

**Le Comité des usagers**  
du Centre universitaire de santé McGill

The McGill University Health Centre  
**Patients' Committee**

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

## 2024-2025 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

2024-2025 was the final full year of activity for the current Users' Committee (UC). The election process has begun and the new UC will be announced at our Annual General Meeting on June 18, 2025. The year was another busy one as we continued to 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. We spent less time 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 are delighted to have eight advocacy subcommittees and a very robust Residents' Committee at Camille-Lefebvre. All are active and effective, and we are grateful for their collaboration and collegiality. It has been a privilege working with 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. Since 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, have been profoundly concerned and dismayed by the deficiencies in our healthcare network for some time. However, we are particularly apprehensive about the dramatic budget cuts imposed by Santé Québec (SQ), the pressures that every institution must endure as they attempt to meet these SQ demands, and the inevitable and deleterious effects on patient care.

We are already witnessing the effects of the freeze on infrastructure and other projects borne of budgetary constraints and SQ directives. Seemingly simple requests, such as adding a small microwave to the Glen cafeteria to benefit patients, families and staff, was rejected as “it would require the installation of electrical circuits/plugs, built-in furniture, additional fire protection equipment and revision of the architectural and mechanical plans. Given the current financial situation, there is no budget.” More significant plans, such as those for a fully accessible bathroom with Hoyer lift and adult-size changing table—a project that has been in the works since before this committee began its mandate—have also been suspended. Clinical programs with direct benefits to patients are in peril, and many that survive do so solely through the support of the Foundation.

Labour shortages continue across the network, resulting in ongoing bed closures and the inability to run many departments and operating suites 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 challenges and is pleased to see that a number of initiatives have been instituted. We appreciate that the MUHC is making their required budget cuts as thoughtfully and as judiciously as possible, and is forthright with their disclosure regarding how and where these cuts are being made.

Nevertheless, patient care and services—which have frequently been suboptimal—are at risk of further decline. 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, 2025:**

NAME	ROLE
Ingrid Kovitch	Chair, Secretary & Board of Directors member
Deborah Radcliffe-Branch	Vice-Chair
Eligio (Joe) Ojeda	Treasurer
Amanda Bercovitch	Member
Shari Neudorf	Member
Alex Galli	Member
Zhaoping Ju	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 (Until June 18/election of new UC)	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
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MUHC Administration Liaison	Keith Woolrich	514-934-1934 ext. 71333	<a href="mailto:keith.woolrich@muhc.mcgill.ca">keith.woolrich@muhc.mcgill.ca</a>	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 15, 2024
- May 13, 2024
- June 17, 2024
- September 23, 2024
- October 15, 2024
- November 12, 2024
- December 10, 2024
- February 10, 2025
- March 24, 2025

### **Annual General Meeting (AGM):**

The 2024 AGM was held on June 10, 2024, and the 2025 AGM is scheduled for June 18, 2025.

## 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:

### **Visibility, social media, and MUHC website**

In order for patients to benefit from our services, they must first be aware that we exist and then know how to reach us. To increase awareness of the UC within the MUHC community, the Committee has:

- Designed and printed new roll-ups and new posters and distributed these throughout all MUHC sites. Their locations are in frequent rotation to ensure optimal visibility;
- Ensured that information regarding the UC is shown on the plasma screens in various clinic waiting rooms. This year we have added our information to the plasma screens at the Neuro;
- Continued to distribute Patient Rights pamphlets (Eng-Fr and Indigenous/multilingual) in various locations at all sites throughout the MUHC. In addition, we are working to ensure that our Indigenous/multilingual pamphlets are available at all intake organizations (Cree Patient Services, Ullivik, Espresso Hotel, etc) as well as numerous clinics and organizations within Montreal who provide services to Indigenous patients;
- Worked to ensure that all newly admitted patients receive the rights pamphlet. We had hoped that this could be distributed along with the hospital menu, but this is still a project in progress;
- Printed and distributed our new UC bookmarks, at various locations throughout all MUHC sites as well as for inclusion in the MGH promotional packages;
- Ensured that our suggestion boxes throughout all sites are well-stocked with paper and writing implements and include information about the UC;

- 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 and style of the UC page on 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 help them.

### **Metabolic/Endocrinology Clinic**

The UC worked with the clinic manager to institute systems to address these concerns, which included improved signage, ensuring that an electronic ticket machine 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.

Despite these efforts, including a new number machine, we continue to receive a disproportionate number of complaints about this clinic, particularly with regards to the check-out process. We will continue to work with the CC and the clinic manager to improve the service at this busy clinic.

### **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.)

We also note that the wait times for ultrasound in particular is excessively long. We have been working with the CC and at the level of the Vigilance Committee to develop a policy to inform patients that the cost of ultrasound studies in private clinics is fully covered by RAMQ. Patients should be directed to these options, particularly those who have been waiting for extended periods.

### **Opal and Patient Portal**

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 through their patient portal. 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 6,000+ 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 expired at the end of 2024. As such, the patient portal was suspended, and cancer patients were left without any means of accessing their results. The UC has been working with the liaison to the administration, as well as at the Board and Vigilance Committee levels, to raise concerns on behalf of this population and to encourage the MUHC to implement an alternate

platform that will once again allow users to access their data. Ideally, this platform and access will be available to all MUHC patients in all clinics and departments.

### **New Test Centre Policy**

The MUHC test centre, previously open to all patients through Clic Santé, underwent significant changes including a new directive that restricted access to patients who had blood test requisitions from MUHC physicians. This had ramifications for many MUHC patients, as well as local patients not followed at the MUHC, and the UC received feedback and complaints from a number of users. Concerns that were raised, and concerns that the UC had, included:

- Difficulty getting an appointment at another site, without having to pay a private fee. Centres that are free are often completely full for the months that are listed online;
- Difficulty with access for patients with mobility issues at sites other than the MUHC;
- Many MUHC patients have some physicians who are MUHC-affiliated, and others that are not. The test centre does not accept requisitions from outside physicians (e.g. their GP) even if the patient is already present for an appointment for other blood tests ordered by an MUHC MD.
- MUHC patients who are at the MUHC for other reasons (appointments, imaging, treatments) lose the ability to take advantage of the visit to do bloodwork ordered by an outside physician.
- If MUHC MDs are kind enough to add the GPs ordered bloodwork to their own requisition, the GP may not receive the results.
- Similarly, if the GP adds the MUHC MDs bloodwork to their requisitions to be done at an outside site, the MUHC physician may not receive the results.
- Blood tests done at many outside sites do not appear in oasis (the MUHC electronic medical record) so cannot be found by other MUHC practitioners. As well, these results will not appear when practitioners look at blood result trends. (Although results are available on the DSQ, MDs do not check this unless directed to do so, as they presume that all results are in oasis.)
- Staff cannot take advantage of their lunch breaks to have bloodwork done if it has been ordered by an outside MD. Instead, they might lose half a day of work travelling to a more distant site.
- This directive is particularly burdensome for our Indigenous patients, many of whom are followed at the Indigenous Health Centre of Tiohtià:ke (Montreal), located in the Queen Elizabeth Health Centre. These patients were previously sent to the MUHC for blood tests in an effort to offload the RVH Emergency Department. However, the physicians working there are not MUHC affiliated, and these patients no longer have access to our test centre.

The UC is concerned that the directive poses additional barriers to care, and fragmentation of care, for both patients and staff. We have had extensive exchanges with the PDG as well as another physician on the Board of Directors, and the administration is aware of all our concerns. Depending on how problematic this proves to be, the directive might be revisited.

### **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. A potential space was found; however, it would require some work, and with the freeze on infrastructure projects this is not moving forward.



### **SMS system for appointments**

The institution has successfully implemented a text messaging system to confirm or decline/cancel appointments, and it has been welcomed and appreciated by patients. However, it has come to our attention that the specific clinics generating the appointments and texts (the texts are generated automatically from the appointment program) do not receive the patients' responses. These responses go to a central dashboard, and it is the responsibility of each clinic to go and check the dashboard. However, some clinics, including the Medical Day Hospital (MDH), were not aware of this. As a result, patients who responded "cancel" to an appointment were not removed from their appointment slot, this slot was not made available for other patients who were waiting, and the patient was designated as "no show", despite having responded appropriately to the text message. This was particularly problematic at MDH where patients are frequently scheduled for lengthy treatments and so there were long blocks of appointment time sitting idle. Additionally, for certain appointments or procedures, patients are not rescheduled after some number of "no-shows". The UC worked with the liaison to the administration, who is also head of IT, to ensure that all clinics were made aware of the dashboard, and the need to interact and confirm with it on a frequent basis.

### **Peri Operative Program (POP)**

POP is a program unique to the MGH that focusses on optimizing the condition of patients prior to major surgeries. Patients who are frail, vulnerable, and at high risk for complications are referred to the program. Analysis of results demonstrates decrease in complication rates, lengths of stay, ICU admissions and readmissions. Patients themselves were grateful for the personalized and holistic care provided to them by multiple disciplines and practitioners, and the degree to which this impacted their healthcare journey. The UC receives a disproportionate number of letters of gratitude from "graduates" of this program. It appears that the program is not only commendable from a compassionate perspective but is also cost effective.

Nevertheless, funding for this program was due to expire, and the UC worked closely with the doctor who conceived of, and runs, this program in an effort to ensure its continuation. We reached out at various levels and wrote a letter of support—which included all the letters of gratitude from patients—to the PDG, Chairman of the Board, Chairman of the Foundation, etc. We were delighted that the Foundation came forward with two more years of funding, but we sincerely hope that there will be a reliable source of funding that can not only permit this program to operate for years to come, but that can help it expand so it can include even more vulnerable patients.

### **Chairs, Wheelchairs, etc**

The shortage of wheelchairs at the entrances to all the sites continues to be a problem, and the UC continues to receive complaints about this from patients, and comments about this from wayfinders. We have worked with the CC on this problem, and more wheelchairs have been provided, and yet we continue to receive frustrated feedback from patients and families.

As well, when the RVH test centre is crowded, there is insufficient seating, despite space for additional chairs.

Finally, we have received complaints about the lack of chairs in the hallways of the RVH Emergency Department. This is an issue for patients who are kept on stretchers for extended periods and who have family members accompanying them. We have spoken to the CC about these issues, and they will investigate. Assuming it is not a question of safety or ability to navigate stretchers in transit, we will see if we can improve this situation.

### **Patient collaborations and consultations**

Throughout the year, the UC has fielded requests and has collaborated on a wide variety of 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 moved forward with a new MUHC website;
- The infection control nurse seeking input on a handwashing bookmark;
- A nurse studying the use of physical restraints in an effort to design a new policy, and who was looking for patients/family members with experiences to share;
- The centre for applied ethics seeking feedback on their new ethics framework;
- The oncology team seeking feedback on the new oncology consent form;
- A physician working on a discharge policy for geriatric patients, to ensure follow-up and liaison with primary care physicians in the community;
- The Neuro communications department regarding the parking sections of the website pages (Neuro and MUHC);
- Inviting staff from the Patient Engagement Office to occasionally join our meetings and present, in view of the overlapping nature of our mandates;
- Inviting head of the Accessibility Committee to present at our meeting;
- Multiple meetings with Accreditation Canada;
- Multiple meetings with Santé Québec;
- The McGill Continuing Professional Development Committee seeking input from patients to ensure that their programming is appropriately patient-centered;

### **Other activities and issues addressed:**

- Signage: at the Neuro, maps at the Glen site, signs in the RVH parking (particularly regarding difficulty finding/navigating to the elevators);
- Smoking at the Glen site: patients smoking throughout the campus and not restricting activity to the designated area;
- English language directive in healthcare that was put out by the government;
- Efforts to explore whether fields could be added in the EMR for preferred name and preferred pronoun(s);
- Manned tables at all the sites for Users' Rights Week;
- Faxes: This remains the method that all clinic telephone recordings request to transmit consultations. However most patients do not have access to fax machines. Given that clinics will also accept scanned and emailed requisitions, the UC asks that all clinic recordings be changed to reflect these options.
- Participation/presentation at the CPM symposium regarding surgical wait times and delays;

### **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 can be found on the 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.

## 7. ADVOCACY SUBCOMMITTEES 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 (SC); 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.

The UC is delighted to have eight subcommittees, in addition to the Residents' Committee at Camille-Lefebvre, operating under its umbrella. 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, as outlined in the UC governance bylaw.

This year the UC decided to organize some meetings for the broader group of patient advocates/members of all the subcommittees. We held a "Meet and Greet" in November 2024 so that members could reconnect with old friends and advocates, meet new ones, and share what activities and initiatives have been undertaken by their committees. We also organized a meeting in March 2025 with all SCs and the MUHC Complaints Commissioner (CC), Michael Bury. This was an opportunity for the CC to explain the changes to the complaints process under the new Act, as well as to share common themes in complaints that his office receives. It provided an opportunity for advocates to pose any questions they might have directly to the CC.

\*Please note that many of the subcommittees included members who stepped away over the course of the year. The lists of members that follow reflect membership as of March 31, 2025.

The UC Advocacy Subcommittees are as follows:

### **Montreal General Hospital Advocacy Group**

<b>Name</b>	<b>Role</b>
Tom McCutcheon	Chair
Patricia Kerr	Secretary
Heather Allen Evans	Executive Member
Sahra Cohen	Member
Robert Gaudreau	Member
Stefano Eremita	Member
Judy Philipson	Member
Kenneth Forse	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 two years. They worked on seating for patients in the corridor on the 6<sup>th</sup> floor and near the entrance. They had also been working to ensure that bathrooms are appropriately renovated to be brought to the current code for universal access. However, in view of the austerity measures and budget cuts imposed by Santé Québec, this “non urgent” project has been put on hold.

The committee set up information tables for both Patients’ Rights Week, as well as to address fall prevention. They maintain close ties to Volunteer/Auxiliary services and worked in concert to secure prizes for weekly Bingo in the psychiatry department. They also liaised for requests for dialysis chairs and a bladder scanner.

For the upcoming year, in addition to maintaining all these projects, the committee intends to tackle spreading information about memory loss, as well as visiting ambulatory clinics to inform patients and families of their rights, distribute written materials, and hopefully recruit additional members.

### **Neuro Advisory Group (NAG)**

<b>Name</b>	<b>Role</b>
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
Jaquie Vaquer	Member
Ana Villanueva	Member
Ingrid Kovitch	Observer

The Neuro Advisory Group has continued to work on improving signage, both inside and outside the hospital, particularly with regards to handicap accessible entrances. 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. They regularly man the wayfinding station in order to greet patients and answer questions and are trying to address the frequent absence of wheelchairs at the University St. accessible entrance.

Several NAG members attended a training course on Maltraitance/Mistreatment which they found very informative, and which promoted increased critical thinking about patients and various frameworks surrounding patient care and mistreatment. They are continuing to explore a seizure action plan. They note and are troubled by the difficulty accessing this site, and are concerned that in view of ongoing, long-term construction, this issue will remain problematic for patients and families for some time.

In addition to continuing their initiatives, the committee hopes to explore both the reintroduction of a zootherapy program as well as various means of improving the delivery of information to the Neuro patient population.

### **Royal Victoria Hospital Community Advocacy Council (CAC)**

<b>Name</b>	<b>Role</b>
Mona Arsenault	Member
Rosalind Halvorsen	Member
Ekin Celtikcioglu	Member
Harvey Michele	Member
Eva Lapointe	Member
Diane States	Member
Ingrid Kovitch	Observer
Alessia Paparella	Observer

The RVH CAC addressed a number of different issues over the course of the year:

- Services (and overcrowding) at the Glen test centre, and later the change in policy at the centre that dictated that only requisitions from MUHC affiliated physicians would be accepted;
- Poor signage in the RVH parking lot, particularly regarding directions to the elevators;
- Need for more handicap parking spaces;
- Excessive delays for imaging studies;
- Fate/plans for the Wachiya Room;
- Food quality and services;
- Continued issues at the Metabolic Clinic, particularly regarding long wait times to check out;

The committee had several ideas to promote the Users' Committee, including adding a poster with UC information on all the suggestion boxes, and providing the Atwater library with information about patient rights and the MUHC Users' Committee.

For the coming year, in addition to these initiatives, the committee hopes to recruit new members and has plans to invite speakers to upcoming meetings.

### **Cancer Care Advocacy Committee**

<b>Name</b>	<b>Role</b>
KO (Anonymous)	Member
Isla Sejean	Member
Jeanette Sharma	Member
Kathleen Tansey	Member (d. 03/25)
Deborah Radcliffe-Branch	Observer
Tristan Williams	Observer

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 in an

attempt to preserve this very valuable patient platform and beginning an initiative to have magazine subscriptions available to patients in the chemotherapy area.

### **Montreal Children's Hospital Advocacy Committee**

<b>Name</b>	<b>Role</b>
Caroline Marie Fidalgo	Member
Gita Pinto	(Member as of April 2025)
Ingrid Kovitch	Observer
Amy Ma	Observer
Jordana Saada	Observer
Heloise Rolland	Observer

The Montreal Children's Hospital Advocacy Committee was successfully repopulated (although a number of members have had to step away) and has been meeting to review issues of concern to its members: secure identification of patients, questions regarding delays in uploading of test results to the electronic medical records (e.g. EMGs), etc.

As members of this subcommittee are generally busy parents of young children, some with complex medical needs, it is difficult to find mutually agreeable times to meet. Our hopes for the upcoming year are to increase committee membership and focus on defending patient rights and improving the services to the MCH community. We also hope that this committee can work in concert with the Mental Health committee, as the latter is focussing on services for pediatric psychiatry inpatients.

### **Indigenous Advocacy Subcommittee**

<b>Name</b>	<b>Role</b>
Jean Williams	Co-Chair
Harvey Michele	Co-Chair
Shirely Pien-Bérubé	Member
Mary Shem	Member
Rhonda Oblin	Member
Verna Jolly	Member
Timothey Gauger	Observer
Ingrid Kovitch	Observer
Camille Panneton	Observer
Caterina Staltari	Observer

This committee 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 and this mission drives all of their activities and initiatives. In an effort to improve holistic care and liaise between different departments and organizations, committee membership includes patients, staff, Cultural Navigators, liaisons, interpreters and other patient advocates.

Issues and initiatives that were addressed include:

- Organizing a strategy to ensure that the Indigenous/multilingual patient rights pamphlets are available at all intake organizations (Cree Patient Services, Ullivik, Espresso Hotel, etc) as well as numerous clinics and organizations within Montreal who provide services to Indigenous patients;
- Working to include more traditional/country foods on the MUHC menu;
- Working with the Neuro subcommittee and Neuro ICU nurses to obtain and display more Indigenous artwork on the walls at the Neuro;
- Exploring the fate and plans for the Wachiya room, a welcoming space that existed in the old Children's Hospital on Tupper St;
- Efforts to have more materials relevant to the Indigenous population at the McConnell Patient Resource centre and to have a small meeting room available for private meetings/interviews;
- Enhancing connection with IHCT (Indigenous Health Centre of Tiohtiä:ke);
- Exploring the need for more, and more appropriate pastoral services for patients and families;
- Efforts to ensure that notable days-- National Indigenous Peoples Day, National Day for Truth and Reconciliation (Orange Shirt Day), etc—are recognized and celebrated by the MUHC;

In addition to continuing to work on these initiatives, priorities and goals for the upcoming year include:

- Developing relationships with Translators / Navigators
- Further clarification regarding blood work at the MUHC
- Enhancing connections with SQIA (Southern Quebec Inuit Association), Native Montreal, Qavivvk (Inuit health) and other community organizations.

### **Mental Health Advocacy Subcommittee**

Alexandra Hillcoat	Chair
Zoé Gallo	Member
Jessica Marshall	Member
Sonia Ojeda	Member
Diane States	Member
Bess Vasikopolous	Member
Ekin Celtikcoiglu	Member
Josée Bonneau	Observer
Sara Fouquette	Observer
Ingrid Kovitch	Observer
Joe Ojeda	Observer
Heloise Rolland	Observer
Jordana Saada	Observer
Joanna Sciascia	Observer

The Mental Health committee has decided to focus on inpatient pediatric psychiatric services, including:

- Gown policies in the Emergency Department and inpatient unit;
- Information for patients and families regarding what to expect during a hospital admission;

- Aggregating existing resources for family members of people dealing with mental health concerns.
- Encouraging the pediatric psychiatry team to organize programming with Child Life and explore allowing volunteers on the unit;
- Collaborating with the pediatric psychiatry team to develop a plan for preventing self-harm on the unit while respecting patients' privacy and dignity;

To that end, the committee established regular quarterly meetings with the Chief of Pediatric Psychiatry at the MCH.

In addition to continuing work on all the above issues, the committee is hoping to develop a pamphlet summarizing existing resources for family members of people dealing with mental health concerns and distribute them throughout the MUHC.

## **2SLGBTQ+ Advocacy Subcommittee**

<b>Name</b>	<b>Role</b>
Alex Schaller	Chair
Pierre Hurteau	Member
Sophia Mugford	Member
Bess Vasikopolous	Member
Rowan Woodmass	Member
Joey Zaurrini	Member
Ingrid Kovitch	Observer

This subcommittee was formed to address the needs of the 2SLGBTQ+ community in their interactions with healthcare providers and services within the MUHC. It is well established that this vulnerable population has high rates of medical trauma and poor health outcomes as a result. The goal of the committee is to ensure that the MUHC provides exemplary care that is compassionate, respectful and inclusive.

The committee has chosen to focus on two projects:

- Developing a policy to ensure that all patients are called by the name and pronoun(s) that they prefer. Unfortunately, the current EMR does not permit the addition of the necessary fields to accommodate this. However, the more common and practical issue relates to ensuring that there is a note/alert on the front of patients' (temporary) paper charts so that all providers—from receptionists forward—will address patients in the manner of their choosing;
- A project to map out all bathrooms, identifying specific features so that patients can easily find the bathroom that meets their needs. Features include all-gender, handicap accessible, automatic door, baby changing table, etc. Ideally this information would be included on the MUHC website and hence available for patients in advance of their visits.



## 8. RESIDENTS' COMMITTEE OF CHSLD CAMILLE-LEFEBVRE

Due to the nature of the clientele, it has historically been a challenge to populate and maintain a productive and stable Residents' Committee. That being said, under the inspired leadership of its current President, this committee has been robust in both membership and activity level.

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

<b>Name</b>	<b>Role</b>
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
Kassandra Cox	External member
Michel Paquette	Family member
Mari Jo Pires	External member
Erimita Ferrera	Resident member
Christianne Bleau	Resident member

Activities that have been held, and issues/concerns addressed, include:

- Securing a shared office, lockable filing cabinet, dedicated phone and email address;
- Mother's Day celebrations;
- Table to promote patient rights and to recruit more members for the committee;
- Efforts to ensure that all residents are registered with the Federal Dental Plan;
- Initiative to have all residents receive a Christmas card;
- Holiday meals;
- Multiple excursions, including St. Joseph's Oratory, Biodome, apple picking and sugar shack;
- Organizing a meeting between residents, family members, the Residents' Committee, and the administration;
- Addressing concerns about insufficient parking with proposed solutions;
- Addressing concerns about the care of the ventilated patients;
- Addressing concerns about response time to call bells;
- Addressing concerns about insufficient diapers/night diapers;
- Addressing concerns about meal quality;
- Instrumental in maintaining uninterrupted Videotron services for residents;
- Efforts to have more volunteers in the residence;
- Addressing double rooms currently being used as both a resident's room, as well as storage. Only acceptable situation is to retain them as single rooms and find other options for storage;
- Plans to resume a zootherapy program.

The Users' Committee is inspired by the energy and devotion of this committee and is confident that the Camille-Lefebvre residents will continue to be well served, well-informed of their rights, and that all the

planned activities will succeed in improving their living conditions so that they can reside 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:

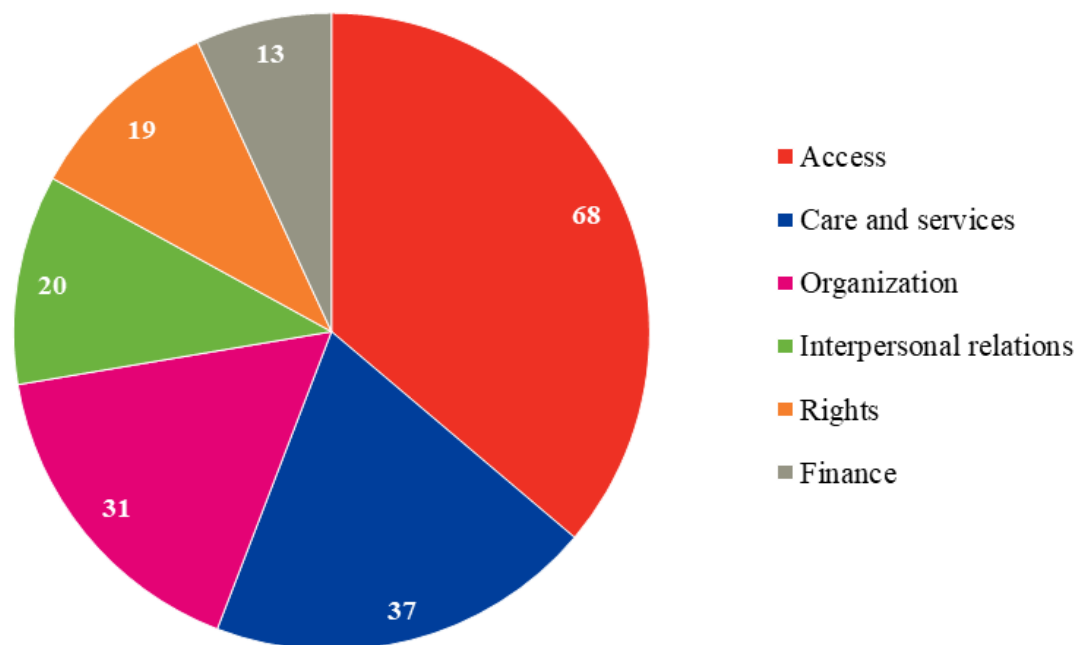
The top three areas of complaint were:

1. Access to care (36%)
2. Care and services provided (20%)
3. Organization (16%)

##### Complaints received by category, 2024-2025 \*

Category of complaint	Number	Percentage
Access	68	36 %
Care and Services	37	20 %
Organization	31	16 %
Interpersonal Relations	20	11 %
Rights	19	10 %
Finance	13	7 %
<b>Total</b>	<b>188</b>	

##### Complaints received by category, 2024-2025 \*



\* As defined by the SIGPAQS

## Definitions and examples 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.

***Complaints in this category include:*** Wait times in clinics and emergency departments; Difficulty in reaching doctors' offices or clinics by phone; Difficulty in obtaining surgery (i.e. delays or cancellation); Difficulty in obtaining tests or appointments in a timely fashion; Difficulty obtaining follow-up care after discharge from hospital; Difficulty in receiving coordinated care between clinics, services, and/or hospital sites.

**Care and services:** Technical and vocational skills, assessment, professional judgment, treatment or intervention, continuity, other.

***Complaints in this category include:*** Professional techniques; Judgment and treatment as well as decisions and interventions; Technical skill and professional judgment of the health-care provider.

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

***Complaints in this category include:*** Lack of empathy, lack of reliability, or rudeness; Physical and verbal abuse

**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.

***Complaints in this category include:*** Complaints regarding cleanliness, food, and/or organization and comfort of rooms; Problems with the physical plant (such as falling plaster, peeling paint, broken chairs, and/or lack of wheelchairs); Security of patient's property.

**Finance:** 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.

***Complaints in this category include:*** Billing of patients in long-term care, private and semi-private rooms; Non-resident fees.

**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.

***Complaints in this category include:*** Complaints about lack of respect for rights enshrined in Quebec law and in the Health Act; Right to informed consent; Right to know one's state of health; Right of access to the medical chart; Right to confidentiality; Right to services in language of choice.

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

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<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)

## **Most frequent Complaint and Request for Assistance themes**

### ***Scheduling/missed calls***

Multiple reports have identified challenges patients encounter when attempting to schedule or reschedule appointments across various departments and diagnostic testing centers. A common concern involves missed calls from clinics, which contributes to patient frustration and frequently results in delays in accessing essential services. Patients report prolonged wait times for appointments, sometimes stretching into weeks or even months. The uncertainty surrounding appointment availability erodes confidence in the healthcare system and negatively impacts patient satisfaction.

### ***Medical Imaging Services***

A significant number of complaints and requests for assistance continue to be associated with medical imaging services, particularly related to phone accessibility and appointment scheduling. Patients frequently report being on hold for extended periods; delays in securing imaging appointments remain a concern. Many seriously ill patients face wait times of several months or longer for necessary tests or reports. Addressing these systemic issues will be critical in improving patient satisfaction and ensuring timely access to care.

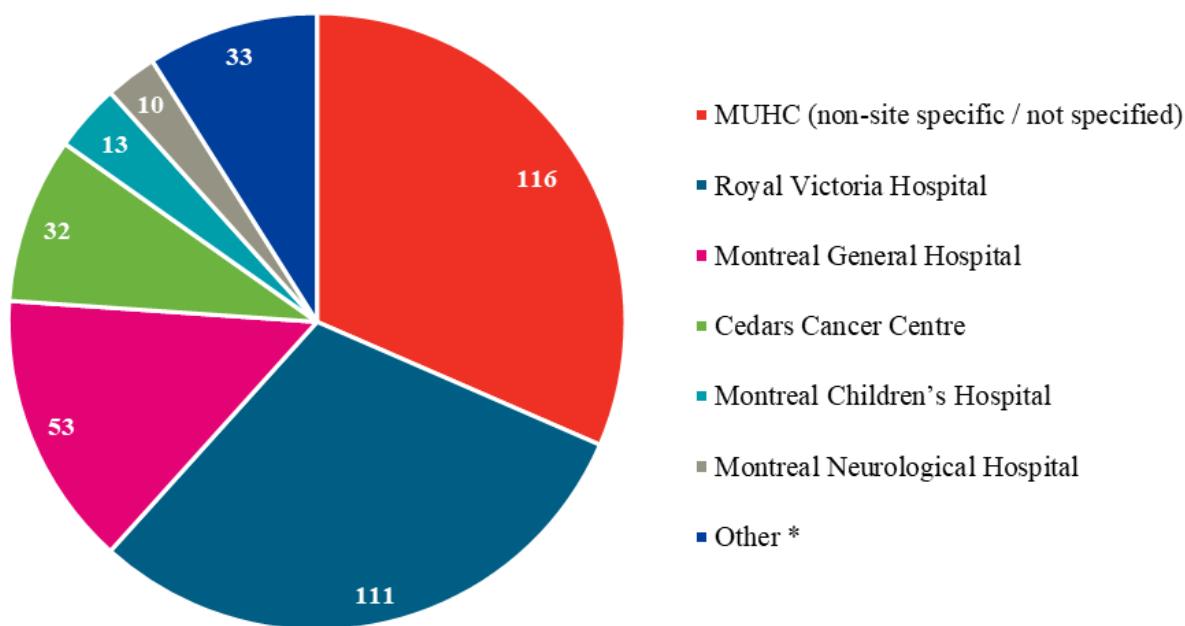
### ***Communication***

Patients have voiced persistent concerns about inadequate communication from medical staff. These issues center around insufficient information regarding care plans, test results, and follow-up appointments, leaving many patients feeling uninformed and uncertain about their medical condition and next steps in their treatment journey. Additionally, complaints frequently highlight the need for clearer explanations of medical procedures, improved responsiveness to patient questions, and a more compassionate communication style. Patients emphasize the importance of being heard, respected, and included in discussions about their care—particularly when navigating serious or emotionally charged health conditions.

### Complaints and Requests for Assistance by Site (2024-2025):

Site to which pertains the communication received	Communications received	Proportion of total communications received
MUHC (non-site specific / not specified)	116	32%
Royal Victoria Hospital	111	30%
Montreal General Hospital	53	14%
Cedars Cancer Centre	32	9%
Montreal Children's Hospital	13	4%
Montreal Neurological Hospital	10	3%
Other	9	2%
Lachine Hospital	6	2%
Montreal Chest Institute	5	1%
CHSLD Camille Lefebvre	4	1%
Allen Memorial Institute	3	1%
Reproductive Centre	3	1%
Adult Ophthalmology Clinic	3	1%
<b>Total</b>	<b>368</b>	

**Complaints and Requests for Assistance received, by site**



**\* Other:** Includes Lachine Hospital, Montreal Chest Institute, CHSLD Camille-Lefebvre, Allen Memorial Institute, MUHC Reproductive Centre, Adult Ophthalmology Clinic, and non-MUHC-related points of contact.

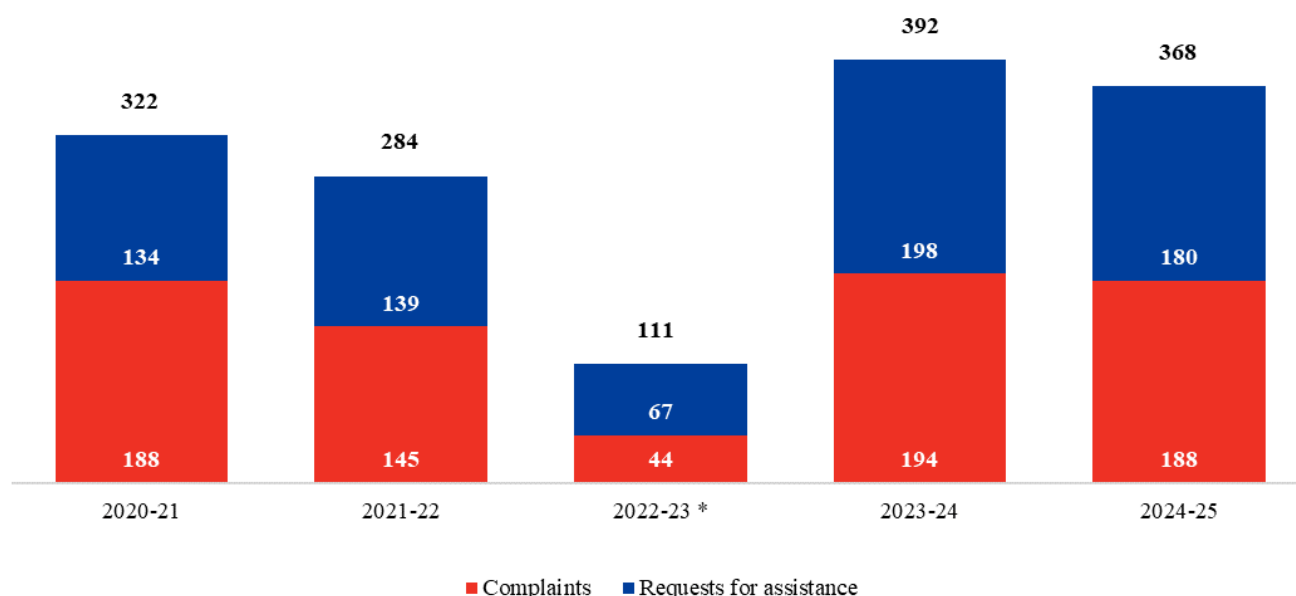
**Comparative percentage of Complaints and Requests for Assistance by Site over past 5 years\*:**

Site	2024-2025	2023-2024	2022-2023*	2021-2022	2020-2021
Adult Ophthalmology Clinic	1 %	1 %	1 %	0 %	1 %
Allen Memorial Institute	1%	2 %	1 %	0 %	0 %
Cedars Cancer Centre	9 %	10 %	7 %	7 %	9 %
CHSLD Camille Lefebvre	1 %	1 %	0 %	0 %	1 %
Lachine Hospital	2 %	1 %	3 %	3 %	5 %
Montreal Children's Hospital	4 %	4 %	5 %	3 %	4 %
Montreal Chest Institute	1 %	5 %	3%	2 %	1 %
Montreal General Hospital	14 %	20 %	15 %	22 %	24 %
Montreal Neurological Hospital	3%	2 %	4 %	3 %	3 %
Reproductive Centre	1 %	1 %	3 %	1 %	3 %
Royal Victoria Hospital	30 %	32 %	31 %	30 %	36 %
Other	2 %	3 %	3 %	3 %	1 %
MUHC + (non-site specific /not specified)	32 %	18 %	25 %	26 %	12 %

\* Data for 2022-2023 covers a period of 5 months only.

Of note, a reduction in complaints and requests for assistance was observed at the Montreal General Hospital between periods 2023-24 and 2024-25 which may be partially attributable to the implementation of new initiatives aimed at reducing wait times in surgery and the emergency department. In contrast, the number of non site-specific complaints rose this year, potentially linked to more generalized challenges identified under the 'Access to Care' category, such as missed calls, poor communication, and delays in medical imaging. Common reasons for patient assistance requests include the search for health-related information, clarification about rights and available options, difficulties accessing information, financial concerns, and challenges navigating the system.

## 5-year Evolution of Complaints and Requests for Assistance Received



\* Data for 2022-2023 covers a period of 5 months only.

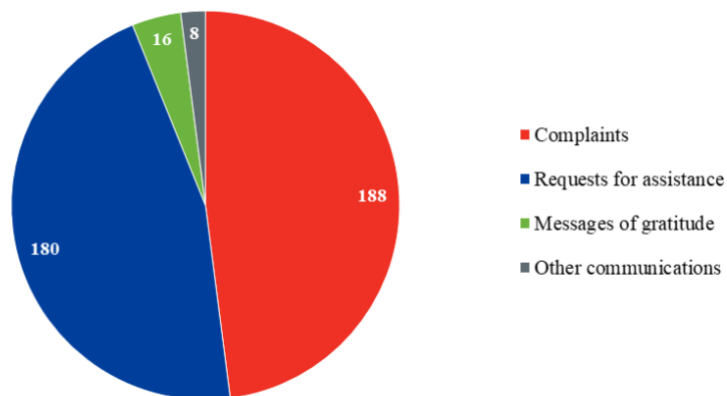
This year recorded a modest decline in the number of complaints and requests for assistance. While patient complaints are an important source of insight for improving care delivery, it is becoming increasingly evident that several barriers may inhibit patients from coming forward. One significant concern is the fear of retaliation or negative repercussions, particularly when individuals are still receiving care or treatment. This fear may lead patients to withhold complaints about substandard care, perceived mistreatment, or service deficiencies. Additionally, some patients may feel that their concerns will not be taken seriously or result in meaningful change. Language barriers, limited health literacy, and cultural perceptions of authority and trust in medical institutions may also play a role in underreporting.

The observed reduction in requests for assistance may be partially attributed to recent improvements in communication systems. This decline may be driven by encouraging signs that telephone access is improving in a meaningful way, alongside the widespread adoption of text messaging across the MUHC, which has enhanced accessibility and responsiveness for patients.



**Breakdown of communications received in 2024-2025, by type**

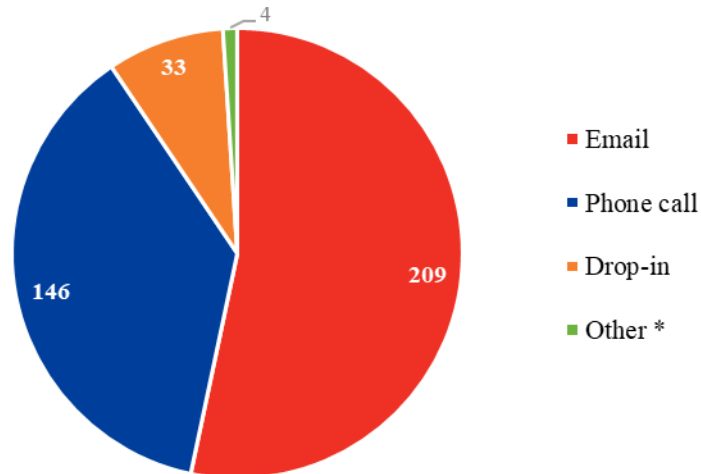
Type of communication	Number	Percentage
Complaints	188	48 %
Requests for assistance	180	46 %
Messages of gratitude	16	4 %
Other communications	8	2 %
<b>Total</b>	<b>392</b>	



**How patients and caregivers contacted the Users' Committee:**

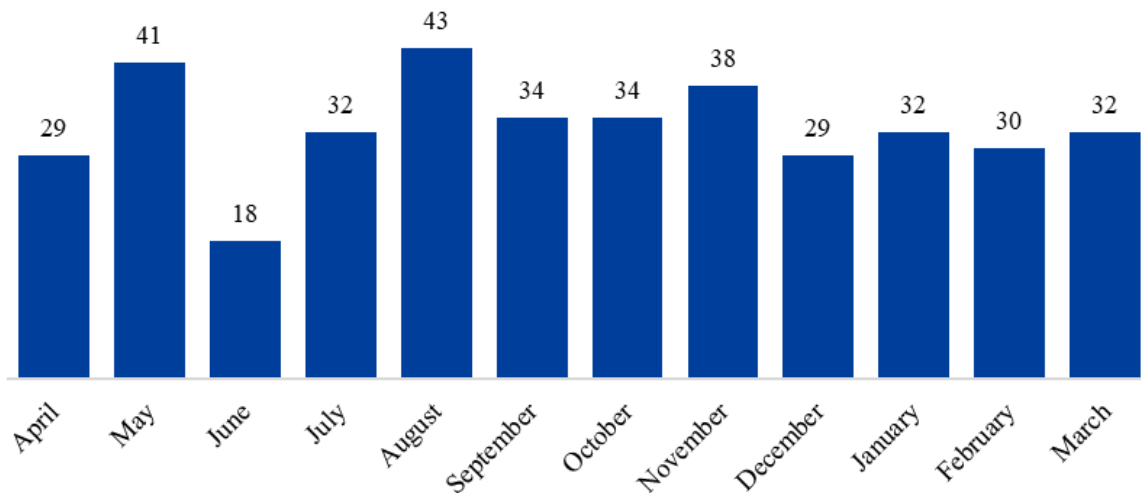
Method of communication	Number	Percentage
Email	209	53 %
Phone call	146	37 %
Drop-in	33	8 %
Other *	4	1 %
<b>Total</b>	<b>392</b>	

\* **Other** includes messages received by mail or in suggestion boxes.



\* **Other** includes messages received by mail or in suggestion boxes.

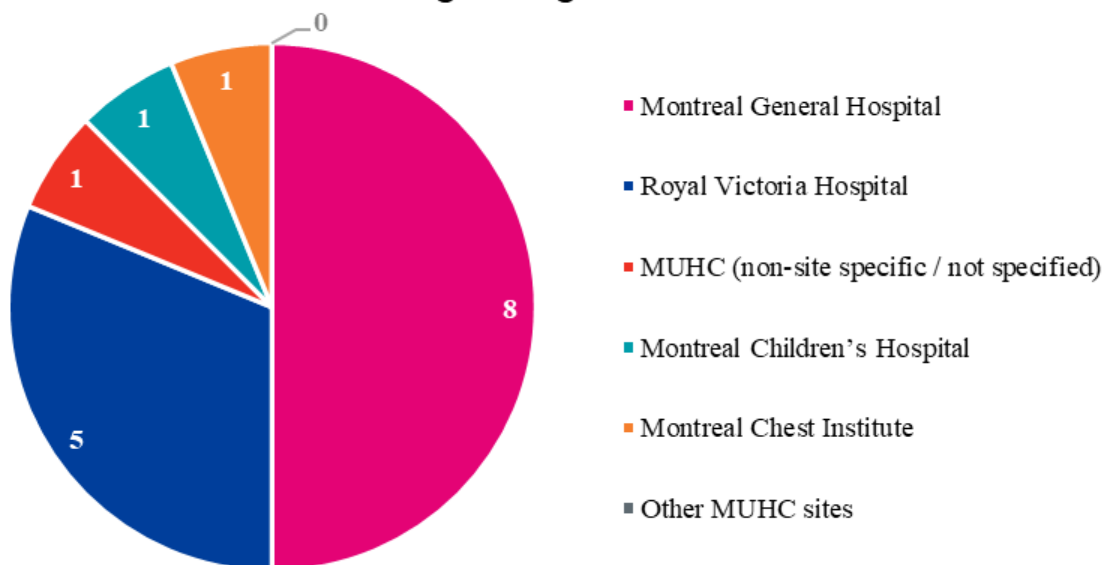
### **Distribution of communications received each month by the Users' Committee**



## Messages of gratitude

Site for which messages of gratitude were received	Number	Percentage
Montreal General Hospital	8	50 %
Royal Victoria Hospital	5	31 %
MUHC (non-site specific / not specified)	1	6 %
Montreal Children's Hospital	1	6 %
Montreal Chest Institute	1	6 %
Other MUHC Sites	0	0 %
<b>Total</b>	<b>16</b>	

Sites for which messages of gratitude were received



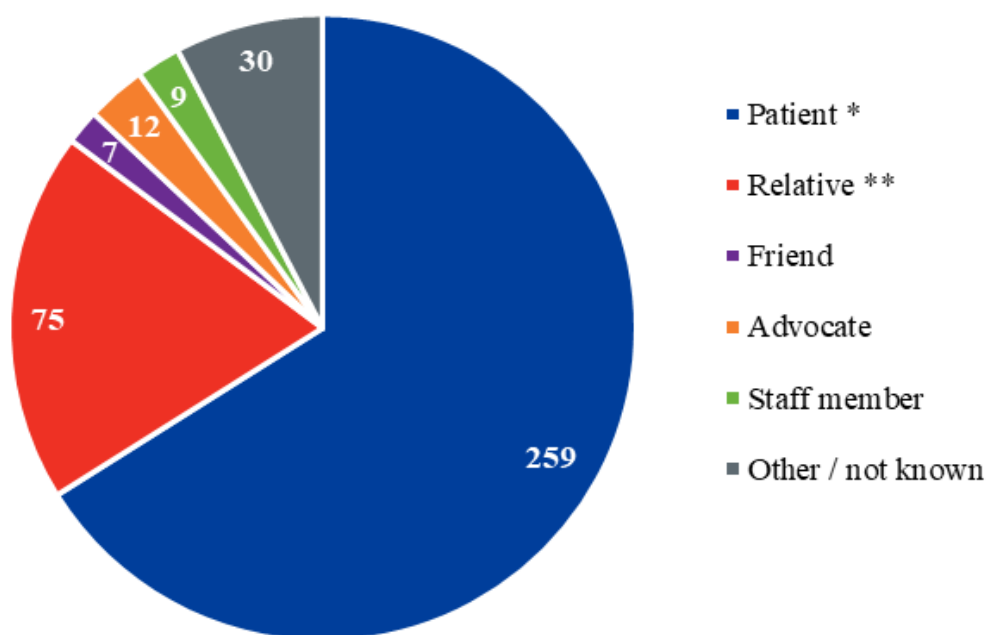
### Complaints or Requests for Assistance: Relationship to patient

Relationship to patient	Number	Percentage
Patient *	259	66 %
Relative **	75	19 %
Friend	7	2 %
Advocate	12	3 %
Staff member	9	2 %
Other / not known	30	8 %
<b>Total</b>	<b>392</b>	

\* **Patient** includes inpatients, non-RAMQ patients, and patients from out of country.

\*\* **Relative** includes children, spouses, parents, siblings, and other relatives.

Relationship to patient of individuals  
who contacted the UC



\* **Patient** includes inpatients, non-RAMQ patients, and patients from out of country.

\*\* **Relative** includes children, spouses, parents, siblings, and other relatives.

### Language used to communicate with Users' Committee

Language of communication	Number of points of contact	Percentage
English	243	62 %
French	149	38 %
<b>Total</b>	<b>392</b>	

Language of communication with UC



## **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**

**February 22 2024 – CTV News** (Journalists: Joe Lofaro and Kelly Grieg)

**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 22, 2024 – CityNews** By: 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 and quoted.

**May 8, 2024 – CBC Radio One: Blood Bank**

<https://playvideo.bulletinintelligence.com/209111913ed54e90980fc92dfcc1a9a7?pubid=mcgillhealth>

UC Chair Ingrid Kovitch interviewed

**May 27, 2024 – CTV News** (Journalist: Olivia O'Malley)

**Headline: Unions demonstrate against agreements with Quebec, health care bill**

<https://www.ctvnews.ca/montreal/article/unions-demonstrate-against-agreements-with-quebec-health-care-bill/>

UC Chair Ingrid Kovitch interviewed

**July 11, 2024 – CBC Radio Noon** with Shawn Apel

**Headline: Do we have resources for people dealing with addictions in Quebec**

<https://www.cbc.ca/listen/live-radio/1-102-radio-noon-quebec/clip/16080865-do-enough-resources-people-dealing-addiction-quebec>

UC Chair Ingrid Kovitch interviewed at 42 min.

**September 23, 2024 – LaPresse** (Canadian Press: Maura Forrest)

**Headline: Les anglophones ont le droit de recevoir les services en anglais, précise une directive**

<https://www.lapresse.ca/actualites/sante/2024-09-23/les-anglophones-ont-le-droit-de-recevoir-des-services-en-anglais-precise-une-directive.php?sharing=true>

UC Chair Ingrid Kovitch interviewed and quoted

**September 23, 2024 – CTV News** (Journalist: Daniel J. Rowe)

**Headline: 'No restrictions' for English patients in Quebec health institutions**

<https://www.ctvnews.ca/montreal/article/no-restrictions-for-english-patients-in-quebec-health-institutions/>

UC Chair Ingrid interviewed and quoted

**September 23, 2024 – CJAD Radio –** (Host: Elias Makos)

<https://www.iheart.com/podcast/962-elias-makos-69297199/episode/new-directives-say-there-are-no-220227807/>

**September 26, 2024 – CTV News** (Journalist: Angela MacKenzie)

**Headline: MUHC requestion off-island patients go elsewhere for some services**

<https://www.ctvnews.ca/montreal/article/muhc-requesting-off-island-patients-go-elsewhere-for-some-services/>

UC Chair Ingrid Kovitch interviewed

**September 27, 2024 – CJAD Radio -** (Host: Andrew Carter)

<https://www.iheart.com/podcast/962-the-andrew-carter-podcast-62506089/episode/the-andrew-carter-morning-show-friday-221007065/>

UC Chair Ingrid Kovitch interviewed

**December 14, 2024 – CBC News Montreal** (by Radio-Canada, Kwabena Oduro and Holly Cabrera)

**Headline: 'Health Ministry reprimands Santé Québec for going too far in cuts to home-care services'**

<https://www.cbc.ca/news/canada/montreal/health-care-sant%C3%A9-qu%C3%A9bec-home-care-services-cuts-1.7410895>

UC Chair Ingrid Kovitch interviewed.

**January 15, 2025 – CityNews** (Journalist: Kelly Grieg)

**Headline: Award winning App to manage medical treatment unavailable after running out of funding**

<https://www.ctvnews.ca/montreal/article/award-winning-app-to-manage-medical-treatment-unavailable-after-running-out-of-funding/>

UC Chair Deborah Radcliffe-Branch interviewed and quoted

**February 2, 2025 – CBC Radio**

**Headline: MUHC- Santé Québec Cuts**

<https://www.cbc.ca/player/play/video/9.6632782>

UC Chair Ingrid Kovitch Interviewed

**March 12, 2025 – CTV News** (Journalist: Laurence Brisson Dubreuil)

**Headline: Quebec to reimburse patients for some services in private healthcare**

<https://www.ctvnews.ca/montreal/article/quebec-to-reimburse-patients-for-some-services-in-private-healthcare/>

UC Chair Ingrid Kovitch interviewed and quoted

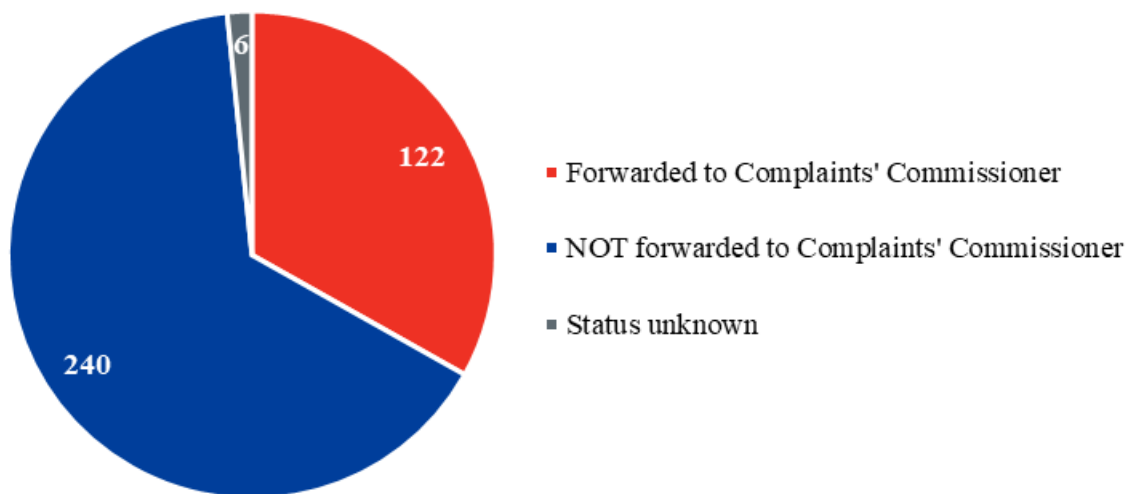


## 10. COLLABORATION WITH THE OTHER ACTORS IN THE COMPLAINT EXAMINATION SYSTEM

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)**



## **11. GOALS FOR THE UPCOMING YEAR**

The Users' Committee is committed to ensuring a smooth transition to the new committee following the upcoming election so that there can be continued progress on all the projects and priorities outlined in Section 3.

## **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
- 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

We appreciate the efforts of the administration to address these concerns, and recognize the growing challenge borne of significant budget cuts as dictated by Santé Québec.

We have no doubt that the incoming Users' Committee will continue to listen to patients, respond to their needs and tackle issues of collective concern that have been raised.

We trust that the new UC will continue to work diligently on the many active projects 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. All 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.*