

Le Comité des usagers
du Centre universitaire de santé McGill

The McGill University Health Centre
Patients' Committee

MCGILL UNIVERSITY HEALTH CENTRE USERS' (PATIENTS') COMMITTEE

2023-2024 ACTIVITY REPORT

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Centre universitaire
de santé McGill



McGill University
Health Centre

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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 (AMI)

Montreal General Hospital (MGH)

Montreal Neurological Institute-Hospital (MNI/MNH or Neuro)

Lachine Hospital and CHSLD Camille-Lefebvre

MUHC Reproductive Centre

Glen Site, which includes:

Cedars Cancer Centre (CCC)

Montreal Chest Institute (MCI)

Montreal Children's Hospital (MCH)

MUHC Adult Ophthalmology Clinic

Research Institute (RI)

Royal Victoria Hospital (RVH)

2. MESSAGE FROM THE CHAIRS

2023-2024 represents the first full year of activity for the Users' Committee (UC) that had been entirely repopulated in November 2022. And it was a busy one!

The UC was delighted to be able to reopen our office, offer assistance to patients attempting to navigate our vast and diverse institution, and provide help and support to those wanting to voice dissatisfaction and/or submit formal complaints. There was less time spent in trainings and webinars, and more time directly involved in executing our mandate; namely, to inform and defend user rights, and to support improvements to the quality of services offered by the MUHC and to the living conditions in CHSLD Camille-Lefebvre, while respecting and defending the dignity, rights, and freedoms of all users.

We were excited to see our Advocacy Subcommittees up and running, and grateful for their collaboration and collegiality. It was a privilege getting to know so many motivated and devoted patient advocates, and heartening to see all their generous work and inspired projects.

The UC has continued to work closely with the MUHC administration liaison and the office of the Local Service Quality and Complaints Commissioner. As much of the UC'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 (CC) play a vital role in helping resolve these problems as efficiently

and as satisfactorily as possible. We are grateful to all members of the CC's office for their receptiveness and responsiveness both to our committee, and more importantly, to our patients.

The members of the UC, like all MUHC patients, and all patients and citizens of the province, are profoundly concerned and dismayed by the deficiencies in our healthcare network, with its attendant effects on patient care. Critical labour shortages continue across the network, resulting in continued bed closures and the inability to run many departments at capacity. This further compounds the overcrowding crisis in the Emergency Department and contributes to the unacceptable wait times for imaging studies, procedures, and surgeries, among others. The UC acknowledges the commitment of the administration to tackle these complex and refractory challenges and is pleased to see a number of initiatives being instituted. Nevertheless, care frequently remains suboptimal, and we note that compromised 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. The UC remains committed to dismantling systemic barriers, addressing gaps in care, and ensuring that all MUHC patients receive equitable access and care, in a safe and welcoming manner.



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



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

3. USERS' COMMITTEE MEMBERS

Members of the MUHC Users' (Patients') Committee as of March 31, 2024:

NAME	ROLE
Ingrid Kovitch	Chair & MUHC Board of Directors member
Deborah Radcliffe-Branch	Vice-Chair
Amanda Bercovitch	Secretary
Eligio (Joe) Ojeda	Treasurer
Shari Neudorf	Member
Alex Galli	Member
Danielle Carter	President, Camille Lefebvre Residents' Committee and designated member to the UC

4. CONTACT INFORMATION

FUNCTION	NAME	CONTACT INFORMATION		
		Phone No	Email	Address
UC Chair	Ingrid Kovitch	514-934-1934 ext. 31968	ingrid.kovitch@muhc.mcgill.ca	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	patients.comm@muhc.mcgill.ca	MUHC UC Glen Site, D 04.7514 1001 Décarie, Mtl, QC H4A 3J1
MUHC Administration Liaison	Keith Woolrich	514-934-1934 ext. 71333	keith.woolrich@muhc.mcgill.ca	Interim Director, Informational Resources, MUHC (Formerly Director, Quality Dept, MUHC) 350-5100 De Maisonneuve West, Mtl, QC H4A 3T2

5. USERS' COMMITTEE MEETINGS

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

- April 18, 2023
- May 16, 2023
- June 20, 2023
- September 11, 2023
- October 10, 2023
- November 15, 2023
- December 13, 2023
- January 24, 2024
- February 19, 2024
- March 18, 2024

Annual General Meeting (AGM): The 2023 AGM was held on June 14, 2023, and the 2024 AGM is planned for June 10, 2024.

6. ACTIVITIES AND ACHIEVEMENTS OF THE PAST YEAR

The UC is indebted to the many patients, family members and caregivers who provide invaluable suggestions, and who alert us to myriad issues and concerns that we can subsequently address. We would be unable to do our jobs were it not for this critical feedback, and we are grateful to all those who have come forward and reached out to us.

The following is a sampling of some of the issues that we addressed this past year:

Accessibility

- Reduced mobility

The UC has been working to ensure that:

- there are enough wheelchairs available to patients, and that they are available in the correct locations
- radiology changing rooms are wheelchair accessible, are equipped with grab bars, and that large gowns are available to preserve the comfort and dignity of those who need it
- there are adapted tables in the cafeterias at all MUHC sites that can accommodate wheelchair users
- there is a fully accessible washroom at the Glen site, complete with ceiling-mounted Hoyer lift, adult-sized changing table, etc. Although meetings took place with the project manager, the work on this has yet to begin
- all handicap accessible entrances at the Neuro are properly identified with adequate signage (and that the MUHC website page for parking at the Neuro was redone—both in content, and graphics)

- 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. The UC had previously obtained a report from the Canadian Deafness Research and Training Institute (CDRTI) with several recommendations, and we put together a working group that met a number of times. This dossier falls under the mandate of the Accessibility Committee, and they have outlined a roadmap forward, with specific targets and dates. The UC will remain in close contact with them to ensure that the obligations of the MUHC vis a vis this community are met.

Acute Palliative Care unit

The UC Chairs have met several times with Dr. Justin Sanders, the MUHC Chair in Palliative Care Medicine to address concerns about the status of this department within the MUHC and the multiple evolutions and iterations over the past year.

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. These were briefly repatriated, but then the unit was abruptly moved from its purpose-built ward, which included spaces for music and art therapy among other things, to another smaller ward (2 fewer beds) without space for these other activities and therapies.

The UC notes that the 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. The UC is committed to supporting this highly specialized service and ensuring that it remains, appropriately, in our highly specialized institution.

Visibility, social media, and MUHC website

To increase awareness of the UC within the MUHC community, the Committee:

- Designed and printed new roll-ups and new posters, and distributed these throughout all MUHC sites
- Ensured that information regarding the UC is shown on the plasma screens in various clinic waiting rooms
- Made minor modifications to the Patients' Rights pamphlets, printed a sizable stock, ordered plexiglass pamphlet holders, and are in the process of distributing these in various locations at all sites throughout the MUHC
- Will be printing UC bookmarks, for wide distribution, and there will shortly be a meeting with the MUHC graphics team
- Expanded the Patients' Committee Facebook page, to include information about services and activities (MUHC, UC, Advocacy Subcommittees) that are of direct relevance to the MUHC patient community
- Worked with the Communications Department to completely rework the content of the UC page on the MUHC website. The content has been finalized, however the changes have yet to be applied to the page
- Agreed to work with Communications on a focus group to evaluate proposals for an entirely new product for the MUHC website
- Set up and manned tables during Users' Rights week in order to inform patients, families and caregivers of their rights and of the ways in which the UC can serve them

Food services in the ED

We became aware that there were multiple issues with food services in the Emergency Department:

- There were an insufficient number of meal trays delivered, so that even patients who were officially "admitted" did not always receive a meal.
- Trays were not labelled with patient names, as they are on the wards. This was a significant safety issue, in view of allergy and other dietary restrictions.
- Trays did not include tags with the type of diet on the tray, nor were the contents itemized (as is done on the wards).
- Patients were struggling to have their dietary restrictions recorded and respected. No self-reporting of dietary needs was accepted without a medical order (gluten intolerance/celiac, etc.). However, medical orders were frequently not entered/specified.

We worked at length with the Food Services Department to establish systems to ensure that all concerns were addressed and rectified.

Metabolic Clinic

The UC received several complaints from patients of this clinic, particularly regarding inordinate delays (up to 2 hrs) to check out AFTER they had seen their physicians. Without a number system, patients were forced to stand in line for the entirety of their long waits.

The UC worked with the clinic manager to institute systems to address these concerns, which included improved signage, ensuring that an electronic ticket machine system would be employed, and organizing to have volunteers work in the clinic to help facilitate the check-out system and help patients, particularly those more vulnerable.

Meeting room in Patient Resource Centre

Supply chain issues at the height of COVID obliged the institution to stockpile a critical mass of important medications. This required a storage area that met certain specifications: temperature control, shelving, ability

to lock securely, etc. A meeting room in the Patient Resource Centre was recruited for this purpose and continues to be used. This meeting room is of great value to the MUHC librarians, to staff, and to patients and their families. The UC has been working with the liaison to the administration, as well as with the facility manager, to find an alternate storage location in order to permit repatriation of this important room.

Information Desk at Glen site

The UC has received numerous complaints and comments relating to the lack of staffing at the Glen adult site Information Desk. Wayfinders have repeatedly reached out to us, noting that they are unable to assist patients with many of their needs. The UC has persisted in asking the administration to prioritize this service and will continue to work to ensure that the MUHC site with the highest volume of patient care and traffic is able to provide this essential service.

Glen site navigation maps and tools

The UC notes that the new navigation maps that are posted throughout the Glen site are oriented “upside down”. In addition, although food counters are identified, there are hallways missing, and even elevator banks are not shown/identified. All these factors render them very challenging to use effectively. The Committee has communicated their concerns to the Communications Department.

The Committee also explored options for interactive navigation platforms, including one that is similar to that used at the JGH. Unfortunately, these tools are prohibitively expensive, and they do not really qualify as eligible UC expenses as per the Ministry. The UC has raised this issue with the liaison to the administration and have been told that the plans for upgraded internet services includes an interactive navigation capability.

Opal

This smartphone app, developed within the MUHC, gives Cedars Cancer Centre patients access to contextualized medical data, personalized education material, lab results, medical notes and treatment plans. It encourages patients to actively participate in their care, better understand their disease, and equips them to ask more pertinent questions during their appointments. It has been well established that patients who are better informed have lower levels of anxiety and better health outcomes. The app also serves as a waiting room management system, which both allows patients to be notified for appointments and liberates reception and admin staff from these time-consuming tasks. Because patients can access their records and results, there are fewer demands made on Medical Records to provide these.

Throughout the years, the app—used by 6000+ patients—has been widely lauded, has won numerous awards, and has been overwhelmingly appreciated by patients (98.8% of Opal users would recommend it to other patients). As well, Opal users have a 5% - 10% lower no-show rate for their appointments.

Despite Opal’s objective success, as measured by numerous metrics, the app and support team have been running solely on grant funding, which is shortly due to expire, leaving patients without a viable alternative for many more years, at a minimum. In order to continue to be able to provide this valuable service to patients, and to expand it to interested departments, the RI team has requested funding from the MUHC. The UC Chairs were approached by the app team and has met with them on multiple occasions. We tried to reach out and facilitate communication with the administration, and very much hope that this popular clinical tool will continue to be available to all those who can benefit.

Language of public Board meetings

The use of English during the public portion of the Board meetings had progressively diminished, until the meetings were conducted entirely in French, both the oral portion, and the slide portion. The UC was receiving a growing number of complaints from both users, and employees, about their inability to attend/understand these important meetings. The Committee acknowledges the constraints borne of Bill 96, however it did not appear that there was anything in the law that prohibited the use of English in this context, given that the MUHC is designated as a bilingual institution.

The Committee voiced these concerns on a monthly basis to the administration liaison. We were pleased to see that the MUHC obtained legal counsel and has more recently been conducting these meetings in bilingual fashion. We have subsequently and consequently received grateful feedback from patients and staff who appreciate the accommodation.

Projet de loi 15

The UC has been very preoccupied during this past year over PL15 and attendant implications on users' committees across the province. We have spent a great deal of time reviewing each iteration and attending meetings to discuss and be informed of each set of changes. The Committee is grateful to the CPM, the RPCU and all patient advocacy groups for their extensive and tireless efforts to ensure that the voices of users continue to be heard and represented.

UC governance bylaw

The UC Governance Bylaw was modified and approved in November 2023 to better reflect the realities of our functioning. There will be additional modifications to align with PL15 once it has been finalized and comes into force (likely spring 2024).

Delays for cancer surgeries and imaging studies

The UC has been very concerned about critical delays in services, particularly for cancer surgeries that extend beyond recommended limits, and for imaging studies. Given that there exist a number of private surgical clinics that operate under RAMQ (hence at no cost to patients) we would like to know why cases are not referred to these clinics once the benchmark for acceptable delays has been exceeded (or better still, in anticipation.) Similarly, we are perplexed how there are patients waiting over a year for ultrasound appointments, and yet not referred to private clinics, even though the cost of these studies in these clinics is covered fully by RAMQ. We have raised this issue with the Complaints Commissioner, and the Chair intends to follow this up at the level of the Vigilance Committee.

Patient collaborations and consultations

Throughout the year the UC has fielded requests and has collaborated on a wide variety of MUHC projects in their role as patient consultants. Some examples of these requests include:

- an ICU pharmacist requesting a co-author for a study regarding delays in initiation of antibiotics for sepsis
- a physician involved in Vanessa's Law (which identifies and reports severe adverse drug reactions) looking for help in reaching and informing patients and their families
- the Communications Department seeking input and collaboration as they move forward with a new MUHC website
- the Nursing Directorate looking for a patient-consultant in a pilot project (Optimizing the Delivery of Nursing Care)
- the McGill Continuing Professional Development Committee seeking input from patients to ensure that their programming is appropriately patient centered

Letters of appreciation to radiation oncology technicians

The UC was made aware of critical shortages of radiation oncology technicians, a situation that engenders grave delays in cancer treatments. These further compound the stress and demands on the remaining technicians and there was a fear that more would leave and worsen the already dire situation. The UC helped with a Cancer Care Mission initiative to gather letters from patients and their families expressing gratitude for the work done by these invaluable providers.

Gratitude Message Board

The Users' Committee salutes the efforts of all MUHC staff who work—tirelessly and under very challenging conditions—to provide the best possible care to patients. We are not alone in our recognition and appreciation—the Committee receives many thank you notes from grateful patients and family

members, and the stories that they share are heart-warming and inspiring. The UC has decided to compile these letters and has created a Gratitude Message Board that will be included on the new UC website page. We hope that staff will appreciate seeing that their efforts have not gone unnoticed; in fact, have at times been truly life changing. And we hope that these stories will help patients throughout the MUHC feel confident about the outstanding care that they and their loved ones receive.

Meetings and training attended by various members of the UC its subcommittees:

APRIL:

April 1: Le plan d'action (RPCU)

April 4: Les fonctions des comités des usagers et de résidents (RPCU)

April 5: Beyond Training: How to Incorporate Equity in Hiring Processes to Welcome Newcomers into the Workforce (National Newcomer Navigation Network-N4)

April 5: Users' Rights and Filing Complaints within the Health system (Hosted by Gay and Grey)

April 6: Patient Safety Lunch & learn: Incident analysis as part of the incident management continuum (MUHC)

April 18: États généraux du travail social (RPCU)

April 18 & 20: Les droits et obligations des usagers au quotidien (RPCU)

April 19: Part of the Solution, Not the Problem: Recommendations for Welcoming Internationally Trained Physicians into Canada's Health Care Sector. (N4)

April 19: Webinaire sur l'exploration des propositions de réforme du Projet de loi 15 (PL15), intitulé « Loi visant à rendre le système de santé et de services sociaux plus efficace » (RPCU)

April 19: Lunch time Zoom webinar hosted by Dr. Lucie Opatrny, President and Executive Director, MUHC, to discuss the new Bill 15 (MUHC)

April 20: Les droits et obligations des usagers au quotidien (RPCU)

April 26: Role and commitment of committee members (RPCU)

April 27: Patient Safety Lunch & learn: A helping hand: programs to foster professional and personal safety (MUHC)

MAY:

May 16: Santé Québec : le bon remède pour le réseau? (Collège des médecins du Québec)

May 18: Patient Safety Lunch & Learn: Promoting a reporting culture for safer care (MUHC)

May 24: Digitizing Healthcare: AI and Equity Concerns (Department of Pediatrics, McGill University)

May 25: Adaptation, inclusion et partenariat (Unité de recherche en éthique pragmatique de la santé) (Institut de recherches cliniques de Montréal-IRCM)

May 25: Savoir communiquer avec ses différents partenaires (RPCU)

May 30: Cedars CanSupport Public Lecture in Supportive and Palliative Care (Cedars CanSupport)

JUNE

June 7: Public information meeting on the Lachine Hospital modernization project by videoconference (MUHC)

June 8: Conseil pour la protection des malades AGM (CPM)

June 21: Culture is Healing: Exploring Root Causes of Indigenous Health Inequity (N4)

June 21: National Indigenous Peoples Day, MUHC, in collaboration with School of Population and Global Health at the Faculty of Medicine and Health Sciences of McGill University, hosted film screening and special guest lecture by Katsi'tsakwas Ellen Gabriel. Documentary entitled ie'nikonrashátste - Strong spirits: Surviving Canada's Indian residential school system (MUHC and McGill)

June 22: Green Bioethics: Sustainable Health Care (Pragmatic Health Ethics Research Unit) (Institut de recherches cliniques de Montréal - IRCM)

June 29: Patient Safety Lunch & Learn: Avoiding misunderstandings: communication during transitions of care (MUHC)

JULY:

No events

AUGUST:

No events

SEPTEMBER:

September 8: First Nations' loss of confidence in institutions (Department of Pediatrics, McGill University)

September 27: How Can an Indigenous Child Disappear During a Hospital Stay? First Nations' Loss of Trust in Institutions (Department of Pediatrics, McGill University)

September 27: Ensuring Equitable Health Care Through Interpretation: From Concept to Practice (N4)

September 28: Conseil pour la protection des malades symposium: Patient Experience (CPM)

OCTOBER:

October 4: Poverty, Unmet Social Needs and Impact on Adherence to Medication (Department of Pediatrics, McGill University)

October 5: Quand la santé durable rejoint santé participative, inclusive et éco-sociale : moyens d'action des agences subventionnaires (Unité de recherche en éthique pragmatique de la santé) (Institut de recherches cliniques de Montréal - IRCM)

October 12: Suivi PL 15, état de la situation - CPM PL 15 meeting (CPM)

October 12-13: RPCU Congrès – Parlons décentralisation au bénéfice des usagers (RPCU)

October 13: Advancing Health Equity Through Standards: People-Centred Care (Health Standards Organization – HSO)

October 19 to 22: The 5th International Congress on Whole Person Care (McGill)

NOVEMBER:

November 28: The Key Role of the Family Doctor throughout a Cancer Patient's Journey. (Cedars CanSupport, MUHC)

DECEMBER:

December 7: Tools for dialogue: a pragmatist approach to moral reasoning in health care and research (Pragmatic Health Ethics Research Unit) (Institut de recherches cliniques de Montréal)

JANUARY:

January 16: Town Hall meeting (MUHC)

FEBRUARY:

February 7: World Cancer Day. Close the Gap. Public lecture. (Cedars CanSupport, MUHC)

February 15: Clinic Moral distress and strategies to build moral community in healthcare - Pragmatic Health Ethics Research Unit, IRCM)

February 20: Black History Month at the RI-MUHC: Let's learn, celebrate and connect! (EDI Advisory Committee – RI-MUHC)

February 23: MCH Town Hall (Pediatrics, MUHC)

MARCH:

March 1: Indigenous Realities in Healthcare (Equity, Diversity and Inclusion Committee at the Neuro, MUHC)

March 14: Transition de soins, culture organisationnelle et le projet participatif Parachute. (Unité de recherche en éthique pragmatique de la santé) (Institut de recherches cliniques de Montréal)

March 22: La maltraitance envers les aînées et adultes en situation de vulnérabilité (RPCU)

March 28: Le management des risques éthiques : un projet concret pour favoriser le développement d'une culture sensible à l'éthique dans votre organisation. (Unité de recherche en éthique pragmatique de la santé) (Institut de recherches cliniques de Montréal)

7. ADVOCACY SUBCOMMITTEES AND WORKING GROUPS OF THE USERS' COMMITTEE

The MUHC is a vast institution caring for some of the most vulnerable Quebecers, across multiple different physical sites and spanning an enormous range of clinical conditions. The Users' Committee relies heavily upon, and is grateful to, its Advocacy Subcommittees and its working groups; each with a particular perspective and expertise, and each uniquely placed to advocate for and meet the needs of the users whom they represent. These committees serve to help us to fulfill our mandate, namely, to inform and defend user rights, and to support improvements to the quality of services offered by the MUHC while respecting and defending the dignity, rights, and freedoms of all users.

UC Advocacy Subcommittees:

Advocacy subcommittees are populated according to the restrictions and qualifications dictated by the Act Respecting Health and Social Services. They have certain formal responsibilities, and are entitled to funding for their activities, all as outlined in the UC governance bylaw.

There were five UC Advocacy Subcommittees as of March 31, 2024:

Neuro Advisory Group

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

The Neuro Advisory Group has been working on improving signage, both inside and outside the hospital, and exploring the routine and optimal use of Seizure Action Plans. The subcommittee has been very motivated to resume many of their pre-COVID activities, such as greeting and visiting patients, zootherapy, and coffee cart activities. They are partnering with the Indigenous Advocacy Working Group, the UC, and three Neuro nurses on an initiative to include Indigenous art throughout the hospital. The subcommittee continues to struggle with issues relating to parking for volunteers and will be working with the UC in an attempt to find viable and acceptable solutions.

Montreal General Hospital Advocacy Group

Name	Role
Robert Gaudreau	Chair
Tom McCutcheon	Treasurer
Patricia Kerr	Secretary
Heather Allen Evans	Member
Sahra Cohen	Member
Stefano Eramita	Member
Judy Philipson	Member

The MGH Advocacy Group continued to assemble and distribute their Promotional Kits to vulnerable patients and are well stocked to maintain this initiative for the next three years. They are working to ensure that three bathrooms are appropriately renovated to be brought to current code for universal access and are placing (and re-placing) a number of benches for patients both indoors and outdoors throughout the site. The subcommittee worked with the Auxiliary to provide 10 new dialysis chairs, which should all be delivered by the end of the year. In addition to all these projects, outreach and recruitment are a priority for the upcoming year.

RVH Community Advocacy Council

Name	Role
Mona Arsenault	Member
Bonnie Destounis	Member
Rosalind Halvorsen	Member
Harvey Michele	Member
Jean Williams	Member

The RVH CAC has experienced a reduction in membership and is actively recruiting to bolster numbers and add various skill sets and representation. Despite this, they have continued to meet regularly and to make note of, and address, various issues particular to the RVH (e.g., test centre, imaging, etc). The committee hopes to expand their activities in the coming year.

Cancer Care Advocacy Committee

Name	Role
KO (Anonymous)	Member
Jeanette Sharma	Member
Kathleen Tansey	Member

Observers:

Tristan Williams (staff, Research Institute), Susie Judd (staff, Research Institute), and Deborah Radcliffe-Branch (UC Vice Chair)

The Cancer Care Advocacy Committee saw a reduction in members post COVID and are currently actively recruiting new members. Activities throughout the year included supporting OPAL and supporting the Lymphedema clinic at the MUHC, both of which face a loss of funding. Members evaluated candidates for the annual Laurie J. Hendren OPAL Scholarship as well as contributing to the letters of support project for the radiation technologists at the MUHC.

Family Advisory Forum

Name	Role
Robert Bloom	Chair (Co-Chair)
Eva Sokol	Member
Ana Del'Appi	Member

Working groups supported by the UC:

These groups are technically not subcommittees, and as such, their membership is more flexible (e.g., employees of the MUHC can participate as members). They do not have the same formal responsibilities as Advocacy Subcommittees and are not entitled to funding. They are formed to best meet the needs of a targeted patient population within the MUHC.

Working groups include:

1. Indigenous Advocacy Working Group

This working group has been very active, meeting regularly, and working for nearly a year. The group is committed to honouring the spirit of Joyce's Principle and ensuring that Indigenous patients are aware of their rights, receive equitable care, and feel safe and welcome within the walls of the MUHC. The group has crafted a mission statement to that effect. Membership includes patients, staff, Cultural Navigators, liaisons, interpreters and other patient advocates. The group is delighted to acknowledge the efforts behind the creation of a multilingual patient rights pamphlet (English, French, Cree, Inuktituk and Mohawk) as well as the initiative to include bannock on the menu for in-patients. The group is working to see more traditional foods available for patients, Indigenous artwork throughout all sites of the MUHC, and the incorporation of holistic healing practices. The group hopes that by liaising with Cultural Navigators and community workers/services, we can best meet the needs of our Indigenous patients.

2. Mental Health Advocacy Working Group

This group met for the first time in March and is in the process of growing and finalizing membership. Once this is done, we will continue to brainstorm priorities, and establish our goals +/- mission statement. We believe that patients with mental health and psychiatric conditions and diagnoses often face additional barriers to accessing services and continue to suffer stigma and premature conclusions often result in suboptimal care. This working group is committed to meeting the needs of this sizable, yet underserved, community.

3. LGBTQ2+ Advocacy Working Group

This is the newest of the working groups formed and supported by the UC and is designed to address the needs of this population as they seek care and navigate throughout the MUHC. We are currently in a recruitment phase and are looking for additional members.

8. RESIDENTS' COMMITTEE OF CHSLD CAMILLE-LEFEBVRE

Due to the nature of the clientele, it has historically been a challenge to populate and maintain productive and stable Residents' Committees. Unsurprisingly, the Camille-Lefebvre Residents' Committee has undergone some changes to membership since its initial formation in late March 2023. To the UC's delight, a longstanding volunteer and patient advocate at both the Lachine Hospital and Camille-Lefebvre has agreed to take over the helm, and in February 2024 she was elected as President.

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

Name	Role
Danielle Carter	Chair, external member
Yvon Brisson	Resident member
Ghislaine Bouchard	Resident member
Yvan Cardinal	External member
Diane Harbec Pagé	Resident member
Pierre Hurteau	External member
Denise Maisonneuve	Resident member
Michel Paquette	Family member
Mari Jo Pires	External member

The committee has a number of initiatives planned. Among others:

- Monthly meetings, including throughout the summer
- Efforts to engage more people and encourage them to become involved in the committee
- Personal “meet and greet” with residents and their families, one floor at a time
- Expansion of the current zootherapy program
- Collaboration with the administration to ensure that all residents are registered for the Federal Dental Plan

The Users' Committee is inspired by the energy and devotion of this committee and is confident that the residents will be well served, will be well-informed of their rights, and that all the planned activities will succeed in improving their living conditions so that they can live with dignity in a home that is comfortable, welcoming and safe.

9. FUNCTIONS OF THE USERS' COMMITTEE

9.1 Inform patients about their rights and obligations

Please refer to Section 6 of this report for detailed descriptions of the Users' Committee's activities that relate to this function.

9.2 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.

Please refer to Section 6 and 8 of this report for detailed descriptions of the Users' Committee's activities that relate to this function.

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

Please refer to Section 6 of this report for detailed descriptions of the Users' Committee's activities that relate to this function.

9.4 Accompany and assist, upon request, a user/patient in any step he/she undertakes including when he/she wishes to file a complaint

The majority of the communications that the UC receives involve users who seek assistance or who wish to voice dissatisfaction, including lodging a formal complaint.

Complaints:

The top three areas of complaint were:

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

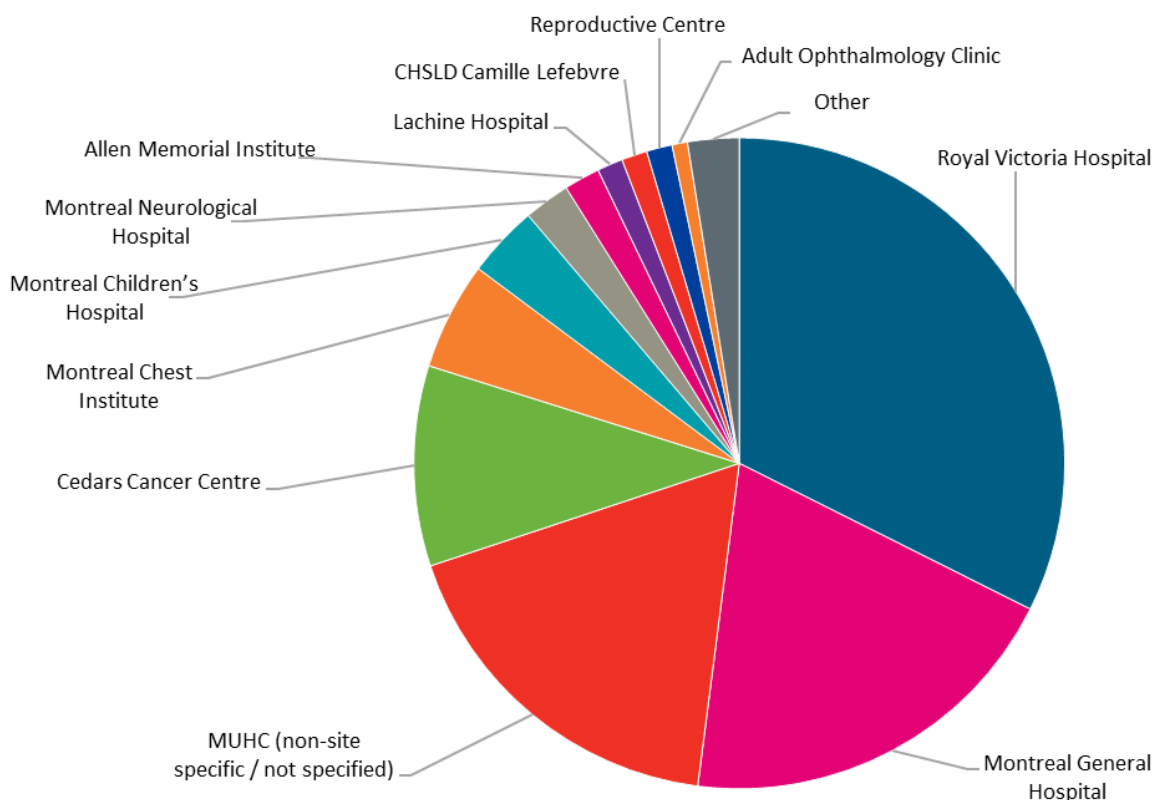
Requests for Assistance:

Many of the requests for assistance involve individuals who have had difficulty reaching a clinic or department. Patients were frequently unable to contact their providers, departments, or services. The MUHC has recently undertaken various initiatives designed to improve ease of access for patients. There were significant issues with patients who missed calls from the MUHC and did not know why they were being contacted. Referrals for this information were made to the MUHC's Appointment and Referral Centre.

Complaints and Requests for Assistance by Site (2023-2024):

Site	Number	Percentage
Allan Memorial Institute	7	2 %
Cedars Cancer Centre	39	10 %
CHSLD Camille Lefebvre	5	1 %
Adult Ophthalmology Clinic	3	1 %
Lachine Hospital	5	1 %
Montreal Children's Hospital	14	4 %
Montreal Chest Institute	21	5 %
Montreal General Hospital	77	20 %
Montreal Neurological Hospital	9	2 %
Reproductive Centre	5	1 %
Royal Victoria Hospital	127	32 %
Other	10	3 %
MUHC (non-site specific /not specified)	70	18 %
Total	392	100 %

Complaints and Requests for Assistance by Site (2023-24)



Comparative percentage of Complaints and Requests for Assistance by Site over past 5 years*:

Site	2023-2024	2022-2023 *	2021-2022	2020-2021	2019-2020
Allan Memorial Institute	2 %	1 %	0 %	0 %	0 %
Cedars Cancer Centre	10 %	7 %	7 %	9 %	4 %
CHSLD Camille Lefebvre	1 %	0 %	0 %	1 %	(**)
Adult Ophthalmology Clinic	1 %	1 %	0 %	1 %	0 %
Lachine Hospital	1 %	3 %	3 %	5 %	1 %
Montreal Children's Hospital	4 %	5 %	3 %	4 %	4 %
Montreal Chest Institute	5 %	3 %	2 %	1 %	(***)
Montreal General Hospital	20 %	15 %	22 %	24 %	45 %
Montreal Neurological Hospital	2 %	4 %	3 %	3 %	7 %
Reproductive Centre	1 %	3 %	1 %	3 %	(****)
Royal Victoria Hospital	32 %	31 %	30 %	36 %	54 %
Other	3 %	3 %	3 %	1 %	2 %
MUHC (non-site specific /not specified)	18 %	25%	26 %	12 %	11 %

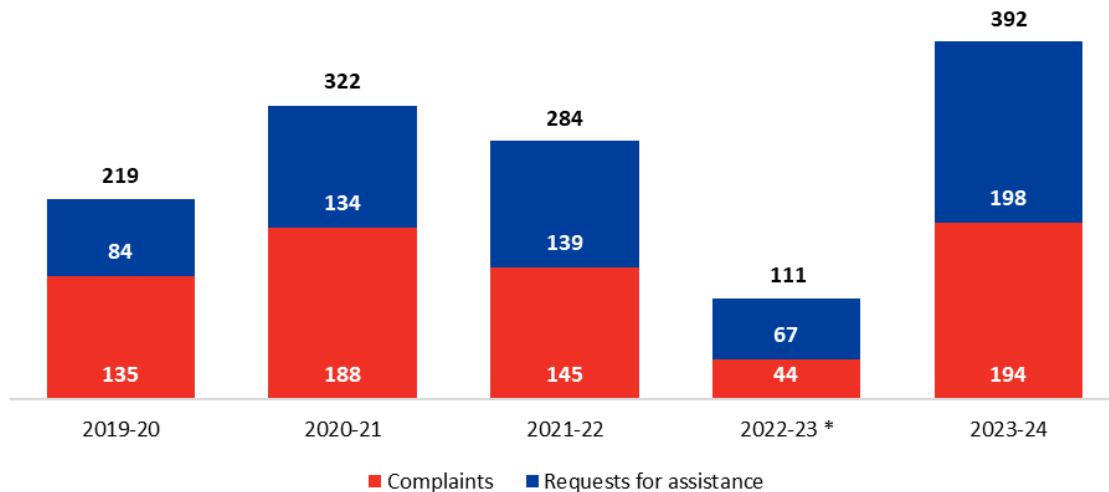
* *Data for 2022-2023 covers a period of 5 and not 12 months*

** *Data combined with Lachine Hospital*

*** *Data combined with Royal Victoria Hospital*

**** *Data combined with MUHC*

5-year Comparison of Complaints and Requests for Assistance

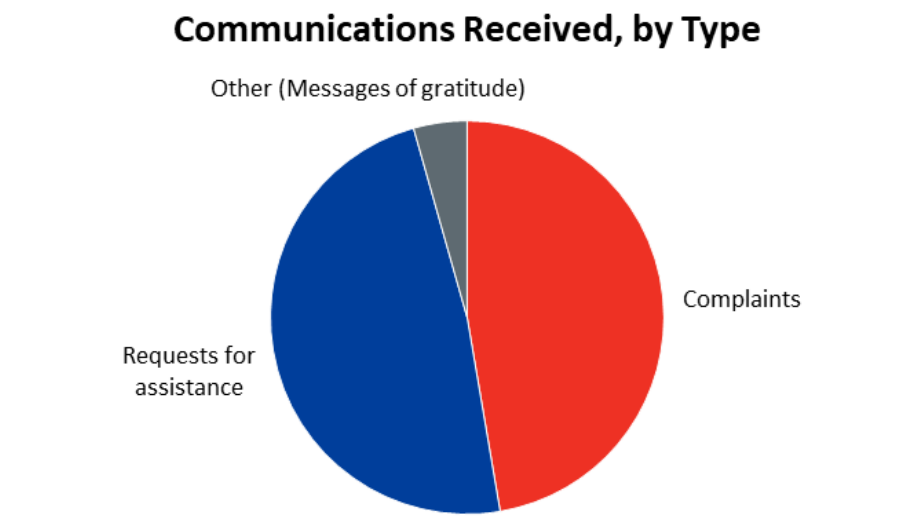


* Data for 2022-2023 covers a period of 5 and not 12 months

The increase in the volume of communications to our office in 2023-2024 was notable. There are many plausible explanations for this increase including: ongoing staff shortages, imaging delays, surgery delays, lack of access to providers or services, ER overcrowding, bed closures, laboratory access and delays, communication difficulties. All while the MUHC adjusts to a post-COVID health environment. The Users Committee produced newly designed roll up banners and posters that were widely distributed to the various sites, thereby increasing our visibility, and presumably, increasing uptake by patients and caregivers. The media has played a more active role in highlighting patients' rights, resulting in the public becoming better informed.

Communications in 2023-2024, by type

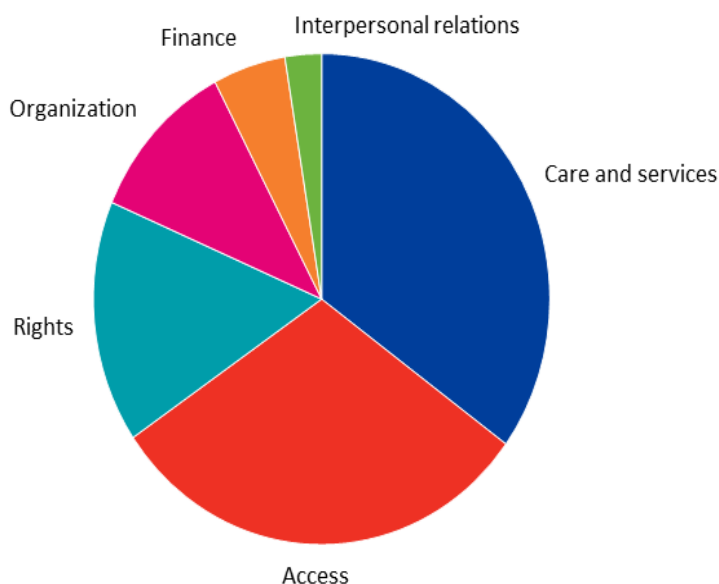
Type	Number	Percentage
Complaints	194	47.3 %
Requests for assistance	198	48.3 %
Other (Messages of gratitude)	18	4.4 %
Total	410	100.0 %



Complaints received in 2023-2024, by category:

Category of complaint	Number	Percentage
Care and Services	68	35%
Access	59	30%
Rights	31	16%
Organization	21	11%
Finance	10	5%
Interpersonal Relations	5	3%
Total	194	100%

Complaints Received, by Category



Definitions of complaints categories based on the MSSS's SIGPAQS¹

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.

Interpersonal relationships: Reliability, respect for the person, respect for privacy, empathy, communication with the entourage, violence and abuse, attitudes, availability, identification of personnel, other.

¹SIGPAQS : 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)

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.

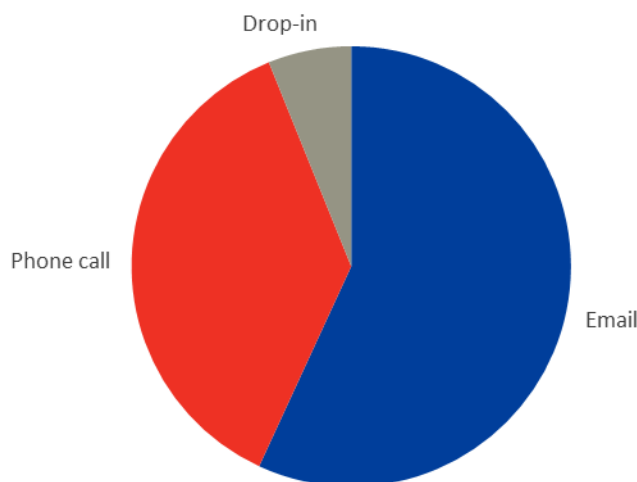
Rights: Information, user's file and complaint file, user participation, consent to care, access to a protection regime, consent to experimentation and participation in a research project, right to Representation, right to assistance, right of appeal, other.

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

How patients and caregivers contacted the Users' Committee:

Method of communication	Number	Percentage
Email	223	57 %
Call	145	37 %
Drop in	24	6 %
Total	392	100 %

How Patients and Caregivers Contacted the UC



* Data excludes 18 messages of gratitude received during financial year 2023-24.

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

Please refer to section 8.

9.6 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

- 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)

9.7 The UC in the Media

April 19, 2023

Journal Métro (Journalist: Alexis Drapeau-Bourdage)

Headline : Les urgences du Royal Victoria et de l'hôpital général juif surchargées.

<https://journalmetro.com/actualites/montreal/3057254/les-urgences-du-royal-victoria-et-de-lhopital-juif-surcharges/>

UC Chair Ingrid Kovitch interviewed.

November 13, 2023

CTV (Journalist: Kelly Greig)

Headline: Patients' Rights Group Concerned about Quebec's Health Care Reforms

<https://montreal.ctvnews.ca/patients-rights-groups-concerned-about-quebec-s-health-care-reforms-1.6643776>

UC Chair Ingrid Kovitch interviewed and quoted.

November 21, 2023:

CBC (Radio Host: Shawn Apel.)

Radio Noon Quebec with Shawn Apel: How are you affected by the strikes? (phone in radio show)

<https://www.cbc.ca/listen/live-radio/1-102-radio-noon-quebec/clip/16024748-how-affected-strikes>

UC Chair Ingrid Kovitch interviewed at the 27.30-minute mark.

November 27, 2023:

CTV (Journalist: Kelly Greig)

Headline: Quebec's Proposed Health Reform Would Complicate Access for English Speakers - Petition

<https://montreal.ctvnews.ca/quebec-s-proposed-health-reform-would-complicate-access-for-english-speakers-petition-1.6662991>

UC Chair Ingrid Kovitch interviewed about PL15 English healthcare rights.

December 11, 2023:

Montreal Gazette (Journalist: Aaron Derfel)

Headline: MUHC Board meets only in French.

Diane States (Coordinator of the RVH Community Advocacy Council) quoted:

<https://epaper.montrealgazette.com/article/281522230875172>

December 11, 2023:

CTV (Journalist: Caroline Van Vlaardingen)

<https://montreal.ctvnews.ca/video/c2820991-ctv-news-montreal-at-noon-for-monday--december-11--2023?binId=1.1808883>

On Bill 15. UC Chair Ingrid Kovitch interviewed. 27 min. mark approx.

December 12, 2023:

CTV (Journalist: Denise Roberts)

Headline: Patients Committee getting complaints about French-only meetings at bilingual Montreal hospital

<https://montreal.ctvnews.ca/patients-committee-getting-complaints-about-french-only-meetings-at-bilingual-montreal-hospital-1.6684618>

UC Chair Ingrid Kovitch interviewed by Denise Roberts.

December 13, 2023:

CJAD (Radio host: Aaron Rand)

<https://playvideo.bulletinintelligence.com/d8c88ea4f28d41168a28dc1d3faca515?pubid=mcgillhealth>

UC Chair Ingrid Kovitch interviewed by about lack of English in Board meetings.

February 22, 2024

CTV (Journalists: Joe Lofaro and Kelly Greig)

Headline: 'Very, Very Concerned': MUHC has lost 12 beds in cancer ward since November.

<https://montreal.ctvnews.ca/very-very-concerned-muhc-has-lost-12-beds-in-cancer-ward-since-november-1.6779377>

UC Chair Ingrid Kovitch interviewed.

February 23, 2024

CityNews (Journalists: News Staff)

Headline: Staff shortages lead to more bed closures at MUHC

<https://montreal.citynews.ca/2024/02/23/montreal-staff-shortage-more-bed-closures-muhc-hospitals/>

UC Chair Ingrid Kovitch interviewed.

10. COLLABORATION WITH THE OTHER ACTORS IN THE 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 Service Quality and Complaints Commissioner attended portions of most of the UC's monthly meetings.

Communications forwarded to the Complaints Commissioner (CC)

2023-2024 Shared with Complaint Commissioner	
Complaints	118
Requests for assistance	17
Messages of gratitude	13
Totals	148

11. GOALS FOR THE UPCOMING YEAR

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

The Committee is similarly resolute in ensuring that our Advocacy Subcommittees and working groups function productively, harmoniously and collaboratively, so that we can best serve our patients and meet their diverse needs.

12. CONCLUSION

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. The UC acknowledges the administration's commitment and plans to improve telephone access and other communication and notes the progressively widespread use of SMS messaging to confirm appointments, as well as the ability of patients to be able to more easily reach someone who is able to answer simple questions about their appointments. (This initiative had just begun at the end of the fiscal year.)
- 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 Committee will continue to listen to patients, respond to their needs and tackle issues of collective concern that they have raised.

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 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.

13. FINANCIAL REPORT

See financial annexes 3A, 3B and 4.

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

EXERCICE FINANCIER DE LA PÉRIODE DU : 1^{ER} AVRIL 2023 AU 31 MARS 2024

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 ».

NOM DE L'ÉTABLISSEMENT :	Centre universitaire de santé McGill (CUSM)	NUMÉRO DE PERMIS :	1259-9213
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SOLDE DE L'EXERCICE PRÉCÉDENT (Surplus / (Déficit), au début de l'exercice visé)	(a)	108,212 \$
BUDGET TOTAL ALLOUÉ PAR L'ÉTABLISSEMENT AU COMITÉ DES USAGERS (Au cours de l'exercice visé)	(b)	92,050 \$
TOTAL AUTRES MONTANTS REÇUS (Au cours de l'exercice visé) (ex.: SOMMES VERSÉES PAR D'AUTRES CU POUR DES PROJETS COMMUNS) <i>Veuillez préciser en annexe</i>	(c)	
DONS (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).	(d)	
TOTAL DES REVENUS (a)+(b)+(c)+(d)=(e)	(e)	200,262 \$

1. DÉPENSES GÉNÉRALES

Soutien professionnel	43,289 \$
Fournitures de bureau (papeterie, photocopies, etc.)	3,046 \$
Publication de documents du comité	12,023 \$
Communications interurbaines	689 \$
Frais de recrutement	
Formations des membres du comité	
Colloques, congrès, conférences	2,874 \$
Frais de déplacement, hébergement	1,137 \$
Frais postaux	4 \$
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) :	
Dépenses spécifiques réalisées avec les dons (d), s'il y a lieu (Veuillez préciser en annexe)	(f)

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

REPRÉSENTATION		
Précisez :		
Précisez :		
Précisez :		
Précisez :		
COORDINATION		
Précisez :		
Précisez :		
Précisez :		
Précisez :		
HARMONISATION		
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 DÉMARCHE LORS D'UNE PLAINTÉ	
Frais de déplacement	
Honoraires professionnels	
Autres (précisez) :	
Autres (précisez) :	
Autres (précisez) :	
Autres (précisez) :	

TOTAL DES DÉPENSES	(g)	63,063 \$
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)	137,199 \$
<i>Le solde dans la ligne (i) représente le montant devant être récupéré par l'établissement</i>		

**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^{ER} AVRIL 2023 AU 31 MARS 2024

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.

NOM DE L'ÉTABLISSEMENT :	Centre universitaire de santé McGill (CUSM)	NUMÉRO DE PERMIS :	1259-9213
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TOTAL DES SURPLUS DE L'ENSEMBLE DES CU (ET DU CUCI), À LA FIN DE L'EXERCICE FINANCIER PRÉCÉDENT (Montant des sommes non dépensées par les comités visés, au 31 mars de l'exercice précédent)	(a)	108,212 \$
REVENU REPORTÉ MIS À LA DISPOSITION DES CU (CUCI) POUR LE PRÉSENT EXERCICE FINANCIER (a)=(b)	(b)	108,212 \$

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 :		

TOTAL DES DÉPENSES	(c)	- \$
SOLDE AU 31 MARS 20__ (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	(d)	108,212 \$

**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^{ER} AVRIL 20²³ AU 31 MARS 20²⁴

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"/>	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.					92 050
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.					137 199

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 KOVITCHA

Nom du président du comité des usagers :

x N. Robert

Signature :

2024/05/29

Date

Nicolas Robert

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

[Signature]

Signature :

22-05-2024

Date