MUHC Office of the Local Service Quality and Complaints Commissioner

ANNUAL REPORT 2015-2016

April 1, 2015 - March 31, 2016

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INTRODUCTION

The present Annual Report of the MUHC Local Service Quality and Complaints Commissioner (Ombudsman) reflects the events of 2015-2016.[1] In accordance with the Health Act, this report includes (a) the report of the Complaints Commissioners, (b) the number of cases referred to the Protecteur du citoyen, (c) the report of the Medical Examiners, (d) the report of the Review Committee, (e) a summary of the work of the Comité de Vigilance.[2]

This year the Review Committee and the Vigilance Committee met once because of the absence of a functioning Board of Directors for the greater part of the year[3]. They will be re-created with the new nominations at the Board of Directors, in the fall of 2016.

After a review of this year's data, the Office of the Local Service Quality and Complaints Commissioner (the Office) developed (f) a Plan of Action for 2015-2016. This part of the report is sometimes repetitive from year to year in that the points we decide to focus on for the coming year have not substantially improved and thus will be reviewed again until real improvement is achieved. For instance, our previous years' plan of action underlined a major problem experienced by patients with telephone access and our wish that the MUHC would step up to the plate. This year in review this problem has not been resolved. We do note however that a multi-disciplinary task force was created with action-oriented managers, nurses, doctors and patients partners as well as a representative from our office. It is a dynamic committee with a clear and finite mandate, a committee which has already unblocked a few roads to better telephone communication. But the present report illustrates the importance of this issue with a special 7 year chart showing a clear deterioration. We trust that the taskforce and the corrective measures underway will contribute to a substantial improvement.

We will continue to raise from year to year the issues and challenges that our patients encounter as the need arises until resolved to our satisfaction. That is our promise.

1. MUHC OFFICE OF THE LOCAL SERVICE QUALITY AND COMPLAINTS COMMISSIONER

The number of complaints and other requests received and detailed in this report should be interpreted in the context of our mandate in the Quebec health care system and of the year under review, a year of unprecedented change.

The functions and role of the Complaints Commissioners and Medical Examiners are the following:

- 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 the care and services for all.

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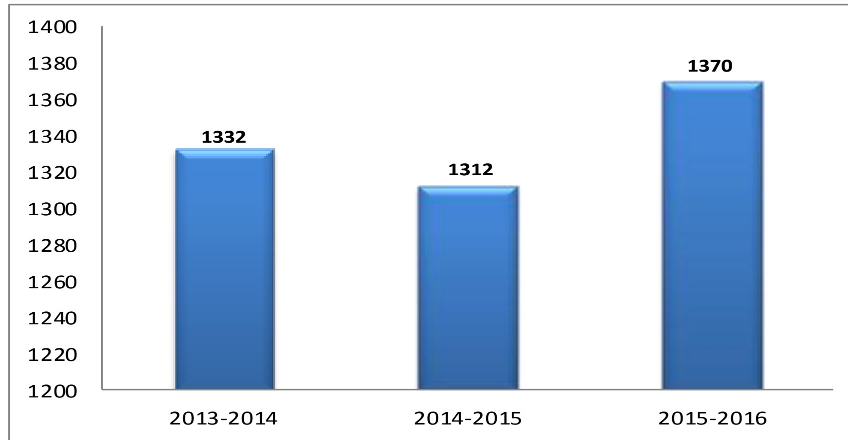
[1] The complete statistical report from the Système d'Information de Gestion des Plaintes et de l'Amélioration de la Qualité des Services (SIGPAQS) is available upon request from the MUHC Office of the Ombudsman.

[2] 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] The Health Act was modified by Bill 10 and abolished temporarily all Boards of Directors province-wide, starting April 1 2015.

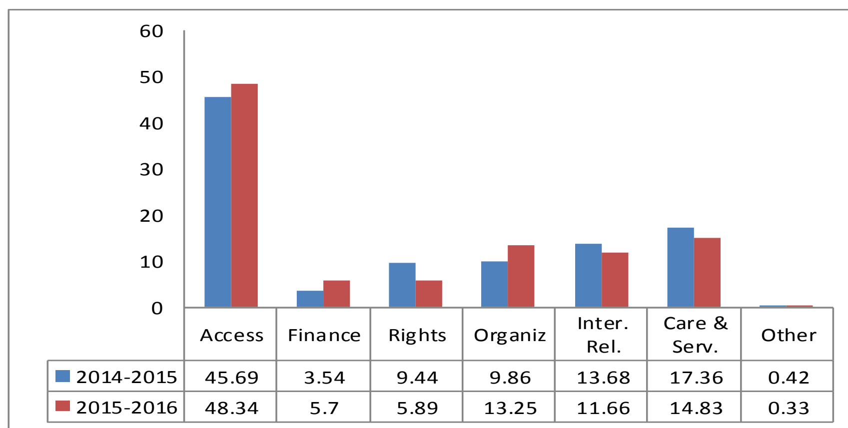
COMPLAINTS

Chart 1: Total Number of Complaints 2013-2016



In 2015-2016, the number of complaints submitted increased by approximately 4%. This increase can be attributed to multiple factors including the major disruption to all internal systems caused by the move of the Royal Victoria Hospital, The Montreal Children's Hospital, the Thoracic Hospital, and the corresponding re-organization of clinics and services on the other sites.

Chart 2: Two-Year Percentage (%) Comparison of Complaint Categories



	Access	Finance	Rights	Organiz	Inter. Rel.	Care & Serv.	Other
2014-2015	45.69	3.54	9.44	9.86	13.68	17.36	0.42
2015-2016	48.34	5.7	5.89	13.25	11.66	14.83	0.33

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

The main areas where complaints slightly increased in 2015-2016 were the categories of "access" and "organization". We can surmise that the move to the Glen campus, mentioned above, created a disruption in the access to services and communication between these services and the patients. We know that professionals and front line staff were also struggling to reach each other.

Each category of complaint is subdivided into a number of subcategories. See **Appendix B** for a brief summary of each complaint category.

The “top” complaint subcategories remain, in order of importance, the same from year to year with:

1. **Telephone access**
2. **Respect (lack of politeness)**
3. **Wait time to obtain an appointment**
4. **Elective surgery delay/cancellation**
5. **Technical/professional skills**

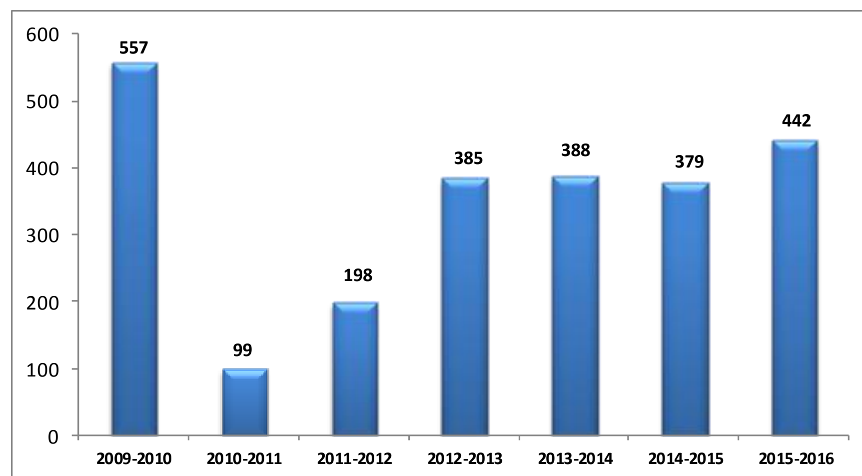
Three of these “top” five complaints are related to what our office views as **access**: *telephone access, wait time to obtain an appointment, and surgical wait times or cancellations.* Access remains the main problem. One of the ways to address this issue could be solving the issue of difficult telephone access.

TELEPHONE ACCESS COMPLAINTS

As presented in **Chart 3**, the number of Telephone Access complaints has again increased. This systemic issue has been brought to the attention of the MUHC authorities and to the Vigilance Committee.

This area merits a special consideration because of the enormous frustration access problems caused all who were involved.

Chart 3: Telephone Access Complaints 2009-2016



Telephone Access (TA) is an issue that has evolved over the years as illustrated in the table above. The stark difference between 2009 and 2010 is explained by the fact that our office started to collect data for a special TA report. We publicized our efforts and issued recommendations as we moved along. The dramatic result of 2010 demonstrated that improvement was possible. As we can see from the table, in the following years the numbers crept upwards. Following the move to the new site our office found the communication problems for patients and staff important enough that measures had to be taken.

In the year under review, as mentioned above, a TA taskforce was created. We believe that this task force will have an effect similar to that of our report in 2010. Optimism is not enough and our office will monitor closely the taskforce recommendations.

A case of going around in circles :

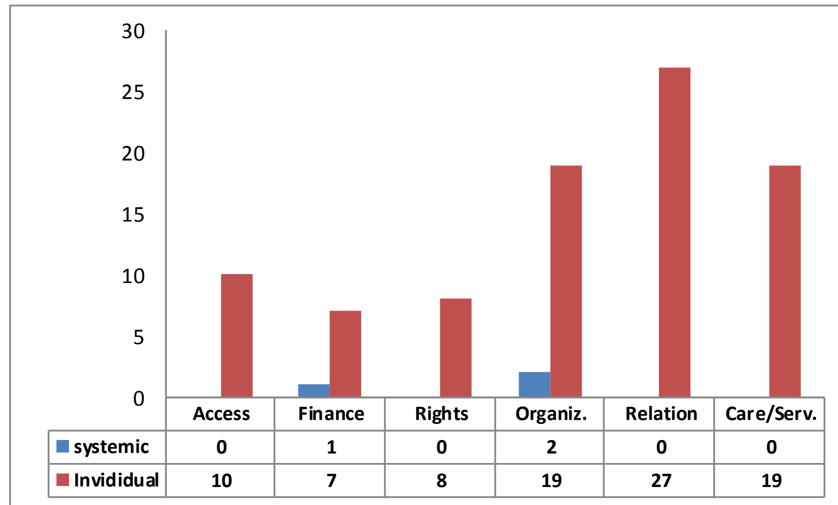
A patient called to explain that he received an appointment slip for an appointment for April 1 at 12:30. She could not be there at that time and could not reach anyone. He called the general hospital number written on the appointment slip to reschedule but was never directed to the right extension. The only number that might have been right was that of the two doctors who run the clinic but he could only reach the voice mail and leave a message. And this message was never returned

Individual solution: *The patient was called back within the hour. But a systemic solution to these kinds of situations is needed. Will the TA taskforce resolve this?*

Actions Taken to Improve Care and Services

Generally, when complaints are valid and where improvements are necessary, the Complaints Commissioner and the Service or Department concerned agree on a plan of action and measures to improve the care and services, and correct the problem. These measures can be undertakings initiated by the department itself or recommendations made by our Office. The scope of the corrective measures will depend on the subject of the complaint. 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 measures at a **systemic** level. **Chart 4** illustrates the distribution of systemic and individual measures according to complaint category. Overall, 93 measures were implemented in 2015-2016, of which three (3) were systemic, 16 were individual and 74 were undertakings.

Chart 4: Individual and Systemic Measures by Category of Complaint



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

Individual measures:

- Due to reorganization at the Glen, nurses on a unit could not be reached by telephone or in person to receive papers. A communication box was temporarily proposed for delivery of documents, until complete resolution.
- Employee was met by manager to discuss and improve her approach with patients and families.

Systemic measures:

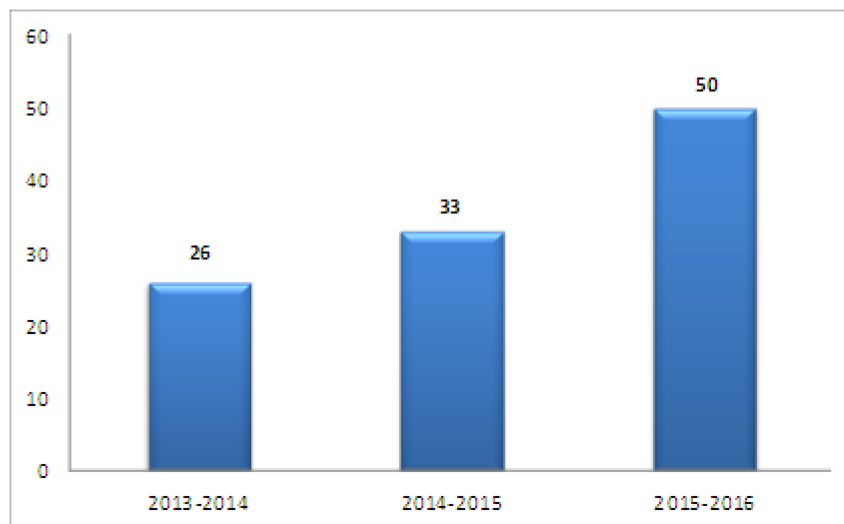
- Doors to main toilets were automated to ensure access to patients with mobility issues.
- Additional chairs installed and organized at the Central lab of the Glen site.

INTERVENTIONS

Interventions are in-depth investigations by the Complaints Commissioner when there is evidence, informal or formal, which indicates that 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.

In 2015-2016, we opened 50 cases in cases. Many of these interventions this year came from adjustments required as a result of the move to the new site. Some cases resulted in some systemic adaptation of care and services through additional resources and improved communication practices.

Chart 7: Total Number of Interventions 2013-2016

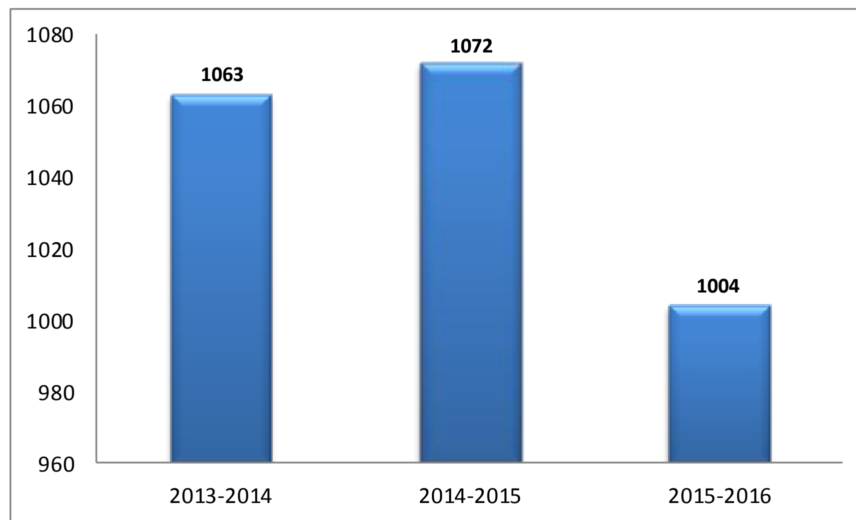


REQUESTS FOR ASSISTANCE

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. For our Office, 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.

This year we received 1004 requests for assistance.

Chart 5: Total Number of Requests for Assistance 2013-2016



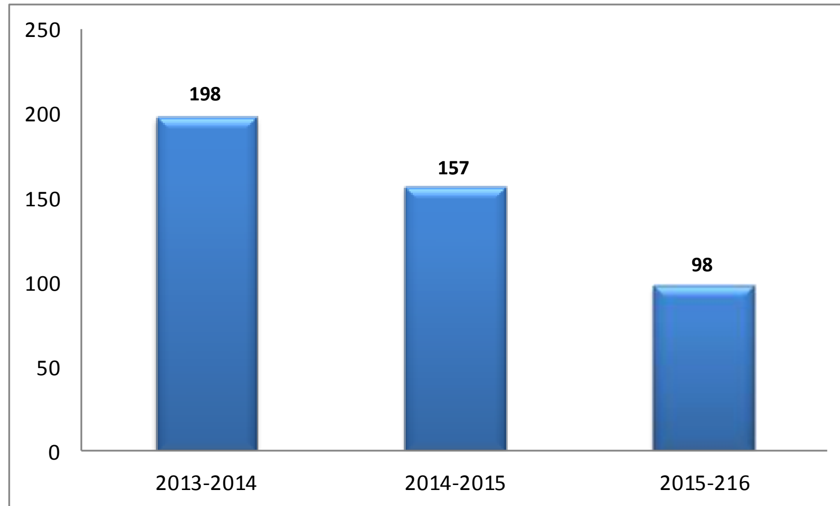
Getting the referral referred

A patient called our office, not wanting to complain, but to verify that her referral was sent to the right place. After verification we discovered that the referral was sent by fax to the number given to the patient, but this was the wrong number for appointment requests. So we quickly re-directed the request and informed all of the services involved (the referring service, the receiving service that did not take appointments) of the correct line of communication. This case was treated as a request for assistance and was the occasion to immediately improve the services to patients.

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. Consultations, as can be seen in **Chart 6**, went down this year, perhaps because this was a transition year. We will await the result of 2016-2017 to do a further analysis of the numbers.

Chart 6: Total Number of Consultations 2013-2016



ACTIVITIES RELATED TO THE COMPLAINT SYSTEM

Our Office also participates in different committees, including the Users' Committee, Ethics Committees and the MUHC Vigilance Committee (as listed under **Appendix C**). The Office participates in presentations and information sessions to help familiarize the MUHC community with patients' rights and with the complaint system.

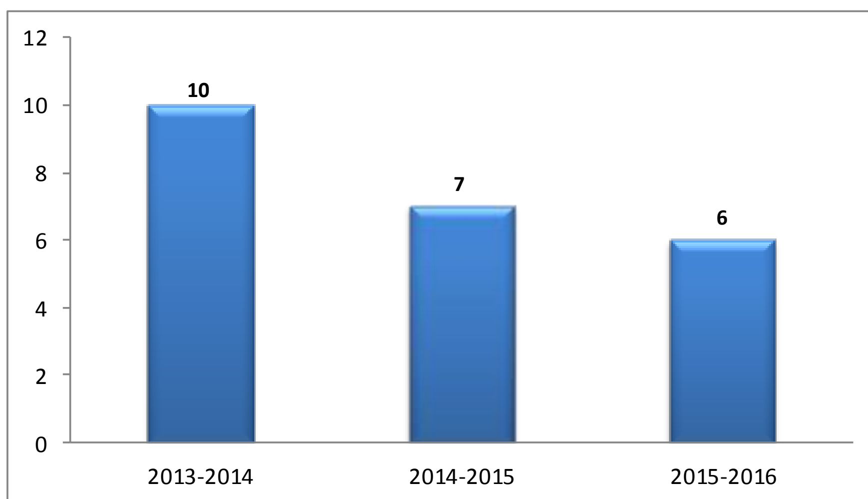
We also take part in networking activities with other ombudsmen's offices in health care institutions, across the province and Canada-wide. For instance we are members of the Canadian Federation of Ombudsmen, the Regroupement des Commissaires aux plaintes du grand Montréal and we meet with our counterparts from the other Centres Hospitaliers Universitaires (CHU) from Montreal, Quebec City and Sherbrooke.

We also continued to host a student from the Faculty of Law at McGill University in the context of a legal clinic course.

PROTECTEUR DU CITOYEN

In 2015-2016, as seen in **Chart 8**, 6 cases were brought to the Protecteur du citoyen by complainants dissatisfied with the examination of their complaint or with the Office's conclusions. The Protecteur du citoyen confirmed our Office's conclusions in 5 cases. In 1 case, recommendations were issued and accepted by the MUHC.

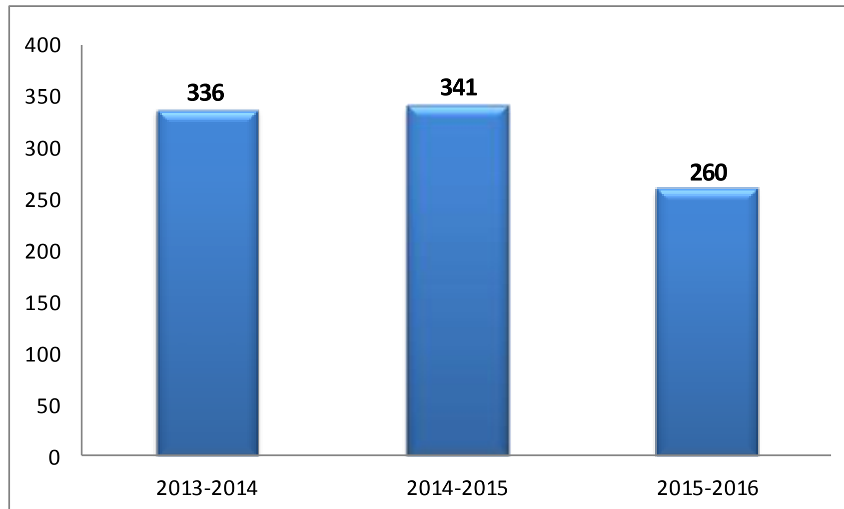
Chart 8: Total Number of Cases directed to the Protecteur du Citoyen 2013-2016



MEDICAL EXAMINERS

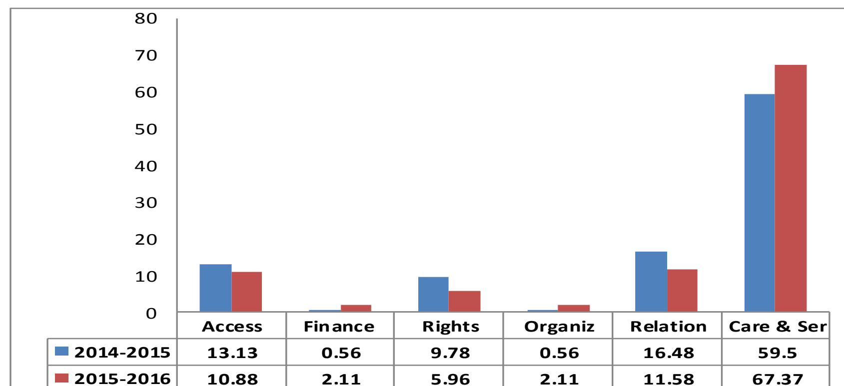
The number of cases submitted to the MUHC Medical Examiners went down in 2015-2016, as seen in **Chart 9.**

Chart 9: Total Number MUHC Medical Examiner Complaints 2013-2016



In the majority of cases, the Medical Examiners continue to provide their conclusions within the 45-day limit outlined in the Health Act

Chart 10: Two-Year Percentage (%) Comparison by Complaint Categories



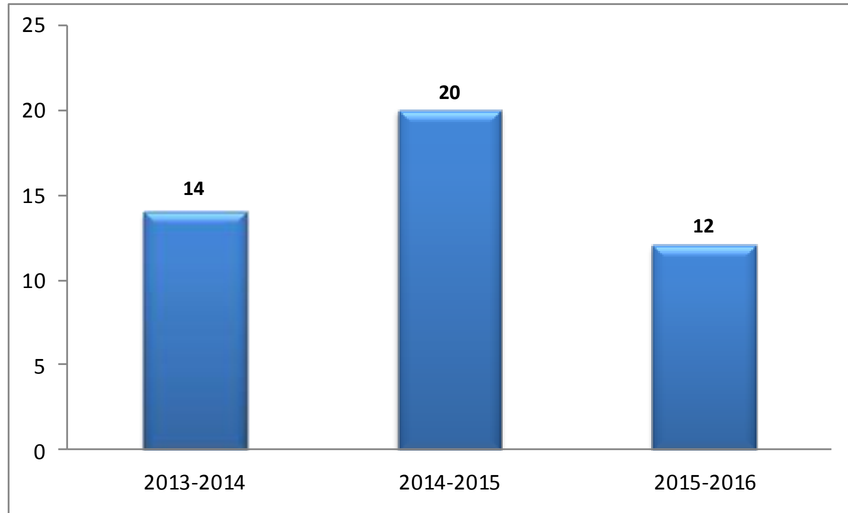
	Access	Finance	Rights	Organiz	Relation	Care & Ser
2014-2015	13.13	0.56	9.78	0.56	16.48	59.5
2015-2016	10.88	2.11	5.96	2.11	11.58	67.37

The major reasons for complaints received by the Medical Examiners falls 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 Central Council of the Physicians, Dentists, and Pharmacists and are monitoring this aspect of medical care for patients and families

MUHC REVIEW COMMITTEE

In 2015-2016, the MUHC Review Committee received 12 requests to review Medical Examiners' cases, as seen in **Chart 11**. The Committee was unable to operate as of April 1, 2015, due to changes to the Health Act (lack of MUHC Board of Directors). The MUHC Board of Directors was reconstituted in the fall of that year and a Review Committee was re-established towards the beginning of 2016 but was been able to meet during the 2015-2016 period. The petitioners who filed for review were informed of the situation. We anticipate the situation to be corrected in the course of the 2016-2017 period.

Chart 11: Total Number of MUHC Review Committee Cases 2013-2016



MUHC VIGILANCE COMMITTEE

During 2015-2016, the Vigilance Committee met on one occasion where the annual reports of the Office and of the Medical Examiners were presented. The Chair of the Committee provided the reports to the MUHC Board of Directors.

ACTION PLAN 2016-2017

In 2016-2017, the Office of the Local Service Quality and Complaints Commissioner will undertake the following initiatives:

- Continue to follow the work and recommendations from the Telephone Access Taskforce.
- Ongoing collaboration with Patients' Committees of the MUHC: meeting the executive to extend our mutual collaboration.
- Participation in Users' Committee 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 or Mission specific presentations

CONCLUSION

The annual report of the MUHC Office of the Local Service Quality and Complaints Commissioner has provided an overview of some of the areas of dissatisfaction that patients and families have experienced. Again this year, we learn that one of the main issues for patients and families has been the question of access to care and services. This is reflected in the sustained number of cases of requests for assistance and in our complaints numbers. This Office stresses once more that this issue is systemic and must be addressed by the MUHC.

We wish to acknowledge the help we receive from patients, their families, and the staff of the MUHC. Patients and families bring eloquence and determination to their complaints to make sure that the next person receives improved care and services. This is the reason that patients and their families take the time and make the effort to contact us.

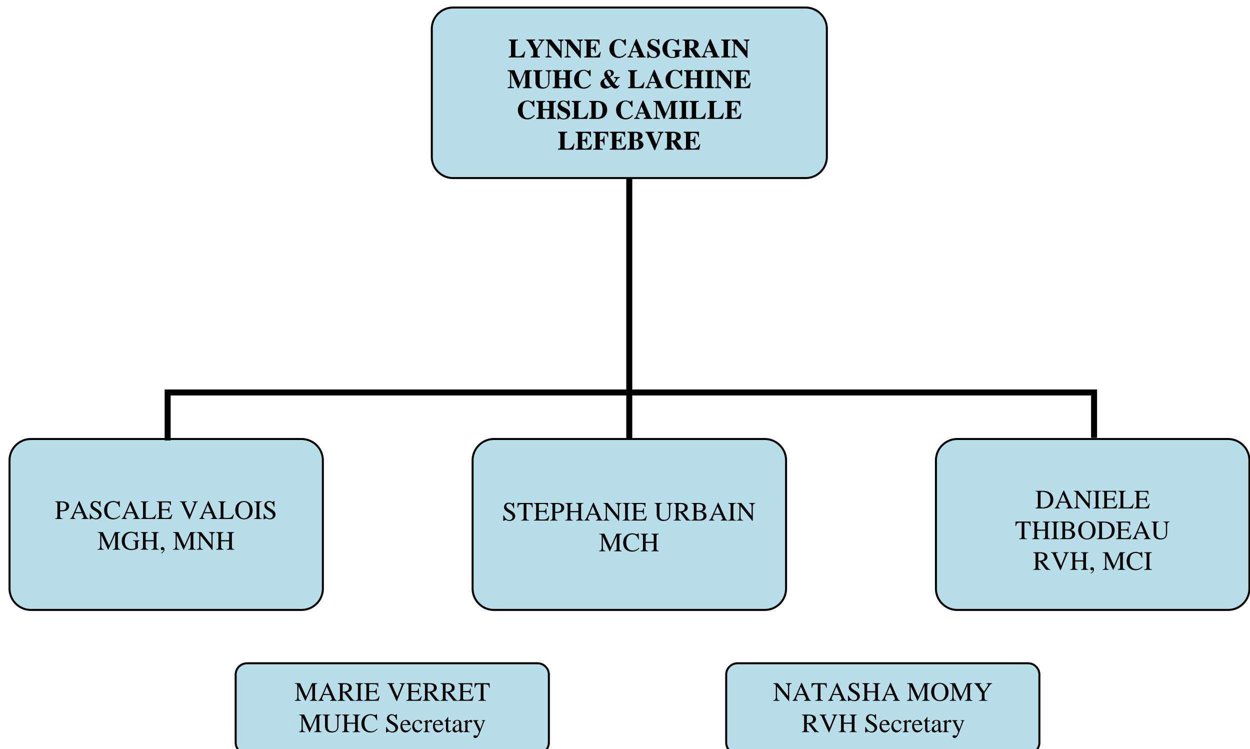
Our Office is also witness to daily occurrences of MUHC staff going the extra mile to meet and often exceed expectations of patients and families in the resolution of problems and misunderstandings.

Submitted with respect

Lynne Casgrain
Complaints Commissioner
The McGill University Hospital

APPENDICES

Appendix A: Structure of the Ombudsman's Office



Appendix B: Complaint Categories

Below are the complaints categories as defined by the Ministère de la santé for the purposes of the SIGPAQS system of collecting data, with examples. An English version follows.

- **Accessibilité:** délais, refus de services, transfert, absence de services ou de ressources, accessibilité linguistique, choix du professionnel, choix de l'établissement, autre.

- **Soins et services dispensés:** habiletés techniques et professionnelles, évaluation, jugement professionnel, traitement ou intervention, continuité, autre.

- **Relations interpersonnelles :** fiabilité, respect de la personne, respect de la vie privée, empathie, communication avec l'entourage, violence et abus, attitudes, disponibilité, identification du personnel, autre.

- **Organisation du milieu et ressources matérielles :** alimentation, intimité, mixité des clientèles, organisation spatiale, hygiène et salubrité, confort et commodité, règles et procédures du milieu de vie, conditions vie adaptées au caractère ethnoculturel et religieux, sécurité et protection, relations avec la communauté, équipement et matériel, stationnement, autre.

- **Aspect financier :** frais de chambre, facturation, contribution au placement, frais de déplacement, frais de médicaments, frais de stationnement, prestation reçue par les usagers, besoins spéciaux, aide matérielle et financière, allocation des ressources financières, réclamation, sollicitation, legs, autre.

- **Droits particuliers :** information, dossier de l'usager et dossier de plainte, participation de l'usager, consentement aux soins, accès à un régime de protection, consentement à l'expérimentation et à la participation à un projet de recherche, droit à la représentation, droit à l'assistance, droit de recours, autre.

- **Autres objets de demandes :** autre objet.

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;
  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 C: Activities of the Office of the Ombudsman 2014-2015

Membership or participation in the following:

- Adult Clinical Mission Management Committee
- Site and MUHC Users Committees
- Pediatric Ethics Committee
- Regroupement CLPQS du Grand Montréal
- Regroupement des Commissaires des CHU
- Forum of Canadian Ombudsmen
- MUHC Violence Committee
- Vigilance Committee
- MUHC Safety Governance Committee
- MUHC Patient Safety Committee
- MUHC Committee on Quality and Risk (COQAR)

Appendix D: Glossary

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 Complaints Commissioner.

Medical Examiner (Médecin Examinateur): 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 médecin examinateur, in this context, is responsible for investigating complaints about medical acts.

Office of the Local Quality of Service and 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 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 and to make recommendations intended to improve hospital care and services in a timely and efficient manner.

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 on rights and obligations of patients and families.

Intervention: Investigations by the Complaints Commissioner conducted when there is evidence, 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.

Appendix E: List of Tables and Charts

Chart 1	**Total Number of Complaints 2013-2016**
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Chart 5	**Total Number of Requests for Assistance 2013-2016**
Chart 6	**Total Number of Consultations 2013-2016**
Chart 7	**Total Number of Interventions 2013-2016**
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Chart 9	**Total Number of Medical Examiner Complaints 2013-2016**
Chart 10	**Two-Year Comparison of MUHC Medical Examiner's Complaint Categories**
Chart 11	**Total Number of MUHC Review Committee cases 2013-2016**