Your mother had resided in a long term care facility for several years but recently passed away. As power of attorney you are settling her affairs and discover that a substantial amount of money is owed to the facility. You contact the facility’s finance department and are told the bill had accrued due to years of monthly rent shortages. You question their fee calculation process and why you were not previously advised of her arrears.

For several years you have operated a licensed hotdog stand at a busy downtown location throughout the summer months. There had never been any issues with public health inspections until the last one when an inspector spent considerable time examining your stand. You were very surprised when soon after, a letter was received notifying you that your stand did not meet standards and must be closed immediately pending repairs. You disagree with the assessment and note that the time to complete repairs will be lengthy and have significant impact on your earnings. You hope to discuss the situation but are told the decision is final.

You need a certain medication prescribed by your doctor to treat a chronic and serious condition but the medication is not on the formulary. You would like to talk to your doctor but he seems so busy that you don’t want to bother him. You don’t have sufficient funds to pay for this medication and you don’t know what to do next.

Your son has been an inpatient at a mental health facility for several years. Although his behaviour can be challenging, whenever possible you take him out for weekend passes as he enjoys “coming home”. During the last visit, his behaviour escalated and in keeping with his care plan, you called the police who transported him back to the facility. When you called to arrange the next visit, you were told that he was no longer allowed off the grounds as per physician orders. You have called the physician who does not return your calls. Other health region staff have told you there is nothing they can do. You are frustrated that you were not consulted and feel strongly that this will negatively impact your son’s well being.

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Here are just a few examples of health-related cases that have been brought to Ombudsman Saskatchewan. Names have been changed to protect the confidentiality of those involved.

When Was That Exactly?
Dexter and Desirée, who were both in their 90s, were returning to Saskatchewan after spending a couple of years in another province. They moved into a supportive housing facility just before Desirée’s 90th birthday. After a few weeks in the facility, the staff informed the couple that since Desirée’s birthday was nearly over, she was considered to have moved in on the first of the following month.

In the meantime, the couple had completed application forms for a Saskatchewan health card. On the forms, they correctly noted their residency date as the day they returned to the province. Saskatchewan Health contacted them and asked for proof of occupancy. Dexter explained that, despite the date on their current rental agreement, they had actually arrived in the province on the date recorded on their forms. After further phone calls, Dexter and Desirée received a request to start over and complete new application forms.

A few months had now gone by and Dexter did not think it was fair that confusion over the move-in date would continue to delay their access to health benefits. With ongoing medical conditions to address and winter coming on, they wanted to make sure their health benefits were in place and they wanted to be able to get their flu shots. Dexter contacted our office.

We listened to Dexter’s account of the events, contacted Saskatchewan Health to inquire about his situation and ask for expedited service. The manager we spoke with quickly realized that this application could and should be processed without delay. Dexter’s and Desirée’s health benefits were activated within 24 hours and their new health cards provided shortly thereafter.

Is Closer to Home Better?
Darla’s Aunt Dorie had been living independently in a rural area. After some medical concerns and a confirmed diagnosis of Alzheimer’s, Dorie was assessed as needing long term care. She was placed in a local long-term care facility on a respite basis until a permanent placement could be arranged.

In hopes of keeping her nearby, Dorie’s family requested a long-term care facility in her home community. Instead, they were advised that a bed was available at another facility and if they didn’t accept, Dorie would be moved to the bottom of the transfer list. Her family accepted.

Following this placement, Dorie made several attempts to wander away from the building. As a result, she was moved to another facility a considerable distance away that had secured units. Darla (who had power of attorney) and other family members did not believe that Dorie’s dementia was so advanced that she was a wander risk, but believed that if Dorie were closer to home and family, she would not be inclined to wander. They immediately requested a transfer to her hometown facility.

Health region staff advised Darla that before any transfer could occur, a behavioural assessment would need to be completed. After waiting for several weeks with no test results, Darla called our office.

We listened to Darla and noted that any comments on the clinical assessment would not be within our mandate. The lack of communication from the health region appeared to be a key aspect of this situation and we helped Darla contact a Quality of Care Coordinator for the
When Each Day Matters

After numerous delays in getting a diagnosis, Deanna learned she had stage 4 colon cancer in August. She met with her oncologist and her first chemotherapy appointment was set for mid-September. It was determined that she would have the chemo through a port which would be surgically inserted.

There was a delay in getting the referral to the surgeon who would insert the port and without it, Deanna had to miss her first chemotherapy treatment. Her second chemotherapy appointment was set for early October but the port still had not been inserted and Deanna did not want to miss treatment again.

Her daughter was also concerned and contacted the regional health authority to see if the surgery date could be moved up. It was, but now it conflicted with the chemo date, so the chemo treatment was rescheduled for 12 days later. At a stage where every day counts, Deanna and her daughter were further upset by this delay. Dawn called our office and, given their experience so far, was not willing to make further inquiries with the regional health authority.

Care Coordinator (QCC) offices for the SCA and the regional health authority.

We let the QCCs know about Dawn’s and Deanna’s experiences to date and Dawn’s reluctance to call them herself. Both said they would follow up immediately and asked if it would be possible to communicate directly with Deanna and Dawn. They agreed. A couple of days later, both QCCs called to advise that through their collaboration, Deanna would have the port inserted and receive her chemotherapy on the previously scheduled date.

A Matter of Time: An Investigation Into the Management of Waiting Lists for Breast Cancer Treatment in Saskatchewan

In May of 2009 we received a complaint from an individual diagnosed with breast cancer. She was concerned about the availability and accessibility of oncology treatment at the Saskatchewan Cancer Agency (SCA). She was not concerned with the clinical care she received, but with what she perceived to be barriers in accessing timely care, specifically chemotherapy, and with her experience and treatment as she was waiting for care.

Waiting for care is not an easy thing for anyone and yet, wait lists are a current reality within our publicly funded health care system. People want to feel confident that health care services will be available to them if and when they are needed and, “within a time frame that does not significantly compromise their health or well-being.”

Stories of individuals waiting too long for health care may also erode public confidence in the system. How wait-lists are administered and how individuals are treated while waiting for care are as critical to the individual as the actual clinical services received.

Additional Health Concerns You May Wish to Bring to the Ombudsman

Your parent requires home care services from a health region but the amount of service that is being provided does not appear sufficient to meet their needs. You have contacted the program manager who has not been able to give you an explanation for how the program determines how many hours of service are provided.

Your mother was injured while in hospital and the cause appeared to be a combination of faulty equipment and inadequate staff supervision. You have been told by health region staff that a formal review is being conducted and the outcome will be made available. More than two months have passed and other than a meeting with staff soon after the incident, you have not heard anything. You are frustrated with the lack of communication and length of time passed and feel that the incident has been forgotten about.


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Given the complaint that came forward and the harsh reality that breast cancer is the most frequently diagnosed cancer among Canadian and Saskatchewan women, we limited our review to the SCA’s administration of wait lists for those individuals who had been diagnosed with early stage breast cancer and who required adjuvant chemotherapy following surgery. In order to facilitate this review, we developed an evaluative framework based on the principles of care found in Dagnone’s For Patients’ Sake review (2009); also referred to as the Patients First Review.

Once the individual case was completed and resolved in 2010, we shifted our focus to a comprehensive systemic review. That review was completed and provided to the SCA and the Ministry of Health in March of 2011. Ombudswoman Saskatchewan learned that the SCA had already made concerted efforts to change its internal processes and procedures, in response to the complaint noted above and while our review was ongoing. A number of these changes coincided with our final report recommendations.

Recommendations

Our recommendations were largely accepted by the SCA, and they had already begun the work of implementing many of the recommendations prior to receiving our report. Key recommendations include that the SCA:

• Appoint a senior staff member responsible for overseeing the entire wait list for the province.

• Consider introducing complete and comprehensive electronic medical records to form the basis for the provincial patient wait list.

• Provide all referring community doctors sufficient information to allow the referring doctors and their patients to make informed decisions about alternative care plans at other cancer centres, including agencies outside the province.

• When requested, provide estimates to patients of when they will be seen by a medical oncologist.

• Ensure navigational assistance is in place to assist patients who are waiting for a first appointment with an oncologist.

• Develop and introduce a patient charter based on the principles of Patient and Family Centred Care.

To date, the one recommendation that has not been accepted by the SCA is the recommendation that the SCA merge its two wait lists, one in each Cancer Referral Centre located in Regina and Saskatoon, into one provincial list that is centrally managed and supported. The SCA is continuing to examine this recommendation. For the last few years, the SCA has been monitoring both lists provincially in an attempt to ensure that all patients are seen in a timely manner, regardless of geographical location. The SCA is unsure to date, however, whether merging the lists is the best way to proceed, and it cites patient preference to go to the geographically closest centre, as part of its reasoning.

Your application for a health card for Saskatchewan has been denied and you have been told by Ministry of Health officials that you do not meet the residency test meaning that you haven’t resided in Saskatchewan for the required number of months. While you have moved several times for school, you have been born and raised in Saskatchewan so the reason does not make sense.

While having emergency surgery following an accident, several teeth are knocked out while you were being intubated. Following recovery, you are now faced with a large dental bill and request the health district to reimburse you for these expenses. Your dentist has also written a letter of support on your behalf. You received a one paragraph letter denying your request based on existing regional policy. Despite talking to health region staff, you are not satisfied with the response.