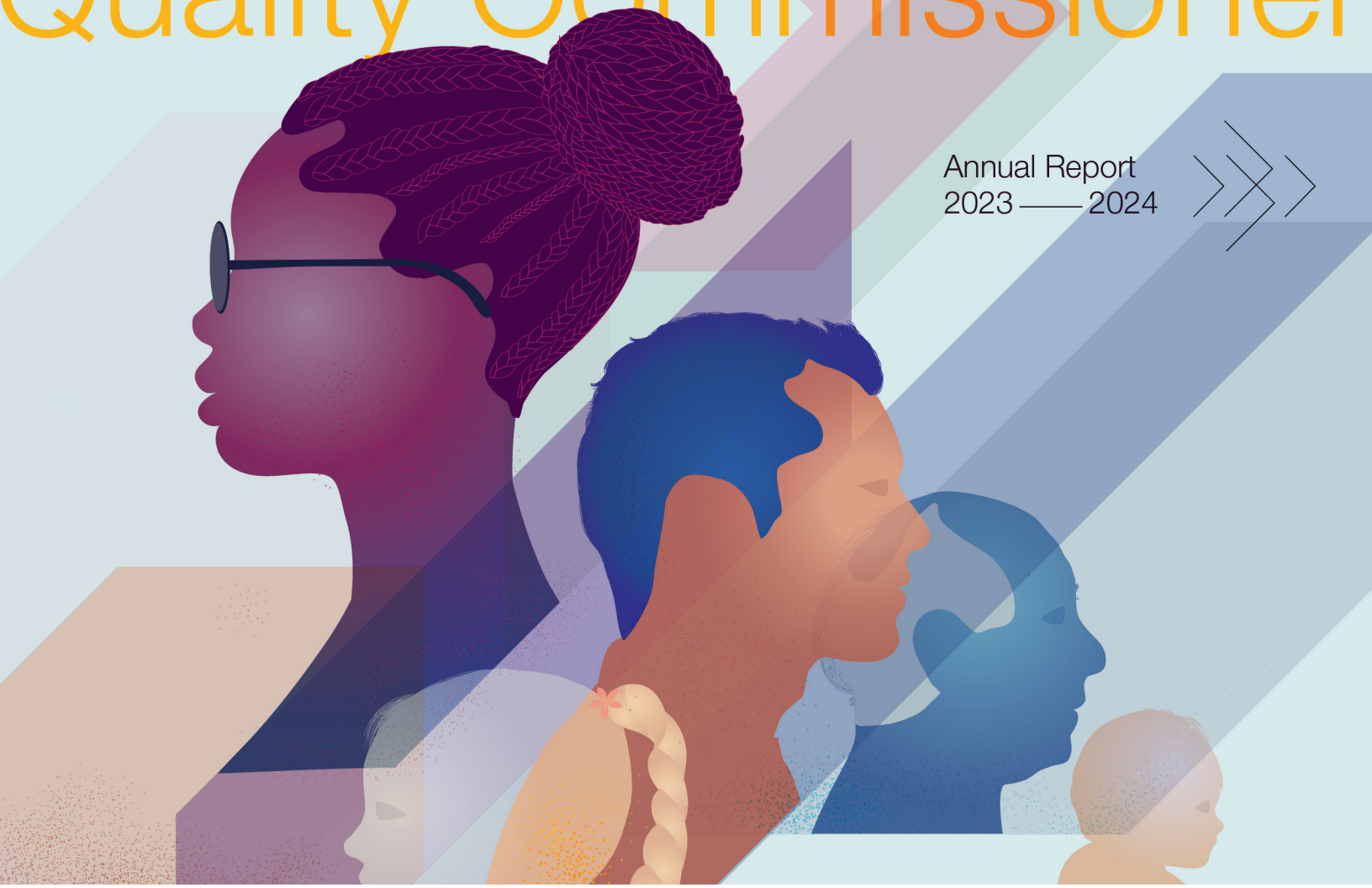
MUHC Office of the Ombudsman — Complaints and Quality Commissioner

Annual Report
2023 —— 2024



Centre universitaire de santé McGill

McGill University Health Centre

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Messages

Message from the MUHC Ombudsman

This year represents the final report from our office before our integration into the new Santé Québec employer following the adoption of la *Loi sur la gouvernance du système de santé et de services sociaux* on December 9, 2023.

This integration is anticipated in the second half of 2024 and will come with some changes for the Quebec complaint examination system. What used to be a provincial Advisory Commissioner as a resource for local commissioners will now become a National Complaints Commissioner with greater oversight with the objective to harmonize, standardize, coordinate, and use the provincial data to identify national and regional trends. This will extend to having a National Vigilance Committee which will play a key role in reviewing recommendations formulated by the National Complaints Commissioner and the Protecteur du citoyen's Health and Social Service division. They will be tasked with identifying systemic links to help them draw conclusions and make recommendations to the board of directors of Santé Quebec.

These changes will impact the superstructure of the complaint examination system but for the patient and/or representative, it will remain the same. Patients will continue to be able to get help and express their concerns in writing, by phone or in person to their local service quality and complaints commissioners (Ombudsman).

In the pages below, you will find the primary areas of difficulty that patients or representatives have expressed to our office and that we have deemed to be founded. Some are issues that are currently being tackled following recommendations, some are issues we are tracking while others are realities of the current context in the public health care system. What we can say for sure is that the MUHC continues to be under pressure from high user volume, a turnover from senior experienced workers to the next generation and other various challenges to maximize efficiency and fluidity. Despite this, we must note that there is a consistent desire and effort to meet these challenges with the personnel and leadership we collaborate with.

Finally, a deep thank you to the members of our office who, despite remarkably high volumes of complex requests, have succeeded, with many long days at responding to the needs of the population. Stephanie Urbain, Marjolaine Frenette, Sonia Turcotte, Nadine Al-Hawari, Shauna Jandron, Sarine Chahmalian, Dr. Manuel Borod and Dr. Dominic Chalut, thank you for everything.

Michael Bury
Complaints and Quality Commissioner / Ombudsman

McGill University Health Centre

02

Introduction

Annual Report – Introduction

This Annual Report will include our office's objectives for the coming year, the identified themes of the past year, the number of cases referred to the Protecteur du citoyen, summary reports from the Medical Examiners, the Review Committee, and a brief review of the Vigilance Committee's work.

At the end, we will conclude with guiding recommendations for the MUHC for the 2024–2025 year based on the information given to our office from the public and that was deemed founded. For sites covered by this report please refer to Appendix A.

This report is made pursuant to An Act Respecting Health Services and Social Services, R.S.Q., Chapter S-4.2, s.76.11 and Public Protector Act, R.S.Q., Chapter P-32

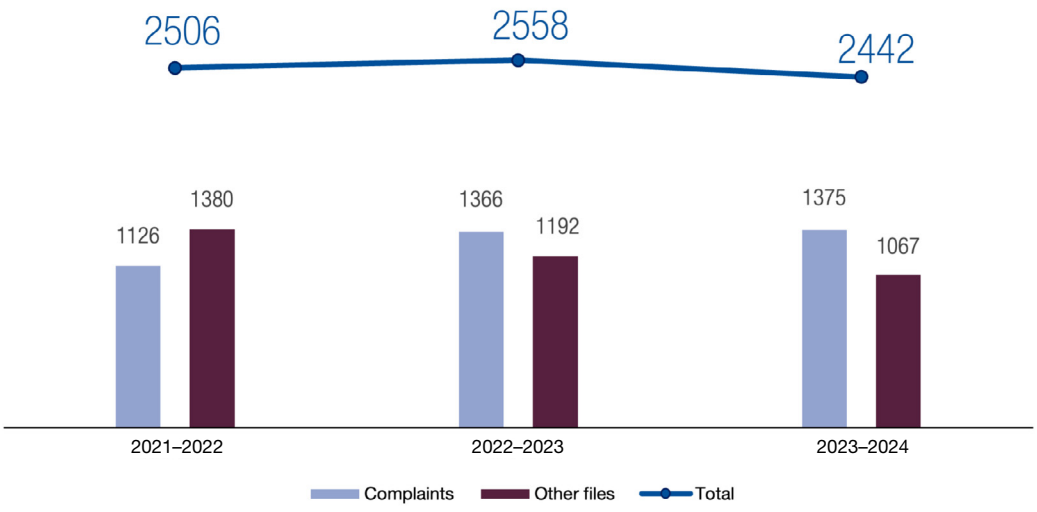
Objectives for our office for this year

Last year there was an objective to reduce the backlog of medical examiner complaints, and this was achieved. This year we will revise and adjust our practices to meet the requirements of our integration into Santé Québec and the changes to the complaint examination system. We will also launch a new website in the 2nd half of 2024 with the hopes of providing useful patient information to frequently asked questions.

Complaints and other files* received in 2023–2024

For definitions of the types of files please refer to the glossary in Appendix E.

Chart 1: Total number of files and complaints received from 2021 to 2024



* Other files = requests for assistance, consultations, and interventions.

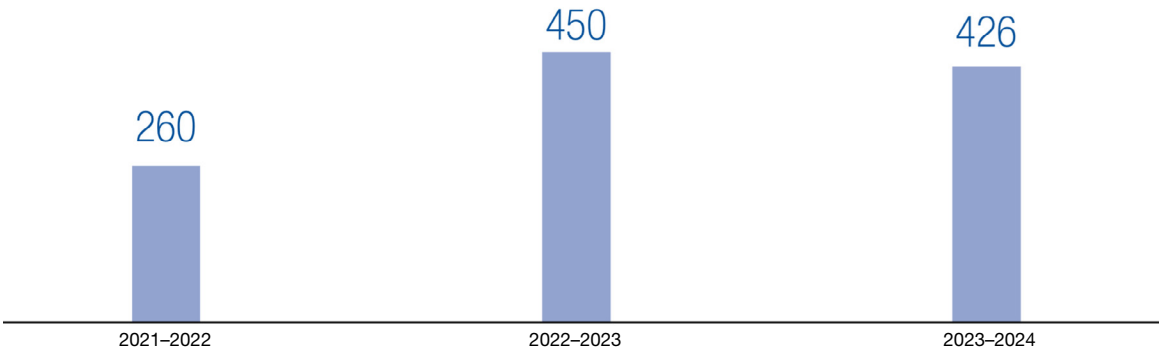
The chart above shows us that there was a small but notable drop in the overall requests to our office from 2558 to 2442 and that while complaint numbers went slightly up by 1%, the complaint trend is downwards as shown by the comparison to previous year increases in the table below:

PERIOD COVERED	COMPLAINTS OPENED AT THE BEGINNING OF THE PERIOD		COMPLAINTS RECEIVED DURING THE FISCAL YEAR		COMPLAINTS CONCLUDED DURING THE PERIOD		COMPLAINTS STILL OPEN AT THE END OF THE FISCAL YEAR		COMPLAINTS TRANSFERRED TO THE PROTECTEUR DU CITOYEN BY THE COMPLAINANT	
	NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%
2023–2024	86	46	1375	1	1393	4	68	-21	7	-13
2022–2023	59	-14	1365	21	1338	18	86	46	8	-33
2021–2022	69	44	1125	26	1135	30	59	-14	12	20

Communication access finally improving

This drop in complaint growth percentage is driven by the optimistic signs that communication/phone access is **finally** improving in a meaningful way and that text message use has become widespread in the MUHC. While the total number of such complaints was still an astronomical 426 for the year (see chart 2 below), from December onwards we noted that there were 50 fewer year-over-year as the teams ramped up their efforts to address the issue. Now, looking forward to the trend for 2024–2025, we see that currently, at the time of this writing, there is a **59% decrease** in phone access complaints for the same period. While we have yet to make it through the summer holidays, those numbers are very encouraging. The last 12 months saw significant movement in personnel reaching out to our office to discuss the aspects of this issue so improvements could be made. This is positive, and our message is: stay the course and be even more vigilant in the coming year. A key area that still requires attention from the MUHC on this issue is the existing practice, at the clinic level, where employees, place responsibility on the patient to **call back** if they have not heard from them. Doing this is part of the long-established problem of congesting the phone lines and removes responsibility from the hospital. While several clinics are providing follow-up appointments right away, it still needs to be more wide-spread. Lastly, when a service gets flagged for having a spike in communication/phone access complaints, act quickly on the issue to maintain quality service, access and avoid a needless increase in complaints as has been the case with more than one service this year.

Chart 2: Communication Access Complaints 2021–2024



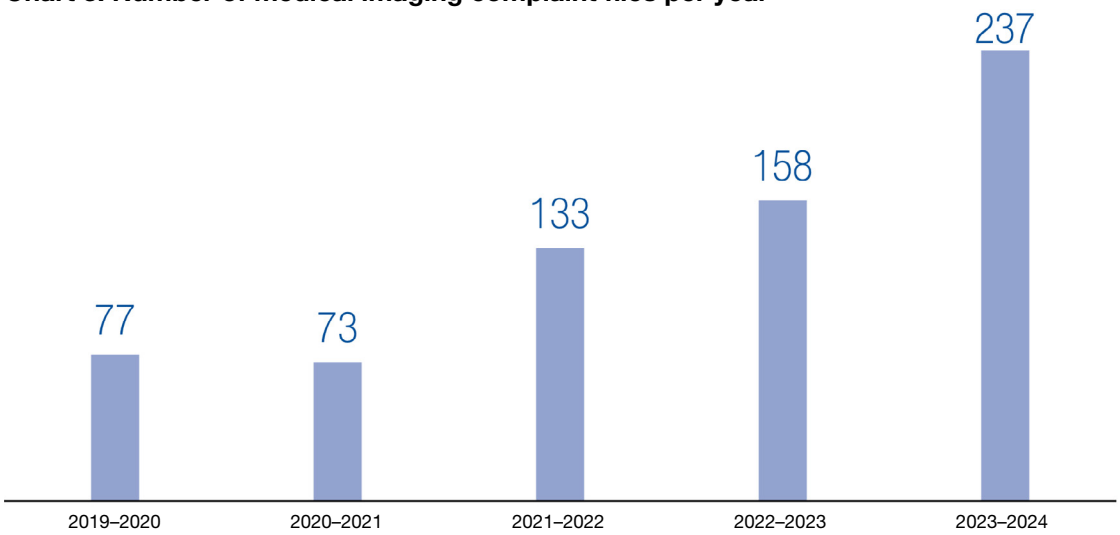
01 Medical imaging

Ever since slowly coming out of the pandemic, there has been a significant rise (see Chart 3 below) of complaints related to the medical imaging service for different reasons.

One of the main reasons was phone access (discussed in the above paragraph) where people found themselves on hold for 1 to 2 hours on a regular basis (improved since February 2024). Another issue of concern that is a repeat of last year are the delays in either getting an appointment for the requested image or having the image read by the radiologist in time for the next appointment. We see this particularly with oncology patients which complicates the coordination of care. The issues are difficult to solve: high volume of imaging requests and radiologist/technician positions to fill are some of the important challenges this service faces. This is not unique to the MUHC, however, and a quick search on the subject matter will reveal how widespread it is across the country and North America. Some agreements have been made to outsource tests to speed things up when clinically appropriate while we have recommended that for those patients that can get a test done such as ultrasound in a community clinic (still be covered by RAMQ), to be informed right at the onset instead of waiting for a call that may take over a year to come.

Finally, the above-mentioned obstacles make it so that unless you are an urgent clinical case, with a specified short timeframe indicated, even patients who are ill and require follow-up imaging can be found to wait several months for the requested test or report. For all these reasons, we will be following the evolution of imaging-related complaints closely over the coming months.

Chart 3: Number of medical imaging complaint files per year



02 Cancellation and delays of surgeries

In last year's annual report, we wrote about this same theme and noted that there was an increase in these types of cases towards the end of the year. For this year, our office recorded 104 complaints and requests for assistance regarding the cancellation of elective surgeries compared to 60 in 2022–2023, which represents a 73% increase with 2 thirds being in orthopedics alone. We observed that some surgeries were cancelled on the same day they were supposed to take place, primarily due to other emergencies that could not be delayed or a lack of available staff. This problem was/is exacerbated by a lack of communication with patients regarding the reasons for cancellation and clear instructions for the rescheduling process. Patients reported experiencing prolonged periods of fasting, anxiety, loss of income and other negative effects because of this. While the leadership has limited options to prevent this from happening from a human and material resource perspective, improving communication with these patients on what to expect next would go a long way. A recommendation was made to that effect and accepted but occurred after March 31st, so it is technically part of the following year's reporting.

03 Insufficient number of wheelchairs

Through the end of 2018 and much of 2019, the issue of insufficient wheelchairs was raised and discussed with the then relevant transport leadership, as this was a reoccurring theme. A plan was prepared, and documents were submitted to our office, but the actualization of the solution was never implemented. Fast forward to 2023–2024 and this issue has been signalled again, primarily at the Royal-Victoria Hospital and Montreal General-Hospital. Now, with the directorate under new leadership, this issue has been discussed again with new recommendations. We requested to have a plan that would ensure benchmarking, inventory checks, a restocking process, an audit of the collection process for the wheelchairs left throughout the sites, a list of key players as well as commitments on repairs, labelling of wheelchairs and improved communication with stakeholders. Follow-up on this is currently ongoing.

04 Coordination of care for in-patients with complex care needs

During the past year, we received several complaints regarding the lack of communication and coordination of care in the management of patients with complex care needs, as defined by patients requiring multiple consultations from different medical specialties. The lack of direction and explanations as to what is next, who is doing what and the sharing of opposing theories have been cited as sources of frustration, insecurity and stress from patients and family members. A coordinator in such cases has the potential to help significantly in improving the patient and family's experience but the physicians involved in these cases should play a more active role in ensuring proper communication with each other as well.

05 Reproductive services

This past year saw the drop that made the vase overflow. Over the past years, we have seen a steady increase in complaints from patients that use this service, an increase that began when the provincial government made the decision to finance in vitro fertilization (IVF) again in November 2021. This year saw tremendous difficulty in trying to balance out the limited availability of human resources with the volume of patients, the type of information they needed, patient profile and a complex financial trajectory that involved outside donor clinics, RAMQ and in-clinic finance. The need to address these issues was significant and complicated and it took a full year of collaborating with the service's leadership for things to improve. There are still challenges that require attention with regards to the availability of human resources that are significant, there has been a notable reduction in communication-related complaints since an in-house personnel reassignment occurred and the creation of multiple different clinic-specific email addresses to help triage the vast number of requests that were pouring in. We remain concerned, however, and the situation is fragile in our opinion.

06 Triage process for referrals

Several complaints identified issues with the trajectory and traceability of the triage process of internal and external referrals received in certain clinics and services. This includes the delays in the actual triage by the responsible person. This theme appears in the medical examiner section as well. The leadership is aware of these cases, and we are hopeful that the central "guichet unique", which will centralize all consult requests digitally and is slated for an October launch will improve things.

07 Training for orderlies (PAB)

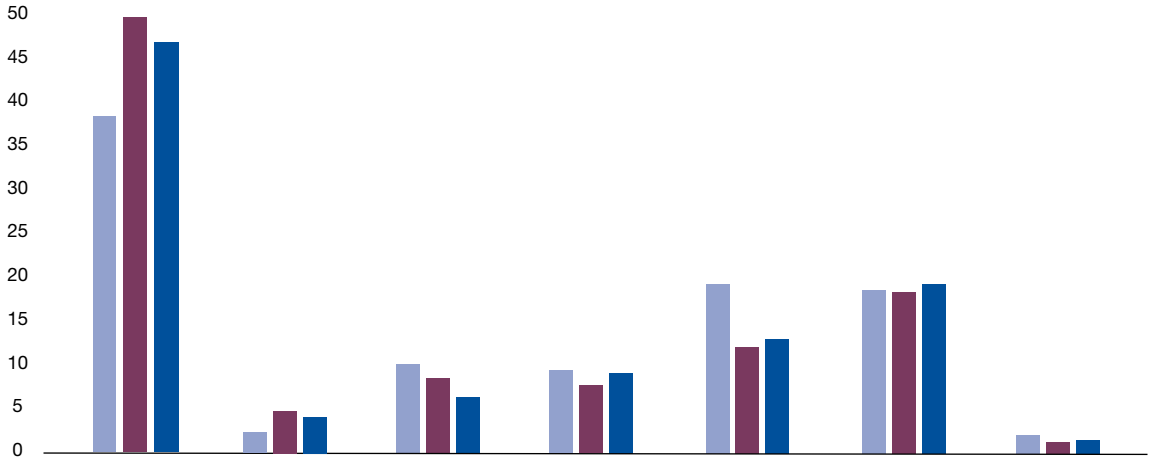
This year saw more complaints about the quality of care from PABs from two sites. Typically, these concerns tend to appear more frequently in long-term care settings, which remained the case from CHSLD Camille-Lefebvre at Lachine, but we also saw this theme at the MGH this year as well. A typical example would be the lack of proper handling of patients during patient transfers, the lack of a therapeutic approach and the lack of communication with patients. Although not a high-volume issue compared to some other topics, the nature of the complaints showed these themes were of concern given the important front-line work they do. In one report on alleged maltreatment, a recommendation was made, and accepted, to review the training material as it was void of realistic examples of situations that PABs will face in their work. Additionally, we know from the pandemic, when a significant shortage of PABs was felt across the province, steps were taken by the government to quickly recruit and train PABs to meet the needs of the population. With that came an influx of new and less experienced PABs to the workforce. The good news is that the people responsible for training them are evolving with the needs of the situation and creating the material and training for these new employees. An important concern remains, however: the prioritized training is for newly hired PABs, but the issues that were founded or alleged were not necessarily from new workers. The risk of bad practice being passed on from senior to new workers is an issue we will be monitoring moving forward.

08 Parking at the Glen: exiting and spaces for people with mobility needs

The original design of the Glen site underground parking garage has a problem to it: as people try to leave the hospital parking lot, they are squeezed into a single lane before being allowed to split up again to two payment exit barriers. This slows exiting the parking garage significantly, to the point where traffic builds up in the parking garage down 3 levels to P3. We have timed this logjam on more than one occasion and recorded times of 30–35 minutes just to leave the parking garage. During this time, frustrated motorists are honking, gaining in aggressive responses and at times, yelling at the parking attendants. There is no phone number for the public to call nor is there a fixed criterion for when to lift the barriers to let people out faster (and if you do for a few minutes, the first person lined up once the barrier is closed again is also unhappy). There are no perfect solutions here. We remain in regular contact with the parking management team on this issue but having an objective criterion for when to temporarily lift the barriers for a few minutes may be one of the only available options if there is a desire to alleviate this issue.

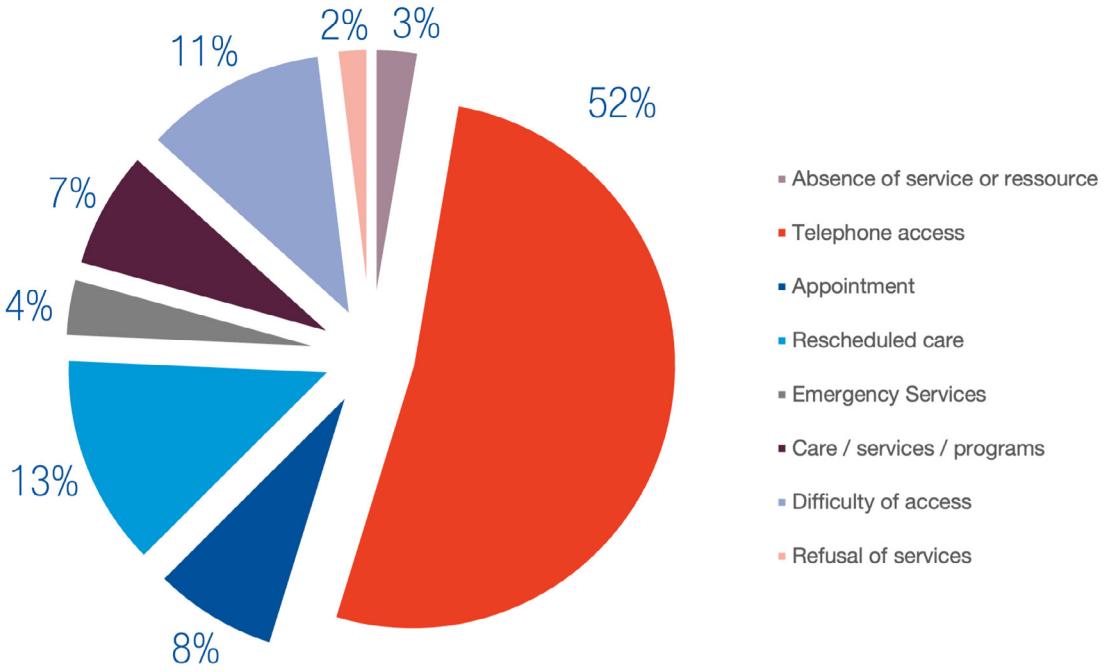
Separately from this, we have been getting more calls this year from people with reduced mobility who cannot find parking spaces. Prior to the pandemic, when there were no more reserved spaces for people with reduced mobility, they were directed to the 4th level (P4), which was mostly empty, and those patients could use up two spaces for their needs. Those spots are no longer available as those sections were closed off for storage for pandemic-related equipment storage, some of which is still required... It is worth noting that the MUHC already has more parking spaces for patients with reduced mobility than required by code (Code de construction du Québec 2005). There are currently ongoing discussions with leadership on this issue to see if some spaces can be reopened.

Chart 4: A three-year trend in each of the complaint categories by percentage %.



	ACCESS	FINANCE	RIGHTS	ORGANIZ.	INTERP. REL.	CARE / SERVICE	OTHER
2021–2022	38.20	2.30	10.00	9.40	19.30	18.50	2.00
2022–2023	49.43	4.61	8.56	7.63	12.04	18.39	1.20
2023–2024	46.68	4.04	6.33	9.05	12.85	19.24	1.45

Chart 5: Sub-categories of accessibility-related complaints



Complaints related to emergency services

Our office receives between 275 and 350 complaints annually regarding the MUHC's adult emergency departments. In 2019, our office produced a report on the Glen emergency department in relation to long wait times for high-priority patients. This year, this trend emerged again from our files, alongside several other worrying trends, including the increase in the occupancy rate of stretchers which sometimes reaches 250%. In this context, our office opened an intervention file on the adult emergency department to look closer at the situation in the winter of 2024. During those months, our office:

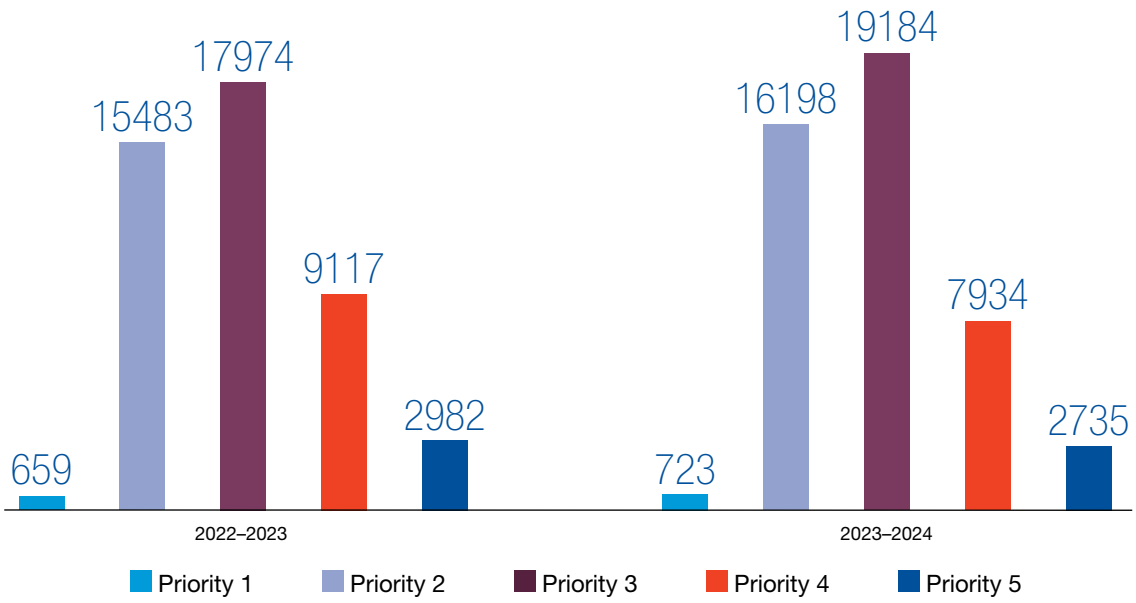
- Met with the nursing and medical leadership of the adult emergency departments
- Met with the Assistant Director, Optimization and fluidity
- Met with the Associate Director of Professional Services for Hospital Fluidity
- Consulted the MUHC overcapacity protocol (2016) and those of other health institutions
- Consulted the directives of the crisis unit subcommittee on overcapacity (2022)
- Consulted the MSSS guide on Emergency Decongestion to counter ER overflow (2021)
- Obtained statistical data

As we can see in the graph below, there were 606 more visits to the Royal-Victoria Hospital ED than the previous year with a decrease in priorities 4 and 5 (the least urgent) which is exactly where you want to see less visits. However, we see an increase in P1, P2 and P3 visits meaning the patients who are coming are quite sick and there are more that will require admission. If there is no provincial response that translates into a reduction in the number of people going to the MUHC downtown EDs, we have difficulty imagining significant improvements in wait times for care and the risks that accompany such delays. Some of the documented effects to ED patients in the current context include extended wait times for patients with high priorities, delays to access a room, inability to access a stretcher, sub-optimal pain control, increased patient

aggression and lack of dignity due to inappropriate environment. These problems all potentially affect the quality and safety of care provided in the ED.

We also note an overcapacity protocol with limited impact even with many skilled, well-informed people who are working regularly on optimizing the fluidity through the hospital. It is worth reporting, however, that there is a small positive as we can see in chart 7 below, that for the first time in 4 years the number of complaints has dropped from a high of 338 in 2022–2023 to a new low of 264 for this reporting year. This notable reduction of 64 ER complaints, primarily from the RVH, may be good news but we cannot say if this is in direct response to their efforts.

Chart 6: Number of emergency visits by priority

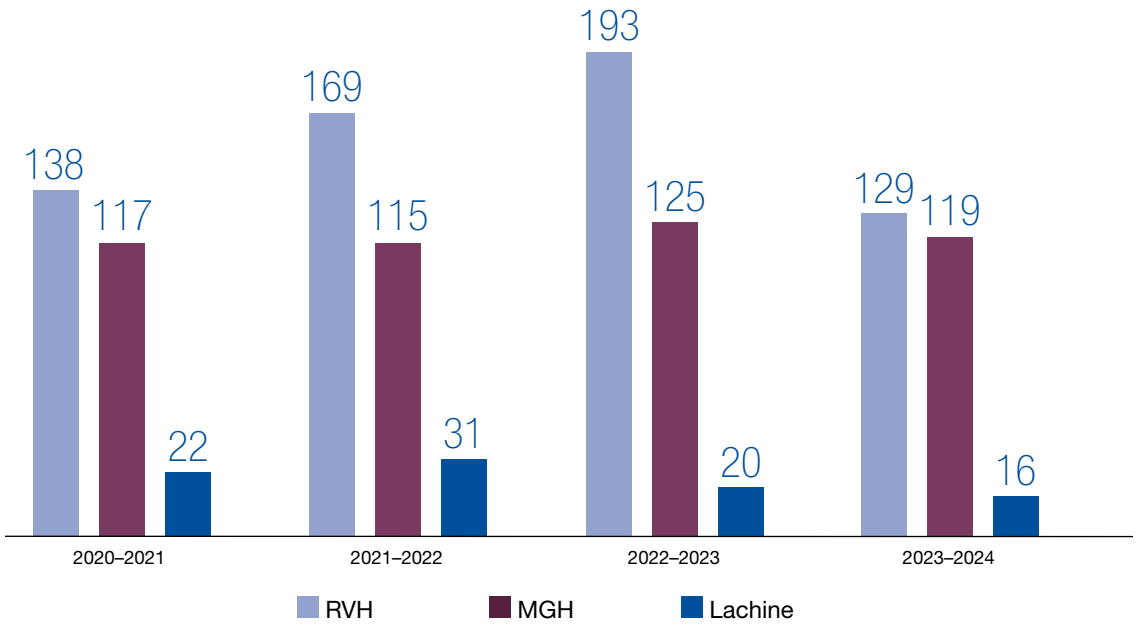


Note the following numbers of interest:

- Number of visits 46,358 in 2022–2023 vs 2023–2024: 46,964 ↑
- Average length of stay hours: 17.37 in 2022–2023 vs 2023–2024: 17.70 ↑
- Percentage of patients who left before being seen by the doctor in 2022–2023: 13.8% vs 2023–2024: 14.34% ↑ [1]

[1]Data obtained from the Medurge pilot, Power BI-MUHC and Emergency Quality Committee. This includes patients with and without hospitalization.

Chart 7: MUHC global adult emergency department complaints



OPTILAB laboratories and its various test centres (see Appendix F)

This year, our office received 87 complaints regarding the services offered by the OPTILAB cluster of MUHC laboratories, compared to 61 the previous year. These numbers are still relatively low given the high volume of cases handled and no serious issues require any specific intervention by our office. The most frequent complaints concerned the temporary closure of the LaSalle hospital's blood collection centre for patients in the community, the difficulty in obtaining an appointment on Clic-Santé and, occasionally, concerns regarding interpersonal relationships. It is also important to note the ongoing shortage of laboratory technologists at the MUHC and throughout the country. Given that the number of complaints received does not currently justify systemic action, we treat each case individually.

Mistreatment (complaints and interventions combined)

In 2023–2024, our office documented 13 cases of alleged mistreatment reported to us across all MUHC sites, including 6 at the Camille-Lefebvre CHSLD, which represents an increase of 2 from the previous year. These incidents were reported to our office by MUHC staff in accordance with legal obligations, and in most cases involved allegations of mistreatment against a family member. Of the 13 resolved cases, disciplinary measures were taken against one MUHC employee, 4 others were concluded with measures such as a review of the training content for orderlies and liaising with a partner health care establishment. The remaining cases were deemed unfounded.

Themes in pediatric care

01 Lack of an adapted bathroom

In our 2022–2023 report, we highlighted the absence of an adapted bathroom in the children's hospital to meet the needs of disabled patients who are too heavy to be transferred without specialized equipment. This project has not yet come to fruition, and we continue to receive complaints from parents on this subject. We verified with another pediatric establishment, and they have **two** adapted bathrooms. We have been informed by the leadership that it will happen this year, but we feel it is important to keep it on this report because it touches on accessibility and quality of care.

02 Access to sedation for blood draws for patients with special needs

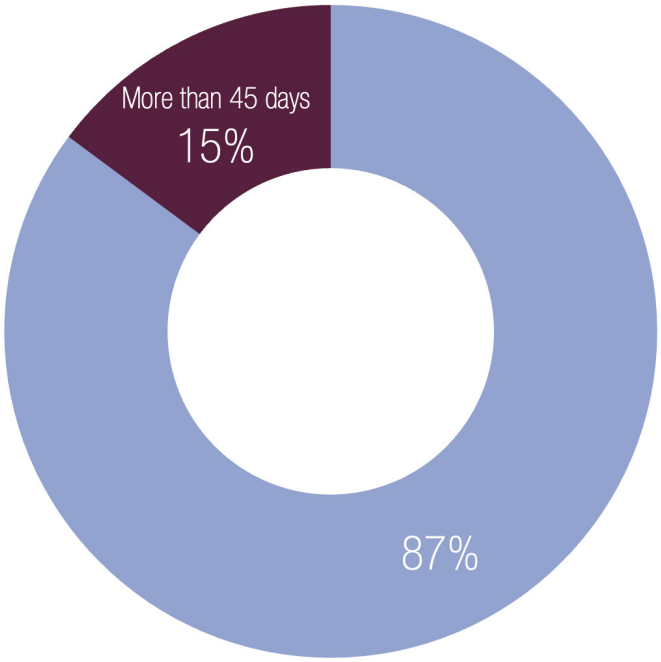
Last year we discussed the issue of personalized care at the blood collection centre. We mentioned that access to sedation for blood testing for youth with certain difficulties remained unresolved. This issue resurfaced this year and revealed that access to sedation is an issue affecting various departments within the organization and that a discussion was underway to address this need.

03 Communicating imaging results

Although the lack of an electronic system for communicating radiological results to the referring physician is not a new problem, several complaints have again demonstrated the effects of this gap on patient care when the existing procedure fails. While we understand that there is no electronic system currently available at the MUHC, this issue should remain a top priority due to the significant safety risks associated with not following the procedure, which heavily relies on human compliance.

Our delays in responding to the public

Chart 8: Complaints examination time



Our delays: 87% within 45 days

Complaints examination time

As illustrated in **Chart 8,** the vast majority of complaints (87%) were examined within 45 days or less during 2023–2024. Complaints that exceed 45 days are generally more complex and involve more than one department and personnel. However, we remain available at all times during the examination of the file to answer any questions.

Rejected and abandoned complaints

Most complaints investigated were deemed receivable (85%). However, 18 complaints were rejected on summary investigation, 7 refused, 120 were abandoned and 99 where stopped (often because the problem was solved and therefore the patient preferred not to pursue with an official complaint).

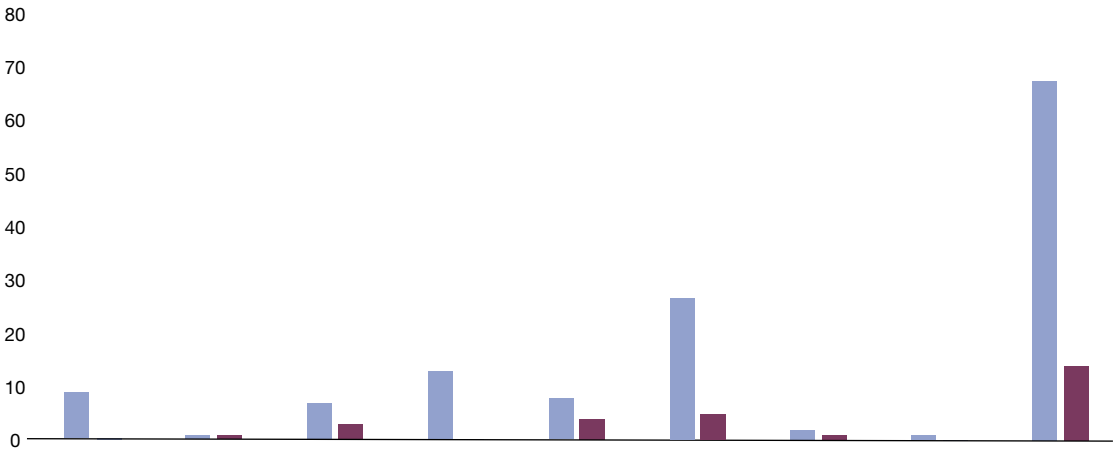
Recommendations as an important metric of the complaint examination system

The total number of complaints lodged by the public is not always a reliable source for evaluating a MUHC-based problem. Sometimes dissatisfaction may be rooted in the provincial structure of the health care network, expectations, or other factors. One reason may be if the source of the problem is so complex and multifactorial that a recommendation from our office would not yield the desired results. Such is the case with ER overcrowding, a problem that requires interventions at different levels to be solved.

One metric to evaluate things is to see where our office has made recommendations and how many are systemic versus individual in nature or if they have carried over from year to year. This year our office made 82 formal recommendations, 68 of which were systemic in nature.

Chart 9 illustrates the distribution of systemic and individual measures according to the complaint category.

Chart 9: Individual and Systemic Measures by Category of Complaint



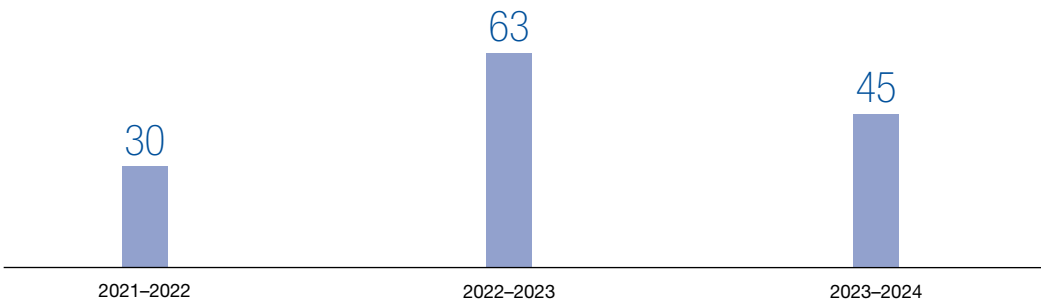
	ACCESS	FINANCE	RIGHTS	ORGANIZ.	INTERP. REL.	CARE / SERVICE	MAL-TREATMENT	OTHER	TOTAL
Systemic	9	1	7	13	8	27	2	1	68
Individual	0	1	3	0	4	5	1	0	14

Interventions

Interventions are in-depth investigations by the Complaints and Quality Commissioner when there is concern, informal or formal, that the care and services or rights of an individual or of a group of patients may be adversely affected. Interventions often have a prolonged timeframe and are often multi-factorial. They do not always lead to recommendations; it really depends on the information gathered.

In 2023–2024, 45 intervention files were opened, which is a 29% decrease over last year. Of those files, 14 of them resulted in recommendations.

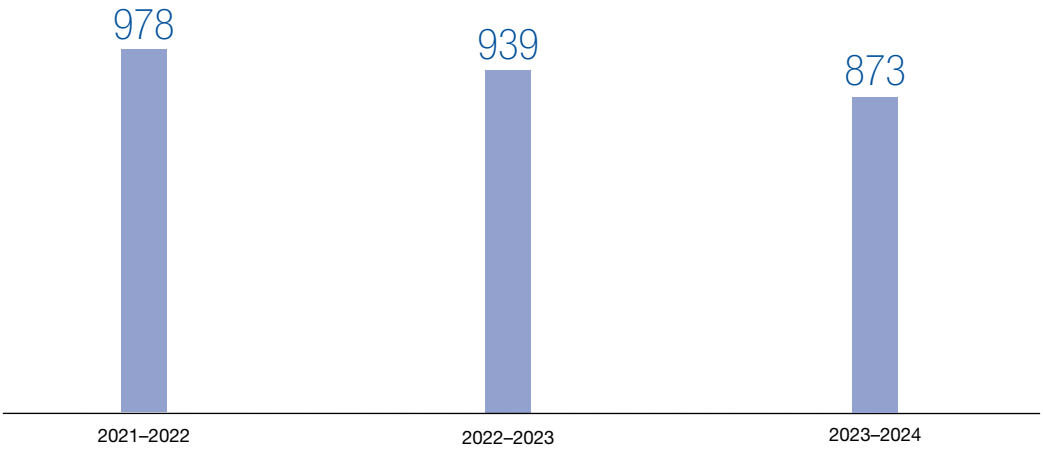
Chart 10: Number of interventions 2021–2024



Requests for assistance

This year, we received 873 requests for assistance, down from 939 last year. The majority of these were either aide in formulating medical complaints or assistance with accessibility-related issues. Other common reasons for assistance requests are to discuss their rights and options with regards to a problem, access to information, trouble with financial concerns or trouble finding information. This year assistance requests dropped slightly while complaints went up.

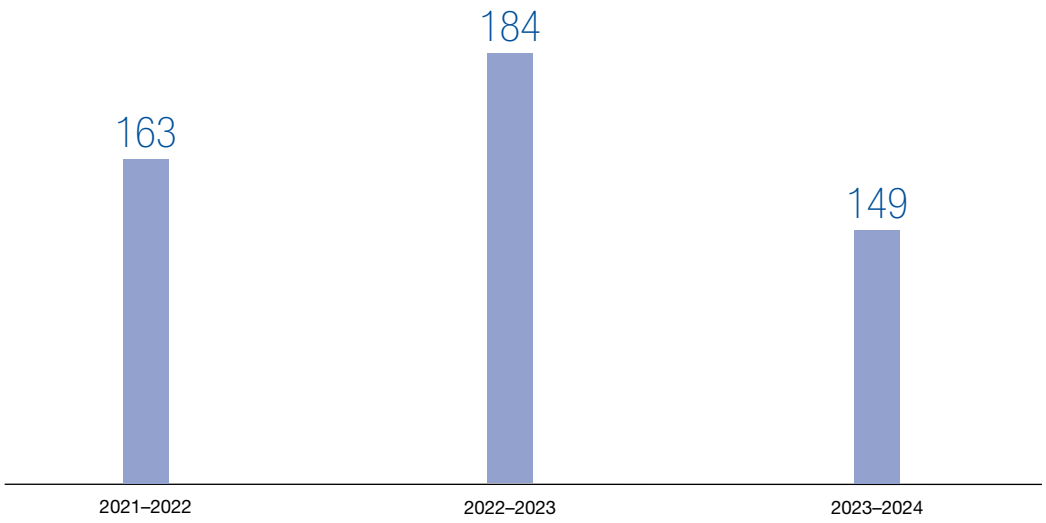
Chart 11: Total number of requests for assistance 2021–2024



Consultations

In 2023–2024, we received 149 requests for consultations, down from 184 last year. Requests for consultations come mostly from managers, assistant-nurse managers, and doctors. This year, we noticed a drop in consults related to last year's theme, difficult patients or family members. The MUHC began setting limits with known repeat offenders and some of those problematic situations have been resolved. While it is not our role to instruct the MUHC on how to handle these situations, we are able to provide guidance about what elements our office would consider should a related complaint be received about the situation such as if the civility and respect policy were properly enforced. As mentioned, further training and tools on this subject would still benefit employees, managers, and physicians in our opinion.

Chart 12: Total number of consultations 2021–2024



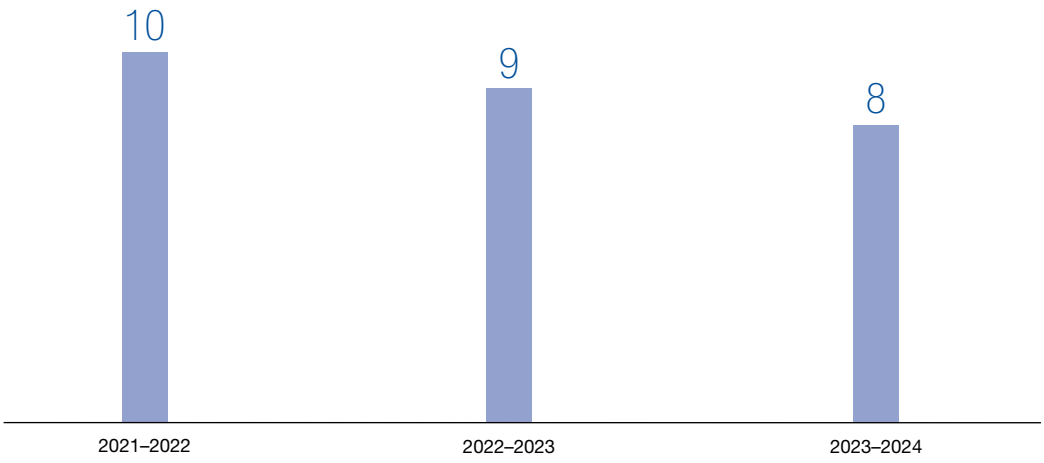
03

Protecteur du citoyen

In 2023–2024, of the 1,365 complaint files treated by our office, 7 were submitted for review to the Protecteur du citoyen by complainants dissatisfied with the examination of their complaint (see **Chart 13**). Of those 7 cases, 4 were concluded with no recommendations, 1 returned with 2 recommendations and the other 2 remain to be concluded.

Note that the Protecteur du citoyen may intervene on their own accord on an issue that has not passed through our office. This happened last year with one case, that had been opened in November 2022 but had only closed in August 2023 that had some 20 recommendations touching on file documentation, consent involving all professionals, the use of certain evaluation tools and the pre-discharge re-evaluation when a bounce back admission has occurred to name a few. The completion of those recommendations is on schedule for October 2024.

Chart 13: Total number of cases directed to the Protecteur du citoyen 2021–2024



04

Medical examiners

This year produced 231 new medical complaints, up from 180 in 2022–2023. Of the 272 cases that were concluded this year, 28 recommendations were formulated and 29 conclusions rendered were submitted to the review committee by the plaintiffs who were dissatisfied with the response received by the MUHC Medical Examiners.

There were 2 cases of significance that had an orientation for disciplinary review by the Council of Physicians, Dentists and Pharmacists' (CPDP) disciplinary subcommittee but both physicians resigned from the MUHC before that took place.

Among the themes identified by the medical examiners this year are:

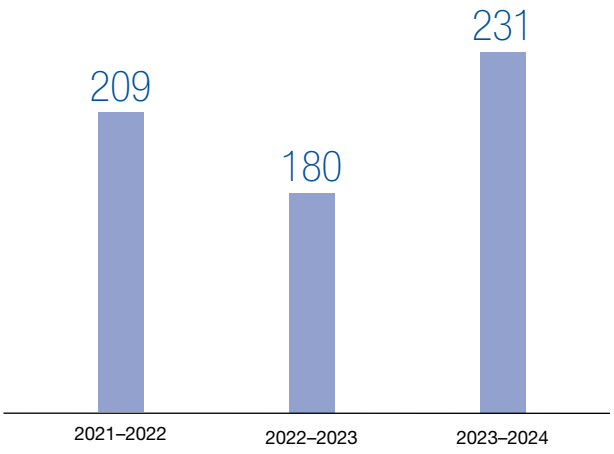
01 | Some patients feel that they were poorly evaluated in the Emergency Department (ED). This was often due to a lack of understanding of the role of the ED in ruling out life threatening and serious illnesses as opposed to investigating chronic health issues. This could be better communicated to patients by ED physicians.

02 | Physicians doing their rounds very early in the day has resulted in some issues of difficulty communicating with family members or patients admitted to certain surgical wards: particularly trauma and orthopedics.

03 | Poor outpatient referral trajectory coming from the ED to various specialty outpatient clinics. Referrals are sometimes lost, not triaged properly, or the clinic does not provide the service requested. These were addressed on a case-by-case basis.

04 | Concerns about early discharge, often related to patients/families lack understanding of discharge criteria. Patients are admitted to a tertiary/quaternary hospital for a particular specialty and often do not understand that they can be transferred back to their referring hospital while still ill. This can be corrected through better pre-discharge communication.

Chart 14: Total number of MUHC Medical Examiner complaints received (2021–2024)

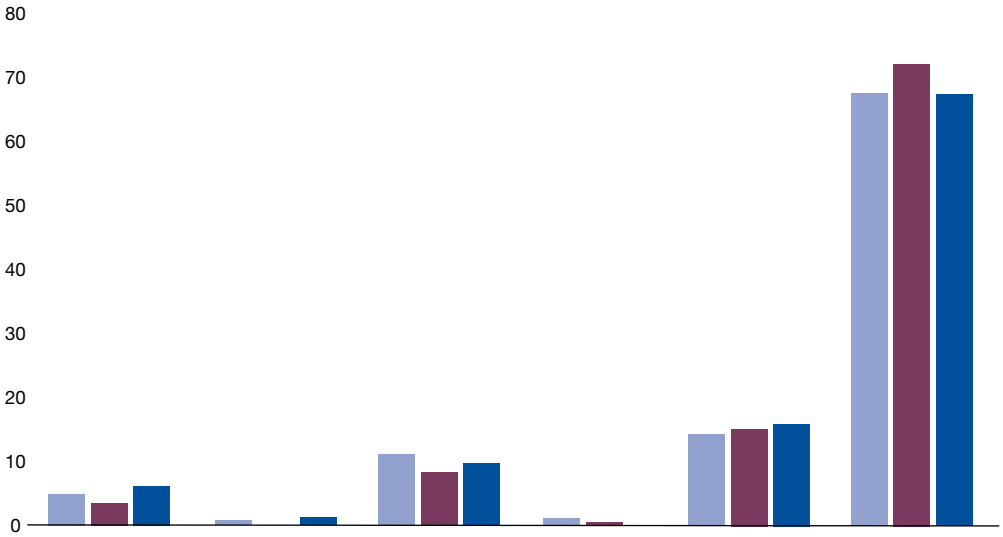


28
recommendations

The number of recommendations by the medical examiner this year.

272
The number of cases concluded this year

Chart 15: Percentage (%) comparison by complaint categories of medical complaints (3 years)



	ACCESS	FINANCE	RIGHTS	ORGANIZ.	INTERP. REL.	CARE / SERVICE
2021–2022	4.76	0.53	11.11	1.06	14.29	67.72
2022–2023	3.27	0.00	8.16	0.41	15.10	72.24
2023–2024	6.07	0.96	9.58	0.00	15.97	67.41

The main reasons for complaints received by medical examiners fall under the category of Care and Services. These are issues pertaining to professional judgment, communication with patients or families and technical skills.

05

MUHC review committee

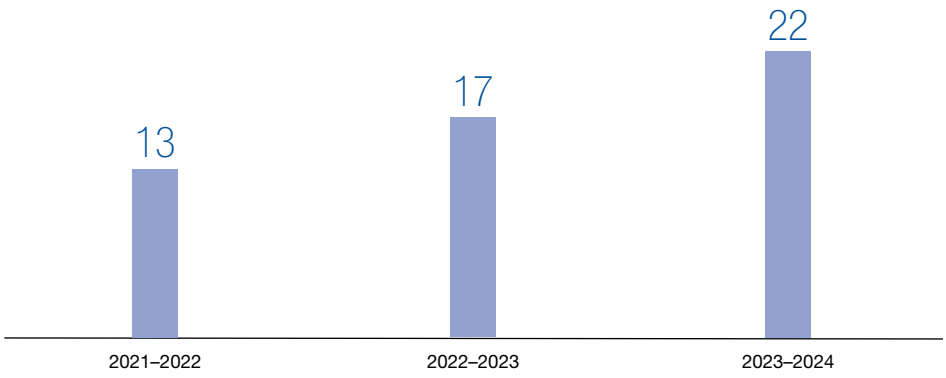
The Review Committee is appointed by the Board of Directors of the MUHC to examine complaints, as a second recourse, from complainants who are dissatisfied with the conclusions of MUHC Medical Examiners. The committee members for the year in question were:

- Dr. Sarah Prichard (Chair)
- Dr. Thomas Milroy
- Dr. Michael Churchill-Smith

In 2023–2024, the Review Committee received 22 new requests for review and 17 were concluded from those submitted including those that were carried over from the previous year. 24 % of the review requests were completed under 180 days.

01	Confirm the conclusions of the Medical Examiner	17 cases
02	Request that the Medical Examiner perform a complementary examination within a delay set by the Committee	0 cases
03	When a disciplinary issue is raised transfer the file to the CPDP for disciplinary review	2 cases
04	Recommend to the Medical Examiner or the parties any action that may resolve the issue.	0 cases

Chart 16: Total number of MUHC Review Committee Cases 2021–2024



06

MUHC vigilance committee

The Committee comprises the following five (5) persons:

- Dr. Lucie Opartny, MUHC President and Executive Director;
- Michael Bury, MUHC Complaints and Quality Commissioner;
- Deep Khosla, Independent member of the Board of Directors (BoD);
- Dr. Sarah Prichard, independent member of the BoD;
- Ingrid Kovitch, Member of the BoD designated by the MUHC Users' Committee.

In 2023–2024, the Committee met three (3) times.

With a view of improving the quality of care and services offered at the MUHC, our office presented the committee with recommendations following examinations of various complaints received during the respective periods and the evolution of their realization.

This committee ensured the follow-up of the MUHC recommendations from our office and those of the Protecteur du citoyen related to complaints or interventions that were examined pursuant to the *Act Respecting Health and Social Services.*

07

Conclusions and recommendations

Some of the topics covered in this report were not the subject of formal recommendations. This may be because of insufficient data, resource issues or that leadership is actively working on solutions and needs time to actualize them. At the end of each report, we submit some guiding recommendations that we feel are attainable and may address a problem before it becomes larger.

Given all the above information collected over the 2023–2024 year, compiled, and summarized in this report, our office makes the following guiding recommendations to the MUHC for the year 2024–2025:

01 | To ensure the work started in 2022–2023 on patient communication continues and that the projected improvements are deeply integrated, sustainable and have reached all services.

02 | To see the arrival of an adapted bathroom for disabled pediatric patients.

03 | To ensure that the referral, triage, and traceability process of consult requests at the clinic level is robust, efficient and respectful of time frames and that services no longer offered are communicated to the front lines.

Respectfully submitted,

Michael Bury

Ombudsman / Complaints and Quality Commissioner

McGill University Health Centre

appendices

Appendix A: Structure of the Ombudsman's Office

Medical examiners

Dr. Manuel Borod, chief medical examiner

Dr. Dominic Chalut

Telephone: 514-934-8306

Email: **ombudsman@muhc.mcgill.ca**

Website: **muhc.ca/patients/ombudsman-complaints-commissioner**

Sites covered by this report:

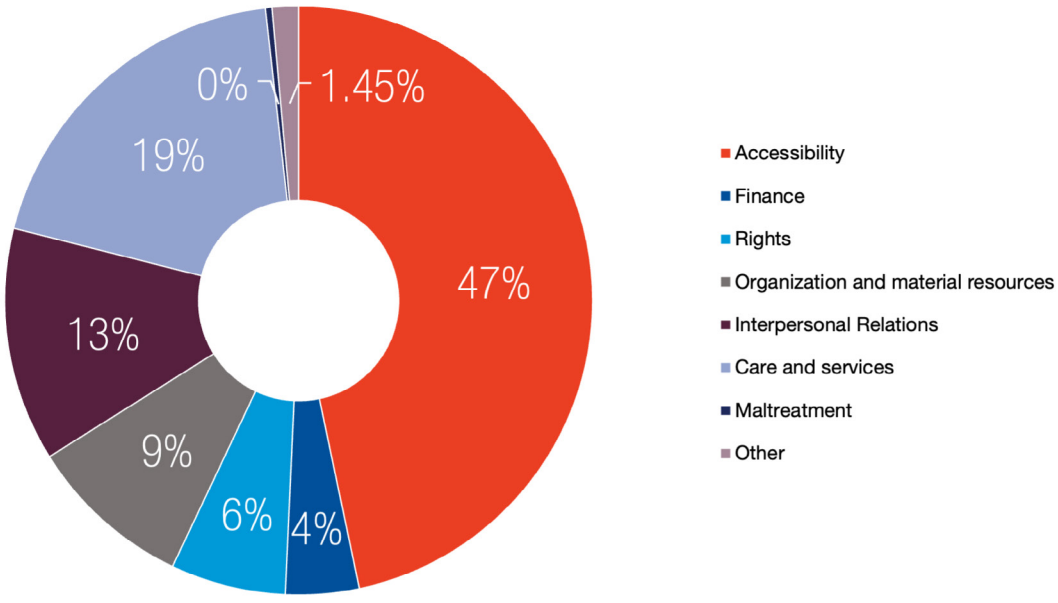
- Montreal General Hospital
- Montreal Children's Hospital
- The Neuro (Montreal Neurological Hospital and Institute)
- Royal Victoria Hospital (and all other Glen site adult services)
- Lachine Hospital
- Camille-Lefebvre CHSLD
- The ophthalmology clinic on De Maisonneuve
- Allan Memorial Ambulatory Services Centre
- Montreal Children's Hospital Gilman Pavilion
- MUHC Reproductive Centre
- Optilab

Appendix B: Complaint Motives

It is important to mention that a complaint can have more than one motive. The total number of complaints concluded in 2023–2024 was 1,658.

CATEGORIES OF MOTIVES	
Accessibility	774
Finance	67
Rights	105
Organization and material resources	150
Interpersonal relations	213
Care and services	319
Maltreatment	6
Other	24

Chart 17: Motives of complaints



Appendix C: Complaint Categories

Below are the complaint categories as defined and summarized by the ministère de la Santé et des Services sociaux for the purposes of the SIGPAQS system of collecting data.
(Examples of these follow on the next page.)

Accessibility: delays, refusal of services, transfer, lack of services or resources, linguistic accessibility, choice of professional, choice of establishment, other.

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

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

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.

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.

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

Other: other requests (a motive we try not to use, but that is sometimes unavoidable).

Examples of each category:

- **Access to and continuity of services:**
  - 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**
  - Professional techniques;
  - Judgment and treatment as well as decisions and interventions;
  - Technical skill and professional judgment of the health-care provider.
- **Interpersonal Relations**
  - Lack of empathy, lack of reliability, or rudeness;
  - Physical and verbal abuse.
- **Organization of Hospital Environment and Physical Resources**
  - 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) (adult sites);
  - Security of patient's property (adult sites).
- **Finance**
  - Billing of patients: long-term care, private and semi-private rooms;
  - Non-resident fees.
- **Rights**
  - 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

Appendix D: Activities of the Office of the Ombudsman 2023–2024

- Representation on the executive of the provincial Regroupement des commissariats
- Participation in the provincial Table ministérielle des commissaires aux plaintes et à la qualité
- Participation in the SIGPAQS sub-committee to improve data collection software
- Ongoing participation and collaboration with the MUHC Users' Committee
- MUHC Organizational Ethics Committee
- MUHC Committee for a Respectful Environment
- Comité prévention de la violence
- Nursing Collaboration on Quality and Safety committee
- Multiple presentations

Appendix E: Glossary

Complaint: A formal expression of dissatisfaction from a patient or their representative. A conclusion to such a complaint also gives the author access to file a review with the Protecteur du Citoyen.

Assistance: A request for help in (1) obtaining access to care, services, information; (2) in communicating with health care team members; or (3) a request for help in formulating a complaint

Consultation: Refers to directors, managers, or patients who contact the Complaints Commissioner to obtain advice and guidance on the rights and obligations of patients and families.

Intervention: Investigations by the Complaints Commissioner conducted when there is evidence, received through informal or formal channels, which indicates that the rights of an individual or a group of individuals may be at risk or adversely affected.

Local Service Quality and Complaints Commissioner (Commissaire local aux plaintes et à la qualité des services): This is the official title from the Quebec Health Act (R.S.Q., c. S-4.2). Since many patients are more familiar with the term Ombudsman, we use this title along with the shortened title: Complaints Commissioner.

Medical Examiner (Médecin examinateur): In English-speaking jurisdictions, the Medical Examiner is the coroner, which has led some patients to become quite fearful when referred to him/her. The Medical Examiner, in this context, is responsible for investigating complaints about medical acts. In their role, they can receive complaints from patients, representatives or health professionals.

Protecteur du citoyen: This is the term used in Quebec law for what is elsewhere called the Provincial Ombudsman. Like other provincial ombudsmen, the Protecteur du citoyen makes regular reports on its review of complaints in the health care sector and presents them to the Quebec National Assembly.

Vigilance Committee (Comité de vigilance): A « watchdog » committee composed of representatives of the Board, administration, patients. It is mandated both to receive, follow-up and make recommendations to the Board, with the aim of improving hospital care and services in a timely and efficient manner.

Appendix F:
MUHC sites and OPTILAB

The MUHC or McGill University Health Centre includes the following sites:

- Glen adult sites
- Glen site for the Montreal Children's Hospital
- Montreal General Hospital
- Montreal Neurological Hospital
- Lachine Hospital and CHSLD Camille-Lefebvre
- Allan Memorial Institute

Laboratories for the following institutions of the MUHC-OPTILAB are grouped as follows:

McGill University Health Centre *(MUHC)*

- Glen site, adults/children
- Montreal General Hospital
- Lachine Hospital

CIUSSS du Centre-Ouest-de-l'Île-de-Montréal

- Jewish General Hospital

CIUSSS de *l'Ouest-de-l'Île-de-Montréal*

- Saint Mary's
- Lakeshore General Hospital
- LaSalle Hospital

CISSS de l'Abitibi-Témiscamingue

- Hôpital et CLSC de Val-d'Or
- CLSC de Senneterre
- Hôpital de Rouyn-Noranda
- Hôpital d'Amos
- Centre de soins de courte durée La Sarre (CSCD)
- Pavillon Sainte-Famille
- Point de service de Témiscaming-et-de-Kipawa

Nunavik Regional Board of Health and Social Services

- Inuulitsivik Health Centre
- Tulattavik of Ungava Health Centre

Cree Board of Health and Social Services of James Bay

- Chisasibi Hospital
- CMC Mistissini

Appendix G: List of Tables and Charts

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OF THE OMBUDSMAN

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Montreal, QC H3G 1A4

Centre universitaire de santé McGill

McGill University Health Centre