



**MUHC Office of
the Complaints
Commissioner**

**Annual
Report**

2019/20

From April 1st 2019 to Mars 31 2020

Centre universitaire
de santé McGill



McGill University
Health Centre

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Presentation Annual Report 2019-2020

This Annual Report of the MUHC Complaints Commissioner (Ombudsman) presents the final data and a summary of 2019-2020.¹ 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 our final analysis of 2019-2020 and our plans for 2020-2021.

In the first section we will review the systemic issues we identified from complaints, especially the emergency wait time and billing of uninsured patients.

The major problems of telephone access will be presented. It has been a major issue year after year but there was important improvement this year.

Finally we will see some of the effects of the beginning of the pandemic on the office of the Complaints commissioner/Ombudsman.

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:

- 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.

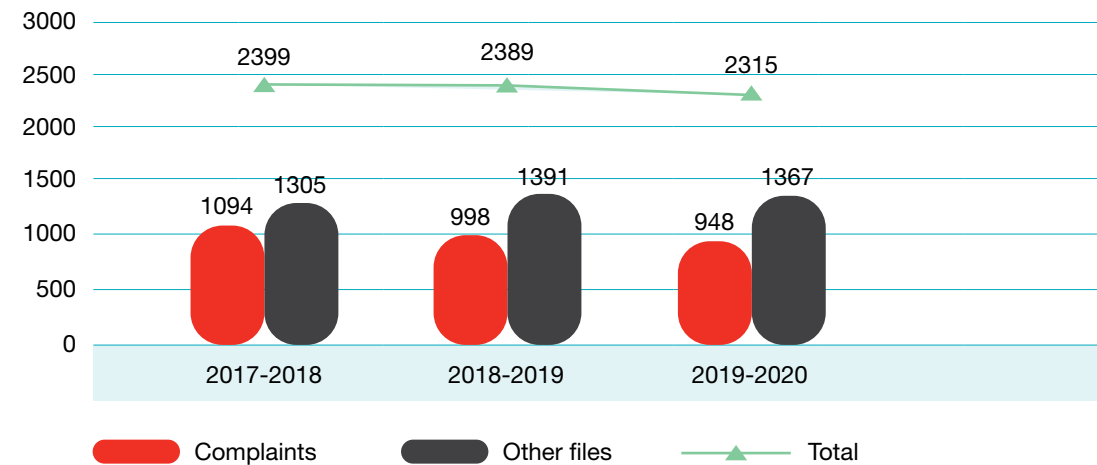
Complaints and other files³ received

As shown in the table and graph below, the number of complaints decreased by 5%. The number of people who contacted our office has also decreased in large part because of the decrease of services during the beginning of the pandemic.

All files opened by the Office of the Complaints Commissioners/Ombudsman for the McGill University Health Centre 2017 – 2020			
	2017-2018	2018-2019	2019-2020
Complaints	1094	998	948
Other files	1305	1391	1367
Total	2399	2389	2315

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

Chart 1: Total number of files and complaints received in 2017-2020



This year ended where the confinement started and COVID-19 pandemic considerations took over. The MUHC and its personnel answered the requests of the Quebec department of Health (the MSSS) to increase the number of beds dedicated to COVID. The effect of this crisis was a major reduction of other clinical activities and general access to all sites. In consequence of the need to prepare and face this pandemic, the number of calls to our office diminished considerably.

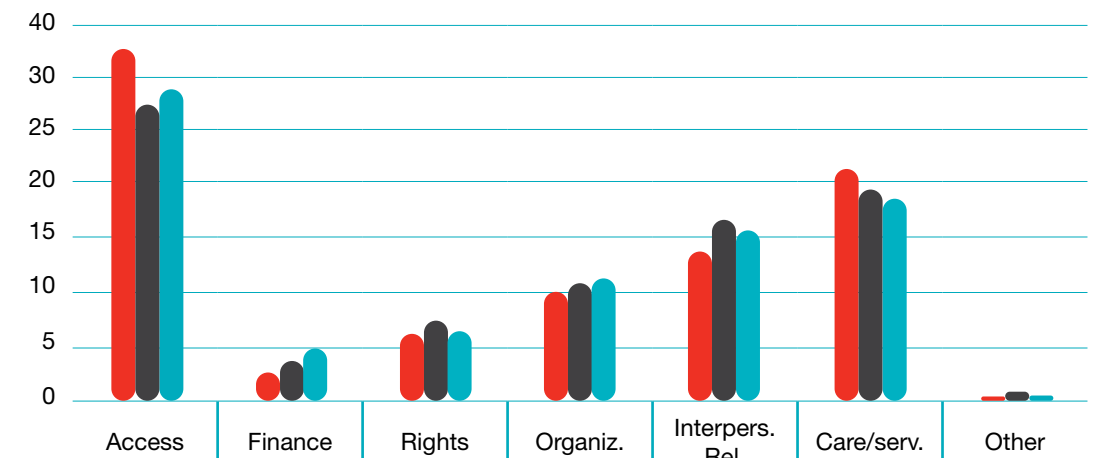
We noted that the decrease in number of complaints in 2019-2020 was also related to a clear improvement in telephone access at the MUHC.

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 : 3 years percentage (%) comparison of complaint categories



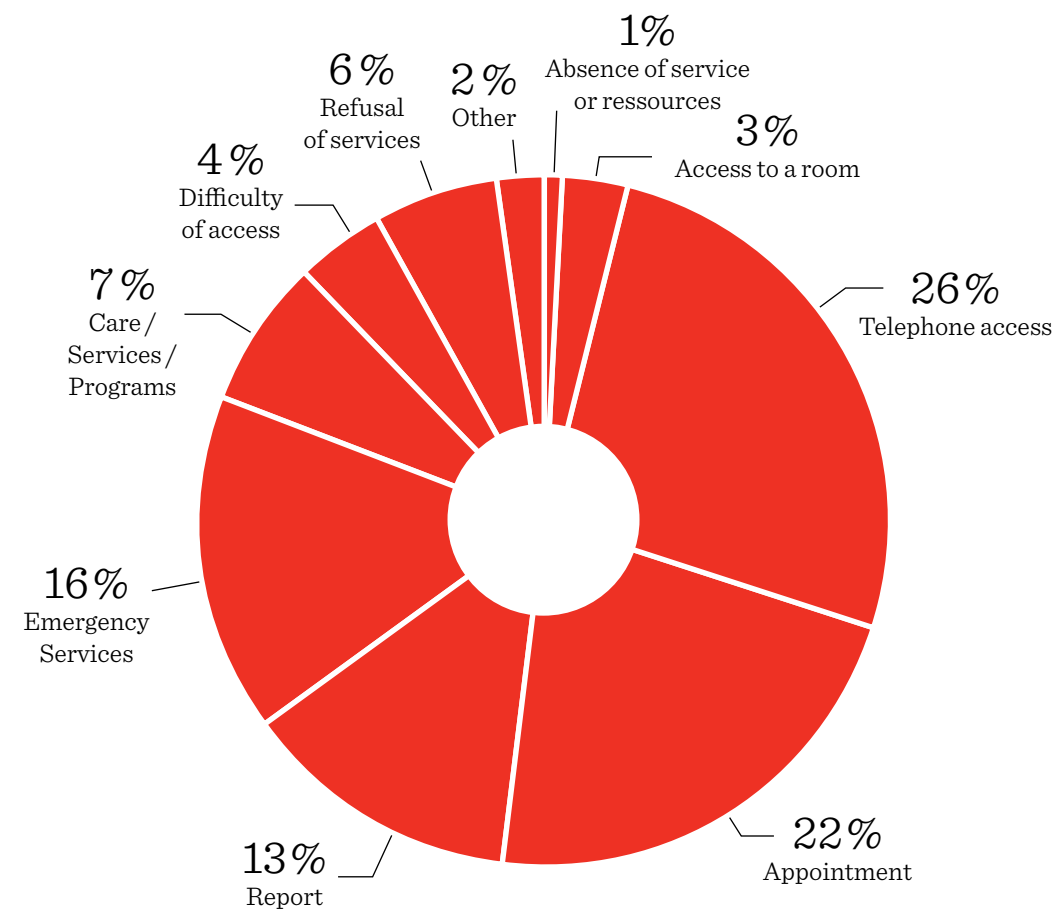
Year	Access	Finance	Rights	Organiz.	Interpers. Rel.	Care/serv.	Other
2017-2018	37.37	3.07	7.16	11.41	15.89	24.7	0.39
2018-2019	31.75	4.24	8.49	12.73	19.27	22.33	1.19
2019-2020	33.4	5.82	7.5	13.12	18.09	21.65	0.37

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”. This category includes not only access to care but also a perennial problem for patients, namely: telephone access. We note that telephone access has improved in the last 3 years. We continue nonetheless to be preoccupied with the issue of access to care in general, particularly questions of delays in the emergencies, difficulties accessing some clinics, exams or surgeries. Part of this problem is related to an increase in complaints about waiting time in the emergency room at the MUHC. We will examine this issue below.

Chart 3 gives an understanding of the various issues related to «access to care». The “top” complaint subcategories, in order of importance are:

- 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.

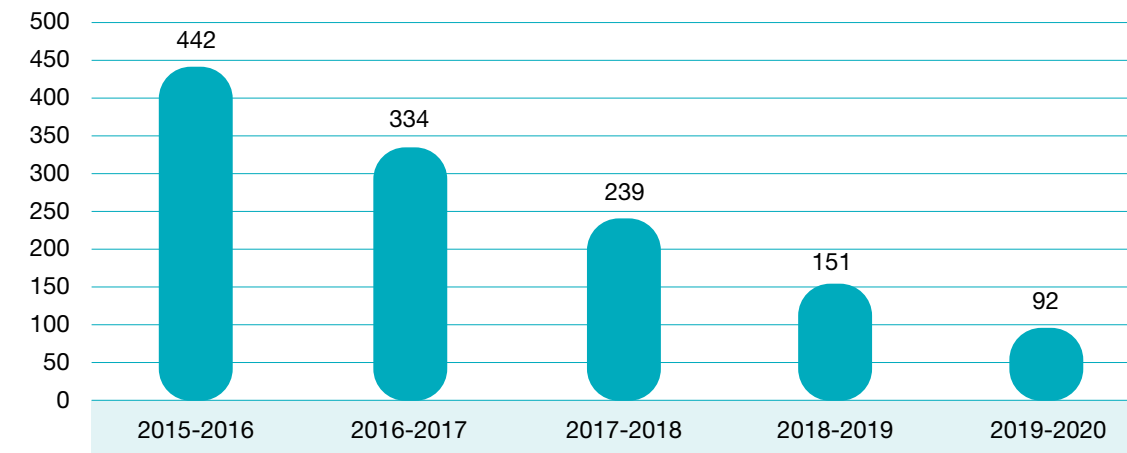
Chart 3: Sub-categories of accessibility related complaints



Telephone access complaints

As presented in **Chart 4**, the number of Telephone Access complaints has decreased for the last three years. This systemic issue had been brought to the attention of the MUHC authorities and to the Vigilance Committee more forcefully in the last few years. We note that it was given special consideration, which explains the improvement in the numbers.

Chart 4: Telephone Access complaints 2015-2020



Since 2016 we note a decrease of approximately 300 complaints. We will nonetheless continue to follow this issue to ensure the continuity of the improvement and because communication in the health care system is essential and can always be better. Furthermore we anticipate that the return to all regular activities will likely increase these numbers.

Complaints concerning wait times in the emergency

In our last annual report, we had noted the increase in the number of files related to the emergency, especially for the most urgent categories, the wait before the *prise en charge* by the emergentologists and the delays before transfer to a bed for the admitted patients. This issue was magnified in 2019-2020 until the pandemic hit and drastically decreased visits to the emergency in March 2020. However, we believe that the problem may return, and rise to alarming levels, considering that the emergency patients were there for the most urgent reasons and presented some of the most complex cases.

Wait times at the emergency is a multifactorial problem associated with some of the following issues:

- Availability of beds within the hospital;
- Possibility for the hospital to transfer patients who no longer need specialised care to other health establishments (long term care hospitals, re-habilitation centres etc.);
- The availability of sufficient personnel;
- Complexity of cases presenting to the emergency

Some of these factors are systemic and must be addressed by the MUHC and by its partners. Since our mandate is limited to the MUHC we cannot examine external factors. On the other hand, we note that the question of patient-flow is the focus of a group of specialised personnel from the emergency department who look at this daily. This past winter, an overflow unit was created at the MGH. Furthermore there have been discussions between the MUHC and MSSS to identify solutions. The MUHC has also been working with its partners in the community to facilitate patient transfers as appropriate and necessary. A memo recommending measures to increase patient flow has also been sent to MUHC physicians.

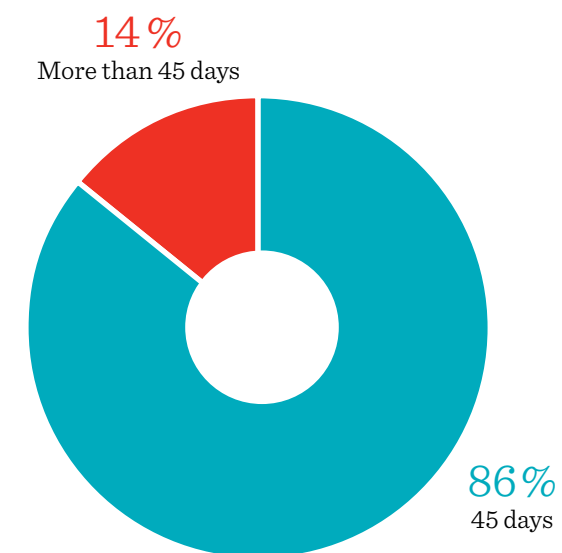
What stands out in 2019-2020 will be partly the important increase, at the provincial level as well, of the number of patients increasingly needing urgent care, especially the most urgent cases; that is categories 1, 2 and 3, as per the Canadian triage guide⁴, even while the number of personnel and beds have remained almost the unchanged from year to year. This situation affects all other services in our system and aggravates the difficulties for patients to obtain timely care.

To conclude our analysis of this data, we believe that it is imperative that the MUHC continue its endeavours to improve its patient flow and its collaboration with the MSSS to ensure access to emergency care within reasonable delays.

Complaints examination time

As illustrated in **Chart 5**, the vast majority of complaints (86 %) were examined within 45 days or less during 2019-2020. 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. We note that delays may increase in 2020-2021, as a consequence of the pandemic.

Chart 5: Complaints examination time



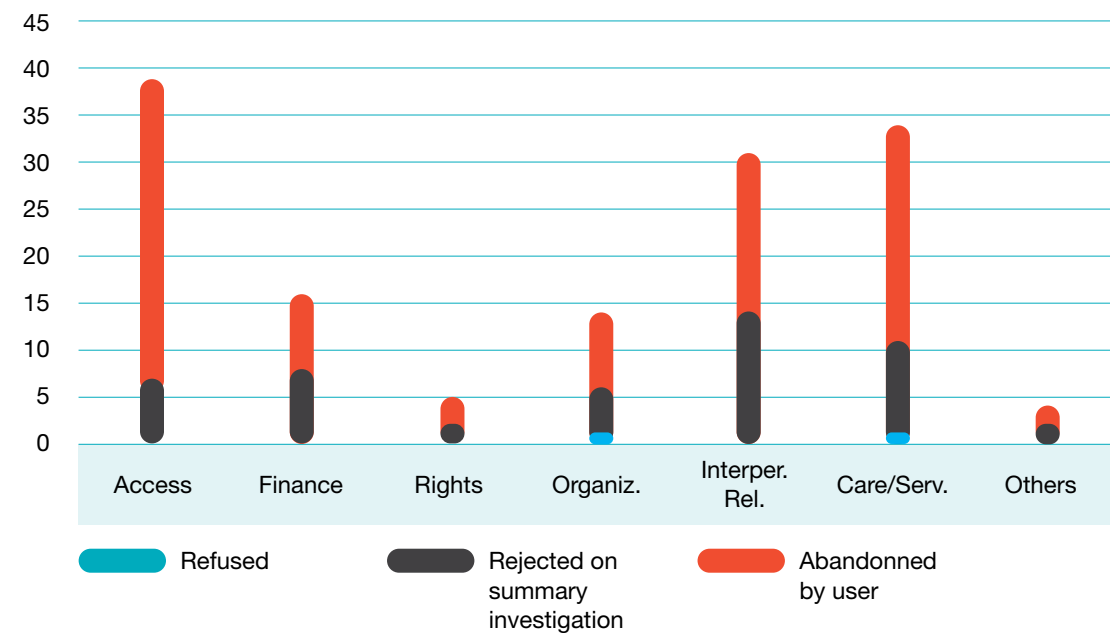
⁴ http://ctas-phctas.ca/wp-content/uploads/2018/05/participant_manual_v2.4.pdf, where categories 1 to 3 represent, respectively, resuscitation cases, very urgent cases and urgent cases.

Rejected and abandoned complaints

The vast majority of complaints investigated were deemed receivable (95%). However, 48 complaints were rejected on summary investigation, 2 refused and 93 were abandoned by the complainant.

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



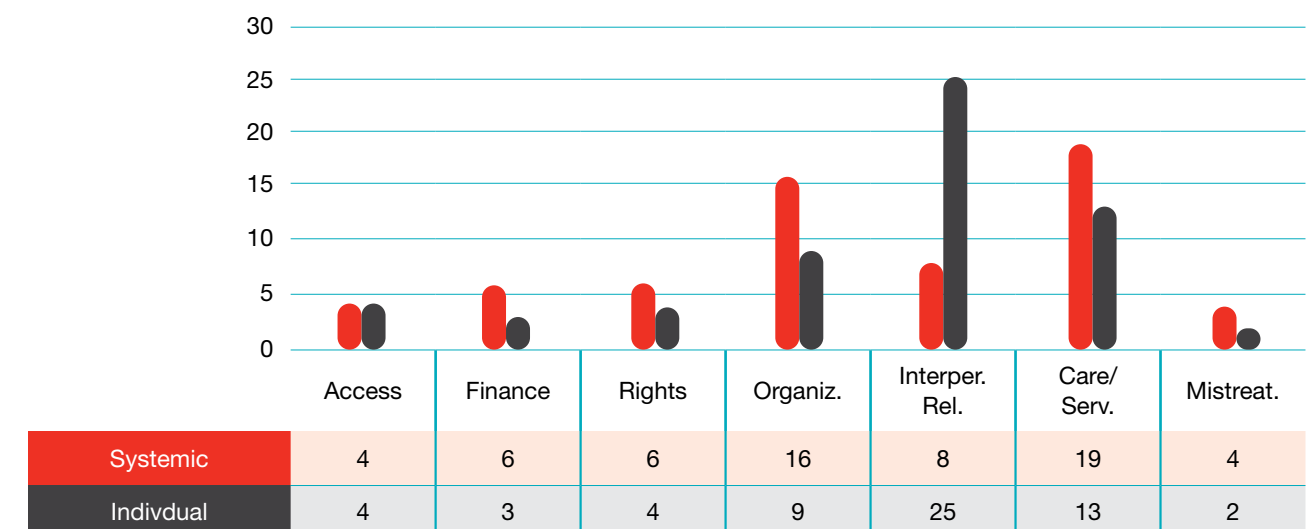
Actions taken to improve care and services

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, 123 measures were implemented in 2019-2020 of which 61 were systemic and 62 were individual.

We note that all recommendations and undertakings were accepted and implemented.

Chart 7: Individual and systemic measures by category of complaint



Individual measures generally focus on closer management of personnel (22), ensuring awareness of personnel (10) or teaching (5). In systemic measures we find clinical or administrative protocol changes (10), increased communication documents (11), technical adjustment (5), or financial (5).

Here follow examples of measures or undertakings, systemic and individual implemented this year:

Individual measures (one person or a small group):

- Teaching on quality of service was done for the clerks of a small clinic.
- Nursing personnel on various units was reminded to document the transfer of patients towards another establishment. (This is an individual action as well as systemic.)
- Updating of information on the rules of a unit.
- Teaching was done to nursing personnel on nasopharyngeal suction.
- Review with personnel on a unit of complex clinical cases.

Systemic measures (for a category of patients or with a transversal effect):

- MUHC Technical services greatly increased the security level of an arrival/departure zone for patients on one of the sites and undertook to do the permanent repairs needed on all sites.
- Reminder to nursing personnel to document all evaluations and actions taken following a fall;
- Reminder to all MUHC personnel on their use of social media;
- Improvement of the transport services for OPTILAB samples;
- Modification of the parking policy related to parking pass conversions;
- Addition of Wheel chairs;
- Development of a protocol in cases of extravasation for a medication.

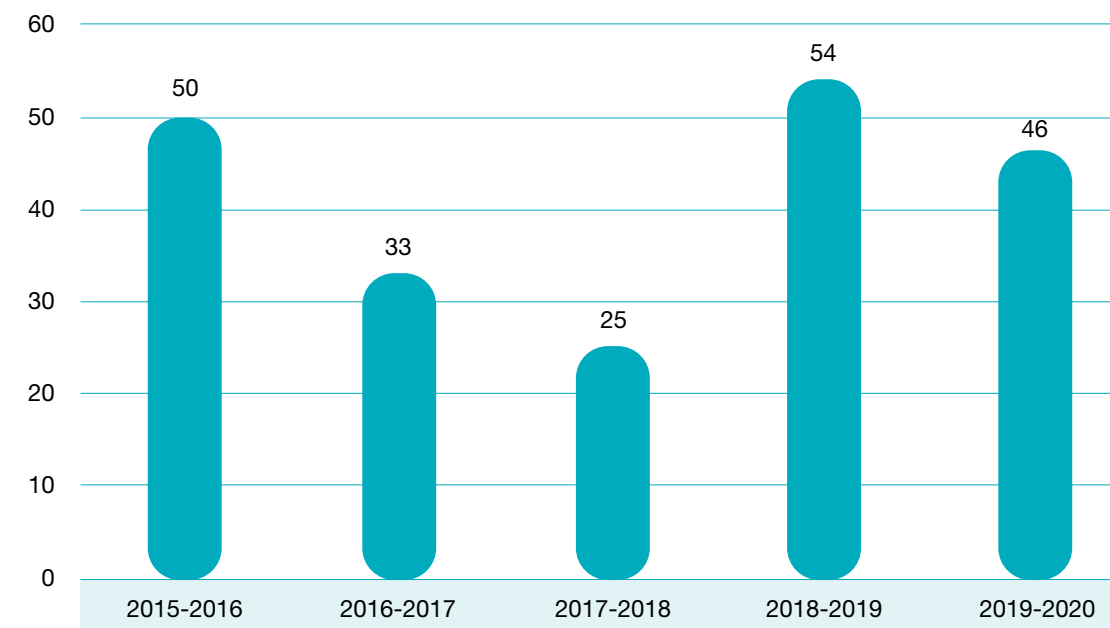
Finally we note that *measures to improve quality* are frequently implemented as soon as a complaint is transferred to a department or service. The complaint thus becomes the means to improve service, attitude and access without the need of a formal recommendation. These improvements are noted in our electronic files as undertakings. These types of measures have been registered in 351 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 2019-2020, 46 interventions were opened. Many of our interventions concerned access to care and services as well as space and organization of the hospital. Here are a few areas of interventions: improving security at entrances, waiting lists, waiting times in the emergency, communication between services.

Chart 8 : Number of interventions 2015-2020



Intervention: billing non-residents in the emergency__

We received approximately 30 complaints and requests for assistance from patients, non-residents having received bills for services that they did not have, in the emergency room (ER). These were situations where a patient would arrive to the ER, register with the clerk but would decide to leave before even seeing the triage nurse. The only thing done, at this point was registration of the patient, a purely administrative action but they would receive a bill for emergency care. These bills respected the government directives for billing but these patients had not seen a nurse nor by a doctor. This situation was not fair.

With the essential help from the Department of finance the MUHC and the MSSS the rules were changed. The purpose of the change was to ensure more equitable billing for all non-resident patients.

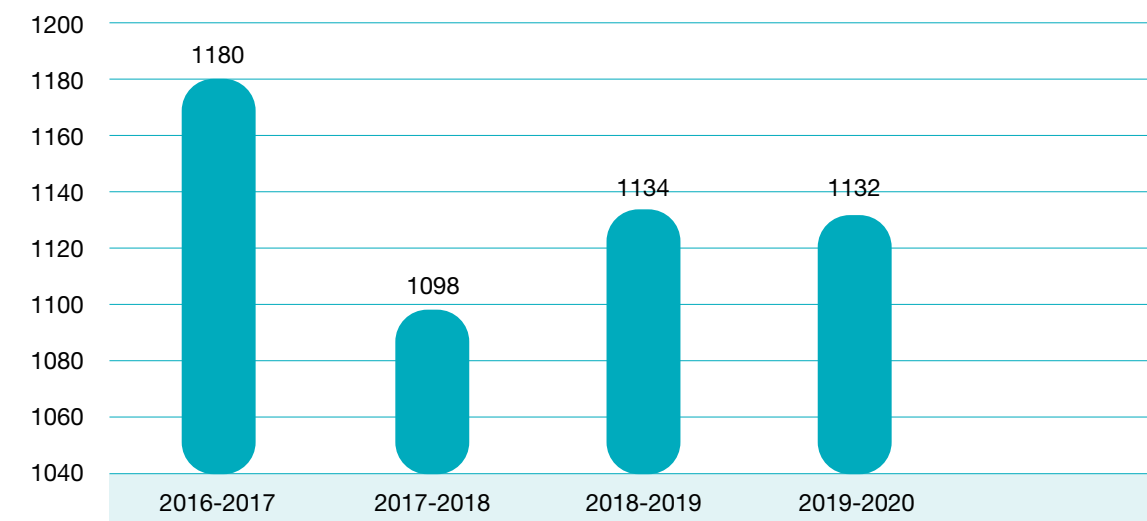
The fee charged to these patients, who leave immediately after registration, now covers the service they in fact received, i.e. registration in the ER.

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.

This year we received 1132 requests for assistance.

Chart 9: Total number of requests for assistance 2016-2020



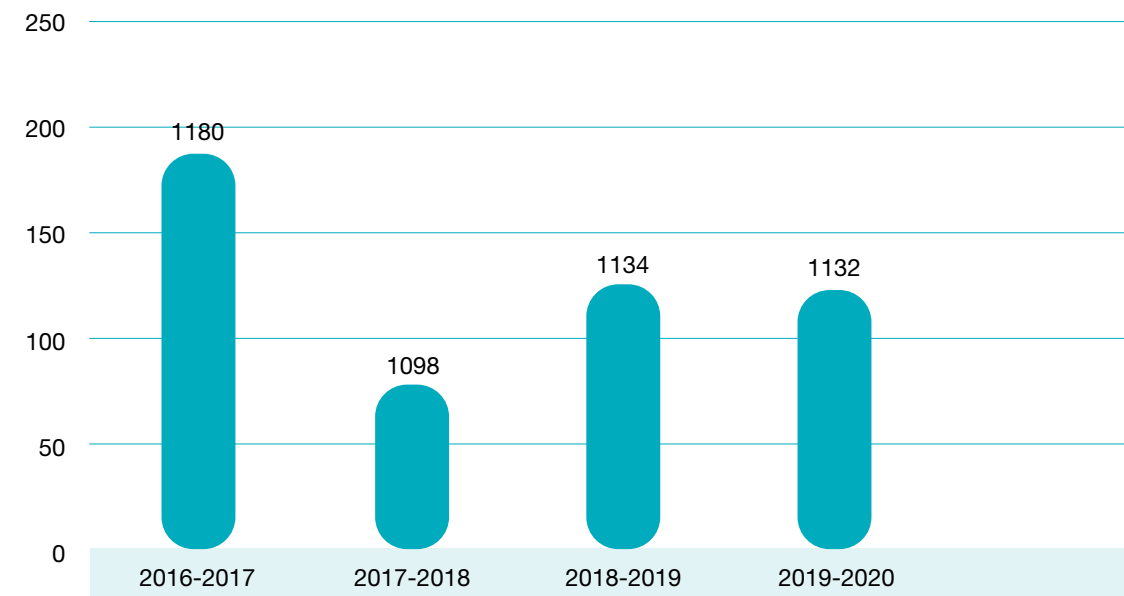
Consultations

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.

We note an important number of consultations as a sign of the focus of the personnel on respect of the patients, on the rights of patients and participation of the family. Some of these consultations are related to conflictual situations between patients, families and personnel and require the support of many services (administration, legal services).

Chart 10: Total number of consultations 2016-2020



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 2019-2020 we received one case alleging mistreatment and 6 notices that were all managed and referred rapidly to the appropriate authority.

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 Ombudsmen, the Regroupement des Commissaires aux plaintes du Québec and we meet with our counterparts from the other Centres Hospitaliers from the province. We also continued to host a student from the Faculty of Law at McGill University in the context of a legal clinic course.

We also made presentations on the complaint system to McGill University students in the Faculty of arts, social work and nursing and other related conferences.

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Protecteur du Citoyen

In 2019-2020, sixteen (16) 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 seven (7) cases, the Protecteur du citoyen confirmed our conclusions and one (1) file was rejected. In four (4) cases recommendations were received and applied by the MUHC. However, in one of these cases three (3) recommendations were managed together with the MUHC and the MSSS. The office of the Ombudsman is awaiting the conclusions of two (2) files that are still at the level of the Protecteur.

Chart 11: Total number of cases directed to the Protecteur du Citoyen - 2016-2020

Period	Number of Cases
2016-2017	9
2017-2018	12
2018-2019	16
2019-2020	16

As illustrated in **Chart 12**, organizational issues and care and services constitute the main motives of complaints studied by the Protecteur du Citoyen.

Chart 12: Motives of complaints studied by the Protecteur du Citoyen

Motive	Percentage
Care & Services	40%
Access	20%
Rights	20%
Organization	5%
Finance	5%
Interpersonal relations	5%
Mistreatment	5%

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Medical Examiners

The position of Chief Medical Examiner was created at the end of the year in order to enhance the quality of investigations and the process of medical complaints for the users of the MUHC. The Council of physicians, dentists and pharmacists (CPDP) of the MUHC appointed Dr. Joshua Chinks to this position. This nomination was endorsed by the Board of Directors.

The number of cases submitted to the MUHC Medical Examiners remains the same in 2019-2020, as seen in **Chart 13**.

Chart 13: Total number MUHC Medical Examiner complaints 2017-2020

Period	Total Number of Complaints
2017-2018	215
2018-2019	208
2019-2020	208

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: Two-year percentage (%) comparison by complaint categories

Category	2018-2019 (%)	2019-2020 (%)
Access	2.61	8.49
Finance	1.30	0.94
Rights	7.39	7.08
Organiz.	1.30	1.42
Interper. Rel.	11.74	13.68
Care/Serv.	75.65	68.40

The major reasons for complaints received by the Medical Examiners, fall under the category of Care and Services. These are issues pertaining to Professional Judgment and Technical Skills. The Medical Examiners have brought these issues and others to the MUHC Council of the Physicians, Dentists, and Pharmacists and are monitoring this aspect of medical care for patients and families.

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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:

- Dr. Sarah Prichard (Chair, and member of the Board of Directors)
- Dr. Thomas Milroy
- Dr. Antoine Loutfi

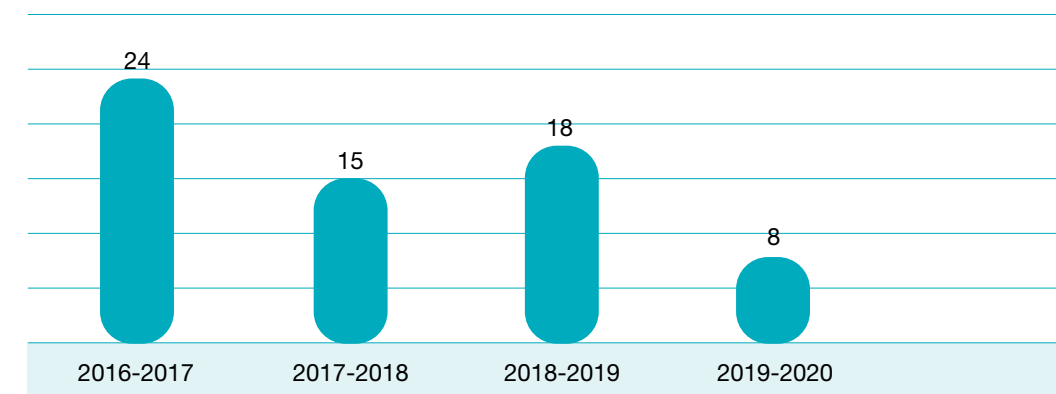
In 2019-2020, the Review Committee received 8 requests for review. The Committee met three (3) times (May 27, 2019, June 20, 2019 and October 24, 2019) to review 8 files. The Committee examined 3 requests for review during the 2019-2020 fiscal year and 5 files received during the previous fiscal year. The meeting scheduled for September 19, 2019 was cancelled due to the lack of requests for review and the meeting for the 5th of December, 2019 was cancelled for unforeseen circumstances. Requests for review received after October 24, 2019 were reviewed by the Review Committee in the following fiscal year.

Pursuant to the law, the Committee reviewed 8 cases and reached the following conclusions:

	2019-2020
1° Confirm the conclusions of the Medical Examiner	7 cases
2° Request that the Medical Examiner perform a complementary examination within a delay set by the Committee	1 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

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 2016-2020



V/

MUHC Vigilance Committee

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 2019-2020 the Committee met two (2) times (September 5, 2019 and December 5, 2019).

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.

Furthermore, the Committee reviewed recommendations received from various professional orders and other organizations with respect to quality of care and services and report was made to the Board of Directors. Moreover the Committee met with various groups within the MUHC who made representations on the measures implemented to improve quality of care and services.

VI/

Action plan for 2020-2021

In 2020-2021, the office of the MUHC Complaints Commissioner will undertake the following:

- Participation in Patients' Users' Committees activities for the promotion of the complaint system and users' rights.
- Ongoing promotion of patients' rights and the complaint system at all levels through Grand Rounds, mission specific presentations and smaller in-service presentations.
- A new legislation formalizes the review and the early treatment of elder abuse **Act to combat maltreatment of seniors and other persons of full age in vulnerable situations** (sanctioned on May 30th 2017). In consequence, our regulations were revised and approved by the BoD.
- Evaluate our complaints process to improve the efficiency and quality of our service.
- Evaluate access mechanisms to the complaint process at the MUHC for all and prepare, with communications services and in collaboration with the users' committees, video messages for MUHC screens.

VII/

Conclusion

The Annual Report of the MUHC Office of the Complaints Commissioner has provided an overview of some of the areas of dissatisfaction that patients and families have experienced. Although we learned that, again, one of the main issues for patients and families has been the question of “access to care and services”. Telephone access has actually improved for the last few years. We will continue to monitor the issue and offer detailed reports of the situation as improving communication at all levels of the MUHC is essential for better care and better coordination.

We wish to thank patients and their families, as well as the staff of the MUHC for their eloquent complaints and their desire to improve the care and services provided. It is also the result of the staff’s willingness to listen and hear us and act. This is the reason why patients and their families take the time and make the effort to contact us and we appreciate their effort and courage.

Finally, we have noticed that with stable complaint numbers and through our communication with the personnel the MUHC is recovering from the difficulties of the last few years and the strength of the personnel can be appreciated in their actions to improve care and their collaboration with our office. However, the beginning of the pandemic has shown that we must continue our efforts and maintain the improvements we have accomplished over the past few years in order to respond to the added demands to provide care and services. The challenge for the MUHC will be: to coordinate care and services efficiently and adapt them to the growing needs; especially should the occupancy level of the emergencies rooms rise again, back to the pre-pandemic numbers.

Respectfully submitted,



Lynne Casgrain

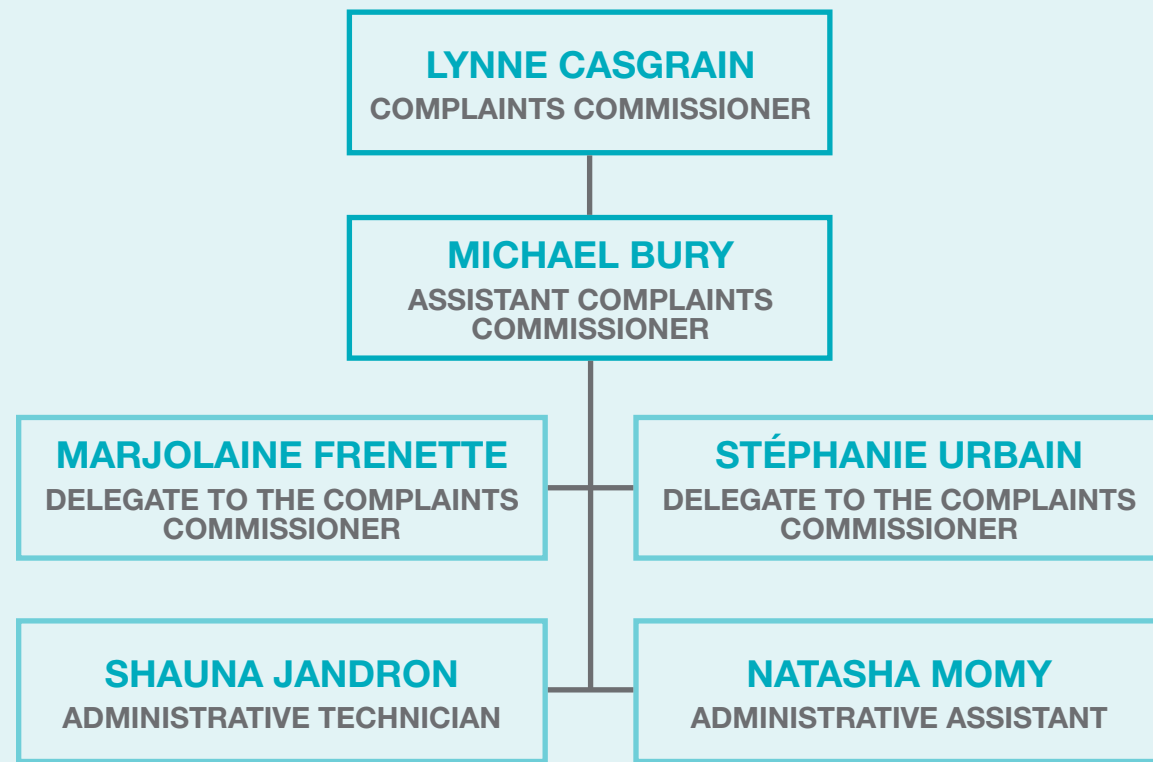
COMPLAINTS COMMISSIONER / OMBUDSMAN

MCGILL UNIVERSITY HEALTH CENTRE

Appendices

APPENDIX A: STRUCTURE OF THE OMBUDSMAN'S OFFICE

MUHC TEAM 2019 – 2020



MEDICAL EXAMINERS

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

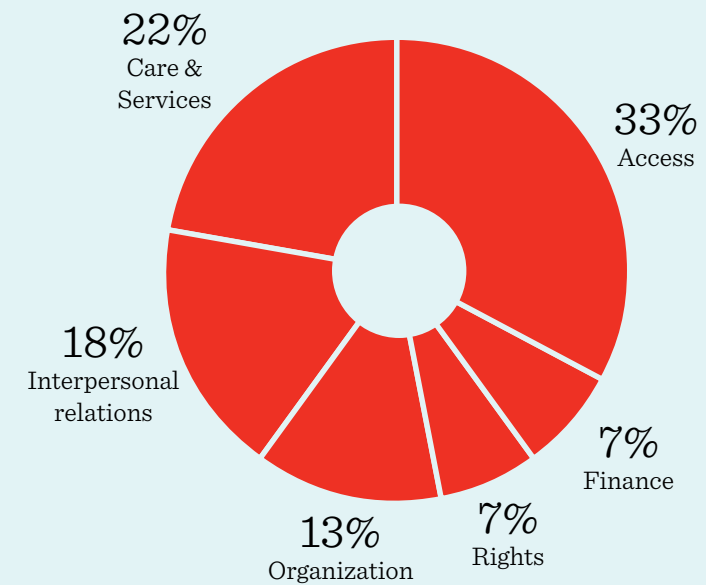
Telephone: 514-934-8306
 Email: ombudsman@muhc.mcgill.ca
 Website: <https://muhc.ca/patients/ombudsman-complaints-commissioner>

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 2019-2020 was 912.⁵

MOTIVES/ NUMBER OF COMPLAINTS PER MOTIVES	
Accessibility	356
Finance	62
Rights	80
Organization and material resources	140
Interpersonal relations	198
Care and services	231
Mistreatment	1
Other	4

Chart 16: Motives of complaints



⁵ The complaints received (page 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. An English version follows.

- **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 2019-2020

Membership or participation in the following committees:

- Site and MUHC Users Committees
- Pediatric Ethics Committee
- MUHC Organisational Ethics Committee
- Association provinciale des commissaires aux plaintes du réseau de la santé
- Forum of Canadian Ombudsmen
- MUHC Committee for a Respectful Environment
- Vigilance Committee
- MUHC Patient Safety Committee
- MUHC Committee on Quality and Risk (COQAR)

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.

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