

MUHC OFFICE OF THE OMBUDSMAN/ COMPLAINTS COMMISSIONER

ANNUAL REPORT

2021 —
2022



Centre universitaire
de santé McGill



McGill University
Health Centre



TABLE OF CONTENTS

01—	Presentation - Annual Report 2021-2022	/ 1
	MUHC Office of the Complaints Commissioner	/ 2
	Complaints and other files received	/ 3
	Complaints categories	/ 4
	Telephone access complaints	/ 6
	Complaints related to access to emergency services	/ 7
	Complaints examination time	/ 8
	Rejected and abandoned complaints	/ 9
	Actions taken following concluded complaints	/ 10
	Interventions	/ 12
	Requests for assistance	/ 13
	Consultations	/ 14
	Maltreatment	/ 14
	Examples of various files received in 2021-2022	/ 15
	Activities related to the complaint system	/ 16
02—	Protecteur du citoyen	/ 17
03—	Medical examiners	/ 19
04—	MUHC Review Committee	/ 21
05—	MUHC Vigilance Committee	/ 23
06—	Action plan for 2022-2023	/ 25
07—	Conclusion	/ 27
	Appendices	/ 29
	Appendix A: Structure of the Ombudsman's Office	/ 30
	Appendix B: Complaint Motives	/ 31
	Appendix C: Complaint Categories	/ 32
	Appendix D: Activities of the Office of the Ombudsman 2021-2022	/ 34
	Appendix E: Glossary	/ 35
	Appendix F: MUHC sites and OPTILAB	/ 36
	Appendix G: List of tables and charts	/ 37

01

PRESENTATION - ANNUAL REPORT 2021-2022

MUHC OFFICE OF THE COMPLAINTS COMMISSIONER

This Annual Report of the MUHC Complaints Commissioner (Ombudsman) presents the final data and a summary of 2021-2022.¹ In accordance with the Health Act, this report includes (I) the report of the Complaints Commissioners, (II) the number of cases referred to the Protecteur du citoyen, (III) the report of the Medical Examiners, (IV) the report of the Review Committee, and (V) a summary of the Vigilance Committee's work.² We will also present (VI) our objectives and conclusions for the year.

What emerges from the year is without a doubt the effect of the pandemic's pressure, suppression and compression for two years on the health care system and, therefore, on the MUHC. Problems with access to care as well as the increase in the number of complaints are the result of the infection control and prevention measures applied during the various waves.

The effects of the strain put on the health care system over the past two years are now being felt very clearly in staffing and resource shortages and reflected directly in the increase in complaints received at our offices.

In this report, we will follow up on two systemic problems: the issue of telephone access that we raise every year and we will see the issue of overcrowding in the emergency room that has come back to us for several years.

¹ The complete statistical report from the Système d'Information de Gestion des Plaintes et de l'Amélioration de la Qualité des Services (SIGPAQS) is available upon request from the MUHC Office of the Ombudsman.

² This report is made pursuant to An Act Respecting Health Services and Social Services, R.S.Q., Chapter S-4.2, s. 76.11 and Public Protector Act, R.S.Q., Chapter P-32

The number of complaints and other requests detailed in this report should be interpreted within the framework of our mandate within the Quebec health system.

The functions and role of the Complaints Commissioners and Medical Examiners, briefly listed as follows:

- Receive and manage complaints, consultations, requests for assistance and interventions, as per the Health Act.
- Transfer medical complaints to the medical examiners.
- Receive and treat rapidly complaints and notices of abuse or mistreatment.
- Conduct equitable, impartial, and compassionate investigations and resolutions of complaints.
- Promote patients' rights and the complaints system within the MUHC.
- Propose individual measures and make recommendations of a systemic nature to improve access to care and services.

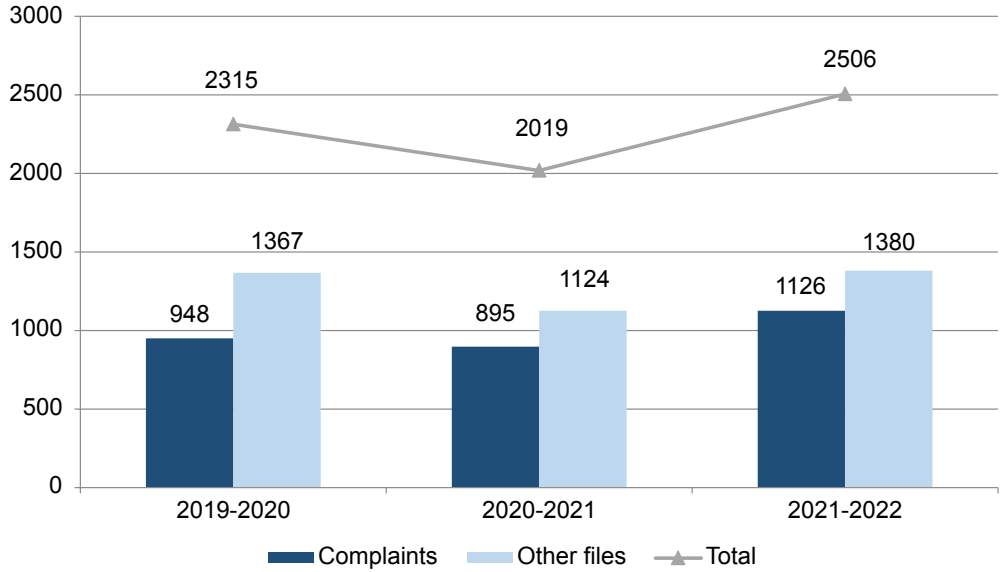
COMPLAINTS AND OTHER FILES³ RECEIVED

ALL FILES OPENED BY THE OFFICE OF THE COMPLAINTS COMMISSIONER FOR THE MUHC 2019 - 2022			
	2019-2020	2020-2021	2021-2022
Complaints	948	895	1126
Other files	1367	1124	1380
Total	2315	2019	2506

The year 2019-2020 ended with the start of the confinement, and the complaints and requests for assistance to our offices were no longer quite the same as usual. In 2020-2021, the pandemic procedures, such as the limits on the number of visitors allowed and the sometimes confusing reception criteria at the doors in the network and at the MUHC were a great source of dissatisfaction. These infection control measures continued in 2021-2022 with the return of clinic activities and emergency room traffic, but still in a pandemic situation. This explains the increase in the number of complaints.

³ Other files: requests for assistance, consultation and interventions.

CHART 1: TOTAL NUMBER OF FILES AND COMPLAINTS RECEIVED FROM 2019-2022

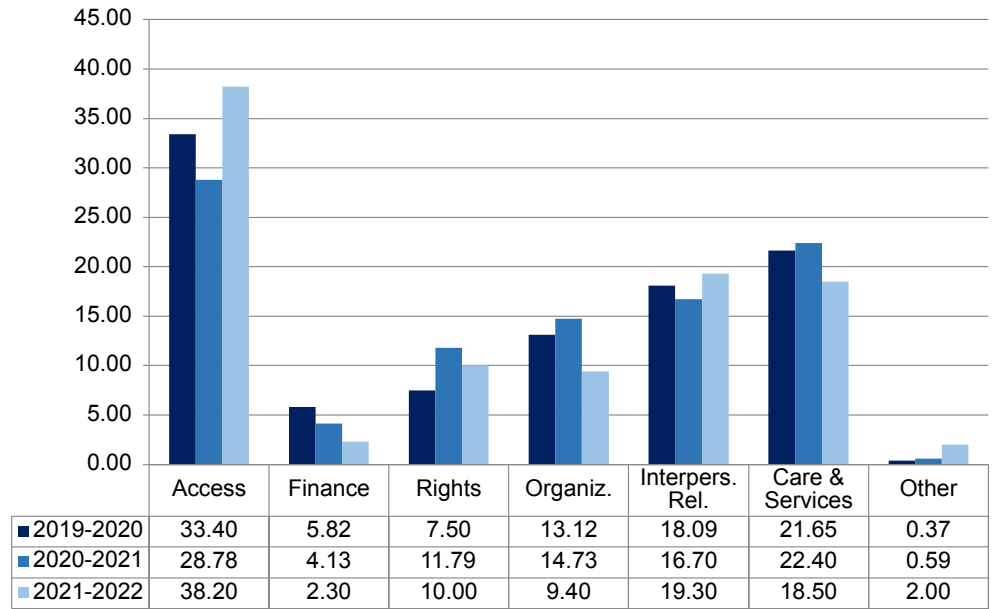


COMPLAINTS CATEGORIES

Chart 2 below provides an overview of the three-year trends in each of the complaint categories.

There are six (6) categories of complaints and each category is subdivided into a number of subcategories. See Appendix C for a brief summary of each category.

CHART 2: PERCENTAGE (%) COMPARISON OF COMPLAINT CATEGORIES OVER A PERIOD OF 3 YEARS



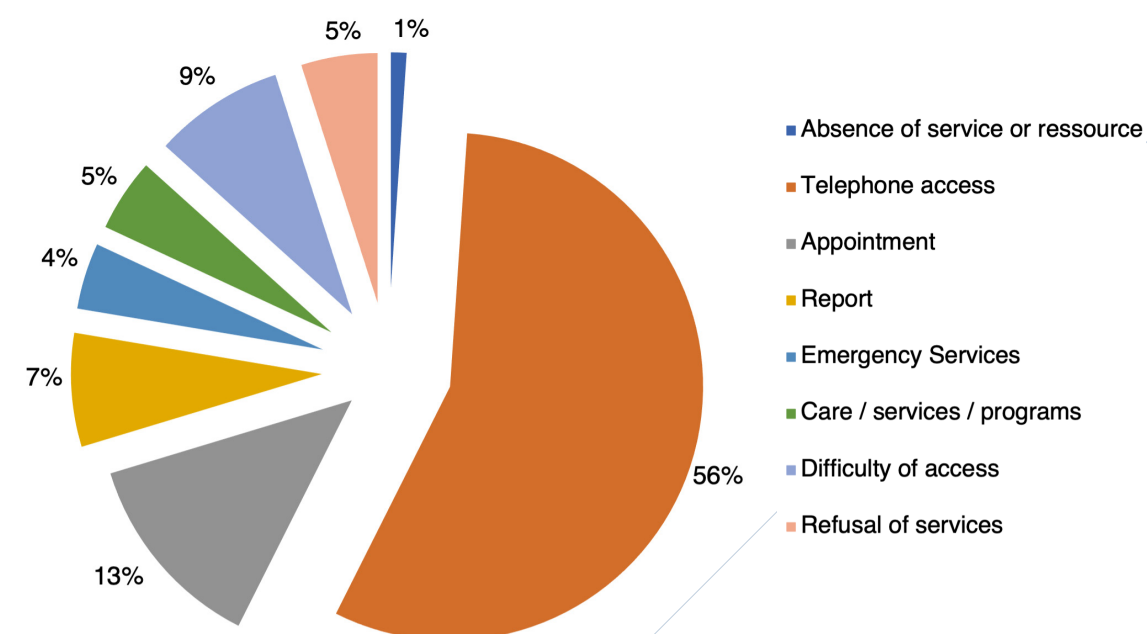
Every year our figures show that **Access** is by far the most problematic for users. We saw an important increase in complaints related to accessibility and an increase in interpersonal complaints.

In addition, the telephone access sub-category now represents more than 50% of the access category. We will elaborate on this aspect in the next section.

Chart 3 gives an understanding of the various issues related to access to care. It illustrates the 5 main subcategories:

- ▲ Telephone access;
- ▲ Wait time to obtain an appointment;
- ▲ Elective surgery delay/cancellation;
- ▲ Difficulty accessing emergency services;
- ▲ Care / services / programs - for example: waiting lists, waiting for results.

CHART 3: SUB-CATEGORIES OF ACCESSIBILITY-RELATED COMPLAINTS



TELEPHONE ACCESS COMPLAINTS

Although the MUHC is aware of this issue and is intent on prioritizing a solution to improve communication we have not seen concrete measures.

We note that individual services and departments are still trying to resolve issues in silo. In other words, there does not appear to be a global vision.

The frustration expressed for years by patients regarding telephone access has been greatly amplified this year by the well-documented challenges posed by the pandemic and the resulting labor shortage. However, we want to be clear, it is not just a question of human resources, but also of organization and technology.

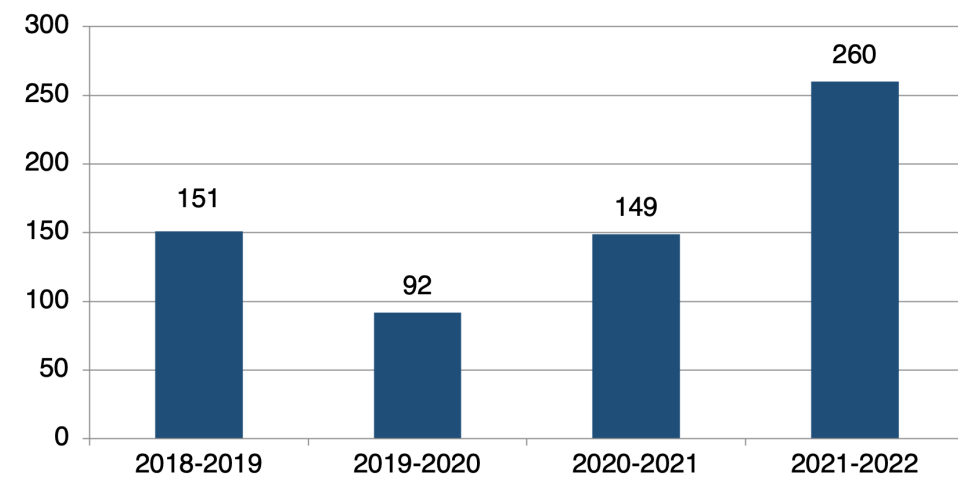
This sub-category of access complaints is closely related to almost all the other categories of complaints (right to information, organization of services, interpersonal relations, care and services). This is not only about making appointments but about communicating with patients, follow-ups, communicating with a hospitalized family member, obtaining information on the complex preparations for certain examinations, postponing an appointment because of a serious impediment (illness, accident, etc.)

We have been invited to participate in discussions with the sub-committee responsible for finding solutions to this problem. Although we observe a willingness to move forward with improvements, we are not yet able to see any concrete changes. The only measure observed is the partnership with a telecommunications company.

This year, the number of complaints related to telephone access has gone from 149 to 260, a significant number by any measure, and the current data points towards the 400 mark for 2023. Our office has made specific recommendations concerning the telephone access and means of communication. Indeed, it is evident that this situation cannot be resolved by the use of telephone communication alone, but with a significant expansion of modern technologies such as email and/or text messaging.

A better analysis of communication trajectories accompanied by a true central vision of access for the MUHC, is necessary.

CHART 4: TELEPHONE ACCESS COMPLAINTS 2018-2022



The situation is critical and we will continue to monitor it, and report periodically on this subject to the people of the MUHC on our internet web page.⁴

COMPLAINTS RELATED TO ACCESS TO EMERGENCY SERVICES

Since 2018, the increase in the number of files related to emergency services and delays in medical care has been remarkable.

It should be noted that this problem of emergency room wait times is complex, that it is multifactorial and continues to be associated with:

- ▲ The availability of hospital beds and therefore, the availability of front-line staff; a situation that has worsened over the past two years;
- ▲ The hospital's ability to transfer patients who no longer need specialized care to other institutions more suited to the needs of patients (eg: CHSLD, rehabilitation centre, etc.);
- ▲ The number of emergency personnel;
- ▲ The complexity of the condition of patients present in the emergency department (few priority 4 and 5 cases, rather priority 1, 2 and 3 cases);
- ▲ Difficulties in accessing clinics in the community for many patients.

We know that discussions are still taking place between the MUHC and the Ministry of Health to try to identify lasting solutions, but the problem remains.

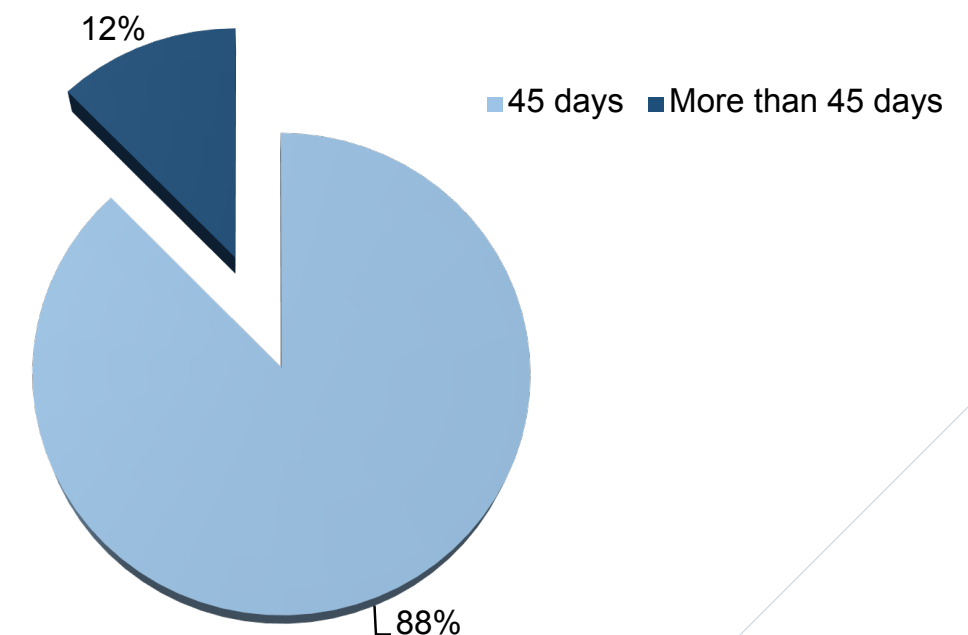
As a result of our analysis in 2021-2022, we consider it imperative for the MUHC and the Ministry to act quickly to ensure timely access to emergency care and services.

⁴ https://muhc.ca/sites/default/files/docs/ombudsman/MUHC_telephone_access_update_May2022.pdf

COMPLAINTS EXAMINATION TIME

As illustrated in **Chart 5**, the vast majority of complaints (88%) were examined within 45 days or less during 2021-2022. Complaints that exceed 45 days are generally more complex and involve more than one department and personnel. However, we remain available at all times during the examination of the file to explain the delays that occur.

CHART 5: COMPLAINTS EXAMINATION TIME

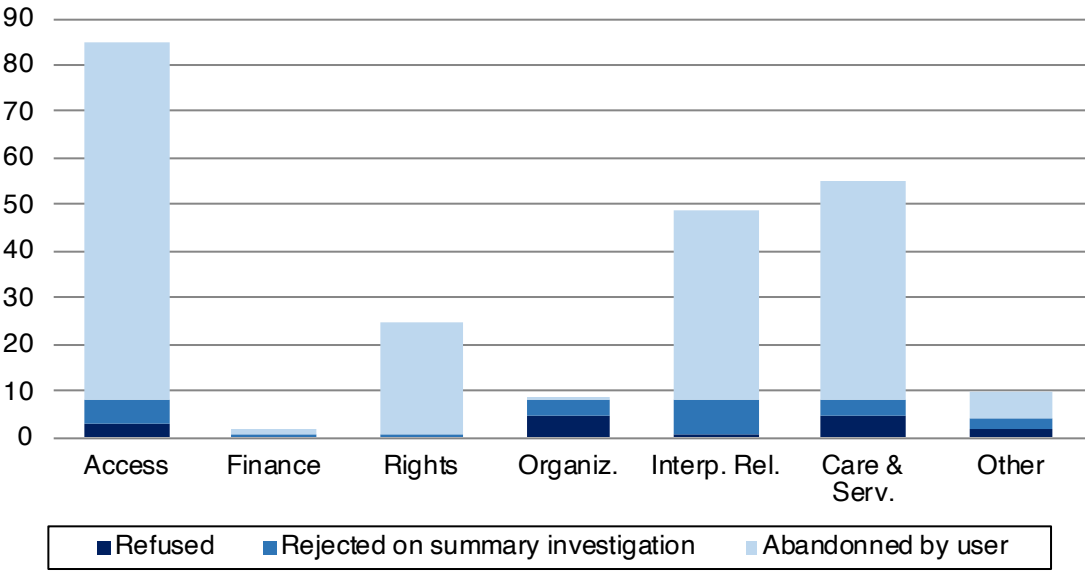


REJECTED AND ABANDONED COMPLAINTS

The vast majority of complaints investigated were deemed receivable (85%). However, 22 complaints were rejected on summary investigation, 16 refused and 197 were abandoned by the complainant (often because the problem is solved and therefore the patient prefers not to pursue with an official complaint).

As shown in **Chart 6**, a majority of the complaints deemed non-receivable fall under the categories of *Access*, *Care and services* and *Interpersonal relations*.

CHART 6: ABANDONMENT OF COMPLAINTS BY THE PATIENT AND REJECTIONS



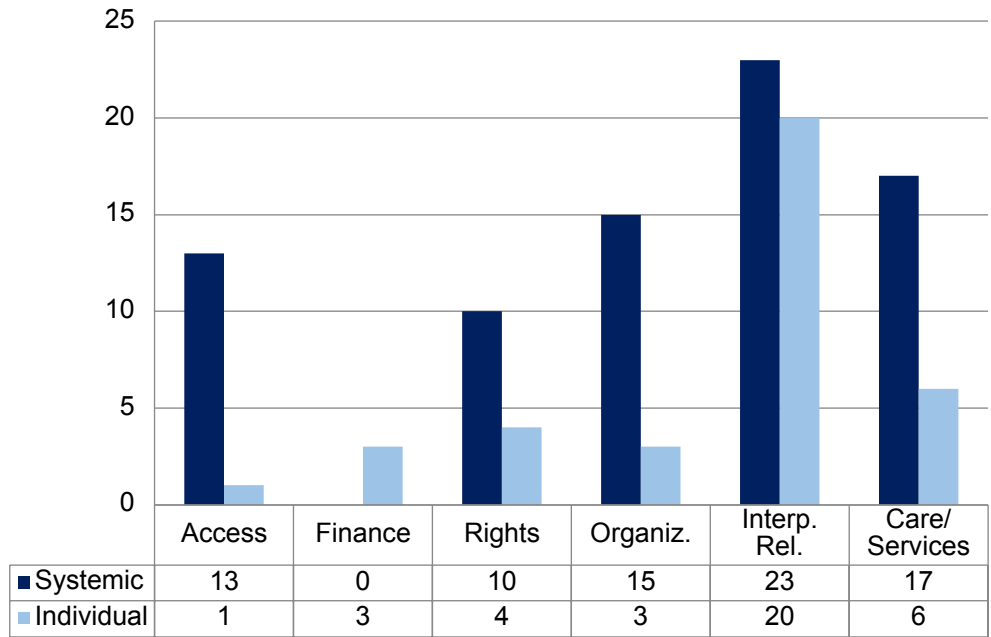
ACTIONS TAKEN FOLLOWING CONCLUDED COMPLAINTS

When complaints are valid and improvements required, the Complaints Commissioner (or delegate), along with the Service or Department concerned, agree on a plan of action and the measures to be taken in order to improve the care and services provided, and rectify the problem identified. These measures can be undertakings initiated by the Department itself or recommendations made by our Office.

The scope of the corrective measures depends on the complaint subject. In some instances, measures will be applied at an **individual** level to respond to an **individual** situation or issue, whereas in others, it will be necessary to implement recommendations on a **systemic** level.

Chart 7 illustrates the distribution of systemic and individual measures according to complaint category. Overall, 115 measures were implemented in 2021-2022 of which 78 were systemic and 37 were individual.

CHART 7: INDIVIDUAL AND SYSTEMIC MEASURES BY CATEGORY OF COMPLAINT



Individual measures generally focus on closer management of personnel, ensuring awareness of personnel, and the respect of rights. In systemic measures we find, for example, the sensitization of personnel and the revision of clinical or administrative protocols.

Here are a few examples of measures or undertakings, systemic and individual, implemented this year:

- ▲ Staff supervision: some employees have taken customer service courses following complaints about their approach with users;
- ▲ Review of clinical or administrative protocol : reorganizing patient queues for Covid tests to allow safer distances for people entering the hospital.
- ▲ Identifying a multidisciplinary approach to better respond to patients with special needs.
- ▲ Protocol review: De-escalation techniques to be reviewed during code white situations.
- ▲ Technical adjustment: adding intercom speakers to facilitate communication with patients through masks and plexiglass.

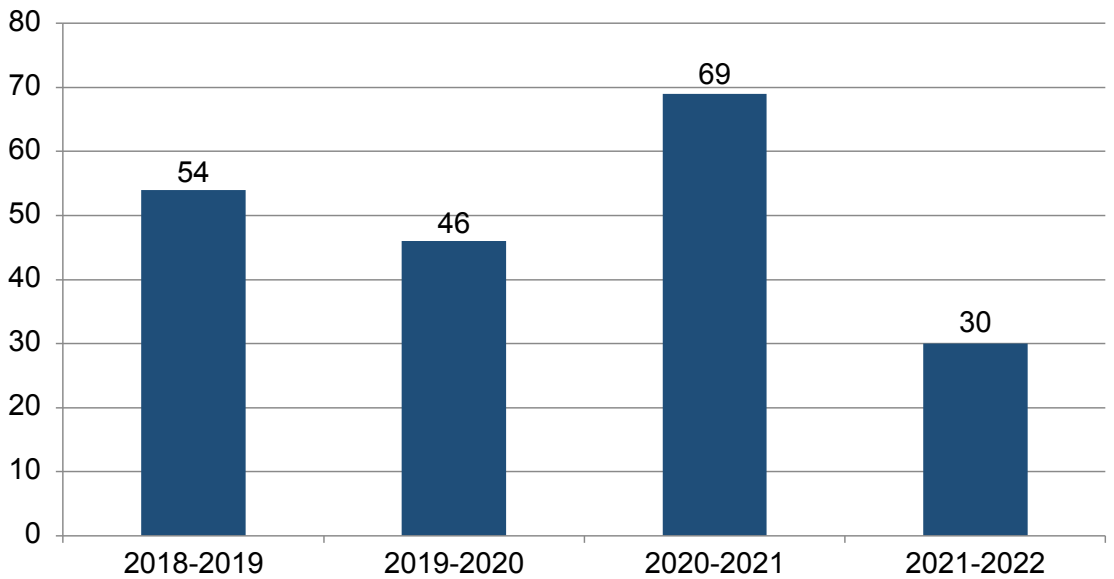
Finally, we note that measures to improve quality are frequently implemented as soon as a complaint is transferred to a department or service. The complaint thus becomes the means to improve service, attitude and access without the need of a formal recommendation. These improvements are noted in our electronic files as undertakings. These types of measures have been registered in 111 complaints or assistance files.

INTERVENTIONS

Interventions are in-depth investigations by the Complaints Commissioner when there is evidence, informal or formal, which indicates that the care and services of an individual or of a group of patients may be adversely affected. Interventions often have a prolonged timeframe and are multi-departmental in nature, therefore complex.

In 2021-2022, 30 intervention files were opened. Many of our interventions were about emergency health measures, reorganization and access to services and the respect of users' rights. Here are some instances where interventions have been initiated: the securing of entrances, waiting lists, emergency department delays, visitation policy, process at entrances and clinics, communication with the public, etc.

CHART 8: NUMBER OF INTERVENTIONS 2018-2022

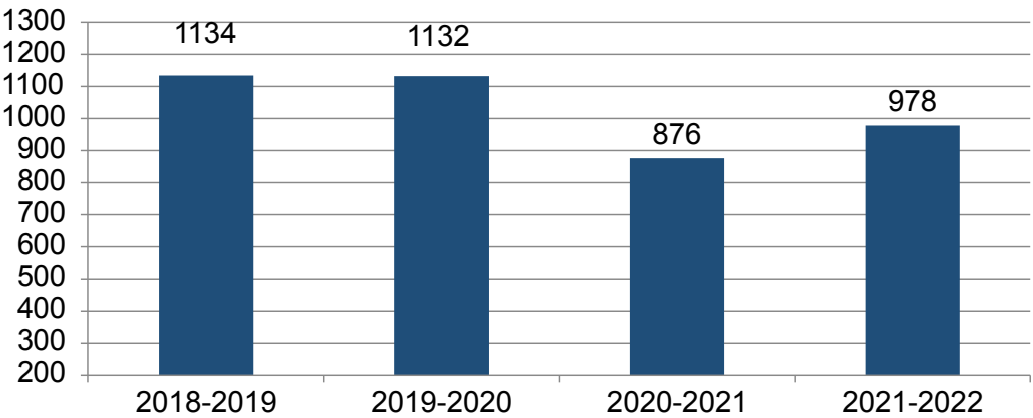


REQUESTS FOR ASSISTANCE

This year we received 978 requests for assistance. These are cases where patients, families, employees or doctors contact the Office to request information concerning patients’ rights, how to file complaints, how to navigate the system, or direction to appropriate resources.

These requests may lead to complaints or may be limited to requests for guidance by citizens confused by the procedures of our health care system. A request for assistance often takes the same amount of time to manage as a complaint and can often lead to improvements in care and services. When we receive many similar requests for assistance this is a catalyst for our office to intervene and examine the situation in order to improve care and services or correct a problem.

CHART 9: TOTAL NUMBER OF REQUESTS FOR ASSISTANCE 2018-2022



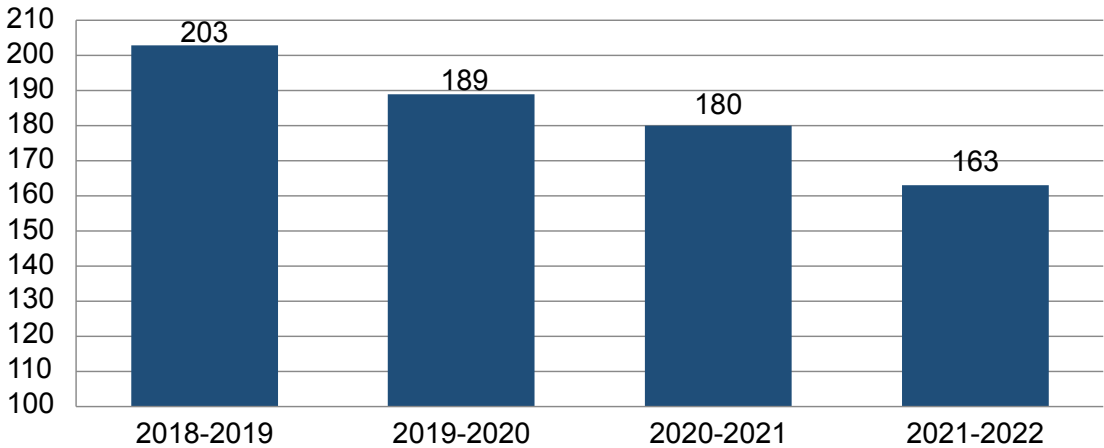
CONSULTATIONS

This category, as illustrated in **Chart 10**, refers to situations whereby directors, managers, professionals, support staff, or patients contact the Office to discuss or to obtain advice on the rights and obligations of patients, families, and staff.

The majority of these files concern rights and obligations and especially questions about the complaint system and process. The rest of the files are divided evenly between the other categories.

In addition, the consultations demonstrate the concern of the staff for the respect of the rights of the users, the participation of the family and the safety of care.

CHART 10: TOTAL NUMBER OF CONSULTATIONS 2018-2022



MALTREATMENT

It must be noted that few cases of maltreatment are recorded in tertiary care establishments that offer short-term care. Further, as cases of maltreatment come to light they are rapidly referred to community organizations or services for immediate action.

In 2021-2022, our office received a total of **4** cases alleging mistreatment over all of our sites compared to 15 last year. These cases were reported to our office by MUHC staff as required by law.

Of these 4 cases, one was abandoned, therefore the details necessary for the evaluation were never reported, one is still being examined, one was concluded with the liaison of a CLSC social worker and another with a referral to the CLSC and for geriatric assessment by the MUHC social worker.

EXAMPLES OF VARIOUS FILES RECEIVED IN 2021-2022

Here are examples of issues brought to the attention of our office and the solutions implemented. These files are generally resolved with the collaboration of the leadership of the department concerned:

- ▲ A patient contacted us because, in her opinion, her right to be accompanied was not respected by one of the services. Government guidelines had changed, but the department in question had yet to make the necessary adjustments. Following our involvement, the changes were implemented and the patient was able to have the support requested
- ▲ Following the death of a patient, a complaint was filed due to difficulties and delays involving the morgue. The existing register that documents the trajectory of remains and related communications was deemed outdated and unsuited to the organizational needs of the MUHC. The complex trajectory following a patient's death also had negative consequences for families. Following our analysis, recommendations were made to modernize the morgue's management system and produce a map of roles and responsibilities for the multiple departments involved in this service.
- ▲ A patient contacted us because he feared that his rights of access to his medical file were not being respected. It seemed that due to the presence of certain sensitive information, the service in question had not responded to his request for access. Not having the mandate to process this type of request via a complaint, we assisted the patient and made the department aware of the protocol to follow for this type of request. They agreed and made the necessary adjustments.
- ▲ Following a complaint and discussion with the service responsible for the new design of the Lachine Hospital parking lot, it was recommended to increase the number of spaces reserved for patients with reduced mobility in order to better reflect the needs of the population.
- ▲ A parent contacted us because he was unable to schedule a follow-up appointment for his child following the departure of a specialist from the hospital. The hospital administration has been called upon to take mitigating measures to ensure continuity in patient care
- ▲ A patient was refused a medical form that would have allowed her to be reimbursed for her medication by her insurance company. To complicate matters, her unsuccessful efforts to fix the problem on her own took so long that the original prescription was no longer valid. To solve the problem, she was told to get a new requisition from her family doctor and start over as a new patient. After the intervention of our office, a new doctor was assigned to her and her form was given to her without the need for a new request.
- ▲ A family member contacted us regarding a significant delay in transporting a patient home. As a result of our efforts, a process has been put in place for the transport company.

ACTIVITIES RELATED TO THE COMPLAINT SYSTEM

This part of our report is about our activities, presentations to services and groups, and our participation on various committees, including the Users' Committees, Ethics Committees and the MUHC Vigilance Committee (as listed under **Appendix D**). The Office participates in presentations and information sessions to familiarize the MUHC community with patients' rights and with the complaint system.

We also take part in networking activities with other ombudsmen's offices in health care institutions across the province and Canada-wide. For instance, we are members of the Canadian Federation of Ombudsman, and we meet with our counterparts from the other CH, CISSSS and CIUSSSS from the province.

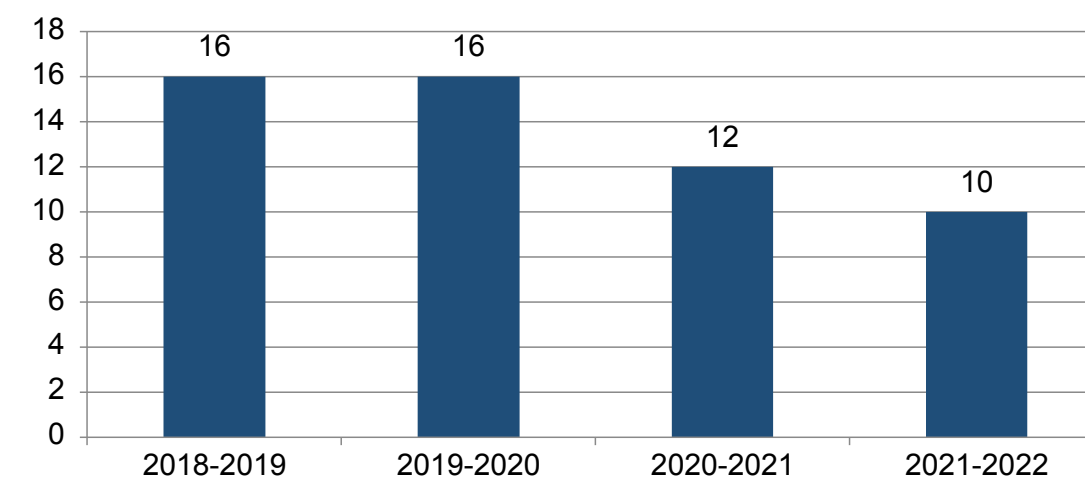
This year we participated in the creation of a new provincial group of complaints commissioners. We have also made numerous presentations on the complaints system to employee groups in different sectors as well as to students and community groups.

The majority of our activities (nearly 70%) are those that promote the rights and obligations of users and we promote and present the complaint examination system to staff. We should also note our participation in the Vigilance Committee, a committee of the MUHC Board of Directors whose purpose is to follow up on the recommendations related to quality that emanate from the various audit groups, including recommendations from our office and those of the Protecteur du Citoyen.



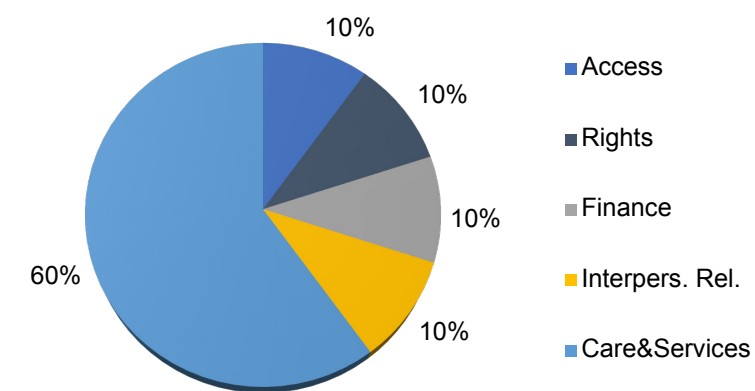
In 2021-2022, eleven (11)⁵ new cases were brought to the Protecteur du citoyen by complainants dissatisfied with the examination of their complaint or with our conclusions (as seen in **Chart 11**). Nine (9) of these cases were concluded without recommendations and 2 have yet to be concluded by the Protecteur du citoyen. Two interventions were initiated by the Protecteur du citoyen. One of these files was concluded with 5 recommendations that were accepted and implemented by the MUHC.

CHART 11: TOTAL NUMBER OF CASES DIRECTED TO THE PROTECTEUR DU CITOYEN 2018-2022



As illustrated in **Chart 12**, the issue of care and services ranks first among the subjects which constitute the main grounds for complaints studied by the Québec Ombudsman. Complaints about care and services mainly concern clinical decisions, professional judgment, treatment received, and therapeutic approach.

CHART 12: MOTIVES OF COMPLAINTS STUDIED BY THE PROTECTEUR DU CITOYEN



⁵ Some files received during the current year are from the previous year rather than the year of this report.

MEDICAL EXAMINERS

The number of cases submitted to MUHC medical examiners decreased in 2020-2021, as shown in **Chart 13**, but it has now returned to the pre-pandemic level.

CHART 13: TOTAL NUMBER OF MUHC MEDICAL EXAMINER COMPLAINTS 2018-2022

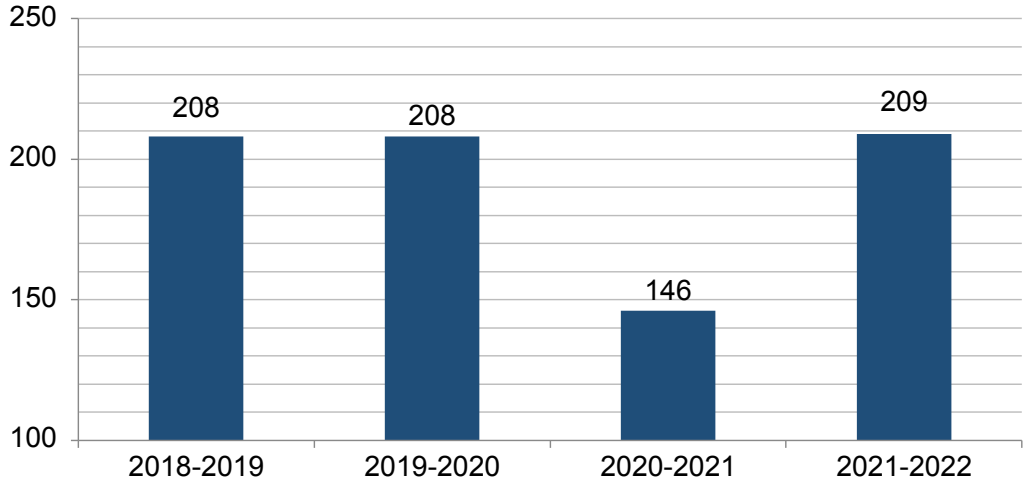
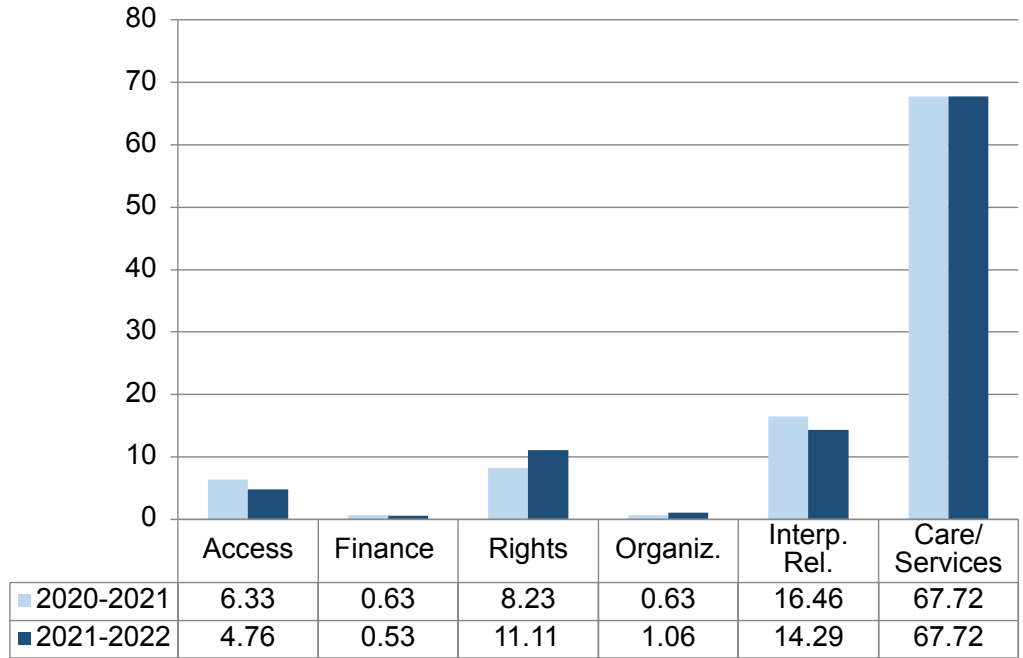


CHART 14: PERCENTAGE (%) COMPARISON BY COMPLAINT CATEGORIES OVER THE PERIOD OF 2 YEARS



The main reasons for complaints received by medical examiners fall under the category of Care and Services. These are issues pertaining to professional judgment, communication with patients and families, and technical skills.

04

MUHC REVIEW COMMITTEE

The Review Committee is a committee appointed by the Board of Directors of the MUHC whose mandate is to examine complaints, as a second recourse, from complainants who are dissatisfied with the conclusions of the MUHC Medical Examiners. The Committee has three (3) members:

- ▲ Dr Sarah Prichard (President)
- ▲ Dr Thomas Milroy
- ▲ Dr Michael Churchill-Smith

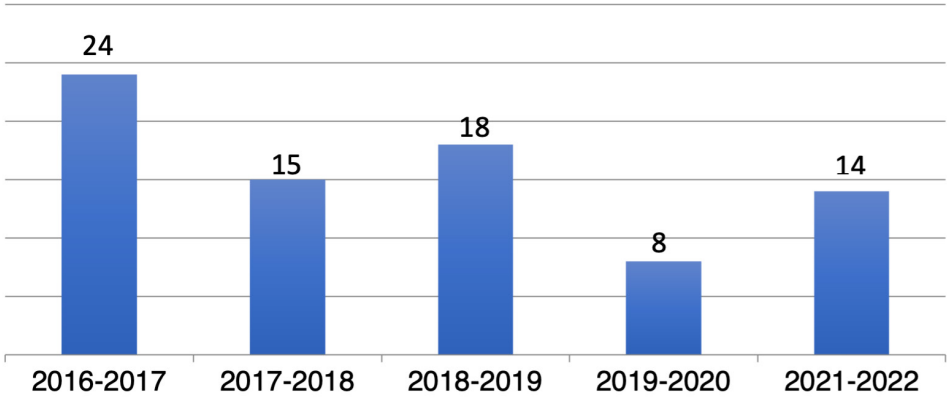
In 2021-2022, the Review Committee received 14 requests for review. The Committee met five (5) times (June 8, 2021; June 15, 2021; September 23, 2021; December 1, 2021; and December 8, 2021) in order to rule on these 14 cases. The Committee examined 8 requests for revision made during the 2021-2022 fiscal year and six (6) files received in previous fiscal years.

1° Confirm the conclusions of the Medical Examiner	11 cases
2° Request that the Medical Examiner perform a complementary examination within a delay set by the Committee	3 cases
3° When a disciplinary issue is raised transfer the file to the CPDP for disciplinary review	0 cases
4° Recommend to the Medical Examiner or the parties any action that may resolve the issue.	0 cases

In 2021-2022 the motives of complaints received raised issues primarily with the following:

- ▲ Care and services: technical and professional skills, evaluation and professional judgments and choice of medication
- ▲ Interpersonal Relations: communication/attitude
- ▲ Special rights

CHART 15: TOTAL NUMBER OF MUHC REVIEW COMMITTEE CASES CUSM 2016-2022



MUHC VIGILANCE COMMITTEE

05

The Committee⁶ is composed of the following five (5) persons:

- ▲ Dr. Pierre Gfeller, MUHC President and Executive Director;
- ▲ Lynne Casgrain, MUHC Complaints Commissioner;
- ▲ Deep Khosla, Independent member of the Board of Directors (BoD);
- ▲ Dr. Sarah Prichard, Independent member of the BoD;
- ▲ Seeta Ramdass, Member of the BoD designated by the MUHC Central Users' Committee

In 2021-2022, the Committee met four (4) times (June3, 2021, September 2, 2021, December 2, 2021 and March 3, 2022). With a view of improving the quality of care and services offered at the MUHC, the Committee ensured the follow-up of the recommendations from the Complaints commissioner and the Protecteur du citoyen related to complaints or interventions which were examined pursuant to the LSSS.

The Committee also took note of the recommendations made by several professional orders and bodies concerned with the quality of the services provided at the MUHC and reported on them to the meetings of the Board of Directors. In addition, presentations were made at each meeting on the targeted issues.

⁶The description of the committee's activities can be found in Appendix E.

06

ACTION PLAN FOR 2022-2023

In 2022-2023, the office of the MUHC Complaints Commissioner will undertake the following:

- ▲ Continue to monitor the MUHC's progress to improve telephone access for patients and their families;
- ▲ We will take a closer look at the transition process between pediatric and adult care;
- ▲ Follow up on the overcrowding and delays in our emergencies;
- ▲ Participate in the activities of the Users 'Committee aimed at promoting the system of complaints and users' rights;
- ▲ Continue to promote patients' rights as well as the complaints system at all levels through scientific conferences, presentations specific to the various MUHC missions and departments and smaller personalized presentations to targeted clinics and services;
- ▲ Continue to evaluate our processes in order to improve our efficiency and the quality of our work;
- ▲ Continue efforts for quick and easy access to our services;
- ▲ Continue to offer televised messages on MUHC screens about access mechanisms to the complaint system in order to promote access to our services for all users;
- ▲ Continue to strengthen our ties with our partners in the network in order to better serve diverse cultural users.

07

CONCLUSION

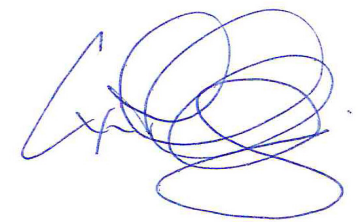
In this annual report, the Office of the Complaints Commissioner wants to provide a general overview of certain dissatisfactions and difficulties experienced by patients and families. However, this report is also an indication that difficult access to care for patients and families is an essential element that generates too many complaints and of which, if improved, would be impactful. There is therefore no doubt that access, that is telephone access and communication with patients and families, is the Achilles' heel of the MUHC.

This report leaves us with several challenges that were there in 2020-2021 : maintaining services, catching up of all sorts: surgeries, examinations, medical monitoring, against a background of exhaustion of all, patients and health professionals alike, and of course, the overflow of MUHC emergencies. It is certain that the overflowing emergencies in 2019-2020, avoided in 2020-2021, now face the critical return of overcrowding in 2021-2022.

It is in this context that our mandate will continue in 2022-2023, where we will make sure to collaborate to the best of our abilities with MUHC stakeholders and our network partners in order to promote and support respect for users' rights, quality and the safety of care despite a difficult post-pandemic situation for all.

We would like to again thank the patients and their families, as well as, the staff of the MUHC. We repeat ourselves from year to year, but it is true: it is the eloquence and determination of patients and their families to lodge their complaints that often allows the next person to be entitled to better care and services. It is also because the staff have a deep desire to provide quality services and have taken the time to listen to us, to hear us and to take action. And this is why patients and their families take the time to contact us.

Respectfully submitted,



Lynne Casgrain
Complaints Commissioner
McGill University Health Centre

APPENDICES

APPENDIX A:
STRUCTURE OF THE
OMBUDSMAN’S OFFICE

Lynne Casgrain
Complaints Commissioner

Michael Bury
Assistant Complaints Commissioner

Marjolaine Frenette
Delegate to the Complaints Commissioner

Stéphanie Urbain
Delegate to the Complaints Commissioner

Shauna Jandron
Administrative technician

Bianca Vieira
Administrative assistant

Medical Examiners

- Dr. Joshua Chinks,
Chief Medical Examiner
- Dr. Dominic Chalut
- Dr. Josephine Pressacco
- Dr. Manuel Borod
- Dr. Pascale Des Rosiers
- Dr. Debra-Meghan Sanft

Telephone: 514-934-8306

Email: ombudsman@muhc.mcgill.ca

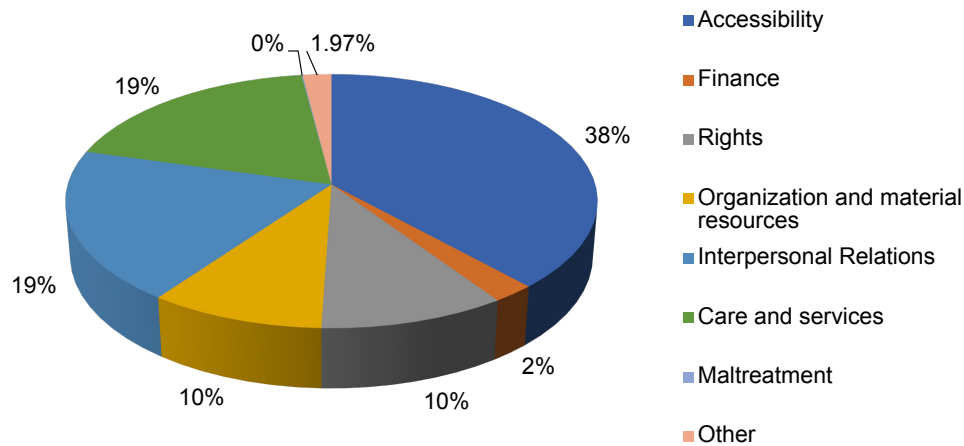
Website: muhc.ca/patients/ombudsman-complaints-commissioner

APPENDIX B:
COMPLAINT MOTIVES

It is important to mention that a complaint can have more than one motive.
The total number of complaints concluded in 2021-2022 was 1018.⁷

CATEGORIES OF MOTIVES	
Accessibility	465
Finance	28
Rights	122
Organization and material resources	115
Interpersonal relations	236
Care and services	226
Maltreatment	1
Other	24

CHART 16: MOTIVES OF COMPLAINT



⁷ The complaints received (page 3 and 4) should be distinguished from the complaints concluded. This distinction comes from the fact that some complaints were received last year, but their study is completed only in the current year.

APPENDIX C:
COMPLAINT CATEGORIES

Below are the complaints categories as defined and summarized by the Ministère de la santé for the purposes of the SIGPAQS system of collecting data. (Examples of these follow on the next page.)

- ▲ **Accessibility:** delays, refusal of services, transfer, lack of services or resources, linguistic accessibility, choice of professional, choice of establishment, other.
- ▲ **Care and services:** technical and vocational skills, assessment, professional judgment, treatment or intervention, continuity, other.
- ▲ **Interpersonal relationships:** reliability, respect for the person, respect for privacy, empathy, communication with the entourage, violence and abuse, attitudes, availability, identification of personnel, other.
- ▲ **Organization and material resources:** food, intimacy, client mix, spatial organization, hygiene and sanitation, comfort and convenience, living environment rules and procedures, life conditions adapted to ethno cultural and religious characteristics, safety and protection, relations with Community, equipment and materials, parking, other.
- ▲ **Finance:** rooming, billing, contribution to placement, traveling expenses, drug costs, parking costs, benefit received by users, special needs, material and financial assistance, allocation of financial resources, claim, solicitation, other.
- ▲ **Rights:** information, user's file and complaint file, user participation, consent to care, access to a protection regime, consent to experimentation and participation in a research project, right to Representation, right to assistance, right of appeal, other.
- ▲ **Other:** other requests (a motive we try not to use, but is sometimes unavoidable)

EXAMPLES OF EACH CATEGORY:

Access to and continuity of services:

- Wait times in clinics and emergency departments;
- Difficulty in reaching doctors’ offices or clinics by phone;
- Difficulty in obtaining surgery (i.e. delays or cancellation);
- Difficulty in obtaining tests or appointments in a timely fashion;
- Difficulty obtaining follow-up care after discharge from hospital;
- Difficulty in receiving coordinated care between clinics, services, and/or hospital sites.

Care and Services

- Professional techniques;
- Judgment and treatment as well as decisions and interventions;
- Technical skill and professional judgment of the health-care provider.

Interpersonal Relations

- Lack of empathy, lack of reliability, or rudeness;
- Physical and verbal abuse.

Organization of Hospital Environment and Physical Resources

- Complaints regarding cleanliness, food, and/or organization and comfort of rooms;
- Problems with the physical plant (such as falling plaster, peeling paint, broken chairs, and/or lack of wheelchairs) (adult sites);
- Security of patient’s property (adult sites).

Finance

- Billing of patients: long-term care, private and semi-private rooms;
- Non-resident fees.

Rights

- Complaints about lack of respect for rights enshrined in Quebec law and in the Health Act;
- Right to informed consent;
- Right to know one’s state of health; Right of access to the medical chart;
- Right to confidentiality;
- Right to services in language of choice

APPENDIX D:
ACTIVITIES OF THE OFFICE
OF THE OMBUDSMAN 2021-2022

Membership or participation in the following committees:

- | | |
|---|--|
| Site and MUHC Users Committees – no in-person meetings | MUHC Committee for a Respectful Environment - TEAMS |
| MUHC Organisational Ethics Committee – upon invitation | Vigilance Committee -TEAMS |
| New provincial Association of Complaints Commissioners within the healthcare system | Presentation on the complaint examination system and the management of difficult behavior to employees, managers, residents and doctors. |
| Forum of Canadian Ombudsmen – Zoom meetings | |

APPENDIX E:
GLOSSARY

Assistance: A request for help in (1) obtaining access to care, services, information; (2) in communicating with health care team member; or (3) a request for help in formulating a complaint

Consultation: Refers to directors, managers, or patients who contact the Complaints Commissioner to obtain advice and guidance on rights and obligations of patients and families.

Intervention: Investigations by the Complaints Commissioner conducted when there is evidence, received through informal or formal channels, which indicates that the rights of an individual or a group of individuals may be at risk or adversely affected.

Local Service Quality and Complaints Commissioner (Commissaire local aux plaintes et à la qualité des services): This is the official title from the Quebec Health Act (R.S.Q., c. S-4.2). Since many patients are more familiar with the term Ombudsman we use this title along with the shortened title: Complaints Commissioner.

Medical Examiner (Médecin Examineur): In English speaking jurisdictions, the Medical Examiner is the coroner, which has led some patients to become quite fearful when referred to him/her. The Medical Examiner, in this context, is responsible for investigating complaints about medical acts.

Office of complaints commissioner: our office.

Protecteur du Citoyen: This is the term used in Quebec law for what is elsewhere called the Provincial Ombudsman. Like other Provincial Ombudsmen, the Protecteur du Citoyen makes regular reports on its review of complaints in the health care sector and presents them to the Quebec National Assembly

Vigilance Committee (Comité de vigilance): A « watchdog » committee composed of representatives of the Board, administration, patients. It is mandated both to receive, follow up and make recommendations to the Board, with the aim of improving hospital care and services in a timely and efficient manner.

APPENDIX F:
MUHC SITES AND
OPTILAB

The **MUHC** or McGill University Health Centre includes the following sites:

- ▲ Royal Victoria Hospital, Montreal Chest Institute and Cedars Cancer Centre (Glen site)
- ▲ Montreal Children’s Hospital (Glen site)
- ▲ Montreal General Hospital
- ▲ Montreal Neurological Hospital
- ▲ Lachine Hospital

Laboratories for the following institutions of the **MUHC-OPTILAB** are grouped as follows:

McGill University Health Centre (MUHC)

- ▲ Glen site, adults/children
- ▲ Montreal General Hospital
- ▲ Lachine Hospital

CIUSSS du Centre-Ouest-de-l’Île-de-Montréal

- ▲ Jewish General Hospital

CIUSSS de l’Ouest-de-l’Île-de-Montréal

- ▲ Saint Mary’s Hospital Center
- ▲ Lakeshore General Hospital
- ▲ LaSalle Hospital

CISSS de l’Abitibi-Témiscamingue

- ▲ Hôpital et CLSC de Val-d’Or
- ▲ CLSC de Senneterre
- ▲ Hôpital de Rouyn-Noranda
- ▲ Hôpital d’Amos
- ▲ Centre de soins de courte durée La Sarre (CSCD)
- ▲ Pavillon Sainte-Famille
- ▲ Point de service de Témiscaming-et-de-Kipawa

Nunavik Regional Board of Health and Social Services

- ▲ Inuulitsivik Health Centre
- ▲ Tulattavik of Ungava Health Centre

Cree Board of Health and Social Services of James Bay

- ▲ Chisasibi Hospital
- ▲ CMC Mistissini

APPENDIX G:
LIST OF TABLES
AND CHARTS

▲ Table 1: All files opened by the Office of the Complaints Commissioner for the MUHC 2019 - 2022	3
▲ Chart 2: Percentage (%) Comparison of Complaint Categories over a period of 3 years	4
▲ Chart 3: Sub-categories of accessibility-related complaints	5
▲ Chart 4: Telephone Access Complaints 2018-2022	7
▲ Chart 5: Complaints examination time	8
▲ Chart 6: Abandonment of complaints by the patient and rejections	9
▲ Chart 7: Individual and Systemic Measures by Category of Complaint	10
▲ Chart 8: Number of interventions 2018-2022	12
▲ Chart 9: Total number of requests for assistance 2018-2022	13
▲ Chart 10: Total number of consultations 2018-2022	14
▲ Chart 11: Total number of cases directed to the Protecteur du Citoyen 2018-2022	18
▲ Chart 12: Motives of complaints studied by the Protecteur du citoyen	18
▲ Chart 13: Total number of MUHC Medical Examiner complaints 2018-2022	20
▲ Chart 14: Percentage (%) comparison by complaint categories over the period of 2 years	20
▲ Chart 15: Total number of MUHC Review Committee Cases CUSM 2016-2022	22
▲ Chart 16: Motives of complaint	31

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