

**Office of the  
Complaints Commissioner  
Of the McGill University Health Centre  
MUHC**

**ANNUAL REPORT**

**2024-2025**

**April 1, 2024 to March 31, 2025**

Montreal, September 3, 2025

Ms. Martine Gosselin  
National Commissioner for Complaints and Service Quality  
Santé-Québec  
[commissaire.plaintes@sante.quebec](mailto:commissaire.plaintes@sante.quebec)

Dear National Commissioner,

It is my honor to present to you, in your capacity as National Commissioner, the 2024–2025 Annual Activity Report of the Service Quality and Complaints Commissioner of the McGill University Health Centre, for the fiscal year ending March 31, 2025.

Please accept, Madam National Commissioner, the expression of my highest esteem.



Michael Bury  
Complaints and Service Quality Commissioner/MUHC  
Santé-Québec - McGill University Health Centre  
Email: [ombudsman@muhc.mcgill.ca](mailto:ombudsman@muhc.mcgill.ca)  
Phone: 514-934-8306

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September 3, 2025

Mr. Peter Kruyt  
Chairman of the Board of Directors

Dear Sir,

I am pleased to present to you, in your capacity as Chair, the 2024-2025 annual activity report of the Service Quality and Complaints Commissioner for the MUHC for the fiscal year ending March 31, 2025.

Yours sincerely,



Michael Bury  
Complaints and Service Quality Commissioner/MUHC  
Santé-Québec - McGill University Health Centre  
Email: [ombudsman@muhc.mcgill.ca](mailto:ombudsman@muhc.mcgill.ca)  
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## MESSAGE FROM THE MUHC COMPLAINTS COMMISSIONER

The year 2024-2025 saw notable improvements in some of the high-volume issues we have been monitoring for the past 12 months, such as canceled surgeries, delays in communicating results, difficulties in reaching services, telephone access/communication, and the number of requests for assistance. On the other hand, certain issues continue to highlight the challenges of the current reality of the health and social services network, such as access to medical imaging, access to appointments, delays in emergency rooms, problems related to interpersonal conflicts, and the reimbursement process at the reproduction center. The graphs included in this annual report show the distribution and evolution of several topics monitored over the past three years, as well as examples of recommendations or undertakings made to improve these situations during the 2024-2025 fiscal year.

2024-2025 also marks the first year of operation for Santé-Québec and the new complaint process provided for in the *Act respecting the governance of the health and social services system (LGSSSS)*.

The main changes concern the handling of complaints against physicians when they are filed by an employee or a Santé-Québec professional. While the commissioner's office remains the first point of contact for all complaints, these cases are forwarded to the MUHC disciplinary delegate, under the direction of Professional Services, for review.

In addition, with the arrival of a new national commissioner, Ms. Martine Gosselin and her team have begun work to harmonize the data collection processes of the complaint commissioner's offices in Quebec. Soon, policies, procedures, and decisions relating to the handling of complaints in the health and social services sector will be based on uniform and consistent data at the national level.

Finally, on a more local level, we are refining our own method of providing data to MUHC management so that, thanks to the information gathered from patients and their representatives, we can continue to ensure that recommendations are based on the real impact of the difficulties that have been reported to our office and deemed valid.

As always, we are very grateful to all the collaborators who work with us throughout the year and to those who have taken the time to communicate with our office.

Sincerely,



Michael Bury  
Complaints Commissioner / Ombudsman  
McGill University Health Center

# THE OFFICE OF THE MUHC OMBUDSMAN

## Our team consists of:

Michael Bury, Complaints Commissioner  
Marjolaine Frenette, Assistant Complaints Commissioner  
Stéphanie Urbain, Assistant Complaints Commissioner  
Sonia Turcotte, Assistant Complaints Commissioner  
Alison Leduc, Assistant Complaints Commissioner (currently replacing Ms. Urbain)  
Nadine Al-Hawari, Assistant Complaints Commissioner (replaced Marjolaine Frenette)  
Shauna Jandron, Administrative Technician  
Sarine Chahmalian, Administrative Assistant

Dr. Manuel Borod, Medical Examiner  
Dr. Dominic Chalut, Medical Examiner

## VALUES

Our team's work is guided by the principles of quality, fairness, neutrality, collaboration, and confidentiality, making concrete recommendations when warranted. We strive to thoroughly examine complaints from all angles before reaching our conclusions and rely on relevant laws, ministerial directives, guidelines, policies, protocols, and standards of practice to support our decisions.

## THEMES FOR 2024-2025

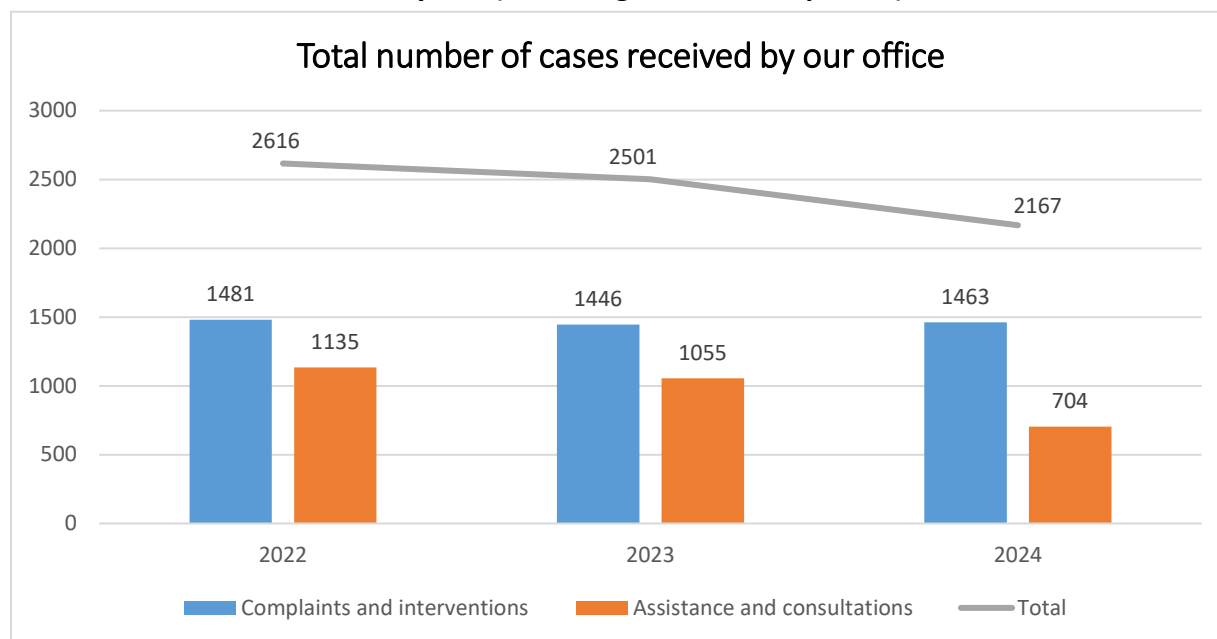
The themes for 2024-2025 are mostly the same as last year's, but with improvements in several categories. We will return to this topic in more detail later in this report, but here are four of the themes addressed this year:

1. Persistent congestion and delays in emergency rooms
2. Delays in getting an appointment
3. Ability to reach required services (by phone, text message, or email)
4. Changes in access to MUHC test centers

This year's annual report shows **positive** signs. Although the number of patients visiting MUHC sites continues to increase, teams have succeeded in reducing the impact of difficult situations in several categories, resulting in fewer complaints and requests for assistance.

## COMPLAINTS AND OTHER FILES \* RECEIVED IN 2024-2025

### Total number of cases over 3 years (excluding medical complaints)



The graph above shows that, for the first time in many years, the total number of requests addressed to our office **decreased significantly** in 2024-2025, from 2,501 to 2,167. While the number of complaints remained relatively stable, the number of requests for assistance decreased by more than 300. We attribute this significant change to the progress made by the MUHC in enabling clients to communicate with the services they need (more information below). We encourage the MUHC teams to continue building on these positive results.

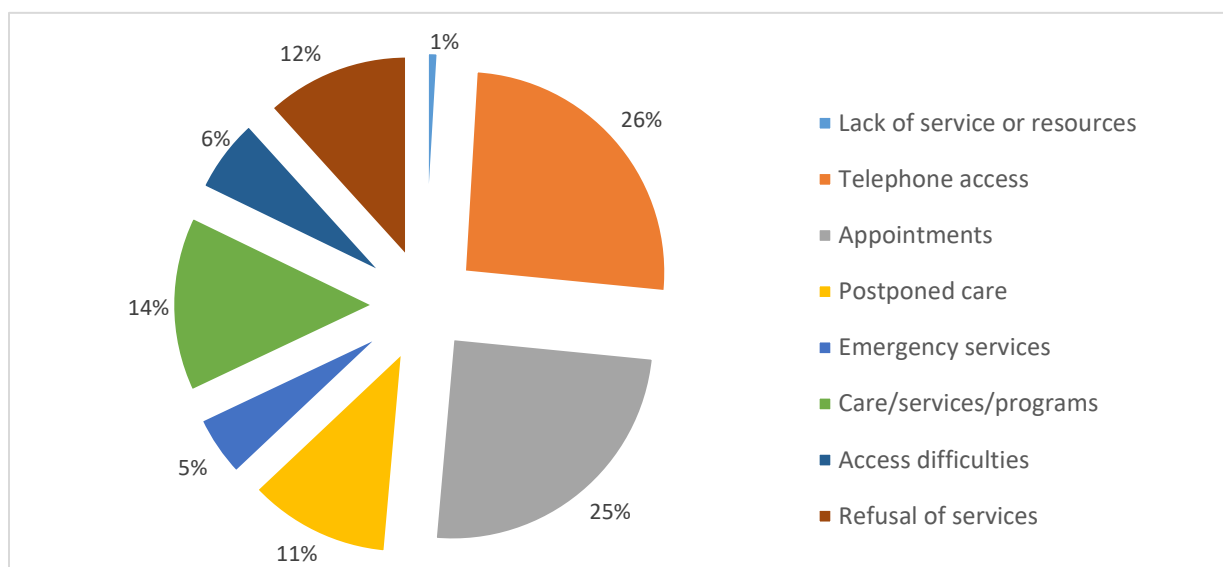
## COMPLAINTS

| Period covered | Complaints opened at the beginning of the period |     | Complaints received during the fiscal year |    | Complaints closed during the period |    | Complaints still open at the end of the fiscal year |     | Complaints transferred to the Ombudsman by the complainant |     |
|----------------|--------------------------------------------------|-----|--------------------------------------------|----|-------------------------------------|----|-----------------------------------------------------|-----|------------------------------------------------------------|-----|
|                | Number                                           | %   | Number                                     | %  | Number                              | %  | Number                                              | %   | Number                                                     | %   |
| 2024 - 2025    | 51                                               | -41 | 1432                                       | 4  | 1393                                | -1 | 90                                                  | 76  | 14                                                         | 100 |
| 2023 - 2024    | 86                                               | 46  | 1376                                       | 1  | 1411                                | 5  | 51                                                  | -41 | 7                                                          | -13 |
| 2022 - 2023    | 59                                               | -14 | 1365                                       | 21 | 1338                                | 18 | 86                                                  | 46  | 8                                                          | -33 |

As in previous years, accessibility is the most recurring theme in healthcare today, and the MUHC is no exception. Although the ability to communicate with services has improved considerably, this aspect still accounts for 25% of complaints where accessibility is the reason, while delays in

obtaining an appointment account for 26% of the accessibility category. See graph below for more details.

### Subcategories of complaints related to accessibility



## THEMES RELATED TO CARE AND SERVICES

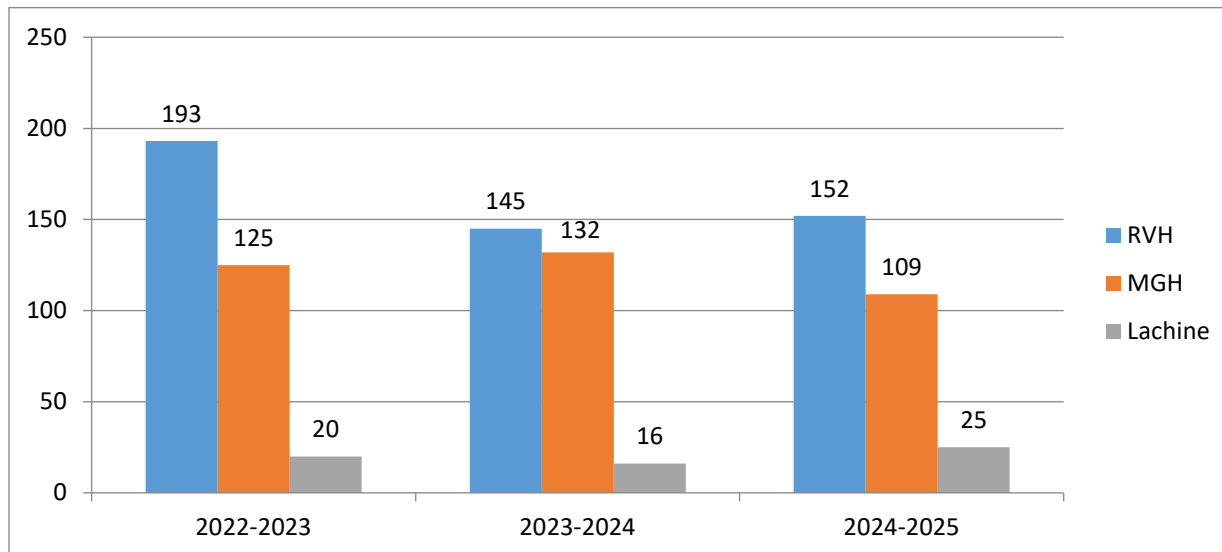
### 1. ADULT EMERGENCY SERVICES

Our office receives between 200 and 300 complaints per year concerning MUHC adult emergency services. The most frequently reported themes concern conflictual situations related to interpersonal relationships with healthcare teams, the care and services provided, and the organization of the physical environment. In most cases, these dissatisfactions are the result of the general state of congestion in the MUHC's emergency rooms, where capacity can fluctuate between 150% and 250%. Long wait times, patient stress, and questions about care are commonplace. Of the 202 complaints received, 24 recommendations or measures were implemented.

**Here are some examples of recommendations or undertakings for emergency departments:**

- Reminders regarding the use of the appropriate assessment tool for pressure ulcers in high-risk patients
- Creation of a checklist for essential equipment
- Reminders regarding patient consent
- Two situations that led to disciplinary action
- A protocol for removing patients from the emergency department to ensure that difficult situations do not result in the premature removal of patients from the emergency department.

## Overall complaints about MUHC adult emergency services



## 2. MEDICAL IMAGING

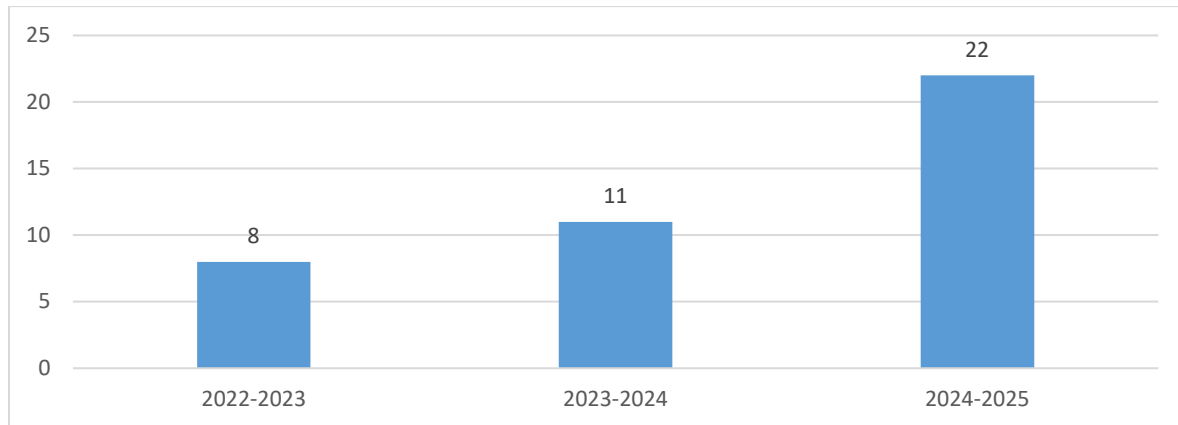
Since the slow emergence from the pandemic, there has been a gradual increase in complaints related to medical imaging services for various reasons. Among the main reasons were difficulties in reaching the services (discussed below) and delays in obtaining appointments or in having images read by the radiologist in time for the next appointment, which is essentially a problem in coordination of care. We see this particularly in patients followed in oncology. These problems are difficult to solve: the high volume of imaging requests and the need to fill radiologist/technician positions are some of the significant challenges facing this service. However, this problem is not unique to the MUHC, and a quick search on the subject reveals that it is widespread throughout the country and North America. Some agreements have been made to outsource testing in order to speed things up when clinically appropriate.

Finally, the obstacles mentioned above mean that, unless it is an urgent clinical case with a specific deadline, even patients who need imaging follow-up may find themselves waiting several months for the requested exam or report. For all these reasons, we will be closely monitoring developments related to imaging concerns in the months and years to come.

### Here are some examples of recommendations for this service:

- Publish on the medical imaging website the exams that can be performed elsewhere in the community while still being covered by the RAMQ.
- Publish instructions on the website for the most common exams that require preparation.

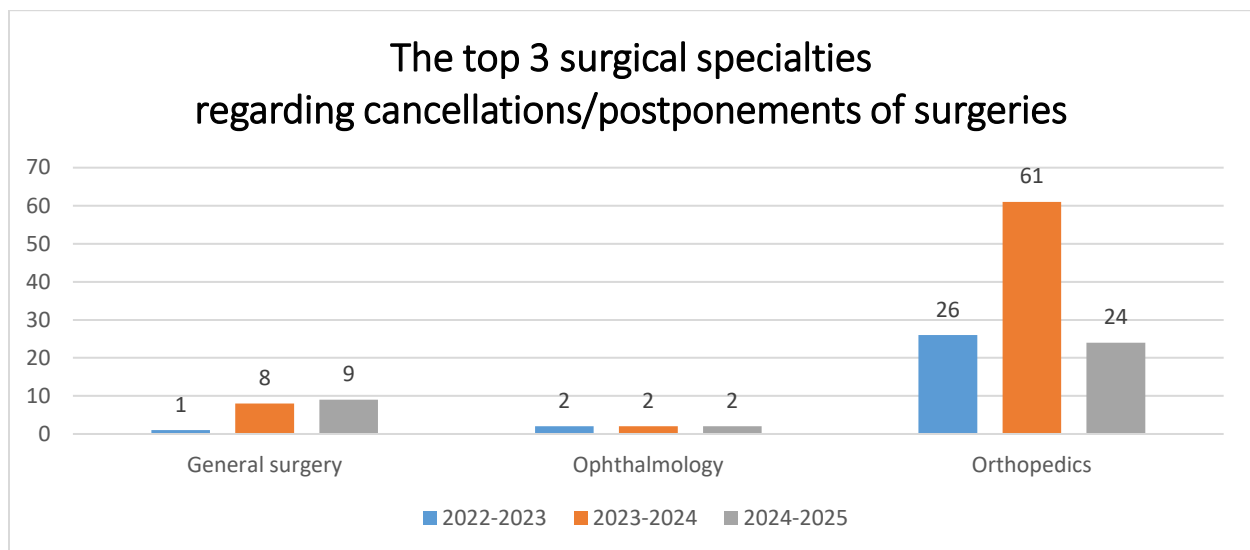
### Number of complaints related to delays in results/reports in Medical Imaging



### 3. SURGERY CANCELLATIONS AND DELAYS (combined complaints and assistance)

In last year's annual report, we addressed this issue and noted an increase in this type of case. The reason we included **both assistances and complaints** in this category is that active patients often tell us that they do not want their complaint to be officially documented because they still feel dependent and vulnerable as patients on the waiting list.

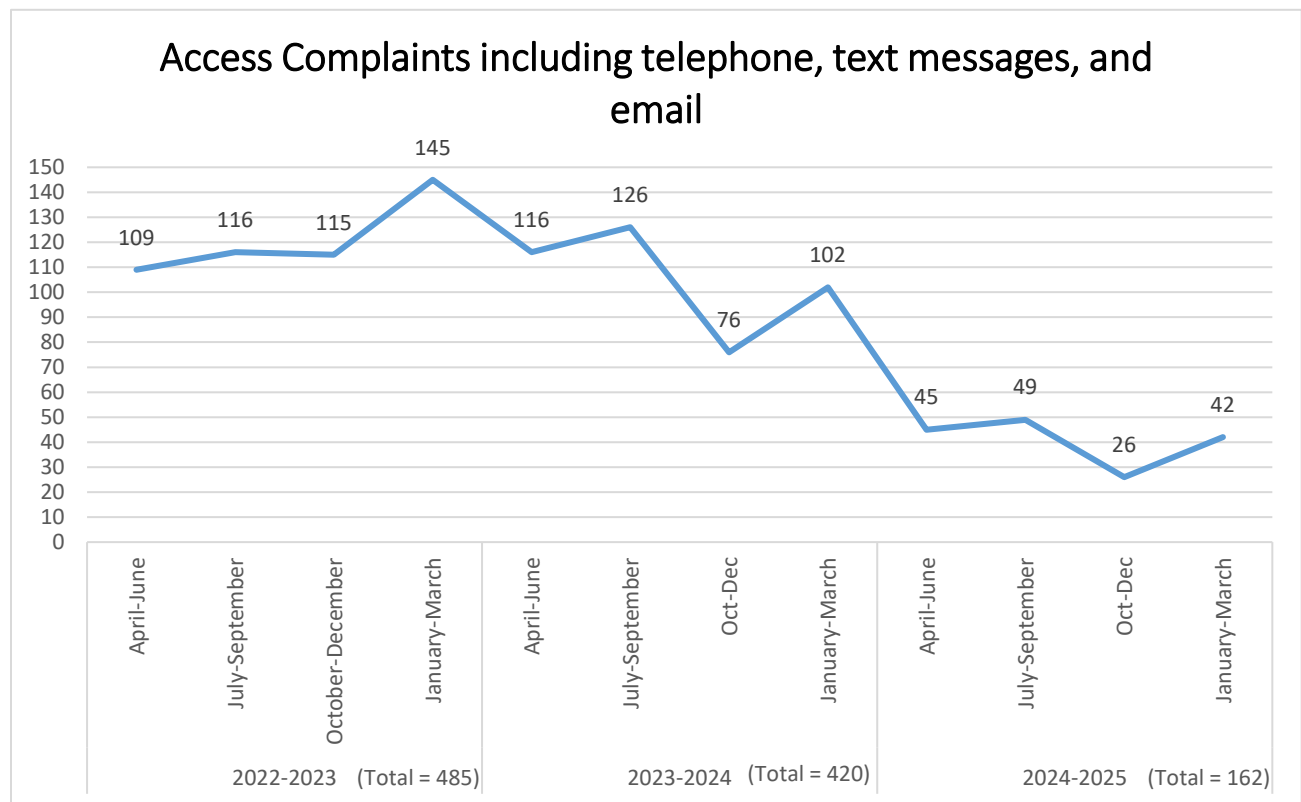
This year, our office recorded 60 requests compared to 104 the previous year, most of which concerned orthopedics. This represents a **44% decrease**. In fact, orthopedics, which is in high demand, is the only service for which we have meaningful data. The good news is that the number of cancellation calls related to orthopedics has **decreased** from 61 to 24, a 61% improvement for this specialty. Good communication on what patients can expect next is essential to maintaining a positive patient experience in the event of a cancellation.



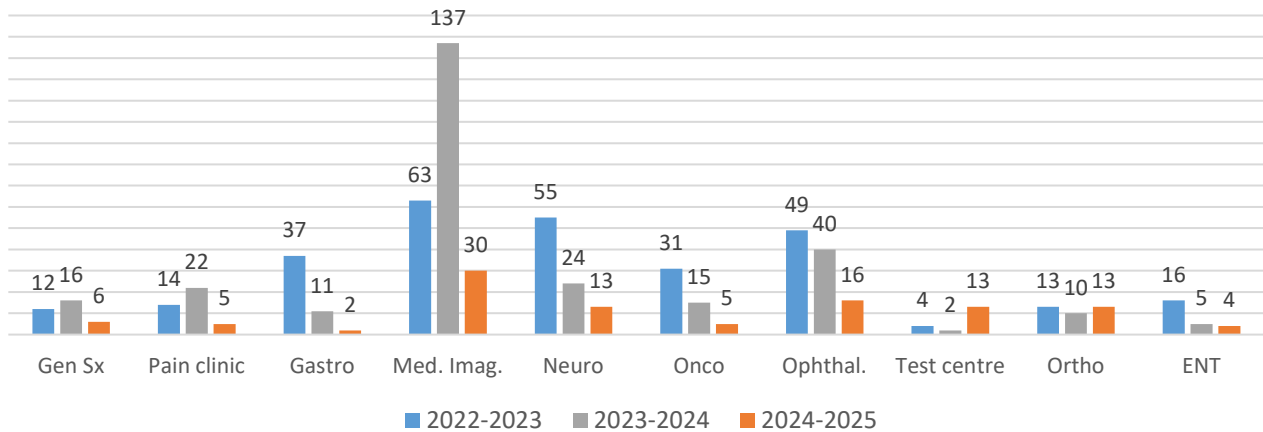
#### 4. ACCESS TO COMMUNICATION (phone, text message, email) SIGNIFICANTLY IMPROVED

As shown in the two graphs below, access to communication has finally made significant progress at the MUHC. In 2023, 420 individual complaints related to difficulties in reaching clinics or appointment centers were recorded. However, at last year's annual public meeting, we highlighted a trend toward improvement and predicted that if efforts were maintained, we would be able to report significant improvements for 2024-2025. This year, 162 individual complaints were recorded, a **61% improvement** over the previous year. It should be noted that when looking at the data and early indicators for 2025-2026, similar figures will be reported for next year, but we believe that medical imaging remains vulnerable.

Communication recommendations have been made in previous years.



## Top 10 services with complaints regarding telephone access, text messages and email



### 5. MUHC TEST CENTERS NOW UNDER NURSING MANAGEMENT

This year, management of the MUHC test centers was transferred from Optilab Laboratories to the Nursing Department. Optilab will continue to be responsible for non-MUHC test centers that are part of their cluster, including:

- West Island CIUSSS
- West-Central CIUSSS
- CISSS Abitibi-Thémiscamingue
- James Bay Cree Board of Health and Social Services
- Nunavik Regional Board of Health and Social Services

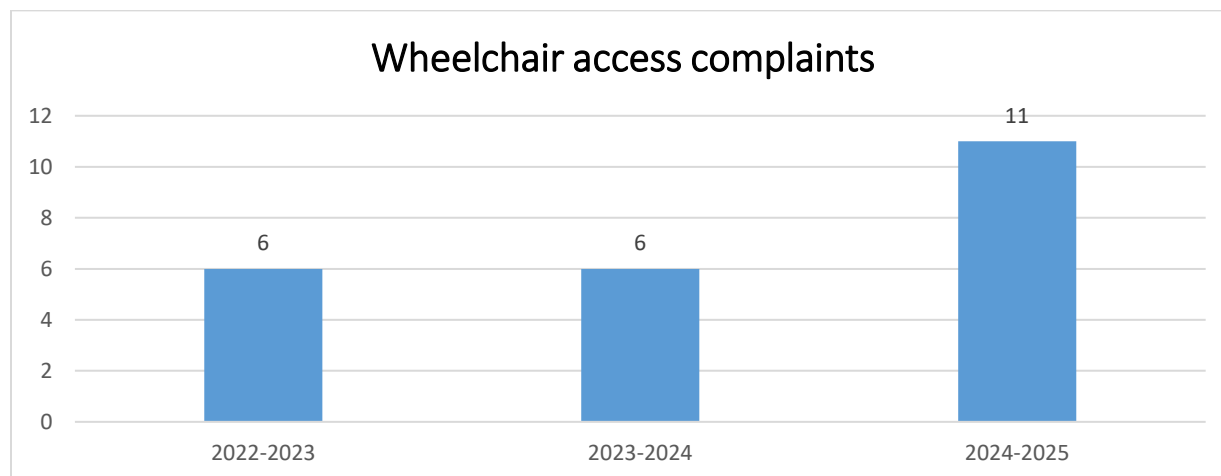
This was also the year where patients with non-MUHC affiliated requisitions were re-directed to CLSCs and community based local service points (LSP) blood test centers. This brought with it significant frustration for some patients who had an attachment or accessibility benefit in coming to the MUHC test centers. This was however, something that was conceived years ago, permissible under the MUHC's administrative jurisdiction and necessary in order to manage the volume of patients that was no longer sustainable. During this transition, there was a period of assessment and revaluation of the service offer that generated some complaints in relation to appointment accessibility but after a few months, things subsided.

### 6. AVAILABILITY OF WHEELCHAIRS

This is an issue that we continue to monitor despite the recommendations made last year and the implementation of an action plan. This concerns not only the availability of wheelchairs, but also the replenishment of stocks, the repair and collection of wheelchairs left at the various sites. It is true that many hospitals face this problem, but with 11 complaints recorded this year compared to 6 last year, we are not sure that this issue has been resolved, although we recognize that part of the increase in complaints may be attributed to greater awareness of the issue. We

remain concerned about the collection of wheelchairs and their return to their designated locations after peak hours. Effective communication between volunteer services, transportation services, and security should provide positive feedback on progress in this area.

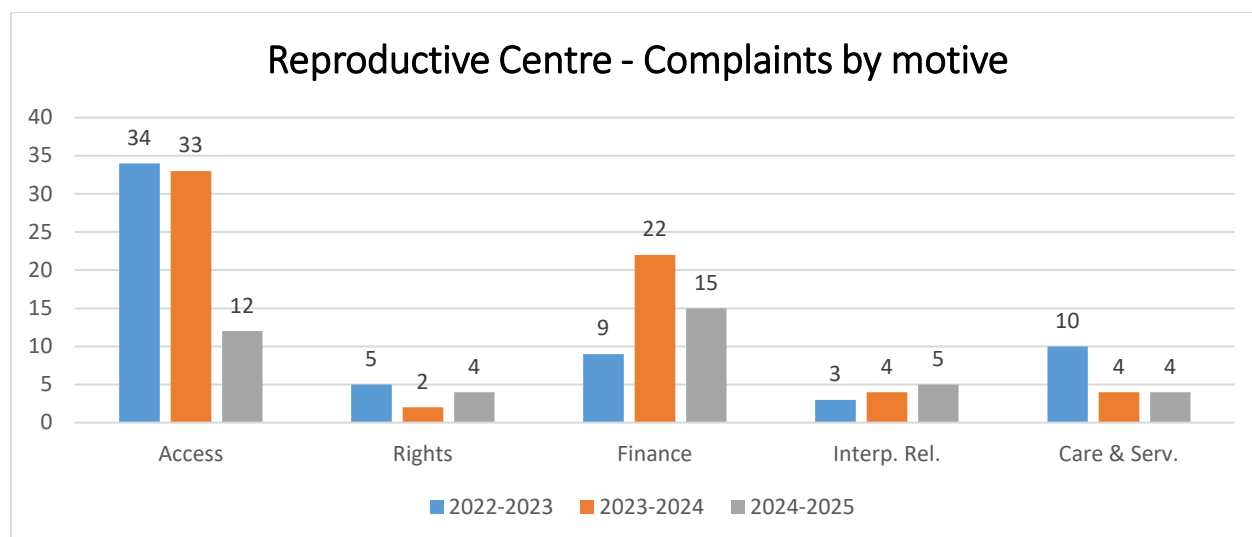
**Recommendations regarding wheelchair availability were made last year.**



## 7. REPRODUCTION CENTER

After two very difficult years in terms of communication accessibility and financial reimbursement requests (the figures do not reflect the full picture), the fertility clinic is moving in the right direction, but not without difficulties, and we remain concerned. The good news is that someone has been hired to provide expertise in the financial aspects of fertility services, which should improve and speed up reimbursement times. This is important because reproductive care includes services covered by RAMQ and others that are not, and these costs, as well as reimbursement claims, often represent significant amounts.

**Recommendations regarding reproductive services were made last year.**



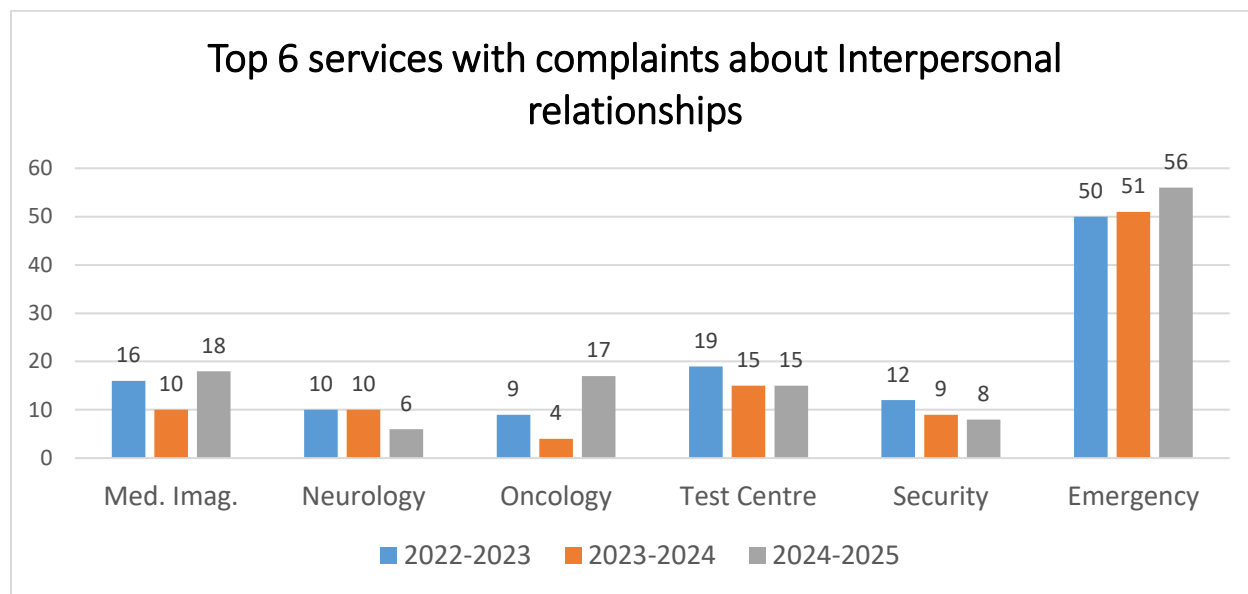
## 8. PARKING AT THE GLEN SITE: EXIT ISSUES

This year, we recorded 15 complaints about congestion-related parking at the exit, mainly at the Glen site parking lot during peak hours. We have been advocating for two (2) years for the barrier to be raised when traffic is too heavy, and this measure has finally begun to be adopted. However, the effectiveness of this strategy depends on how quickly parking staff identify the congestion to the trigger point (P3C) and how quickly they communicate to raise the exit barrier. It is not uncommon to wait 30 to 35 minutes just to reach the exit, at which point frustrated motorists learn that they have stayed longer than expected and must pay more. We note that a sign encourages the public to pay before reaching the exit barrier to avoid this. Finally, this situation is further exacerbated by outdoor construction and poor parking lot design (cars must merge into a single lane before reaching the two exit barriers). Our message to the public is: don't expect a quick fix, pay your ticket when leaving the building, and consider public transportation if possible.

**Recommendations regarding parking were made last year.**

## 9. INTERPERSONAL RELATIONSHIPS

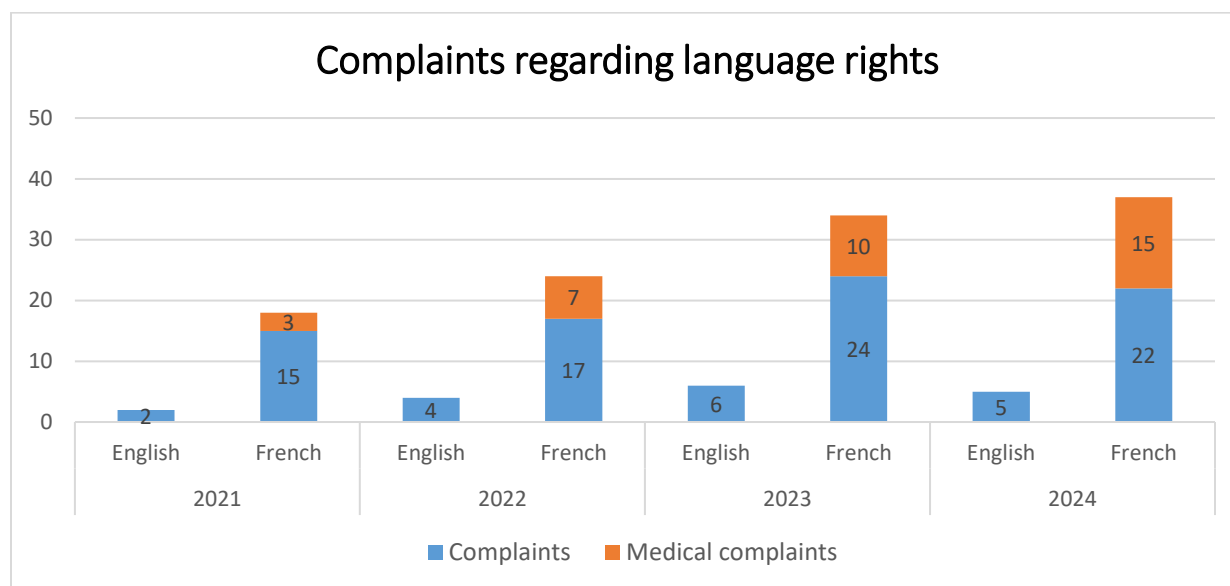
This is a very common issue that we observe regularly and attribute mainly to the dynamics that arise in highly stressful situations between patients and staff. Emergency rooms are the most common target for this type of problem, which is logical given the nature of emergency services and the significant overcapacity of the emergency rooms at the Royal Victoria Hospital and the Montreal General Hospital. In most cases, these issues are reviewed individually, always taking into account the context and, at times, the shared responsibility between the patient and the employee. When necessary, managers do a specific review of a given situation with the employee. Finally, we always track these in case patterns arise with individuals.



## 10. COMPLAINTS ABOUT LANGUAGE ACCESSIBILITY

Medical complaints about language generally refer to situations involving foreign residents completing their training at the MUHC.

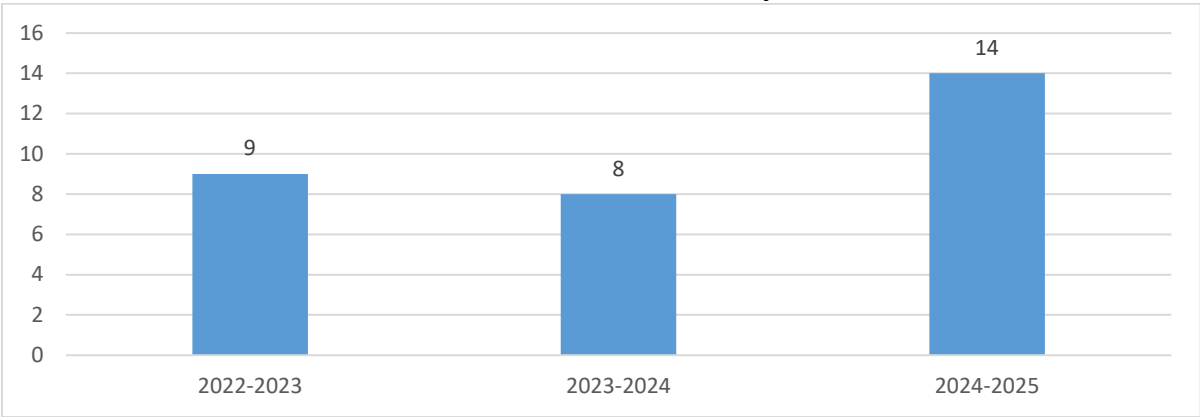
Discussions have been held with the relevant management, and efforts are underway to ensure that they address patients in a manner consistent with their language rights.



# PROTECTEUR DU CITOYEN (QUEBEC OMBUDSMAN)

In 2024-2025, of the 1432 complaint files handled by our office, 14 were submitted for review to the Protecteur du citoyen by complainants who were dissatisfied with our findings. Of these cases, 6 were closed without recommendation, 2 were referred back with recommendations regarding the therapeutic approach, and the remaining 6 have not yet been closed. It should be noted that the Protecteur du citoyen may intervene on its own initiative on a matter that has not been referred to our office.

**Total number of cases referred to the Protecteur du citoyen 2022-2025**

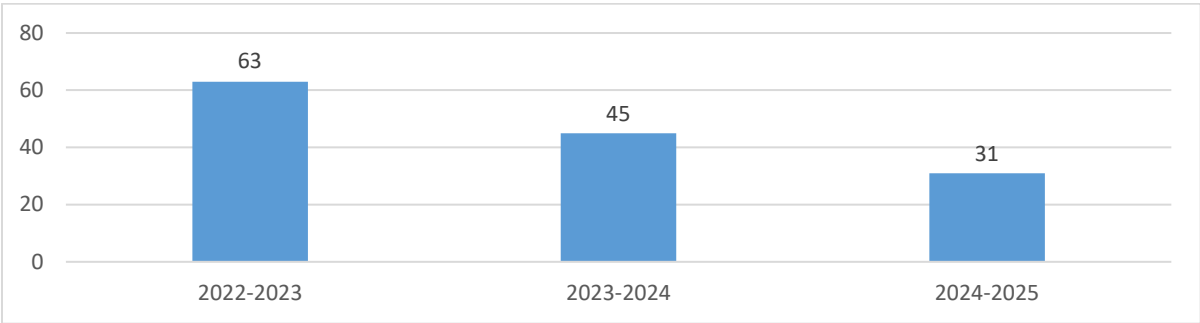


## INTERVENTIONS

Interventions are investigations opened by the Complaints Commissioner when there are informal or formal concerns that the care and services or rights of an individual or of a group of people may be compromised. Intervention files are also opened when a situation of abuse (maltreatment) is reported to our office. They do not always result in recommendations, as this depends on the information gathered.

In 2024-2025, 31 intervention files were opened, a decrease of 31% from the previous year. Of these files, 27 resulted in measures to improve a situation, but most of them concerned reports of abuse, which are included in the figures for the maltreatment category.

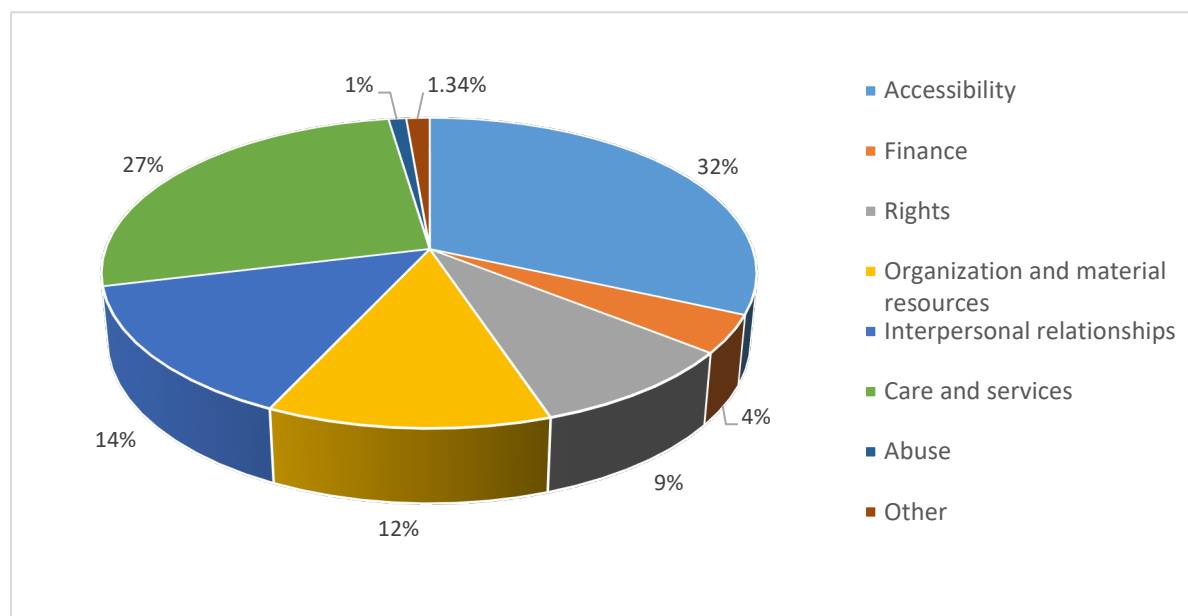
**Number of interventions 2022 - 2025**



## MOTIVES OF COMPLAINTS AND INTERVENTIONS

It is important to note that a complaint may have several motives. The total number of motives concluded in 2024-2025 was 2014.

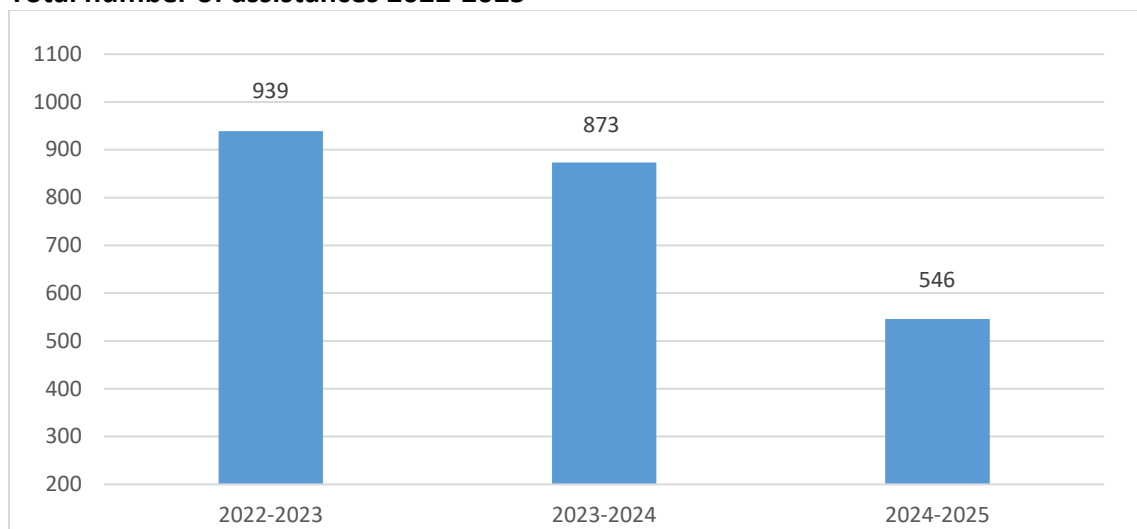
| Categories of reasons                 |     |
|---------------------------------------|-----|
| Accessibility                         | 662 |
| Finances                              | 8   |
| Rights                                | 192 |
| Organizational and material resources | 253 |
| Interpersonal relationships           | 297 |
| Care and services                     | 553 |
| Abuse                                 | 21  |
| Other                                 | 28  |



## REQUESTS FOR ASSISTANCE DECREASED SIGNIFICANTLY IN 2024-2025

As mentioned at the beginning of our report, last year saw an unexpected drop of 326 requests for assistance to our office. This decline is significant and unexpected. We attribute this reduction in the number of requests to the aforementioned improvements in access to communication. Given that there were 276 fewer complaints, it makes sense that the public needed our help less often.

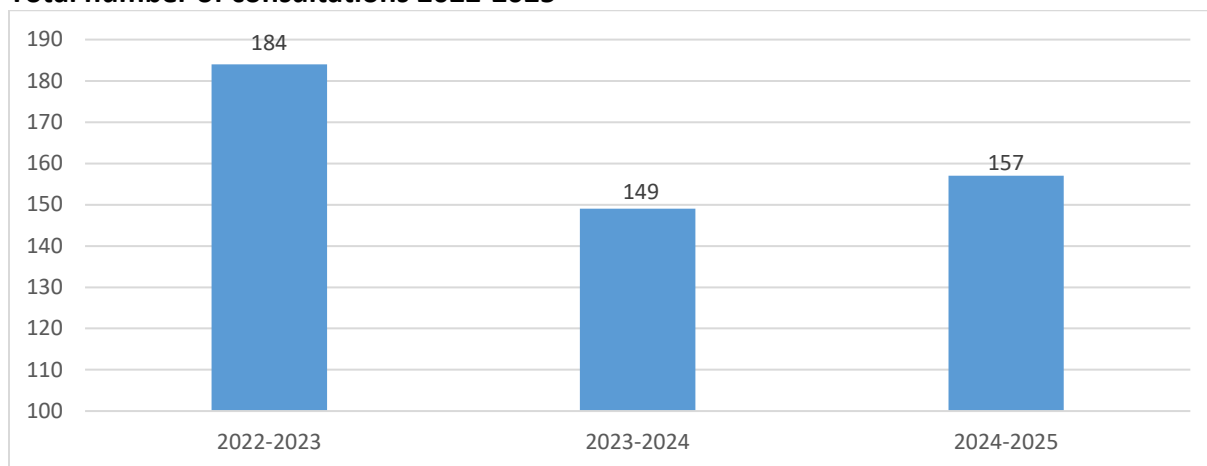
### Total number of assistances 2022-2025



### CONSULTATIONS

This year, we received 157 consultation requests, compared to 149 last year. Consultation requests come mainly from managers, assistant nurse managers, and physicians. This year, there was a slight increase, with the most common theme being complex situations with patients or their families. Although it is not our role to tell the MUHC how to handle these situations, we are able to provide advice on the elements that our office would consider if a related complaint were received, such as whether the civility and respect policy was properly applied or whether the restrictive measures were progressive, transparent, proportionate, and reviewed. As mentioned earlier, we believe that additional training and tools on this subject would still be beneficial for employees, managers, and physicians.

### Total number of consultations 2022-2025



## MALTREATMENT (complaints and interventions combined)

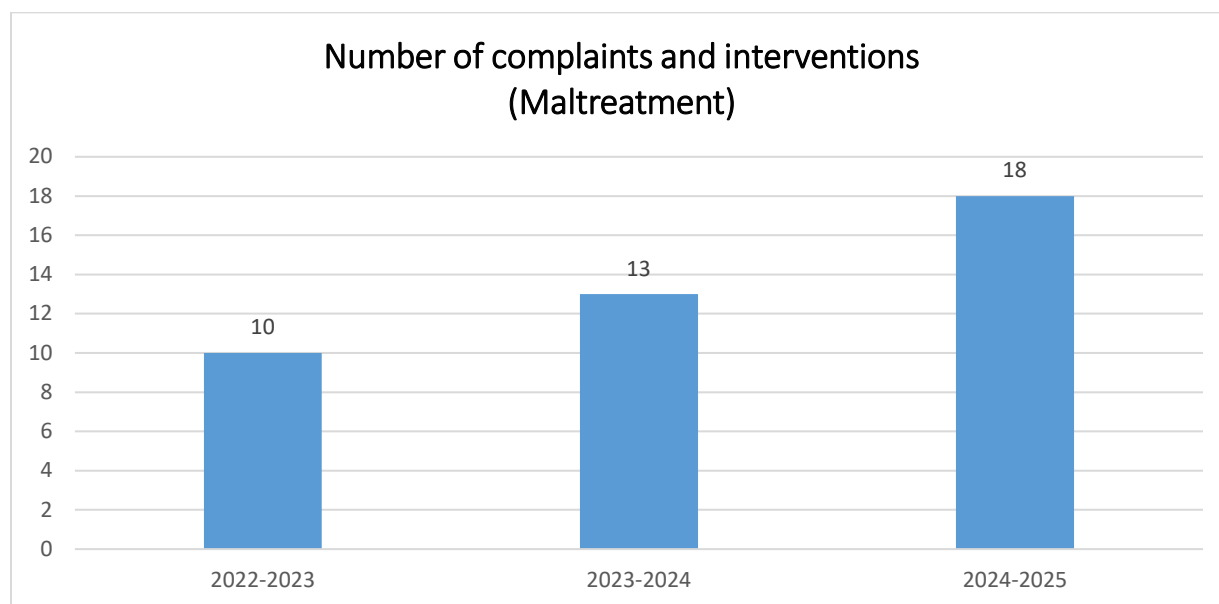
In 2024-2025, our office documented 18 cases of alleged abuse that were reported to us across all MUHC sites. These concerns were reported to our office by MUHC staff, in accordance with *the ACT TO COMBAT MALTREATMENT OF SENIORS AND OTHER VULNERABLE ADULTS*, and mainly involved allegations of abuse by family members. With the exception of two cases, all resulted in some form of enhanced protective measures. This does not necessarily mean that abuse or neglect was confirmed, but rather that the need for additional assistance was recognized, often by ensuring a link with their local CLSC support services or by changing their living environment to a more supportive one. In one case, the police intervened and a family member was arrested.

The types of abuse allegations reported were as follows:

- Financial abuse 6 times
- Physical abuse 4 times
- Psychological abuse 4 times
- Sexual abuse 1 time
- Organizational neglect 2 times (patients from external resources)
- By another patient 1 time

The types of measures implemented were as follows:

- Collaboration within the healthcare network 3 times
- Reassessment of needs 2 times
- Relocation/transfer of place of residence 4 times
- Improvement of safety measures 8 times
- Mediation 2 times
- Assistance in obtaining services 2 times



## OTHER ACTIVITIES OF THE COMMISSIONER

- Participating member of the local watchdog committee (Vigilance Committee)
- Participation in the provincial mandate on cultural security
- Ongoing participation and collaboration with the MUHC Central user committee
- Presentation on rights and emerging issues at the Montreal Children's Hospital
- Participating member of the Organisational Ethics Committee

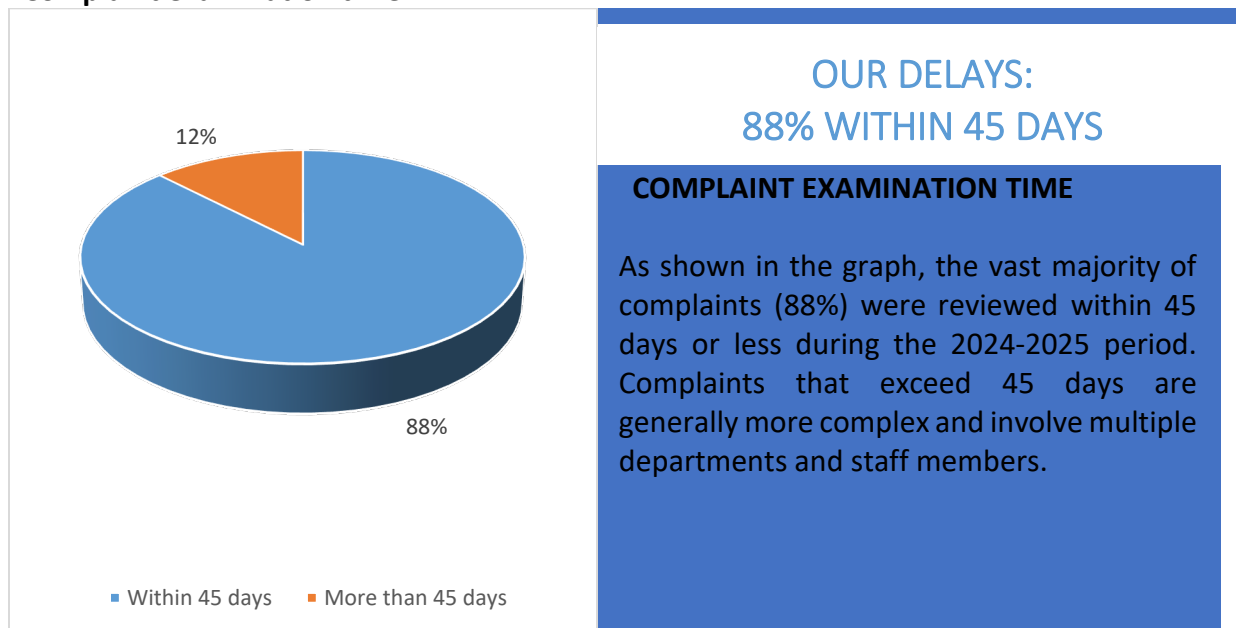
## PEDIATRIC CARE

This year, the Montreal Children's Hospital received a total of 160 individual complaints, an increase from the 99 complaints received the previous year. These figures are included in the total indicated at the beginning of our report. Normally, we would devote a detailed section to pediatric care, but the Montreal Children's Hospital did not raise any issues requiring numerous interventions; unlike adult care, which represents a much larger volume of patients and data for our office. Of the 147 individual cases that were concluded, only 7 recommendations were made to improve care and services, 4 of which were systemic in nature. The most frequent issues were as follows:

- Care and services
- Accessibility
- Interpersonal relationships

## OUR DELAYS IN RESPONDING TO THE PUBLIC

### Complaint examination time



Période du 2024-04-01 au 2025-03-31

| DÉLAI D'EXAMEN    | Moyenne | Nombre | %      |
|-------------------|---------|--------|--------|
| Moins de 3 jours  | 1       | 466    | 33.43  |
| 4 à 15 jours      | 7       | 551    | 39.53  |
| 16 à 30 jours     | 21      | 156    | 11.19  |
| 31 à 45 jours     | 37      | 49     | 3.52   |
| Sous-total        | 8       | 1222   | 87.67  |
| 46 à 60 jours     | 51      | 51     | 3.66   |
| 61 à 90 jours     | 74      | 46     | 3.30   |
| 91 à 180 jours    | 116     | 72     | 5.16   |
| 181 jours et plus | 219     | 3      | 0.22   |
| Sous-total        | 87      | 172    | 12.34  |
| TOTAL             | 18      | 1394   | 100.00 |

## RECOMMENDATIONS AS AN IMPORTANT INDICATOR OF THE COMPLAINT REVIEW SYSTEM

The total number of complaints filed by the public is not always a reliable source for assessing a problem related to the MUHC. Sometimes, dissatisfaction may stem from the provincial structure of the healthcare system, expectations, or other factors. One reason may be that the source of the problem is so complex and multifactorial that a recommendation from our office would not yield the desired results. This is the case with emergency room overcrowding, a problem that requires action at various levels to be resolved.

One way to assess the situation is to review the recommendations made by our office and determine how many of them are systemic or individual in nature, or whether they have continued from year to year. This year, our office made 100 formal recommendations, of which 65 were **systemic** and 35 were **individual**.

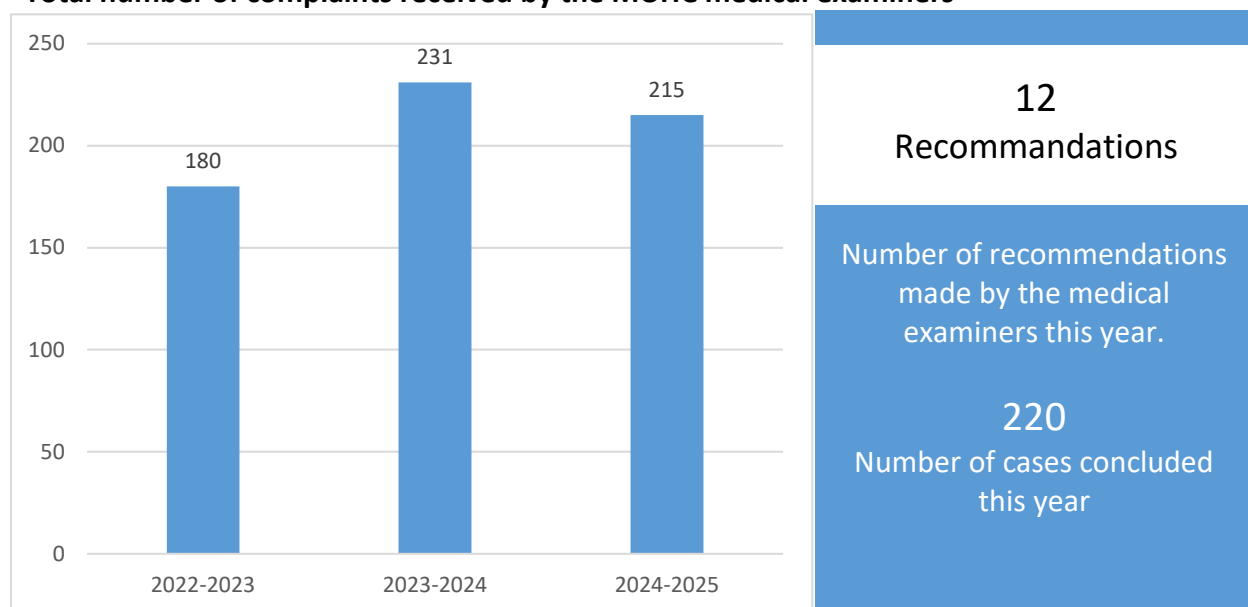
## MEDICAL EXAMINERS

This year, 215 new medical complaints were filed, compared to 231 in 2023-2024. Of the 220 cases that were concluded, including those carried over from the previous year, 12 recommendations were made to medical leadership in various specialties or to individual physicians. 1 case was referred for disciplinary review, and 73% of cases were concluded within the required 45-day timeframe. There were no systemic recommendations to be made for the year 2024-2025.

The three most frequently addressed topics in medical complaints were as follows:

1. Clinical judgment and evaluation
2. Technical ability
3. Comments and communication

**Total number of complaints received by the MUHC medical examiners**



## MUHC REVIEW COMMITTEE

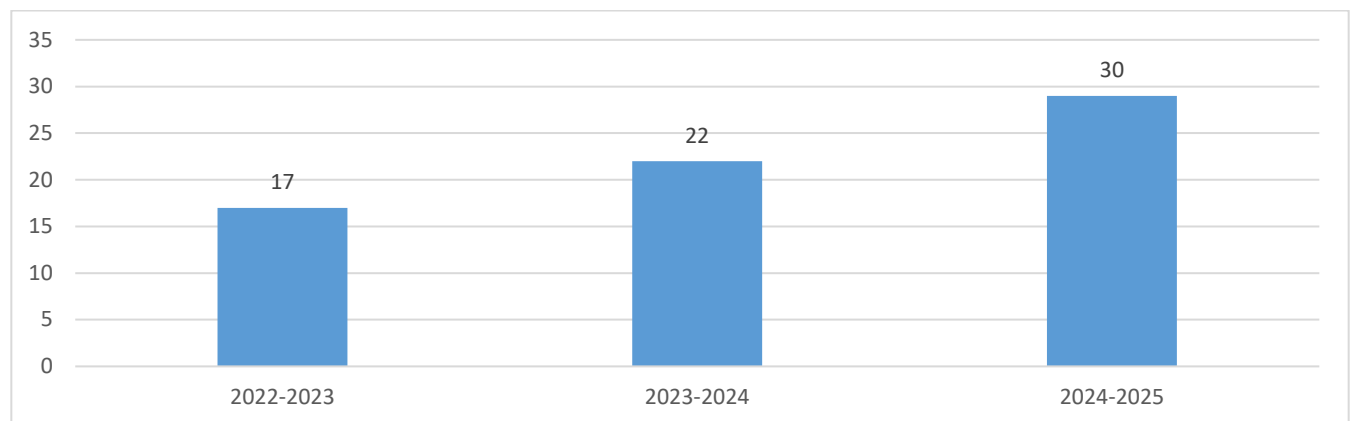
The Review Committee is appointed by the MUHC Board of Directors and its mandate is to review, as a second recourse, complaints from individuals who are dissatisfied with the conclusions of the Medical Examiners. The committee members changed during the year to become:

- Dr. Lynne Fornarolo
- Dr. Joshua Chinks
- Dr. Mark Liszkowski

In 2024-2025, the Review Committee received 30 new requests for review and 18 were concluded. Among those submitted, including those carried over from previous years, the average turnaround time was 319 days (there was a significant backlog). No recommendations of a systemic nature were made.

|                                                                                                              |          |
|--------------------------------------------------------------------------------------------------------------|----------|
| 1. Confirm the conclusions of the Medical Examiner                                                           | 18 cases |
| 2° Request that the Medical Examiner perform a complementary examination within a delay set by the Committee | 0 cases  |
| 3° When a disciplinary issue is raised, transfer the file to the CPDP for disciplinary review                | 0 cases  |
| 4° Recommend to the Medical Examiner or to the parties any measures likely to resolve the problem.           | 0 cases  |

### Total number of cases handled by the MUHC Review Committee 2022-2025



## CONCLUSION AND RECOMMENDATIONS

Some of the topics covered in this report have not been the subject of formal recommendations. This may be due to insufficient data, resource constraints, or the fact that leadership is actively working on solutions and need time to implement them. We may have made recommendations during the previous year, but some topics still warranted further follow-up. At the end of each report, we submit a few guiding recommendations that we believe are attainable and can help resolve an issue before it escalates.

Based on all of the above information gathered during 2024-2025, compiled and summarized in this report, our office makes the following recommendations to the MUHC for 2024-2025:

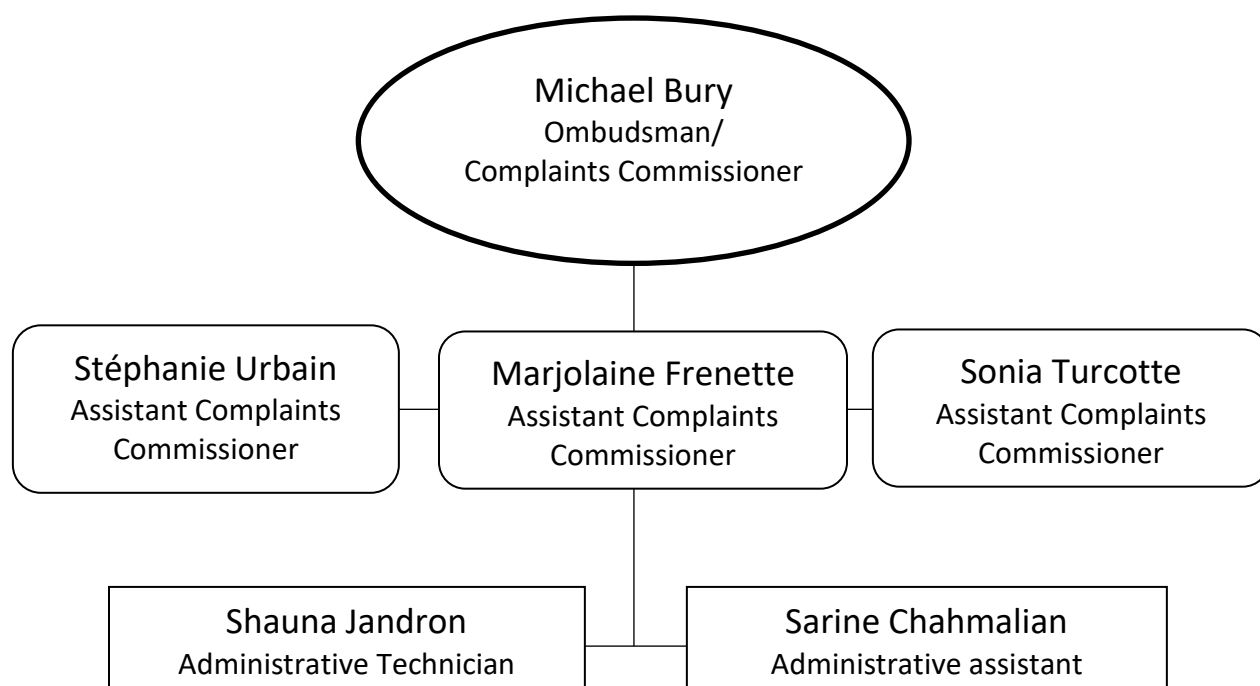
1. Continue to improve the flow and coordination of oncology patients awaiting imaging results prior to their follow-up appointments.
2. Continue to improve communication by phone, email, and text message, as this issue accounts for 25% of accessibility complaints, despite notable improvements.
3. Continue to seek efficiency gains that will reduce wait times for appointments, as they account for 26% of accessibility complaints.

Sincerely,



Michael Bury  
Ombudsman / Complaints Commissioner  
McGill University Health Center

## APPENDIX A: Organizational chart of the Office of the Complaints Commissioner



### Medical Examiners

Dr. Dominic Chalut

Dr. Manuel Borod

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Phone: 514-934-8306

Email: [ombudsman@muhc.mcgill.ca](mailto:ombudsman@muhc.mcgill.ca)

Website: <https://muhc.ca/ombudsman>

### Sites

Montreal General Hospital

Montreal Children's Hospital

Montreal Neurological Hospital

Glen Hospital (encompassing all adult sectors on the Glen site)

Lachine Hospital

Camille-Lefebvre Residential Center

Maisonnette Ambulatory Care Center

Allan Memorial Outpatient Services Center

Gilman Outpatient Services Center

MUHC Reproductive Center

## APPENDIX B: Glossary of Terms

**Assistance:** This term refers to any request for help or assistance in **(1)** accessing care, services, and information; **(2)** communicating with medical staff; and **(3)** filing a complaint.

**Vigilance Committee:** The Vigilance Committee is a subcommittee of the Institutional Board of Directors (IBD) composed of representatives from the IBD, patients, and, upon invitation, managers. This Committee is responsible for receiving and making recommendations aimed at improving hospital care and services. In addition, this committee ensures that recommendations are implemented and completed in a timely, appropriate, and effective manner.

**Complaints and Service Quality Commissioner:** This title or designation is the official title under the Act respecting health services and social services in Quebec, R.S.Q., c. S-4.2. However, since many patients are more familiar with the term *ombudsman*, we use this title as well as that of complaints commissioner.

**Consultation:** This term refers to a case in which an administrator, manager, or patient contacts the commissioner/ombudsman for advice regarding the rights and obligations of patients and their families.

**Intervention:** This term refers to any investigation conducted by the complaints commissioner when information or evidence, obtained formally or informally, indicates that the rights of an individual or group of individuals may have been violated or compromised.

*Medical examiner:* In English-speaking countries, a medical examiner is a forensic pathologist or coroner, a title that may frighten some patients when they are referred to this professional. The medical examiner here is the physician responsible for investigating complaints about medical acts; in short, his or her duties are similar to those of a medical ombudsman.

**Ombudsman or User Advocate (*Office of the Ombudsman*):** These terms, used in the Quebec legal system, correspond to those of *Ombudsman/Provincial Commissioner* used elsewhere in Canada. Like other provincial ombudsmen, the Ombudsman is required to produce and submit regular reports to the Quebec National Assembly. He also has a duty to monitor the laws.

## Appendix C: Categories and grounds for complaints

*Below are the main categories of grounds for complaints as defined by the Department of Health for the purposes of the SIGPAQS data collection system, with examples:*

- **Accessibility:** delays, refusal of services, transfer, lack of services or resources, language accessibility, choice of professional, choice of facility, other.
- **Care and services provided:** technical and professional skills, assessment, professional judgment, treatment or intervention, continuity, other.
- **Interpersonal relationships:** reliability, respect for the individual, respect for privacy, empathy, communication with family and friends, violence and abuse, attitudes, availability, identification of staff, other.
- **Organization of the environment and material resources:** food, privacy, diversity of clientele, spatial organization, hygiene and sanitation, comfort and amenities, rules and procedures of the living environment, living conditions adapted to ethno-cultural and religious characteristics, safety and protection, relations with the community, equipment and materials, parking, other.
- **Financial aspects:** room costs, billing, placement fees, travel expenses, medication costs, parking fees, services received by users, special needs, material and financial assistance, allocation of financial resources, claims, solicitations, bequests, other.
- **Specific rights:** information, user file and complaint file, user participation, consent to care, access to a protection plan, consent to experimentation and participation in a research project, right to representation, right to assistance, right of recourse, other.
- **Other reasons for requests:** other reason (reason we try not to use, but sometimes unavoidable).

## Appendix D: Additional graphs

Three-year trend for each category of complaint, in percentage terms.

