

ANNUAL REPORT

**on the application of the
procedure for complaint
examination and
improvement of the
quality of services
2018-2019**

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PRESENTATION - ANNUAL REPORT 2018-2019

The present Annual Report of the MUHC Complaints Commissioner (Ombudsman) presents the final data and a summary of our related activities for the year 2018-2019.¹ 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, (V) a summary of the Vigilance Committee's work.²

After a review of this year's data, the Office of the Complaints Commissioner (the Office) has developed a (VI) Plan of Action for 2018-2019. The Plan appears repetitive from year to year, however, some issues remain to be resolved to our satisfaction. We will review the problematic situations until substantial improvement is achieved. The major problems faced by patients and stemming from difficult telephone access are still part of our plan of actions notwithstanding the marked improvement. You will find, later in this report, an updated table of data covering the last 7 years.

We also include a few cases (in boxes) illustrating problems and the importance of complaints as tools to improve quality of care and services.

I. MUHC OFFICE OF THE COMPLAINTS COMMISSIONER

The number of complaints and other requests detailed in this report should be interpreted as part 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.
- Conduct equitable, impartial, and compassionate investigations and resolutions of complaints.
- Promote patients' rights and the complaints system within the MUHC.
- Make recommendations of a systemic nature to improve care and services.

COMPLAINTS AND OTHER FILES RECEIVED³

As shown in the table and graph below, the number of complaints decreased by 10%, however the number of people who contacted our office has remained stable, with 10 files less than last year. As we will see later we received fewer telephone access complaints (88 less) and this appears to explain in large part the decrease in our number of complaints (96 less complaints over all).

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.

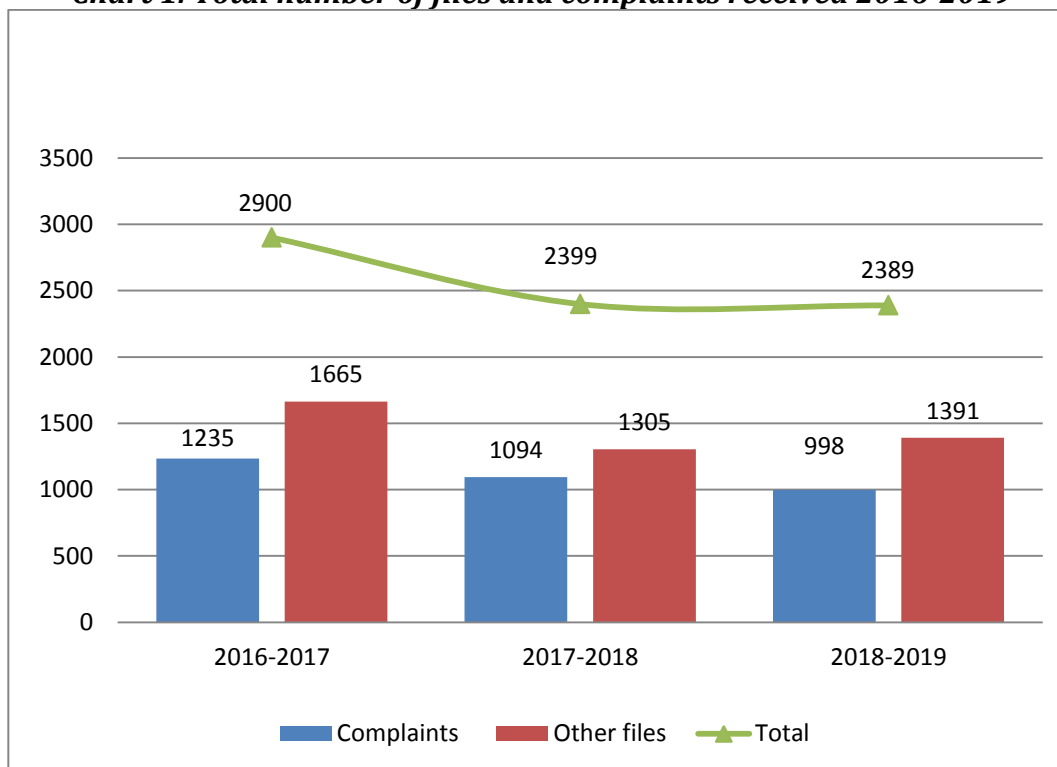
² This report is made pursuant to An Act Respecting Health Services and Social Services, R.S.Q., Chapter S-4.2, s.76.11 and Public Protector Act, R.S.Q., Chapter P-32

³ Other files: assistance and consultation requests and interventions.

**All files opened by the Office of Complaints Commissioners/Ombudsman
McGill University Health Center 2016 to 2019**

| | 2016-2017 | 2017-2018 | 2018-2019 |
|----------------------------|-----------|-----------|-----------|
| Complaints received | 1235 | 1094 | 998 |
| Other files | 1665 | 1305 | 1391 |
| Total | 2900 | 2399 | 2389 |

Chart 1: Total number of files and complaints received 2016-2019

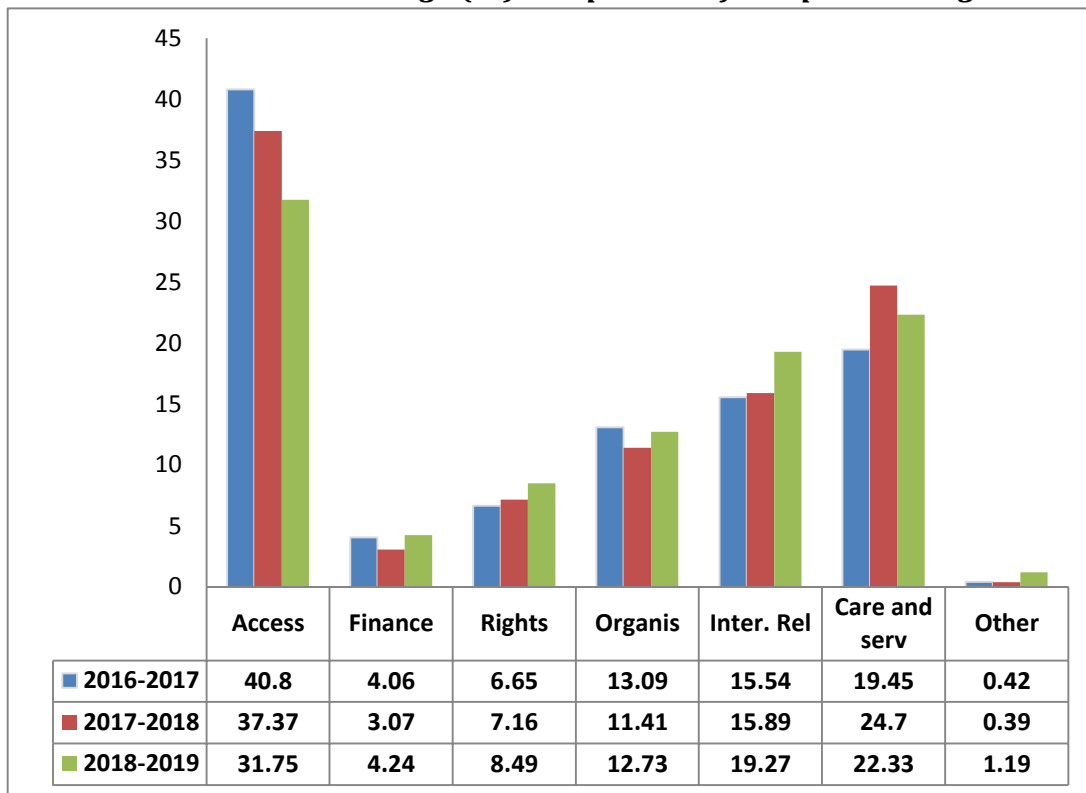


COMPLAINTS CATEGORIES

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 B** for a brief summary of each category.

Chart 2: 3 YEARS Percentage (%) Comparison of Complaint Categories

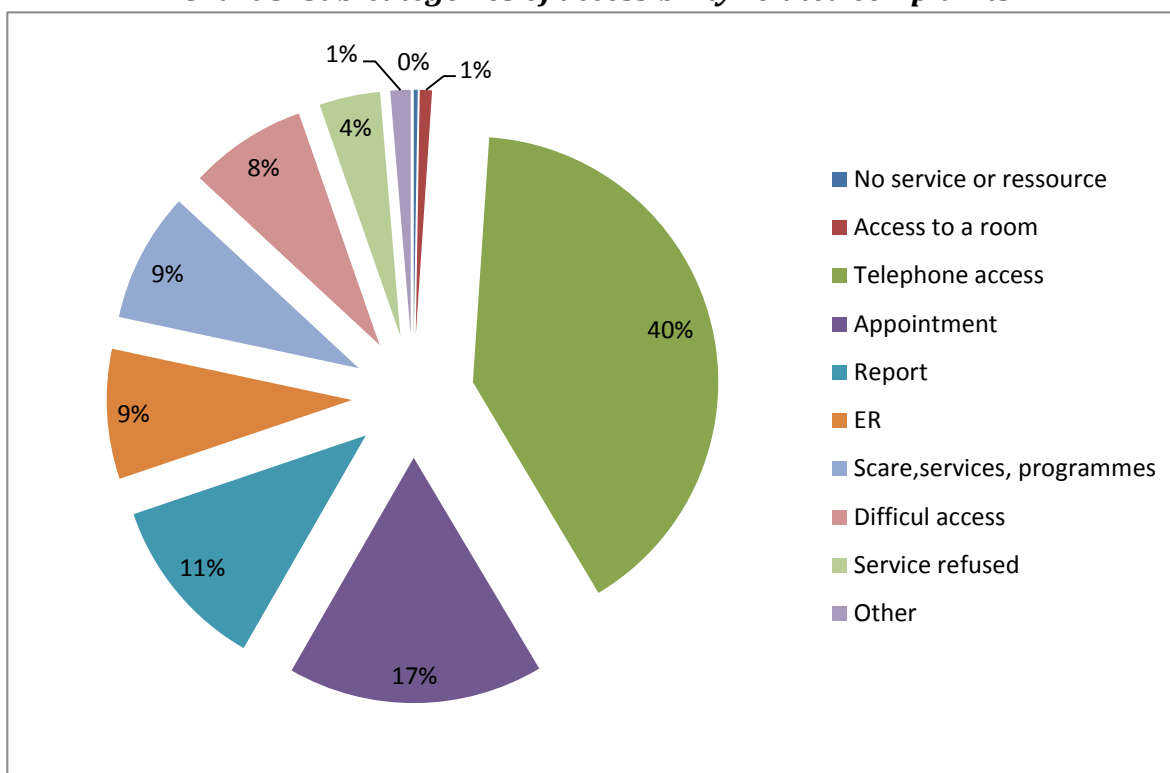


Every year our figures show that **Access** is by far the most problematic for users. This year there was a decrease in the number complaints related to “access”. This category includes not only access to care but also a perennial problem for patients, namely: telephone access. We note that this year 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.

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
- Care / services / programs - for example: waiting lists, waiting for results;
- Difficulty accessing emergency services;

Chart 3: Sub-categories of accessibility related complaints

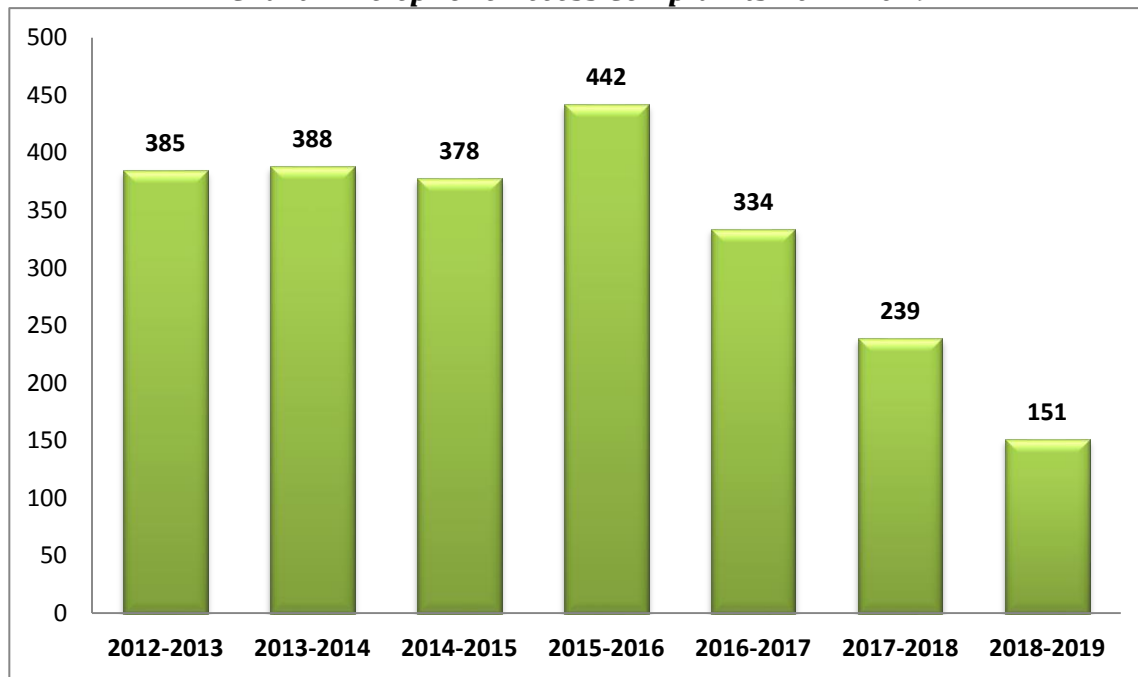


Telephone access has moved from 52% to 40%; a marked improvement but access to services is now part of the top 5 (an increase of 2%). We will continue to follow this.

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 by the MUHC, which explains the improvement in the numbers.

Chart 4: Telephone Access Complaints 2012-2019

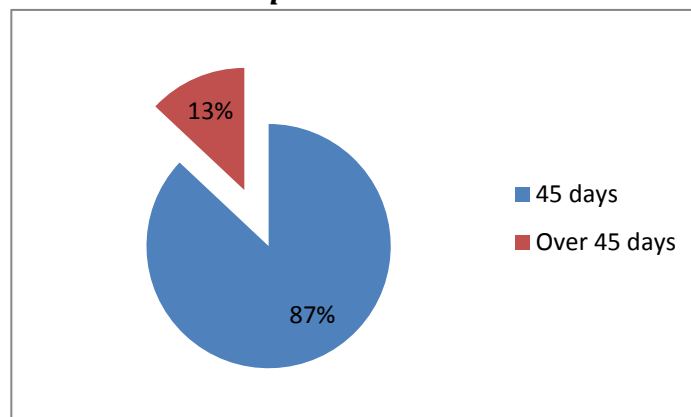


The recommendations which were issued by a special telephone-access task force were implemented and we believe that the numbers reported this year demonstrate the beginning of sought after improvements. In fact, we note a decrease of approximately 300 complaints since 2015 and 2016. The problem is not yet resolved so we will continue to follow it to ensure that the situation improves.

COMPLAINTS EXAMINATION TIME

As illustrated in **Chart 5**, the vast majority of complaints (87 %) were examined within 45 days or less during 2018-2019. 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

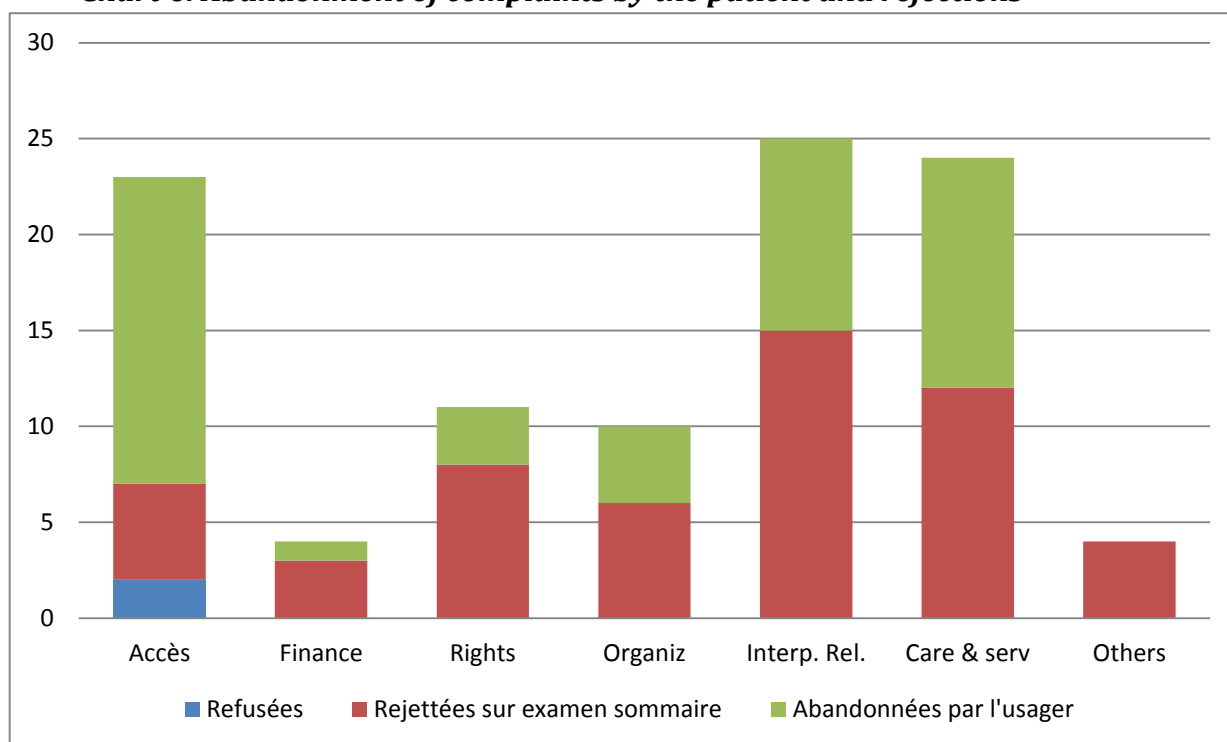


REJECTED AND ABANDONED COMPLAINTS

The vast majority of complaints investigated this year were deemed receivable (95%). However, 53 were rejected on summary investigation, 2 were rejected following investigation and 46 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



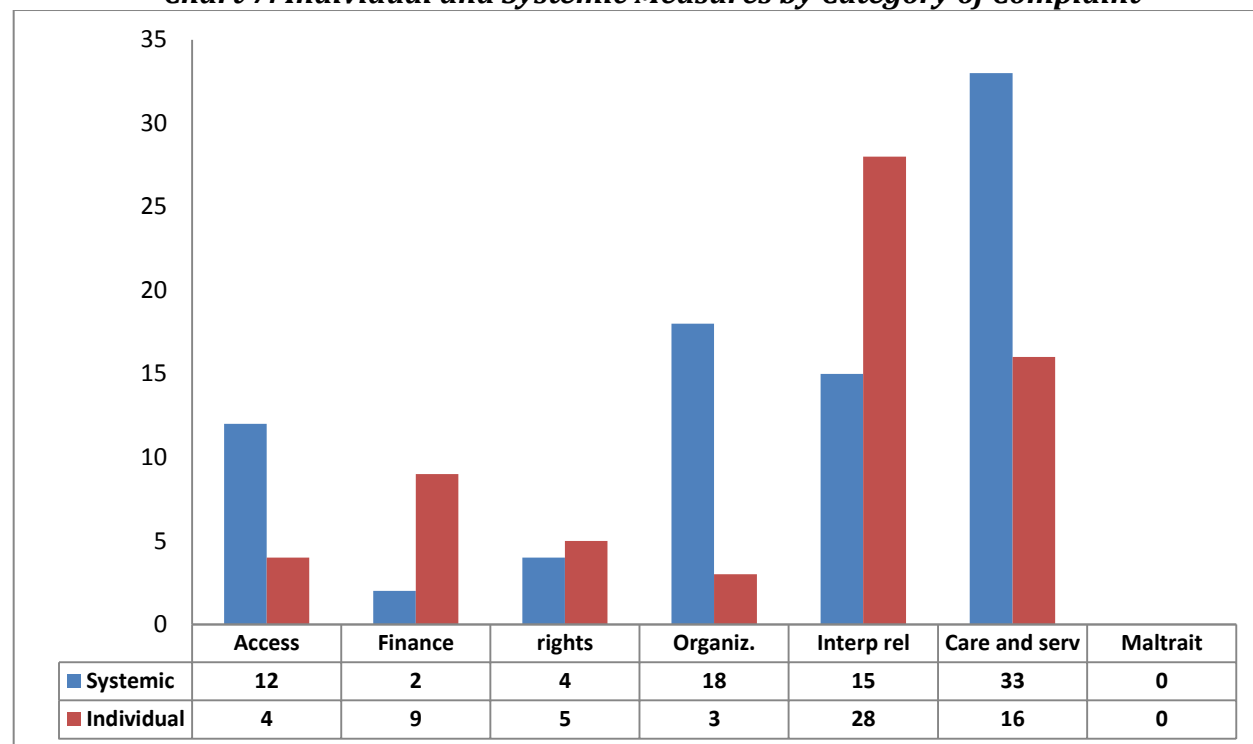
ACTIONS TAKEN TO IMPROVE CARE AND SERVICES

When complaints are valid and improvements required, the Complaints Commissioner along with the Service or Department concerned agrees 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, 149 measures were implemented in 2018-2019 of which 84 were systemic and 65 were individual.

As to the recommendations and undertakings of the services involved, all undertakings were respected and, in the case of recommendations, these have been accepted and implemented.

Chart 7: Individual and Systemic Measures by Category of Complaint



A few examples of individual and systemic measures or undertakings in the year under review:

Individual measures (one person or a small group):

- A formal reminder was given to the clerks of a small clinic on attitude and behavior expected.
- An employee was formally met by her manager to discuss and improve her approach with patients and families.
- Nursing personnel on various units were reminded to document interactions with the medical staff.
- Nursing personnel on a unit were reminded to document transfer of a patient to another unit
- Employee will take a course on “customer service”.

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

- Additional parking spaces for cars with vignettes were added at the Glen site.
- Certain doors to washrooms in the proximity of clinics were automated to ensure access for patients with mobility issues.

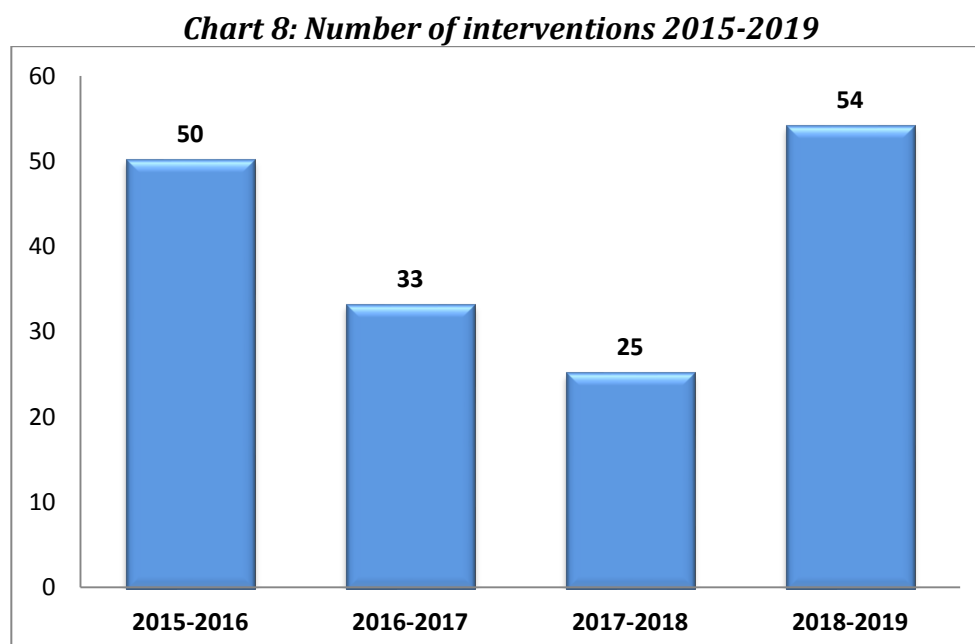
- Actions to improve communication between nursing shifts
- Actions to improve communication for residents, doctors staff changing of shifts during the evening.
- A poster will be created to explain the follow-up procedure outside the usual work day for surgical patients and for personnel to call these patients (evenings, weekends and holidays).
- Reminder to employees to identify themselves and carry their ID cards at all time

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 333 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, therefor complex.

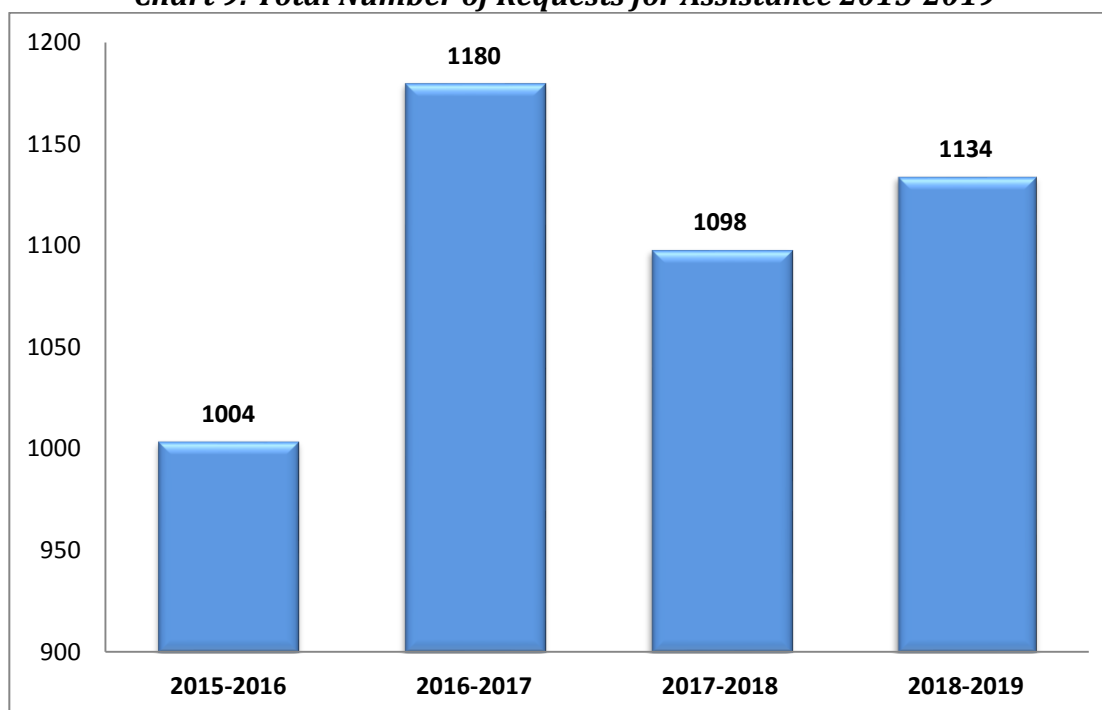
In 2018-2019, 54 interventions were opened. Many of our interventions concerned access to care and services as well as space and organization of the hospital: i.e. automated doors, more spaces for handicap parking etc. In some instances communication channels were improved between departments for better services to patients.



REQUESTS FOR ASSISTANCE

These are cases where patients, families, employees, 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 may cause our office to intervene and examine the situation in order to improve care and services. This year we received 1134 requests for assistance.

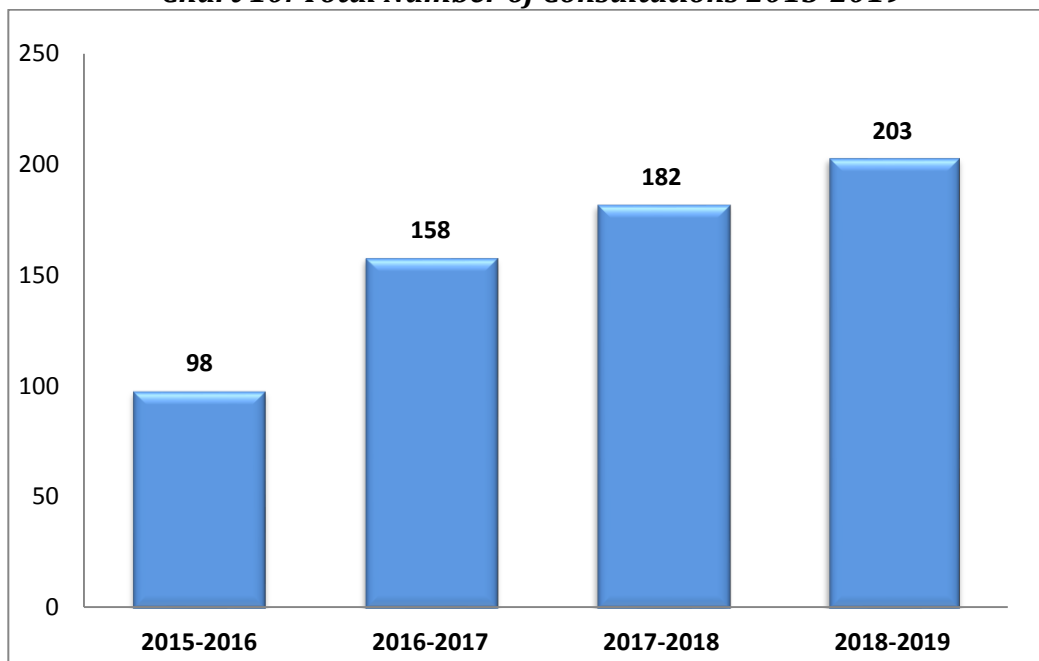
Chart 9: Total Number of Requests for Assistance 2015-2019



CONSULTATIONS

This category 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. As demonstrated in **Chart 10**, we see that the consultations are steadily increasing in the last few years. The majority of these files concern rights and obligations (123) and especially questions on the complaint system (70/123). The rest of the files are divided evenly between other categories.

Chart 10: Total Number of Consultations 2015-2019



MALTREATMENT

The *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations* was adopted on May 30, 2017. All health care institutions under *the Act respecting health services and social services* must adopt and implement a maltreatment policy.

The MUHC has adopted the policy and procedure, as required by law and pursuant to the guidelines established by the health department and family department. 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 2018-2019 we received a case that was 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 C**). 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 for a legal clinic course.

We also made presentations on the complaint system of the MUHC to McGill University students in the Faculty of arts, social work and nursing and participated in provincial conferences on emergency services and to peri-operative nursing services.

CASE STUDIES

In this section we have listed a few case studies that our office managed in 2018-2019. These cases, and the undertakings made by the various services to improve the care, are illustrations of complaints received and of solutions applied to resolve individual issues and address systemic problems for others.

Care and services provided – Coordination of care

A patient informed us that she had to wait 7 months before receiving the results of her Computed Tomography (CT) scan. She explained that because the examination report was not sent to her doctor who requested the scan, she could not get a referral to see a specialist.

The manager of the department performed an in-depth investigation to try to understand how the results of a CT scan, performed at one of the MUHC sites, were not sent to the referring physician. The results of the scan were indeed reported and available on the internal electronic system (OACIS). They were also available through the provincial health information access tool, Québec Health Record (QHR). However, despite everything, it seems they were not sent to the referring physician.

Consequently, this complaint prompted us to request that the manager investigate the matter. She learned that the results were not being printed, whereas, all results should be printed and sent automatically to the referring physicians. She realized that the electronic mailing system was not working for this site. This was immediately fixed by the Information Services team and thanks to this complaint, results are now being sent to all referring physicians, as initially planned.

Interpersonal relationships – Communication attitude

After a complaint was lodged about a patient attendant, the supervisor met with the employee in question and gave him clear instructions about how to interact with patients. He received a verbal warning and understands that any future complaints against him would result in more severe disciplinary action.

Furthermore, the nurse in charge of the patient at the time of the complaint was also met to discuss the importance of handling complaints in a timely manner, and with empathy and compassion.

Building / Physical site

A serious problem with a steep slope of sidewalk at the Cedar entrance of the MGH was brought to our attention. This was problematic, even dangerous, particularly for disabled people and people with reduced mobility since walking-aids and wheelchairs could become very unstable. Once reported to the Building/Grounds team the slope was corrected immediately. More permanent work is planned.

Individual rights – Access to services in the French language

After a complaint was lodged concerning access to services in French, the nurse manager of the care unit sent out a reminder to her staff about communicating to patients in their preferred language.

Care & services / Continuity / Coordination between internal services

Situation: Gap in the traceability of consultation requests for a clinic

The Clinic took the following measures to correct the situation:

- Standardization of policies and procedures for the management of consultation requests
- Scanning requests to be able to retrace them electronically and to avoid having to store the paper documents in binders

Interpersonal relationships / Not listening

Situation: a patient asks the nursing staff if it is normal that they waited 3 hours for a blood test ordered by the doctor. They were told yes, but in fact it had been forgotten.

After this incident, a reminder was sent out to all employees to verify the patient's chart at the beginning of every shift to ensure follow-up.

Delay / Waiting time to get a result or report

Situation: There were delays in the reporting of results of a genetic test for a patient to know if he would have access to a type of treatment.

Undertaking: The pathology directory was corrected and the phone numbers were updated to ensure prompt transmission of results. Pathology numbers specific to adult sites and the children's were revised and posted. The patient and his treating physician received the results and could then proceed with treatment.

Physical site/ Parking

Patients complained to our office about the lack of parking spaces. Following this complaint the MUHC Parking department negotiated with the city to improve parking spots for disabled people on University Street and some places were eventually added.

Interpersonal relationships

A vulnerable person waiting for mental health services in his community is being followed by the pain clinic at the MUHC. Because of his anger issues and insults towards the staff, the services were stopped by the clinic. The patient contacted our office and his CLSC social worker as well considering the distress of the patient. Along with the clinic team, we organized a conciliation meeting with all parties involved and established the conditions of re-admission. Formal apologies were given, a procedure and communication plan was put in place and the patient was able to resume services in the clinic.

Telephone access

A complaint was made about the automated system for appointments and messages left on voicemail boxes. The messages were very difficult to understand, particularly the name and the location for the appointment. The company was contacted and the required corrections to the automated system were made.

Care and services provided

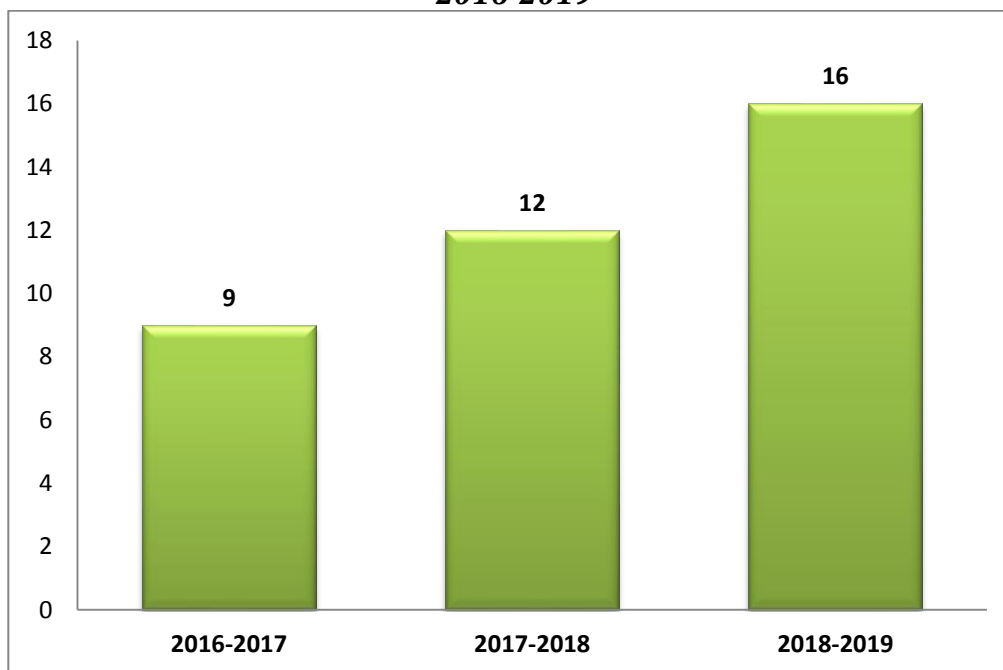
A patient contacted us to complain about the delay and the care and service she received while in the emergency department. After examining her complaint, it was recommended to conduct an assessment of the triage process and documentation to fully understand the nurses' roles and improve practices where necessary. The recommendation was accepted and after the assessment the triage nurses received further training.

II. PROTECTEUR DU CITOYEN

In 2017-2018, as seen in **Chart 11**, 12 cases were brought to the Protecteur du citoyen by complainants dissatisfied with the examination of their complaint or with the Office's conclusions. Still seven (7) of these had not been concluded. In 2018-2019 the Protecteur du citoyen confirmed our Office's conclusions in five (5) cases and in two (2) cases we received five (5) recommendations that were received and applied by the MUHC.

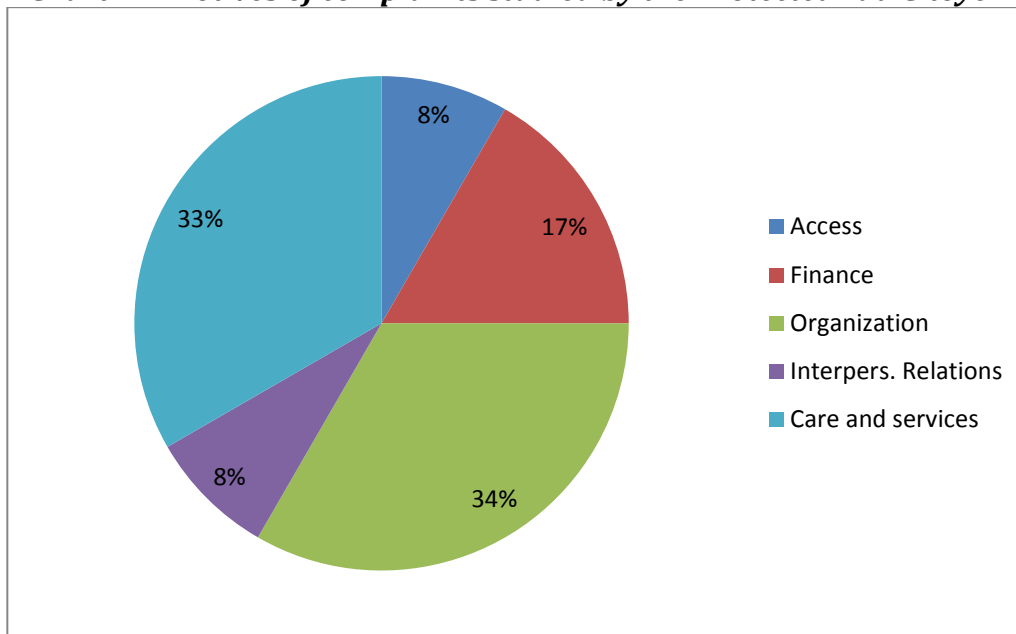
In 2018-2019, 16 new cases were appealed to the Protecteur du citoyen (see chart 11 below). In 10 of these cases the Protecteur confirmed our conclusions and recommendations were received and implemented in 3 cases.

**Chart 11: Total Number of Cases directed to the Protecteur du Citoyen
2016-2019**



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

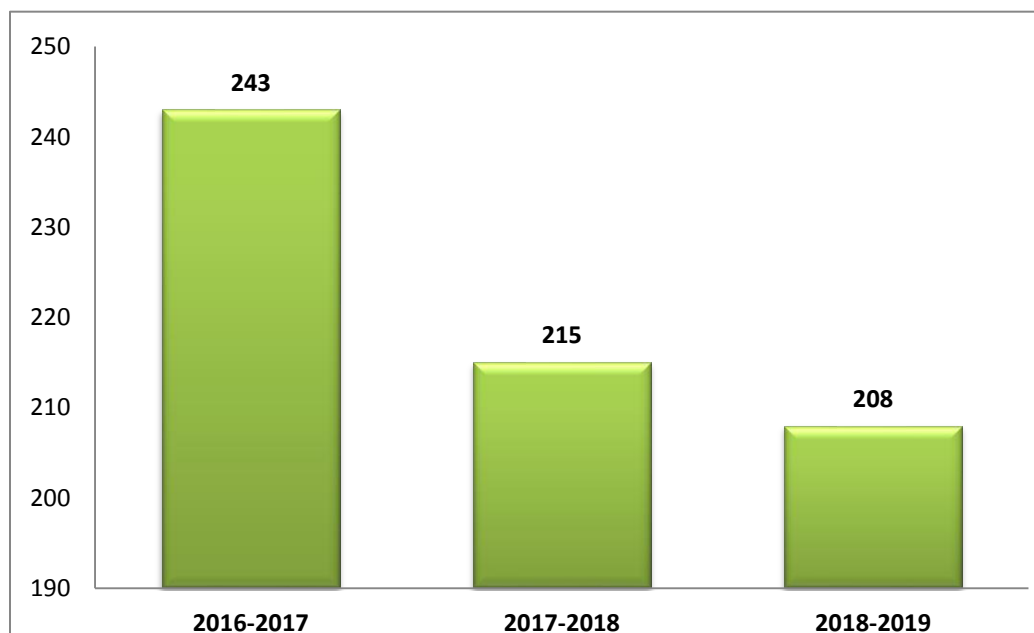
Chart 12: Motives of complaints studied by the Protecteur du Citoyen



III. MEDICAL EXAMINERS

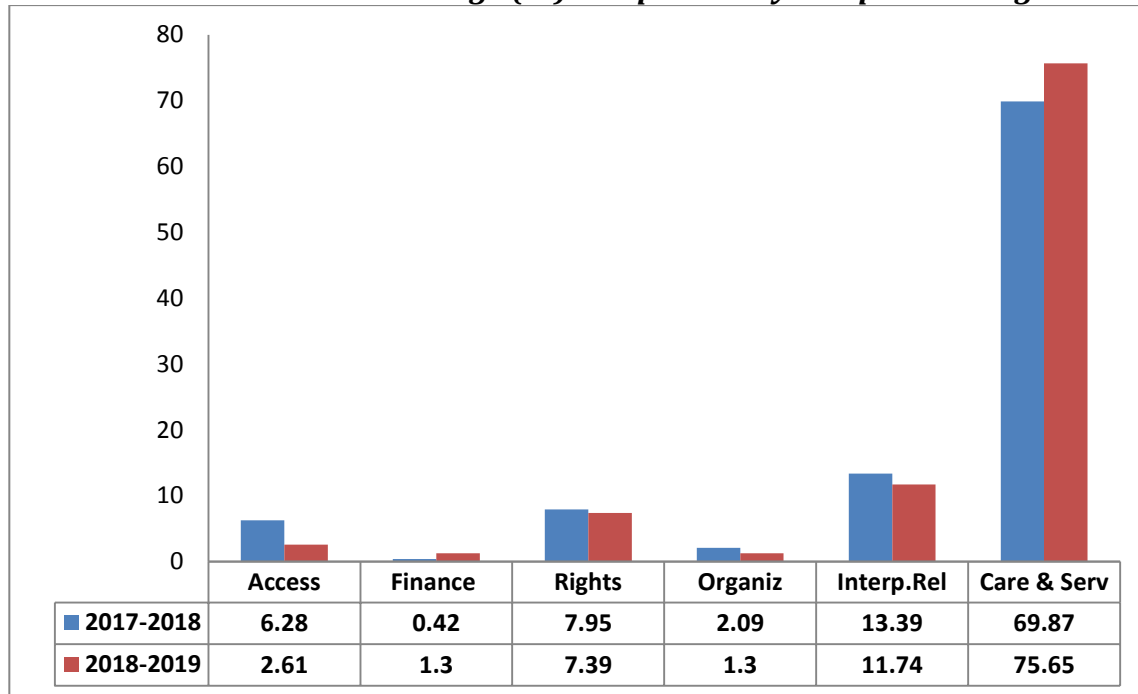
The number of cases submitted to the MUHC Medical Examiners decreased again in 2018-2019, as seen in **Chart 13**.

Chart 13: Total Number MUHC Medical Examiner Complaints 2016-2019



In the majority of cases (56%) the Medical Examiners continue to provide their conclusions within the 45-day limit outlined in the Health Act.

Chart 14: Two-Year Percentage (%) Comparison by Complaint Categories



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.

IV. MUHC REVIEW COMMITTEE

The review committee has three members;

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

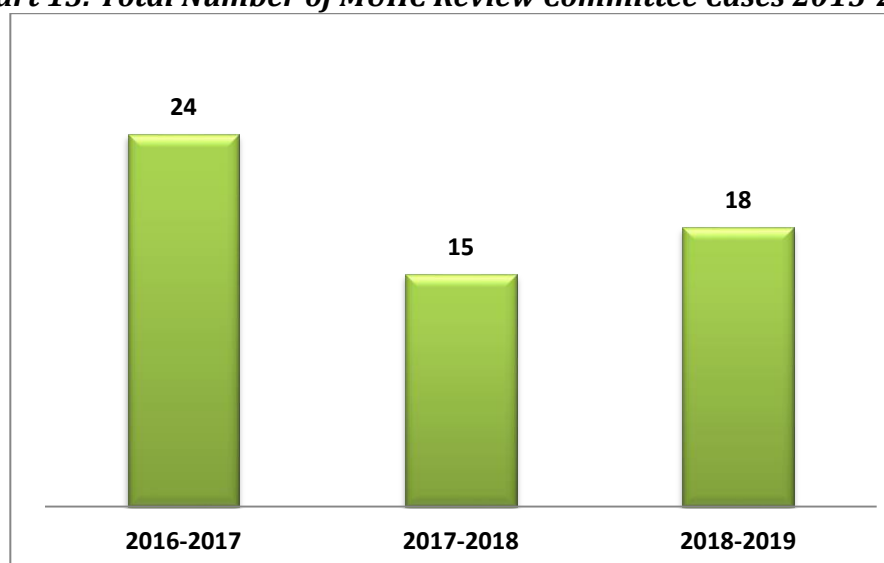
In 2018-2019, the Review Committee studied 18 requests for review lodged by complainants who were dissatisfied with the conclusions of the MUHC Medical Examiners. The Committee met six (6) times (in June, September, October, December, January and March) to review 18 files (one request for review had been lodged the previous year, in the absence of a functioning Board or Committee).

Pursuant to the law, the Committee reviewed 18 cases and reached the following conclusions:

| | 2018-2019 |
|--|-----------|
| 1° Confirm the conclusions of the Medical Examiner | 14 cases |
| 2° Request that the Medical Examiner perform a complementary examination within a delay set by the Committee | 2 cases |
| 3° When a disciplinary issue is raised transfer the file to the CPDP for disciplinary review | 0 case |
| 4° Recommend to the Medical Examiner or the parties any action that may resolve the issue. | 2 cases |

The motives of complaints received raised issues of quality of care, communication (doctor/ patient relations, language).

Chart 15: Total Number of MUHC Review Committee Cases 2015-2019



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 Kholas, 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 2018-2019 the Committee met 4 times (in June, September, December, and February).

With a view of improving the quality of care and services offered at the MUHC, the Committee ensured the follow up of the recommendation from the Complaints commissioner and the Protecteur du citoyen.

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 2019-2020

The plan proposed for 2018-2019 was fulfilled in as much as we continued to collaborate with the users committees of the MUHC; promoted, by various means, the complaints system and rights and obligations of patients; and we participated in the drafting of the policy against maltreatment, as described in our annual report.

In 2019-2020, the Office of Complaints Commissioner will undertake the following:

- Ongoing collaboration with Patients' Committees of the MUHC. We attend the majority of their meetings.
- 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). We have taken this occasion to review our regulations and are awaiting final approval.
- Evaluate our complaints system to improve the efficiency and quality of our cases.
- 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.

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 of care.

We wish to thank patients and their families, for their eloquent complaints and their desire to improve the care and services provided. 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.

Respectfully submitted,

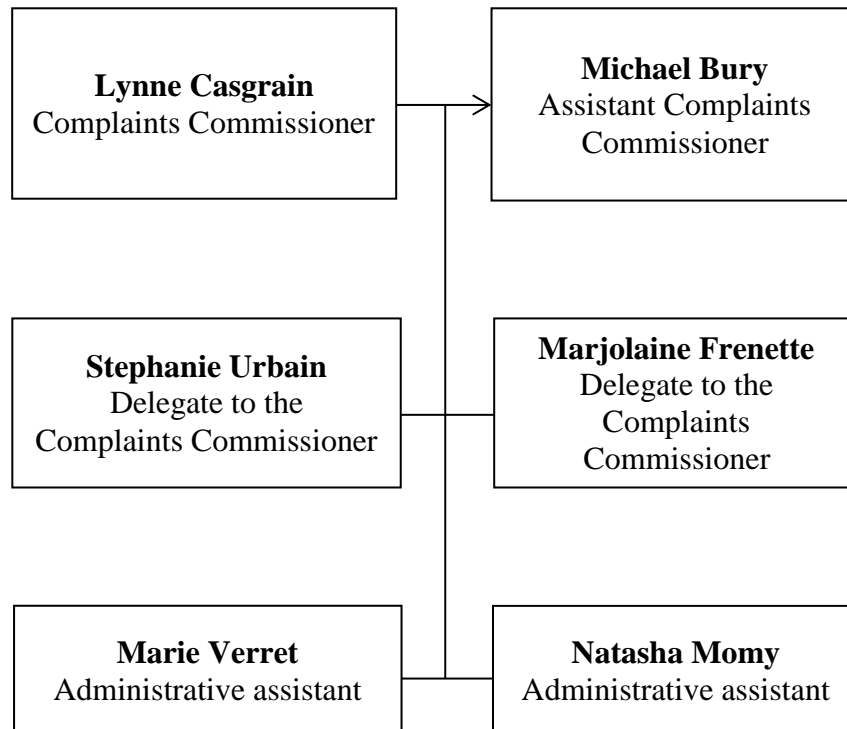
A handwritten signature in blue ink, appearing to read 'Lynne Casgrain', with a horizontal line underneath it.

Lynne Casgrain
Complaints Commissioner
The McGill University Health Centre

APPENDICES

Appendix A: Structure of the Ombudsman's Office

Complaints Commissioner / Ombudsman **Team 2018 – 2019**



Phone: 514-934-1934 ext: 48306

Email: ombudsman@muhc.mcgill.ca

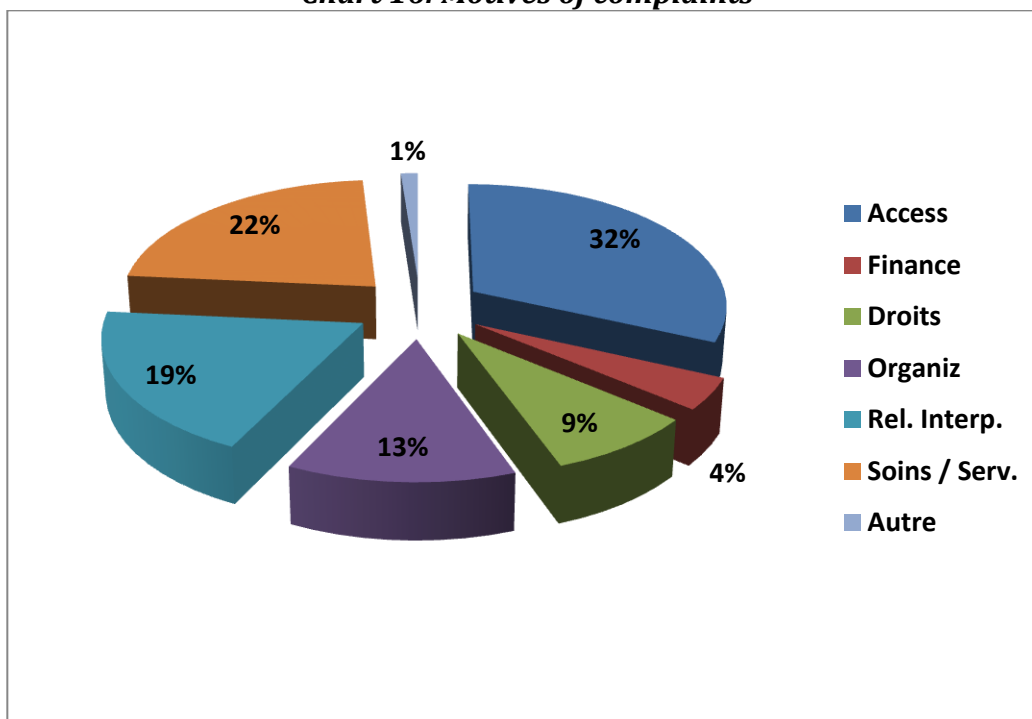
Website: <https://muhc.ca/homepage/page/ombudsman-complaints-commissioners-webpage>

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 2017-2018 was 1094.⁴

| Motives | Number of complaints per motives |
|-------------------------------------|----------------------------------|
| Accessibility | 374 |
| Finance | 50 |
| Rights | 100 |
| Organization and material resources | 150 |
| Interpersonal relations | 227 |
| Care and services | 263 |
| Other | 14 |

Chart 16: Motives of complaints



⁴ 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.

- **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 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 2018-2019

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 members; or (3) 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.

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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