RÉGIE RÉGIONALE
DE LA SANTÉ ET DES
SERVICES SOCIAUX
MONTRÉAL-CENTRE

Consultation Highlights

Accent on access

CHOOSING SOLUTIONS FOR THE FUTURE TO IMPROVE OUR SERVICES

THE ORGANIZATION OF HEALTH AND SOCIAL SERVICES ON THE ISLAND OF MONTREAL 1998-2001

Direction de la programmation et coordination
Service des études et de l'évaluation
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1. PRESENTATION

This brief document, based on excerpts from the report, is designed for the reader who does not have time to read the entire consultation report, or who would like to review the highlights of the consultation, without having to refer to the full report [1] [2].

2. SITUATION

The consultation was launched on January 14 by the Chairman of the Board of Directors of the Régie régionale de la santé et des services sociaux de Montréal-Centre, Mr. Conrad Sauvé. Consultations were held from February 27 to March 18, 1998 and were preceded by several information sessions.

The goal of the consultation was to :

⇒ test whether there is an appreciable critical mass of support in the region;

⇒ set priorities for the proposals submitted for the consultation;

⇒ enable all interested parties to contribute to improving the proposed plan by suggesting modifications to the proposals before they are adopted;

and more generally to :

⇒ provide the Committee responsible for the process and the Board of Directors with information concerning the suggestions and opinions submitted by all interested publics.

Several different approaches were selected. However, it should be noted that this report will not deal with the specific consultation on the project to modernize administrative and support services. This document covers the following consultation methods :

⇒ population;
- ✓ survey
- ✓ questionnaire
- ✓ Internet site and telephone line[3]

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[1] **The Highlight Report was prepared by Normand Lauzon, Chef, Service des études et de l'évaluation.**

[2] **Régie régionale de la santé et des services sociaux, Direction de la programmation et coordination, Service des études et de l'évaluation, *Consultation Report - Accent on Access,* March 31, 1998, 172 p.**

[3] **The telephone line and Internet site did not produce any significant information during the consultation.**

⇒ users;
- ✓ forum of users' committees

⇒ interested experts, groups and organizations;
- ✓ meetings on specific topics (youth and emergency services)

⇒ groups and organizations interested by the entire project;
- ✓ written notices
- ✓ hearings

The consultation report must portray all the opinions, comments and suggestions expressed through each consultation method. It must focus, in particular, on the strongest points which the members of the Committee responsible for the process must refer to when drawing up their recommendations to the Board of Directors.

3. CONSULTATION TOPICS

The document submitted for consultation contains almost two hundred pages. We have drawn five main topics from the document which, depending on the case, apply in full or in part to each of the consultation methods :

- consolidation and improvement of services;
- modernization of administrative and support services;
- human resources;
- other elements (finances and health as an economic pole);
- conditions for performance.

The consultation material in this document has been organized according to these five topics, within each of the approaches retained.

4. PARTICIPATION

In general, all target publics were contacted. The Régie régionale used a survey to reach 1,000 people, with an error margin of $\pm$3%. Seventy-six people participated on behalf of the users' committees, representing 36 committees from all categories of institutions. The consultation day on emergency rooms, with very few exceptions, included all the institutions and organizations targeted. Seventy-nine participants from all the targeted sectors attended the youth consultation day. Finally, the consultation on the entire proposal received notices from 174 groups and organizations in the region. A high level of participation was noted among regional groups and authorities directly concerned by the field of health and welfare.

5. HIGHLIGHTS FROM THE NOTICES

In the following pages we will be covering each consultation method in order to highlight the main elements brought out during the consultation.

5.1 Population

☑ Survey

When concrete solutions were presented (regional priorities for 1998-2001), the population consulted expressed a great deal of optimism and approval for the plan; however, the availability of financial and human resources in the network was a concern for many.

The high turnout of respondents who had dealt with an institution in the network indicates that the population consulted represented a large number of *direct witnesses* of the situation in the network. In particular, the fact that 30% of the participants had visited a hospital emergency room seemed to have an influence on their choice of priorities. With the media coverage on the situation in hospital emergency rooms during the survey period, it is probably no coincidence that the improvement of emergency services heads the list of the respondents' priorities.

Among the means proposed to avoid or reduce hospitalizations, the proposal to increase the number of places in residential and long-term care centres obtained the highest rate of approval and was directly related to the groups for whom more efforts must be made, that is the elderly. Although it should be noted that youth experiencing difficulties were considered as important as the elderly in this regard. Apart from health and social services and problems, these two groups of the population, considered to be the *most vulnerable,* received the most attention from the population consulted.

When respondents spontaneously expressed their suggestions concerning the lack of resources in the network (ex.: lack of beds), it is not surprising that they are very divided on how to decrease the number of hospital beds in order to implement the Régie régionale's proposal. In regard to the lack of resources, 59% of the respondents considered that the Régie régionale's budget should be increased and, of those who made statements concerning ways to achieve this, suggestions ranged from better management of public funds to various means associated with increasing the economic load carried by the population (ex.: user fees, income tax increases) and even fund raising.

☑ Questionnaires

Thirty-five completed questionnaires were returned to the Régie régionale. In general, services to youth, the elderly and, more generally, the availability of medical services retained the respondents' attention. Apart from services to youth, the service continuums, other than physical health and the elderly, were not indicated as being part of the respondents main concern. In particular the necessity for a plan of action for alcoholism and drug addiction, as well as the extension of the range of services for the intellectually impaired did not seem to be of general interest. In the respondents' opinion, the solution to the emergency room problem lies in the need for investment in areas other than the emergency departments, once again reference was made to increasing services to the elderly and medical services.

It should be remembered that, in view of the very small number of respondents, over-representation of French-speaking people and those over the age of 60 years, these results cannot in any manner whatsoever claim to be representative. Also, except in one or two instances, it did not appear that professional interests had an influence on the comments which were made.

5.2 Users' committees

A one-day session (March 16) was assigned for the consultation on the users' committees.

Certain elements were raised in the workshop discussions as well as the assembly which followed :

- ✓ Relations between the staff of institutions and the users must be based on the respect of the individual's dignity, privacy and values. Reference was made to the principle of "the person first and foremost".
- ✓ The rights of the individuals working in the field of health and social services must also be respected.
- ✓ The pursuit of these principles leads to the users' involvement in planning changes. It is important to inform, listen and consult the users. Also, it was suggested that user satisfaction should be assessed regularly.
- ✓ The quality of services was also a major point. We must be close to the individual, earn his confidence. To be able to respond to all needs would be ideal. The quality of services also means adjusting to needs, to people, to situations.
- ✓ Continuity of services is a corollary to the preceding point. Coordination of services must be improved, as well as communications between the organizations on behalf of the users.

- ✓ The staff's competence is a necessary component in quality services. Just as attention must be paid to the welfare of those who receive services, we must also be concerned with those who provide these services. Training, stability, sufficient staffing were some of the items discussed.
- ✓ For residents of residential and long-term care centres, two major items were raised : first, the food is so important for these people that it should practically be considered as a "clinical service" (at the very least, everyone agreed that cooperatives were not suitable for this service). Also, the term "user" seemed derogatory and it was suggested that it would be better to refer to residents' committees.
- ✓ The importance of resources which seem forgotten in the plan were emphasized : foster families and community organizations.
- ✓ It was noted that there is a lack of resources for the many needs in alcoholism and drug addiction.
- ✓ Finally, a request was submitted that the Régie régionale should not forget "the social aspect", particularly the increasing incidence of poverty in the population and the situation of youth.

5.3 Meeting concerning emergency departments

On February 27, notices were gathered proposing solutions that the Régie régionale should implement in regard to hospital emergency departments.

The consultation indicated a consensus existed among the partners in regard to the need to adopt an overall approach focusing on the entire network, since the problem in emergency rooms is considered to be systemic. The principal solutions mentioned involved extending access to services in the community, particularly access to family physicians, specialists and laboratory services, so that people have other recourses than that of reporting to an emergency department. The need to improve the distribution of ambulances, as well as the institutions' procedure for processing requests from emergency departments was also raised.

A number of solutions proposed during these hearings confirmed the validity of certain measures proposed by the Régie in its plan of action : to improve access to first-line health services; ensure the availability of walk-in medical services from 7 a.m. to 11 p.m., 7 days/week; encourage a more balanced distribution of ambulances; establish a sub-regional on-call system in residential and long-term care centres; increase the responsibilities of the CLSCs, etc.

5.4 Meeting concerning youth

During the hearings, a one-day consultation session on youth was held on March 12.

The first point raised in these discussions was the lack of a common vision of the situation of youth and families, as well as the lack of common objectives. A second aspect of the problem is related to the knowledge, recognition and clarity of roles and mandates. Problems related to visibility, accessibility and availability of services were also mentioned (preventive services, specialized services, child psychiatry services). The lack of continuity and coordination of services is another important aspect of the problem of services to youth. Among others, this is felt in the absence of regional leadership and the lack of regional coordination. In terms of planning and coordination, there are insufficient support mechanisms for a concerted approach and problems caused by territorial divisions. The need for evaluations to be made and financing problems were also mentioned.

Once these problems had been defined, the participants in the youth meetings drew up a list of possible solutions :

- ✓ adoption of an integrated vision of development for youth; the Régie régionale would assume leadership in this regard;
- ✓ clarification of the roles and mandates of institutions and organizations; this would involve working with partners;
- ✓ increase integration of services and linkages with partners; regional leadership is required;
- ✓ increase and improve analysis and research methods;
- ✓ increase financing and improve allocation methods, among others, support financing of community organizations and decompartmentalize budgets.

5.5 Groups and organizations involved in the consultation

During the consultation period, the Régie régionale received 174 notices from various groups and organizations, more than 120 of which appeared at the hearings to explain their point of view. To facilitate this presentation, we have grouped these notices into some fifteen categories.

☑ Multisectoral institutional partners

Multisectoral institutional partners group several levels of municipal and provincial authorities, education, the Conseil de développement and representatives from the cultural and linguistic communities.

For the cultural and linguistic communities, access to services continued to be a major concern. The caucus of the Parti québécois of the Island of Montreal expressed its support for the Maisonneuve-Rosemont Hospital in the steps it has taken to become a major centre in ophthalmology, oncology and renal transplants.

In regard to human resources, recommendations were made concerning the concept of phased retirement. A Cegep offered its participation in regard to training programs.

The topic of health as an economic pole was supported by the City of Montreal and the CRDIM. On the other hand, the Parti québécois caucus asked that this section of the plan be withdrawn.

☑ Multisectoral community partners

Several key concepts emerged : the insufficiency of the resources granted to community organizations, the importance of recognizing community organizations and supporting a free and voluntary intersectoral participation. It was also suggested that the efforts and devotion of volunteers should be given formal recognition. A request was made to have community housing organizations assigned financial support.

In discussing service quality assessments, the value of the tools used was questioned : surveys and complaint analyses.

Finally, it was hoped that, in the pertinent continuums, reference would be made to the departmental orientations concerning adapting social and health services to the reality experienced by homosexuals.

☑ Unions and management associations

Management associations and unions expressed their regret that, due to the current budgetary situation, considerations of an economic nature often take precedence over the fundamental orientations of the Reform.

In physical health, the management associations and unions were in agreement in regard to the solution in which provincial budgets would be created to finance ultraspecialized services. Several unions mentioned the importance of confirming the CLSCs as the gate of entry to the system. In regard to mental health, the unions approve of the Régie régionale's prudence and supported the shift, in so far as it is founded on solid planning measures and the presence of the facilitating conditions proposed. They asked that the orientations of this continuum be specified in terms of who does what? where? and how?. The FIIQ, for its part opposed the creation of a DRMG (regional department of general medicine) and proposed the creation of a consultative body, the Commission infirmière régionale (CIR - regional nursing commission). The necessity to create a network for the

laboratories was recognized but several different approaches to the matter were discussed.

The unions were opposed to reducing beds in general and specialized care hospitals. They also recommended that the number of beds in residential and long-term care centres be maintained while ensuring a sufficient number of beds for clientele requiring more than 2.5 care-hours/day. According to the unions, intermediary resources must be entirely public. In the field of intensive functional rehabilitation, the unions involved opted for scenario B, that is maintaining 731 IFR beds.

While recognizing the necessity to modernize administrative and support services, management and union associations are not of the same opinion in regard to the cooperative formula proposed.

Proposals in the three-year plan concerning human resources were favorably received, in so far as they were not perceived as a threat to the local independence of institutions or collective agreements in force. The various authorities concerned commented on the proposals made in each of the work zones.

☑ Professional and other orders

In general, the professional orders expressed concern in each of their respective fields in regard to the accessibility and quality of services and that they be provided free of charge. A proposal was made that certain priorities should be added to the list : tobacco-use and respiratory problems, nutrition, communication problems, oral-dental prevention services and transfusion services.

Certain problems concerning accessibility were mentioned for adults suffering from cystic fibrosis or pulmonary diseases and for children with a slight physical impairment.

As had been pointed out by several other practitioners, it was mentioned that in each of the continuums there was a need to identify the partners and their respective roles and to establish coordination mechanisms.

It was noted that the ambulatory shift in services has had an effect on professional practice. It was also noted that, in several continuums, professional expertise and even, in certain cases, the professional orders (quality control of private residential resources, ordre des infirmières et infirmiers auxiliaires) could improve the impact of the services and programs offered.

In terms of human resources, efforts to recognize expertise in training and manpower planning must be included in the Régie régionale's plan.

☑ Medical practice

The organization of first-line medical services will be one of the major issues over the next few years. The expectations of the CLSCs are important in consolidating their medical mission. The Régie régionale must count on all the resources available in clinics and CLSCs. The abolition of the punitive decree and the creation of the Département régional de médecine générale (DRMG — regional department of general medicine) received a great deal of support. Medical staff planning must also take into consideration the needs of hospitals and residential and long-term care centres in regard to general practitioners.

Specialized medical services also represent a challenge, both in terms of staffing as well as in the linkages created with other partners. The participation of specialists in the hearings did not enable these aspects to be dealt with in any greater depth.

☑ Physical health

There was consensus in the belief that the 1998-2001 plan must specify the role of the general and specialized care hospitals, provide a plan for medical staffing, designate a major centre for ophthalmology, distribute pharmaceutical services in the community sector and provide for a range of palliative home-care services.

Measure by measure, the following comments were made :

- ✓ emphasis on health promotion and prevention interventions;
- ✓ creation of a Département régional de médecine générale (regional department of general medicine) : in general, this measure was supported by all the participants except for the AHQ (Quebec Hospital Association) and the FIIQ;
- ✓ establishment of major ambulatory service centres : this measure was well received provided it does not have a disruptive effect on general and specialized care hospitals which do not have such centres;
- ✓ improvement of emergency services : several measures affecting services, both before and after the emergency room, were proposed to solve the problem of overcrowding. Helicopter transport was proposed for traumatology cases;
- ✓ the establishment of a system to assess the pertinence of hospitalizations and stays : opinion seemed to be divided; however some hospitals offered to work with the Régie régionale in this matter;
- ✓ the establishment of care beds for sub-acute diseases : this measure was strongly questioned;
- ✓ improvement of the use of surgery resources : the Maisonneuve-Rosemont hospital was recommended as a major centre in ophthalmology. The AHQ perceived the concept of day surgery at 100% of its potential as being an unrealistic goal;

- ✓ establishment of a development fund for access to ultraspecialized services : this measure was well received, although the AHQ questioned whether the source of the amount of $48M was realistic;
- ✓ improvement of palliative care : several practitioners expressed interest in palliative care. Among other proposals, the AEV suggested that a model for the linkages with the CLSCs should be prepared. The VON would like to be recognized.
- ✓ establishment of an integrated network of laboratories : this measure was questioned by the general and specialized care hospitals;
- ✓ continuum of services for children : the CHU-Enfant recommends integrating the supra-regional mother-child network project into its three-year plan. Several hospitals noted their interest in regard to pediatric care;
- ✓ continuum of services for the elderly : in general the measures proposed were supported;
- ✓ continuum of services for people with a physical impairment : closing intensive functional rehabilitation beds was discussed by several hospitals;
- ✓ modernization of administrative and support services : several hospitals and the AHQ endorse the Régie régionale's vision concerning the cooperative approach. A flexible structure was recommended;
- ✓ finances : strong reserves were expressed by the hospitals concerning the financial feasibility of the measures proposed in the plan. The CLSCs are in financial need;
- ✓ information resources : it is hoped that a reference model will be defined before interactive information systems are put in place;
- ✓ teaching and research : the Régie régionale was asked to provide more details concerning teaching and research and to clarify the position of the CHUs in this regard.

☑ Mental health

The participants expressed a firm desire to work together. Harmonization between the Régie régionale and the Department's timetables was questioned. It should also be noted that little place was assigned in the plan to community organizations in the mental health field.

The Info-Santé measure was questioned by a number of practitioners. It appears to duplicate the mission of other resources. A consensus was expressed in regard to the measure concerning youth and adolescents, focusing on the revision of the organization of services in child psychiatry.

Basic mental health services must not be associated exclusively with the CLSCs. The Régie régionale must recognize and appoint the various players working at the first-line level : institutions, community organizations, alternative organizations, private physicians' offices, psychologists.

The measures concerning rehabilitation services and social reintegration in the community give rise to diverging positions : hospitals and community organizations do not share the same point of view in this matter; nevertheless, the preliminary establishment of resources in the community was subject to consensus.

In terms of the organization of services, the importance of the service poles of a provincial and regional character and specialized services, referred to as sectoral, must be retained. The Régie régionale must take care of coordination.

Finally, access to mental health services for clientele with multiple problems requires that the Régie régionale exercise leadership.

☑ Intellectual impairment

The importance assigned to intellectual impairment and the resources allocated were agreed to by all the partners, as was the objective of eliminating waiting lists.

It was hoped that, under a regional service organization plan, the roles and mandates of institutions and partners would be clarified. In regard to autism, it was noted that coordination between mental health and intellectual impairment is difficult. For serious behavior problems, the consortium developed in the first plan appears to be a source of hope. As for residential schools, positions are divided in regard to their future.

Differences in opinion arose during discussions of the conditions for performance of the proposals. To begin with the users' committees fear that the changes will be detrimental to the quality of services. Each centre must serve its clientele. If a centre is unable to serve its English-speaking population, an agreement must be made with the West Island Rehabilitation Centre and, for the Jewish population, with the Miriam Centre. The transformation of resources must be performed with great care so that the clientele is not penalized. Some representatives called for a moratorium until the data contained in the plan are validated (number of people in waiting).

☑ Physical impairment

The Regroupement des centres de réadaptation physique (physical rehabilitation centre group) emphasized that, even if the continuums seem to be very clearly separated, the reality is quite different. It was suggested that the emphasis should be placed on the relations between institutions. Certain omissions were mentioned : obese people with a handicap, handicapped people from the cultural communities and people with multiple handicaps

The rehabilitation hospitals and the group of rehabilitation centres for people with an intellectual impairment supported the closure of three intensive functional rehabilitation units (IFRU) and the transfer of resources to consolidate them. For their part, the residential and long-term care centre group and the residential and long-term care centres concerned preferred to maintain the IFRUs in the residential and long-term care centres while optimizing the use of day hospitals.

Measures concerning studies on organization of services were accepted by the physical impairment adaptation/rehabilitation services.

Le Regroupement des personnes handicapées (ROPMM — handicapped persons group) called for regional planning of services for people with a physical impairment. Among other items, this organization emphasized the importance of standardizing the approaches and practices of the 29 CLSCs in the region in regard to home-care services. The insufficiency of respite-emergency care services was also raised. In general, community organizations working in the field of physical impairment are under-financed.

In regard to the modernization of administrative services, the rehabilitation hospitals supported the proposal for cooperatives.

☑ The elderly

The first thing that must be mentioned were the fears expressed by the elderly in regard to increasing needs and the response provided to meet these needs. The ambulatory shift in services was also a cause of apprehension. Several organizations mentioned the lack of coordination between the various components of the health system in which we refer to the continuum of services for persons experiencing a loss of autonomy rather than the continuum of services for the elderly. A durable solution to respond to needs must include access to a range of resources including intermediary placement. Coordination of these services is essential in order to improve the linkages between partners and continuity of services. It should be noted that the private residential and housing resources offered their participation.

Certain specific measures should be mentioned :

- ✓ increase services for persons experiencing a loss of autonomy, by 6%;
- ✓ intensify home-care services;
- ✓ improve transport;
- ✓ ensure that, by the year 2001, 60% of all residential beds are capable of receiving clientele requiring more than 2.5 care-hours per day;
- ✓ maintain the centralized admissions system for all long-term care beds;
- ✓ develop intermediary resources;
- ✓ consolidate day centres;
- ✓ improve assessment tools (CTMSP, Plaisir);
- ✓ improve waiting periods for placement;
- ✓ distribute resources equitably among the communities.

In regard to modernization of administrative and support services, the residential and long-term care centres were concerned that cooperatives could play a greater role than the boards of directors. The question of food services concerned residents of nursing homes.

As conditions for performance, it was proposed that a separate service continuum should be developed for persons experiencing a severe loss of autonomy and the number of residential beds adjusted according to the demand.

☑ Youth

Several conditions were raised in regard to improving services to youth :

- ✓ youth must be clearly indicated as a priority;
- ✓ integration of services in spite of the presence of several continuums;
- ✓ a global and integrated vision of development for youth;
- ✓ the coordination of youth resources with roles and responsibilities specified;
- ✓ an intersectoral partnership as a means.

It should be noted that the CLSCs would like to ensure that first-line teams have the resources necessary to accomplish their rehabilitation mandate. From their point of view, this would require a new framework for sharing resources with the CPEJ (Youth and child protection centre).

☑ Alcoholism - drug addiction

Faced with the situation concerning alcoholism and drug addiction, the Consortium Action Toxicomanie felt that current funding is insufficient for prevention and treatment of this problem. Le Portage, for its part, supported an intersectoral approach but questioned the hypothesis of intersectoral financing. In the field of methadone treatment, a regional expert proposed an objective of treating 2,500 heroine addicts, representing 50% of users. Finally, in terms of interventions in the field of alcoholism and drug addiction, children and pregnant women must be targeted.

☑ The homeless

While satisfied with the recognition of the problem of homeless people in the three-year plan, certain suggestions were made :

- ✓ global planning;
- ✓ recognition of the problem by all the partners;
- ✓ support and consolidation of community action.

The Regroupement en matière d'itinérance (RAPSIM — homelessness group) would like to see social reintegration included in the organization of services, particularly in regard to social housing with community support.

As a condition for performance, it was proposed that a decision-making committee devoted to planning services for homeless people should be established. It was also suggested that mechanisms should be developed to provide access to services for homeless people in the network and in community organizations.

☑ AIDS

Since the problem of AIDS is continually evolving, organizations must adjust their actions accordingly, with the Régie régionale assuming leadership in this regard. Among others, within the Régie régionale, coordination between the Direction de la santé publique and the Direction de la programmation et coordination must be secured. The development and planning of a regional prevention program is a priority.

☑ Women

Transition shelters for women victims of conjugal violence must be recognized as a first-line service and a partner to the CLSCs. Children victims of conjugal violence must be given priority. The CLSCs also request recognition of activities concerning violence against women.

☑ CLSCs

For the CLSCs, the three-year plan proposed contains an important difference between the needs expressed and the services rendered. The CLSCs are obliged to "scatter" their services. Support is necessary in establishing first-line services and accessibility 7 days per week. Linkages with partners must be developed. Priorities were proposed : massive investment in direct services for children, youth and their families. It was suggested that public health resources be redeployed in the CLSCs to consolidate prevention. Funds must be made available to the CLSCs to simplify access to services, including home-care. The CLSCs particularly rejected the method of calculating efficiency. Medical practice must also be consolidated. Three CLSCs from disadvantaged neighborhoods criticized the methods of sharing resources as being unfair in view of the needs of these neighborhoods.

6. CONCLUSION

In view of the analysis of the participation in the various consultation methods and the analysis of the notices and comments issued, it can be stated that the Régie régionale has amply attained the targeted objectives which involved gathering opinions, testing the degree of consensus in regard to the three-year plan and collecting notices and suggestions concerning each of the measures proposed.

In general, the challenge of access was an objective which rallied all the partners. Also, the need to improve services without carrying out a major overhaul of the structures was well received. The metropolitan vision was supported in the region, as was the network approach and the public nature of services. More specific orientations were also well received : access to services, prevention-promotion, continued improvement, recognition of the community and the multisectoral partnership and the respect of the linguistic and ethnocultural characteristics of the population.

Discussion of the financing of the entire plan proposed and the expectations generated led to several questions which merit consideration

We will take a more detailed look at certain key concepts which became clear during the consultation.

6.1 For the population

☑ Survey

The following elements were noted in the survey responses :

- ✓ close to 60% of the population who responded to the survey considered that the number of priorities proposed was adequate and that these priorities will improve the accessibility and quality of services. More than 80% were in favour of citizens being more involved in their own care;

- ✓ in terms of resources, the respondents felt the need to deal with the lack of human resources, the lack of hospital beds, as well as the lack of financial resources.

- ✓ in terms of services, waiting times must be reduced in the emergency rooms and people should be encouraged and directed toward the CLSCs;

- ✓ among the priorities which received the most support were the improvement of emergency services, access to ultraspecialized care, care for the elderly experiencing a loss of autonomy and improved access to first-line medical care;

- ✓ target clienteles considered to be the greatest priority were the elderly and youth in difficulty, followed by the population in general, persons with problems concerning mental health and physical and intellectual impairments;

- ✓ the means most supported to improve the situation was to increase the number of places and human resources in residential and long-term care centres. The need to increase cases of medicine and day surgery in the hospitals, reduce the length of hospital stays and increase home-care services offered by the CLSCs were also supported by a smaller percentage of the respondents..

☑ Questionnaire for the population

Only 35 questionnaires were returned to the Régie régionale. Without being able to assign any "scientific" value to the results, it should be noted that the respondents selected the following priorities : prevention services for youth, reducing waiting periods for surgery, improving care for the elderly experiencing a loss of autonomy, emergency services, medical services 365 days per year and prevention. Their responses concerning measures to be added to improve the proposed plan included : increasing the medical presence in CLSCs, improving continuity of post-hospital care, making better use of volunteer services, providing the population with more information concerning costs and increasing home-care. Measures to be eliminated were identified as : the integrated network for alcoholism and drug addiction, more powerful clinical management tools in the emergency department, the general medicine department and extending the mandate of Info-Santé.

6.2 By continuum

In regard to medical practice, the challenge will be the organization of first-line services and, in particular, sharing of responsibilities between the private medical clinics and CLSCs. The creation of the département de médecine générale (department of general medicine) and the abolition of the punitive decree for new physicians are two essential conditions for the performance of the plan. The involvement of medical specialists must also be reviewed in order to improve continuity and access to services.

In physical health, proposals concerning the organization of ultraspecialized services, improvement of emergency services and the organization of first-line medical services were supported by the population, as well as the consultation participants.

The role of the general and specialized care hospitals and the organization model for laboratory services lacks details.

In mental health, with the lack of confirmation concerning departmental orientations, prudence and requirements concerning transition funds were well received by the consultation participants.

A large part of the discussions focused on the roles and mandates assigned to the various players in the field of mental health : the role of the hospitals and psychiatrists, the role of the CLSCs and the role of community organizations.

More details were required in regard to basic services in the community, Info-Santé and rehabilitation and reintegration in the community. The priority concerning youth also received a good deal of support. Expectations were expressed in regard to clientele with multiple problems. Leadership is expected of the Régie régionale in organizing and following-up resources and services.

In intellectual impairment, conclusions concerning the measures for this continuum were very well received by all consultation participants. In regard to conditions for performance, the proposed transformation must take into account the realities experienced by the beneficiaries and the quality of the services to be maintained. More details were required in the data concerning waiting lists. Within the Régie régionale, autism should no longer be subject to a double coordination. As for pervasive developmental disorders, the consortium formula should be continued in the new three-year plan.

In physical impairment, two issues were raised : expectations in terms of coordination of services were important since services are poorly linked and vary a great deal between institutions which assume the same responsibilities; in addition, no consensus was created in regard to the proposed scenarios for intensive functional rehabilitation (IFR).

For the elderly, the adequacy of the response in comparison to increasing needs continued to be a concern, together with the consequences of the ambulatory shift in services. The development of a range of resources was expected : intermediary placement, an increase in care hours for long-term care beds, home-care services and transport. Coordination and better linkage of all the components were also perceived as possible solutions.

In youth, the Régie régionale was specifically called on to clarify the roles and responsibilities involved in providing services to youth. Ths clarification must be performed within a common vision of the situation of youth and families. Expectations were also expressed in regard to the coordination that the Régie régionale must exercise over services for youth.

For homeless people, the Réseau des personnes seules et itinérantes (network of single, homeless people) suggested that overall planning work should be initiated and support and consolidation of community action ensured. On the operational level, development of access mechanisms would improve the situation.

In alcoholism and drug addiction, the extent of the problems warrants increases in current funding. For methadone treatment, 2,500 heroine addicts should be targeted for treatment.

For organizations involved with clientele suffering from AIDS, as the situation evolves, the necessary adjustments must be made in the organizations and in the leadership assumed by the Régie régionale, particularly for the development of a regional prevention program.

Concerning the problems facing women and, more specifically, in violence against women, recognition of shelters, and the CLSCs appeared to be important in specifying their roles and mandates. Targeting children and pregnant women victims of conjugal violence must be recorded as part of the regional priorities.

It was also hoped that the feminine form would become specific in all programs and services.

The CLSCs are referred to throughout the proposed three-year plan. Consequently, it is not surprising that they question the Régie régionale on various components in the plan. In fact they seek an overall vision which would assign them a major role as gate of entry to the network with the corresponding budgets. The difference between demand and resources assigned appears far too great to enable the CLSCs to occupy the position they consider they should have in the health and social service network. It should be noted that the methods of determining efficiency and equity used by the Régie régionale were questioned.

For multisectoral community organizations, recognition, respect of their independence and budgetary consolidation appear to be the major themes. They agree to participate in the joint process, in so far as this participation is performed in a free and voluntary manner. It should be noted that these organizations are opposed to budget cuts in the health and social service network.

6.3 Modernization of administrative and support services

The idea of modernizing infrastructures interested several consultant participants. The cooperative formula was questioned. This mechanism must remain flexible and must not become a substitute for the institutions' responsibility. In view of the cuts already made over the past few years, the budget result objectives must be realistic. In regard to food, the regional proposal generated a great deal of apprehension on the part of the residents.

6.4 Health sector : an economic pole

This was not a major topic during the consultation. Of those who did express an opinion, with very few exceptions, the vision of health as an economic pole was well received.

6.5 Human resources

A strong point was made by the institutions, unions and management associations : the Régie régionale must respect local independence and not create an intermediary level between the provincial and local levels, although the Régie is expected to play a role as a partner. This role must be established through the proposed work zones and, more specifically, by placing a value on management personnel, professional mobility and skill maintenance. Finally, it should be noted that the Regroupement des organismes communautaires (community organization group) emphasized the importance of the principle of non-transfer of staff from institutions to community organizations.

6.6 Quality improvement

Users' committees and professional orders, among others, expressed a great deal of concern in this regard. The aspect of relations with the staff of institutions, respect of individual rights, involvement of users in change, assessment of satisfaction levels, quality and continuity of services, and the competence of the personnel are points which must be considered by the Régie régionale. It should be noted that strong criticism was expressed by the Groupe d'aide et d'accompagnement pour les plaintes (complaint assistance and accompaniment group) in regard to the quality of the complaint processing mechanisms in the network.

It should also be mentioned that many representations were made in regard to improving access to services and the many realities in the region : cultural and linguistic communities, the homeless, the gay and lesbian community, obese people, women, and others.

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