the organization and provision of health and social services on the Island of Montreal.

Thanks to those efforts and to more flexible budgetary circumstances, it is now possible to look to the future with renewed confidence. The Montreal health and social services system now has three main tasks: consolidation of gains, efficient management of resources and continued improvement in services.

The Regional Health and Social Services Board for Montreal-Centre has set the major priority in its 1998-2001 improvement plan: Access to quality services for the entire population.

To meet this challenge and offer prompt public services to all, the Regional Board proposes to concentrate on thirteen key sectors where the situation could be improved.

The proposals are summarized in the following pages. The Regional Board is eager to hear your opinion of them. Improving our public services is a collective responsibility. Your involvement in the consultation process will lead to creation of an appropriate plan that meshes with the concerns and priorities of the entire health-care field.

13 KEY MEASURES

1. Reduction in waiting times for surgery

Although hospitals have received money to expand operating-room hours, waiting lists are still too long in many specialties. The Regional Board plans to adopt an action plan for four surgery sectors in particular:

- heart surgery
- brain surgery
- orthopedics: hip and knee replacements
- ophthalmology: cataracts

For example, the waiting list for heart surgery dropped to 351 from 500 people between May and December 1997. The Regional Board proposes:

- reducing the current waiting list to zero;
- subsequently increasing the number of operations so that patients are guaranteed waits of no longer than one month;
- continuing to provide immediate operations for urgent cases.

In terms of radio-oncology, additional funds totaling $1.1 million have already been granted to two hospitals in order to improve services for people with cancer. We propose to allocate another $4 million for these services.

2. Better response to people with intellectual handicaps

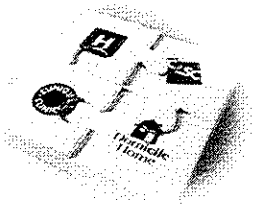
Currently, nearly 2,000 people with intellectual handicaps are awaiting service. To solve this problem, increase the range of available services and better adapt them to the clientele's needs, the Regional Board proposes two measures:

- increase by $12 million the budget allocated to socio-residential services and support services for family and friends;
- concentrate on lifestyle support services, professional services and educational aid services.

3. Help for emergency services

The situation in recent weeks has only reinforced the Regional Board's determination to do the utmost to end the congestion that exists in some emergency rooms. The hospitals most affected have already submitted action plans and other measures will be taken. Planned measures include:

- *installing more powerful clinic-management tools in hospitals to ensure pertinence of hospitalizations and length of stays and to accelerate medical decision-making;*
- *development of day surgery to 100 per cent of its potential and creation of five ambulantory care centres to free up beds;*
- *improvement of access for the elderly to residential and home-care resources;*
- *reduction in visits to emergency rooms by patients from residential and long-term care facilities who can be treated in their establishment;*
- *referral to the CLSC of individuals identified in emergency rooms as being no longer able to manage autonomously;*
- *better distribution of ambulances between downtown and the outskirts of the Island of Montreal.*

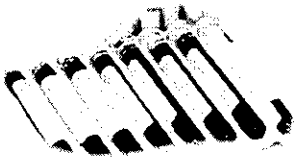


4. Medical services 365 days a year

It is essential to improve first-line access for people who don't need to go to emergency but who require medical care. With the upcoming creation of a Regional General Medicine Department, the Regional Board expects to ensure accessibility to medical consultation:

- with an appointment for all citizens who ask for one;
- with no appointment, 365 days a year, from 8:00 a.m. to 10:00 p.m.;
- at home for those who need home care;
- at residential and long-term care facilities, rehabilitation hospitals, rehabilitation centres and CLSCs.

5. Faster access to laboratory services

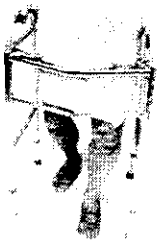


Laboratory services for the entire territory should be reorganized to make them more effective, more efficient and more accessible. The reorganization, which aims to make accessible tests without waits and to speed up return of results to the treating physician, will be based on three specific measures:

- *operating more effective general laboratories in all hospitals on Montreal Island;*
- *making tests available in all CLSCs, without an appointment;*
- *regrouping of cytology and specialized, ultra-specialized and low-volume activities in six hospitals.*

6. Better care for the elderly unable to live alone

Thanks to the improved efficiency of some establishments, a sum of nearly $30 million can be reinvested in improving care for the elderly who cannot live alone. This margin of maneuver will allow for provision of additional resources to certain establishments in the residential and long-term care system that have the most need, and to answer new needs created by the aging of the population. It will also allow for development of specific programs and for improvement of access to the CLSC's home-care support services. Finally, $12 million will be available to ensure access of the elderly to home upkeep and cleaning services funded by the government through the social economy programme.



7. More accessible rehabilitation services

Rapid access to intensive physical rehabilitation services is vital in the rehabilitation of some people, particularly those who have had neurological problems or orthopedic surgery. To attain this objective, it is proposed:

- that outpatient services be developed in rehabilitation hospitals and day hospital;
- that availability of intensive physical rehabilitation services be ensured seven days a week.

8. Keeping people with physical handicaps in the community

Budget reallocations of recent years have meant that more people with physical handicaps have been able to remain in their own environment. The Regional Board is in favor of this approach and thus proposes:

- reallocation of $3.5 million over three years to CLSCs to eliminate waiting lists and increase access to intensive home services;
- reallocation of $1 million to the subsidy program for family-support services.

9. Broader mandate for Info-Santé CLSC in the mental health domain

Many people and organizations working in the mental health domain have cited the problems surrounding access to rapid and adequate information about available mental health resources. Therefore, the Regional Board recommends setting up:

- 24-hour/seven-day-a-week phone access to mental health information and referral services via Info-Santé CLSC;
- phone links between Info-Santé services and mental-health call-in centres, crisis centres and Suicide-Action Montréal.

10. Mental health resources near people's homes

The Regional Board is in favor of access to mental health resources that are as close as possible to where people live. Thus, it proposes that each CLSC be staffed with a multidisciplinary mental health team. This initiative would allow for:

- an increase in the number of people with access to basic mental health services;
- development of an integrated system of basic medical and mental health services;
- creation of integrated promotion and prevention activities on a regional basis.

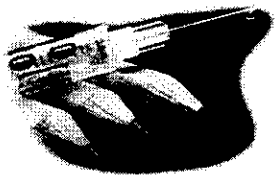
As well, the Regional Board proposes to ensure in all CLSC territories an external psychiatric clinic and, in each sub-region, a day hospital and a tracking psychiatric team made up of nurses and psychiatrists on call.

11. Prevention-oriented youth services

It is proposed that an organization of integrated services be set up that links the various partners concerned with childhood and youth, particularly youth centres, CLSCs, community organizations, schools, municipalities and the justice system.

By doing this, the Regional Board hopes to:

- ensure young people and their parents access to psychosocial consultation services 24 hours a day, seven days a week;
- set up effective methods of fighting parental neglect, family violence, adolescent violence, school dropouts and homelessness.



12. Integrated system to fight alcoholism and drug abuse

Alcoholism and drug abuse are the source of many social and health problems. It is more important than ever that all interested partners work together and pool their resources in order to effectively fight this scourge. The Regional Board proposes setting up an integrated system of alcoholism and drug-abuse services. The system would ensure coordinated promotion and prevention services, first-line treatment, rehabilitation and reintegration.

In addition to the existing budget, the Regional Board proposes an additional investment of $4.7 million to set up the system.

13. Prevention: a collective responsibility

The accessibility challenge also entails the issues of information, of taking responsibility and of prevention. More than ever, meeting the challenge of accessibility revolves around informed, active citizens who are aware of the issues surrounding their health and the health of others.

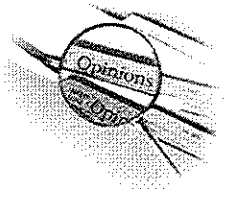
The 1998-2001 improvement plan therefore contains numerous preventative measures related in particular to beefing up the fight against breast cancer, improving cardiovascular health and preventing various illnesses as well as alcoholism, drug abuse and violence.

Wise use of resources

The major cuts in health and social services are behind us, but one task remains: How to best use the $3.1 billion dollars our region receives each year? Accent on Access priorities are to reduce waiting lists in key sectors such as heart surgery, neurosurgery, emergency services and services for the people with intellectual handicaps.

To improve services to the public, the Regional Board proposes to invest $80 million over three years, while also achieving savings in administrative and support services.

Because of these resources, more than 80,000 people work effectively and compassionately to provide the care we need. The aim of the proposed additional investment is to make many services accessible more rapidly and to more people. That's what Accent on Access is all about.

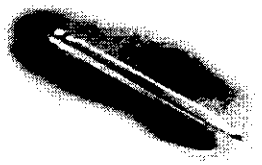


Open consultation process

Accent on Access involves not just those who work in the health and social services system, but each and every citizen as well.

The 1998-2001 improvement plan is currently undergoing a consultation process aimed at improving the plan. Interested groups and associations can air their viewpoints at public hearings scheduled for March 9, 10 and 11, which will be broadcast live on Videotron's channel 51 starting at 8 a.m.

Your opinion matters. Let us know your reaction to the Accent on Access plan by filling out the attached questionnaire. Or you can reach us by calling 286-5618 or sending e-mail to rrsssmg@mtl1.intersignal.net.



Your reaction and comments

Do you totally agree, somewhat agree, somewhat disagree or totally disagree with the Accent on Access plan proposed by the Regional Board?

☐ Totally agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Totally disagree ☐ Don't know

How much priority do you think should be given to each of the 13 measures proposed in Accent on Access? Mark the answer that best matches your opinion by circling the appropriate number on a scale of:

0 = not a priority at all **10 = extreme priority**

The 13 key measures (see document)	not a priority at all										extreme priority
1. Reduction in waiting times for surgery	0	1	2	3	4	5	6	7	8	9	10
2. Better response to people with intellectual handicaps	0	1	2	3	4	5	6	7	8	9	10
3. Help for emergency services	0	1	2	3	4	5	6	7	8	9	10
4. Medical services 365 days a year	0	1	2	3	4	5	6	7	8	9	10
5. Faster access to laboratory services	0	1	2	3	4	5	6	7	8	9	10
6. Better care for the elderly unable to live alone	0	1	2	3	4	5	6	7	8	9	10
7. More accessible rehabilitation services	0	1	2	3	4	5	6	7	8	9	10
8. Keeping people with physical handicaps in the community	0	1	2	3	4	5	6	7	8	9	10
9. Broader mandate for Info-Santé CLSC in the mental health domain	0	1	2	3	4	5	6	7	8	9	10
10. Mental health resources near people's homes	0	1	2	3	4	5	6	7	8	9	10
11. Prevention-oriented youth services	0	1	2	3	4	5	6	7	8	9	10

The 13 key measures (see document)	not a priority at all										extreme priority
12. Integrated system to fight alcoholism and drug abuse	0	1	2	3	4	5	6	7	8	9	10
13. Prevention: a collective responsibility	0	1	2	3	4	5	6	7	8	9	10

The Regional Board plans to spend an additional $80 million to carry to fruition the thirteen key measures in the «Accent on Access» plan.

In your opinion, are there any measures that should be added to improve the plan?

☐ Yes ☐ No

Describe:

_____

_____

_____

_____

_____

In your opinion, are there any measures that should be removed from the plan?

☐ Yes ☐ No

Describe:

_____

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Do you have suggestions or comments on how the «Accent on Access» health and social services improvement plan could be made better?

_____

_____

_____

_____

_____

To facilitate analysis of the questionnaire, please complete the following:

Sex: ☐ Male ☐ Female

Date of birth _____ Postal code _____

Send your comments:

by mail to the following address:

«Accent on Access»

3725 Saint-Denis St.

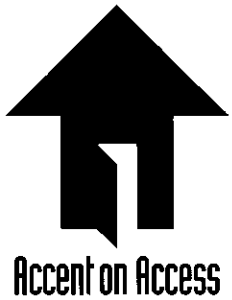
Montreal, Que.

H2X 3L9

or by fax to:

«Accent on Access»

(514) 286-5669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