



**BY-LAW GOVERNING THE COMPLAINT EXAMINATION PROCEDURE AT
THE MCGILL UNIVERSITY HEALTH CENTRE**

Approved : January 31, 2011

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PART 1 – GENERAL PROVISIONS

1. Purpose and Scope

The purpose of this by-law is to establish the procedure (the “Procedure”) for examining complaints at the McGill University Health Centre (“MUHC”) and External Resource associated with it, in compliance with *An Act respecting health services and social services*.

2. Responsibility of Application

The Local Service Quality Complaints Commissioner is responsible for applying the Complaint Examination Procedure.

3. Definitions

In this by-law, unless the context indicates otherwise, the following definitions apply:

Agence – Agence de la santé et des services sociaux de Montréal;

Assistance Organization– An organization mandated by the Minister to assist and support, on request, a User wishing to file a Complaint with the MUHC or the Public Protector; it includes *Le Centre d'assistance et d'accompagnement aux plaintes-(CAAP)*;

Board - The Board of directors of the MUHC;

CPDP – The MUHC’s Council of Physicians, Dentists and Pharmacists;

Complaint – A verbal or written expression of dissatisfaction made by a User to the Local Commissioner regarding health or social services the User received, ought to have received, is currently receiving or requires from the MUHC or an External Resource including where applicable a complaint regarding Physicians, Dentists, Pharmacists or Residents;

Complaint Record: a record which contains all information and documents referred to in section 49 herein;

Complaint regarding Physicians, Dentists, Pharmacists or Residents – A verbal or written expression of dissatisfaction made by any person, to the Local Service Quality Complaints Commissioner or to the Medical Examiner regarding the conduct, behaviour or competence of a physician, dentist, pharmacist or resident of the MUHC or of an External Resource as well as dissatisfaction regarding the quality of an act performed as part of the professional activities of such a professional;

Executive Director – The Executive Director of the MUHC;

External Resource – An intermediary or family-type resource or any other organization, agency or person mandated by the MUHC as a service provider for the MUHC;

Healthcare Worker – Any MUHC employee, trainee, Midwife or volunteer working at the MUHC, as well as any physician, dentist, pharmacist or resident required to intervene with a User as part of his/her duties or profession;

Local Commissioner – The Local Service Quality Complaints Commissioner, or Assistant Local Commissioner, appointed by the Board of Directors of the MUHC;

Medical Examiner – A physician appointed by the Board of Directors of the MUHC for the purpose of the examination procedure applicable to complaints regarding Physicians, Dentists, Pharmacists, or a Residents;

Midwife- A midwife having entered into a service contract with the MUHC under section 259.2 of the Act;

Minister – The Minister of Health and Social Services;

Professional- A physician, dentist, pharmacist or resident of the MUHC or of an External Resource;

Professional Employee - A person employed by the MUHC or by an External Resource who is also a member of a professional order recognised under the Professional Code;

Review Committee – The Committee formed by the Board of Directors of the MUHC to review the Medical Examiner’s handling of a complaint regarding Physicians, Dentists, Pharmacists or Residents;

Services – The health or social services offered by the MUHC, or an external resource including services provided by physicians, dentists, pharmacists and residents;

The Act – An Act respecting health services and social services (R.S.Q., c. S-4.2);

The Public Protector – The Public Protector appointed under the *Public Protector Act* (R.S.Q.,c.P-32) who exercises the functions of Health and Social Services Ombudsman in accordance with the *Act respecting the health and social services ombudsman* (R.S.Q., c. P-31.1);

The Vigilance and Quality Committee –The Vigilance and Quality Committee created by the Board of Directors of the MUHC in accordance with the Act;

User – Any person, who received, should have received, is receiving or requires the services of the MUHC; where applicable, this term includes any User Representative, as well as any heir or legal representative of a deceased User. In the case of a Complaint regarding Physicians, Dentists, Pharmacists or Residents, the word “User” may include a person other than a User or legal representative making such complaint regarding Physicians, Dentists, Pharmacists or Residents. Where applicable, “User” refers to the person who filed a complaint or an application for review to the Review Committee;

User Representative – Any person recognized as a User Representative pursuant to the Act. It includes, according to the circumstances and subject to the priorities provided for in the Civil Code of Quebec:

1. The holder of parental authority of a User who is a minor or the User's tutor;
2. The curator, tutor, spouse or close relative of a User of full age under legal incapacity;
3. An authorized person mandated by the incapable User of full age before his incapacity; and
4. A person proving that he has a special interest in the User of full age under legal incapacity.

PART 2 – THE COMPLAINT

4. Making a Complaint

When a User expresses the intention of making a complaint either in writing or verbally, the User shall be directed to the Local Commissioner. All healthcare workers must provide the User with the information required to obtain quick access to the services of the Local Commissioner.

5. Contents of a Complaint

The complaint shall contain the following information:

- Date of the complaint;
- User's family name, first name, address and telephone number(s) and hospital room number, where applicable;
- Family name, first name, address and telephone number of the User's Representative if different from the User;
- Family name, first name, address and telephone number of the person other than the User or User representative filing a Complaint regarding Physicians, Dentists, Pharmacists or Residents;
- Relationship between the User's Representative and the User;
- User's hospital medical record number, where applicable;
- Family name, first name, address and telephone number(s) of the representative of the assistance organisation assisting the User, where applicable;
- A summary of the facts;
- The reason for the User's dissatisfaction and
- The expected outcome, where applicable.

6. Assistance to the User

The Local Commissioner must provide assistance or ensure that assistance is provided to the User for making a complaint or for any further action related to the complaint including an application for review by the Review Committee.

The Local Commissioner shall inform the User on the possibility of being assisted and supported by an Assistance Organization.

All Users are entitled to be supported and assisted by the person of their choice.

7. Information for the User

At the User's request, the Local Commissioner shall provide all information regarding the application of the Complaint Examination Procedure. Moreover, the Local Commissioner shall inform the User of the legal protection afforded to any person who collaborates in the examination of a complaint.

8. Opening of a Complaint Record

Upon the receipt of a complaint, the Local Commissioner records the date on the relevant form and opens a complaint record.

9. Notice of Receipt

Unless the complaint is answered within 72 hours of the receipt of the complaint, the Local Commissioner must within five days of such receipt, send to the User a written notice indicating:

- The date on which the complaint was received;
- The date upon which the complaint was transferred to the Medical Examiner, if it concerns a complaint regarding Physicians, Dentists, Pharmacists or Residents;
- The name of the pertinent Assistance Organization, where applicable;
- The delay prescribed by law within which the Local Commissioner or the Medical Examiner must examine the complaint and send conclusions, that is to say not later than 45 days after the date the complaint was received or, where applicable, after the date the complaint was transferred to the Medical Examiner;
- A statement that the failure to communicate the conclusions of the examination of the complaint within such delay entitles, the User to apply to the Public Protector or, in the case where the Medical Examiner fails to do so, entitles the User to apply to the Review Committee;
- Available recourses to the Public Protector or the Review Committee as the case may be, when the User is not in agreement with the conclusions of the Local Commissioner or of the Medical Examiner.

10. Transfer of the Complaint to the Medical Examiner

In the case of a complaint regarding Physicians, Dentists, Pharmacists or Residents, the Local Commissioner transfers it without delay to the Medical Examiner along with any related documents. A complaint regarding Physicians, Dentists, Pharmacists or Residents shall be processed in accordance with section 4 of this by-law.

However, if the complaint regarding Physicians, Dentists, Pharmacists or Residents concerns administrative or organizational problems that involve medical, dental or pharmacy services, it shall be examined by the Local Commissioner, unless, after having consulted the Medical Examiner, the Local Commissioner is of the opinion that the complaint concerns one or more physicians, dentists, pharmacists or residents, in which case the complaint is transferred to the Medical Examiner.

11. Notice to an External Resource

When a Complaint concerns services provided by an External Resource, the Local Commissioner shall inform such External Resource of the receipt of the complaint. If the complaint is in writing, the Local Commissioner sends a written notice to the concerned External Resource or if the Local Commissioner is of the opinion that no prejudice will be caused to the User, forwards a copy of the complaint to the External Resource. If the complaint is verbal, the External Resource is to be informed verbally.

PART 3 – PROCESSING OF THE COMPLAINT BY THE LOCAL COMMISSIONER

12. Admissibility of the Complaint

The Local Commissioner evaluates the admissibility of the complaint by ensuring that it was made by a User and that it concerns services offered by the MUHC or by an External Resource.

If a person other than the User has made the complaint, the Local Commissioner must ensure that the User, or User Representative, has authorized the filing of the complaint or that the person is a User Representative.

13. Complaint Outside the MUHC’s Jurisdiction

When a complaint or the subject of a complaint does not fall under the MUHC’s jurisdiction, the Local Commissioner may notify the competent authority, with the consent of the person in question.

14. Complaint that is Frivolous, Vexatious, or Made in Bad Faith

The Local Commissioner may dismiss a complaint which, in his opinion is frivolous, vexatious or made in bad faith. Where applicable, the Local Commissioner shall inform the User and, if the complaint is in writing, the Local Commissioner shall, so inform the User in writing. The Local Commissioner places a copy of the decision in the Complaint Record.

15. Notice of Examination

The Local Commissioner must notify without delay the User and the relevant authority at the MUHC and, where applicable, the authority at the External Resource, responsible for the services that are the subject of the complaint, of his decision to undertake an examination. The notice must state that each of the parties may present their observations.

16. Examination

The Local Commissioner examining a complaint must evaluate the basis of the complaint and, given the facts and circumstances surrounding the complaint, may suggest to the parties involved any solution likely to mitigate the consequences or avoid a recurrence of the situation. The Local Commissioner may also make any recommendations deemed appropriate.

17. Calling a Meeting

The User and any other person, including any healthcare worker and any member of the CPDP, must supply all information and, subject to provisions of the Act, all documents required by the Local Commissioner for examining a complaint or intervening, and provide access to and the communication of the information or documents contained in the User's record; all such persons must also, unless they have a valid excuse, attend any meeting called by the Local Commissioner.

18. Users' Medical Record

The Local Commissioner has access to the User's medical record and all the information and documentation contained therein.

19. Consultations

The Local Commissioner may consult with any person whose expertise he requires including, with the Board's authorization, any expert from outside of the MUHC.

20. Disciplinary Issues

If questions of a disciplinary nature in relation to a practice or conduct of a personnel member of the MUHC or External Resource are raised during the examination of the complaint, the Local Commissioner brings these questions to the relevant authority of the MUHC or of the External Resource for further investigation, follow-up or any other appropriate action.

The relevant authority of the MUHC or of the External Resource must proceed with diligence and periodically report to the Local Commissioner on the progress of the investigation.

The Local Commissioner must be informed of the outcome of the investigation and, where applicable, of any disciplinary measure taken against the personnel member in question. The Local Commissioner must in turn inform the User in writing.

21. Conclusions and Deadline

The Local Commissioner must proceed with diligence in examining the complaint and must, not later than 45 days after receiving the complaint, inform the User, and where applicable, the Board and the authorities concerned, of his conclusions, including reasons and, if any, of his recommendations to those authorities.

The Local Commissioner must also inform the User of the available recourses to the Public Protector and the manner to exercise these recourses.

22. Presumption

If the Local Commissioner fails to communicate his conclusions within the deadline stipulated in section 21 above, the Local Commissioner shall be deemed to have communicated a negative conclusion to the User on the date of expiry of the time limit. Such failure gives rise to the right to apply to the Public Protector.

23. Follow-up of the Local Commissioner's Recommendations

The Vigilance and Quality Committee is responsible for insuring the follow-up, with the Board, of the recommendations of the Local Commissioner. It examines all recommendations and reports sent to the Board by the Local Commissioner. The Vigilance and Quality Committee may make recommendations to the Board on the action to be taken following the Local Commissioner's recommendations in order to improve the quality of User services as well as User satisfaction and respect of Users' rights.

24. Complaint against a Professional Employee or a Midwife

The Local Commissioner may inform the Board that a complaint has been filed against a professional employee or against a Midwife, when justified by the seriousness of the complaint. The Board may transmit such complaint to the relevant professional order if justified in the opinion of the Board by the gravity of the complaint.

If a disciplinary measure is taken further to a complaint against a professional employee, the Executive Director of the MUHC shall inform, the relevant professional order in writing. The Local Commissioner shall also be informed who in turn shall inform the User in writing.

PART 4 – PROCESSING OF THE COMPLAINT BY THE MEDICAL EXAMINER

25. Preliminary Examination

As soon as possible after receiving a complaint regarding Physicians, Dentists, Pharmacists, or Residents, the Medical Examiner shall conduct a preliminary evaluation to determine the most appropriate method of processing the complaint in light of the information at hand.

According to the nature of the facts and their significance in terms of the quality of medical, dental or pharmaceutical care or services, the Medical Examiner may decide whether to:

- a. Examine the complaint in accordance with this section;
- b. Where the complaint concerns a physician, dentist or pharmacist who is a member of the CPDP, refer the complaint to the CPDP for a disciplinary investigation by a committee established for that purpose, and transmit a copy of the complaint to the professional concerned;

- c. Where the complaint concerns a resident and raises questions of a disciplinary nature, refer the complaint, with a copy to the resident, to the relevant authority; or
- d. Dismiss the complaint if, in the Medical Examiner's opinion, it is frivolous, vexatious or made in bad faith.

26. Collaboration with the Local Commissioner

Where a complaint is examined by the Local Commissioner, the Medical Examiner must collaborate to find solutions to the administrative or organizational problems underscored by the complaint.

27. Complaint that is Frivolous, Vexatious or Made in Bad Faith

If the Medical Examiner decides to dismiss the complaint because in his opinion it is frivolous, vexatious or made in bad faith, he must inform in writing if the complaint is written, the User who made the complaint and the Local Commissioner. A copy of his decision is placed in the Complaint Record.

28. Referral for Disciplinary Investigation

If, after a preliminary evaluation, the Medical Examiner decides to refer the complaint to the CPDP for disciplinary investigation, he must transmit a copy of the complaint to the professional concerned. He must also inform, in writing if the complaint is in writing, the User who made the complaint and the Local Commissioner of his decision to refer the complaint to the CPDP. A copy of his decision is placed in the Complaint Record.

If, after a preliminary evaluation, the Medical Examiner decides to refer the complaint against a resident to the relevant authority, he must transmit a copy of the complaint to the resident and the relevant authority. He must also inform, in writing if the complaint is written, the User who made the complaint and the Local Commissioner of his decision to refer the complaint to the relevant authority. A copy of his decision is placed in the Complaint Record.

29. Notice of Examination

If, after conducting a preliminary evaluation of a complaint, the Medical Examiner decides to proceed with an examination, he must immediately notify in writing, if the complaint is in writing, the User and the Local Commissioner.

The Medical Examiner must also notify the professional concerned of his decision to undertake an examination and send him a copy of the complaint.

The notice of examination must state that the User and the professional are allowed to present their observations during the examination of the complaint.

The notice sent to the professional person named in the complaint must state that he/she shall have access to the User's Complaint Record.

30. Examination, Conciliation and Recommendation

The Medical Examiner shall examine the complaint within 45 days of its referral and attempt to conciliate the interests involved. He may suggest to the parties any solution likely to mitigate the consequences or avoid a recurrence of the situation. The Medical Examiner may also make any recommendations deemed appropriate.

The Medical Examiner may consult any person whose expertise the Medical Examiner requires, including, with the authorization of the Board, an expert from outside the MUHC.

The User and the professional must be allowed to present observations during the examination of the complaint. The professional shall have access to the User's Complaint Record.

31. Calling a Meeting

The Medical Examiner may call to a meeting the User and any person including any member of the personnel of MUHC or of an External Resource, any Midwife or any member of the CPDP. Such person, barring a valid excuse, must attend the meeting and must provide all information and documents required by the Medical Examiner for examining the complaint.

32. Users' Medical Record

The Medical Examiner has access to the User' medical record and to any information or documents contained therein.

33. Referral for Disciplinary Investigation during Examination

If, during his examination of a complaint against a professional other than a resident, the Medical Examiner is of the opinion that due to the nature of the facts under examination and their significance in terms of the quality of medical, dental or pharmaceutical care or services, the complaint ought to be transferred for disciplinary investigation to the CPDP, he shall send a copy of the complaint and of the record to the CPDP. He must also inform the User, the professional concerned and the Local Commissioner of his decision to do so. A copy of his decision is placed in the Complaint Record.

If during his examination of a complaint against a resident, it appears that such complaint raises questions of a disciplinary nature and ought to be transferred to the relevant authority, the Medical Examiner must send a copy of the complaint and of the Complaint Record to the relevant authority. He must also inform the User, the resident concerned and the Local Commissioner of his decision to do so. A copy of his decision is placed in the Complaint Record.

34. Conclusions and Deadline

The Medical Examiner must proceed with diligence in examining the complaint. Not later than 45 days after receiving the complaint from the Local Commissioner, he must transmit his conclusions including reasons in writing to the User, the professional concerned and the Local Commissioner together with any appropriate recommendations, if any.

The Medical Examiner must also inform the User of the conditions and the procedure for applying to the Review Committee.

35. Presumption

If the Medical Examiner fails to communicate his conclusions to the User within 45 days after being referred a complaint, the Medical Examiner shall be deemed to have communicated negative conclusions to the User on the date of expiry of the time limit. Such failure gives rise to the right to apply to the Review Committee

PART 5 - REVIEW OF THE MEDICAL EXAMINER'S HANDLING OF A USER'S COMPLAINT BY THE REVIEW COMMITTEE

36. Application for a Review

The User who disagrees with the conclusions of the Medical Examiner, may apply for review by the Review Committee.

The professional concerned by the complaint may also apply for review of the Medical Examiner's conclusions.

This application may be verbal or written and must be addressed to the chair of the Review Committee.

No application for review by the Review Committee can be made with respect to the Medical Examiner's decision to dismiss the complaint as frivolous, malicious or made in bad faith or with respect to his decision to refer the complaint for disciplinary investigation to the CPDP or the relevant authority in case of a resident.

The Local Commissioner must give assistance or see to it that assistance is given to Users who require assistance for the formulation of their application for review or for any further step related thereto.

37. Deadline

The application for a review must be made within 60 days of the receipt of the Medical Examiner's conclusions or of the time where the conclusions are deemed to have been sent.

The time limit is definitive, unless the User or the professional concerned proves to the Review Committee that it was impossible to act sooner.

38. Notice of Receipt

The chair of the Review Committee must send to the person who filed the application for review a written notice of the date of receipt of such application for review. The notice must state that the User, the professional concerned and the Medical Examiner may present their observations.

The President of the Review Committee must send a copy of the application to the Medical Examiner, the Local Commissioner, the professional concerned or, when an application for review was made by the professional concerned, to the User who filed the complaint.

39. Transmission of Complaint Record

Within five days of receipt of the application for review, the Medical Examiner must transmit to the President of the Review Committee, the entire Complaint Record.

40. Scope of Review

The Review Committee must study the complete Complaint Record and review the handling of the User complaint by the Medical Examiner.

The Review Committee must examine whether the complaint was examined properly, diligently and equitably. It must also examine whether the reasons for the Medical Examiner conclusions, if any, are based on the enforcement of the User's rights and compliance with standards of professional practice.

41. Calling a Meeting

The Review Committee may call to a meeting the User and any person including any member of the personnel of MUHC or of an External Resource, any Midwife or any member of the CPDP. Such person, barring a valid excuse, must attend the meeting and must provide all information and documents required by the Review Committee.

The Review Committee must allow the User, the professional and the Medical Examiner concerned to present observations.

42. Users' Medical Record

The Review Committee has access to the Users' medical record and to any information or documents contained therein.

43. Decision and Deadline

Within 60 days after receiving an application for review, the Review Committee must communicate to the User, the Professional concerned, the Medical Examiner and the Local Commissioner a written opinion including its reasons. The Review Committee's decision may include a dissenting opinion.

The Review Committee must either:

- a) Confirm the conclusions of the Medical Examiner;
- b) Order the Medical Examiner to carry out a supplementary examination within the time specified by the Review Committee and require that the Medical Examiner send his new conclusions to all the parties involved as well as to the Local Commissioner;
- c) Forward a copy of the complaint and of the Complaint Record for disciplinary investigation to the CPDP or the relevant authority in the case of a complaint against a resident; or
- d) Recommend to the Medical Examiner or to the parties themselves measures aimed at conciliating their interests.

44. Final Decision

The Review Committee's decision is final.

PART 6 – REFERRAL OF A COMPLAINT TO THE CPDP FOR DISCIPLINARY INVESTIGATION

45. User's observations

In the case where the Medical Examiner or the Review Committee decides to refer the complaint for disciplinary investigation to the CPDP, the User shall have the right to present his observations during such an investigation.

46. Follow-up Report

The Medical Examiner shall be kept informed of the progress of the investigation on a regular basis. He must in turn inform the User periodically, or at least every 60 days, on the progress of the investigation.

47. Conclusions of the CPDP

If, following its investigation, the CPDP is of the opinion that no disciplinary measures are called for, the CPDP shall communicate its conclusions, including reasons, to the professional concerned, to the Medical Examiner and, when the complaint was referred to the CPDP by the Review Committee, also to the Review Committee.

As per paragraph 3 of section 58 of the Act, when the CPDP is of the opinion that the Board should impose disciplinary measures, the Executive Director of the MUHC shall notify the professional concerned and the Medical Examiner of the Board's decision and reasons therefore. When the complaint was referred to the CPDP by the Review Committee, the Executive Director shall also notify the Review Committee. In all cases the Medical Examiner must in turn inform the User, in writing, in the case of a written complaint and the Local Commissioner.

If warranted in its opinion by the gravity of the complaint, the Board shall transmit the complaint to the professional order concerned.

If the Board takes disciplinary measures against the professional, the Executive Director of the MUHC shall notify the professional order concerned in writing. In such a case the Medical Examiner shall inform the User and the Local Commissioner in writing.

PART 7 - USER'S COMPLAINT RECORD

48. Preparing the Complaint Record

The Complaint Record is prepared and kept by the Local Commissioner or, where applicable, by the Medical Examiner. The Complaint Record is confidential and can only be accessed in accordance with the provisions of the Act.

49. Contents of the Complaint Record

The Complaint Record contains:

- a) The complaint of the User as stipulated in section 5 above;
- b) The notice of receipt;
- c) The conclusions and recommendations of Local Commissioner;
- d) The conclusions and recommendations of the Medical Examiner;
- e) The conclusions and recommendations Review Committee; and
- f) Any other document relevant to the complaint and its processing, by the Local Commissioner and, where applicable, by the Medical Examiner or the Review Committee.

50. Transmission to the Public Protector

Within five days of receiving a request from the office of the Public Protector, the Local Commissioner must send to the Public Protector, a complete copy of the Complaint Record.

51. Prohibition

No document contained in a Complaint Record may be placed in the MUHC's employee record or in a CPDP member's record.

However, the reasoned conclusions and accompanying recommendations made by the Medical Examiner and where applicable, by the Review Committee must be placed in the file of the CPDP member concerned by the complaint.

52. Conservation and Destruction

After being closed, the User's Complaint Record must be kept for the period stipulated in the MUHC's by-laws. At the end of this period, the Local Commissioner must ensure that the Complaint Record is destroyed.

PART 8 – ANNUAL REPORTS AND FINAL PROVISIONS

53. Annual Report of the Board of Directors

Once a year and whenever so required by the *Agence*, the Board must report to the *Agence* on the application of the Complaint Examination Procedure, on User satisfaction and on the enforcement of User rights.

The report shall incorporate a summary of the activities of the Local Commissioner, the Medical Examiner's report and the Review Committee's report.

The Report must describe the reasons for the complaints received and indicate, in respect of each type of complaint:

- a) The number of complaints received, dismissed upon summary;
- b) Examination, examined, refused or abandoned since the last report;
- c) The time taken for the examination of complaints;
- d) The actions taken following the examination of complaints; and
- e) The number of complaints that gave rise to an application to the Health Services Ombudsman and the reasons for those complaints.

The report must also give an account of any action recommended by the Local Commissioner and indicate any action taken to improve User satisfaction and foster the enforcement of User rights.

The Board shall also include in the report, where required, any mandatory objectives relating to the enforcement of User rights and the diligent handling of User complaints.

54. Annual Report of the Local Commissioner

The Local Commissioner must send to the Board an Annual Report specifically describing the number of complaints received, rejected on summary evaluation, evaluated or abandoned, as well as the grounds for these complaints. The Annual Report must indicate the duration of the examinations, the follow-up and the number of and grounds for complaints leading to recourse with the Public Protector.

The Annual Report must also contain the recommendations of the Local Commissioner for improving the quality of care and services provided and the respect of the Users' rights. The Annual Report may contain any other recommendation the Local Commissioner deems appropriate.

55. Annual Report of the Medical Examiner

At least once a year or whenever warranted in his opinion, the Medical Examiner must submit to the Board, to the CPDP and the Local Commissioner a report on the reasons for the Complaints regarding Physicians, Dentists, Pharmacists or Residents, his recommendations, in particular those for the improvement of the quality of medical, dental and pharmaceutical care or services.

The Annual Report must also contain the Medical Examiner's recommendations for improving the quality of care and services provided. The Annual Report may contain any other recommendations that the Medical Examiner deems appropriate. A copy of this Annual Report must be sent to the Local Commissioner.

56. Annual report of the Review Committee

At least once a year or whenever warranted, the Review Committee must submit to the Board, to the CPDP and the Local Commissioner, a report on the reasons for the complaints having given rise to an application for review, its conclusions and on the speed of its review process and its recommendations if any, in particular those related to the improvement of the quality of medical, dental and pharmaceutical care or services.

The Annual Report may also contain the Review Committee's recommendations for improving the quality of care and services provided. The Annual Report may contain any other recommendation the Review Committee deems appropriate. A copy of this report must be sent to the Local Commissioner.

57. Reprisals

The Local Commissioner, the Medical Examiner or the Review Committee must intervene immediately and in the manner deemed most appropriate, when informed that a person who has made or who intends to make a complaint has suffered reprisals of any nature.

58. Effective date

This by-law and any amendments thereto, are effective the day of their approval by the Board of the MUHC January 31, 2011.