



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

Approved by the Board of Directors: October 2019

PART 1 – GENERAL PROVISIONS

1. Purpose and Scope

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

The purpose of this by-law is also to establish the procedure for the examination of complaints and reports in compliance with *An Act to combat the maltreatment of seniors and other persons of full age in vulnerable situations* (“Maltreatment Act”) and the MUHC policy on this matter.

2. Responsibility of Application

The Local Service Quality Complaints Commissioner Service is responsible for applying the Complaint examination procedure.

He is also responsible for ensuring the processing of the complaints and reports under the *Maltreatment Act*.

3. Definitions

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

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

Board - The Board of directors of the MUHC;

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

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

Complaint Record – A record which contains all information and documents referred to in section 59 herein;

Complaint regarding a maltreatment case – A verbal or written expression by a vulnerable person about maltreatment he would have suffered;

Complaint regarding Physicians, Dentists, Pharmacists or Residents – A verbal or written expression of dissatisfaction made by any person, to the Local Service Quality Complaints Commissioner or to the Medical Examiner regarding the conduct, behaviour

or competence of a physician, dentist, pharmacist or resident of the MUHC or of an External Resource as well as dissatisfaction regarding the quality of an act performed as part of the professional activities of such a professional;

Executive Director – The Executive Director of the MUHC;

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

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

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

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

Maltreatment – Defined by the Maltreatment Act as follows: A single or repeated act, or a lack of appropriate action, that occurs in a relationship where there is an expectation of trust, and that intentionally or unintentionally causes harm or distress to a person;

Maltreatment Act – An Act to combat the maltreatment of seniors and other persons of full age in vulnerable situations (L.R.Q., c L-6.3)

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

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

Minister – The Minister of Health and Social Services;

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

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

Recommendation – Any improvement measure of the care and services that concerns the service that is the subject of the complaint;

Report of a case of maltreatment (signalement) – A verbal or written expression made by a third party about a maltreatment case against a vulnerable person;

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

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

Undertaking – Measure initiated by the service that is the subject of a complaint and which is likely to improve said service;

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

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

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

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

Vulnerable person – Defined by the *Maltreatment Act* as follows: a person of full age whose ability to request or obtain assistance is temporarily or permanently limited because of factors such as a restraint, limitation, illness, disease, injury, impairment or handicap, which may be physical, cognitive or psychological in nature.

PART 2 – THE COMPLAINT

4. Making a Complaint

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

A complaint can be filed under the *Health Act* as well as under the *Maltreatment Act*.

5. Complaint of the User

The complaint shall contain the following information:

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

6. Assistance to the User

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

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

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

7. Information for the User

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

8. Interventions

The Local Commissioner intervenes on his own initiative when facts are brought to his attention and that he has reasonable motives to believe that the rights of a user or a group of users are not respected.

9. Opening of a Complaint record

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

10. Notice of Receipt

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

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

11. Transfer of the Complaint to the Medical Examiner

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

However, if the complaint regarding Physicians, Dentists, Pharmacists or Residents concerns administrative or organizational problems that involve medical, dental or

pharmacy services, it shall be examined by the Local Commissioner, unless, after having consulted the Medical Examiner, the Local Commissioner is of the opinion that the Complaint concerns one or more physicians, dentists, pharmacists or residents, in which case the Complaint is transferred to the Medical Examiner.

12. Notice to an External Resource

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

PART 3 – PROCESSING OF THE COMPLAINT BY THE LOCAL COMMISSIONER

13. Admissibility of the Complaint

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

If a person other than the User has made the complaint, the Local Commissioner must ensure that the User, or User Representative, has authorized the filing of the complaint in accordance with the Health Act or that the person is a User Representative within the meaning of the Health Act.

14. Complaint outside the MUHC's jurisdiction

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

15. Complaint that is frivolous, vexatious, or made in bad faith

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

16. Notice of examination

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

17. Examination

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

18. Calling a Meeting

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

19. Users' medical record

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

20. Consultations

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

21. Disciplinary Issues

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

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

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

22. Conclusions and Deadline

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

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

23. Presumption

If the Local Commissioner fails to communicate his conclusions within the deadline stipulated in section 22 above, the Local Commissioner shall be deemed to have communicated a negative conclusion to the User on the date of expiry of the time limit. Such failure gives rise to the right to apply to the Quebec Ombudsman.

24. Follow-up of the Local Commissioner's recommendations

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

25. Complaint against a professional employee or a midwife

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

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

PART 4 – Content and processing of the complaint and the report regarding maltreatment

26. Jurisdiction of the Local Commissioner

Under the *Maltreatment Act*, the Local Commissioner receives a complaint or report of a case of maltreatment.

27. Content of the complaint regarding a case of maltreatment

The complaint regarding a case of maltreatment must contain:

- Date of the complaint;
- User's family name, first name, address, email address and telephone number(s) and hospital room number, where applicable;
- User's hospital medical record number, where applicable;
- Family name, first name, address and telephone number(s) of the representative of the assistance organisation assisting the User, where applicable;
- A summary of the facts;
- The type or types of maltreatment

- The expected outcome, where applicable.

28. Content of the Report of a Case of Maltreatment

A report must contain:

- Date of the complaint;
- Family name, first name, address, email address and telephone number of the person making the report;
- Family name, first name, address and telephone number(s) of the vulnerable person that is the subject of the report and hospital room number, where applicable;
- Quality of the person making the report
- A summary of the facts;
- The type of types of maltreatment.

29. Assistance to the User and to the Person Making a Report of a Case of Maltreatment

The Local Commissioner must provide assistance or ensure that assistance is provided to the User making a complaint and to the person making a report for its formulation.

The Local Commissioner shall inform the User or the person making a report on the possibility of being assisted and supported by an Assistance Organization.

All Users or people making a report are entitled to be accompanied and assisted by the person of their choice.

30. Admissibility of the Complaint and the Report of a Case of Maltreatment

The Local Commissioner evaluates the admissibility of a complaint by a User by ensuring that it is formulated by him or her or by his representative.

He evaluates the admissibility of a report by ensuring that it concerns a User of the MUHC and notifies the person responsible for the implementation of the policy against maltraitance, also named respondent or substitute respondent.

31. Complaints and Reports Outside the MUHC's Jurisdiction

When a complaint or a report must be processed by another authority, the Local Commissioner directs the person making the complaint or a report to it.

32. Confidentiality

The Local Commissioner makes sure to take the necessary measures to preserve the confidentiality of the identifying information of the person making a report. He can communicate this information with the person's consent.

The Local Commissioner can also communicate the identity of the person to the police force concerned.

33. Examination of Complaints and Reports of Case of Maltreatment

The Local Commissioner who proceeds to examine a complaint or a report evaluates the grounds of the complaint or of the report.

To determine whether the complaint or the report is founded, he can consult the medical file of the User and anyone whose expertise he deems useful including, if the Board authorizes it, any expert outside the MUHC.

When the Local Commissioner concludes that it is a case of maltreatment by an employee, the file is referred without delay to the person responsible for human resources for follow up, appropriate disciplinary measures and for the elaboration and the establishment of the interdisciplinary intervention plan.

When the Local Commissioner concludes that it is a case of maltreatment by a person other than an employee, the file is referred without delay to the police force or judicial authority concerned. The respondent is also notified in order to coordinate and implement an interdisciplinary intervention plan for the person to be protected against maltraitance.

34. Conclusions and delays

The Local Commissioner must proceed with diligence to the examination of the complaint or the report. He must process the complaints and the reports regarding case of maltreatment within a delay which is proportional to the gravity of the situation.

If the examination reveals a criminal offense, the Local Commissioner must contact the police and legal authorities concerned.

35. Recourse to the Public Protector

Any User or User representative who is not satisfied by the handling of the complaint or of the report by the Local Commissioner can request the review of the file by the Public Protector.

PART 5 – PROCESSING OF THE COMPLAINT BY THE MEDICAL EXAMINER

36. Preliminary Evaluation

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

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

- a. Examine the complaint in accordance with this section;

- b. Where the complaint concerns a physician, dentist or pharmacist who is a member of the CPDP, refer the complaint to the CPDP for a disciplinary investigation by a committee established for that purpose, and transmit a copy of the complaint to the professional concerned;
- c. Where the complaint concerns a resident and raises questions of a disciplinary nature, refer the complaint, with a copy to the resident, to the relevant authority; or
- d. Dismiss the complaint if, in the Medical Examiner's opinion, it is frivolous, vexatious or made in bad faith.

37. Collaboration of the Medical Examiner

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

38. Complaint that is Frivolous, Malicious or Made in Bad Faith

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

39. Referral for disciplinary investigation

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

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

40. Notice of Examination

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

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

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

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

41. Examination, conciliation and recommendation

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

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

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

42. Calling a Meeting

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

43. Users' medical record

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

44. Referral of a Complaint for disciplinary investigation

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

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

45. Conclusions and Deadline

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

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

46. Presumption

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

PART 6 - REVIEW BY THE REVIEW COMMITTEE OF THE HANDLING OF A USER COMPLAINT BY THE MEDICAL

47. Application for a Review

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

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

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

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

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

48. Deadline

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

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

49. Notice of Receipt

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

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

50. Transmission of Complaint record

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

51. Scope of Review

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

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

52. Calling a Meeting

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

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

53. Users' medical record

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

54. Decision and Deadline

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

The Review Committee must either:

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

55. Final Decision

The Review Committee's decision is final.

PART 7 – REFERRAL TO THE CPDP OF A COMPLAINT FOR DISCIPLINARY INVESTIGATION

56. User's observations

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

57. Follow-up Report

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

58. Conclusions of the CPDP

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

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

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

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

PART 8 - USER'S COMPLAINT RECORD

59. Preparing the Complaint record

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

60. Contents of the Complaint record

The Complaint record contains:

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

61. Transmission to the Public Protector

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

62. Prohibition

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

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

63. Conservation and Destruction

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

PART 9 – ANNUAL REPORT ON THE APPLICATION OF THE COMPLAINT EXAMINATION PROCEDURE AND THE IMPROVEMENT OF THE QUALITY OF SERVICES

64. Annual Report of the Local Commissioner

The Local Commissioner must send to the Board an annual report which describes:

1. The number of complaints received;
2. The number of complaints rejected on summary evaluation;
3. The number of complaints evaluated;
4. The number of complaints abandoned;
5. The grounds for these complaints;
6. The duration of the examinations;
7. The follow-up and the number of and grounds for complaints leading to recourse with the Public Protector;
8. The recommendations of the Local Commissioner for improving the quality of care and services provided and the respect of the Users' rights;
9. A section on the cases of maltreatment stating:
 - a. The number of complaints and reports received
 - b. The number of complaints and reports received for each type of maltreatment
 - c. The number of people referred to other authorities

The annual report may contain any other recommendation or undertakings that the Local Commissioner deems appropriate.

65. Annual Report of the Medical Examiner

The Medical Examiner must send to the Board and the CPDP an annual report specifically describing the number of complaints that were transferred to the Medical Examiner, the number of complaints that were rejected on summary evaluation, the number of complaints that were referred for disciplinary investigation to the CPDP and in the case of a resident, the number of complaints that were referred to the relevant authority as well as, the grounds for the complaints.

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

66. Annual report of the Review Committee

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

The Annual Report may also contain the Review Committee's recommendations for improving the quality of care and services provided. The Annual Report may contain any

other recommendation the Review Committee deems appropriate. A copy of this report must be sent to the Local Commissioner.

67. Reprisals

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

68. Effective date

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