

Centre universitaire
de santé McGill



McGill University
Health Centre

MUHC Office of the Complaints Commissioner

Annual Report

2020/21

From April 1st 2020 to Mars 31 2021



MUHC Office of the Complaints Commissioner

Annual
Report

2020/21

Table of contents

Presentation — 3

I. MUHC Office of the Complaints Commissioner — 4

Complaints and other files received — 5

Complaints categories — 7

Telephone access complaints — 9

Improvement and follow-up — 10

Complaints related to access to emergency services — 11

Complaints examination time — 12

Rejected and abandoned complaints — 13

Actions taken to improve care and services — 14

Interventions — 16

Requests for assistance — 18

Consultations — 18

Maltreatment — 19

Activities related to the complaint system — 21

II. Protecteur du citoyen — 22

III. Medical Examiners — 24

IV. MUHC Review Committee — 26

V. MUHC Vigilance Committee — 28

VI. Action Plan 2019-2020 — 29

VII. Conclusion — 30

Appendices — 31

Appendix A: Structure of the Ombudsman's Office — 32

Appendix B: Complaints Motives — 33

Appendix C: Complaint Categories — 34

Appendix D: Activities of the Office of the Ombudsman 2020-2021 — 35

Appendix E: Glossary — 36

Annexe F : MUHC sites and OPTILAB — 37

Appendix G: List of Tables and Charts — 38

Presentation Annual Report 2020-2021

This Annual Report of the MUHC Complaints Commissioner (Ombudsman) presents the final data and a summary of 2020-2021¹. 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. We will also present (VI) our objectives and conclusions for the year.

In the first section we will review the systemic issues we identified from complaints, especially the situation in the emergency that we highlighted in our annual report last year.

In previous reports since 2010 we have presented year after year the complaints related to telephone access. In 2019-2020 we saw an improvement, however, this year we review the situation as this problem has returned.

And finally, we will see some of the effect that the COVID-19 situation has had on the numbers of cases at the office of the complaints commissioner/ Ombudsman. Even if the pandemic were to end in 2021, the effects of the pressure it has had on the healthcare system will no doubt continue beyond the conclusion of the public health emergency declared in March 2020.

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



MUHC office of the **complaints commissioner**

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.
- Data collection, analysis, and assessment of complaint trends
- Monitor the quality improvement projects initiated by the commissioner

Participation in the promotion of user rights, the code of ethics and the complaint process with MUHC staff

Complaints and other files³ received

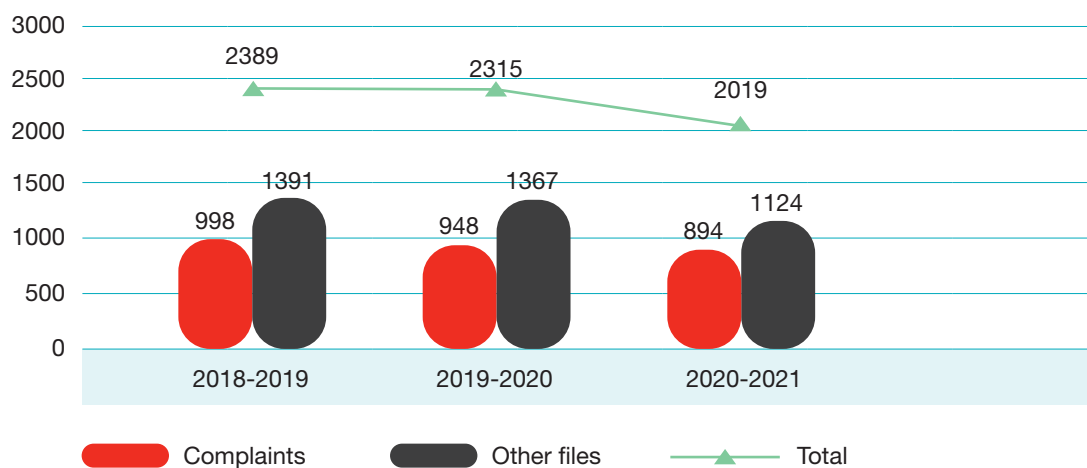
| All files opened by the Office of the Complaints Commissioners/Ombudsman for the McGill University Health Centre 2018 – 2021 | | | |
|--|-----------|-----------|-----------|
| | 2018-2019 | 2019-2020 | 2020-2021 |
| Complaints | 998 | 948 | 895 |
| Other files | 1391 | 1367 | 1124 |
| Total | 2389 | 2315 | 2019 |

The last year ended when the confinement started and COVID-19 pandemic considerations took over. During the first wave of the pandemic a public health emergency was declared by the Quebec government at the beginning of the 2020-2021 fiscal year. Some effects of this emergency were felt immediately when the emergency departments were deserted by the population, when clinical activities were reduced to a minimum and when access to hospital, for families and visitors, was virtually eliminated. This significant drop in the number of visits to the health sector explains the reduction of 300 files in our offices this year.

Other restrictions appeared along the way, through weekly decrees or orders that targeted civil society and Quebec health institutions. By declaring a public health emergency in March 2020, preventive and protective measures for the population could immediately be put in place without any formality other than by decree or ordinance. Clear and rapid communication of these new measures applied by health institutions became essential.

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

Chart 1: Total number of files and complaints received in 2018-2021



These new guidelines raised several questions for professionals, patients and families, such as: How to get information about the state of health of a patient who can no longer be visited? Who can accompany a patient for his chemotherapy treatments? Who can accompany a pregnant woman for her ultrasound appointments? Can a daughter accompany her mother who has trouble walking to her appointment? Additional controls at the front doors were put in place almost immediately and this caused frictions, raised complaints and required quick adjustments to supervise new security personnel.

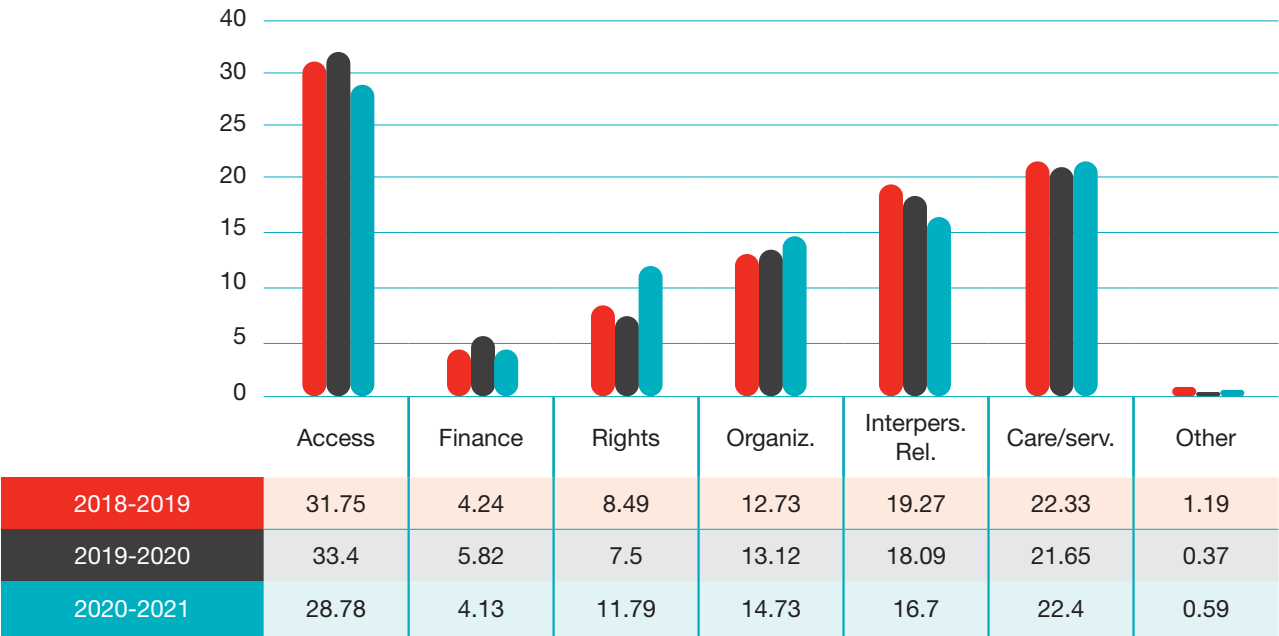
In short, complaints and requests for assistance were not quite the same as usual.

Complaints categories__

Chart 2 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

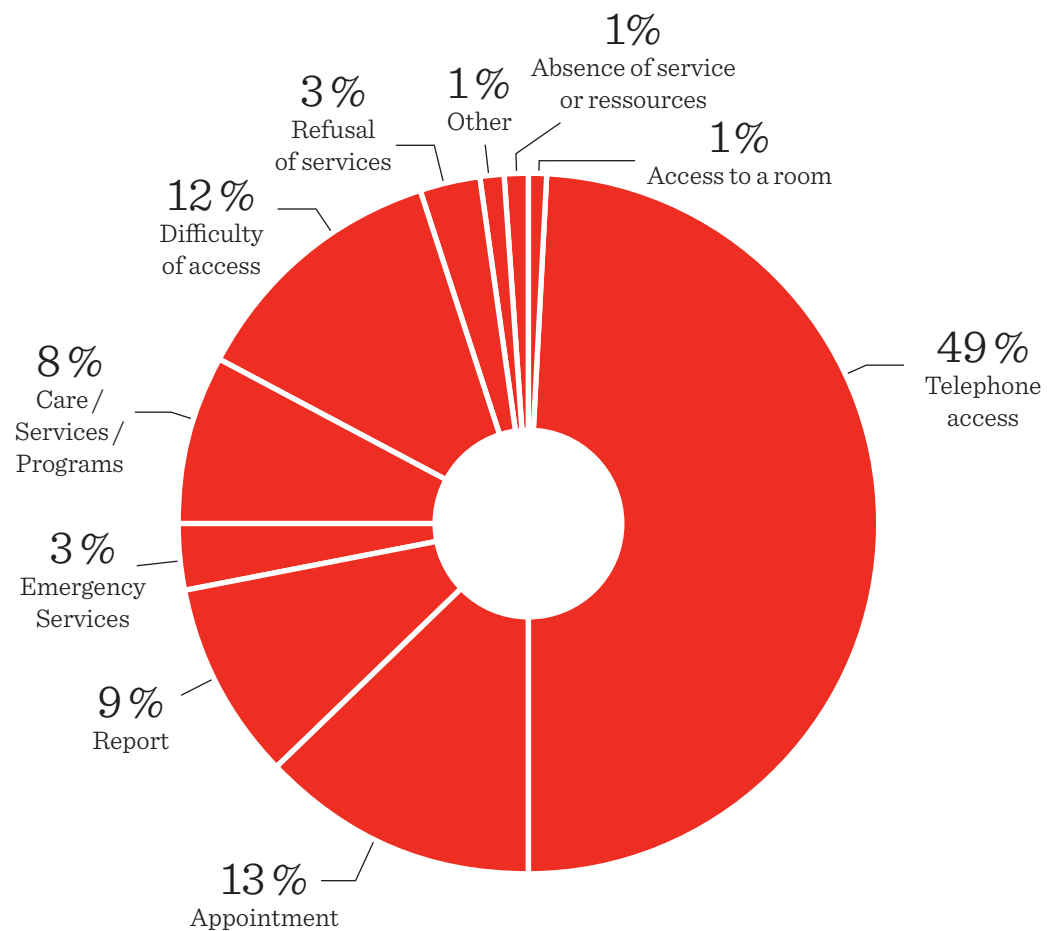


Every year our figures show that **Access** is by far the most problematic for users. This year there was a decrease in the number of complaints related to “access” but also an increase in the number of complaints regarding users’ rights. The latter category represents, among others, the difficulties families faced in obtaining information about their loved ones and the right to accompany a family member because of the restrictions made to non-essential visits in hospitals and long-term care facilities since March 14, 2020. The increase in **Organization** complaints is associated with the implementation and respect of new health and safety rules and regulations. Moreover the subcategory of telephone access now represents close to 50% of the Access category. We will elaborate on this 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.

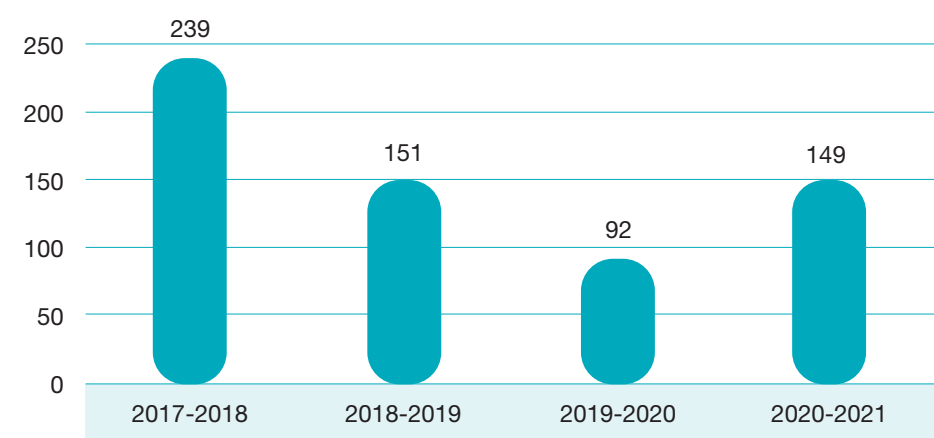
Chart 3 : Sub-categories of accessibility related complaints



Telephone access complaints__

As represented in **Chart 4** below, the number of Telephone Access complaints decrease last year, unfortunately, this year we are again faced with an increase in these complaints. This is a step backwards that must be stopped.

Chart 4: Telephone Access complaints 2017-2021



This reversal in our numbers is all the more worrisome given that during the first, second and third waves of the pandemic, hospital services were largely curtailed or severely limited and almost all in-person appointments were canceled.

This sub-category of complaints relates both directly and indirectly to almost all the other categories of complaints (right to information, organization of services, interpersonal relations, care and services). It affects not only making an appointment, but also obtaining follow-ups, communicating with a family member that is hospitalized, obtaining information on the complex preparations for certain exams, postponing an appointment because of serious impediment (illness, accident, etc.). When you have to call for several days, sometimes weeks, 5 or 6 times a day in order to reach a clinic that you have been told to call: we have to stop, listen, analyze and fix.

Complaints concerning wait times in the emergency—

The MUHC understands the access and communication challenges faced by patients and appears determined, despite the pandemic and its aftermath, to change the situation. Nonetheless, at this time the following steps are difficult for patients to achieve, or even impossible in the case of some clinics. However, it is essential that patients receive basic and adequate services, such as:

1. The clinic returns calls or messages that the patient left on the clinic's voicemail box;
2. Effectively change appointments for patients when a serious, unforeseen event occurs (health problem, immutable and sudden obligation, etc.);
3. Reach the clinic to make an appointment as requested by the doctor;
4. Obtain supplementary information concerning a prescribed exam;
5. Verify if the information required by the specialist sent by the patient, his family or their family doctor has been received;
6. Receive confirmation that the patient is in fact on the specialist's waiting list, after sending the referral.

In consequence of the difficult telephone access for patients, the complaints office will henceforth follow the progress of the MUHC on telephone access and inform the MUHC population of the results of the improvement initiatives undertaken in this direction on its web page (<https://muhc.ca/commissioner>). The number of complaints will be revealed three (3) times during the year (fall, winter, and summer), as well as, the concrete measures that will have been put in place by the MUHC to resolve the issues listed above.

Complaints related to access to emergency services____

Since 2018, the increase in the number of cases related to emergency services and delays in medical treatment has been remarkable. This increased emergency occupation was interrupted by the onset of the pandemic in March 2020 and with each subsequent wave. However, the phenomenon returned to higher levels after the passage of each wave.

We note again that this problem of very long emergency wait times is complex, multifactorial and continues to be associated with:

- The availability of beds in the hospital ;
- The hospital's ability to transfer patients who no longer need specialized care to other establishments more suited to patient needs (ex.: CHSLD, rehabilitation center, etc.);
- The staffing issues of the emergency;
- The complexity of the condition of the patients present in the emergency department (more cases with priority 1, 2 and 3, rather than lower priorities)⁴.

We know there are active discussions between the MUHC and the Ministry of Health to try to identify lasting solutions, but the problem remains.

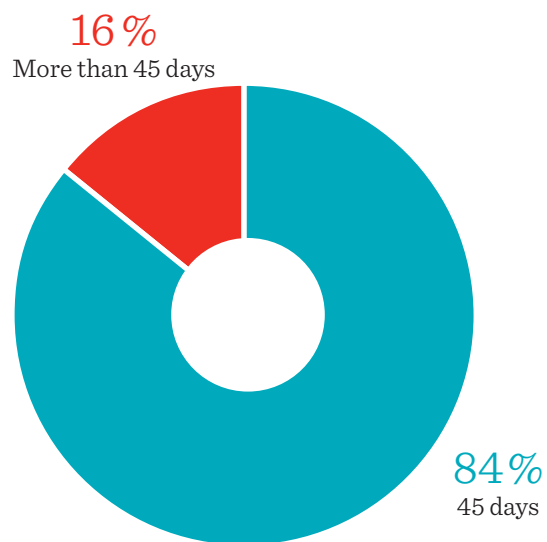
As a result of our analysis in 2021, we consider it imperative for the MUHC and the Ministry to act quickly to ensure timely access to emergency care and services.

⁴ http://www.amuq.qc.ca/assets/memoires-et-positions/eTG_-_L_echelle_canadienne_de_triage_et_de_gravite.pdf?phpMyAdmin=i,heTT,BhLKb96mm75DwfLeUjab

Complaints examination time

As illustrated in **Chart 5**, the vast majority of complaints (84%) were examined within 45 days or less during 2020-2021. 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

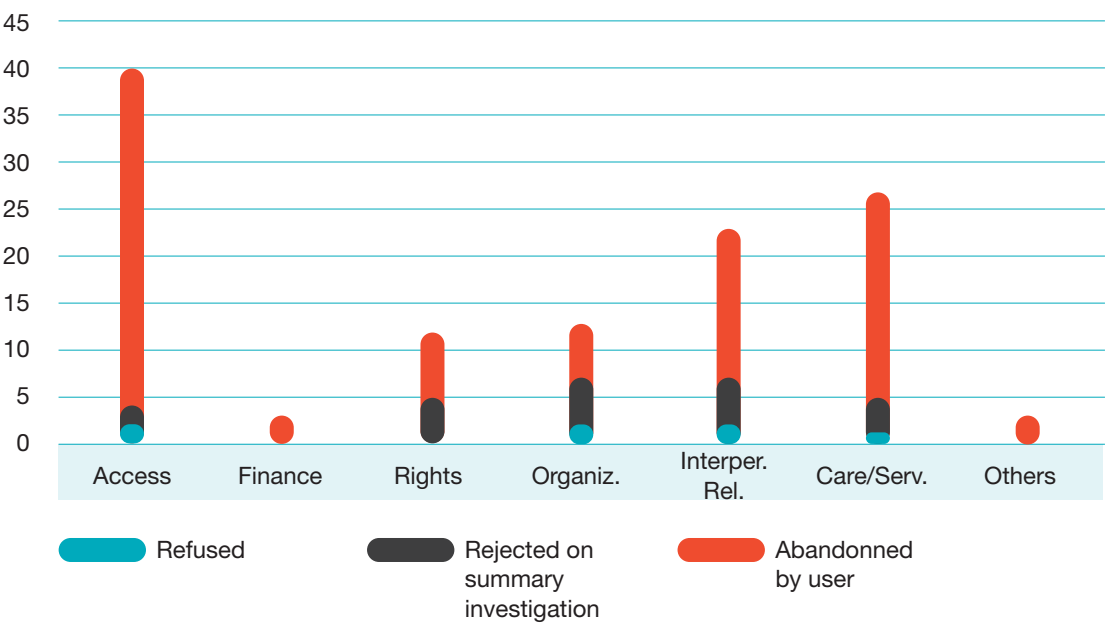


Rejected and abandoned complaints

The vast majority of complaints investigated were deemed receivable (89%). However, 21 complaints were rejected on summary investigation, 7 refused and 93 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

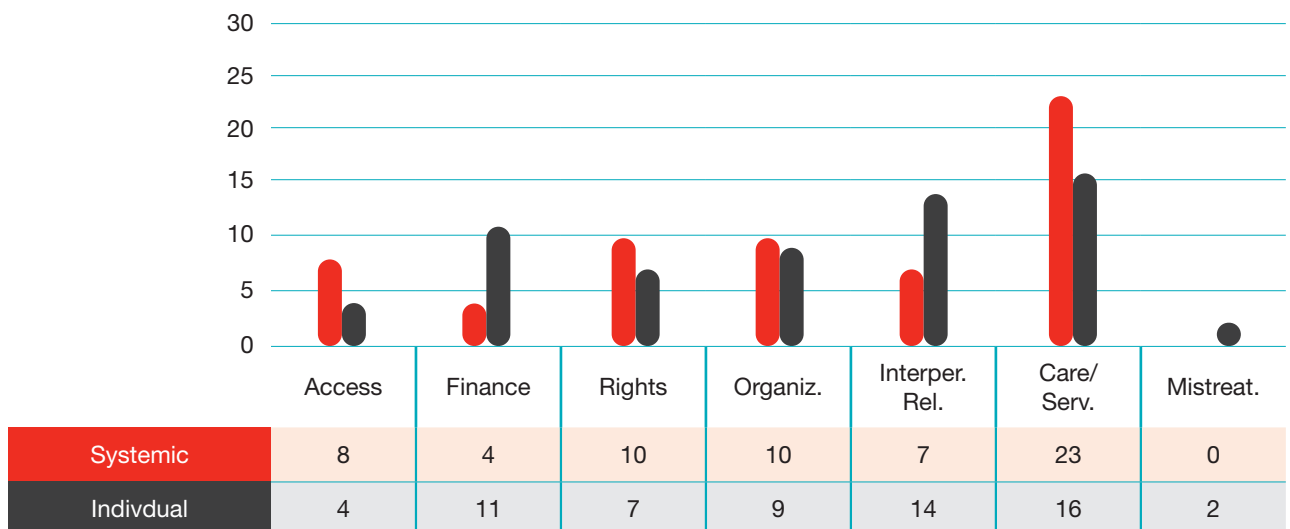


Actions taken to improve care and services__

When complaints are valid and improvements required, the Complaints Commissioner, 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, 126 measures were implemented in 2020-2021: of which 63 were systemic and 63 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.

Following 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;
- Revision of clinical or administrative protocol : improvement of interdepartmental communications;
- Technical changes such as, for example, installation of automatic doors, call bells adapted to users' needs, erected safety barriers;
- Reminder to staff about their obligation to identify themselves;
- Several reminders were made to improve the documentation in patient files;
- The MUHC technical services improved the safety of a landing area in front of one of the sites and undertook to carry out the permanent repairs required at the entrance to another of the sites;
- Reminder to nurses to document in detail the assessments and actions taken following a fall;
- Reminder to MUHC staff of their obligations regarding the use of social media;.

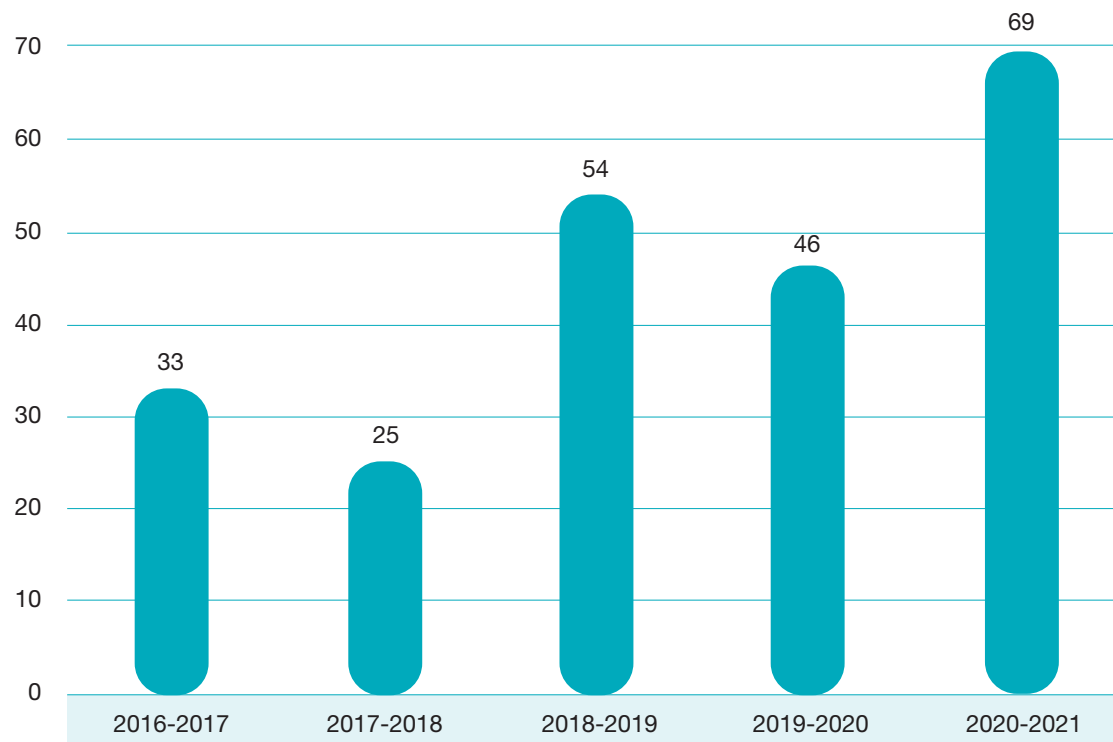
Finally we note that measures to improve quality are frequently implemented as soon as a complaint is transferred to a department or service. The complaint thus becomes the means to improve service, attitude and access without the need of a formal recommendation. These improvements are noted in our electronic files as undertakings. These types of measures have been registered in 261 complaint 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 time-frame and are multi-departmental in nature, therefore complex.

In 2020-2021, 69 intervention files were opened. Many of our interventions were about emergency health measures, reorganization and access to services and respect for user rights. Here are some instances where interventions have been initiated: entrance to be secured, waiting lists, emergency department delays, visitation policy, process at entrances and clinics, communication with the public, etc.

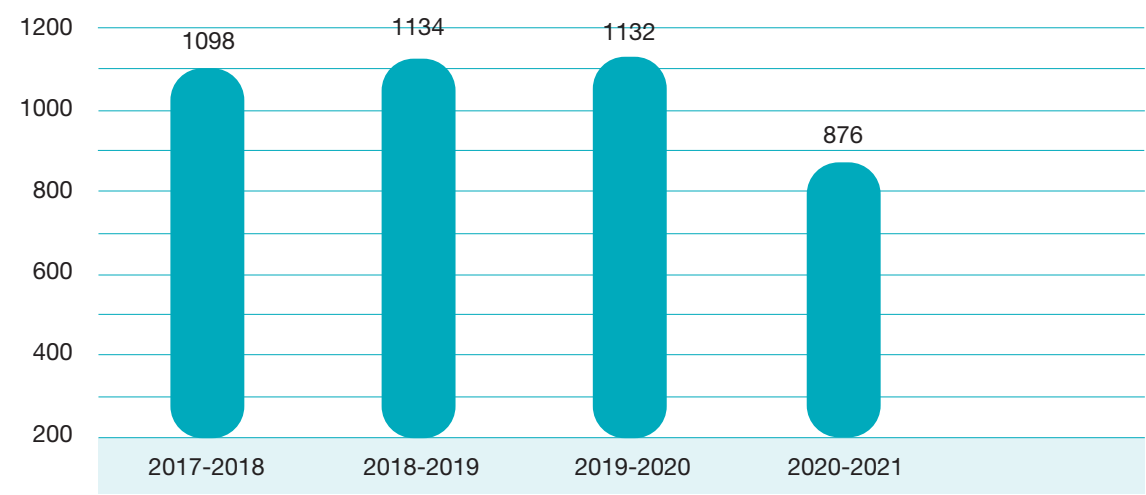
Chart 8 : Number of interventions 2017-2021



Requests for assistance

This year we received 876 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 2017-2021



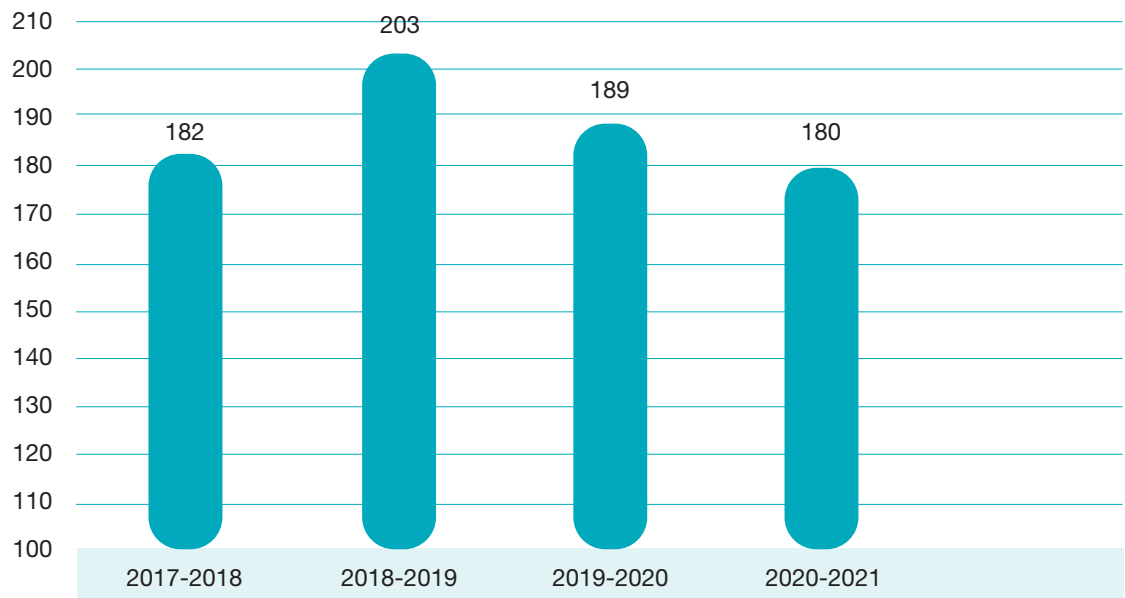
Consultations

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 on the complaint system. 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.

Graphique 10 : Nombre total des consultations 2017-2021



Maltreatment

It must be noted that few cases of maltreatment are recorded in tertiary care establishments which 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 2020-2021, our office received a total of 15 cases alleging mistreatment over all of our sites. These cases were reported to our office by MUHC staff as required by law.

Of these 15 cases, one was the subject of disciplinary action taken by the MUHC including training and additional supervision. One case involved a request for private trusteeship and one case resulted in a housing order. The remaining 12 cases were either unfounded within the meaning of the law or concerned other establishments for follow-up. It should be noted that our office took part in a survey via interview on the implementation of the law concerned and on various ways of improving the collection of data related to maltreatment.

Examples of various files received in 2020-2021

- We received a complaint in January 2020 emphasizing the need for dialysis patients at the Lachine site to park closer to the entrance. This need was validated by the manager of the clinic and the parking service finally succeeded, between two waves of COVID-19, in reserving parking spaces better suited to the needs and reality of these patients.
- A patient, unable to move and speak, and dependent on assisted breathing, had his breathing tube accidentally disconnected from the ventilator. The ventilator alarm sounded in his room, however, the remote alarm at the nursing station did not sound as it was supposed to, causing a delay in being assisted. Fortunately, there were no physical consequences for the patient. Further investigation revealed two systemic actions that needed to be taken, replacing faulty cables and establishing a monthly alarm check schedule. This has therefore been established and a reserve of new cables is now available.

- A parent whose baby died during childbirth applied for copies of the fetal heart tracers, but did not receive them because they were not found. Upon review, we learned that a new machine had been recently installed and that fetal trace monitors were now stored on servers rather than on papers put in boxes. Both departments involved were not aware of this change, but following this complaint, they were able to coordinate a solution for such requests and the parent received the copies.
- A family member of a patient could not visit him on the grounds that he was not a caregiver by definition. As a result of our review, the family member was allowed to visit the patient, as it is the patient who determines who the caregiver is. This complaint was the occasion to allow for a better understanding and application of the restrictions on visits.
- Adjustments were made to the website in order to communicate more effectively the sanitary measures to be respected at the entrances of the different sites.
- An intervention related to the restructuring of telephone appointments and the time slots given to patients. Proposed clinic call times were too long (one week). The patient therefore received an appointment which could take place at any time during a given week. This placed a significant burden on patients who never knew when to get a call from their doctor and had to have their phones constantly on hand during the week of the appointment. This practice was changed, with the time slot for appointment calls now within two hours.

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. This is an association formed by commissioners for commissioners, deputy commissioners and professionals or delegates from complaints examination offices in order to share and develop best practices and expertise, to organize training activities and for representation to partners and bodies involved in the examination of complaints such as the Medical Examiners' association, the Assistance and Support Center for Complaints (CAAP), the Office of the Quebec Ombudsman or Protecteur du citoyen, the Commissioner-Counselor, the MSSS and Users' committees.

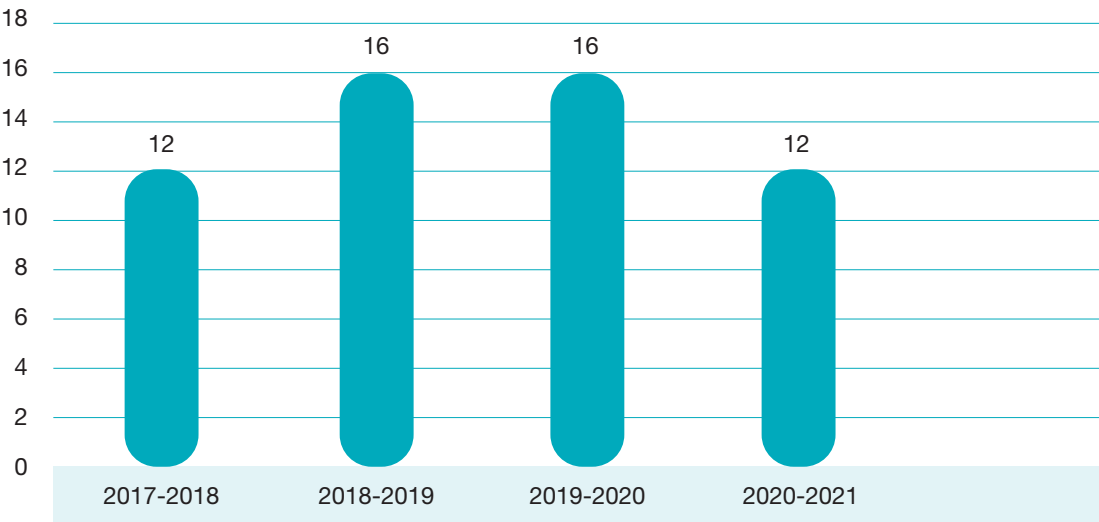
The majority of our activities (nearly 70%) are activities that promote the rights and obligations of users and to promote and present the complaint examination system to staff.



Protecteur du Citoyen

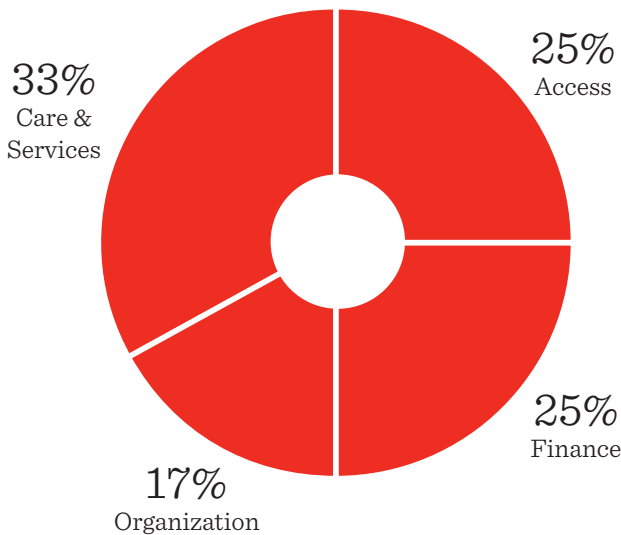
In 2020-2021, twelve (12) new cases were brought to the Protecteur du citoyen by complainants dissatisfied with the examination of their complaint or with our conclusions (as seen in Chart 11). In five (5) cases the Protecteur du citoyen confirmed our conclusions and one (1) file was rejected. In three (3) cases recommendations were received and applied by the MUHC. The office of the Commissioner is awaiting conclusions in four (4) cases that were brought to the level of the Protecteur.

Chart 11: Total number of cases directed to the
Protecteur du Citoyen 2017-2021



As illustrated in **Chart 12**, the issue of care and services ranks first among the four 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

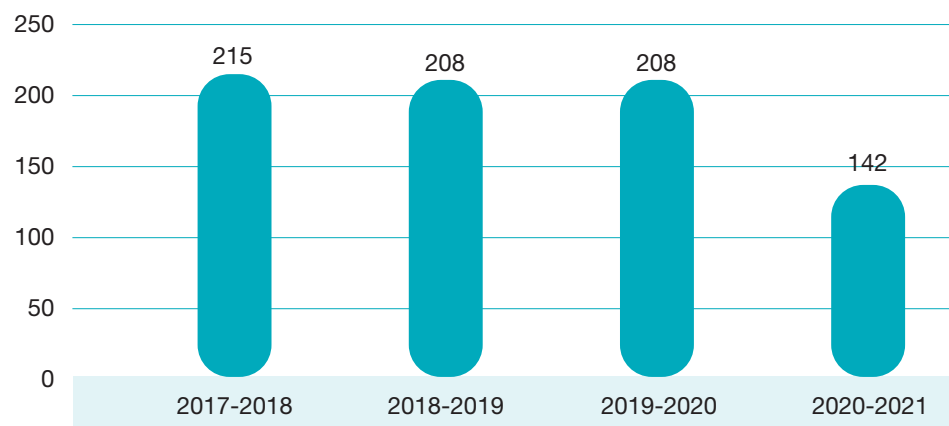




Medical Examiners__

The number of cases submitted to MUHC medical examiners decreased in 2020-2021, as shown in Chart 13. Part of this decline is linked to the fact that as of March 24, 2020 the government announced the closure of all services except the essential services and on March 27, the city of Montreal announces a state of health emergency. From this moment elective surgeries are stopped, beds dedicated to the pandemic emergency must be created among those that exist and the clinics must significantly reduce their activities.

Chart 13: Total number MUHC Medical Examiner complaints 2017-2021



The year 2019-2020 was a year of transition for the office as a medical examiner retired. This resulted in delays in the examination of certain files, as seen in our numbers. In fact, 42% of conclusions to medical complaints were completed within 45 days in 2019-2020. This situation has been made worse recently due to the pandemic. We do note, however, that the decisions made by the medical examiners have been challenged in very few cases this year, as seen in the Review Committee section below.

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.

IV/

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:

For the hearings of May 21, 2020 and June 18, 2020, the members were:

- Dr. Sarah Prichard (President)
- Dr. Thomas Milroy
- Dr. Antoine Loutfi

For the hearings of November 18, 2020 and November 26, 2020, the members were:

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

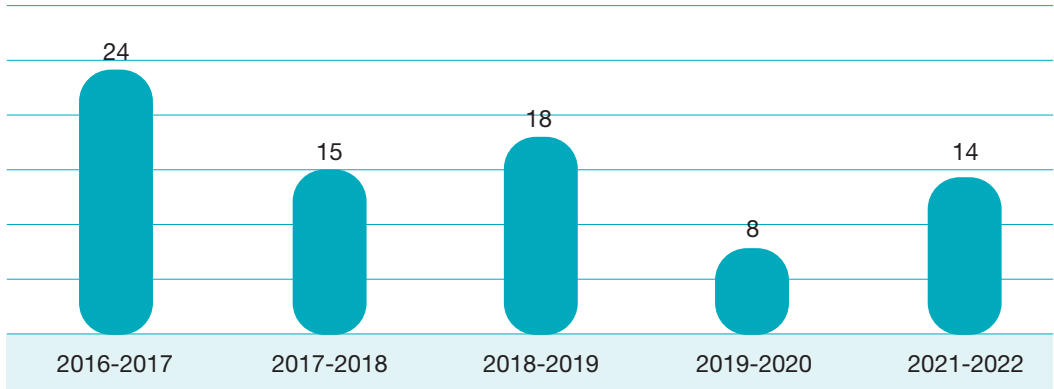
In 2020-2021, the Review Committee received 14 requests for review. The Committee met three (3) times (May 21, June 18, November 18 and November 26, 2020) in order to rule on these 14 cases. The Committee examined 10 requests for revision made during the 2020-2021 fiscal year and four (4) files received in previous fiscal years.

Pursuant to the law, the Committee reached the following conclusions in 2020-2021:

| 2020-2021 | |
|--|----------|
| 1° Confirm the conclusions of the Medical Examiner | 10 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 | 1 cases |
| 4° Recommend to the Medical Examiner or the parties any action that may resolve the issue. | 0 cases |

The motives of complaints received raised issues primarily of accessibility (delays in obtaining care and services), the quality of care and services, communication (doctor/ patient relations), and the continuity of care (coordination between services).

Chart 15: Total number of MUHC Review Committee Cases 2016-2021





MUHC Vigilance Committee⁵

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

- Dr. Pierre Gfeller, MUHC PGD;
- 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 Users' Committee.

In 2020-2021, the Committee met four (4) times (May 28, 2020, September 3, 2020, December 3, 2020 and March 3, 2021). 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.

⁵ The description of the committee's activities can be found in Appendix E.

VI/

Action plan for 2021-2022

En 2021-2022, the office of the MUHC Complaints Commissioner will undertake the following:

- Monitor the MUHC's periodic progress (fall, winter and summer) to improve telephone access for patients and their families;
- 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 files;
- 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.

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. Although the themes raised this year are different from previous years since they are directly linked to the pandemic and its collateral effects on healthcare services, the message that emerges from this report at the end of the year and, it is hoped, at the end of the pandemic, remains the question of «access to care and services», more precisely telephone access.

This year 50% of the complaint category access to care and services concerned the question of telephone access. This problem seemed to fade in 2019-2020 but following the pandemic, patients and families once again find themselves with the eternal problem that must be resolved. In these circumstances and considering that improving communication at the MUHC, at all levels, remains the basis of better care and better coordination of care, we are taking another approach for the year 2021-2022 and we will relentlessly monitor this issue and report it to you during the year 2021-2022.

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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, that's why patients and their families take the time to contact us.

With this annual report, COVID-19 leaves us with several challenges: maintaining services, catching up of all kinds, surgeries, examinations, medical monitoring, against a background of exhaustion of all, patients and health professionals, and of course, the overflow of MUHC emergencies. It is certain that our overflowing emergencies in 2019-2020, nearly empty of patients except for COVID in 2020-2021, will again be in critical situations in 2021-2022.

It is in this context that our efforts will continue in this new year, and we will collaborate to the best of our abilities with MUHC personnel and our network partners in order to promote respect for user rights, and support quality and safety of patient care despite what may very well be a trying post-pandemic situation.

Respectfully submitted,



Lynne Casgrain

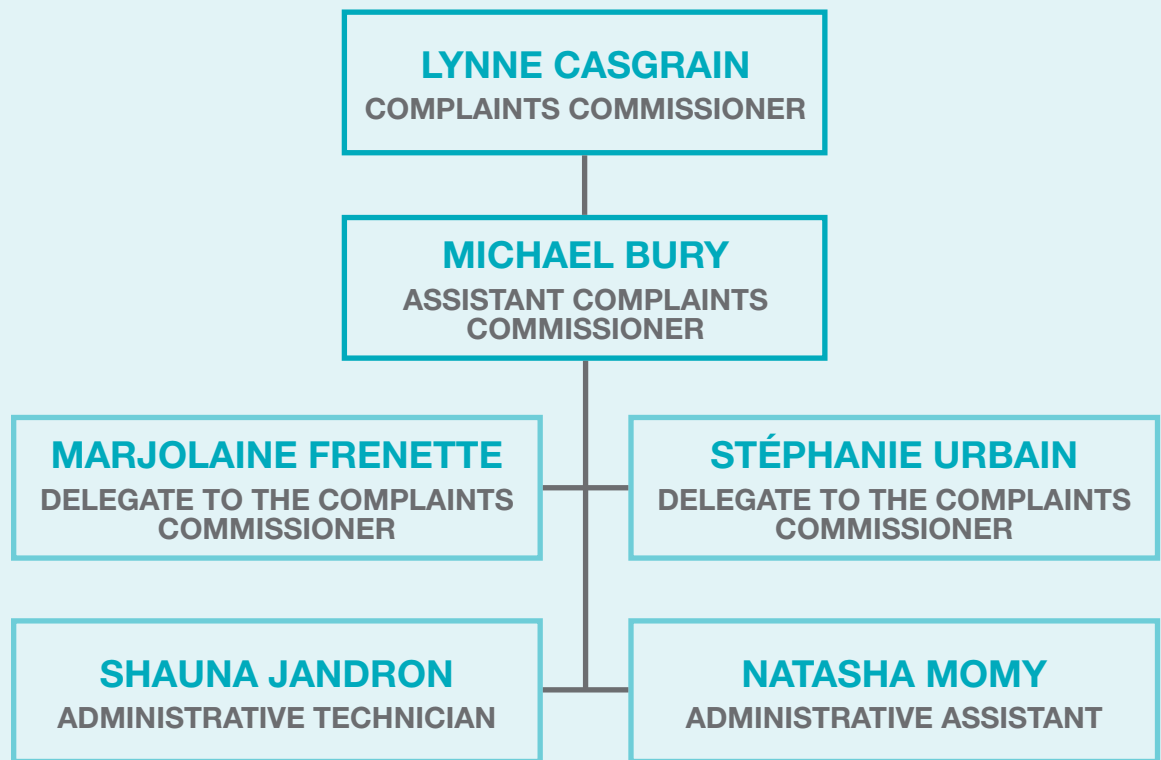
COMPLAINTS COMMISSIONER / OMBUDSMAN

MCGILL UNIVERSITY HEALTH CENTRE

Appendices__

APPENDIX A: STRUCTURE OF THE OMBUDSMAN'S OFFICE

MUHC TEAM 2020 – 2021



MEDICAL EXAMINERS

- Dr. JOSHUA CHINKS, CHIEF MEDICAL EXAMINER
- Dr. DOMINIC CHALUT
- Dr. JOSEPHINE PRESSACCO
- Dr. ZACHARY LEVINE
- Dr. MANUEL BOROD
- Dr. PASCALE DES ROSIERS

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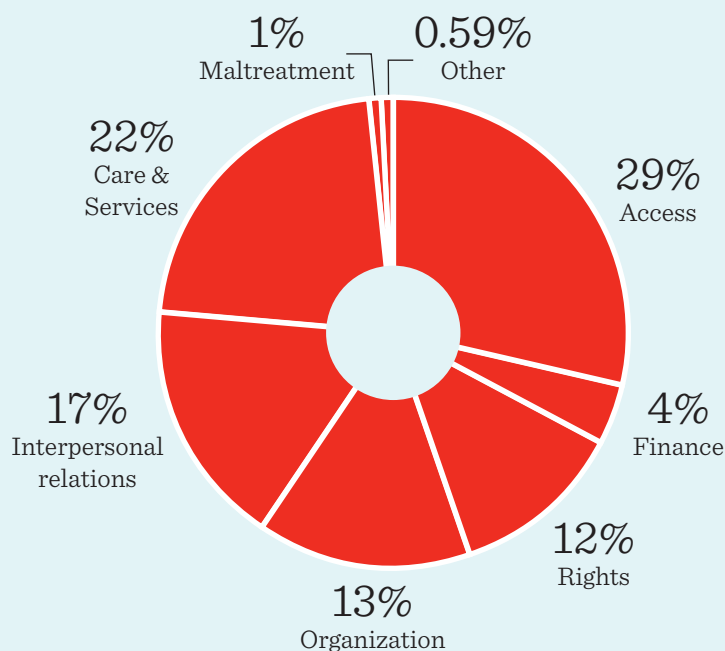
Website: <https://muhc.ca/patients/ombudsman-complaints-commissioner>

APPENDIX B: COMPLAINTS MOTIVES

It is important to mention that a complaint can have more than one motive. The total number of complaints concluded in 2020-2021 was 1018⁶.

| MOTIVES/ NUMBER OF COMPLAINTS PER MOTIVES | |
|---|-----|
| Accessibility | 293 |
| Finance | 42 |
| Rights | 120 |
| Organization and material resources | 150 |
| Interpersonal relations | 170 |
| Care and services | 228 |
| Mistreatment | 9 |
| Other | 6 |

Chart 16: Motives of complaints



⁶ 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 provided:** 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.
- **Financial assistance:** 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 request objects:** other object.

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 wheel-chairs) (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 2020-2021

Membership or participation in the following committees:

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

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.

ANNEXE F : MUHC SITES AND OPTILAB

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

- Glen adult site
- Glen site for the Children's
- MGH
- MNH
- Lachine Hospital

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

McGill University Health Centre (MUHC)

- Glen site, adults/children
- Montréal General Hospital
- Lachine Hospital

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

- Hôpital général juif

CIUSSS de l'Ouest-de-l'Île-de-Montréal

- Saint Mary's
- 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 F: LIST OF TABLES AND CHARTS

Chart 1: Total number of files and complaints received in 2018-2021 ____ **6**

Chart 2: Percentage (%) Comparison of Complaint Categories over a period of 3 years ____ **7**

Chart 3: Sub-categories of accessibility related complaints ____ **8**

Chart 4: Telephone Access Complaints 2017-2021 ____ **9**

Chart 5: Complaints examination time ____ **12**

Chart 6: Abandonment of complaints by the patient and rejections ____ **13**

Chart 7: Individual and Systemic Measures by Category of Complaint ____ **14**

Chart 8: Number of interventions 2017-2021 ____ **16**

Chart 9: Total number of requests for assistance 2017-2021 ____ **17**

Chart 10: Total number of consultations 2017-2021 ____ **18**

Chart 11: Total number of cases directed to the Protecteur du Citoyen 2017-2021 ____ **23**

Chart 12: Motives of complaints studied by the Protecteur du citoyen ____ **23**

Chart 13: Total number of MUHC Medical Examiner complaints 2017-2021 ____ **25**

Chart 14: Percentage (%) comparison by complaint categories over the period of years ____ **25**

Chart 15: Total number of MUHC Review Committee Cases 2016-2021 ____ **27**

Chart 16: Motives of complaint ____ **33**

