

# ANNEX 2

## MCGILL UNIVERSITY HEALTH CENTRE USERS' (PATIENTS') COMMITTEE (MUHC UC)

### 2022-2023 ACTIVITY REPORT

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## 1. INFORMATION ABOUT THE INSTITUTION

The McGill University Health Centre (MUHC) is a non-merged public institution.

### **The MUHC is comprised of the :**

Allan Memorial Institute - Allan

Lachine Hospital and Camille Lefebvre Pavilion - Lachine

Montreal General Hospital - MGH

Montreal Neurological Institute-Hospital - Neuro

MUHC Reproductive Centre,

and

Glen Site, which includes:

Cedars Cancer Centre - CCC

McGill Academic Eye Centre - MAEC

Montreal Chest Institute - MCI

Montreal Children's Hospital - MCH

Research Institute - RI

Royal Victoria Hospital - RVH

## 2. MESSAGE FROM THE CHAIRS

The 2022-2023 year has been an unusual one for the Users' Committee (UC). Following the suspension of the previous (C)UC's activities in June 2022, there was a six-month period during which the UC office was effectively closed. Active projects were unable to move forward, and new proposals unable to be tackled. Moreover, patients requiring all manner of assistance to navigate the healthcare network, to access care or reach clinics, or who needed to voice dissatisfactions and/or seek support in formulating formal complaints, were left without an important champion to improve their journey and to defend their rights.

The UC was repopulated in November 2022 with entirely new members and the committee has been working diligently to understand the context for their role, as well as the breadth of the MUHC with its specific sites, populations it serves, and groups with unmet needs. Committee members have attended numerous trainings, webinars, rounds and meetings, and have reviewed many documents, guidelines, policies and laws/bylaws to help in this respect. Subsequent to the November election, the Committee has worked hard to recruit and onboard new members and is delighted with its current composition, which includes a designated member from the Residents' Committee at Camille-Lefebvre.

In addition to their regular virtual monthly meetings, the UC has held a number of special meetings in an effort to expedite decision making and productivity. As well, there have been smaller groups formed, such as one geared towards improving and expanding our social media presence, and another to study and rewrite the UC's governance bylaw. The latter met on a weekly basis for the past several months and presented the new bylaw for approval at the UC's May meeting. (The Committee notes that this falls outside the time period of the current report but includes it for informational purposes). The bylaw will be ratified at our Annual General Meeting.

The Committee continues to collaborate with the MUHC administration liaison and the office of the Local Service Quality and Complaints Commissioner. As much of the Committee's day-to-day functions involve Users who voice dissatisfaction with the manner in which they or their loved ones were treated, or with the quality of care received, the Complaints Commissioners play a vital role in helping resolve these problems as efficiently and as satisfactorily as possible. To date, it does not appear that there has ever been an evaluation regarding the MUHC complaints system, and the UC believes that this is a service for which User satisfaction with both process and outcome should be assessed.

At the time of this writing, the WHO has just announced that COVID-19 is no longer considered a "global health emergency". While ICUs within the MUHC are no longer overwhelmed with patients suffering from this virus, the UC notes that many patients infected with COVID remain in hospital, that the death toll has been enormous (and continues to climb), and that catastrophic outcomes are disproportionately borne by the most vulnerable among us: the elderly, those suffering from complex medical conditions, and those who are members of racialized, immigrant or socioeconomically disadvantaged communities. As well, the pandemic continues to exacerbate already critical labour shortages across the healthcare network. Three years of ramped down care for conditions other than COVID has contributed to ballooning surgical waitlist times and overwhelmed emergency rooms. These obstacles, in addition to baseline lack of access to primary care and the deterioration of psychosocial health engendered by the pandemic, have all conspired to imperil our communities and to create overwhelming challenges to patients seeking healthcare.



Ingrid Kovitch, Chair  
MUHC Users' (Patients') Committee



Deborah Radcliffe-Branch, Vice-Chair  
MUHC Users' (Patients') Committee

### 3. PRIORITIES AND ACHIEVEMENTS OF THE PAST YEAR

#### Lachine Hospital

The fate of the Lachine Hospital post modernization project had dominated the MUHC and the Lachine community discourse for many months. During this time the UC held meetings with key stakeholders, ranging from Lachine physicians to the MUHC PDG and Associate PDG. A formal letter was written by the UC to the PDG, and was presented to the ministry by a former UC member. The Committee shares the Lachine community's relief and gratification regarding the announcement that the MUHC was committing to maintaining the centre as a community hospital. It also wishes to acknowledge the profound manpower shortages across all sectors within the institution and the challenges and efforts that this commitment demands. A recent letter has been written to the PDG requesting that a UC member be included on the transition team.

## Accessibility

- Reduced mobility

The Vendome project, that permits universal access to its intermodal hub as well as to the Glen site, has been completed. The Neuro subcommittee, after many years of advocating, has succeeded in securing a universally accessible entrance at the north end of the building, closest to the parking behind Molson Stadium. There have been deficiencies in the configuration of washrooms that were intended to be accessible at the Glen since it was built. There are concrete plans to convert two public washrooms on the ground level at the Glen site to a single, fully accessible washroom complete with ceiling-mounted Hoyer lift, adult-sized changing table, etc. There has been a meeting with the building manager and invaluable input from an Accessibility Committee and RVH Community Advocacy Council member with lived experience, who had already examined the entire Glen site and identified countless obstacles. She has graciously volunteered to remain involved as this project progresses.

- Deaf project

The “Eldridge Decision” was passed by the Supreme Court of Canada in 1997, and specified that under the Canadian Charter of Rights, Deaf persons are entitled to Sign Language Interpretation for all medical services covered by the Canadian Health Act. (This is distinct from the rights that second language users may have that require interpretation in health care settings, where significant efforts are made in Canadian institutions to accommodate diverse ethnic groups.) More than 25 years later many health care facilities, including the MUHC, have failed to meet this obligation. There was a great deal of work done on this dossier, with help from Drs. Paige and James MacDougall of the Canadian Deafness Research and Training Institute (CDRTI). However, progress stalled with the change of Director of Professional Services (DPS) and the suspension of (C)UC and subcommittee activities. The Chair has recently met again with the MacDougalls and a plan of action developed. This includes providing documents and meeting with the new DPS, meeting with the Accessibility Committee, continuing to develop on-line learning modules, organizing systems to permit Virtual Interpretation services (remote, video), planning rounds to educate healthcare providers, etc. This remains a high priority project for the Users’ Committee.

## Indigenous Rights and Services

On September 28, 2020, Joyce Echaquan, an Atikamekw woman and mother of seven children, died under appalling circumstances after recording staff racially taunting her at the Joliette Hospital Centre. Following this tragedy, the Atikamekw Nation created Joyce’s Principle, which “aims to guarantee to all Indigenous people the right of equitable access, without any discrimination, to all social and health services, as well as the right to enjoy the best possible physical, mental, emotional and spiritual health.”

Although the Quebec government has to date refused to adopt Joyce’s Principle, the Users’ Committee of the MUHC stands by this commitment. The UC pledges to take all actions necessary to welcome and embrace all Indigenous peoples, and to defend their right to compassionate treatment and the highest quality of care.

In December 2021 the MUHC Users’ Committee brochure was printed in three Indigenous languages—Cree, Inuktitut and Kanien’kéha (Mohawk) – in addition to French and English. The brochure was a collaborative effort between members of the Cree, Inuit and Kanien’kehá:ka communities and various (C)UC and subcommittee members. It has since been widely distributed and received with great acclaim and appreciation.

A similar working group has succeeded in adding Bannock to the hospital’s menu, and this initiative has also been received with tremendous gratitude. The UC’s understanding is that the next phase in rendering the physical environment of the hospital more inclusive involves adding more works by Indigenous artists.

Despite the great number of Indigenous patients who receive care at the MUHC, the UC's sense is that they are underrepresented with respect to voicing concerns and lodging formal complaints. The Committee wants to ensure that these communities feel comfortable and encouraged to come forward. Toward this end, the Chair has recently met with the Director and several staff at Wiichihiituwini (formerly Cree Patient Services) in order to advise them of the UC's mandate, to explore reasons for reticence, and to determine what the Committee can do to improve the experience and the care provided for Cree patients. The Chair has also met with the Complaints Commissioner for the Cree Health Board, and there will likely be additional meetings and information sessions to follow. Finally, Wiichihiituwini staff were advised that the UC would like to create an Indigenous Rights subcommittee and were asked to reach out to any patients who might be interested in participating.

### Acute Palliative Care Unit

At the peak of the COVID-19 pandemic the acute palliative care ward at the Glen site was forced to cede 6 of its 12 beds. To date, they have not been able to repatriate these beds. This acute palliative care unit (APCU) is distinct from palliative care beds used solely for patients requiring end-of-life (hospice) care. By contrast, it offers highly specialized expertise and treatments for patients with refractory symptoms from a wide range of complex medical conditions and at variable points in their disease trajectory. These are patients who might be admitted to other services, and hence not managed in optimal fashion. Their symptoms are typically neither addressed nor relieved, and as a result, they not only have increased suffering, but they remain in hospital for unnecessary, extended periods. The APCU has the potential to provide compassionate, targeted and effective care, as well as to expedite patients' discharge and return home. In so doing, it ultimately liberates acute care beds and has been shown in multiple studies to be a cost saving measure.

Despite all the evidence to support such a unit in a tertiary/quaternary care centre—optimal treatment and economic benefits—there is concern that this service might be in jeopardy. The UC Chairs have met a number of times with Dr. Justin Sanders, the MUHC Chair in Palliative Care Medicine, as well as a palliative care physician at Lachine Hospital. The future of the unit at the Glen site is uncertain, but the Users' Committee is committed to ensuring that this highly specialized service remains, appropriately, in our highly specialized institution.

### Advocacy Subcommittees

The UC congratulates its various subcommittees on their multitude of achievements and the meaningful impacts that these have had on patient care and experience. As well, the Committee acknowledges the frustration and confusion caused by the abrupt cessation of their activities in June 2022. In an effort to reopen lines of communication, address questions and concerns, and encourage resumption of projects and work, the UC has written letters to all subcommittee members and has held Zoom meetings with the entire group, as well as with individual subcommittees. The UC recognizes that each subcommittee has a particular perspective and expertise, and that each is uniquely placed to advocate for and meet the needs of the Users whom they represent. The Committee is eager to work collaboratively with all subcommittees towards our shared goal of improving patient care.

### Visibility/Social Media

It is very clear to the UC, from both personal experiences as well as feedback from Users and staff, that the Users' (Patients') Committee is still struggling to be widely known, and that many Users are unaware of their rights as enshrined in the law. To address this, a working group within the UC has been formed with the goal of increasing the Committee's visibility and social media presence, with the ultimate goal of informing Users of their rights and of the myriad ways the UC can support them. Among other strategies,

there are plans to redesign and print additional roll-ups for all MUHC sites, add messaging to the plasma screens in various waiting rooms, include a concise message about the UC with Foundation mailings, update and improve the FaceBook page, and create Twitter and Instagram accounts. Many other initiatives are being considered and explored.

### Bylaws

A subgroup of the UC has been working on an amended governance bylaw for the past several months. This bylaw was approved at the UC's May 16, 2023 meeting, and will be presented for ratification at the June 2023 Annual General Meeting.

### Varia

The UC has tackled numerous smaller projects and issues that been inspired by patients' feedback in person, though emails, or through written comments in suggestion boxes. Some examples:

- Reinstating the ability to use cash in the Glen site cafeteria.
- Installing a number-dispensing machine at the Admitting Office (where hospital cards are made) so that patients are not forced to stand outside in a line but can use the seating inside the office.
- Addressing the inability of children admitted to the MCH psychiatry ward to choose their own meals, as is done on all other wards.
- Suggesting that secretaries, for physicians conducting telephone visits, advise patients of the very loose adherence to the appointment time.
- Developing a "comfort/suggestion list" for patients coming to the emergency department, or who are admitted to hospital.

## 4. THE COMMITTEE AND ITS MEMBERS

### **About the Users' Committee of the McGill University Health Centre**

At the time of this writing, the MUHC Users' Committee is made up of nine members. Most members were elected by acclamation in November 2022 for a term of three (3) years. Others were appointed subsequently. Barring dismissal for just cause, they will remain in office until the next UC election in Fall 2025 (or for the designated member from Camille Lefebvre, until the next Residents' Committee election in spring 2026).

### **Members of the MUHC Users' (Patients') Committee:**

NAME	ROLE
Ingrid Kovitch	Chair & Board member (Elected November 2022)
Deborah Radcliffe-Branch	Vice-Chair (Elected November 2022)
Amanda Bercovitch	Secretary (Elected November 2022)
Eligio (Joe) Ojeda	Treasurer (Elected November 2022)
Sahra Cohen	Member (Elected November 2022)
Shari Neudorf	Member (Appointed December 2022)
Danielle Carter	Member (Appointed February 2023)
Alex Galli	Member (Appointed March 2023)
Anick Courval	Member (Elected by the Camille Lefebvre Residents' Committee March 2023, and designated to the UC, May 2023)

In addition to the Camille-Lefebvre Residents' Committee, which is a legislated committee under the Act, the MUHC UC currently has five advocacy subcommittees, listed in alphabetical order:

Cancer Care Advocacy Committee – CCAC  
 Family Advisory Forum (Montreal Children's Hospital) - FAF  
 Montreal General Hospital Advisory Group – MGHAG  
 Neuro Advisory Group – NAG  
 Royal Victoria Hospital Community Advocacy Council – RVHCAC

## 5. CONTACT INFORMATION

FUNCTION	NAME	CONTACT INFORMATION		
		Phone No	Email	Address
UC Chair	Ingrid Kovitch	514-934-1934 ext. 31968	<a href="mailto:ingrid.kovitch@muhc.mcgill.ca">ingrid.kovitch@muhc.mcgill.ca</a>	MUHC UC Glen Site, D 04.7514 1001 Décarie, Mtl, QC H4A 3J1
UC Resource Person (Administrative Assistant)	Siobhan Patricia Ua'Siaghail	514-934-1934 ext. 31968	<a href="mailto:patients.comm@muhc.mcgill.ca">patients.comm@muhc.mcgill.ca</a>	MUHC UC Glen Site, D 04.7514 1001 Décarie, Mtl, QC H4A 3J1
MUHC Administration Liaison	Keith Woolrich	514-934-1934 ext. 43943	<a href="mailto:keith.woolrich@muhc.mcgill.ca">keith.woolrich@muhc.mcgill.ca</a>	MUHC Quality Dept 350-5100 De Maisonneuve West, Mtl, QC H4A 3T2



## 6. ACTIVITIES OF THE MUHC UC

### 6.1 Inform patients about their rights and obligations

- Via the UC's page on the MUHC website.
- Via expanded social media presence: updated FaceBook page, new Instagram and Twitter accounts, and the harmonization of all of these with the MUHC webpage (in progress).
- Via messages on the institution's digital signage (plasma screens) in waiting rooms, cafeterias, etc.
- Via notes added to Foundation mailings.
- Via patient rights posters and rollups.
- Via 2 sets of pamphlets on patient rights and responsibilities and on how to reach the UC, one of which is in 5 languages: Cree, Kanien'kéha (Mohawk) Inuktitut, French and English. These pamphlets are distributed widely and to key collaborators who work with vulnerable patients.
- Via a dedicated radio segment to inform Users and promote the activities of the UC.

**February 12, 2023: CJAD 800. Health Matters**

<https://muhcfoundation.com/foundation/podcast> (30 min mark)

Spotify: <https://spoti.fi/32HFxrc>

- Via the complaints' process. Patients and families who call or write the UC's office requesting assistance or who want help to formulate a complaint often learn about their rights through this process.

### 6.2 Foster improvements to the quality of services provided to Users by the MUHC, and to the quality of living conditions of residents of Camille-Lefebvre, and assess the degree of satisfaction with these services and conditions.

The Users' Committee has addressed a number of issues and causes that affect broad groups within the MUHC community, with specific efforts to:

- Preserve Lachine Hospital as a community hospital
- Improve accessibility to services for Users with reduced mobility and for those in the Deaf and hard of hearing communities
- Defend the rights of Indigenous patients, as per Joyce's Principle
- Protect an Acute Palliative Care Unit (APCU) at the Glen site
- Reinstitute the ability of patients to use cash at the Glen site cafeteria
- Improve the services at the Admitting Office
- Ensure children admitted to the psychiatry service be permitted to choose their own meals
- Ensure patients with telephone appointments are advised that the appointment time given is approximate only and to expect delays

### 6.3 Defend the collective or individual rights and interests of users/patients

In addition to the points from section 6.2., which address the defense of collective rights, the MUHC UC office has been open for business from Monday to Thursday since January 2023, and has received numerous calls, emails and visits from patients and families, all of which were responded to in a timely manner.

UC members and members from its various subcommittees attended numerous workshops on Users' rights and how to defend them provided by the Conseil pour la protection des malades (CPM) and the Regroupement provincial des Comités des usagers (RPCU). They have also attended numerous webinars, meetings and conferences to develop a broader understanding of context, and to educate themselves about issues germane to the diverse MUHC User community. More detail is available in section 6.6 - Collaboration with other Committees and Organizations.

#### **6.4 Accompany and assist, on request, a user/patient in any step he/she undertakes including when he/she wishes to file a complaint**

Though the UC office was closed for more than 6 months during the year, we received 44 complaints and 67 requests for assistance. Given the atypical circumstances, it is difficult to compare these figures with those from past years.

##### **Complaints:**

The top three areas of complaint were:

1. Access to care
2. Care and services provided
3. User rights

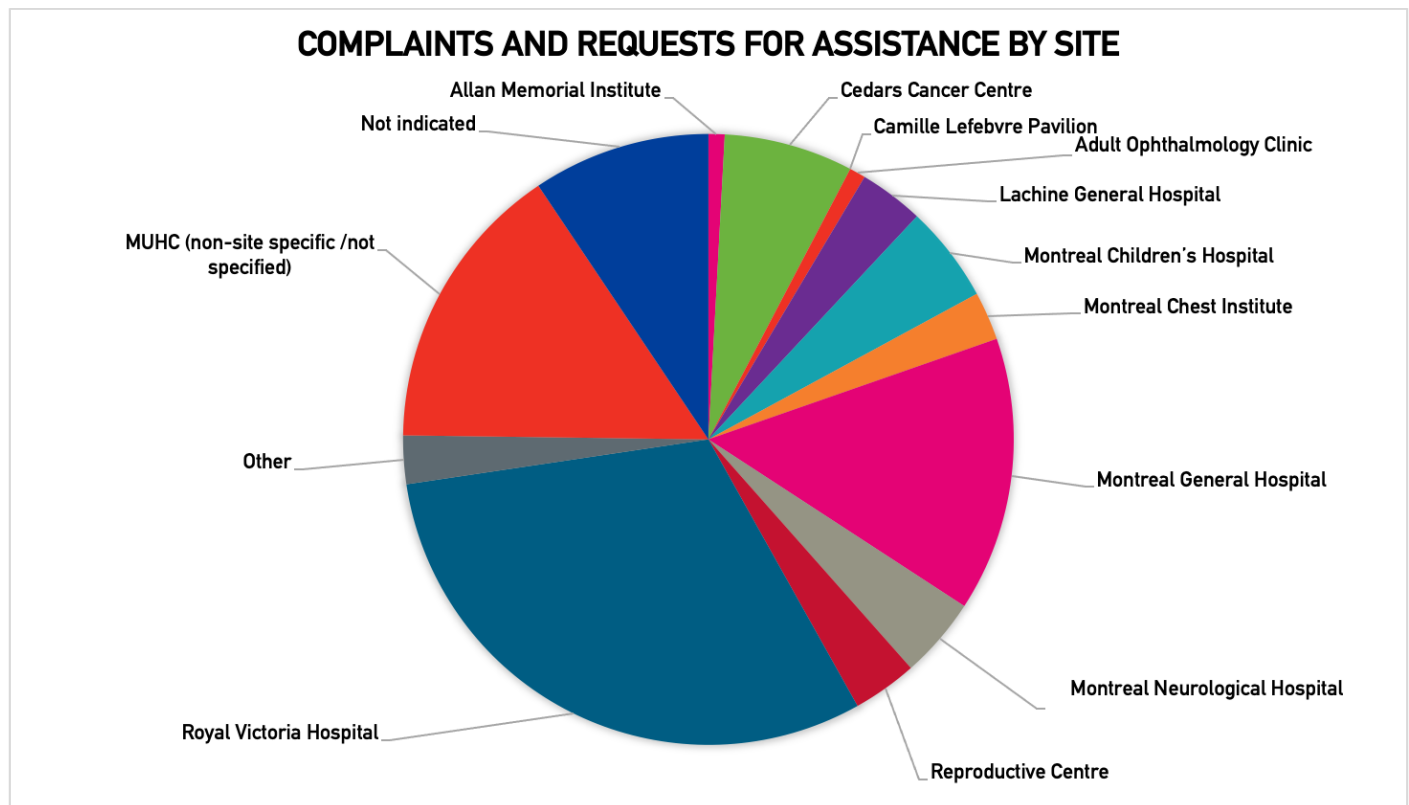
See below for more details.

##### **Requests for Assistance:**

As usual, we received more requests for assistance than we did complaints. Patients, families and employees contact the UC office for help with any number of issues. They may be seeking information on patients' rights or direction to appropriate resources; they may be struggling to reach a clinic or service; they may need general help or accompaniment as they navigate the healthcare system; or they may require assistance to file a complaint.

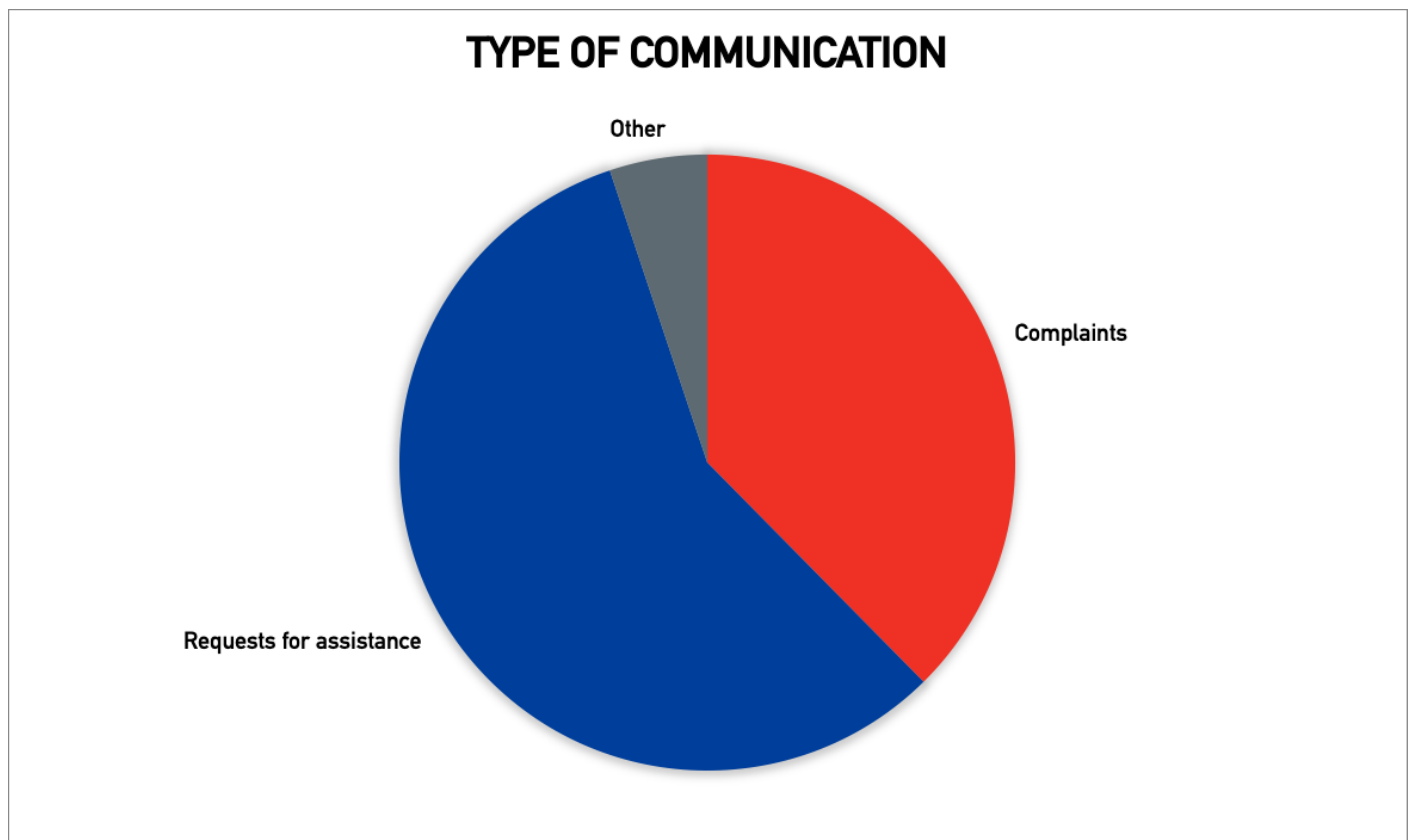
### Complaints and Requests for Assistance by Site :

Site	Communications	Percentage
Allan Memorial Institute	1	0.9%
Cedars Cancer Centre	8	6.8%
Camille Lefebvre Pavilion	0	0.0%
Adult Ophthalmology Clinic	1	0.9%
Lachine General Hospital	4	3.4%
Montreal Children's Hospital	6	5.1%
Montreal Chest Institute	3	2.6%
Montreal General Hospital	17	14.5%
Montreal Neurological Hospital	5	4.3%
Reproductive Centre	4	3.4%
Royal Victoria Hospital	36	30.8%
Other	3	2.6%
MUHC (non-site specific /not specified)	18	15.4%
Not indicated	11	9.4%
<b>Total</b>	<b>117</b>	<b>100%</b>



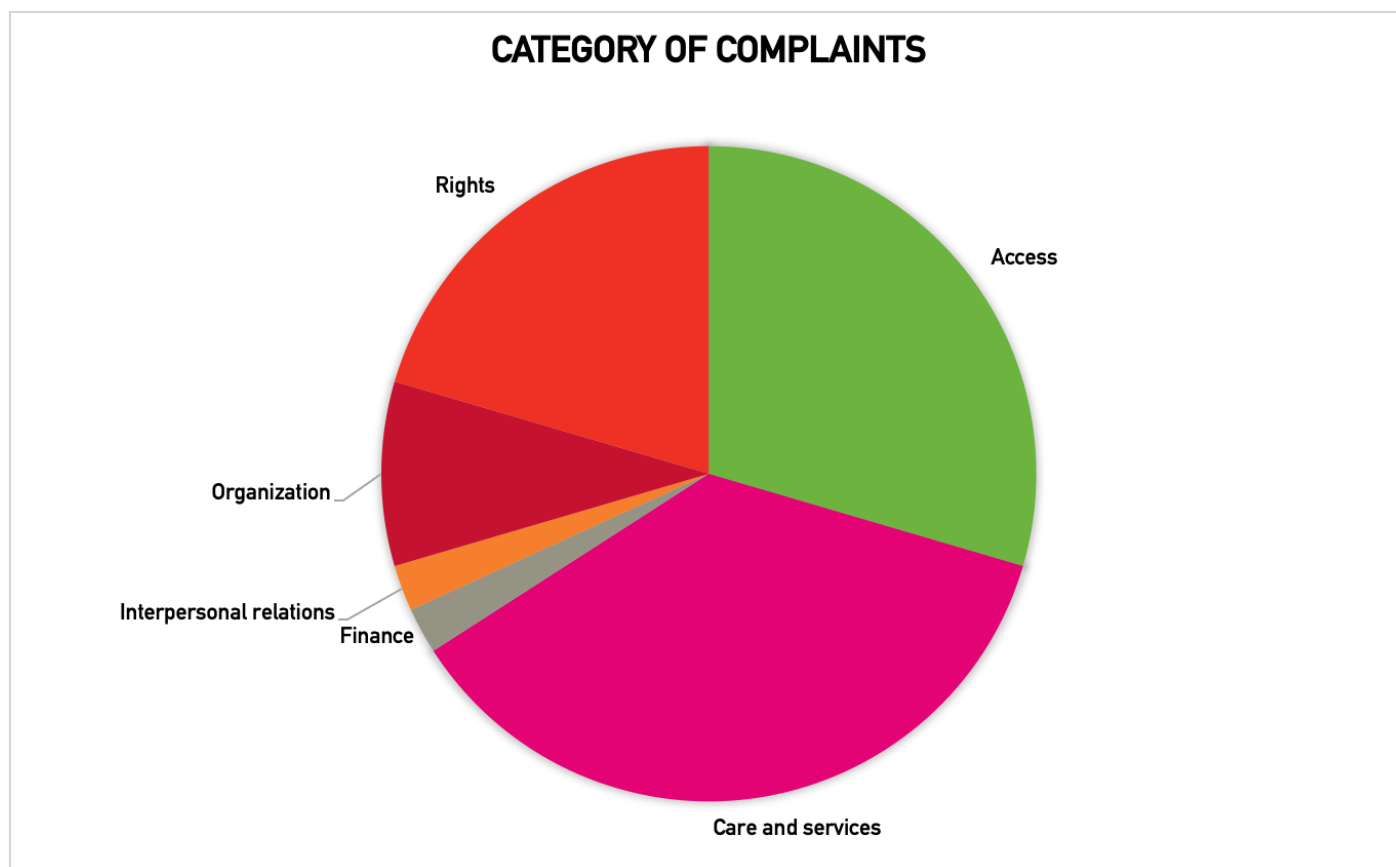
**Types of communication received by the MUHC Users' Committee**

Type	Communications	Percentage
Complaints	44	37.6%
Requests for assistance	67	57.3%
Other	6	5.1%
<b>Total</b>	<b>117</b>	<b>100.0%</b>



### Category of complaints received:

Category of complaint	# complaints	Percentage
Access	13	29.5%
Care and services	16	36.4%
Finance	1	2.3%
Interpersonal relations	1	2.3%
Organization	4	9.1%
Rights	9	20.5%
<b>Total</b>	<b>44</b>	<b>100.0%</b>



### **Definitions of complaints categories based on the MSSS's SIGPAQS<sup>1</sup>**

**Access:** 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.

<sup>1</sup>SIGPAQS : Système intégré de gestion des plaintes et amélioration de la qualité des services (L'application Web SIGPAQS permet une gestion intégrée et rapide des activités liées à l'examen des plaintes formulées par les usagers du réseau de la santé et des services sociaux. Elle est utilisée principalement par les commissaires aux plaintes et à la qualité des services.) (The SIGPAQS Web application allows for integrated and rapid management of activities related to the examination of complaints made by users of the health and social services network. It is used mainly by the Complaints and Service Quality Commissioners)

**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.

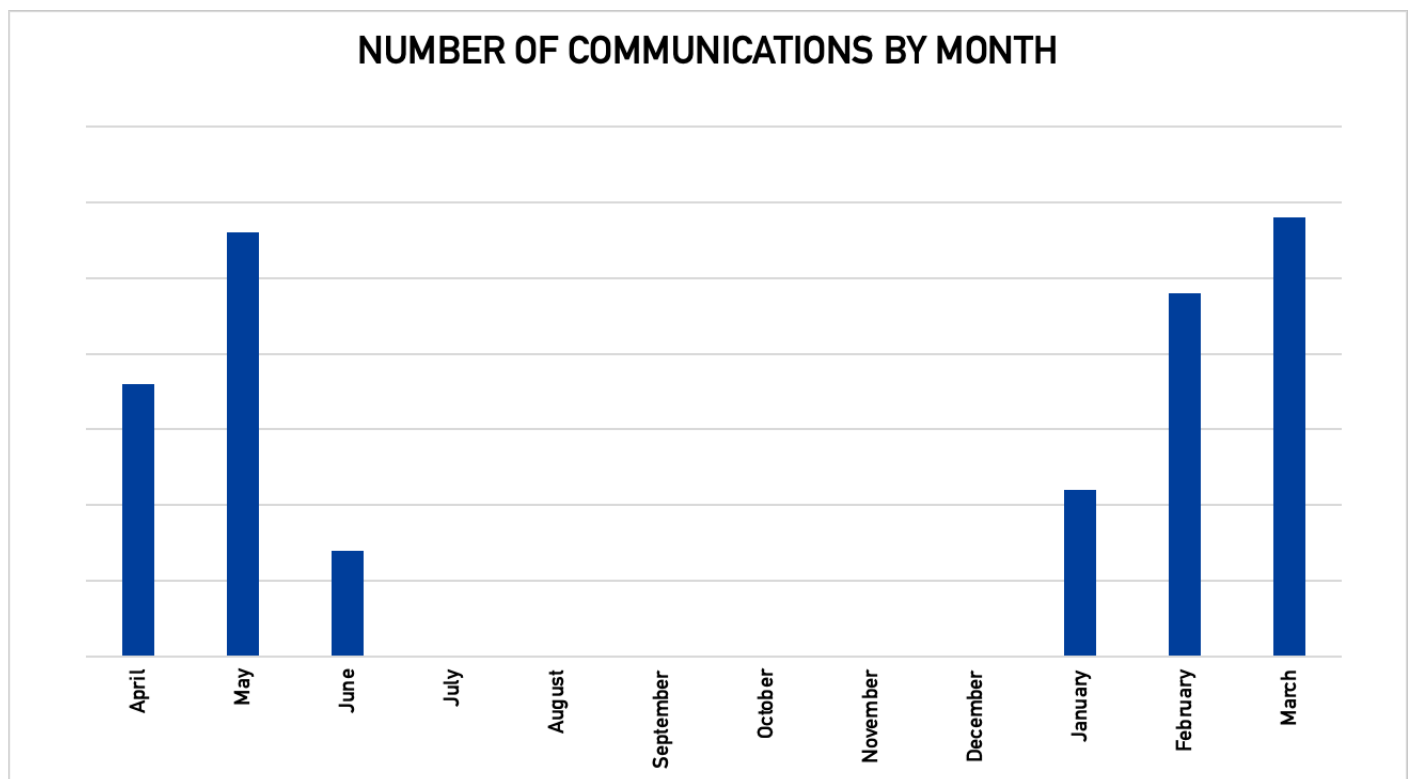
**Financial:** Rooming, billing, contribution to placement, traveling expenses, drug costs, parking costs, benefit received by users, special needs, material and financial assistance, allocation of financial resources, claim, solicitation, other.

**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:** Complaints that do not fit in any of the above categories.

**Number of communications received by the Users' Committee, by month**

Month	Communications	Percentage
April	18	15.4%
May	28	23.1%
June	7	6.0%
July	0	0.0%
August	0	0.9%
September	0	0.0%
October	0	0.0%
November	0	0.9%
December	0	0.0%
January	11	8.5%
February	24	20.5%
March	29	24.8%
<b>Total</b>	<b>117</b>	<b>100.0%</b>



## **6.5 Ensure, as appropriate, the proper functioning of the Residents' Committee and ensure that they have the necessary resources to perform their duties**

In late March 2023, the residents of Camille Lefebvre cast their ballots and a new Residents' Committee was constituted in accordance with the Act respecting health services and social services. Eight members were elected, four of whom are residents and another four of whom are family members or caregivers. One family member has subsequently resigned.

**The following occurred after the end of the fiscal year, however it has been included here for informational purposes:**

The UC Chairs, along with the Administrative Assistant, attended the Residents' Committee's (RC) first meeting in person in April. Members of the RC were welcomed and thanked, and basic onboarding information was provided both verbally and via several printed documents. The UC members took the opportunity to visit all floors of the residence.

The UC Chair was invited to attend the RC's second meeting, on May 2, at which time Ms. Anick Courval was elected Chair of the RC, as well as designated to be the representative on the MUHC Users' Committee.

The current members of the Camille-Lefebvre Residents' Committee are as follows:

<b>Name</b>	
Ghislaine Bouchard	Resident
Yvon Brisson	Resident
Anick Courval (Chair and secretary)	Family member
Diane Harbec Pagé	Resident
Denise Maisonneuve	Resident
Michel Paquette	Family member
Carol Silver	Family member

In addition, two other parties have been invited to participate on the committee, in the capacity of non-voting advisors: Pierre Hurteau and Danielle Carter.

As per the MSSS directive, the UC allocates \$1000 per annum to the Residents' Committee. As the RC did not receive any funds during the 2021-2022 fiscal year, they will be receiving \$2000 this year. In addition, there are residual funds that were raised years ago that have been kept in a separate bank account. These will be transferred to the Camille-Lefebvre RC.

## **6.6 Collaboration with other Committees and Organizations**

### **Participation on Legislated MUHC Committees**

- MUHC Board of Directors – Ingrid Kovitch
- Vigilance Committee – Ingrid Kovitch
- Council of Nurses – Danielle Carter



### **Participation on other MUHC Committees**

- Accessibility Committee – JoAnne Mosel (Neuro Advocacy Group), and Diane States (RVH Community Advocacy Council)
- Infection Control Committee – Ingrid Kovitch
- Cancer Care Mission Executive Committee – Deborah Radcliffe-Branch

### **Affiliation with non-MUHC committees**

- Conseil pour la protection des malades (CPM)
- Regroupement provincial des comités des usagers (RPCU)

### **Collaboration with other advocacy organizations:**

- Canadian Deafness Research and Training Institute

### **Workshops and training sessions attended:**

In addition to Board meetings, various UC and subcommittee members attended numerous workshops, conferences, webinars and training sessions. Among them:

#### **January:**

Jan 19: *Le rôle des comités d'usagers et de résidents* (Paul Brunet, CPM)

#### **February:**

Feb 10: Screening of film *The Color of Care* (Office of Social Accountability and Community Engagement (SACE), McGill)

Feb 15: *Intro to the Functions of Users' Committees* (RPCU)

Feb 21: Use of Communication Technologies in Patient Care (McGill Research Group on Health and Law)

Feb 22: *Experiences of Black persons in the health sector in Canada and Quebec: A historical perspective.* (Office of Social Accountability and Community Engagement (SACE) McGill and Black Community Resource Centre of Montreal)

Feb 22: *Spiritual Care and Palliative Care* (Council on Palliative Care, McGill)

Feb 23: *The Rights & Obligations of Users of the Health and Social Services Network* (RPCU)

Feb 23: *How to favour a safer environment through a "just" culture* (Mission: Safety!, MUHC)

Feb 28: Rare Disease Research Day (RI-MUHC)

Feb 28: *The Role & Commitment of Committee Members* (RPCU)

#### **March:**

Mar 15: *Health workers and frontline care in the post-COVID-19 context: Where is the money?* (Faculty of Medicine and Health Sciences, McGill)

Mar 16: *Patient partnerships for better healthcare* (Mission: Safety!, MUHC)

Mar 22: *Droits des personnes vivant avec une déficience intellectuelle* (in French) (RPCU)

Mar 22: *Les droits et obligations des usagers au quotidien.* (in French) (RPCU)

Mar 25: *Savoir communiquer avec ses différents partenaires* (in French) (RPCU)

Mar 29: Info session about *Hear Entendre Québec* (Hear Entendre Québec)

Mar 30: *Les partenariats et le travail des Comités* (in French) (RPCU)

Mar 30: *Un système de santé adaptatif et inclusif? Le cas d'un réseau intersectoriel de proximité au service des personnes réfugiées en Estrie* (in French) (Pragmatic Health Ethics Research Unit)

## 6.7 The UC in the Media

**February 12, 2023:** CJAD 800. Health Matters radio show/podcast on Users' Committee.

<https://muhcfoundation.com/foundation/podcast> (30 min mark)

Spotify: <https://spoti.fi/32HFxrc>

**March 15, 2023:** CTV News. UC Chair Ingrid Kovitch interviewed. Segment on Dubé announcement of coming reform. <https://montreal.ctvnews.ca/video?binId=1.1810301> (12:30 mark)

**March 17, 2023:** The Gazette, page A6. Headline: Lachine community hopes petition, march will help save hospital, by journalist: Katelyn Thomas. UC Chair, Ingrid Kovitch, interviewed and quoted.

<https://montrealgazette.com/news/local-news/lachine-community-hopes-petition-march-will-help-save-hospital>

## 7. MUHC UC MEETINGS

All MUHC UC meetings were held virtually via Zoom. They took place on the following dates:

- 19 décembre 2022
- 17 janvier 2023
- 21 février 2023
- 21 mars 2023

**Annual General Meeting (AGM):** There was no AGM held in 2022-2023. An AGM is planned for June 2023.

## 8. COLLABORATION WITH THE OTHER ACTORS IN COMPLAINT EXAMINATION SYSTEM

The UC works closely and collaborates with the Office of the Service Quality and Complaints Commissioner, also known as the Ombudsperson.

- The UC informs patients and families of:
  - their rights;
  - their recourses, if they believe that their rights were not respected or their healthcare was compromised.
- The UC assists patients and families, upon request, in filing formal complaints with the Complaints Commissioner (CC).
- The UC notes trends among complaints or requests for assistance and engages in examination of these with the Complaints Commissioner.
- The Associate Service Quality and Complaints Commissioner attended portions of most of the UC's monthly meetings.

## **Communications forwarded to Complaints Commissioner (CC) by the Users' Committee**

	<b>Shared with (or also received by) Ombudsperson</b>	<b>Not shared</b>	<b>Not known</b>	<b>Totals</b>
Complaints	32	8	4	44
Requests for assistance	7	53	7	67
Messages of gratitude	0	4	2	6
<b>Totals</b>	<b>39</b>	<b>65</b>	<b>13</b>	<b>117</b>

### **9. GOALS ESTABLISHED FOR NEXT YEAR**

The Users' Committee is committed to following up and continuing progress on all the projects and priorities outlined in Section 3.

It is a distinct priority to increase the Committee's visibility within the MUHC community in order to better inform Users of their rights and of our mandate, using the strategies outlined along with other creative projects and activities.

The UC is particularly committed to helping ensure that the Residents' Committee at Camille-Lefebvre has the necessary resources to function optimally, and that all previous advocacy subcommittees of the UC be supported and encouraged to not only resume, but expand, their activities and initiatives. Given our unusual financial situation, this year is an especially propitious one with respect to more elaborate or ambitious projects and ideas.

In addition to supporting those that already exist, the UC would like to foster the development of additional advocacy subcommittees to amplify the voices of the many groups within the MUHC whose needs have not been optimally met: Indigenous Rights, Mental Health, etc.

### **10. CONCLUSION (ISSUES, RECOMMENDATIONS AND PROJECTS)**

Though not unique to the MUHC in this climate of resource scarcity, the UC is reminded on a daily basis of the challenges and frustrations felt by patients:

- Long surgical wait times/backlog
- Delays in access to specialists
- Delays in access to imaging and other diagnostic testing
- Difficulty—if not frank impossibility—of scheduling blood tests at the test centre
- Difficulty—if not frank impossibility—of reaching clinics or departments by phone
- Overcrowding and delays in the Emergency Departments
- Extended stays in the Emergency Departments even once admitted, due to lack of bed availability on the wards

To the extent that the Committee is able, we will work collaboratively with the administration to address these issues.

The UC will continue to work diligently on its many active projects as outlined in this Report and will support all improvements to the quality of services offered by the MUHC as well as to the living conditions of residents of centre d'hébergement Camille-Lefebvre. We will do so while respecting and defending the dignity, rights and freedoms of all Users, and in a spirit of equity, diversity and inclusion for all.

## 11. FINANCIAL REPORT

See financial annexes 3A, 3B and 4.

## 12. ACTIVITIES OF RESIDENTS' COMMITTEE OF CHSLD CAMILLE-LEFEBVRE

In March 2023, the Camille Lefebvre Residents' Committee was constituted in accordance with the Act respecting health services and social services. See section 6.5 for more information about this legislated committee.

## 13. SUBCOMMITTEES OF THE MUHC UC

Below is the list of UC subcommittees and their membership.

### Cancer Care Advocacy Committee

NAME	ROLE
KO (anonymous)	Member
Brenda MacGibbon	Member, deceased October 2022
Jeanette Sharma	Member
Tristan Williams	Member
Deborah Radcliffe-Branch	Member, until November 2022, when elected to UC
Kathleen Tansey	Member
Kelina Leeks	Member
Susie Judd	Member
Linda Lehrer	Member, resigned January 2023

### Family Advisory Forum of the Montreal Children's Hospital

NAME	ROLE
Robert Bloom	Co-Chair
Seeta Ramdass	Co-Chair
Eva Sokol	Member
Anna Del'Appi	Member

**MGH Advocacy Group**

NAME	ROLE
Tom McCutcheon	Co-Chair and Treasurer
Robert Gaudreau	Co-Chair
Patricia Kerr	Secretary
Heather Allen Evans	Executive member
Judy Philipson	Member
Stefano Eremita	Member
Sahra Cohen	Member until November 2022, when elected to UC

**Neuro Advisory Group**

NAME	ROLE
Amy Ma	Member
Anne Bieler Baxter	Member
Elizabeth Markakis	Member
Elizabeth Pereira	Member
Falk Kyser	Member
Lawrence Reich	Member
Lia Moretti	Member
Jackie Vaquer	Member
JoAnne Mosel	Coordinator
Mari Jo Pires	Member
Mario Di Carlo	Member

**RVH Community Advocacy Council**

NAME	ROLE
Diane States	Coordinator, Treasurer & Secretary as of 2023
Emanuel Kolyvas	Coordinator, resigned 2023
Lisa Rosati	Secretary/note taker, resigned 2023
Mona Arsenault	Member
Bonnie Destounis	Member
Rosalind Halvorsen	Member
Maureen Kiely	Member, resigned 2023
Harvey Michele	Member
Emily Ramdass	Member
Seeta Ramdass	Member
Jean Williams	Member

**ANNEXE - 3A - RAPPORT FINANCIER DES COMITÉS DES USAGERS  
ACCOMPAGNANT LA CIRCULAIRE 2016-021 (03.01.53.01)**

**EXERCICE FINANCIER DE LA PÉRIODE DU : 1<sup>ER</sup> AVRIL 2022 AU 31 MARS 2023**

Une fois ce rapport financier dûment complété, veuillez suivre les modalités indiquées dans l'**ANNEXE 1** intitulée «Instructions générales des annexes accompagnant la circulaire 2016-021 ».

<b>NOM DE L'ÉTABLISSEMENT :</b>	<b>Centre universitaire de santé McGill (CUSM)</b>	<b>NUMÉRO DE PERMIS :</b>	1259-9213
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<b>SOLDE DE L'EXERCICE PRÉCÉDENT</b> (Surplus / (Déficit), au début de l'exercice visé)	<b>(a)</b>	47,400 \$
<b>BUDGET TOTAL ALLOUÉ PAR L'ÉTABLISSEMENT AU COMITÉ DES USAGERS</b> (Au cours de l'exercice visé)	<b>(b)</b>	90,882 \$
<b>TOTAL AUTRES MONTANTS REÇUS</b> (Au cours de l'exercice visé) (ex.: SOMMES VERSÉES PAR D'AUTRES CU POUR DES PROJETS COMMUNS) <i>Veuillez préciser en annexe</i>	<b>(c)</b>	
<b>DONS</b> (Lorsqu'un don est destiné spécifiquement à un CU, l'établissement doit rendre la totalité de ce montant disponible au CU concerné sans amputer son financement annuel).	<b>(d)</b>	
<b>TOTAL DES REVENUS</b> (a)+(b)+(c)+(d)=(e)	<b>(e)</b>	<b>138,282 \$</b>

**1. DÉPENSES GÉNÉRALES**

Soutien professionnel	25,114 \$
Fournitures de bureau (papeterie, photocopies, etc.)	1,209 \$
Publication de documents du comité	1,447 \$
Communications interurbaines	900 \$
Frais de recrutement	
Formations des membres du comité	
Colloques, congrès, conférences	1,114 \$
Frais de déplacement, hébergement	
Frais postaux	286 \$
Allocation personne-ressource	
Abonnements revues et journaux	
Cotisation à un regroupement représentant les comités d'usagers	
Autres (précisez) :	
Autres (précisez) :	
Autres (précisez) :	
Autres (précisez) :	
Autres (précisez) :	
<b>Dépenses spécifiques réalisées avec les dons (d), s'il y a lieu (Veuillez préciser en annexe)</b>	<b>(f)</b>

**2.A - DÉPENSES SPÉCIFIQUES RELIÉES AU MANDAT DU COMITÉ DES USAGERS DU CENTRE INTÉGRÉ**

<b>REPRÉSENTATION</b>		
Précisez :		
Précisez :		
Précisez :		
Précisez :		
<b>COORDINATION</b>		
Précisez :		
Précisez :		
Précisez :		
Précisez :		
<b>HARMONISATION</b>		
Précisez :		
Précisez :		
Précisez :		
Précisez :		

## 2.B - DÉPENSES SPÉCIFIQUES RELIÉES AU MANDAT DU COMITÉ DES USAGERS OU DE RÉSIDENTS

### RENSEIGNER SUR LES DROITS ET OBLIGATIONS

Publications (dépliants, lettres d'information, etc.)  
 Activités d'information auprès des usagers et des proches  
 Déplacement, hébergement  
 Matériel de promotion (précisez ci-dessous)

Précisez :  
 Précisez :  
 Précisez :  
 Précisez :  
 Autres (précisez) :  
 Autres (précisez) :  
 Autres (précisez) :

### PROMOUVOIR L'AMÉLIORATION DE LA QUALITÉ DES CONDITIONS DE VIE

Publications (dépliants, lettres d'information, etc.)  
 Activités d'information auprès des usagers et des proches  
 Matériel de promotion (précisez ci-dessous)

Précisez :  
 Précisez :  
 Précisez :  
 Précisez :  
 Précisez :  
 Autres (précisez) :  
 Autres (précisez) :  
 Autres (précisez) :  
 Autres (précisez) :

### ÉVALUER LE DEGRÉ DE SATISFACTION DES USAGERS

Activités d'évaluation de la satisfaction des usagers  
 Outils d'évaluation (élaboration d'un questionnaire, sondage, etc.)  
 Honoraires professionnels

Autres (précisez) :  
 Autres (précisez) :  
 Autres (précisez) :  
 Autres (précisez) :

### DÉFENDRE LES DROITS ET LES INTÉRÊTS COLLECTIFS OU INDIVIDUELS

Activités de promotion sur la défense des droits  
 Honoraires professionnels

Autres (précisez) :  
 Autres (précisez) :  
 Autres (précisez) :  
 Autres (précisez) :

### ACCOMPAGNER ET ASSISTER DANS TOUTE DÉMARCHÉ LORS D'UNE PLAINTÉ

Frais de déplacement  
 Honoraires professionnels

Autres (précisez) :  
 Autres (précisez) :  
 Autres (précisez) :  
 Autres (précisez) :

TOTAL DES DÉPENSES		(g)	30,070 \$
SOLDE DES DONS		(h)	- \$
(d)-(f)=(h)			
SOLDE AU 31 MARS 20__ (Surplus / (Déficit), à la fin de l'exercice visé) (e)-(g)-(h)=(i)		(i)	108,212 \$
Le solde dans la ligne (i) représente le montant devant être récupéré par l'établissement			

**ANNEXE - 3B - RAPPORT FINANCIER SPÉCIFIQUE AUX REVENUS REPORTÉS DES COMITÉS DES USAGERS - ÉTABLISSEMENTS PUBLICS  
ACCOMPAGNANT LA CIRCULAIRE 2016-021 (03.01.53.01)**

**EXERCICE FINANCIER DE LA PÉRIODE DU : 1<sup>ER</sup> AVRIL 2022 AU 31 MARS 2023**

Les revenus reportés doivent servir exclusivement à soutenir la réalisation de projets spéciaux non récurrents, visant à **renseigner** les usagers sur leurs droits et leurs obligations, ou à **promouvoir** l'amélioration de leur qualité de vie. Ces projets seront pilotés par les CU (dans le cas des CISSS, après un arbitrage du CUCI), en tenant compte d'une représentativité équitable des différents comités, missions, clientèles et territoires desservis. Les surplus pourront ainsi être utilisés par l'un ou l'autre des CU de l'établissement, y compris par le CUCI.

<b>NOM DE L'ÉTABLISSEMENT :</b>	<b>Centre universitaire de santé McGill (CUSM)</b>	<b>NUMÉRO DE PERMIS :</b>	1259-9213
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<b>TOTAL DES SURPLUS DE L'ENSEMBLE DES CU (ET DU CUCI), À LA FIN DE L'EXERCICE FINANCIER PRÉCÉDENT</b> (Montant des sommes non dépensées par les comités visés, au 31 mars de l'exercice précédent)	<b>(a)</b>	47,400 \$
<b>REVENU REPORTÉ MIS À LA DISPOSITION DES CU (CUCI) POUR LE PRÉSENT EXERCICE FINANCIER</b> (a)=(b)	<b>(b)</b>	<b>47,400 \$</b>

**1.A - RENSEIGNER SUR LES DROITS ET LES OBLIGATIONS DES USAGERS**

Nom du comité:		
Projet:		
Précisez :		- \$
Nom du comité:		
Projet:		
Précisez :		
Nom du comité:		
Projet:		
Précisez :		
Nom du comité:		
Projet:		
Précisez :		
Nom du comité:		
Projet:		
Précisez :		

**1.B - PROMOUVOIR L'AMÉLIORATION DE LA QUALITÉ DES CONDITIONS DE VIE**

Nom du comité:		
Projet:		
Précisez :		
Nom du comité:		
Projet:		
Précisez :		
Nom du comité:		
Projet:		
Précisez :		
Nom du comité:		
Projet:		
Précisez :		
Nom du comité:		
Projet:		
Précisez :		

<b>TOTAL DES DÉPENSES</b>	<b>(c)</b>	- \$
<b>SOLDE AU 31 MARS 20__</b> (Somme non dépensée, à la fin de l'exercice visé) (b)-(c)=(d) Le solde de la ligne (d) représente l'excédent des sommes allouées non encourues devant être constaté au résultat de l'exercice par l'établissement	<b>(d)</b>	<b>47,400 \$</b>



**ANNEXE - 4 - FORMULAIRE DE VALIDATION DES PARAMÈTRES BUDGÉTAIRES DES COMITÉS DES USAGERS  
ACCOMPAGNANT LA CIRCULAIRE 2016-021 (03.01.53.01)**

**EXERCICE FINANCIER DE LA PÉRIODE DU : 1<sup>ER</sup> AVRIL 2022 AU 31 MARS 2023**

Une fois ce formulaire dûment complété, veuillez suivre les modalités indiquées dans l'ANNEXE 1 intitulée « Instructions générales des annexes accompagnants la circulaire 2016-021 ».

IDENTIFICATION DU COMITÉ DES USAGERS			
Nom de l'établissement :			
Nom du CISSS ou CIUSSS (le cas échéant) :			
<input checked="" type="checkbox"/>	Comité des usagers	<input type="checkbox"/>	Comité des usagers continué
<input type="checkbox"/>		<input type="checkbox"/>	Comité des usagers du centre intégré
Numéro de permis de l'établissement : 1259-9213		Nombre total de comité de résidents : 1	
PARAMÈTRES BUDGÉTAIRES			MONTANTS (\$)
Indiquez le budget annuel alloué par le MSSS à l'établissement pour son comité des usagers au cours de l'exercice visé.			90 882
Indiquez s'il y a lieu, le montant total majoré alloué au comité des usagers pour chacun de son/ses comité(s) de résidents pour la même période.			2 000
Indiquez le solde (surplus / (déficit)) du comité des usagers à la fin de l'exercice visé.			108 212

Toutes les données financières doivent avoir fait l'objet d'une validation auprès du président du comité des usagers de chaque établissement et des directeurs des finances de l'établissement. Leurs signatures respectives sont ainsi exigées.

*Nous soussignés, certifions que les renseignements sont exacts et que les données transmises ont été validées.*

INGRID KOVITCH

Nom du président du comité des usagers :

d. Kovitch

Signature :

29-05-2023

Date

Nicolas Robert, CPA

Nom du directeur des finances de l'établissement (ou autorité équivalente) :

Nicolas Robert

Signature :

29-05-2023

Date