The Barrette Reform in the Pontiac: A Model System Dismantled

Report prepared for Santé Outaouais 2020 by:
Gilbert Langelier    Paul-Émile Leblanc    Michel Légère

November 2017
November 2017

Mr. Andrew Gibson, President
Santé Outaouais 2020
47 Sherbrooke Street
Gatineau QC
J8Y 2K8

Dear Sir,

Please find herewith our report The Barrette Reform in the Pontiac - A Model System Dismantled.

The report is based on interviews with several interveners and with users and observers who have a keen understanding of the health and social services system in the Pontiac, as well as on relevant documentation.

We have attempted to reflect differing points of view on the effects of the reform, those held by community interveners and those held by government. Nevertheless, our report illustrates the negative impact of the reform on a previous system that was well integrated, flexible, proactive and reflective of rural values.

To strengthen the health system in the Pontiac, we propose nine recommendations to the Minister of Health and Social Services, Mr. Gaétan Barrette, and to the Outaouais Integrated Health and Social Services Centre (CISSSO). Our recommendations highlight the importance of modelling improvements on features of the pre-reform system.

We thank those who have assisted us during our work. We hope that this report, which bears the signature of three committed volunteers, will help the crucial health and social services system progress.

Yours truly,

Gilbert Langelier  Paul-Émile Leblanc  Michel Légère
SANTÉ OUTAOUAIS 2020

THE BARRETTE REFORM IN THE PONTIAC
A MODEL SYSTEM DISMANTLED

Report prepared for Santé Outaouais 2020 by
Gilbert Langelier, Paul-Émile Leblanc and Michel Légère
November 2017
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUMMARY</td>
<td>3</td>
</tr>
<tr>
<td>1. INTRODUCTION</td>
<td>5</td>
</tr>
<tr>
<td>2. METHODOLOGY</td>
<td>6</td>
</tr>
<tr>
<td>3. THE PONTIAC REGION</td>
<td>6</td>
</tr>
<tr>
<td>4. BILL 10</td>
<td>9</td>
</tr>
<tr>
<td>5. ECHOS FROM THE PONTIAC TO THE BARRETTE REFORM</td>
<td>10</td>
</tr>
<tr>
<td>6. LONG-TERM EFFECTS</td>
<td>15</td>
</tr>
<tr>
<td>7. PROPOSALS BY OUR INTERVIEWEES</td>
<td>16</td>
</tr>
<tr>
<td>8. CISSSO’S POINT OF VIEW</td>
<td>16</td>
</tr>
<tr>
<td>9. OUR FINDINGS</td>
<td>20</td>
</tr>
<tr>
<td>10. RECOMMENDATIONS</td>
<td>23</td>
</tr>
<tr>
<td>APPENDIX I: LIST OF PERSONS INTERVIEWED</td>
<td>24</td>
</tr>
<tr>
<td>APPENDIX II: QUESTIONNAIRE FOR INTERVENERS</td>
<td>25</td>
</tr>
<tr>
<td>APPENDIX III: QUESTIONNAIRE FOR CISSSO REPRESENTATIVE</td>
<td>27</td>
</tr>
</tbody>
</table>
SUMMARY

The reform resulting from Bill 10 has brought about major changes in the Pontiac health system.

The overwhelming majority of those interviewed for this study stated that the Pontiac region had formerly provided for itself a medical model that was intended to be effective and responsive to the needs of the population. The system was well integrated. It was flexible, based on the values of rural solidarity and a population dispersed over a large territory. It was proactive and therefore able to anticipate problems and act quickly to resolve them. The presence of management staff at the hospital and at service points contributed a lot to a proactive approach. The bureaucracy was minimal and working in administrative silos was not tolerated. Thanks to administrative flexibility, the system was able to innovate, as evidenced by the creation of a clinic for orphan patients in 2010. This initiative helped to ensure that a high proportion of the population had a family doctor. The system had its imperfections, particularly the impossibility of having permanent specialized medical service.

The reorganization, resulting from Bill 10, led to the merger of the Pontiac CSSS with the other four CSSS's in the region to form a single organization, the Outaouais Integrated Health and Social Services Center. This change has undermined the model that was in place. Due to its size and centralization, it has resulted in a loss of proximity to institutions and of flexibility in service delivery. In some cases, the population has difficulty identifying which service centre to contact and is often transferred from one service to another.

According to most of those interviewed, the new system is not adapted to the rural reality, which is based on the proximity of the population to public institutions. The closeness of decision makers has disappeared, the centralization of services in Gatineau has created bureaucratized governance, and the loss of direct collaboration with the school community makes it more difficult to screen and evaluate mental health problems. The system for dealing with the problems of young people is marred by various issues. Interveners are now located in Gatineau and are often not familiar with the reality of the Pontiac. This causes delays in the delivery of services, even when cases are urgent. The Youth Access Desk has only two counsellors for the entire Outaouais region. This results in a delay of more than three weeks before Pontiac social workers receive the required files. Schools often have to compensate with their own counsellors, a heavy burden to bear. Proximity services have been greatly diminished.

The French-only hospitality policy is a source of frustration for the Anglophone population of the Pontiac and the absence of a regional representative on the CISSSO board of directors does not allow the Pontiac's voice to be heard.

The endless waiting time at Hull and Gatineau hospitals is causing more and more patients from these areas to come to Shawville Hospital for treatment. About 40% of the patients who come to the emergency unit are from Gatineau. Some interviewees are concerned that the status and functions of the Shawville Hospital and the CLSC in Fort-Coulonge will again be reduced, which makes them fear losing their hospital.

A very important positive point was mentioned by many interviewees, namely the recent creation of a hemodialysis centre funded by the Hospital Foundation ($660,000) and the Government of Quebec ($2.1 million), which will treat locally a dozen patients who previously had to travel to Hull or Renfrew three times a week. This new service means the creation or transfer of six to eight positions from Gatineau.
The CISSSO recognizes that the pre-reform system had greater flexibility and a proximity-based approach, and that the population's satisfaction rate at that time was much higher than the current one. To meet the objectives set by the Ministry of Health and Social Services, the CISSSO had to reduce the number of managers and centralize services in Gatineau. Since the region is fragile socio-economically, the loss of employees, and especially of nine managers (seven senior managers and two middle managers), plus five middle managers who must share their time between the Pontiac region and outside this region, increases the population’s fears. The greatest concern is that all senior management positions (six plus the CEO) have been abolished. Detailed facts on this issue can be found on page 10.

The CISSSO argues that the Pontiac benefits from the opportunities offered by a broader arrangement, particularly in terms of access to specialized services. Collective agreements (there are four union accreditations at the CISSSO) lead to rigidity in the deployment of services, while there was greater flexibility at the Pontiac CSSS before the reform. CISSSO is aware of the values of proximity and of rural life in the Pontiac, for example in home support. The CISSSO wishes to focus on the development of the clinical rather than the administrative sector. A study is underway to maximize operating room space and the CISSSO recently announced measures to strengthen the clinical component. The increase in the number of patients at the emergency department has a positive effect, by adding equipment and staff for its development. There is no question of reducing the functions of the hospital; it is a trauma centre that must be maintained.

The CISSSO recognizes that it must listen more closely to the population and keep it informed of the changes made so that they may regain their way into the system, following its reorganization. It is aware of the particularities of the region and wants to respect the spirit of proximity in the provision of services.

The CISSSO states that it has taken or planned several measures to improve its services in the following areas: hemodialysis, support to seniors and home support, youth services and mental health; it has also added nursing and professional staff.

Nevertheless, keeping in mind the above observations and others in our report, we conclude that the system put in place in the Pontiac, in the context of the reform resulting from Bill 10, does not meet many of the objectives of the reform, including simplifying access to services and improving the quality of care. It does not sufficiently take into account “the cultural, linguistic, local and historical specificities of certain establishments, as well as a better consideration of regional realities and consumer habits in the care and services of populations for the delimitation of territories”, as stated in the Bill.

Unfortunately, it is impossible to go back and recreate the pre-reform model, but it is possible to strengthen the services and draw on the characteristics of the pre-reform model in the operation of the Pontiac’s hospital and other institutions. It is therefore important that the CISSSO continue to strengthen the clinical component of the services, and announce the timeline for the other measures it will provide for this region.

Given the situation identified in our assessment, we have made nine recommendations (found at the end of this report) to improve the situation.
1. INTRODUCTION

Santé Outaouais 2020

Santé Outaouais 2020 (SO2020) is a voluntary citizen movement, created in 2008, that works to improve health services in the Outaouais. It has no bias and aims to assess situations in health services impartially. In 2013, SO2020 conducted a study on the general health-care situation in the Outaouais region, which resulted in the publication of a report entitled “Au-delà des petits pas” (Beyond Small Steps). The report was done in an objective manner, highlighting both the successes and weaknesses of the health system in the region. It was also constructive in formulating recommendations aimed at correcting shortcomings. It is the same spirit that guides us in this review of the health and social services situation in the Pontiac.

The SO2020 Board of Directors asked us to review the situation following the concerns of the population of this region about the decrease in services, in the context of the abolition of the Health and Social Services Center (CSSS) of the Pontiac and its merger with the four other CSSS’s in the region into a single organization, called the Outaouais Integrated Health and Social Services Center (CISSSO).

The SO2020 Board of Directors chose to appoint us as co-authors of the study, with total independence from the Board. We do not claim to be experts in the field of health services but our experience with “Au-delà des petits pas” and our regular meetings with leaders and stakeholders in the Outaouais health network have given us sound experience in this area. In addition, this report is largely based on the facts and observations expressed by the 15 persons we interviewed, many of whom come from the health sector.

Our approach for the study is based on the principle of volunteer citizens listening to the population and stakeholders involved in the field of health in the Outaouais in order to contribute to the well-being of our society.

Issues of concern
In early winter 2017, the population of the Pontiac denounced the loss of health services in the region and expressed its fear of more losses following the reorganization outlined above. In order to understand the concerns of the population and explain the changes made to meet the expectations of Gaétan Barrette, Minister of Health and Social Services, the CISSSO’s CEO attended a meeting in Bristol, Quebec in early spring. About 100 citizens attended the meeting. Although the CEO was able to reassure the citizens to some extent concerning some services that they feared to lose, such as the closure of the laboratory and operating rooms, the population still had concerns. For instance, it was unclear whether mental health and child psychiatry services for troubled youth would continue to be offered in the Pontiac. It was also feared that the availability of specialists would be diminished. The repatriation of a large part of the management team to the city made them fear the loss of proximity and access to decision makers.

Given the persistent concerns among the Pontiac population and the differences in the views of interveners in the Pontiac and those held by CISSSO, SO2020 decided to review the situation in order to gain a clearer picture of the situation and to recommend necessary adjustments to Minister Barrette and CISSSO leaders.
2. METHODOLOGY

The team in charge of reviewing the situation collected the information required for its work as follows:

Structured interviews with questions for all interviewees, all of whom are from the Pontiac region. The questions were given in advance to the interviewees. These have a strong interest in health services in their area. They are also familiar with the issues to varying degrees. In total, 15 people were interviewed. They come from several fields of activity: former employees, staff still working in the health network of the region, people in the field of education, municipal level leaders and others in the community network.

An interview with a CISSSO representative, appointed by senior management to answer our questions. A questionnaire was developed and also given in advance to the spokesperson of the organization.

A list of persons interviewed can be found in Appendix I of the report. Questionnaires used for the interviews can be found in Appendices II and III.

An analysis of the documentation and reports submitted by the representatives of the various organizations we met or that originated from other sources (Pontiac RCM, CISSSO and documents relating to rural hospitals).

An analysis of articles or news items related to health in the Pontiac, in the Outaouais and in the province, mainly from the newspaper *Le Droit*, the Gatineau/Ottawa French-language television station of the CBC and the *Pontiac Journal*.

The “Institut de la statistique du Québec” and Statistics Canada websites.

The study "Panorama des régions du Québec de l’Institut de la statistique du Québec".

In order to confirm that we had reported accurately the facts and statements made by the interviewees, a draft of this report was submitted to them. We have given careful consideration to their comments when writing the final version of the report.

We would like to thank everyone we met who agreed to take the time to answer our questions, add their personal insights or comment on the draft report. All are committed to the well-being of the population of the Pontiac in a context that is often difficult.

We would also like to thank Henriette Levasseur who revised the report and Diane Blondin who provided the layout for the report and integrated the work of the three authors.

3. THE PONTIAC REGION

*The Territory*

At first sight, the observer is struck by the size of the territory. The Pontiac is a Regional County Municipality (RCM) of the Outaouais administrative region. Its area is 14,170 km², 2.5 times that of Prince Edward Island and 4.4 times larger with the inclusion of the unorganized territory. The administrative centre of the Pontiac RCM is Campbell’s Bay.

Its population, however, is small: 14,062 in 2016, or about 3% of the population of the Outaouais. Mansfield-and-Pontefract is the most populous municipality with 2,039 inhabitants.
The municipality of Sheenboro is the least populous with 73 inhabitants. Of the 18 municipalities with a permanent population, only one municipality has more than 2,000 inhabitants, five municipalities have between 1,000 and 1,999, four municipalities have between 500 and 999 and eight municipalities have fewer than 499.

Since the 1970s, the population of the Pontiac RCM has declined steadily. According to the Institut de la statistique du Québec, the region experienced a significant decrease of 5.7 out of 1,000 between 2011 and 2016. In 2009, 10 of the 18 municipalities experienced a decrease in their population compared to 2001.

Each municipality has a mayor with a seat on the Pontiac RCM. The mayors used to elect the warden amongst themselves, but in the November 2017 municipal elections, the warden was elected by universal suffrage for the first time.

The Pontiac RCM should not be confused with the Municipality of Pontiac, which is located in the Regional Municipality of Les Collines-de-l'Outaouais.

The Outaouais Health and Social Services Center (CISSSO) covers the municipalities of the Pontiac RCM, but also the namesake municipality of Pontiac, which is composed of the former localities of Onslow South, Onslow North, Luskville, Quyon and Eardley. These were amalgamated in 1975. In 2016, the municipality had 5,850 inhabitants with an area of 448.5 km². CISSSO serves a population of 20,101 in the greater Pontiac RCM.

The municipality of Rapides-des-Joachim is landlocked. One has to go through the province of Ontario to reach it.

**The Economy**

According to the Panorama of the Regions of the Institut de la statistique du Québec, the labour force participation rate is 63.3%, the rate of low-income families is 11.3% and the disposable income is $22,306 ($26,657 for Quebec as a whole and $25,610 for the Outaouais). Per capita income is one of the lowest in Quebec.

The Pontiac has been severely affected in recent years by the closure of its large factories employing hundreds of workers. It is hard hit by the forestry crisis. Its unemployment rate is 11.9% and, if we add the people receiving public assistance benefits, the situation is very difficult.

The public sector (health care, welfare and education) provides the greatest number of jobs. The health and social services sector itself employs 473 unionized workers. This figure does not include doctors. If we add them, the figure is about 500 people.

Many workers find jobs in Ontario. Quebec consumers are significant contributors to the economy of Ontario's border cities of Pembroke and Renfrew.

Municipal leaders are working to revitalize the Pontiac economy in areas such as:

- the development of optical fibre;
- the introduction of new tourism products, such as the "Les Chemins d'eau" road;
- the development of support programs to encourage the settlement of new farmers;
- the development of marketing tools to attract investors;
• implementing initiatives from the "Cap sur l'Ouest" partnership with the RCMs of Vallée-de-la-Gatineau and Témiscamingue;
• support, through the Tactical Intervention Group, of some twenty development projects.

The Pontiac region has several assets, particularly in the field of recreational tourism (Cycloparc bike path which is part of the National Green Route, religious architecture, historical sites, major sporting events such as the Canadian Dog Racing Championship, an international competition). It has three hydroelectric power stations as well as some of the most fertile farmland in Quebec.

Pontiac citizens have a strong community involvement as illustrated by their $660,000 contribution for the purchase of hemodialysis equipment.

**Health Indicators**

In general, health indicators from official sources for the Pontiac population are not very positive.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>RLS of Pontiac (%)</th>
<th>RLS of Pontiac (nb)</th>
<th>Outaouais region (%)</th>
<th>Outaouais region (nb)</th>
<th>Quebec (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>How health is perceived (bad or adequate)</td>
<td>17.1</td>
<td>2 900</td>
<td>12.6</td>
<td>40 100</td>
<td>10.1</td>
</tr>
<tr>
<td>Limits to active participation (often)</td>
<td>21.3</td>
<td>3 200</td>
<td>18.1</td>
<td>51 500</td>
<td>Not available</td>
</tr>
<tr>
<td>Excess weight (overweight or obesity)</td>
<td>67.8</td>
<td>10 900</td>
<td>58.5</td>
<td>176 000</td>
<td>55.0</td>
</tr>
<tr>
<td>How mental health is perceived (bad or adequate)</td>
<td>5.5*</td>
<td>900</td>
<td>6.8</td>
<td>20 000</td>
<td>4.5</td>
</tr>
<tr>
<td>Psychological distress (high level)</td>
<td>26.2</td>
<td>4 400</td>
<td>29.4</td>
<td>93 100</td>
<td>28.3</td>
</tr>
<tr>
<td>Low income level</td>
<td>17.8</td>
<td>2 400</td>
<td>14.9</td>
<td>42 600</td>
<td>Not available</td>
</tr>
<tr>
<td>Renter</td>
<td>14.1</td>
<td>2 300</td>
<td>26.5</td>
<td>77 600</td>
<td>Idem</td>
</tr>
<tr>
<td>Perception of being poor</td>
<td>19.5</td>
<td>3 300</td>
<td>15.5</td>
<td>49 100</td>
<td>14.9</td>
</tr>
<tr>
<td>Cigarette smoking</td>
<td>26.4</td>
<td>4 500</td>
<td>24.2</td>
<td>76 800</td>
<td>19.2</td>
</tr>
<tr>
<td>Excessive alcohol consumption</td>
<td>29.7</td>
<td>4 800</td>
<td>24.5</td>
<td>72 000</td>
<td>21.6</td>
</tr>
<tr>
<td>Daily stress (sufficient or extreme)</td>
<td>18.8*</td>
<td>3 000</td>
<td>23.0</td>
<td>67 200</td>
<td>ESSOR, 2013</td>
</tr>
</tbody>
</table>


*Variation between 15% and 25%. The estimate must be interpreted with caution.

As the chart shows, overweight, smoking and excessive alcohol consumption is high. The inhabitants have a negative perception of their state of health.
However almost all have a family doctor and the daily stress level is lower than in the cities. There is a much lower proportion of renters and psychological distress than the Outaouais average.

**Linguistic Aspect**

42% of the population aged 15 and over speak only English, 6.5% French and 50.8% French and English. Forty percent of the population has French as their mother tongue and 60% English.

4. **BILL 10**

The adoption of Bill 10 in February 2015 led to major changes in the organization and governance of Quebec’s health and social services network. Regional health agencies were eliminated, thus reducing management to two levels of authority instead of three. In addition, health and social services centres (CSSS) were merged. The number of institutions in the network went from 182 to 34. Minister Gaétan Barrette estimated that this reform would release $220 million per year by, among other things, eliminating 1,300 management positions in the Quebec network. Each of the 34 new institutions is headed by a Chief Executive Officer (CEO) appointed by the Minister. The law specifies the composition of the boards of directors of the new institutions. The majority of members are independent and are appointed by the Minister. This formula eliminated the citizen participation allowed by the previous board model.

The Act gives Minister Gaétan Barrette new powers with respect to regional and super-regional institutions, in particular “the power to prescribe rules relating to their organizational structure and management and the power to intervene at the general management level in the event of acts incompatible with the rules of sound management”. These new powers give the minister wide latitude.

The amendments made to the Bill, which are also highlighted in the Minister's press release announcing the adoption of Bill 10, include "the recognition of cultural, linguistic, local and historical specificities of certain institutions, as well as a better taking into account of the regional realities and habits of consumption in care and services of the populations for the delimitation of the territories."

This new governance aims to simplify the care process for patients by making it more fluid, contribute to improving the quality and safety of care, and increase the efficiency and effectiveness of the health network through a reduction of structures and bureaucracy.

Our review of the situation in the Pontiac was done in relation to the objectives set by Minister Gaétan Barrette when he announced his reform. In other words, has the particular reality of the Pontiac been considered in developing the CISSSO, and has there been an improvement in the delivery of health services to the community?

The implementation of Bill 10 has brought about important changes in the governance of the Outaouais health network. The five existing CSSS’s were merged into one organization, called the Outaouais Integrated Health and Social Services Center (CISSSO). The management of the Centre is provided by the CEO, Jean Hébert, who was appointed by the Minister. The CISSSO oversees all health and social services institutions in the region, including hospitals, homes, CSLCs and youth centres. It has 86 service points. The new organization has nearly 9,500
employees and doctors and some 400 managers. Its balanced budget is $790 million for 2017-2018.

For the Pontiac, the number of employees is 473 and about 500 with the inclusion of doctors.

One of the results of the reorganization is the centralization of services in Gatineau and the transfer of several managers to administer region-wide services. Previously, they performed similar tasks in the CSSS’s. Thus, before the reform, there were 19 senior and middle management positions at the Pontiac CSSS. The reform has decreased this number to five, to which are added the five middle managers who divide their time between services in the Pontiac and outside its territory. The seven senior management positions, including that of Director General, have been abolished.

### Management positions

<table>
<thead>
<tr>
<th>Pre-reform</th>
<th>Post-reform</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior managers and director general: 7</td>
<td>0</td>
</tr>
<tr>
<td>Middle managers: 12</td>
<td>5 - Pontiac</td>
</tr>
<tr>
<td></td>
<td>5 - Pontiac and other territories</td>
</tr>
<tr>
<td></td>
<td>2 – Gatineau territory</td>
</tr>
</tbody>
</table>

5. **ECHOES FROM THE PONTIAC TO THE BARRETTE REFORM**

*Before the reform*

All those we interviewed stated that over the years, the Pontiac region had established an exemplary system which was widely recognized. It had its shortcomings, of course, but the system met the needs of the people and was appreciated. The system was flexible, based on values of rural solidarity, proactive and therefore able to anticipate problems and to act quickly to resolve them. The bureaucracy was minimal and everyone knew who to contact at all times. Organizational culture favoured a horizontal approach and did not tolerate administrative silos. Access to medical and social services professionals was very good; wait time for emergencies was minimal.

At the former Pontiac Health and Social Services Center, each of the line managers had, in addition to their direct responsibilities (e.g. human resources), those of a service point in the region (e.g. Otter Lake area). This ensured that the management team had a broad view of all the issues. The operating system was based on collegiality and multidisciplinarity. It was a well-integrated health model.

The relationship with the employee union was simple. Proximity to decision makers facilitated the resolution of issues. Contrary to the situation often found in larger centres, a team spirit motivated the workers and the leaders. In the twenty years before the reform, only seven grievances were filed. Problems were resolved before a grievance was filed. In addition, complaint files were processed locally, simply and effectively.
The Pontiac CSSS tightly managed its financial resources and had a balanced budget. Management had the flexibility to reallocate some budget items to meet unexpected needs or circumstances, for example to help workers after plant closures. In order to cope with these, the collaboration of CSSS management led to the creation of the Pontiac AutonHomme Group, a resource centre for men facing the stress of layoffs.

Collective and local purchases were done using rigorous standards and with a view to contributing to the local economy.

The system was able to innovate, as evidenced by the creation of a clinic for orphan patients. This innovation is worthy of note since it was lead by a Pontiac physician, Dr. Ruth Vander Stelt, who received a prestigious recognition in 2010 from the Quebec Association of Physicians for the project called Access to a Family Physician at the Pontiac Transition Clinic. Thanks to this transition clinic, two-thirds of the orphan patients greeted there had found a family doctor.

These positive findings are consistent with those of the 2013 Santé Outaouais 2020 report “Au delà des petits pas”, which highlighted the quality of the services offered by the Pontiac CSSS.

After the reform

In the spring of 2017, some stakeholders, including then Pontiac Regional Municipality Warden Raymond Durocher and Pontiac Voice spokesperson Josey Bouchard, publicly voiced their criticisms of the impacts of the Act.

On February 16, 2017, Radio-Canada quoted the warden as saying: "We were responding to needs. Currently, this link is being broken. Enough is enough. The rural world does exist. We want a situation that is adapted to our reality." For her part, Ms. Bouchard said: "The only thing they are doing is disorganizing our services."

These opinions were complemented during formal interviews held between May and August 2017 with persons intimately familiar with the Pontiac region and its health and social services system. These interviewees have a concrete knowledge of the system, both before and after the Barrette reform. During the interviews, they provided us with valuable information that is consistent with what was said by the warden and the official spokesperson for Pontiac Voice.

Faced with the results of the reform to date, the disappointment of people in the community is tangible. They expressed a cri du coeur. We will summarize each of their specific criticisms, but generally, they revolve around a central idea: the Barrette reform has undermined, even destroyed a system that worked very well! As a result, there is a sombre mood in an area that faces many challenges since the closing of the wood processing plants.

The main criticism is that the new system is not adapted to the rural character where any impact is felt more strongly than in large populated centres that are rich in resources of all kinds. In the Pontiac region, a nurse may be required to travel 200 kilometres a day to complete her duties; the measure of effectiveness must take this into account. The loss of seven senior executives, including the CSSS Director General, and the transfer of two middle managers to Gatineau, has caused the region to lose qualified and committed leaders in the community. This has created a void that has not been filled. Losing ten or so managers in an area of 15,000 to 20,000 people has far greater consequences than losing a similar number in a city of 275,000 inhabitants.
Under the direction of CISSSO senior management in Gatineau, the ten middle managers working in the Pontiac have little authority and room to manoeuvre. Of these ten executives, five also have responsibilities outside the Pontiac.

"Nobody seems to be in charge," Sandra Murray, Mayor, Shawville

A listing of grievances

- **Proximity to decision makers is gone.** In the past, there was easy and immediate access to the person responsible for medical care or social services. In addition, the CSSS board of directors was made up of volunteers, people from the surrounding community. Any problem quickly came to their ears and innovative solutions were not long in coming. The abolition of this board was a major mistake, according to interviewees. This ease of access is gone and is sorely felt.

"The staff paid more attention; it met the needs of the community, now we are responding to the machine." Raymond Durocher, former Warden, Regional Municipality of Pontiac

The bureaucratization of the system is severely criticized. Previously, Shawville Hospital managers used to handle multiple tasks with a close collaboration among departments (horizontality). Everything is now centralized in Gatineau where officials are caught in bureaucratic "silos". We are dealing with a bureaucracy that has a life of its own.

"It was not a question of structure, but of culture, of customer-oriented culture." An intervener.

"The management team was totally mobilized, we covered everyone. We had the support of the director general." An intervener.

We were struck by a small example of the effects of centralization in Gatineau. The Shawville Hospital had previously had its own stamping machine for its mail. One day, without warning, the stamper disappeared. We learned that stamping will now be done in Gatineau for the entire CISSSO territory. The Pontiac facilities must now carry their mail to Gatineau for stamping and mailing; a good part of the mail then returns to the Pontiac. Needless to say, this new practice raises many eyebrows.

We were also told that orders for supplies, now centralized, are fulfilled only after long delays, sometimes months, when they used to be settled within two weeks under the previous administration. There is no local purchasing policy.

The job cuts had a negative effect on the employees. They are out of breath because of the shortage of staff, and this is the case in all job groups. Richard Romain and Carole Ménard, union members, told us: "For the first time, we must use agencies. Agencies are usually called upon only in critical situations because they are more expensive." Prior to the reform, recruitment took place in the Pontiac region where the position was to be filled. Now, it is done from Gatineau, interviews and exams are done in that city.

- **Close collaboration with the school community for early identification of student mental health issues has been significantly weakened.** Previously, a teacher who noticed a problem with a student could easily talk to a social worker to find solutions. The new organization makes these collaborations more difficult.
"A mother whose child has a problem finds it difficult to describe her situation to someone living in Gatineau. Explaining our rural reality is difficult.” Kim Laroche, L’Entourelle, a women’s shelter.

"Even if there is a response, nothing happens quickly. We do not know who to call. We never manage to talk to the same person." Gisèle Mousseau, L’Entourelle, a women’s shelter.

One stakeholder in the education community reports similar problems:

**Number 811-Option 2**: The school community must also go through the 811 number, option 2 with the parent. The school can no longer refer cases directly. This system has had significant failures and the schools experience very frustrating situations. Responders are qualified as well-intentioned but lack knowledge of the environment and the location of the school. Callers are put on hold two to three times per call since supervisors must be consulted. They do not know what services are available in the area. Situations are made more complex, even when urgent cases need to be attended to.

The service works poorly for parents as well. A parent who wanted help phoned three times to find out when he could get some assistance. After a month, he learned that the file had been lost. Meanwhile, the situation had deteriorated. In a crisis situation, the school can no longer contact the CLSC directly. One has to go through 811-option 2 to manage the crisis over the telephone. As a consequence, schools prefer not to call anymore because the service leaves them on their own.

**Youth Access Desk**: The 811 number sends all requests to the Youth Access Desk which has only two social workers to deal with requests from the Outaouais. There is a delay of more than three weeks before the Pontiac social workers receive the files. They are not allowed to meet with these youngsters before receiving the files, even if it is urgent. This practice with vulnerable clients is seriously flawed; services are very slow and there is no direct link with interveners. As a result, the school must compensate for the loss of services by calling upon special education technicians, attendants and psychologists. This increases their workload; doctors prescribe assessments knowing that the school is able to offer this service.

Pontiac school principals share this conclusion; the responsibility for social services has become a heavy burden for school staff and the number of students in need of help is increasing while there is a strong reduction of CISSSO services to help families. The eight Francophone schools have only one social worker. The students suffer.

It is argued that too many services have moved to the city. Some parents cannot afford to travel to the city. The fact that referrals go to Gatineau and then return to the Pontiac is a waste of time and autonomy. Proximity services have been greatly diminished.

In summary, the staff is worried, frustrated and exhausted. The Pontiac region has suffered a great loss of autonomy. There have been job losses that have a direct impact on the school population, which has decreased.

- **The distance** that people in the Pontiac must travel to seek care in Gatineau is a heavy burden, even if patients can rely in part on TransporAction Pontiac, a non-profit organization that provides accessible transportation for people with disabilities using two minibuses and two adapted vans. For many, however, the use of the car is inevitable and they must bear
the costs. We have learned that TransporAction's survival is threatened. Even if the situation has stabilized, this service remains fragile.

"What would have taken two hours here now takes a day." Kim Laroche, L'Entourelle

- The loss of managers from the former Pontiac CSSS and of health professionals (social workers, psychoeducators and others) has had a devastating social and economic impact, the scope of which the Ministry of Health and Social Services has not well grasped. On the one hand, the transfer to Gatineau of managers has a negative effect on the accessibility of decision makers and the likelihood of solving problems simply and quickly. But this is also the loss of a group of people who contributed strongly to the Pontiac community. They held responsible positions as presidents of community organizations, as volunteers running associations. Altogether, the management payroll was around $1,500,000, which was spent mostly in the Pontiac region.

- Residents were proud that the Pontiac CSSS had a balanced budget, the result of sound management of available funds. However, its balanced budget was integrated with that of the CISSSO, which had a deficit and was under trusteeship. Pontiac residents are resentful of "having been had."

"The budget was balanced and then lumped into a deficit situation." Sandra Murray, Mayor of Shawville

- As stated earlier, the population of Pontiac is predominantly English-speaking; this has been the case for several generations. However, according to the CISSSO's language policy, reception at the Gatineau health centres is in French only. People would like the language policy to be implemented in accordance with the statement that speaks of "the recognition of cultural, linguistic, local and historical specificities of certain institutions."

- "Once bitten, twice shy." This saying illustrates the fears of several stakeholders that the status and functions of the Shawville Hospital (which has gone from a "facility" to an "installation") will be further reduced. Similar fears are expressed about the Fort-Coulonge clinic: will hours of operation be reduced?

- It was feared that the funds from the CSSS du Pontiac Foundation would be donated to the Gatineau Health Foundation. Fortunately, thanks to the strong mobilization of the Pontiac population, this did not happen. The fear that Pontiac donations will be transferred to Gatineau tends to cool the generosity of the population.

The dissatisfaction of the population is at the root of an increase in the use of health centres located across the border in Ontario. This trend can also be seen in the area of French-language schools, with 45 students attending Ontario schools in Pembroke and Renfrew, Ontario, which are a short distance from Pontiac villages.

- In the face of the endless waiting times at hospitals in Hull and Gatineau, more and more Gatineau residents make the one-and-a-half-hour trip to the Shawville Hospital emergency room. It is estimated that 40 per cent of users are from Gatineau. Pontiac residents now face longer waiting periods (although the time required to see a doctor is still much shorter than in the city). A point of pride: the Pontiac Center is in the top echelon of centres where the time spent on a stretcher is in line with the targets of the Ministry of Health and Social
Services. It is also recognized that increased attendance at the Shawville Emergency justifies maintaining this service.

- Lastly, the fact that the Pontiac region does not have a representative on the CISSSO board is criticized. The voice of this region is not heard directly in the deliberations of the board of directors.

"We're destroying a system that worked well." Dr. Thomas O'Neill, Pontiac Hospital

- The people we met told us on several occasions that CISSSO officials have good listening skills. They are understanding, some have worked in the field and are familiar with the community. However, it is felt that managers do not have flexibility required to move beyond the narrow path drawn by the Department of Health and Social Services, led by Minister Gaétan Barrette.

"They listen well, but nothing happens." An intervener

- Does this mean that the Pontiac population has received fewer services or services of lower quality since the reform? There is no doubt that the feeling of proximity, the ease of communication, everything that humanized the system has been undermined. In addition, we were told repeatedly that mental health services, youth services, services for the elderly and for home support have been significantly transformed and diminished by the addition of other tasks and by the erosion of the interdisciplinary approach that was the strength of the pre-reform system. In the area of prevention, we are told that almost nothing is done. The quality of the services of the Protection Branch appears to be weaker than before.

- The introduction of the Service Request Distribution Center (CRDS) is experiencing start-up problems. For example, we were told that some patients are being sent to Gatineau when services are available in the Pontiac.

However, during a visit carried out last summer, we noted the cleanliness of the Shawville Hospital Center and the kindness and professionalism of the staff.

"We were a pole of excellence in medicine. It's lost." Josey Bouchard, Pontiac Voice

We asked our stakeholders if they knew of other regions in Quebec where the reform had yielded better results. Four of them were aware of the situation elsewhere. There is no region where successes are obvious; all regions such as Maniwaki and Les Collines are suffering according to one intervener. The winners are urban areas, according to another. It's the small regions that are suffering, says another, and with the exception of Lac-Saint-Jean, there is a feeling of submission everywhere. Another interviewee said: “The rural dimension has not been taken into account.”

6. LONG-TERM EFFECTS

How will the Pontiac model fare in the longer term? Many of the interviewees predict that the situation will become more or less disastrous. Others express the fear of losing their hospital centre. Since the health sector is a key economic driver in the Pontiac, any weakening has serious socio-economic consequences for its small population. One intervener summarized what he foresees:
In summary, almost all interviewees believe that the reform does not meet its objectives of simplifying care for the patient and facilitating the work of caregivers. They also do not believe that the following objective, set out in the news release announcing the passing of Bill 10 on February 7, 2015, has been achieved:

Among the amendments made to the bill, we note the improvement of representation on the boards of directors, the recognition of cultural, linguistic, local and historical specificities of certain institutions, as well as a better consideration of the realities and consumption habits in care and services of populations for the delimitation of territories."

7. PROPOSALS BY OUR INTERVIEWEES

Interviewees repeatedly asked for a return to the old model. "We were told we were working well," says one of them. "We must restore the structure of two years ago," says another. "Before, in the Pontiac, young people and seniors were a priority, let's go back to the old system, especially since we were not in the red."

Others are more realistic: We cannot go back, they say; rather we should strive to improve the current system. Several suggestions are made that revolve around the idea of giving local governance back to health and social services institutions. This local governance means:

- a local budget;
- a director general for the Shawville Hospital Center;
- the recovery of certain management positions; and
- the relocation of certain services from Gatineau to the Pontiac.

If the statements of the ministry are to mean something concerning respect of local specificities, those are measures to put in place, according to our interlocutors.

8. CISSSO'S POINT OF VIEW

The study team members met Benoît Gauthier, Assistant to the President and CEO, who was mandated by CISSSO management to meet with us. His remarks are summarized as follows:

The point of view of the population

Mr. Gauthier readily admits that the health and social services system in place before Bill 10 had greater flexibility and proximity-based governance. The pre-reform population satisfaction rate was very high. He admits that a survey held today would not reveal the same level of satisfaction.

He specified that the rate of first-line medical care is very high, thanks to a good medical team in the region. Ninety-five per cent (CISSSO figure) and 84 per cent of the population (Quebec Department of Health and Social Services figure) have a family doctor. The Pontiac doctors do a
good job of covering the population. CISSSO offers fluid services to the Pontiac RCM and to the Municipality of Pontiac without getting bogged down on issues of strictly municipal jurisdiction.

Access to specialists remains problematic. It is neither better nor worse than before the reform. Why the status quo? He said it is a matter of how work is organized and remuneration issues. In the short term, he added, we are deploying professional staff; it is more difficult on the administrative side.

*Fewer Managers in the Pontiac*

According to Mr. Gauthier, the decrease in the number of managers is prescribed by the Ministry. Several managers in the Pontiac had to leave (as in other regions such as Maniwaki) and a vacuum has resulted. The Pontiac region strongly felt the departure of a dozen executives who worked at the former CSSS. Several positions have been transferred to Gatineau and a few managers have chosen to retire. The departure of the former Director General, who had helped develop the hospital model, was felt as a significant loss for the community. The CISSSO would not oppose the relocation of some services in the Pontiac, but collective agreements would prevent this from happening.

The problem is not that the number of management positions has been reduced, he says, but rather that recruitment is difficult. Attracting nurses and professionals is not easy, the market is competitive. The growing use of employment insurance is making it difficult for all employers to fill positions. The CISSSO has maintained four administrative positions.

Mr. Gauthier stated that the Pontiac enjoys the opportunities offered by a wide-ranging health agreement, the deployment of specialized services or "in-house" skills, but that collective agreements (there are four union accreditations at the CISSSO) are numerous and cause some rigidity.

*Proximity Values*

The values of proximity prevalent in the Pontiac are an inspiration to us, he said. He added that the CISSSO wants to maximize use of the operating unit of the Pontiac Hospital. There are more hours worked at the clinical level than before the reform. Rural reality is being taken into account in home support and services are being developed in the Pontiac. Mr. Gauthier said that the integration of new employees, the process of staffing and hiring are done in the territory by mobile teams. We are developing services in English. We need to do more follow-up with the warden, the MP, seek out the public, add local services. A lot has to do with good communication. The impact of the CISSSO has been positive, it must be demonstrated, he said. Quality and quantity indicators are progressing.

*Purchasing*

Purchasing products takes more time, but it is done with more administrative rigour. Having to go through one of three major procurement offices slows down the pace, but this is an area where improvements are possible. CISSSO does not have a local purchasing policy.
**Budget Improvement**

For the first time since the reform, the CISSSO enjoys greater financial flexibility. There will be no cuts this year. This situation allows for new developments.

The financial performance of the Pontiac was exceptional and was recognized as such. The CISSSO has not made any budget cuts in the Pontiac.

Mr. Gauthier speaks highly of the Integrated Home project which allows citizens to be directed to the appropriate service for access to health professionals.

All of this will not prevent the development of the Pontiac Hospital. A study is underway on ways to maximize use of the operating unit. There is no danger of eliminating the clinic at Fort-Coulounge or of reducing its services.

**Linguistic Issues**

Linguistic issues remain. English-speaking citizens do not like being greeted in French in Gatineau, but there are also many complaints from Francophones who do not have services in their language in the Pontiac.

**Impacts of the Reform**

According to Mr. Gauthier, it is false to claim that more and more Pontiac citizens are seeking treatment in Ontario, particularly in Renfrew and Pembroke. The Barrette reform is not responsible for the gloomy climate which the interveners described. This climate has existed since the closure of the forest products factories. The health sector remains the largest employer in the region. The CISSSO is sensitive to community development.

**CISSSO Board of Directors**

In response to the criticism that there is no Pontiac representative on the CISSSO board of directors, Mr. Gauthier replied that the board has no regional representatives. That is the case everywhere, whether we are dealing with Papineau, Les Collines-de-l'Outaouais or Gatineau. The composition of the board of directors is made up of members appointed by the Minister, of professional councillors, of representatives of departments, of representatives of UQO and other bodies. Geography is not a criterion.

**Flexibility of the Administrative Framework**

Is the current CISSSO framework flexible enough to meet the needs of a region that favours proximity? No, said Mr. Gauthier, there are prior adjustments to be made, for example in collective agreements. But we do not want Pontiac users to be treated in Gatineau. We agree with the importance of proximity. We understand that citizens and even employees can feel lost. We must create points of reference. Quebec is concerned about the financial aspect of the reform and the implementation of Bill 20, which aims to improve access to family medicine and specialized medical services. Flexibility is limited by our purchasing policies, but the CISSSO is open to development in all areas. Quebec does not intervene except to require good plans, states Mr. Gauthier.
Future Prospects

The CISSSO representative considers that it is essential to develop an approach based primarily on serving the users. We must listen more closely to the population. A communication plan is being elaborated. We must continue to develop local services, the population will take note.

And the longer-term impact? More clinical services, less administration. There is no wish to reduce the Pontiac focus, as evidenced by the transfer of dialysis stations. The Pontiac Hospital is a trauma centre, it must be maintained. Specialties will develop in the major poles and the region will benefit.

In response to our request for more details on the initiatives taken or to be taken, the CISSSO has provided us with additional information that is deal with separately from the previous section because it is detailed, whereas the observations made above are more general in nature.

Hemodialysis

The creation of hemodialysis services in Shawville will allow the addition of 6 to 8 persons including two to four nurses from the Hull Hospital to provide on-site service, saving ten patients from coming to Hull three times a week and three more from going to Renfrew for this service. The Pontiac Hospital will be able to treat up to 30 people needing dialysis. The creation of this service was made possible thanks to a contribution of $660,000 from the Foundation of the former Pontiac CSSS and a contribution of $2,100,000 from the Ministry of Health and Social Services. The population has welcomed the creation of this service.

Support for the Elderly and Home Support

The CISSSO plans to soon create a new position of Head of Unit (middle manager) in the Senior Citizens Directorate (SAPA). As a result of new investments for seniors, the CISSSO is hiring about fifteen people divided among nurses, licensed practical nurses and patient attendants. It has also increased the number of hours worked per week for about 40 licensed practical nurses and attendants. As a result, a number of positions have been upgraded from part-time to full-time. For home support, a nurse position and a social worker position have been added, both of which are in the process of being staffed.

Youth Services

Since the creation of CISSSO, the Youth Programs Branch has created an integrated youth services team in the Pontiac, managed by a team leader. It has maintained all of the multidisciplinary youth services in the Pontiac territory, through the four CLSCs. To provide local services and to better track vulnerable persons, three professionals in the application of measures have been added to this team in the Pontiac. This is a clear improvement since these services were previously offered from the city. In addition, specialists in clinical activities from Gatineau travel to support local clinical teams in their response to complex family situations.

Other services have also been improved, for example a mobile STBBI testing clinic for the entire Pontiac was established. Two psycho-educators were trained to administer clinical tests in the Pontiac to diagnose disorders of the autism spectrum. In the past, these services were offered in Gatineau.
Mental Health

The CISSSO is currently transforming part-time positions in intensive support to full-time positions. A liaison nurse will soon go to the Shawville Hospital to facilitate liaison between clinical teams and to identify user needs.

The measures mentioned above confirm the priority CISSSO places on the development of clinical services for local communities.

Staffing

As of September 2017, there are 473 employees in the Pontiac compared to 477 at the time of CISSSO's creation in the spring of 2015. There has been a decrease in administrative staff, which was offset by the addition of professionals in the Pontiac.

9. OUR FINDINGS

We noted two very different visions of the administration of health care and social services in the Pontiac region. The first vision is the well-established community and social vision in the region before the Barrette reform, a vision based on proximity between caregivers and users, on flexibility and on resourcefulness. The system was built gradually over the years, thanks to the dedication of medical, professional and union staff and their willingness to adjust to the needs of the population. The spirit of solidarity that characterizes rural communities also played a major role. The system, known for its effectiveness, was the pride of the residents of an immense and sparsely populated region suffering from various economic problems.

Encouraged by motivating senior managers, the staff provided not only good but innovative services (the Orphan Patient Clinic). Managers, in addition to their professional competence, were recognized for their involvement in many fields of activity, such as education and community organizations. In addition, the system had a balanced budget.

It would be wrong to pretend that everything was perfect. Access to specialists has long been problematic. The long distances have always been there, but it can be said that the region had done very well in the field of health care and social services and was seen as a model by many well-informed observers. It was a high-quality, human, well-integrated system tailored to meet the needs of its community.

So, why upset this system instead of continuing to improve it? To use a common expression, "If it isn’t broken, why fix it?"

To answer this question, we must refer to the second vision, that of the central administration of the system.

The Barrette reform has several objectives and controlling spending is one of the main ones. This led to the elimination of many managerial positions and heavy structures (health agencies) and a reduction in the number of health centres and social services. The reform involves a strong centralization of powers in the hands of the Minister and the CISSS’s, whose Directors General are appointed by him.

Large public administrations are subject to various management fads that sometimes favour centralization and at other times decentralization. (The latter seems to be apparent today in the
field of education.) The Barrette reform fits directly into the idea of centralization, with all of its advantages and disadvantages.

The testimony of some of our interviewees leads us to believe that the reform would appear to have affected other rural regions of Quebec in the same negative way. The Pontiac region would therefore be a microcosm of a province-wide issue that deserves a comprehensive study to determine its extent and the corrective measures to be taken.

We can safely say that the Pontiac region is part of the collateral damage of the reform. An "ecology" of health care and social services carefully nurtured over the years has been the victim of the muscular method of the Barrette reform. Reforms based on centralization often have the effect of devitalizing the rural and peripheral areas, because in these areas, health establishments are an important economic and social engine. Centralization attracts (or forces) local leaders to join central decision centers. These changes deprive the regions of significant economic benefits and erode community leadership. In this sense, the reorganization did not take into account the objective stated in the mission of the department, namely "to contribute to the social and economic development of Quebec." The previous exemplary health system of the Pontiac has experienced a loss in its health network.

The negative impact we heard about during our meetings is considerable: loss of managers, loss of decision-making autonomy, loss of proximity, loss of references, having to navigate the meanders and silos of a distant bureaucracy. All this makes the population unhappy.

Medical, professional and administrative staff are at a loss. People do not understand why a system that worked well had to be changed. It is not as if the pre-reform situation had been perceived as being so bad that it needed fixing.

The CISSSO has not yet demonstrated that the reform has brought significant benefits. Of course, the decentralization of the dialysis service is mentioned, but it is questionable whether the reform has something to do with this development, the funds from the community having played a big part in the minister's decision. We heard about development plans for the region, the intent to adequately fund its resources and improve operating rooms. We also heard of recent steps to improve services for seniors and home care, for youth services and mental health. These improvements, however, did not attract the attention of the people we interviewed. Either they are too recent or they have not yet shown visible and measurable progress.

The advantages of being part of a larger entity and the tremendous resources at its disposal were touted. The proof is yet to come.

CISSO is aware of the importance of proximity in the care of patients and of rural values in the Pontiac, for instance in home support. It wants to concentrate on the development of the clinical rather than the administrative sector. A study is underway to maximize operating space and the CISSSO will shortly announce projects to strengthen the clinical component. There is no intention of reducing the powers of the hospital; it is a trauma centre that must be maintained. A timeline for these improvements has not yet been established.

CISSSO recognizes that it must pay more attention to the population and keep it informed of the changes being made so that it can regain its points of reference following the reorganization of
the system. It is aware of the particularities of the region and wants to respect the value of proximity in the delivery of services.

In addition, as noted above, the CISSSO states that it has taken or planned a number of measures to improve its services in the following areas: hemodialysis, support for seniors and home support, youth services and mental health by adding nurses and professionals. However, there needs to be a better dialogue with the schools because there is a wide difference between the perception of CISSSO and that of the schools about the services offered.

Altogether, taking into account the above observations, we conclude that the system put in place in the Pontiac as part of the reform resulting from Bill 10 does not achieve one of the main objectives of the reform, namely simplifying access to services and improving the quality of care. Nor does it sufficiently take into account "the cultural, linguistic, local and historical specificities of certain institutions, as well as a better consideration of regional realities and consumer habits in the care and services of populations for the delimitation of territories", as outlined in the Bill.

Unfortunately, it is impossible to go back and recreate the pre-reform model, but it is possible to strengthen services by drawing on the characteristics of the pre-reform model. One of these features was the decentralization of the system to ensure proximity in services to the population and to take into account the needs of rural areas.

CISSO should complete its study as soon as possible on ways to strengthen the operating unit of the hospital. It needs to revise the structure in place to ensure that there are managers in the Pontiac with real power to represent this region at senior CISSSO levels. The Minister of Health and Social Services must also remedy the fact that this rural region (as well as the others in the Outaouais) does not have a representative on the CISSSO board of directors. To do this, the Minister must rethink the appointment formula for members of the CISSS boards of directors. Participation in a board of directors, in a decentralized structure, allows the expression of local democracy.
10. RECOMMENDATIONS

In order to improve the health system in the Pontiac region, we recommend that the Minister of Health and Social Services and its regional body, the CISSSO:

1. Adopt an approach based on the values of proximity and interdisciplinarity, in accordance with the specific character of the Pontiac and its health system prior to the Barrette reform.
2. Relocate certain services or portions of services to the Pontiac and assign managers with real authority.
3. In discussion with specialists, find ways to provide on-site services of the most widely used areas of specialization.
4. Complete as soon as possible the projects under development, to strengthen the clinical component, including the operating unit of the Pontiac Hospital.
5. Give a major impetus to recent initiatives to continue to improve services in the areas of senior support and home support, youth and mental health, with the necessary resources.
6. Review the effectiveness of procedures to provide adequate services for youth by communicating with schools to properly assess their needs and improve services accordingly.
7. Put in place an effective consultation mechanism for the public and employees in order to be responsive to their needs and to be transparent in carrying out its plans for health services in the Pontiac.
8. Appoint a representative to the CISSSO board of directors to represent the rural regions of the Outaouais; and
9. Establish, for each of the elements outlined above, a schedule and a framework for evaluating performance.
### List of Persons Interviewed

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raymond Durocher</td>
<td>Former Warden, Pontiac Regional County Municipality</td>
</tr>
<tr>
<td>Intervener *</td>
<td>Pontiac Region</td>
</tr>
<tr>
<td>Intervener *</td>
<td>Pontiac Region</td>
</tr>
<tr>
<td>Dr. Thomas O’Neill</td>
<td>Medical Doctor, Pontiac Hospital Centre</td>
</tr>
<tr>
<td>Intervener *</td>
<td>Pontiac Region</td>
</tr>
<tr>
<td>Intervener *</td>
<td>Pontiac Region</td>
</tr>
<tr>
<td>Gisèle Mousseau</td>
<td>Director, l’Entourelle</td>
</tr>
<tr>
<td>Kim Delaroche</td>
<td>Community outreach, l’Entourelle</td>
</tr>
<tr>
<td>Benoît Paré</td>
<td>Former Director, Complaints, Pontiac CSSS</td>
</tr>
<tr>
<td>Sandra Murray</td>
<td>Mayor of Shawville</td>
</tr>
<tr>
<td>Michel Laporte</td>
<td>Community Organizer, CISSSO</td>
</tr>
<tr>
<td>Josey Bouchard</td>
<td><em>Voix du Pontiac/Pontiac Voice</em></td>
</tr>
<tr>
<td>Carole Ménard</td>
<td>Administrative Officer, CISSSO</td>
</tr>
<tr>
<td>Richard Romain</td>
<td>Grievance Officer, CSN</td>
</tr>
<tr>
<td>Benoît Gauthier</td>
<td>Assistant to the CEO, CISSSO</td>
</tr>
</tbody>
</table>

*These persons preferred not to be identified.*
Appendix II

Questionnaire for Interveners

Study

The “Santé Outaouais 2020” study examines the impact of the reform of the Minister of Health and Social Services on health and social services in the Pontiac region.

Bill 10

In its press release of 7 February 2015 announcing the adoption of Bill 10 (An Act to amend the organization and governance of the health and social services network, in particular by abolishing regional agencies), the Minister of Health and Social Services states:

"We have just laid the foundations for a major reorganization, not only in terms of scope but also in terms of the benefits that this will bring. This reorganization of the network will simplify the care path for patients and facilitate the work of the healthcare staff. It will also increase the efficiency of health and social services institutions by reducing structures and bureaucracy and promoting sound and rigorous administrative management.

"Among the amendments made to the bill are the improvement of representativeness on the boards of directors, the recognition of cultural, linguistic, local and historical specificities of certain establishments, as well as better taking into account regional realities and consumption habits in the care and services of the populations for the delimitation of territories."

In February 2017, a group of citizens of the Pontiac (Pontiac Voice) denounced the centralization and reduction of the services of the Integrated Health and Social Services Center (CISSS) of the Outaouais. The Mayor of Fort-Coulonge and Warden of the Pontiac RCM, Raymond Durocher, expressed frustration in the health and social services sector. In March 2017, the president and CEO of CISSSO met a group of about 100 people in Bristol.

Questions

1. What were the strengths and weaknesses of the health system in the Pontiac region prior to the reform?
   - Strengths
   - Weaknesses
2. How satisfied were people with the quality of health and social services in the Pontiac region prior to the reform?
3. Does the implementation of the reform reflect:
   - Recognition of cultural, linguistic, local and historical specificities in the Pontiac region?
   - Better take into account the regional realities and habits in the care and services consumption of the population?
4. What changes have the law and its implementation made in the Pontiac region?
   - Positive changes
   - Negative changes
5. Do the impacts of the reform vary from one part of the Pontiac region to another?
6. What discomforts are most often mentioned in relation to the reform? For example:
• More difficult access to general practitioners? Specialists?
• Longer waiting time at the emergency room?
• Specially affected clientele: Mental health, seniors, chronic diseases, youth, other.
• Loss of management positions?

Which of these discomforts is / are most important to you?

7. To your knowledge, are there administrative regions in Quebec similar to the one in the Pontiac where the reform is perceived as a success?
8. What measures have been taken to correct or adjust the representations of the various Pontiac key players, for example following last March’s meeting with the CEO of the CISSSO?
9. What steps should be taken to ensure compliance with the statements in the press release announcing the adoption of Bill 10?
10. Is there sufficient willingness on the part of the public and the government to achieve this?
11. What impact will the reform have on the region on a long-term basis?
Appendix III

Questionnaire for CISSSO Representative

Study

The Outaouais 2020 Health Study examines the impact of the Minister of Health and Social Services' reform on health and social services in the Pontiac region.

Bill 10

In his press release of February 7, 2015 announcing the adoption of Bill 10 (An Act to amend the organization and governance of the health and social services network, in particular by the abolition of regional agencies), the Minister of Health and Social Services says:

"We have just laid the groundwork for a major reorganization not only by its scale, but also by the benefits that will flow from it ... This reorganization of the network will simplify the care pathway for patients and facilitate the work of caregivers. It will also increase the efficiency of health and social services institutions by reducing structures and bureaucracy as well as promoting sound and rigorous administrative management.

"Among the amendments made to the bill, let us note the improvement of representation on boards of directors, the recognition of cultural, linguistic, local and historical specificities of certain institutions, as well as a better consideration of regional realities and habits of consumption in care and services of populations for the delimitation of the territories."

In February 2017, a group of Pontiac citizens (Pontiac Voice) denounced the centralization and reduction of the services of the Outaouais Integrated Health and Social Services Center (CISSS). The mayor of Fort-Coulonge and Warden of the Pontiac RCM, Raymond Durocher, spoke of frustration in the health and social services sector. In March 2017, the president and CEO of CISSSO met a group of about 100 people in Bristol.

Questions

1. What were the strengths and weaknesses of the health and social services system in the Pontiac region prior to the reform?
   - Strengths
   - Weaknesses
2. How satisfied were people with the quality of health and social services in the Pontiac region prior to the reform?
3. What positive changes have the law and its implementation brought to the Pontiac region?
4. Based on the information we have, the population of Pontiac is experiencing a lot of discomfort as a result of the reform. What is CISSSO's view of the validity of the following perceptions?
   - An exemplary system based on proximity, a proactive and horizontal approach was severely disrupted.
   - The reform is based on an urban model; the rural reality was not taken into account.
   - We have lost our references: who is responsible for what? We do not know who to contact.
   - Before the reform, we anticipated the problems (for example in mental health) and we acted immediately; now we fall into a bureaucracy that is misinformed and slow.
• Access to general practitioners and specialists has become more complicated.
• Pontiac citizens must increasingly make a long trip to Gatineau to obtain care.
• The Pontiac citizens and the health centre officials are confronted with administrative silos in Gatineau: communication is very difficult, we are sent back from one service to another.
• The departure of Shawville hospital managers has had a negative impact on the quality of services provided; managers were on the scene, accessible to respond immediately to staff issues. The approach was proactive.
• The departure of the Shawville Hospital Managers also had a devastating social and economic impact that the Department of Health and Social Services did not fully understand.
• There is concern that the Shawville Hospital's functions will be further reduced.
• There is concern that the Fort-Coulounge clinic will be eliminated or that its services will be narrowed.
• The exceptionally good financial performance of the Shawville Hospital was not recognized; there was a surplus that went to Gatineau which was in a deficit situation.
• The English-speaking population of the Pontiac is welcomed only in French in Gatineau.
• Pontiac residents are increasingly going to Ontario institutions near the border between the two provinces.
• Shawville's emergency is invaded by Gatineau residents (40 percent of emergency clientele), resulting in longer waiting times for Pontiac citizens.
• The centralization of services has created a climate of gloom in a region already fragile in social and economic terms.
• CISSSO officials are good at listening but they do not respond actively to the concerns expressed by the population of the Pontiac (the recent contribution in hemodialysis is recognized, however the financial contribution of more than $660,000 from the community was an important factor).
• The Pontiac region does not have a representative on the CISSSO Board of Directors.

5. In response to these observations and criticisms, what measures have been taken, or will be taken, to meet the expectations of the Pontiac population?

6. Does the CISSSO have plans to decentralize other functions such as hemodialysis? Is increased decentralization a valid approach for the Pontiac region? Does it depend on financial contributions from the community, as was the case for the hemodialysis service?

7. Does the current CISSSO framework provide enough flexibility and is it supple enough to meet the needs of a region that favours proximity and believes that the quality of the system it had erected has greatly deteriorated? If so, how?

8. Overall, to what extent does the implementation of the reform reflect:
   • Recognition of cultural, linguistic, local and historical specificities in the Pontiac region?
   • Better consideration of regional realities and consumer habits in the care and services of the population?

9. How can CISSSO and community partners be mobilized so that, in a spirit of partnership, health care and social services in the Pontiac can be improved?

10. What will be the impact of the reform on the Pontiac region in the longer term?