



Annual Report

**on the application of the
procedure for complaint
examination and
improvement of the
quality of services
2017-2018**

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INTRODUCTION

The present Annual Report of the MUHC Complaints Commissioner (Ombudsman) presents the final data and a summary of our related activities for the year 2017-2018.¹ In accordance with the Health Act, this report includes (I) the report of the Complaints Commissioners, (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, (V) a summary of the Vigilance Committee's work.²

This year the reinstated Review Committee had the opportunity to review the backlog of files. The Vigilance Committee was also able to update its review of recommendations from internal and external bodies concerning the quality of care, as well as the recommendations issued by the Complaints Commissioner and the Protecteur du citoyen.

After a review of this year's data, the Office of the Complaints Commissioner (the Office) has developed a (VI) Plan of Action for 2018-2019. The Plan can be repetitive from year to year, however, some issues remain to be resolved to our satisfaction. We will review the problematic situations until substantial improvement is achieved.

Our plans of years past underlined a major problem with telephone access and the need for the MUHC to step up to the plate. In our previous report the importance of this issue for patients was demonstrated in a special eight (8) year chart revealing that some improvements had been achieved. This trend continues but the issue remains in our report until substantial improvements are achieved.

The major problems faced by patients and stemming from difficult telephone access are still part of our plan of actions notwithstanding the lower numbers for the second year in a row. In the past, our office made recommendations to the MUHC and a concerted effort is underway but we continue to monitor the situation. You will find, later in this report, an updated table of data covering the last 7 years.

We also include a few cases (in boxes) illustrating problems and the importance of complaints as tools to improve quality of care and services.

¹ The complete statistical report from the Système d'Information de Gestion des Plaintes et de l'Amélioration de la Qualité des Services (SIGPAQS) is available upon request from the MUHC Office of the Ombudsman.

² 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

I. MUHC OFFICE OF THE COMPLAINTS COMMISSIONER

The number of complaints and other requests detailed in this report should be interpreted as part of our mandate within the Quebec health system and considering that the year under review is still experiencing the aftermath of the move which resulted in many organizational changes:

- Major hospital move and reorganization within the MUHC
- Relocating of many clinics
- Mergers of all public health care organizations in April 2015 in Quebec; therefore, all of the MUHC partners had to rearrange their services.

The functions and role of the Complaints Commissioners and Medical Examiners, briefly:

- Receive and manage complaints, consultations, requests for assistance and interventions, as per the Health Act.
- Conduct equitable, impartial, and compassionate investigations and resolutions of complaints.
- Promote patients' rights and the complaints system within the MUHC.
- Make recommendations of a systemic nature to improve care and services.

COMPLAINTS AND OTHER FILES RECEIVED³

As shown in the table and graph below, the number of complaints decreased by almost 11%. It should also be noted that the number of people who contacted our office has decreased (from a total of 2900 files open to 2399).

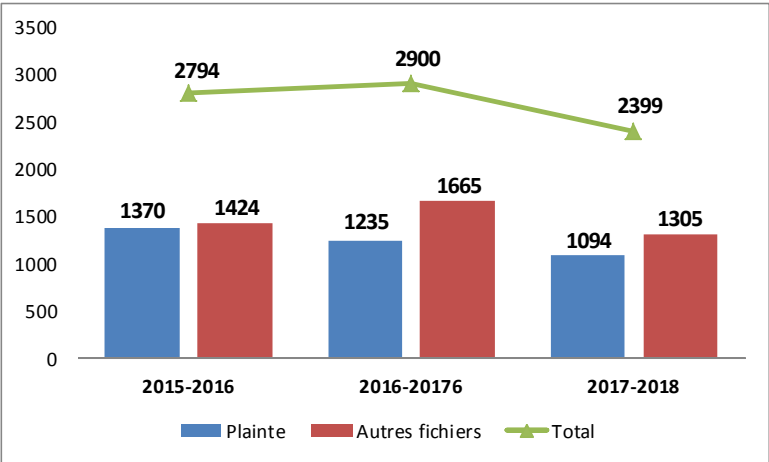
This decrease in complaints is related to improvement in telephone access but it must be noted that other elements contributed as well; for instance patients, families and personnel have become more familiar with the physical configuration of the new Glen which is cleaner and welcoming. In fact the MUHC and the patients and personnel have taken possession of their health center. This decrease in the number of complaints for the second year in a row is, therefore, the salient fact resulting from our data.

All files opened by the Office of Complaints Commissioners/Ombudsman McGill University Health Center 2014 to 2017

	2015-2015	2016-2017	2017-2018
Complaints	1370	1235	1094
Other files	1424	1665	1305
Total	2794	2900	2399

³ Other files: assistance and consultation requests and interventions.

Chart 1: Total number of files and complaints received in 2017-2018

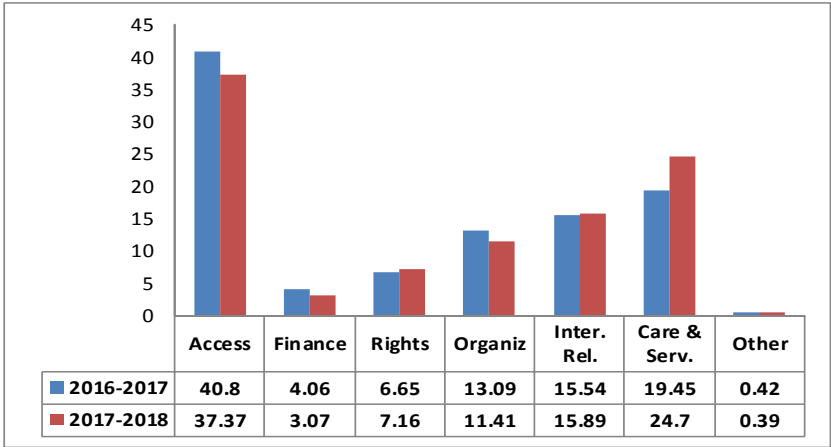


COMPLAINTS CATEGORIES

Chart 2 provides an overview of the two-year trends in each of the complaint categories.

There are six (6) categories of complaints and each category is subdivided into a number of subcategories. See **Appendix B** for a brief summary of each category.

Chart 2: Two-Year Percentage (%) Comparison of Complaint Categories

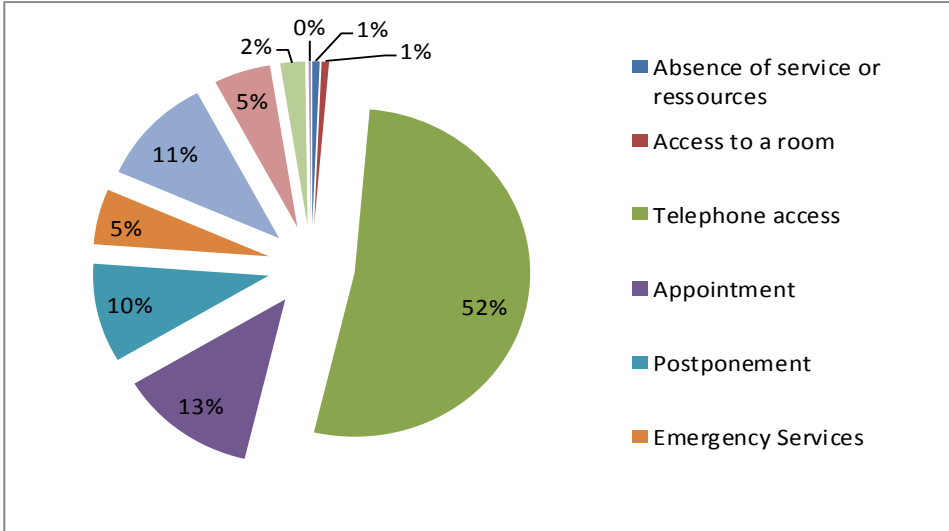


Every year our figures show that **Access** is by far the most problematic for users. This year there was a decrease in the number complaints related to “access”. This category includes not only access to care but also a perennial problem for patients, namely: telephone access. We note that this year telephone access has improved compared to the previous year. We continue to be preoccupied with the issue of access to care in general, particularly questions of delays in the emergencies, difficulties accessing some clinics, exams or surgeries.

Chart 3 facilitates an understanding of the various issues related to "access to care". The "top" complaint subcategories remain, in order of importance, the same from year to year:

- Telephone access;
- Wait time to obtain an appointment;
- Care / services / programs - for example: waiting lists, waiting for results;
- Elective surgery delay/cancellation;
- Difficulty accessing services;

Chart 3: Sub-categories of accessibility related complaints



Doctor moving

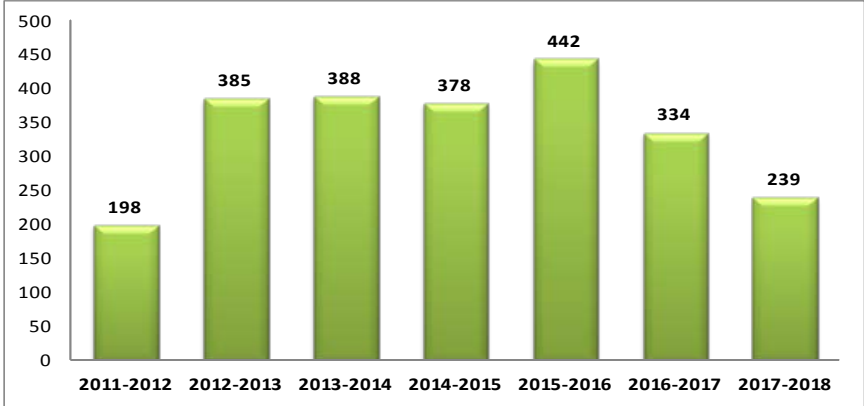
A patient contacts us after learning that his doctor is leaving the MUHC. He had a good patient/doctor relationship and is worried about the continuity of his care. He says that there have been many changes in this clinic and this is difficult because therapeutic approaches sometimes differ.

Solution: Our office contacted the department and requested that they communicate with the patient to reassure him. We also suggested that the department prepare a standard response to patients in order to explain and inform them that the clinic will ensure continued follow-up for this physician’s patients.

TELEPHONE ACCESS COMPLAINTS

As presented in **Chart 4**, the number of Telephone Access complaints has decreased for the first time in many years. This systemic issue had been brought to the attention of the MUHC authorities and to the Vigilance Committee more forcefully in the last few years. We note that it was given special consideration by the MUHC, which explains the improvement in the numbers.

Chart 4: Telephone Access Complaints 2011-2018



As demonstrated in **Chart 4**, since 2011 the number of telephone access complaints has risen especially following the move to the new site in 2015. Our office appreciated that the communication problems were extremely important and measures had to be taken.

The recommendations which were issued by a special telephone-access task force were implemented and we believe that the numbers reported this year demonstrate the beginning of sought after improvements. In fact, a decrease of approximately 100 complaints explains in part the 11% decrease in the total number of complaints received this year. Nonetheless we shall remain vigilant to ensure this trend will continue.

Incomplete service

A large clinic operating on two sites was extremely problematic last year (2016-2017) and generated many complaints from patients who could not reach the clinic. Our office learned that, following the move this service lost many employees and was experiencing a serious shortage of personnel, making telephone access very tenuous. A blitz with human resources eventually worked and complaints almost disappeared.

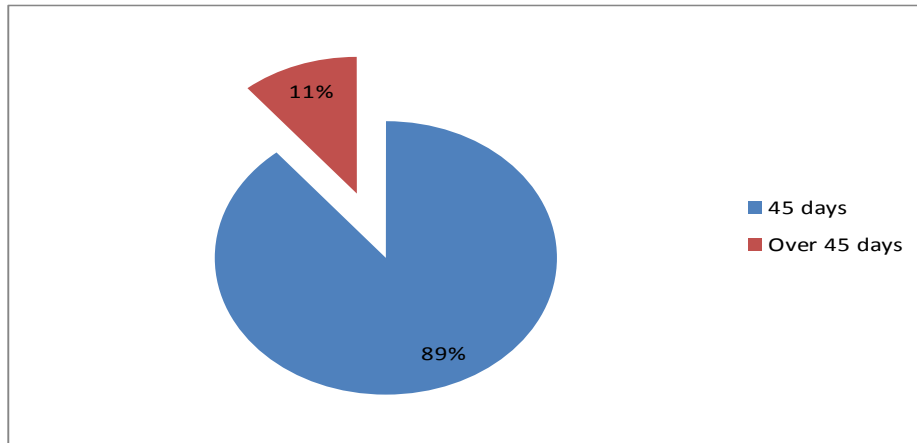
Although we were receiving less complaints the ones we were receiving were surprising and now patients were saying they were waiting 30 to 40m minutes on line and then were dropped.. But if they called at a later time there was no problem.

Solution : After a few similar complaints the manager realised that during their breaks employees would transfer the lines, as required but this caused a problem which was addressed and resolved.

COMPLAINTS EXAMINATION TIME

As illustrated in **Chart 5**, the vast majority of complaints (89 %) were examined within 45 days or less during 2017-2018. 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.

Chart 5: Complaints examination time

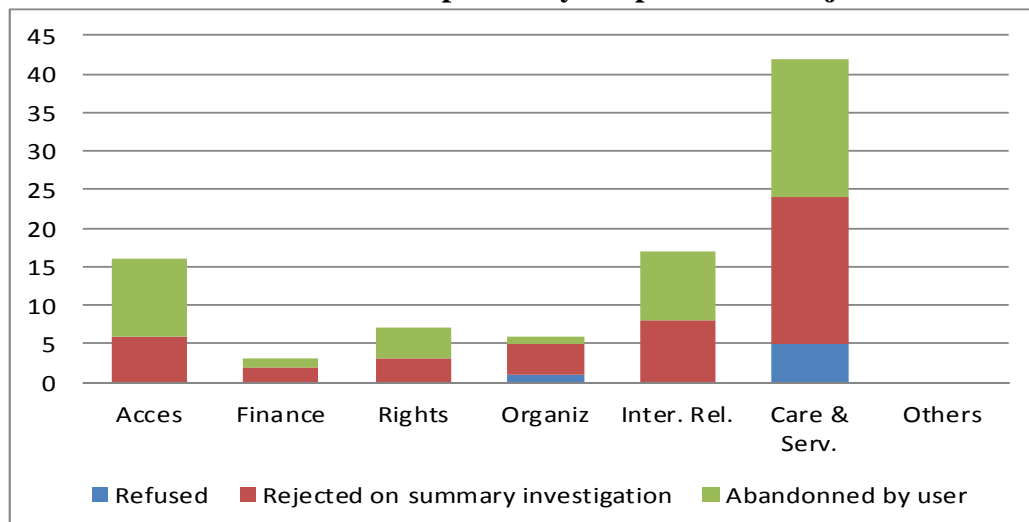


REJECTED AND ABANDONED COMPLAINTS

The vast majority of complaints investigated this year were deemed receivable (98%). However, 42 were rejected on summary investigation, 6 were rejected following investigation and 43 were abandoned by the complainant.

As shown in **Chart 6**, a majority of the complaints deemed non-receivable fall under the categories of *Access*, *Care and services* and *Interpersonal relations*.

Chart 6: Abandonment of complaints by the patient and rejections



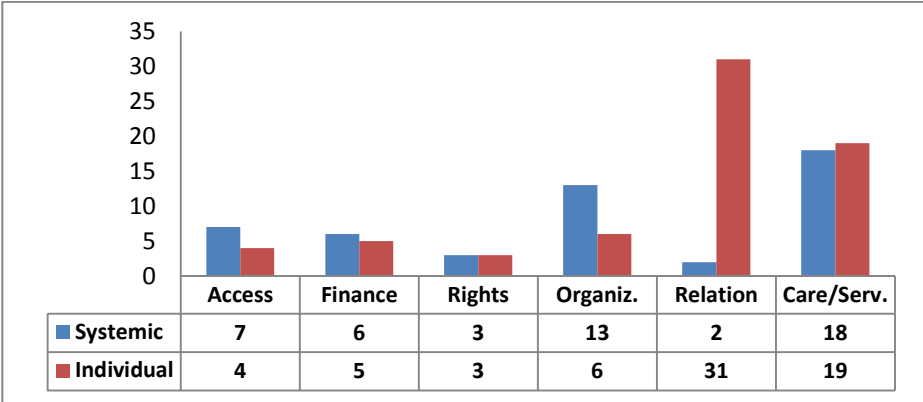
ACTIONS TAKEN TO IMPROVE CARE AND SERVICES

When complaints are valid and improvements required, the Complaints Commissioner along with the Service or Department concerned agrees on a plan of action and the measures to be taken in order to improve the care and services provided, and rectify the problem identified. These measures can be undertakings initiated by the Department itself or recommendations made by our Office. The scope of the corrective measures depends on the complaint subject. In some instances, measures will be applied at an **individual** level to respond to an **individual** situation or issue, whereas in others, it will be necessary to implement recommendations on a **systemic** level.

Chart 7 illustrates the distribution of systemic and individual measures according to complaint category. Overall, 117 measures were implemented in 2017-2018, of which 49 were systemic and 68 were individual.

As to the recommendations and undertakings of the services involved, all undertakings were respected and, in the case of recommendations, these have been accepted and implemented.

Chart 7: Individual and Systemic Measures by Category of Complaint



A few examples of individual and systemic measures or undertakings in the year under review:

Individual measures (one person or a small group):

- A formal reminder was given to the clerks of a small clinic on attitude and behavior expected..
- An employee was formally met by her manager to discuss and improve her approach with patients and families.

Systemic measures:

- Additional parking spaces for cars with vignettes were added at the Glen site.
- Certain doors to washrooms in the proximity of clinics were automated to ensure access for patients with mobility issues.

Finally we note that measures to improve quality are frequently implemented as soon as a complaint is transferred to a department or service. The complaint thus becomes the means to improve service, attitude and access without the need of a formal recommendation. These improvements are noted in our electronic files as - undertakings. These types of measures have been registered in 352 files be it complaint or assistance.

Ensuring better coordination

The patient was referred by clinic **A** for an exam in department **B**, where she obtained an appointment. On the appointed day she arrived at Department **B** at 7 am. She was the first patient of the day. She was called for her registration and informed that she was not in the computer list. She had to go back to clinic **A** which had referred her however they only opened at 8.

Here is how she described her experience:

“The personnel arrived slowly until 8. At 8 the young person in charge of registering patients still had not opened yet. When I asked if her workday started at 8 she said she had things to do first and then she said I was at the wrong window. She then informed me that registration was at the end of the hall.

I found the place but everything was still closed. I opened the door and asked if someone worked here. A man interrupted me and asked if he could help me. He read my referral and reopened the door. A young woman was eating and the man said he would add me to his list. It was a doctor, not sure who but I thanked him and obtained my appointment.”

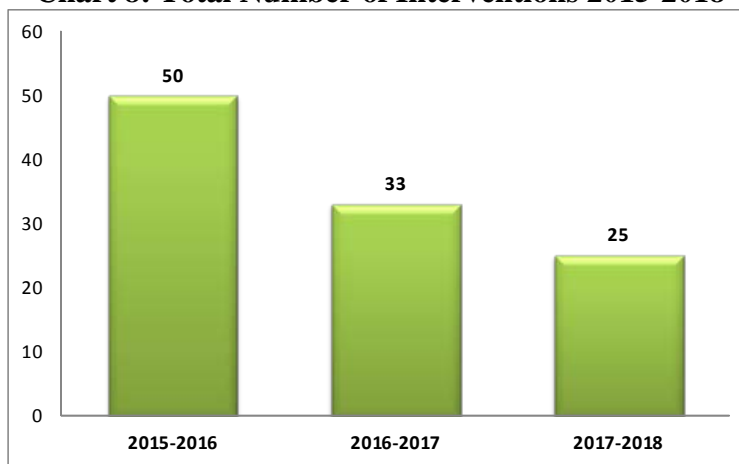
Action : The managers of these two services from two different missions were informed and collaborated to ensure coordination and avoid such mishaps in the future.

INTERVENTIONS

Interventions are in-depth investigations by the Complaints Commissioner when there is evidence, informal or formal, which indicates that the care and services of an individual or of a group of patients may be adversely affected. Interventions often have a prolonged time-frame and are multi-departmental in nature, therefore complex.

In 2017-2018, 25 interventions were opened. Many of our interventions concerned access to care and services as well as space and organization of the hospital: i.e. automated doors, more spaces for handicap parking etc. In some instances communication channels were improved between departments for better services to patients

Chart 8: Total Number of Interventions 2015-2018

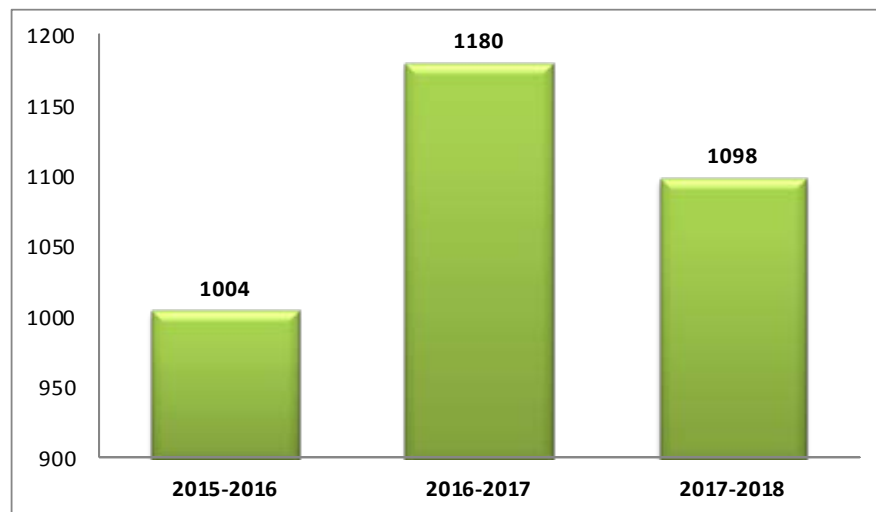


REQUESTS FOR ASSISTANCE

These are cases where patients, families, employees, doctors contact the Office to request information concerning patients' rights, how to file complaints, how to navigate the system, or direction to appropriate resources. These requests may lead to complaints or may be limited to requests for guidance by citizens confused by the procedures of our health care system. A request for assistance often takes the same amount of time to manage as a complaint and can often lead to improvements in care and services. When we receive many similar requests for assistance this may cause our office to intervene and examine the situation in order to improve care and services.

This year we received 1098 requests for assistance.

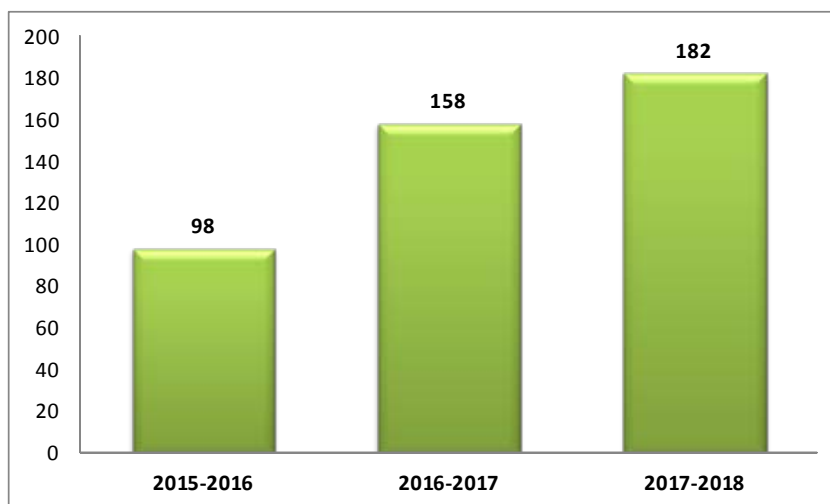
Chart 9: Total Number of Requests for Assistance 2015-2018



CONSULTATIONS

This category refers to situations whereby directors, managers, professionals, support staff, or patients contact the Office to discuss or to obtain advice on the rights and obligations of patients, families, and staff. As demonstrated in **Chart 10**, we see that the consultations are steadily increasing in the last two years.

Chart 10: Total Number of Consultations 2015-2018



MALTREATMENT

The *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations* was adopted on May 30, 2017. All health care institutions under *the Act respecting health services and social services* must adopt and implement a maltreatment policy.

This new section of our report is the result of this new law and the guidelines proposed by the Department of Health and the Department of families as of April 30, 2018.

While there is no specific category for “maltreatment” in the provincial complaints management system as yet (Système d’information de gestion des plaintes et l’amélioration de la qualité des services) we have compiled our numbers from files where questions of abuse or negligence were raised. We received four (4) complaints and opened one intervention file but no maltreatment complaint was noted. The four (4) complaints were questions of interpersonal relations between doctors, rudeness in one case and lack of communication in another. These complaints did not raise issues of maltreatment.

However, the intervention file seemed to demonstrate a situation of negligence for a patient who was placed in a residence outside of the MUHC. This situation was reported immediately to the CIUSSS in charge of the residence. The problem was managed and quickly resolved.

ACTIVITIES RELATED TO THE COMPLAINT SYSTEM

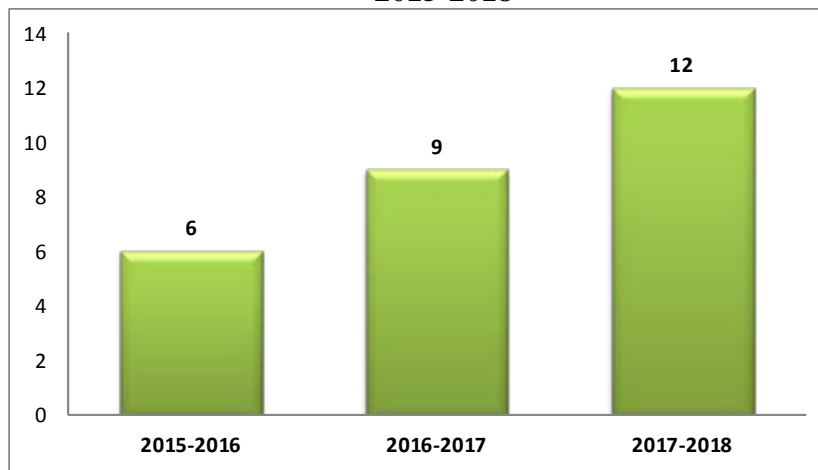
Our Office also participates in different committees, including the Users' Committees, Ethics Committees and the MUHC Vigilance Committee (as listed under **Appendix C**). The Office participates in presentations and information sessions to familiarize the MUHC community with patients' rights and with the complaint system. We also take part in networking activities with other ombudsmen's offices in health care institutions across the province and Canada-wide. For instance we are members of the Canadian Federation of Ombudsmen, the Regroupement des Commissaires aux plaintes du grand Montréal and we meet with our counterparts from the other Centres Hospitaliers Universitaires (CHU) from Montreal, Quebec City and Sherbrooke. We also continued to host a student from the Faculty of Law at McGill University in the context of a legal clinic course.

Additionally our office received a student from the Quebec Bar who participated in the preparation of our annual report, complaints system presentations to the MUHC community, a review of our regulations as per the legislative changes mentioned above and finally supported the reorganization of our electronic documents.

II. PROTECTEUR DU CITOYEN

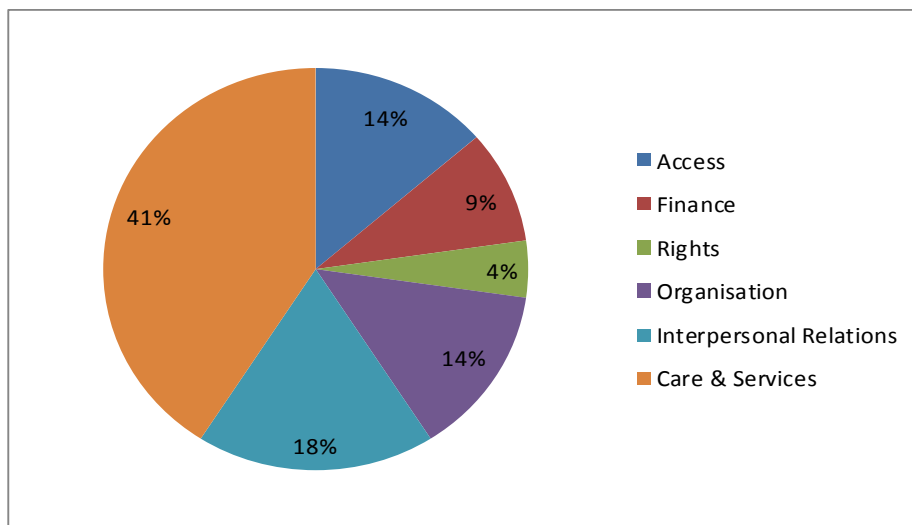
In 2017-2018, as seen in **Chart 11**, 12 cases were brought to the Protecteur du citoyen by complainants dissatisfied with the examination of their complaint or with the Office's conclusions. The Protecteur du citoyen confirmed our Office's conclusions in three (3) cases and in two (2) cases three (3) recommendations were received and applied by the MUHC. Our Office is still awaiting the conclusions of the Protecteur du Citoyen in seven (7) cases.

Chart 11: Total Number of Cases directed to the Protecteur du Citoyen 2015-2018



As illustrated in **Chart 12**, interpersonal relations and organizational issues constitute the main motives of complaints studied by the Protecteur du Citoyen.

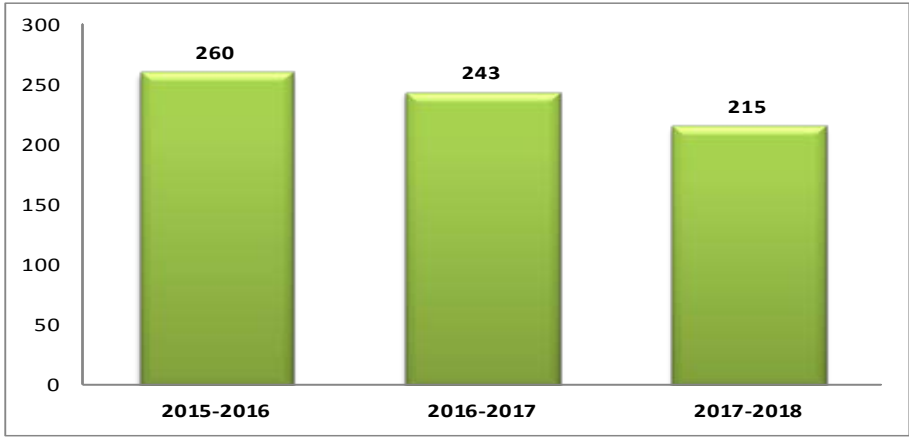
Chart 12: Motives of complaints studied by the Protecteur du Citoyen



III. MEDICAL EXAMINERS

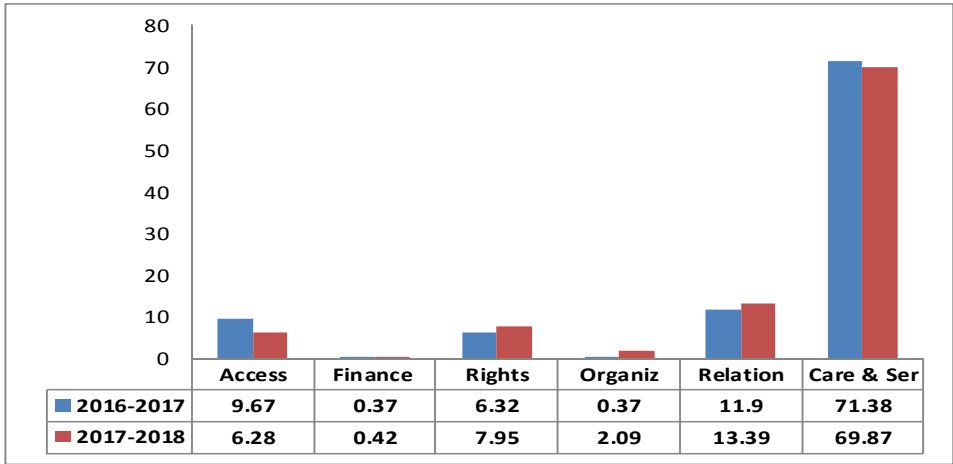
The number of cases submitted to the MUHC Medical Examiners decreased again in 2017-2018, as seen in **Chart 13**.

Chart 13: Total Number MUHC Medical Examiner Complaints 2015-2018



In the majority of cases (69%) the Medical Examiners continue to provide their conclusions within the 45-day limit outlined in the Health Act.

Chart 14: Two-Year Percentage (%) Comparison by Complaint Categories



The major reasons for complaints received by the Medical Examiners fall under the category of Care and Services. These are issues pertaining to Professional Judgment and Technical Skills. The Medical Examiners have brought these issues and others to the MUHC Council of the Physicians, Dentists, and Pharmacists and are monitoring this aspect of medical care for patients and families.

IV. MUHC REVIEW COMMITTEE

Following the nomination of 10 new members of the Board of Directors by the Minister on September 27, 2017, the Review Committee was restarted and is presided by Dr. Sarah Pritchard, replacing Ms. Gail Campbell.

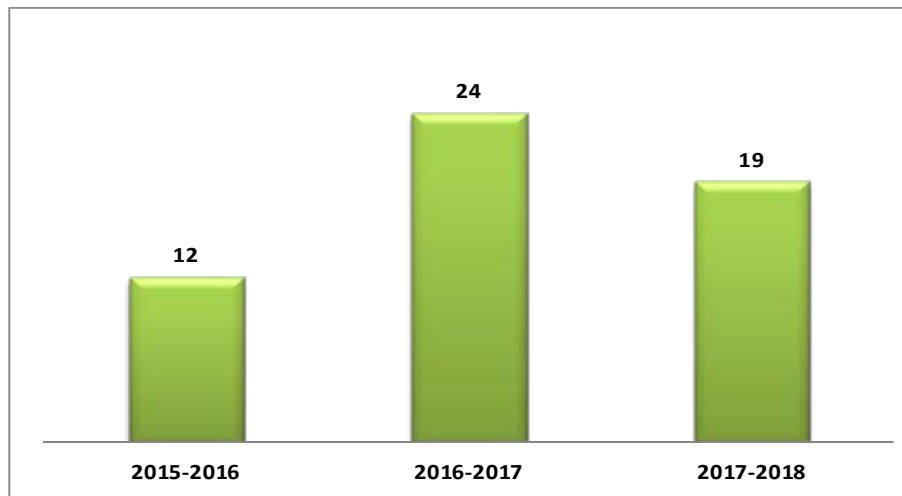
In 2017-2018, the Review Committee received 15 requests for review lodged by complainants who were dissatisfied with the conclusions of the MUHC Medical Examiners. The Committee met six (6) times (April 19, May 24, June 19, July 17, January 25 and march 22) to review 25 files (some requests for review had been lodged the previous year, in the absence of a functioning Board or Committee).

Pursuant to the law, the Committee reviewed 25 cases and reached the following conclusions :

	2017-2018
1° Confirm the conclusions of the Medical Examiner	23 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.	1 case

The motives of complaints received raised issues of quality of care, communication (doctor/patient relations, language).

Chart 16: Total Number of MUHC Review Committee Cases 2015-2018



V. MUHC VIGILANCE COMMITTEE

Following the nomination by the Minister in September 2017 10 new independent members of the Board of Director as well as a the recent nomination of the new MUHC PGD in May 2018, the Committee was reconstituted and is composed of the following five (5) persons :

- Dr. Pierre Gfeller, MUHC PGD;
- Lynne Casgrain, MUHC Complaints Commissioner;
- Deep Kholas, Independent member of the BoD;
- Dr. Sarah Prichard, Independent member of the BoD;
- Seeta Ramdass, Member of the BoD designated by the MUHC Users' Committee

The Committee has met twice (2) (December 6, 2017 and February 7, 2018).

With a view of improving the quality of care and services offered at the MUHC, the new Committee members reviewed their mandate and, with the help of the MUHC administration, devised several mechanisms to ensure the follow-up of the recommendations made by the Complaints Commissioner/Ombudsman and the Protecteur du citoyen.

Furthermore, the Committee reviewed recommendations received from various professional orders and other organizations with respect to quality of care and services and report was made to the Board of Directors.

VI. ACTION PLAN 2017-2018

In 2017-2018, the Office of Complaints Commissioner will undertake the following initiatives:

- Ongoing collaboration with Patients' Committees of the MUHC. We attend the majority of their meetings.
- Participation in Patients' Users' Committees activities for the promotion of the complaint system and users' rights.
- Ongoing promotion of patients' rights and the complaint system at all levels through Grand Rounds, mission specific presentations and smaller in-service presentations.
- A new legislation formalizes the review and the early treatment of elder abuse *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations* (sanctioned on May 30th 2017). We take this occasion to review our regulations in 2018.

CONCLUSION

The Annual Report of the MUHC Office of the Complaints Commissioner has provided an overview of some of the areas of dissatisfaction that patients and families have experienced. Although we learned that, again, one of the main issues for patients and families has been the question of “*access to care and services*” telephone access has actually improved for the last two years. We will continue to monitor the issue and offer detailed reports of the situation.

As demonstrated by the numbers this year, access to care and services remains a major problem and must be addressed vigorously. We know that some measures were put in place and have contributed to improvement, which, in turn, may explain our lower number of complaints. We also believe that the increased familiarity of the personnel and of the patients with the new site over the last few years was probably positive and contributed to a continued decrease in our numbers.

We wish to thank patients and their families, for their eloquent complaints and their desire to improve the care and services provided. This is the reason why patients and their families take the time and make the effort to contact us and we appreciate their effort and courage

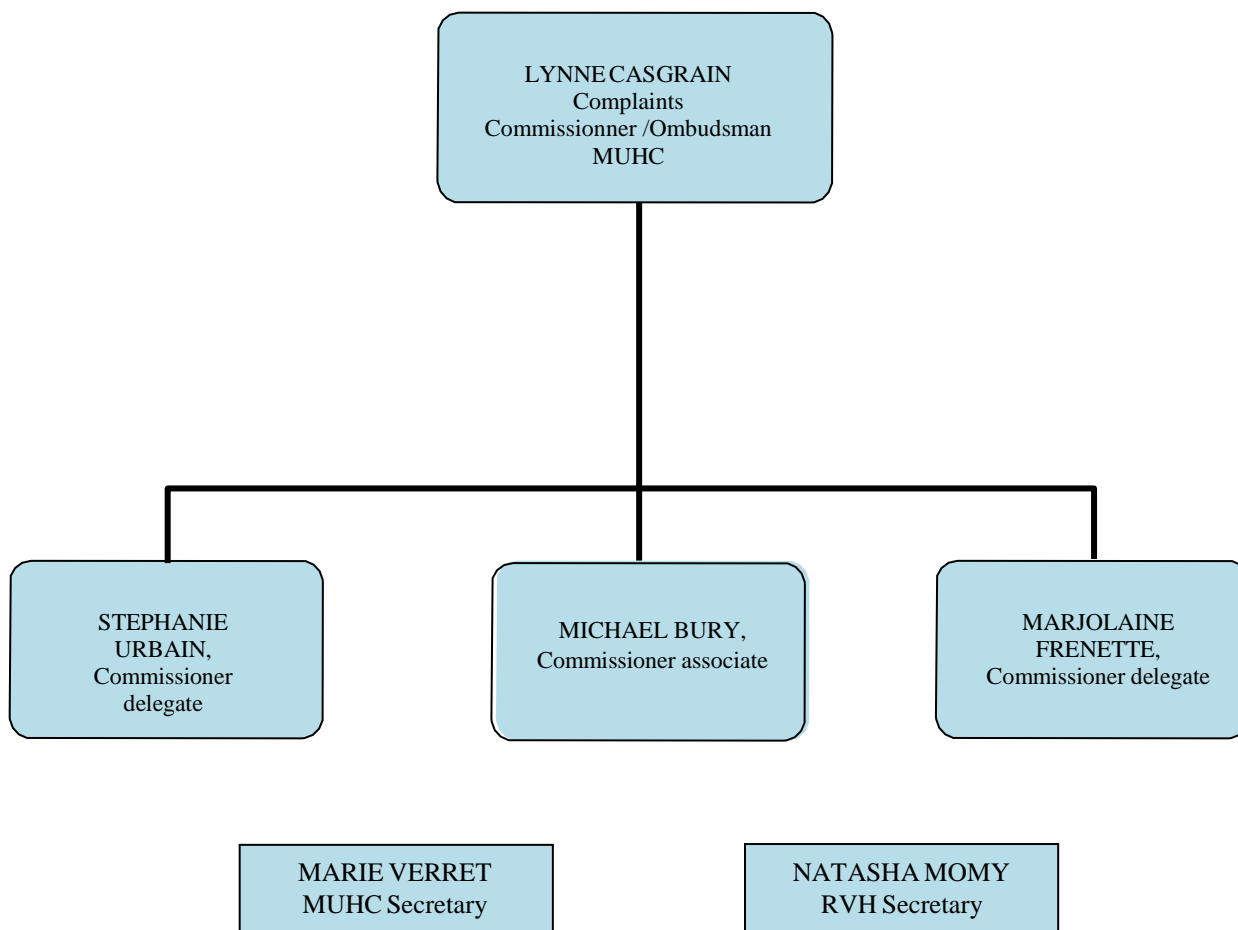
Finally, it should be noted that despite all the changes in the healthcare system during the past few years and more particularly within the MUHC, our Office has witnessed daily occurrences of MUHC staff going above and beyond to meet and exceed expectations of patients and families.

Respectfully submitted,

Lynne Casgrain
Complaints Commissioner
The McGill University Hospital

APPENDICES

Appendix A: Structure of the Ombudsman's Office

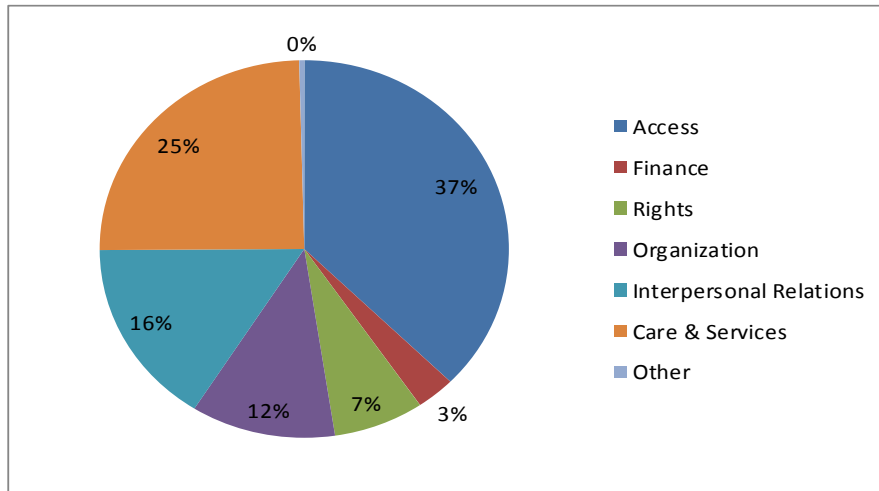


Appendix B: Complaints Motives

It is important to mention that a complaint can have more than one motive. The total number of complaints concluded in 2017-2018 was 1094.⁴

Motives	Number of complaints per motives
Accessibility	475
Finance	39
Rights	91
Organization and material resources	145
Interpersonal relations	202
Care and services	314
Other	5

Chart 17: Motives of complaints



⁴ The complaints received (page 4) should be distinguished from the complaints concluded. This distinction comes from the fact that some complaints were received last year, but their study is completed only in the current year.

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. An English version follows.

- **Accessibility:** delays, refusal of services, transfer, lack of services or resources, linguistic accessibility, choice of professional, choice of establishment, other.
- **Care and services provided:** 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.
- **Financial assistance:** 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 request objects:** other object.

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 2016-2017

Membership or participation in the following committees:

- Site and MUHC Users Committees
- Pediatric Ethics Committee
- MUHC Clinical Ethics Committee
- Association provinciale des commissaires aux plaintes du réseau de la santé
- Forum of Canadian Ombudsmen
- MUHC Committee for a Respectful Environment
- Vigilance Committee
- MUHC Patient Safety Committee
- MUHC Committee on Quality and Risk (COQAR).

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 Commissioner.

Medical Examiner (Médecin Examineur): 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 Médecin examineur, in this context, is responsible for investigating complaints about medical acts.

Office of complaints commissioner: 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.

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