



**MCGILL UNIVERSITY HEALTH CENTRE  
USERS'/PATIENTS' COMMITTEE  
(MUHC-UC)**

**ACTIVITY REPORT  
2025-2026**

# TABLE OF CONTENTS

<b>1/ INFORMATION ABOUT THE INSTITUTION .....</b>	<b>4</b>
<b>2/ A WORD FROM THE PRESIDENT .....</b>	<b>5</b>
<b>3/ MEMBERSHIP AND PROFILES .....</b>	<b>7</b>
<b>4/ MEMBER CONTACT INFORMATION .....</b>	<b>7</b>
<b>5/ MEETINGS HELD .....</b>	<b>8</b>
<b>6/ REVIEW OF ACTIVITIES FROM THE PAST YEAR.....</b>	<b>8</b>
<b>7/ SUBCOMMITTEES OF THE USERS’ COMMITTEE .....</b>	<b>9</b>
<b>MONTREAL GENERAL HOSPITAL (MGH) SUBCOMMITTEE .....</b>	<b>9</b>
<b>NEURO SUBCOMMITTEE .....</b>	<b>11</b>
<b>ROYAL VICTORIA HOSPITAL (RVH) SUBCOMMITTEE .....</b>	<b>12</b>
<b>INDIGENOUS ADVOCACY SUBCOMMITTEE.....</b>	<b>13</b>
<b>MENTAL HEALTH SUBCOMMITTEE.....</b>	<b>14</b>
<b>2SLGBTQ+ ADVOCACY SUBCOMMITTEE.....</b>	<b>15</b>
<b>CANCER CARE SUBCOMMITTEE (INACTIVE) .....</b>	<b>16</b>
<b>MONTREAL CHILDREN’S HOSPITAL SUBCOMMITTEE (INACTIVE).....</b>	<b>16</b>
<b>8/ RESIDENTS’ COMMITTEE OF THE CAMILLE-LEFEBVRE LONG-TERM-CARE FACILITY .....</b>	<b>17</b>
<b>9/ FUNCTIONS OF THE USER COMMITTEE .....</b>	<b>19</b>
<b>9/1 INFORMING USERS OF THEIR RIGHTS AND OBLIGATIONS .....</b>	<b>19</b>
<b>9/2 PROMOTE IMPROVEMENTS IN THE QUALITY OF SERVICES PROVIDED TO MUHC USERS AND IN THE QUALITY OF LIVING CONDITIONS FOR CAMILLE-LEFEBVRE RESIDENTS, AND ASSESS USER SATISFACTION WITH THE SERVICES RECEIVED.....</b>	<b>19</b>
<i>Metabolic/Endocrinology Clinic .....</i>	<i>19</i>
<i>Delays in Oncology Surgeries and Imaging Exams.....</i>	<i>19</i>
<i>Opal and the patient portal.....</i>	<i>19</i>
<i>New policy at the Blood Test Centres .....</i>	<i>20</i>
<i>Parking at Glen .....</i>	<i>21</i>
<i>Wheelchairs .....</i>	<i>21</i>
<i>Patient Collaboration and Consultations .....</i>	<i>21</i>
<i>Cable TV.....</i>	<i>22</i>
<i>Music Therapy and the MusiArt Choir.....</i>	<i>22</i>
<i>Geolocation mobile app .....</i>	<i>22</i>
<i>Access to the Neuro site .....</i>	<i>22</i>
<b>9/3 DEFENDING THE COLLECTIVE OR INDIVIDUAL RIGHTS AND INTERESTS OF USERS .....</b>	<b>23</b>
<i>Visibility, Social Media, and the MUHC Website.....</i>	<i>23</i>
<b>9/4 ACCOMPANY AND ASSIST, UPON REQUEST, A USER IN ANY ACTION THEY WISH TO TAKE, INCLUDING WHEN THEY WISH TO FILE A COMPLAINT .....</b>	<b>24</b>
<i>Complaints received in 2025–2026, by category as defined by SIGPAQS* .....</i>	<i>25</i>
<i>Complaints and Requests for Assistance by Site.....</i>	<i>27</i>
<i>Comparative table of complaints and requests for assistance over the past 5 years*.....</i>	<i>28</i>
<i>5-Year Trend in Complaints and Requests for Assistance.....</i>	<i>29</i>
<i>Type of communication with the UC .....</i>	<i>29</i>
<i>Method of communication with the UC .....</i>	<i>29</i>

<i>Source of gratitude messages by site</i> .....	30
<i>Relationship to the user of the person who contacted the UC</i> .....	30
<i>Monthly distribution</i> .....	31
<i>Language of communication with the UC</i> .....	31
<b>9/5 ENSURE, WHERE APPROPRIATE, THE SMOOTH OPERATION OF THE RESIDENTS’ COMMITTEE AND ENSURE THAT IT HAS THE NECESSARY RESOURCES TO CARRY OUT ITS DUTIES</b> .....	32
<b>9/6 COLLABORATION WITH OTHER COMMITTEES AND ORGANIZATIONS</b> .....	32
<b>9/7 THE UC IN THE MEDIA</b> .....	32
<b>10/ COLLABORATION WITH OTHER PARTIES INVOLVED IN THE COMPLAINT REVIEW PROCESS</b> .....	<b>33</b>
<i>Complaints transferred to the Complaint Commissioner</i> .....	33
<b>11/ ACHIEVEMENTS AND PLANS FOR THE COMING YEAR</b> .....	<b>33</b>
<b>12/ CONCLUSION</b> .....	<b>34</b>
<b>13/ FINANCIAL REPORT</b> .....	<b>34</b>

# **1/ INFORMATION ABOUT THE INSTITUTION**

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

The MUHC consists of:

- The Allan Memorial Institute (Allan or IAM)
- The Montreal General Hospital (MGH)
- The Montreal Neurological Institute and Hospital (MNI/MNH or Neuro)
- The Lachine Hospital
- The Camille-Lefebvre Long-Term Care Facility (LTCF)
- The MUHC Reproductive Health Centre, and

at the Glen Site:

- The Cedars Cancer Centre (CCC)
- The Montreal Chest Institute (MCI)
- The Montreal Children's Hospital (MCH)
- The McGill Academic Eye Centre (MAEC)
- The Research Institute (RI-MUHC)
- The Royal Victoria Hospital (RVH)

## **2/ A WORD FROM THE PRESIDENT**

2025–2026 was a pivotal year for the MUHC Users’ Committee (UC). The UC began an election process, and the new UC was announced at the Annual General Meeting on June 18, 2025.

We would like to sincerely thank the outgoing committee members and express our deepest gratitude on behalf of MUHC patients and residents of the Camille-Lefebvre Long-Term-Care Facility (LTCF) for their hard work.

This year has once again been very busy, as we have assisted patients navigating our vast and diverse institution and offered support to those wishing to express dissatisfaction and/or file formal complaints. Users face several challenges in accessing care, particularly surgery, where wait times are long. Occupancy rates in the emergency department have often been the highest in Quebec, particularly at the Royal Victoria Hospital. The UC continuously monitors these two areas; it is our priority.

To fulfill our mandate, we rely on the work of several subcommittees as well as a very strong residents’ committee at Camille-Lefebvre. They are the UC’s eyes and ears on the ground. All are active and effective, and we are grateful to them.

The Users’ Committee (UC) has as its primary mandate the defence and protection of the rights of users and residents. It seeks to do so in a spirit of positive cooperation with the MUHC administration—which has assigned a liaison officer to work with us—and the office of the Local Service Quality and Complaint Commissioner (Ombudsman). The UC hopes that this cooperation will lead to more consultation by the administration before implementing changes that affect services for users.

Given that a large part of the UC’s daily functions consists of responding to patients expressing dissatisfaction with the quality of care or services received, we have observed in recent months that patients are reporting significant gaps in the delivery of care and services, which are causing them serious concerns regarding the prognosis for their condition. Listening to users remains an important task for our resource person, who must devote increasing amounts of time to it due to the complexity of these issues. At the user’s request, these complaints are almost always forwarded to the local complaint commissioner. Many of these complaints stem from the drastic budget cuts imposed by Santé Québec (SQ), which inevitably and detrimentally affect care.

We are already seeing the effects of the freeze on infrastructure and other projects due to budget constraints and directives from Santé Québec. The Montreal General Hospital is at the top of the list of hospital facilities requiring major renovations. Clinics and patients had to be relocated due to water leaks. The Neuro is still awaiting a move to the Glen site. Improvements are needed to enhance toilet accessibility for people with reduced mobility.

Labour shortages persist across the network, leading to ongoing bed closures and preventing many departments and operating rooms from operating at full capacity. Despite some improvements, surgery wait times exceed clinically accepted limits, particularly in oncology surgery. Several

patients have reported unbearably long wait times for imaging exams, particularly MRIs, and immense difficulty reaching this department by phone.

The UC notes a certain deterioration in care and services. This disproportionately affects the most vulnerable, who are, in a sense, left to fend for themselves. This is particularly evident among older adults, who are affected by decisions to reduce in-person or telephone services and to increase reliance on digital services that are inaccessible to them or difficult to navigate. The UC is concerned about the fate of these individuals and fears they may become disengaged from their care.

The UC remains committed to defending the rights of users and residents when those rights are not respected and to improving care and services. In this regard, the UC is proud to contribute to the creation of a geolocation mobile app at the Glen, which will soon allow users to reach their destination easily and quickly. Furthermore, to improve our services, the UC plans to expand its membership in the coming year and revitalize certain subcommittees that have ceased operations due to a lack of members.

In closing, we thank all members of the UC, the Residents' Committee, and the subcommittees for their dedication and unwavering commitment to improving services and care for residents, and for their determination to protect their rights.



Pierre Hurteau  
Chair of the MUHC Users' Committee



Corey Hoare  
Vice-Chair of the MUHC Users' Committee

### 3/ MEMBERSHIP AND PROFILES

List of members of the MUHC Users' Committee as of March 31, 2026:

<b>Name</b>	<b>Position</b>
Pierre Hurteau	Chair
Corey Hoare	Vice-Chair
Shimon Partouche	Treasurer
Marilyn Jarka	Member, Member of the MUHC's Board of Directors, and Member of the Vigilance and Quality Committee
Mari Jo Pires	Member
Chantal Levac	Member
Zhaoping Ju	Member
Danielle Carter	Chair of the Camille-Lefebvre Residents' Committee, and Designated Member on UC

### 4/ CONTACT INFORMATION

<b>Position</b>	<b>Name</b>	<b>Contact Information</b>		
		<b>Phone</b>	<b>Email</b>	<b>Mailing Address</b>
UC Chair (until July 1, 2025 / election of the new UC)	Ingrid Kovitch	514-934-1934 p. 31968	ingrid.kovitch@muhc.mcgill.ca	CU-CUSM Site Glen, D 04.7514 1001 boul. Décarie, Montréal, QC H4A 3J1
UC Chair	Pierre Hurteau		pierre.hurteau@muhc.mcgill.ca	
UC Resource Person (Administrative Assistant)	Siobhan Ua Siaghail		patients.comm@muhc.mcgill.ca	
MUHC Liaison Officer	Frédéric De Civita	514-934-1934	frederic.decivita@muhc.mcgill.ca	

## **5/ MEETINGS HELD**

The UC meetings were held on the following dates:

- April 29, 2025
- May 26, 2025
- July 4, 2025 – First meeting of the newly elected UC
- September 10, 2025
- October 16, 2025
- November 12, 2025
- December 10, 2025
- January 14, 2025
- February 11, 2026
- March 11, 2026

They were hybrid meetings, and the majority of the members attended in person.

Annual General Meeting (AGM):

The 2025 AGM was held on June 18, 2025.

## **6/ REVIEW OF ACTIVITIES FROM THE PAST YEAR**

The Users' Committee is accountable to the users/patients and their loved ones who contact us and provide suggestions to improve the quality of care and services, and who share with us their concerns and challenges they face in their care journey. We assure them of our commitment to protecting the rights of all these individuals to quality care and services.

The committee's mandate is also fulfilled through the fieldwork of our subcommittees. We carry out our work in a spirit of collaboration with the facility's administration, with a particular focus on prioritizing users' interests.

## 7/ SUBCOMMITTEES OF THE USERS' COMMITTEE

The MUHC is a large institution that cares for some of Quebec's most vulnerable residents across multiple sites, offering a variety of services to fulfill its many missions. The Users' Committee relies on its subcommittees (SC) to carry out the mandate entrusted to it by law. Each subcommittee brings a unique perspective and expertise to defend users' rights and adequately address their needs.

The UC relies on the active work of six subcommittees. The subcommittees are composed primarily of users and receive adequate funding from the UC for their activities. Meetings are held periodically with the subcommittee leaders to discuss current issues and ways for the subcommittees and the UC to collaborate.

Unfortunately, some subcommittees ceased their activities during the year due to a lack of active members. This poses a challenge for the UC in reviving certain subcommittees, particularly at the Cancer Centre and the Montreal Children's Hospital.

The UC's subcommittees are as follows:

### Montreal General Hospital (MGH) Subcommittee

Name	Position
Tom McCutcheon	Chair
Patricia Kerr	Secretary
Sahra Cohen	Member
Robert Gaudreau	Member
Stefano Eremita	Member
Judy Philipson	Member
Kenneth Forse	Member
Marilyn Jarka	Member

The MGH subcommittee held 9 meetings.

Guest speakers: Mr. Pierre Hurteau, Chair of the User Committee, and Diane Weidner of the McGill Research Institute, on the program for caregivers of patients with Alzheimer's disease

Activities:

- One of our main initiatives is to set up information booths at strategic locations. Staffed by members, these booths raise awareness about the Users' Committee, the subcommittee, and users' rights, and provide information on topics relevant to MGH patients. In addition to the Cedar entrance on the 6th floor, as in the past, we are now setting up near the MGH emergency room, as this location has been identified as one that could benefit from this initiative.

- Promotional hygiene kits: These kits are intended for promotional purposes and therefore include the multilingual brochures of the Users' Committee, as well as bookmarks outlining the 12 rights. Distribution locations include the emergency room, the 4th, 15th, 12th, and 14th floors, the dialysis unit, and, more recently, the 18th floor. 200 kits were prepared and distributed in 2025–2026.
- Collaboration with the administration to improve the patient environment based on their feedback.
- Complaints: Given the numerous complaints raised by both patients and their families regarding access to the MGH testing center and the availability of wheelchairs, our group deemed it important to bring these two issues to the attention of the Complaint Commissioner on behalf of MGH users.
- Liaison with Volunteer and Auxiliary Services: Secured funding for the Psychiatry Department to purchase prizes for its weekly bingo event.
- User Rights Week: Information tables regarding patient rights were set up at two key locations: the Cedar entrance on the 6th floor and the MGH emergency room. On the table were our recruitment brochure and the User Committee's brochures. Our group requested roll-up banners listing patient rights from the Users' Committee. Once received, they were used when setting up our information tables and left in place for users to see.
- Fall Prevention: Since falls are a major concern for older adults and frail adults, our group continued to add fall prevention materials whenever we set up our information tables. Patients and visitors showed considerable interest. Materials were distributed to interested individuals. These materials were provided by the Patient Resource Centre at the Glen site. Brochures about the User Committee and our recruitment flyer were available there.
- Information on dementia for caregivers: a new topic has been added to our booth presentations: dementia resources for family caregivers. In collaboration with the McGill University Research Institute, numerous informational materials, in several languages, have been made available for distribution at our booths. All these brochures were funded by the Grace D'art Foundation.

#### Priorities and objectives for the coming year:

- Distribution of our promotional hygiene kits to patients in need. Identify other inpatient services that could benefit from these kits.
- Visits by members to outpatient clinic waiting rooms to connect with patients and their families, with the aim of recruiting new members and distributing the Users' Committee flyer.

- Continue our educational activities on fall prevention and dementia for caregivers over the coming year.

## Neuro Subcommittee

Name	Position
JoAnne Mosel	Member
Marilyn Jarka	Member
Mario Di Carlo	Member
Falk Kyser	Member
Amy Ma	Member
Elizabeth Markakis	Member
Elizabeth Pereira	Member
Mari Jo Pires	Member
Lawrence Reich	Member
Ingrid Kovitch	Member

The subcommittee continues to address the issues and concerns of patients in the neurology department, particularly with the help of several long-standing members who are often on-site and have established relationships with many staff and administrative members. Among the issues that have been addressed and the actions taken are:

- Accessibility: Entrances for people with disabilities (new entrance at the north end of the building, which can be blocked by snow), blocking of the emergency/stroke entrance (city construction vehicles when emptying trash and recycling bins), door to the therapeutic garden, etc.
- Parking: Issues for patients and volunteers. Working with the MUHC’s communications department to ensure patients are aware of the existence of parking spaces reserved for people with disabilities and the 2-hour free parking. Posting signs in multiple locations reminding users to validate their parking tickets before leaving the building to take advantage of the 2-hour free parking.
- Single or shared rooms on the 3rd floor (patients are sharing rooms while some rooms remain empty).
- Patient Rights Week: Many members were present on site.
- Efforts to restore more in-person activities and direct contact with patients.
- Desire for regular direct contact with the Complaints Commissioner.
- The subcommittee takes note of the concerns raised by patients and communicated directly to committee members (during Patient Rights Week and on other occasions).

### Priorities and Objectives for the Coming Year:

- We wish to be involved and represent the voice of patients regarding the potential relocation of the neurology department to the Glen site.
- We are planning a full-day “retreat” in place of our April 20 meeting to plan our strategy for the coming year or years. Topics to explore (non-exhaustive list): The structure of our own committee (e.g., permanent or rotating chair).

### Royal Victoria Hospital (RVH) Subcommittee

<b>Name</b>	<b>Position</b>
Mona Arsenault	Member
Rosalind Halvorsen	Member
Harvey Michele	Member
Eva Lapointe	Member
Diane States	Member
Alessia Paparella	Observer

The subcommittee held nine meetings.

Discussions focused primarily on long wait times, inadequate follow-up, patient safety and safety in post-COVID environments, and complaints regarding food service.

#### Activities:

- The subcommittee explored ways to improve communication with users and is still working on our recruitment poster.
- Melissa Egan, from REALIZE, came to speak about disabilities and episodic illnesses.
- Members were present during Users’ Rights’ Week with information booths.

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

## Indigenous Advocacy Subcommittee

<b>Name</b>	<b>Position</b>
Harvey Michele	Co-Chair
Jean Williams	Co-Chair
Shirely Pien-Bérubé	Member
Ingrid Kovitch	Member
Mary Shem	Member
Rhonda Oblin	Member
Gina Esperon	Member
Jennifer Munick-Watkins	Member
Darryl Napash	Member
Louis-Vincent Parent	Member
Nathalie Beauchemin	Member
Kat Ryder	Member
Timothy Gauger	Observer
Camille Panneton	Observer
Caterina Staltari	Observer

The subcommittee held 10 meetings.

This group is committed to upholding the spirit of the Joyce Principle and ensuring that Indigenous patients are informed of their rights, receive equitable care, and feel safe and welcome at the MUHC. The group developed a mission statement to this end, and this mission guides all their activities and initiatives. In an effort to improve holistic care and build connections between different departments and organizations, the committee includes patients, staff members, cultural navigators, liaisons, interpreters, and other patient advocates.

Activities:

**Indigenous Food Initiative:** The group continued its partnership with MUHC Food Services to expand the selection of traditional and regional dishes offered to patients, both on commemorative days and daily.

**Mission Statement:** Finalization of our mission statement following consultation with committee members and Indigenous medical students. The statement was translated into several Indigenous languages (Cree, Mohawk, Inuktitut) and printed with original Indigenous artwork.

**Welcome banners and posters:** To welcome all Indigenous patients and families and to inform all MUHC users and staff about the communities the institution serves, the subcommittee produced retractable banners and posters featuring a welcome message and a map of Quebec showing the locations of Indigenous communities.

**Books and library materials:** At the subcommittee's request, MUHC librarians compiled and ordered a list of books and materials on Indigenous health.

Space Dedicated to Indigenous Peoples: The subcommittee continues to advocate for culturally safe spaces for Indigenous patients and families.

Access to blood tests: The Blood Test Centre’s new policy risked restricting services for Indigenous patients, and the group worked to ensure that alternative options were available.

Days of Remembrance and Awareness for Indigenous Peoples: The group encourages organizing activities and events to mark commemorative days, such as National Indigenous Peoples Day (June 21) and National Truth and Reconciliation Day (September 30).

Indigenous Art Project: In collaboration with nurses in the Neurological Intensive Care Unit, an initiative was launched to acquire Indigenous artwork for display in the Neurology Department and throughout the MUHC.

Patient Complaints / Case Studies: The subcommittee reviews patient complaints as well as the specific and systemic circumstances that may have contributed to them. It works to direct patients to the appropriate resources and recourse within the MUHC.

Liaisons: The subcommittee has worked diligently to build relationships with individuals and entities both within the MUHC and in the community (e.g., liaisons, cultural companions, interpreters, and the Tiohtià:ke Indigenous Health Centre).

Recruitment: Continued efforts to recruit new members, to ensure broad representation of First Nations, Inuit, and Métis patients and families.

#### Priorities and Objectives for the Coming Year

The IAS adheres to the Joyce Principle and is committed to continuing its diverse efforts to ensure that Indigenous patients and families receive equitable health care, feel safe in our facilities, and have their rights respected and defended.

### **Mental Health Subcommittee**

<b>Name</b>	<b>Position</b>
Alexandra Hillcoat	Chair
Diane States	Member
Bess Vasilakopoulous	Member
Joe Ojeda	Member
Maggie Kolokotronis	Observer
Josée Bonneau	Observer
Michelle Grigat	Observer

The subcommittee held 8 meetings.

#### Activities:

- Collaboration with the pediatric psychiatry team at the Montreal Children’s Hospital to revise the policy regarding gowns in the acute psychiatry unit, so that patients can wear their own clothes if doing so poses no risk.
- Collaboration with the MCH pediatric psychiatry team to draft a document describing what children and their families can expect upon admission to the acute psychiatry unit, as well as permitted and prohibited items.
- Launching a program to provide children admitted to the acute psychiatric unit with a set of appropriate clothing.

#### Priorities and Objectives for the Coming Year:

- Finalize and distribute informational brochures listing resources for families of children facing mental health challenges.
- Continue the design and implementation of a program to provide children admitted to the acute psychiatric unit with a set of appropriate clothing.
- Create a more comprehensive “welcome kit” that includes additional comforting items for children admitted to the acute psychiatric unit.
- Identify areas for improvement in the adult sector.

Conclusions: The group will maintain a close collaborative relationship with the pediatric psychiatry team at the Montreal Children’s Hospital. Although the finalization and distribution of the brochures have been delayed, we have made progress in sourcing clothing for a program that provides children admitted to the acute psychiatric unit with a safe and comfortable alternative to hospital gowns. We will continue to finalize the brochures and implement the clothing program during the 2026–2027 fiscal year.

## **2SLGBTQ+ Advocacy Subcommittee**

This subcommittee was formed to address the needs of the 2SLGBTQ+ community in its interactions with healthcare providers and services within the MUHC. It is well established that this vulnerable population experiences high rates of medical trauma and, as a result, poor health outcomes. The subcommittee’s goal 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 ensuring that all patients are addressed by their preferred name and pronoun(s).
- A project to map all restrooms, identifying specific features so that patients can easily find restrooms that meet their needs.

Unfortunately, the committee could not pursue its activities due to a lack of members.

**Cancer Care Subcommittee** (*inactive*)

**Montreal Children's Hospital Subcommittee** (*inactive*)

## **8/ RESIDENTS’ COMMITTEE OF THE CAMILLE-LEFEBVRE LONG-TERM-CARE FACILITY**

Due to the nature of the clientele, it has always been a challenge to form and maintain a productive and stable Residents’ Committee. That said, under the inspiration and leadership of its current chair, this committee has demonstrated remarkable strength in terms of both its membership and its activities.

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

<b>Name</b>	<b>Position</b>
Danielle Carter	Chair, External Member
Mari Jo Pires	Vice Chair, External Member
Yvon Brisson	Resident Member
Ghislaine Bouchard	Resident Member
Yvan Cardinal	External Member
Diane Harbec Pagé	Resident Member
Pierre Hurteau	External Member
Eremita Ferrera	Resident Member
Christianne Bleau	Resident Member
Caroline Clohosal	Resident Member
Claire Lefebvre	Resident Member
Marylena Franco	Family Member
Victoria Fernandes	Family Member

The Residents’ Committee held 9 meetings.

The 2025–2026 year was another busy one for the Camille-Lefebvre Residents’ Committee. Three areas were prioritized: promotion, recruitment, and awareness.

**Promotion:** The committee adopted an official logo. It also purchased several large tablecloths featuring the committee’s name on the front panel to ensure maximum visibility. A total of four retractable banners were purchased for use at various events. One hundred large-print calendars, in French and English, with the committee’s contact information, were ordered and distributed to residents.

**Recruitment:** The committee worked tirelessly on recruitment and successfully recruited three members.

**Awareness:** The Camille-Lefebvre Residents’ Committee participated in several events throughout the year, among others:

- June 15: World Elder Abuse Awareness Day. A welcome table was set up and staffed in the lobby. Brochures were distributed.

- November 9–15: A table was set up in the lobby for the entire User Rights Week. A large screen was set up to show informational clips. Brochures were on display, and coffee and donuts were offered.

The committee met with the hospital kitchen staff. Residents' satisfaction with the quality of the food remains low. The main problem is that meals are not hot enough or are served cold. This is primarily due to slow distribution once the food reaches the floors, caused by a lack of staff and volunteers to distribute meals on time. Unfortunately, the administration's efforts to establish a robust volunteer program are insufficient.

For 2026–2027, the committee will seek to involve more people in its activities.

Here are some of the projects the committee has planned for the coming year:

- Lecture series: Maître Paul Brunet of the CPM will lead three sessions on various topics of interest to residents and their loved ones.
- The committee is also considering inviting another speaker to address fraud awareness and personal data protection.
- Quarterly information tables will be set up in the lobby, staffed by members (informal gathering), with materials for residents and their families.
- World Elder Abuse Awareness Day
- Residents' Rights Week

Financial Report: Total amount spent for the 2025-2026 fiscal year: \$1,308.97

## **9/ FUNCTIONS OF THE USER COMMITTEE**

### **9/1 Informing users of their rights and obligations**

*Refer to Section 6 of this document for a detailed overview of the Users' Committee's activities related to this function.*

### **9/2 Promote improvements in the quality of services provided to MUHC users and in the quality of living conditions for Camille-Lefebvre residents, and assess user satisfaction with the services received**

*Refer to Sections 6 and 8 of this document for a detailed overview of the Users' Committee's activities related to this function through its subcommittees and the Camille-Lefebvre Residents' Committee.*

#### **Metabolic/Endocrinology Clinic**

The UC and the clinic manager have installed improved signage and an electronic ticket machine, and have organized volunteers to assist patients on check-out, particularly the most vulnerable.

Despite these efforts, including the installation of a new ticket machine, we have received a disproportionate number of complaints regarding this clinic, particularly concerning the check-out process. We continue to work on improving service at this clinic. The administration has decided to consolidate this clinic's registration services with those of the adjacent polyclinic. We have also asked the administration to replace the waiting room screen with a larger one.

#### **Delays in Oncology Surgeries and Imaging Exams**

The UC is very concerned about critical delays in services, particularly for oncology surgeries, which exceed recommended wait times, as well as for imaging exams.

The committee invited Dr. L. Feldman, who came to present an in-person update and explain that the situation has improved thanks to the use of private surgical clinics. Challenges remain at the MUHC due to staff shortages, which result in underutilization of operating rooms. There are also budgetary issues beyond the institution's control.

The UC has received several complaints about MRI appointment wait times. This causes significant stress for patients awaiting confirmation of a diagnosis.

#### **Opal and the patient portal**

The mobile app, created by the MUHC and co-developed with patients, allows patients at the Cedars Cancer Centre to access their contextualized medical data, personalized educational materials, lab results, medical notes, and treatment plans via the patient portal. It promotes their

active participation in their care, helps them better understand their condition, and provides them with the tools to ask relevant questions during their appointments. These are all objectives outlined in the healthcare system law. By providing access to records and results, it also reduces the number of requests sent to the Medical Archives for this data.

Over the years, the app—adopted by more than 7,000 patients—has received widespread praise, won several awards, and is highly rated, with 98.8% of Opal users recommending it to others. Additionally, Opal users have a 5–10% lower rate of missed appointments.

In December 2024, despite Opal’s objective success, as measured by numerous indicators, the portal was suspended for purely budgetary reasons, with users informed at the very last minute and left without access to their results.

The UC tried in vain to convince the administration of the need to continue the program for the benefit of patients. The MUHC promised to find an alternative solution as soon as possible and to set up a new platform that allows patients to access their data again. During a committee meeting attended by the MUHC CEO, she was asked to extend the new application to all MUHC patients, even though it is currently intended for Cancer Centre patients. Despite the CEO’s promises to act quickly to replace OPAL, no replacement solution has been implemented to date, a situation that patients and the UC deplore.

### **New policy at the Blood Test Centres**

The MUHC blood test centres, previously accessible to everyone via Clic Santé, have undergone significant changes since October 2024. A new directive limits access to patients with blood test orders from physicians affiliated with the MUHC. This change has affected many MUHC patients, as well as patients in the neighbourhood who are not under MUHC care. The UC has received several comments and complaints from users. Here are the concerns that have been brought to our attention:

- Difficulty in obtaining an appointment at another location at no cost. The free centres are often fully booked as soon as appointments are posted online.
- Difficulty accessing sites other than the MUHC for patients with reduced mobility;
- Many MUHC patients have physicians affiliated with the MUHC, as well as others who are not. The test centres do not accept requests from external prescribers (e.g., the patient’s family doctor), even if the patient is already there to have other blood tests ordered by an MUHC physician.
- MUHC patients who visit the MUHC for other reasons (appointments, imaging, treatments) lose the opportunity to use their visit to have blood tests requested by an external physician;
- If MUHC physicians agree to add the blood tests requested by the general practitioner to their own order, the general practitioner may not receive the results;
- Similarly, if the primary care physician adds the blood tests requested by MUHC physicians to their prescriptions to be performed at an external facility, the MUHC physician may not receive the results;

- This directive is particularly restrictive for our Indigenous patients, many of whom are treated at the Tiohtià:ke Indigenous Health Centre (Montreal), located within the Queen Elizabeth Health Centre. These patients were previously sent to the MUHC for blood tests. However, the physicians working there are not affiliated with the MUHC, and these patients no longer have access to our test centres.

The UC requested and obtained approval for a referral to an external prescriber if accompanied by a referral from a prescribing physician affiliated with the MUHC. This only partially alleviates the issue raised by the restrictions imposed by the 2024 directive, but it is a step in the right direction. The UC continues to advocate on behalf of users of the Tiohtià:ke Indigenous Health Centre, located within the Queen Elizabeth Health Centre.

### **Parking at Glen**

Supply chain issues at the height of the COVID-19 pandemic forced the facility to store equipment on the fourth level of the underground parking garage. This situation has remained unchanged for more than three years after the pandemic. It causes significant inconvenience for patients, who have difficulty finding parking. It sometimes causes traffic jams at the parking garage entrance. The UC invited the head of the parking department, who came to explain that a committee was being formed to find ways of freeing up space on the fourth level for parking. The UC will monitor this issue, as we have received several complaints. Long lineups persist because there is only one entrance, one exit, and one lane. A traffic attendant at the exit barrier helps keep traffic moving, and paying in advance inside the facility is encouraged.

Regarding electric vehicle charging, non-electric cars often occupy reserved spots, and some charging stations are out of service. The PPP manages the charging stations, and the parking department is understaffed, with the priority given to the exit barrier.

Additionally, more spaces reserved for people with reduced mobility have been added.

### **Wheelchairs**

The shortage of wheelchairs at the entrances to all sites remains a problem, and the UC continues to receive complaints from patients and feedback from volunteers who assist patients. The MUHC has added new wheelchairs to the Glen and MGH fleets. In addition, the MUHC continues to seek solutions, including implementing electronic systems to track equipment and installing wheel-locking devices.

### **Patient Collaboration and Consultations**

Throughout the year, the UC received requests and collaborated on a wide range of projects in its role as a patient consultant. Here are a few examples of these requests:

- Participation in preparations for the Accreditation Canada visit and an interview with Accreditation Canada evaluators;
- Lobbying Santé Québec to exclude non-merged facilities from the election process for the new facility user committees;

- Our resource person’s participation in various consultation forums of the Conseil pour la protection des malades;
- The president’s participation in various consultation meetings of the Conseil pour la protection des malades.

### **Cable TV**

The MUHC has still not secured a television/entertainment provider since the summer of 2025, when the previous provider ceased operations. The Accreditation Canada team highlighted the importance of patients having access to television, particularly for patients with mental health conditions. Nearly a year has passed without the MUHC signing a contract with another provider. This situation has been brought to the attention of senior management by the UC on several occasions.

### **Music Therapy and the MusiArt Choir**

The program nearly came to a halt in April 2026 due to funding issues. The UC contacted management and reached out to the president of the MGH Foundation, their former funder. The Foundation responded quickly, stating that new donors had agreed to support the program for an additional period. The choir continues with the same musicians, but through an external community resource. The UC will continue to monitor the situation to ensure that the therapeutic aspect is maintained and that it is not merely a recreational activity.

### **Geolocation mobile app**

Since the Glen site opened, the UC has received numerous complaints about inadequate signage for site users, who have great difficulty finding their way to their appointments. The presence of volunteers is an asset, but it is not enough to meet the constant demand. The UC therefore decided to look into what was being done elsewhere at a few facilities that have used a mobile geolocation app. After securing the administration’s cooperation, the UC decided to fund the creation of such a tool for Glen’s adult site, with the same product to be created for the pediatric wing through the Children’s Hospital Foundation. The app will allow users to track their route to their destination from the parking lot, the subway exit, or the main entrance. It will also be able to provide this route based on an appointment SMS. The app will outline users’ rights and provide a space for them to share feedback.

### **Access to the Neuro site**

Access to the site for patients has always been problematic, but the closure of the adjacent Royal Victoria Hospital (original site) has further complicated access. What’s more, construction work at that site has created issues at the emergency room entrance reserved for stroke patients, which was blocked for long periods by construction trucks unloading materials. This situation is very concerning, as it can have serious consequences during ambulance transport of a patient requiring care due to a stroke. Every minute counts for a stroke patient and directly impacts the outcome of treatment.

## **9/3 Defending the collective or individual rights and interests of users**

*Please refer to Section 6 of this document for a detailed overview of the activities of the Users' Committee and its subcommittees related to this function.*

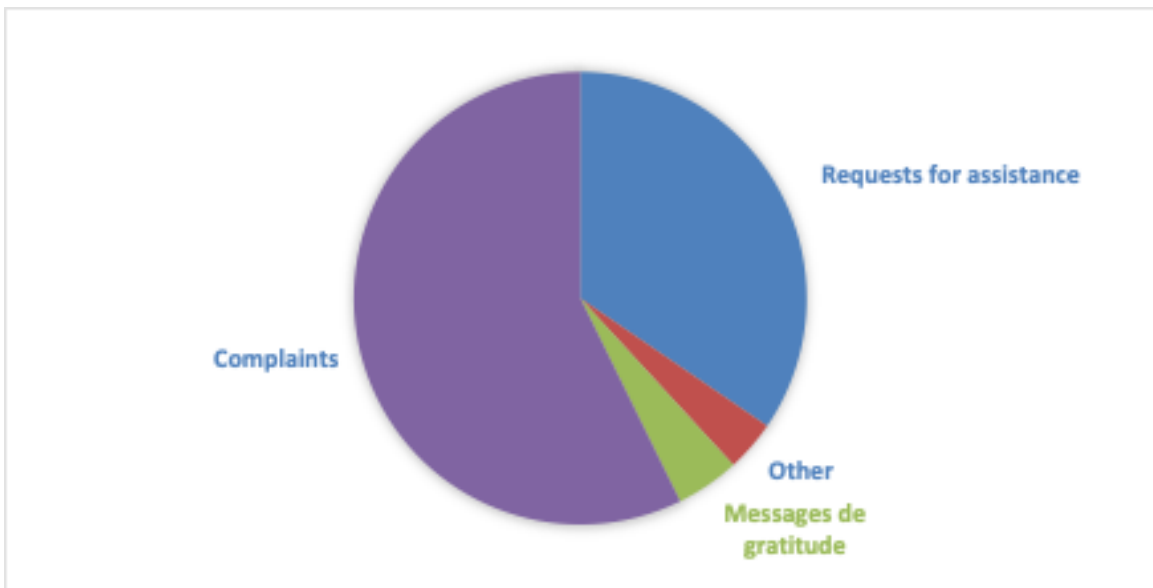
### **Visibility, Social Media, and the MUHC Website**

- For patients to access our services, they must first be aware of our existence and then know how to contact us. To improve the visibility of the Users' Committee (UC) within the MUHC community, the Committee has:
- Printed new roll-up and permanent posters, which have been placed at all MUHC sites. These posters are repositioned regularly to ensure maximum visibility. In addition to the roll-ups with the UC logo and contact information, we now have roll-ups that highlight patient rights and others that welcome the Indigenous communities in Quebec who receive care at the MUHC;
- Ensured that information about the Users' Committee (UC) is displayed on screens in waiting rooms and other strategic locations;
- Distributed brochures on patient rights in English, French, and Indigenous languages at all MUHC sites. In addition, we are committed to making these Indigenous and multilingual brochures available across all front-line services (Cree Patient Services, Ullivik, Hôtel Espresso, etc.) as well as in numerous clinics and organizations in Montreal that serve Indigenous patients.
- Printed and distributed our new UC bookmarks in various locations across all MUHC sites, as well as in the MGH subcommittee's promotional kits;
- Purchased large tablecloths featuring the UC logo for use at events, such as Users' Rights' Week;
- Purchased and distributed 2026 calendars with large print and the UC logo and contact information. The calendars highlight one patient right each month.
- Ensured that the contents of our suggestion boxes were collected at all sites and that they were well-stocked with paper and pencils, including information about the UC;
- Maintained the content of the Users' Committee Facebook page;
- Collaborated with the Communications Department to update the UC page on the MUHC website;
- Set up and staffed information booths at all sites during Patients' Rights Week to inform patients, their families, and caregivers about their rights and how the UC can support them.
- Invited the National Complaint Commissioner during Users' Rights Week to give a presentation on the protection of users' rights within the complaints system
- Purchased vests featuring the UC logo on the front and back, to be worn by UC members. This will increase our visibility at the sites.

**9/4 Accompany and assist, upon request, a user in any action they wish to take, including when they wish to file a complaint**

The majority of communications received concern users seeking assistance or expressing dissatisfaction, particularly by filing a formal complaint.

Category	Number	Percentage
Complaints	189	57%
Requests for assistance	114	35%
Thank-you messages	15	4%
Other	12	4%
<b>Total</b>	<b>330</b>	<b>100%</b>



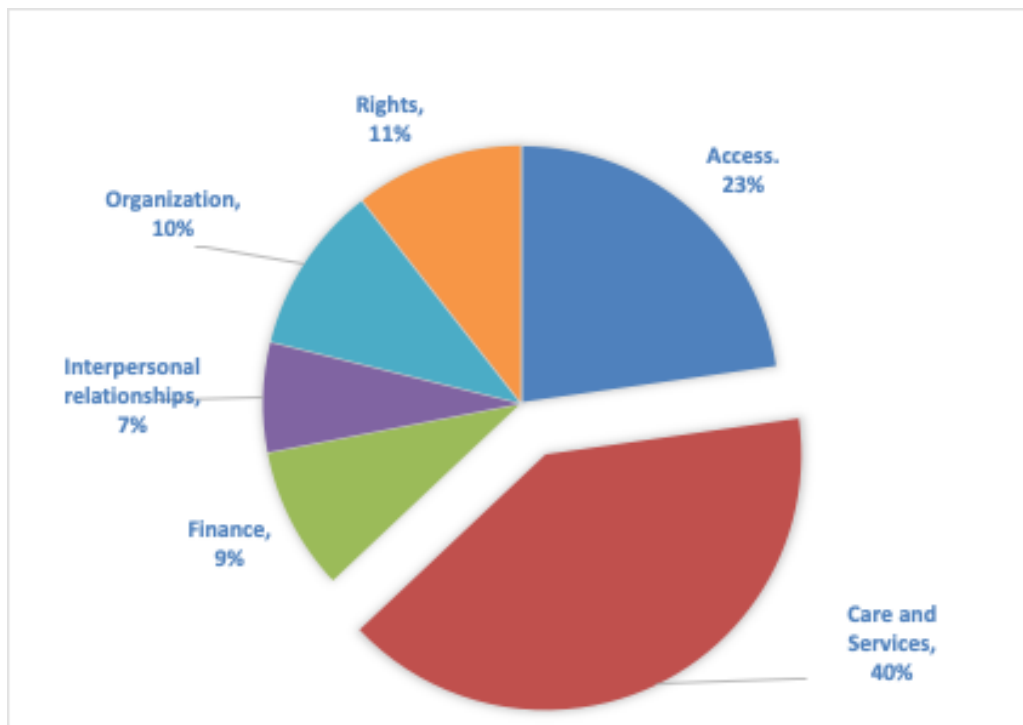
## Complaints:

4 main types of complaints:

1. Care and services (40%)
2. Access to care (23%)
3. Rights (11%)
4. Organization (10%)

## Complaints received in 2025–2026, by category as defined by SIGPAQS\*

Category	Number	Percent
Care and Services	76	40%
Access	43	23%
Rights	20	11%
Organization	20	10%
Finance	17	9%
Interpersonal relationships	30	7%
<b>Total</b>	<b>189</b>	<b>100%</b>



\* SIGPAQS: Système intégré de gestion des plaintes et amélioration de la qualité des services (Integrated System for Complaint Management and Service Quality Improvement). The SIGPAQS web application enables the rapid, integrated management of activities related to the review of complaints filed by users of the health and social services network. It is used primarily by complaint and service quality commissioners. See next page.

## **Definitions and examples of complaints categories based on the MSSS's SIGPAQS :**

**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.*

### Complaints and Requests for Assistance by Site

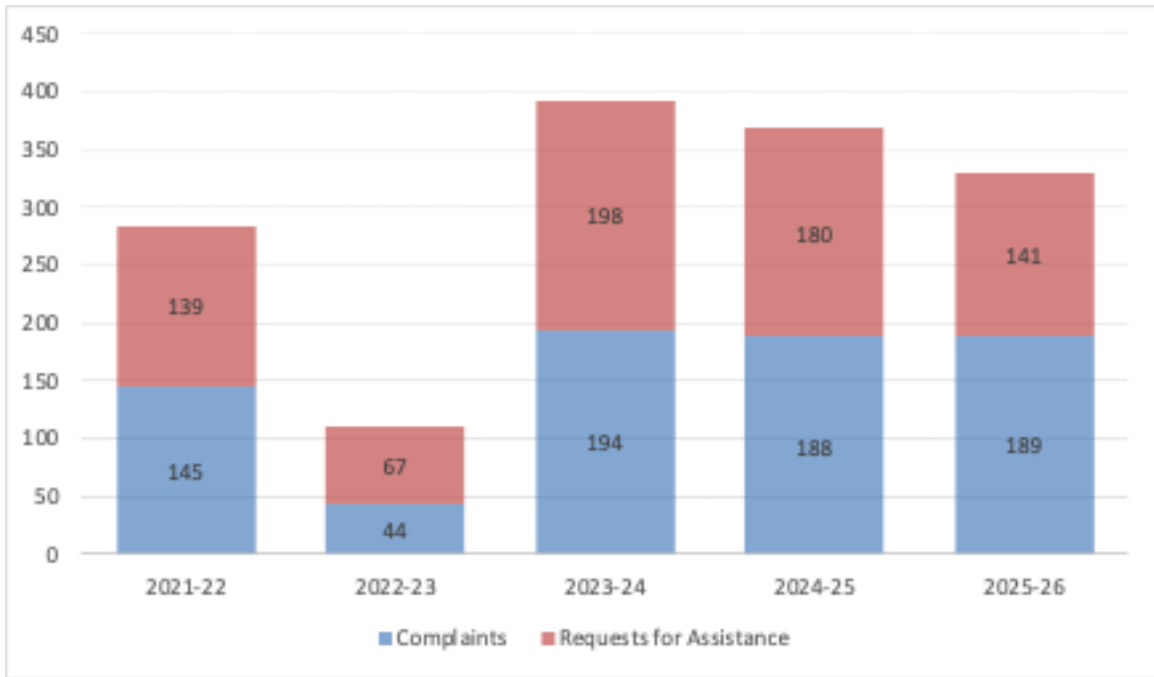
Category	Number	Percentage
Royal Victoria Hospital	95	29%
MUHC (all sites combined / unspecified)	91	28%
Montreal General Hospital	65	19%
Cedars Cancer Centre	25	8%
Montreal Neurological Hospital	10	3%
Allen Memorial Institute	9	3%
Montreal Children's Hospital	8	2%
Montreal Chest Institute	8	2%
Lachine Hospital	8	2%
Others (not affiliated with the MUHC)	4	1%
Ophthalmology Clinic	3	1%
Camille-Lefebvre LTCF	2	1%
Reproductive Centre	2	1%
<b>Total</b>	<b>330</b>	<b>100</b>

**Comparative table of complaints and requests for assistance over the past 5 years\***

<b>Site</b>	<b>2025-26</b>	<b>2024-25</b>	<b>2023-24</b>	<b>2022-23*</b>	<b>2021-22</b>
Ophthalmology Clinic	1 %	1 %	1 %	1 %	0 %
Allen Memorial Institute	3 %	1%	2 %	1 %	0 %
Cedars Cancer Centre	8 %	9 %	10 %	7 %	7 %
Camille-Lefebvre LTCF	1 %	1 %	1 %	0 %	0 %
Lachine Hospital	2 %	2 %	1 %	3 %	3 %
Montreal Children's Hospital	2 %	4 %	4 %	5 %	3 %
Montreal Chest Institute	2 %	1 %	5 %	3%	2 %
Montreal General Hospital	19 %	14 %	20 %	15 %	22 %
Montreal Neurological Hospital	3 %	3%	2 %	4 %	3 %
Reproductive Centre	1 %	1 %	1 %	3 %	1 %
Royal Victoria Hospital	29 %	30 %	32 %	31 %	30 %
Other	1 %	2 %	3 %	3 %	3 %
MUHC (location not specified)	28 %	32 %	18 %	25 %	26 %

\* Data for 2022–2023 covers only 5 months.

### 5-Year Trend in Complaints and Requests for Assistance



### Type of communication with the UC

Type of communication	Number	Percentage
Complaints	189	57%
Requests for assistance	114	35%
Messages of gratitude	15	4%
Other	12	4%
<b>Total</b>	<b>330</b>	<b>100%</b>

### Method of communication with the UC

Method	Number	Percentage
Email	153	46.5%
Phone	140	42.5%
In person	37	11.0%
<b>Total</b>	<b>330</b>	<b>100%</b>

### Source of gratitude messages by site

Site	Number	Percentage
Montreal General Hospital	4	33.5%
Royal Victoria Hospital	4	27%
MUHC (unspecified)	3	20%
Cedars Cancer Centre	1	6.5%
Montreal Children's Hospital	1	6.5%
Montreal Chest Institute	1	6.5%
<b>Total</b>	<b>15</b>	<b>100%</b>

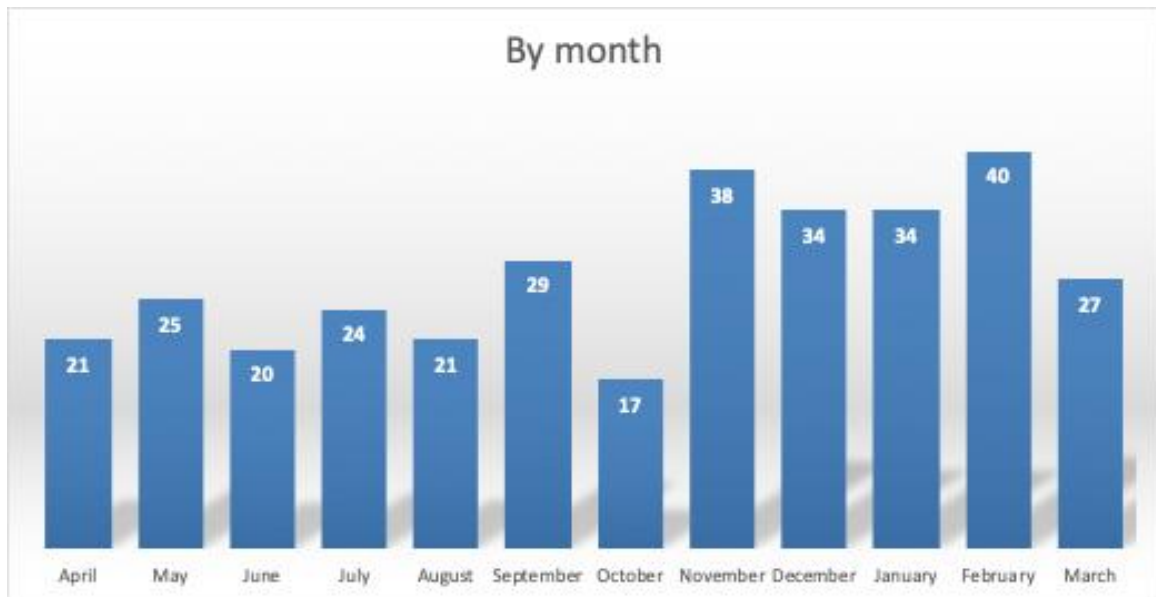
### Relationship to the user of the person who contacted the UC

Relationship to user	Number	Percentage
User*	188	57%
Relative**	83	25%
Friend	4	1%
Caregiver	12	4%
Staff	9	3%
Person living abroad (non-citizen)	20	6%
Unknown	14	4%
<b>Total</b>	<b>330</b>	<b>100%</b>

\* User includes outpatients, inpatients, and patients not covered by RAMQ

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

## Monthly distribution



## Language of communication with the UC

Language of communication	Number of complaints/requests for assistance	Percentage
English	228	69%
French	102	31%
Total	330	100%

## **9/5 Ensure, where appropriate, the smooth operation of the Residents' Committee and ensure that it has the necessary resources to carry out its duties**

*Refer to Section 8 of this document.*

## **9/6 Collaboration with other committees and organizations**

### **Participation in MUHC committees established by law**

- Board of Directors (MUHC) – Marilyn Jarka
- Vigilance and Quality Committee – Marilyn Jarka,
- Council of Nurses – Marilyn Jarka

### **Participation in other MUHC committees**

- Infection Control Committee – Danielle Carter
- Cancer Care Mission Executive Committee – Corey Hoare

### **Membership on committees outside the MUHC**

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

## **9/7 The UC in the Media**

August 27, 2025 – The Montreal Gazette (Journalist: Leora Shertzer)

Headline: MUHC stops using hospital cards: The move is part of a province-wide initiative to modernize and simplify patient care.

<https://montrealgazette.com/news/muhc-stops-using-hospital-cards/>

UC Chair Pierre Hurteau interviewed.

Oct 27, 2025 – CTV news (Journalist: Olivia O'Malley)

Headline: Despite a gag order, doctors are speaking out against Quebec's new law (Topic Bill 2)

<https://www.ctvnews.ca/montreal/article/despite-a-gag-order-doctors-are-speaking-out-against-quebecs-new-law/>

UC Chair Pierre Hurteau interviewed.

Feb 17, 2026 – CBC news (Journalist: Mélissa Francois)

Headline: Montreal General Hospital ranked most deteriorated health facility in Quebec, new data shows

<https://www.cbc.ca/player/play/video/9.7094493>

UC Chair Pierre Hurteau interviewed.

## 10/ COLLABORATION WITH OTHER PARTIES INVOLVED IN THE COMPLAINT REVIEW PROCESS

The UC works closely with the Office of the Complaint and Service Quality Commissioner (also known as the Ombudsman).

- The UC informs users and their loved ones of:
  - Their rights;
  - Their options for recourse if they believe their rights have been violated or their care compromised.
- The UC assists users and their loved ones, upon request, in filing formal complaints with the Complaints Office.
- The UC notes trends among complaints or requests for assistance and reviews them with the Complaints Commissioner.
- The Deputy Commissioner for Complaints and Service Quality attended parts of most of the UC’s monthly meetings.

### Complaints transferred to the Complaint Commissioner

<b>Complaints</b>	<b>Number</b>	<b>Percentage</b>
Transferred to the Complaint Commissioner	115	61%
NOT transferred to the Complaint Commissioner	64	34%
Status unknown	10	5%
<b>Total de plaintes</b>	<b>189</b>	<b>100%</b>

## 11/ ACHIEVEMENTS AND PLANS FOR THE COMING YEAR

The Users’ Committee will focus its attention on the implementation of the Glen-Adult site’s wayfinding mobile app. It will continue to monitor developments in healthcare delivery, particularly regarding access to surgery and specialists, as well as wait times in the emergency room. In collaboration with the Camille-Lefebvre Residents’ Committee, it will ensure that disruptions to recreational services occur less frequently and that food services are improved to meet residents’ legitimate requests.

## **12/ CONCLUSION**

The Users' Committee is composed of a majority of new members following the June 2025 elections. This has not prevented the committee from mobilizing quickly to address users' urgent requests amid budget cuts that are impacting the clientele. The Users' Committee is confronted daily with the dissatisfaction and frustration felt by patients:

- Extended wait times for surgeries/accumulated delays
- Delays in accessing specialists
- Delays in accessing imaging and other diagnostic tests
- Overcrowding and long waits in the emergency department
- Prolonged stays in the emergency department even after admission, due to a lack of available beds in inpatient units or long-term-care facilities.

We appreciate the administration's efforts to address these concerns and recognize the growing challenge posed by the significant budget cuts mandated by Santé Québec.

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

We are confident that the new UC will continue its hard work on the many active projects described in this report and will support all improvements to the quality of services offered by the MUHC as well as the living conditions of residents at the Camille-Lefebvre LTCF. All of this while respecting and defending the dignity, rights, and freedoms of all users, in a spirit of equity, diversity, and inclusion for all.

## **13/ FINANCIAL REPORT**

*Please refer to Appendices 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<sup>ER</sup> AVRIL 2025 AU 31 MARS 2026**

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

<b>NOM DE L'ÉTABLISSEMENT :</b>	<b>Centre universitaire de santé McGill (CUSM)</b>	<b>NUMÉRO DE PERMIS :</b>	1259-9213
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<b>SOLDE DE L'EXERCICE PRÉCÉDENT</b> (Surplus / (Déficit), au début de l'exercice visé)	<b>(a)</b>	174,702 \$
<b>BUDGET TOTAL ALLOUÉ PAR L'ÉTABLISSEMENT AU COMITÉ DES USAGERS</b> (Au cours de l'exercice visé)	<b>(b)</b>	95,733 \$
<b>TOTAL AUTRES MONTANTS REÇUS</b> (Au cours de l'exercice visé) (ex.: SOMMES VERSÉES PAR D'AUTRES CU POUR DES PROJETS COMMUNS) <i>Veuillez préciser en annexe</i>	<b>(c)</b>	
<b>DONS</b> (Lorsqu'un don est destiné spécifiquement à un CU, l'établissement doit rendre la totalité de ce montant disponible au CU concerné sans amputer son financement annuel).	<b>(d)</b>	
<b>TOTAL DES REVENUS</b> (a)+(b)+(c)+(d)=(e)	<b>(e)</b>	<b>270,435 \$</b>

<b>1. DÉPENSES GÉNÉRALES</b>		
Soutien professionnel		137,498 \$
Fournitures de bureau (papeterie, photocopies, etc.)		13,539 \$
Publication de documents du comité		4,103 \$
Communications interurbaines		1,119 \$
Frais de recrutement		
Formations des membres du comité		
Colloques, congrès, conférences		2,999 \$
Frais de déplacement, hébergement		882 \$
Frais postaux		
Allocation personne-ressource		
Abonnements revues et journaux		1,126 \$
Cotisation à un regroupement représentant les comités d'usagers		
Autres (précisez) :		
Autres (précisez) :		
Autres (précisez) :		
Autres (précisez) :		
Autres (précisez) :		
<b>Dépenses spécifiques réalisées avec les dons (d), s'il y a lieu (Veuillez préciser en annexe)</b>	<b>(f)</b>	

<b>2.A - DÉPENSES SPÉCIFIQUES RELIÉES AU MANDAT DU COMITÉ DES USAGERS DU CENTRE INTÉGRÉ</b>		
<b>REPRÉSENTATION</b>		
Précisez :		
Précisez :		
Précisez :		
Précisez :		
<b>COORDINATION</b>		
Précisez :		
Précisez :		
Précisez :		
Précisez :		
<b>HARMONISATION</b>		
Précisez :		
Précisez :		
Précisez :		
Précisez :		

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

### RENSEIGNER SUR LES DROITS ET OBLIGATIONS

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

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


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

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

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


### ÉVALUER LE DEGRÉ DE SATISFACTION DES USAGERS

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

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


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

Activités de promotion sur la défense des droits  
 Honoraires professionnels

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


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

Frais de déplacement  
 Honoraires professionnels

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


<b>TOTAL DES DÉPENSES</b>	<b>(g)</b>	<b>161,266 \$</b>
<b>SOLDE DES DONS</b> (d)-(f)=(h)	<b>(h)</b>	<b>- \$</b>
<b>SOLDE AU 31 MARS 20__</b> (Surplus / (Déficit), à la fin de l'exercice visé) (e)-(g)-(h)=(i) <i>Le solde dans la ligne (i) représente le montant devant être récupéré par l'établissement</i>	<b>(i)</b>	<b>109,169 \$</b>

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

EXERCICE FINANCIER DE LA PÉRIODE DU : 1<sup>ER</sup> AVRIL 2025 AU 31 MARS 2026

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)	174,702 \$
REVENU REPORTÉ MIS À LA DISPOSITION DES CU (CUCI) POUR LE PRÉSENT EXERCICE FINANCIER (a)=(b)	(b)	174,702 \$

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:	Comité des usagers du Centre Universitaire de Santé McGill (CUSM)	
Projet:	Application de géolocalisation	
Précisez :	Pour aider les usagers à se retrouver au Site Glen	65,533 \$
Nom du comité:		
Projet:		
Précisez :		
Nom du comité:		
Projet:		
Précisez :		
Nom du comité:		
Projet:		
Précisez :		

TOTAL DES DÉPENSES	(c)	65,533 \$
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)	109,169 \$