

ANNUAL REPORT
2022—2023



MUHC OFFICE OF THE
**COMPLAINTS
AND QUALITY
COMMISSIONER-
OMBUDSMAN**

Centre universitaire
de santé McGill



McGill University
Health Centre



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MESSAGE FROM THE MUHC OMBUDSMAN A SPECIAL THANK YOU

First, I would like to start this report by thanking Lynne Casgrain, recently retired MUHC Ombudsman for the past 20 years, for her service, support and wisdom throughout the time we have worked together. She has left behind a passionate and skilled team guided by her values of fairness, balance and equity.

As we transition towards the future of our office, the needs of the population and the challenges that the MUHC community will face, I take this opportunity to renew our office's collective commitments to ensure that the years to come are guided by independence, fairness and effectiveness.

As you will see in this report, the last two years have produced an unprecedented increase in complaints to our office with volumes going up by 26% and 21% respectively through the calendar years 2021-2022 and 2022-2023, placing significant demands on our team members and collaborators within the MUHC community. While one might think this increase is due to the return of normal activities post-COVID, this would be inaccurate, as the number of complaints had been trending downwards prior to the pandemic. We will elaborate on the reasons for this increase further on in our report.

These numbers have also forced many patients and representatives who have reached out to our office to wait far beyond the normal delays to receive a follow-up to their requests. Despite

this, our office has still managed to respond within the mandated 45-day delay to 87% of requests. For this achievement, I would like to thank again Lynne Casgrain, as this report covers the previous year of her leadership, the stellar efforts of Assistant Ombudsmen Stéphanie Urbain and Marjolaine Frenette, as well as the indispensable work done by our administrative technician Shauna Jandron and our administrative assistant Sarine Chahmalian.

I would also like to welcome Mme Sonia Turcotte as the third Assistant Ombudsman to join our team. She will begin her new functions in September and brings with her a wealth of diversified nursing expertise, professionalism, credibility and leadership skills.

Finally, medical complaints are now being treated, evaluated, and responded to more rapidly than ever before thanks to the leadership and commitment of Dr. Manuel Borod and Dr. Dominic Chalut. Our office is lucky to be able to collaborate with them so patient complaints get examined quickly, objectively and thoroughly.



Michael Bury

Complaints and Quality Commissioner / Ombudsman
McGill University Health Centre

ANNUAL REPORT - INTRODUCTION

This Annual Report will include our office's objectives for the year, the identified themes of the year and, in accordance with the Health Act, (I) the report of the Complaints and Quality Commissioner, (II) the number of cases referred to the Protecteur du citoyen, (III) the report of the Medical Examiners, (IV) the report of the Review Committee, and (V) a summary of the Vigilance Committee's work. 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

At the end of this report, readers will find guiding recommendations for the MUHC for the 2023-2024 year based on all the information given to us from the public and that is represented in this report.

OBJECTIVES FOR OUR OFFICE FOR THIS YEAR

- 01** Given the above-mentioned increasing needs of the population for our services, we will be undergoing a full review of our internal practices this year with an emphasis on identifying time-saving measures that would allow us to respond more rapidly to patient requests.
- 02** We will be reviewing the criteria for recommendations with the objective of continuing to provide the MUHC with the most specific, realistic, actionable and time-limited recommendations to help improve problematic situations that have been identified through patient or representative experiences.
- 03** Reduce the number of files lasting over 90 days.
- 04** Complete the elimination of the medical complaint back log and increase the percentage of files completed within the mandatory 45 day delay.
- 05** Explore opportunities with collaborating committees that play a role in the complaint examination system to accelerate the process in order to increase public confidence in the MUHC application of the complaint examination process.

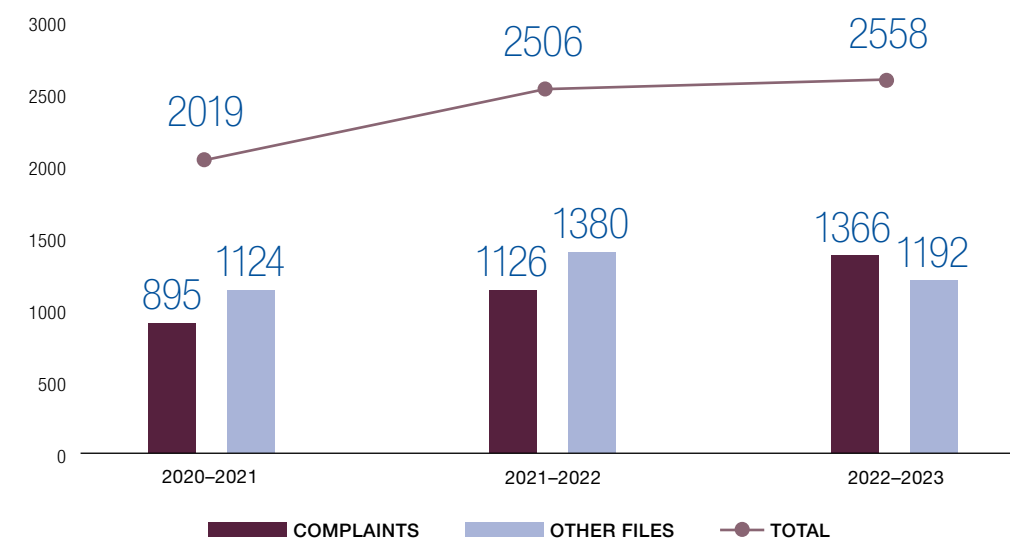
THEMES OF THE YEAR

While we will dive more into the detail of the reasons and statistics in the following pages, the core issues surrounding most of the volume-generating complaints made to our office by the public this year stem from the following needs or problems:

- 01** A significant lack of human resources of varying skills and expertise despite recruitment and retention efforts, with no near end in sight.
- 02** A lack of present-day technological solutions that would help mitigate the lack of personnel, congestion and slow transmission of clinical information, particularly in the field of communications and appointment management.
- 03** The need to implement the necessary changes and commitments made to drastically improve communication access for the public that is currently being spearheaded by the MUHC communications sub-committee.

COMPLAINTS AND OTHER FILES* RECEIVED IN 2022-2023

Chart 1: Total number of files and complaints received from 2020-2023



* Other files: requests for assistance, consultation and interventions.

As we can see from the data above, the overall number of requests to our office has increased significantly from 2020-2021 and that increase is completely in the column of complaints. While it is true that there was an overall drop in activity with our office in 2020-2021 due to the pandemic, there is a clear shift from pre-pandemic numbers and that is to say we have received far more complaints vs other types of requests than in previous years. In fact, 2022-2023 had **368** more complaints than the last full year pre-pandemic (998 complaints) of 2018-2019.

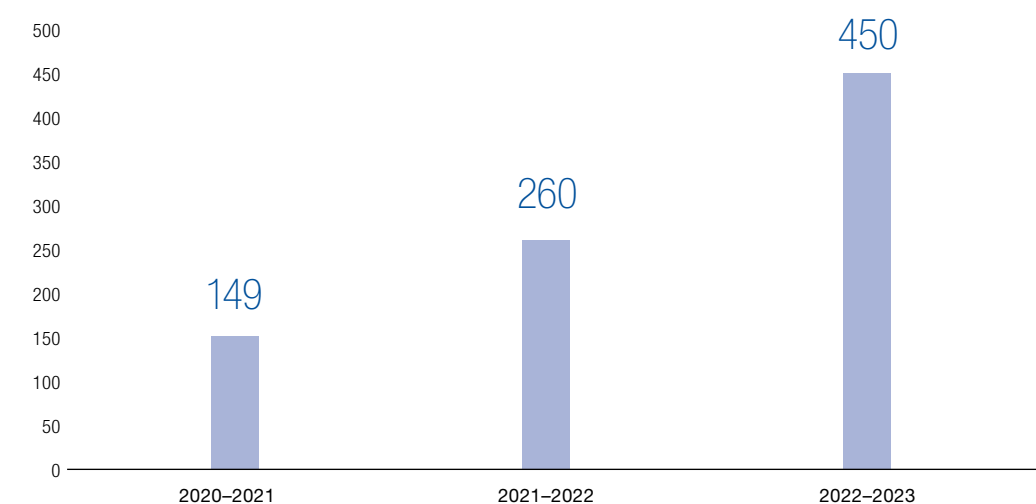
PRINCIPAL CAUSE OF THE INCREASE

Last year, as in previous years, we reported on the chronic problem of communication, generally referred to as telephone access.

What has changed though is that in the past year, the MUHC put together a communications committee and a pilot project to study the multifactorial issues and look at options for improvement based on our office's data from patient complaints. This was a very positive step and a more complicated one than most could appreciate given the technological needs, lack of human resources, financial considerations and volume to manage. This project is still ongoing and its timeline of implementation extends into the fall of 2023 and so as of the time of writing, we have no progress to report of. In fact, while it was our great hope that we could write this annual report while highlighting the awaited progress to this long-standing MUHC issue, it is the reverse we must report.

Prior to the pandemic, communication-based complaints dropped to 151 in 2018-2019 after years of reporting on the issue and homemade clinic-based solutions. The arrival of the pandemic further dropped those numbers. Then, in 2021-2022, as we slowly began to emerge from the COVID restrictions, those numbers climbed to 260. This year, it is with regret that we report the number of complaints related to patients trying to reach their clinics exploded to an unprecedented **450 COMPLAINTS**. In fact, last year's annual report predicted the trend was headed towards the 400 mark and unfortunately this number has been eclipsed.

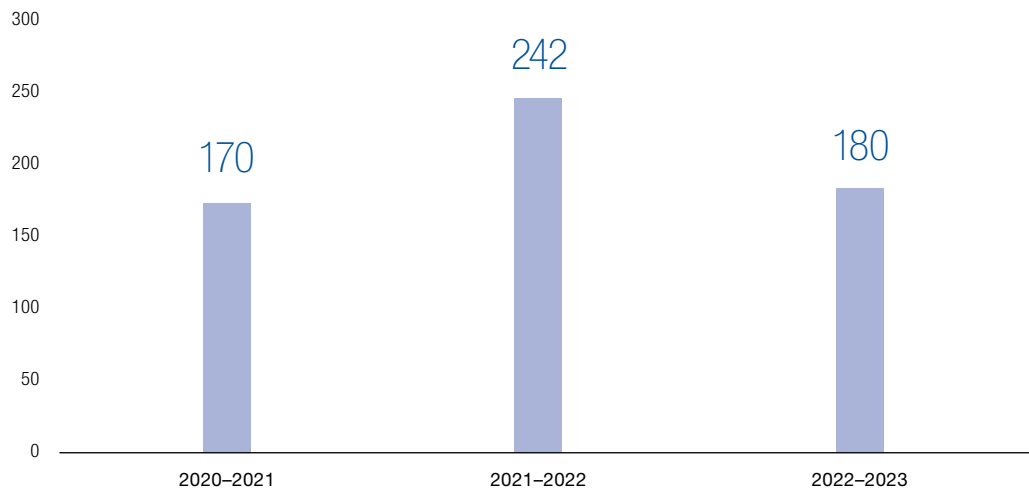
Chart 2: Communication Access Complaints 2020-2023



THE DOMINO EFFECT: PATIENTS AND EMPLOYEES ON THE RECEIVING END

This year, we were able to witness the domino effect of this problem on multiple fronts. First, the patients. Not all of them have the same needs and some requests are more urgent than others. Some treatments require a lot from patients, both physically and mentally. More than any other year, the emotional impact of not being able to reach anyone has produced an elevated level of distress, anger and insecurity in the population. Many of these needs were clinical in nature and many patients reported having to drive to their clinic or service to get their needed information. These tired, frustrated patients would then be met by an employee. These employees, often equally tired and frustrated due to their inability to meet the demand, would lead to stress filled interactions at times. Because of this, we draw your attention to what we consider to be overall high numbers of interpersonal relationship-based complaints in chart 3 below:

Chart 3: Interpersonal Relationship Complaints 2020-2023



Finally, during our examination of these complaints, we have seen signs of the distress this issue is having on the employees and physicians. When the complaint commissioner’s office comes calling, writing, or visiting, or patients are threatening to lodge a formal complaint against the employees or clinic, this negativity compounds on top of the challenges faced in trying to meet the needs of the population. This affects morale and we have reason to believe that this constant barrage of negativity is contributing to employee instability and retention issues in certain services. We urge the MUHC **TO NOT UNDERESTIMATE** the impacts of this issue on the people involved on both sides of the equation. It would be false to assume this problem is as widespread in other healthcare institutions.

ACCESS, MISSING HEALTH CARE PROFESSIONALS AND MISSING TECHNOLOGY

There are seven (7) categories of complaints, and each category is subdivided into several subcategories. See **Appendix C** for a summary of each category.

As with other years, **ACCESSIBILITY** continues to be the biggest concerns for the population. Specifically, and apart from the previously mentioned communication crisis, the delays in getting an appointment, a test, a result or a needed surgery are among the most common reasons a patient will contact our office. In almost every instance, we will note a lack of personnel as being one of the main underlying causes of these delays. Whether it be doctors, nurses, technologists, orderlies (PAB), respiratory technicians, administrative agents or others, the list is long. These are often unfilled, budgeted positions where recruitment and retention efforts are already in place but the results remain elusive. Because of this, many of these accessibility related complaints are anticipated to continue for the near future and increase further unless the MUHC moves rapidly and prioritizes the investment in technological solutions for communications, clinic registrations and transmission of clinical information. Ongoing dependency of faxes has also been cited on multiple occasions as slowing down the flow of information and while the MUHC is aware of these challenges and needs, we feel it is our responsibility, as the office that is articulating the voices of the public to inform the MUHC that this is a priority for them. This has been validated and documented on multiple fronts.

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

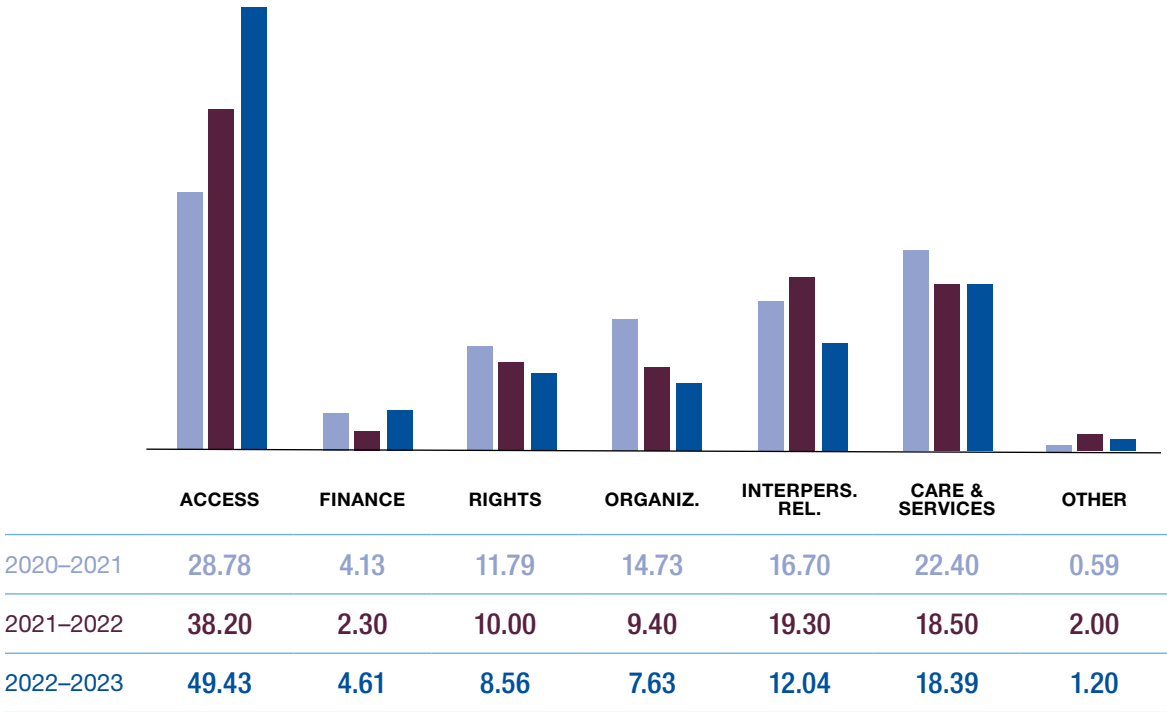
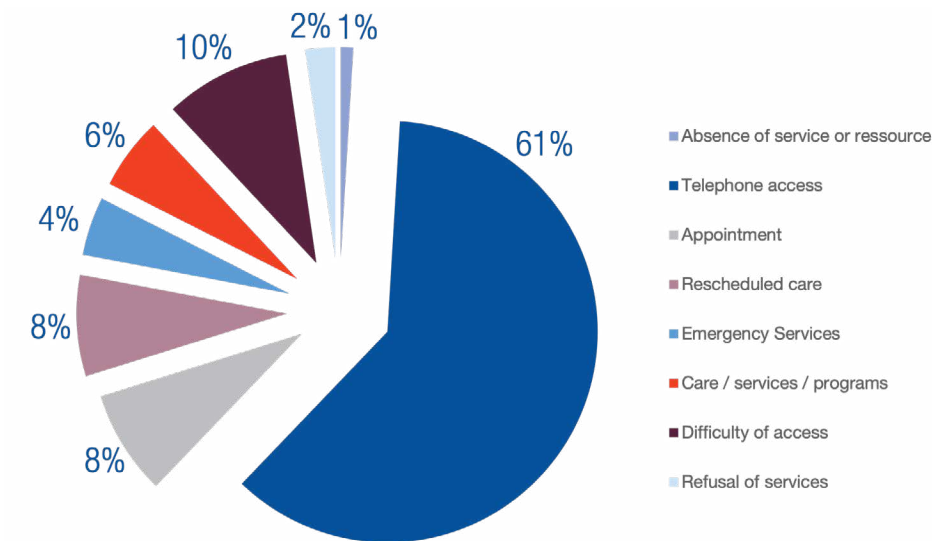


Chart 5: Sub-categories of accessibility-related complaints



As we can see, communication/telephone accessibility dissatisfaction accounts not only for 61% of the volume for this category, but it also represents 18% of total volume for the ombudsman’s office.

THEMES IN ADULT CARE

01 SURGERY DELAYS

We have noted that for some patients, there have been significant delays between the need and the actual surgery date due to a variety of factors related to access and availability. This issue in turn, is compounded by difficulties in communicating with the team and repeated cancellations resulting in long periods of fasting, anxiety, loss of income and potential adverse effects related to these delays. Sometimes, some patients can experience up to 3 or 4 cancellations at the last minute due to the need to reprioritize a patient’s status as more urgent situations arrive. This obviously generates significant distress and frustration among patients. Although the year 2022-2023 is not remarkable in terms of figures, which are within the norm of pre-pandemic years, we noticed at the end of the fiscal year a worsening of these files, with longer wait times and additional cancellations. Recently, there has been a renewed focus by the MUHC to tackle this multifactorial issue so we remain optimistic but will continue to watch this situation closely during the current year.

02 THE RIGHT TO INFORMATION ON A PATIENT’S HEALTH STATUS

One of the more common complaint motives in the category of patient rights is to have proper information on the state of a patient’s health, particularly for involved family members who are the main resource and support for the sick patient. This most commonly will occur post-surgery or when a caregiver is visiting them in a unit. While this issue is jointly managed with the medical examiner, we

find ourselves often solicited for this as too many family members have reported waiting for hours or days with no news in a critical situation. The collective clinical teams, doctors, and nurses, can make a difference here and we encourage them to review who how they handle this need within their teams.

03 DELAYS IN IMAGING READING TIMES

A new emerging trend is the increase in reading times for certain tests in the context of insufficient radiologists. The increase in these delays causes distress in patients, especially oncology patients. Furthermore, the patients whose tests are not prioritized may wait several weeks for results. Coordination with follow-up appointments then becomes problematic as the radiological reports are not ready in time for the patient’s next appointment. Consequently, patients must reschedule their follow-up appointment or show up without the test result available for the treating physician. This is an obstacle to continuity of care in a timely manner.

04 DELAYS IN REGISTRATION AT CLINICS

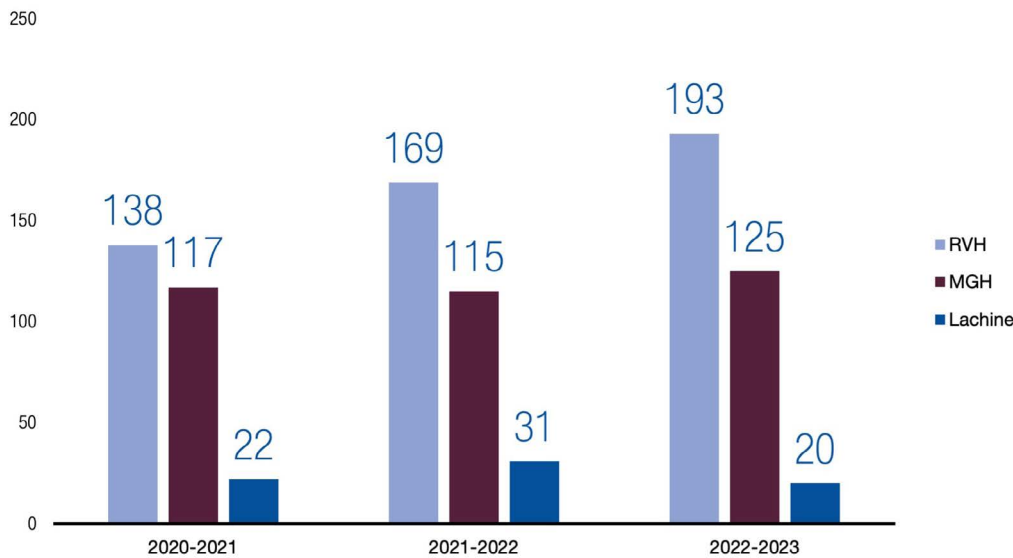
It has become commonplace for clinics to manage high volumes of patients due to the high demand. Those same clinics may have certain days of the week reserved for different types of patients making some days busier than others. Then there are add-on patients, administrative delays, missing personnel and further delays as a result of dependencies from other specialties. However, the idea of waiting long periods to register before getting inside the clinic sets up patients, employees and physicians for a rough start given the reality that awaits them. Throughout this report the theme of delays is repeated and patients have been asking for years for a better, more efficient way to start their visit at the MUHC and this year is no different. Administrative agents have been asked to multitask for a long time but they cannot answer a call or an email if they are registering people.

05 A SIGNIFICANT INCREASE IN CONSULTATIONS RELATED TO DISRUPTIVE BEHAVIOUR FROM PATIENTS

A clear theme has emerged this year and it concerns the impact and management of disruptive behaviour from patients or representatives. Our office has been consulted very frequently on this issue this year and while the ombudsman’s office is not responsible for how to manage these situations, we do have a role of oversight if these problems are impacting access to services and resources for other patients, which has been the case on multiple occasions. Too frequently has a small percentage of disruptive individuals monopolized resources that could and should have gone to other patients waiting. This small but impactful portion of the public are just as subject to the MUHC Respect and Civility policy as employees and physicians and have a responsibility as outlined in the *Act Respecting Health and Social Services* to use the services and resources judiciously. There is a clear need for MUHC personnel, physicians and leadership to have a better understanding on how, when and why to take action in order to preserve equity of access. We feel this can be efficiently addressed through online training.

COMPLAINTS RELATED TO EMERGENCY SERVICES

Chart 6: MUHC global adult emergency department complaints



The number of ED complaints are slowly getting back to what they were pre-pandemic with 338 files in 2022-2023. In 2019, we produced a special report because we were concerned by the long delays of medical prise-en-charge for patients with high priority (P2-P3). Unfortunately, this trend has resurfaced during the year 2022-2023. The occupancy rates, which oscillate between 150-200% and the shortage of employees, generate frustration for the patients and the staff. In this context, it is difficult to provide safe, timely and optimal care.

OPTILAB AND ITS VARIOUS SITES

In 2022-2023 year, there were 61 complaints in total for OPTILAB-related services compared with 49 from the year before. These are relatively small numbers when you consider the significant volume that is processed through their services.

At this time there are no significant themes to point out. The most common complaints concern difficulty finding a time slot when using Clic-Sant  and the occasional technique from a technologist. The numbers are too low to justify any systemic action on our part so for the moment we treat these on a case-by-case basis.

MALTREATMENT

In 2022-2023, our office received a total of 11 cases alleging maltreatment over all MUHC sites compared to 15 last year. These cases were reported to our office by MUHC employees as required by law and the majority of them were allegations of maltreatment regarding a family member. Of the 9 cases concluded no concerns or measures have been identified with regards to MUHC employees. 2 cases have yet to be concluded and 1 resulted in measures being taken by social services to request curatorship.

THEMES IN PEDIATRIC CARE

01 OVERCAPACITY AND UPDATING OF EMERGENCY PROCESSES

The year 2022-2023 was marked by strong demand related to the prevalence of circulatory viruses early in the season. It should be noted that despite this high traffic, the number of emergency complaints is decreasing. In addition, the emergency department has updated its triage processes. These process changes were in response to issues identified by complaints

02 PERSONALIZED APPROACH AT THE TEST CENTERS

In the 2021-22 report, we mentioned the need to offer care that is more adapted to certain clientele. This year, following several complaints, a collaboration was initiated between the service of the test center and the educational services. This collaboration was crystallized by the creation of an educator position. Since then, the number of complaints about the approach with this clientele with special needs has decreased. Furthermore, the question of access to sedation for taking blood samples remains unresolved. Indeed, when alternative approaches fail, sedation is sometimes required in some patients. No formal process is currently established to ensure access to sedation.

03 LACK OF ADAPTED BATHROOMS

Over the past year, many parents have complained about the lack of a bathroom adapted to the needs of their disabled child. Currently, two bathrooms are equipped with changing tables for heavier patients, but parents do not have access to the equipment allowing them to transfer their child to this table. In the coming year, we hope to see concrete measures taken to fill this gap.

04 RIGHTS AND OBLIGATIONS
REGARDING CONSENT TO CARE

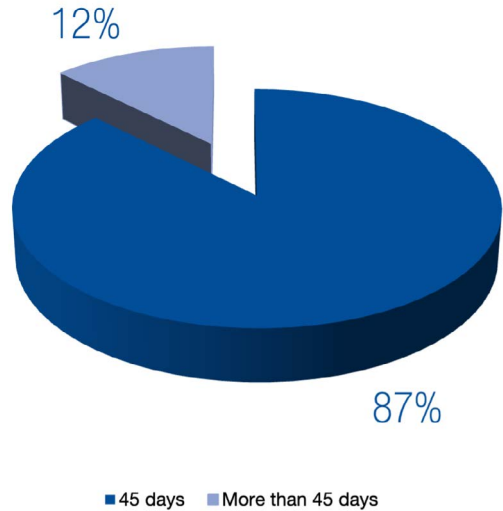
Consent to care in a pediatric setting has its particularities. In the context of conflicting family situations, consent can quickly become the subject of conflict and complaints. Following the examination of several complaints on this subject, we noted a need for improved knowledge of the applicable legal principles for some of these cases. It may be useful in the future to provide staff with an updated document on consent to care and to provide training.

05 PROCESS WHEN
REFUSING SERVICES

Some parents have contacted us, having been informed that a consultation request for their child had been refused. The parents' complaints were not about the denial of service per se, but rather that they were not informed of the denial. The parents had called the hospital several months after the referral was sent and were informed at that time of the refusal. Our verifications revealed that the doctors who requested the consultation had been informed of the refusal, but that this information was not known to the parent. Even if the responsibility for informing the parent lies partly with the referring doctor, we will pay particular attention to this problem which has emerged from our files.

DELAYS

Chart 7: Complaints examination time



Complaints Examination Time

As illustrated in **Chart 7**, the vast majority of complaints (87%) were examined within 45 days or less during 2022-2023. 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 explain the delays that occur.

OUR DELAYS:
87%
WITHIN
45 DAYS

REJECTED AND ABANDONED COMPLAINTS

Most complaints investigated were deemed receivable (85%). However, 18 complaints were rejected on summary investigation, 5 refused, 134 were abandoned and 141 where halted (often because the problem was solved and therefore the patient preferred not to pursue with an official complaint).

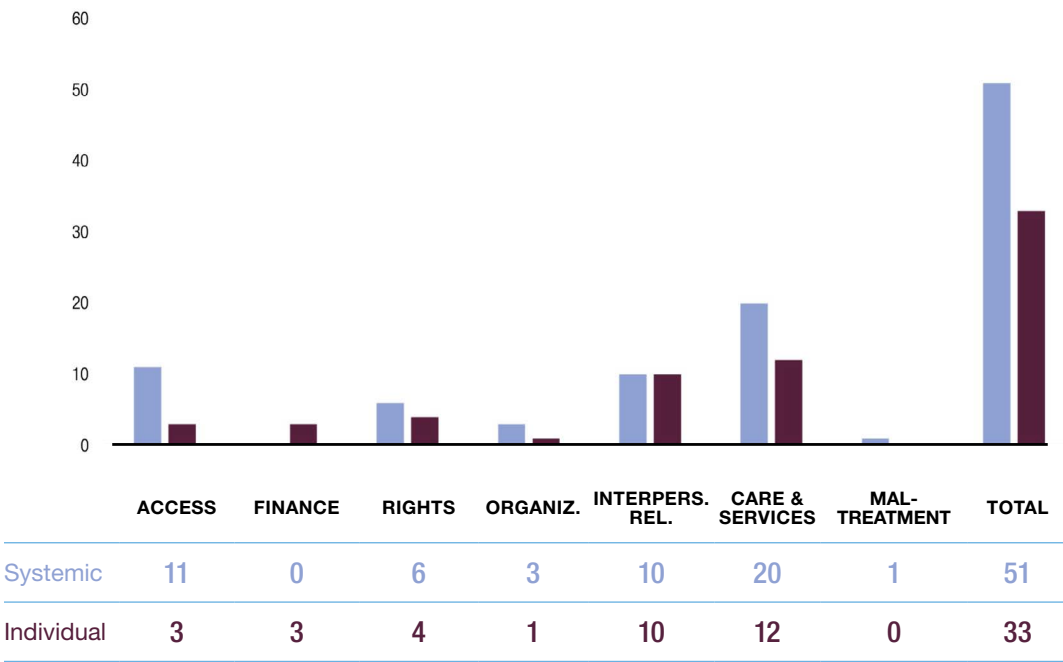
RECOMMENDATIONS AS AN IMPORTANT METRIC OF THE COMPLAINT EXAMINATION SYSTEM

The total number of complaints lodged by the public is not always a reliable source for evaluating an MUHC-based problem. Sometimes dissatisfaction may be rooted in the provincial structure of the healthcare network, expectations or other factors.

One metric is to see where our office has made recommendations and how many are systemic versus individual in nature. In chart 8 below, you will notice access has fewer recommendations than care and services even though access generates the most complaints. That is because recommendations in some cases have already been made to capture many of the volume-generating issues but implementation of solutions may not have materialized yet. Another 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 provincial intervention to be solved.

Chart 8 illustrates the distribution of systemic and individual measures according to complaint category. Overall, 83 measures were implemented in 2022-2023 of which 51 were systemic and 33 were individual.

Chart 8: Individual and Systemic Measures by Category of Complaint

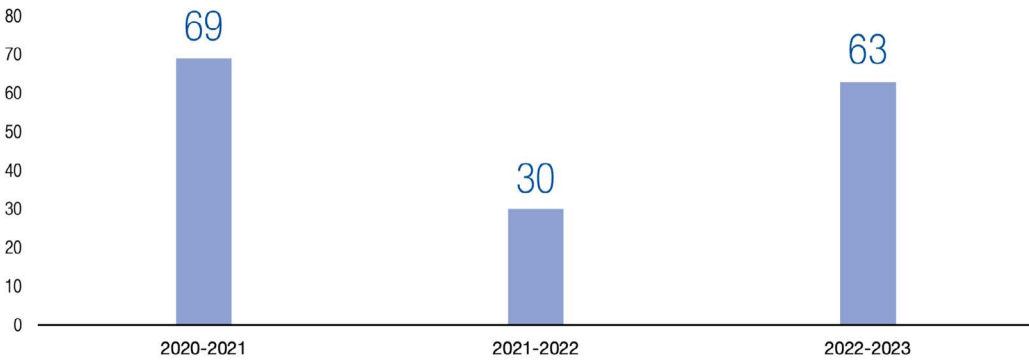


INTERVENTIONS

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 time frame and are often multi-factorial.

In 2022-2023, 63 intervention files were opened which is a 110% increase over last year. Of those files, 16 of them resulted in systemic based recommendations.

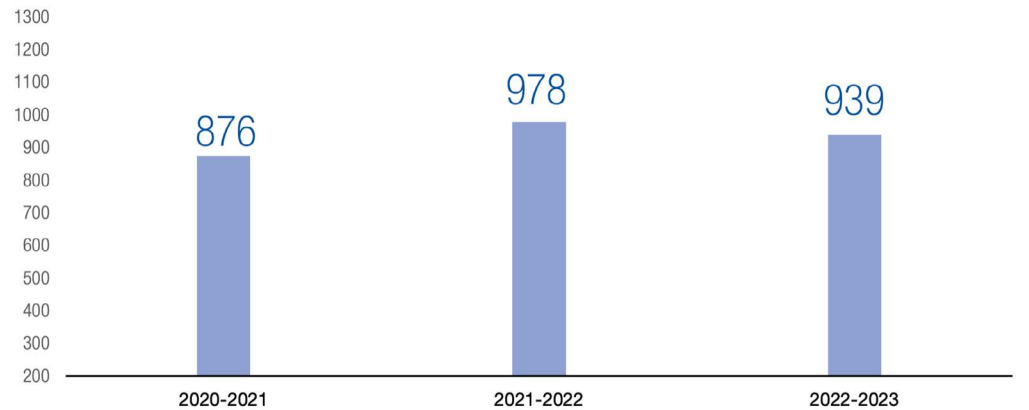
Chart 9: Number of interventions 2020-2023



REQUESTS FOR ASSISTANCE

This year, we received 939 requests for assistance. Common reasons for assistance requests are to discuss their rights and options with regards to a problem, help in formulating a medical complaint, access to information, trouble with financial concerns or accessibility issues to name a few. This year, assistance requests dropped slightly while complaints went up.

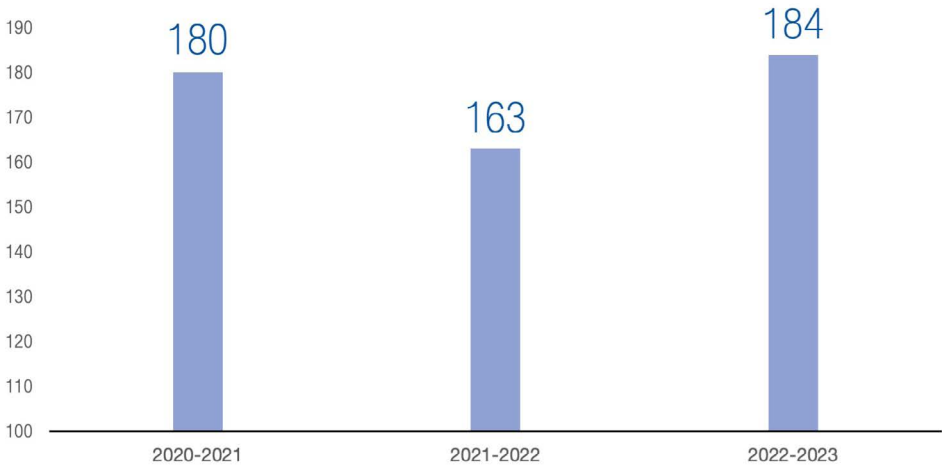
Chart 10: Total number of requests for assistance 2020-2023



CONSULTATIONS

This year, we received 184 requests for consultations mostly from managers, assistant-nurse managers, and doctors but this year, and as mentioned in the “themes” section of this report, there was an overwhelming need to consult on what to do about an aggressive, non-collaborative patients or representatives. 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 was enforced properly. As mentioned, further training on this subject could be achieved via the online method.

Chart 11: Total number of consultations 2020-2023



ACTIVITIES FROM THE MUHC OMBUDSMAN’S OFFICE

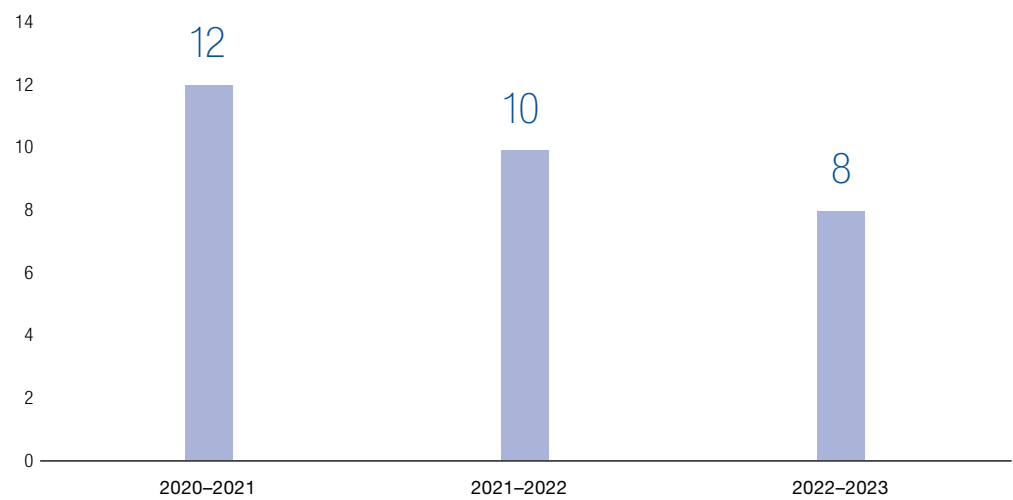
- Representation on the executive of the provincial Regroupement des commissariats
- Participation in the provincial Table ministérielle des commissaires aux plaintes et à la qualité des services
- Participation in Commissariat Conference in October 2022
- Participation in the SIGPAQS sub-committee to improve out data collection software
- Ongoing participation and collaboration with the MUHC user committee
- Multiple presentations



PROTECTEUR DU CITOYEN

In 2022-2023, of the 1365 complaint files treated by our office, 8 were submitted for review to the Protecteur du citoyen by complainants dissatisfied with the examination of their complaint (see **Chart 12**). Of those 8 cases, 4 were returned with recommendations.

Chart 12: Total number of cases directed to the Protecteur du citoyen 2020-2023



MEDICAL EXAMINERS

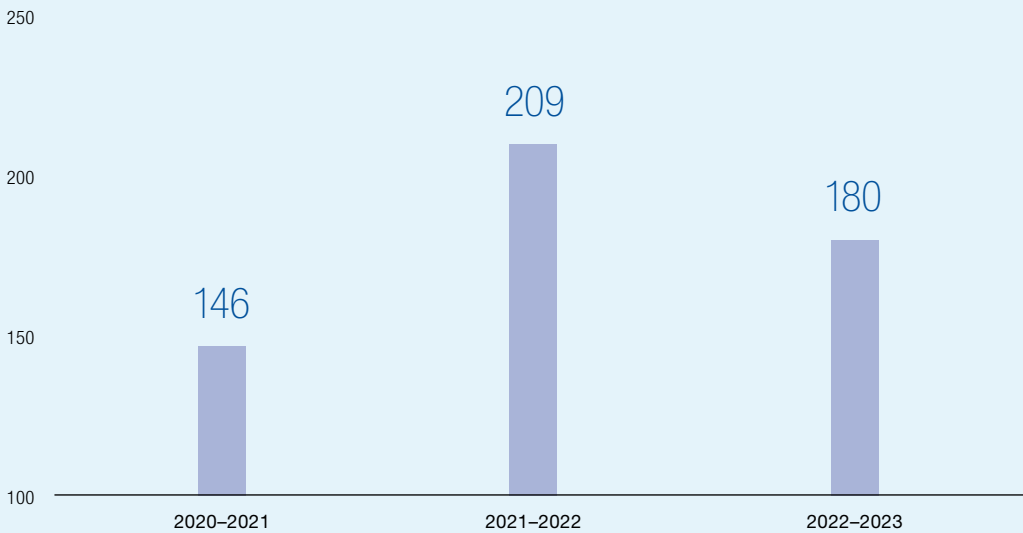
This year produced 180 medical complaints, down 29 from 2021-2022.

Remarkably, 218 files were concluded which is significant given that most of the year the medical examiner team had only 2 part-time physicians. Equally important in those numbers are significant gains in almost completely eliminating the backlog of cases that had accumulated over the years. Of those 218 files, 27 recommendations were formulated to improve situations brought to their attention. 73% of medical complaints surpassed the mandated 45 days but the majority of these delays are the result of a backlog unrelated to the current medical examiner team. Among the themes identified by the medical examiner in chief are:

MEDICAL COMPLAINT THEMES

- 01 Several complaints have been as a result of negative interactions with physicians in the Emergency Department. These have often been due to frustration for long wait times for patients who ideally should have received non-urgent care in the community.
- 02 There have been several complaints regarding the lack of transparent communication in situations where patients are facing life-threatening conditions. This has been particularly true for a number of different clinical services and has demonstrated the need for institutional training for serious illness conversation.
- 03 Over the past few years, there has seen an increase in cases where there have been delays for emergency room patients being informed of imaging results with incidental findings. This demonstrates the need for an improved mechanism of communicating these results to the ED physicians. This issue continues to be closely monitored and follow-up with the MUHC leadership group will continue on this important need.

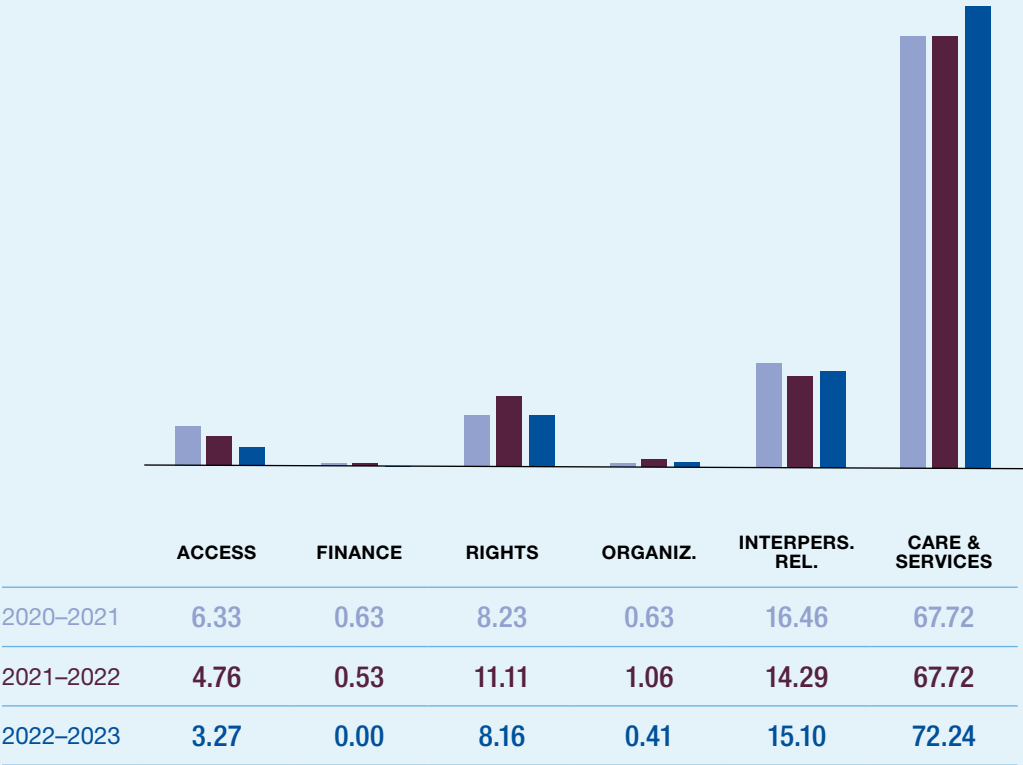
Chart 13: Total number of MUHC Medical Examiner complaints received (2020-2023)



27
The number of recommendations by the medical examiner this year.

218
The number of cases concluded this year

Chart 14: Percentage (%) comparison by complaint categories of medical complaints (3 years)



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.



MUHC REVIEW COMMITTEE

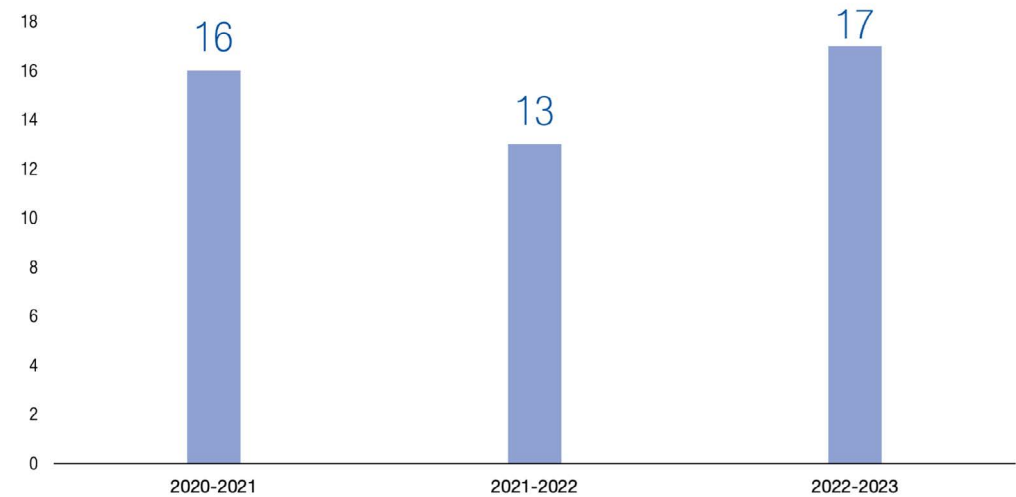
The Review Committee is a committee appointed by the Board of Directors of the MUHC whose mandate is to examine complaints, as a second recourse, from complainants who are dissatisfied with the conclusions of the MUHC Medical Examiners. The Committee has three (3) members:

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

In 2022-2023, the Review Committee received **17 NEW REQUESTS** for review and **CONCLUDED 9**.

1° Confirm the conclusions of the Medical Examiner	9 cases
2° Request that the Medical Examiner perform a complementary examination within a delay set by the Committee	1 case
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 the parties any action that may resolve the issue.	0 cases

Chart 15: Total number of MUHC Review Committee Cases 2020-2023



MUHC VIGILANCE COMMITTEE

The description of the committee's activities can be found in Appendix E

The Committee is composed of the following five (5) persons:

- Dr. Lucie Opatrny, President and Executive Director of the MUHC;
- 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 2022-2023, the Committee met five (5) times

With a view of improving the quality of care and services offered at the MUHC, the Committee ensured the follow-up of the recommendations from the Complaints and Quality Commissioner and the Protecteur du citoyen related to complaints or interventions which were examined pursuant to the *Act Respecting Health and Social Services*.

The Committee also took note of the recommendations made by several professional orders and bodies concerned with the quality of the services provided at the MUHC and reported on them to the meetings of the Board of Directors. In addition, presentations were made at each meeting on the targeted issues.

CONCLUSION AND RECOMMENDATIONS

The health sector has been going through some significant challenges for years from heightened demand, limited funds, a world-wide pandemic and a shrinking pool of people to make it run at its best.

Despite those challenges, it is reassuring to report so many people are committed in good faith to trying to get the best out of every single resource available to make it work better for the greater good of all. There are no easy solutions and decisions are often about choosing between a rock and a hard place. Our office's task is to report on what we see as a result of the public's interaction with the complaint examinations system and our conclusions to those situations.

Given all of the above information collected over the 2022-2023 year, compiled and summarized in this report, our office makes the following guiding recommendations to the MUHC for the year 2023-2024:

- 01** To ensure the communications improvements recommended by our office over the years and currently being managed by the MUHC communications sub-committee come to fruition in a meaningful way in order to significantly improve patient access to their clinics. We also recommend to keep the public and greater MUHC community informed on what is being done.
- 02** To prioritize present-day technological solutions that would help mitigate the lack of personnel, congestion and slow transmission of clinical information. Particularly in the field of communications, clinic registration and appointment management.

Our office does not take it lightly that our two recommendations involve technological solutions. We are keenly aware that information systems experts are in high demand and that there is a competition for their services with the private sector. We are also aware that these types of solutions can come at significant expenses. The data collected from the public indicates that these needed changes are overdue and that the positive changes from integrating them are likely to be felt across the MUHC community. Further to this, improving these issues have a high probability of producing other positive outcomes for the public and by extension the people who work at the MUHC.

Respectfully submitted,

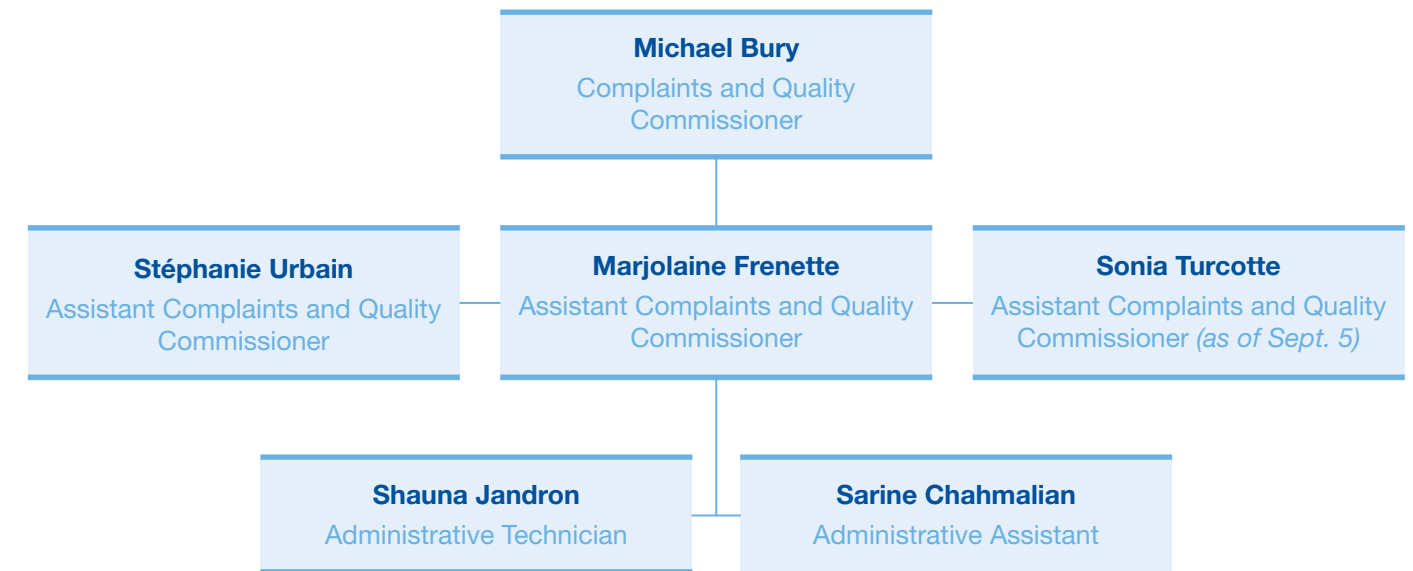


Michael Bury

Complaints and Quality Commissioner/Ombudsman
McGill University Health Centre

APPENDICES

APPENDIX A: STRUCTURE OF THE OMBUDSMAN'S OFFICE



Medical Examiners

Dr. Manuel Borod - Chief

Dr. Dominic Chalut

Telephone: 514-934-8306

Email: ombudsman@muhc.mcgill.ca

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

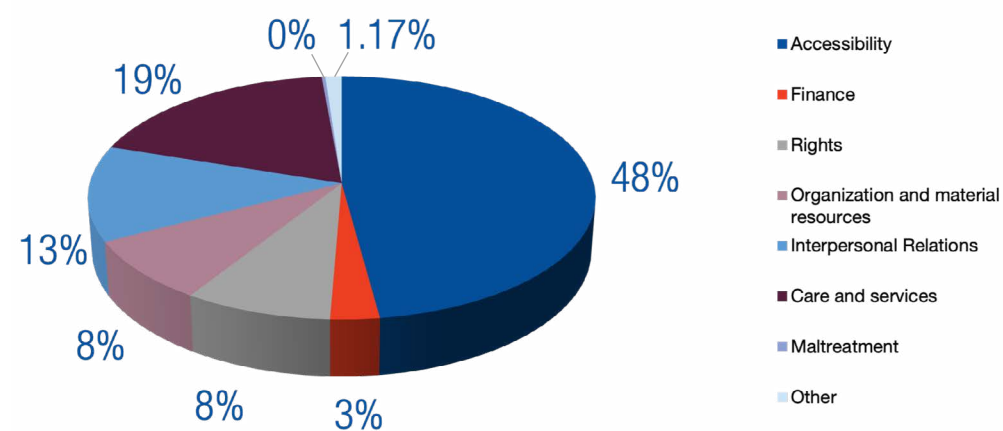
- Montreal General Hospital
- Montreal Children's Hospital
- Montreal Neurological Hospital
- Glen Hospital (grouping adult facilities on the Glen site)
- Lachine Hospital
- Centre d'hébergement Camille-Lefebvre
- De Maisonneuve Ambulatory Services Centre
- Allan Memorial Ambulatory Services Centre
- Gilman Ambulatory Services Centre
- MUHC Reproduction Centre

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 2022-2023 was 1544.

CATEGORIES OF MOTIVES	
Accessibility	739
Finance	43
Rights	130
Organization and material resources	128
Interpersonal relations	196
Care and services	286
Maltreatment	4
Other	18

Chart 16: Motives of complaint



APPENDIX C: COMPLAINT CATEGORIES

Below are the complaints categories as defined and summarized by the Ministère de la santé 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 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 2022-2023

Membership or participation in the following committees:

- Site and MUHC Users’ Committee – no in-person meetings
- MUHC Organisational Ethics Committee – upon invitation
- Provincial Association of Complaints and Quality Commissioners within the healthcare system
- Forum of Canadian Ombudsmen
- MUHC Committee for a Respectful Environment
- Vigilance Committee
- Presentation on the complaint examination system and the management of difficult behaviour to employees, managers, residents and doctors.

APPENDIX E:
GLOSSARY

ASSISTANCE

A request for help in (1) obtaining access to care, services, information; (2) in communicating with health care team member; 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 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 and Quality 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.

OFFICE OF COMPLAINTS COMMISSIONER

Refers to our office.

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 site
- Glen site for the Children’s
- Montreal General Hospital
- Montreal Neurological Hospital
- Lachine Hospital

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

McGill University Health Centre (MUHC)

- Glen site, adults/children
- Montréal 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 Hospital Center
- 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:
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