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A French version of this document is also available on the CIUSSS website. In the event of a linguistic or statistical disparity or difference between the two versions of this report, the French language version takes precedence over the English language version.

Adopted by the Board of Directors of the CIUSSS West Central Montreal on September 30, 2021.
The Service Quality and Complaints Commissioner is in charge of handling complaints directed towards all establishments under the jurisdiction of CIUSSS West-Central Montreal (“the CIUSSS”), under contract by the CIUSSS and with Private Senior's Residences (RPA) of the territory. She works in collaboration with the medical examiners in dealing with complaints of a medical nature with so-called "organisational" aspects.

This report is submitted in accordance with chapter S-4.2, section 33 of the Act respecting health services and social services (AHSSS), which sets out the responsibilities of the Board of Directors and the Commissioner for complaints accountability:

(9) at least once a year and as needed, drawing up a summary of the activities of the local service quality and complaints commissioner together with a statement of any action recommended by the local commissioner to improve user satisfaction and foster the enforcement of user rights,

(10) preparing the report referred to in section 76.10, incorporating into the report the annual summary of the activities of the local service quality and complaints commissioner, the report of the medical examiner under section 50 and the report of the review committee under section 57, and presenting it to the board of directors for approval.

The Commissioner is also responsible for processing reports made under the policy to combat abuse drawn up pursuant to the Act to combat maltreatment of seniors and other persons of full age in vulnerable situations (chapter L-6.3) and, when the report must be dealt with by another body, for directing the reporting individuals to it.
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The purpose of this annual report is to present you with a summary of the dissatisfactions received during the 2020-2021 fiscal year from the Service Quality and Complaints Commissioner, from April 1st, 2020, to March 31st, 2021.

The Commissioner’s mandate is first established by decision of the legislator under section 29 of the Act respecting health services and social services (AHSSS) and is locally marked out by the application of the Regulation adopted by the members of the Board of Directors of the CIUSSS on December 1st, 2016. The core values of the Office of the Commissioner are accessibility to the complaints examination system for all users, equity in the processing of complaints and, finally, impartiality of the Office of the Commissioner when examining situations to ensure continuous improvement of quality of care and services within the institutions under its jurisdiction.

The 2020-2021 fiscal year was marked by a succession of crises affecting the operation of our Office: the COVID-19 health crisis, the cyber-intrusion, and Bill 52, the Act to strengthen the complaints examination system in the health and social services network, particularly for users who receive services from private institutions.

First, the COVID-19 health crisis began in the previous fiscal year. The magnitude of this crisis, as well as its unique characteristics, are unprecedented. Every day, new knowledge about COVID-19 required the revision and modification of protocols, requiring each jurisdiction to be unusually agile and flexible. As a result, many situations have unfolded in a context of great ambiguity. As such, this report will provide a summary of the issues and concerns arising from complaints and assistance during the pandemic period.
Then, following a cyber-intrusion that occurred at the CIUSSS, the organisation’s IT authorities took the decision to cut off all of the administrative centre’s links to the web and to the MSSS. On October 28th, 2020 at 5pm, the entire CIUSSS was subject to this total disconnection. All programs and applications running in isolation within the CIUSSS administrative centre remained in operation, but SIGPAQS, which requires a communication channel with the MSSS, suffered a total shutdown locally. On the evening of the shutdown, we made a local backup of all our data on the CIUSSS servers and began a process of manual and individual file archiving. We developed a simplified archiving system, an individualized tracking grid and designated one of our staff members as the local archivist. Nearly two hundred (200) files were collected in this way by our employees. On November 23rd, 2020, the MSSS redirected the SIGPAQS targets, through a MSSS VPN, to one of our employees. As she could not attach documents to the open files, which would otherwise have been archived locally on her personal computer, all open files were now subject to data entry. By December 17th, 2020, all systems were back online and SIGPAQS targets were redirected to the CIUSSS systems. By the end of the second week of January 2021, all OPC files were entered into SIGPAQS, validated and audited for quality.

Finally, Bill n° 52 was adopted on November 5th, 2020 and came into effect on June 1st, 2021. As a result of this Act, our Office acquires more than 1,100 beds in eight additional private institutions under its jurisdiction: Shriners Hospital for Children, St-Georges CHSLD, Vigi Santé CHSLD Reine-Élizabeth, Vigi Santé CHSLD Mont-Royal, Centre d’hébergement Waldorf, Centre de réadaptation en dépendance du Nouveau Départ, Château Westmount and Elizabeth House.

The year 2021-2022 will therefore focus on clarifying the expectations of collaboration with these new partners as well as on publicizing the mode of operation and services provided by the Office of the Commissioner. To this end, meetings have been organized with stakeholders from private institutions on our territory to clarify the Office’s processes, the rights that the AHSSS allows the Office to have, and to specify the modes of communication between institutions. Visits are planned to each institution to ensure the availability of communication and promotion products dedicated to the complaints examination system. To provide relevant feedback to these partners, we must update our administrative classification tree in SIGPAQS. Our goal is always to provide meaningful and accurate reports to become a revealing vehicle of the quality of services.
Unfortunately, in the face of these turbulent times, some priority tasks have had to be abandoned and will be reprioritised in 2021-2022. For example, although common usage procedures are in place, they have not been formally documented. A guide to internal procedures will therefore be prepared.

We are also working on the revision of the Regulation on The Health and Social Services Network Complaint Examination System, in collaboration with the grouping of local Service Quality and Complaints Commissioner offices. This update will, among other things, ensure that the procedure is compatible with the Office’s ever-growing mandates.

Fortunately, these social and organisational crises that affected Quebec society have not had any negative effect on the stability of our small team. Our administrative team has weathered the storm and our clinical team has been enriched with qualified and prominent staff members. Last fall, we also secured and filled, a new position of Complaints Delegate to handle the workload and the upcoming transition to Bill n° 52. With the management team in place almost a year before the succession of these crises, we were able to develop an environment for personal and professional development despite the situation. It is an honour and a privilege to be able to work with such a dynamic and dedicated team, committed to improving the quality of services for users. Despite the storm, the Medical Examiners have succeeded in reducing the response time to medical complaints. This is a remarkable achievement. Special thanks to Dr. Harvey Sigman, Medical Examiner and Coordinator, who assists in the efficient coordination of every medical complaint.

In the first part of the report, you will find data on the activities concerning non-medical complaints as stated under the AHSSS, as well as statistics on other activities of the Office of the Commissioner. The second part contains the report of the Medical Examiner with regards to medical complaints. Finally, the third part presents the data of the CIUSSS Review Committee.

Maude Laliberté
Maude Laliberté pht MSc PhD
Service Quality and Complaints Commissioner
The following report contains data on activities relating to medical and non-medical complaints under the AHSSS for the 2020-2021 fiscal year. These include, in addition to complaints, assistances, interventions, consultations and other activities related to the Office of the Commissioner’s functions. This report also contains suggestions for improvement, recommendations and observations issued by the Office of the Commissioner.

The reader must be advised that the Commissioner wrote the report of the Medical Examiners and of the Review Committee.

1 The 2020 financial year runs from April 1st, 2020 to March 31st, 2021.
The activity volume of the Office has seen massive growth since the merging of the CIUSSS. Compared to 2015, with an activity volume of 1,615 open files, all types included, a total of 2,818 files were opened in 2020-2021, all types included. This represents a meteoric growth of 74.49% in 6 years.
In comparison to the previous two years, this represents an increase in the volume of complaints received and processed, as well as a decrease in the number of residual complaints.

Graph 2 and Table 1 illustrate this development.

Graph 2 : Number of received and processed complaints

Table 1 : Number of complaints received and processed

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beginning of the year</strong></td>
<td>82</td>
<td>60</td>
<td>75</td>
<td>26</td>
</tr>
<tr>
<td><strong>Received during the year</strong></td>
<td>278</td>
<td>172</td>
<td>298</td>
<td>414</td>
</tr>
<tr>
<td><strong>Concluded during the year</strong></td>
<td>300</td>
<td>157</td>
<td>347</td>
<td>424</td>
</tr>
<tr>
<td><strong>Year-end</strong></td>
<td>60</td>
<td>75</td>
<td>26</td>
<td>17</td>
</tr>
</tbody>
</table>
In 2020-2021, the 424 concluded complaints had a total of 565 underlying motives. The ministerial motives are split in 7 distinct categories. In 2020-2021, the most common motives are within the Provided Care and Services* and Interpersonal Communications*.
(*In house translation)

Graph 3 shows the distribution of complaint motives*. (*In house translation)
In 2020-2021, the vast majority of complaints (94%) were reviewed by the Office of the Commissioner, while only 4% were refused or rejected in a summary exam by the Commissioner, and 3% were withdrawn or stopped by the user or their representative.

282 motives out of 526 (54%) complaints were handled with corrective measures and 244 complaints out of 526 (46%) were handled without further measures. Chart 4 illustrates this distribution.

When examining a complaint, the Office of the Commissioner must carry out a diligent examination aimed at an effective resolution of the situations that are substantiated. This examination is aimed primarily at proposing solutions likely to mitigate the consequences of the subject matter of the complaints and to find lasting solutions to avoid recurrence of the reported complaint-related matters.

The Office of the Commissioner analyses the situations presented to it on two specific levels: the first related to the organisation of services, so that all users (meso-approach) can benefit from the recommendations, and the second, related to the user’s specific clinical situation (micro-approach). Subsequently, recommendations may be given to the institution to ensure that follow-up and action on the recommendations are applied.
A total of 315 corrective measures were taken as a result of the complaint examination regime process in 2020-2021. These measures are split into 164 systemic measures and 151 individual measures. The most common systemic measures are the adoption, the revision and the implementation of rules and procedures, and the adaptation of care and services. The most common individual measures are adapting care and services and stakeholder information and awareness raising. Charts 5 and 6 display the proposed measures and their effect.
The end of the recommendation follow-up loop remains problematic. Indeed, of the 22 recommendations and 100 commitments made by the establishment, it was possible to have formal follow-up on only 89% of them. Without assuming that the measures were not implemented, this shows the need of a more diligent follow-up by the institution, the Vigilance Committee, and the Board of Directors of the CIUSSS.

Section 181.0.1 of the Act Respecting Health Services and Social Services specifically mentions: With a view to improving the quality of services offered and in a manner respectful of individual and group rights, the Board of Directors must create a watchdog committee to be responsible mainly for ensuring the follow-up, with the board, of the recommendations made by the local service quality and complaints commissioner or the Health and Social Services Ombudsman regarding complaints or interventions made under this Act or the Act respecting the Health and Social Services Ombudsman.
The Act respecting Health Services and Social Services (AHSSS) stipulates that complaints must be processed within 45 days. If that timeframe cannot be adhered to, the Office of the Commissioner must contact users, explain the situation, and inform them of other possible recourse.

Table 2 is presenting the delays to process the non-medical complaints in 2020-2021.

<table>
<thead>
<tr>
<th>Time</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3 days</td>
<td>59</td>
<td>13.92</td>
</tr>
<tr>
<td>4 to 15 days</td>
<td>125</td>
<td>29.48</td>
</tr>
<tr>
<td>16 to 30 days</td>
<td>133</td>
<td>31.37</td>
</tr>
<tr>
<td>31 to 45 days</td>
<td>89</td>
<td>20.99</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-total</td>
<td>406</td>
<td>95.76</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45 to 60 jours</td>
<td>7</td>
<td>1.65</td>
</tr>
<tr>
<td>61 to 90 jours</td>
<td>6</td>
<td>1.42</td>
</tr>
<tr>
<td>91 to 180 jours</td>
<td>2</td>
<td>0.47</td>
</tr>
<tr>
<td>181 days +</td>
<td>3</td>
<td>0.71</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-total</td>
<td>18</td>
<td>4.25</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>424</td>
<td>100.00</td>
</tr>
</tbody>
</table>
In 2018-2019

Only 13 % of complaints were processed within the prescribed timeframe. This was due to instability and a lack of personnel, an increase in the number of assistances and the implementation of new strategies in complaints handling.

In 2019-2020

Despite an increase in the number of complaints and in the overall volume of activity of the Office, the proportion of complaints handled within the 45-day time limit increased to 43 %.

In 2020-2021

96 % of complaints were processed within the legal delay stipulated in the Act respecting Health Services and Social Services.

Graph 7 illustrates the evolution of the percentage of complaints handled within 45 days or less, over the last few years.

Graph 7 : Percentage of complaints treated within 45 days
The factors that led to this improvement are strictly related to the addition of temporary resources and the stabilisation of the Office’s regular staff as a result of these additional resources. All of the Office's regular positions were filled during this fiscal year and no team member suffered prolonged absences, despite the pandemic. We were able to meet the ad hoc and structural needs related to the Office's low level of stable funding by hiring temporary consultants who acted as complaints delegate or administrative support.

The consultants:

**Aliya Oulaya Affdal** – Consultant – Complaints Delegate, **Claire Bédard** – Consultant – Complaints Delegate, **Émilie Blackburn** – Consultant – Complaints Delegate*, **Geneviève Boily** – Consultant – Complaints Delegate, **Julien Brisson** – Consultant – Complaints Delegate*, **Dana Cape** – Consultant – Complaints Delegate, **Émilie Blackburn** – Consultant – Complaints Delegate*, **Geneviève Boily** – Consultant – Complaints Delegate, **Julien Brisson** – Consultant – Complaints Delegate*, **Dana Cape** – Consultant – Complaints Delegate, **Karine Faucher-Lajoie** – Consultant – Administrative assistant, **Mathieu Geneau** – Consultant – Complaints Delegate, **Amélie Hewett** – Consultant – Administrative Assistant, **Darquise Lafrenière** – Consultant – Complaints Delegate, **Marie-Ève Lemoine** – Consultant – Complaints Delegate*, **Vanessa Mastrangelo** – Consultant – Administrative Assistant, **Erica Monteferante** – Consultant – Complaints Delegate, **Jennifer Pelletier** – Consultant – Complaints Delegate, **Diana Karena Volesky** – Consultant – Complaints Delegate, **Ayalla Weiss-Tremblay** – Consultant – Complaints Delegate.

(* these consultants became permanent employees of the Office of the Commissioner in 2020-21)

Together, these consultants cumulated 3224 hours of work, which is the equivalent of nearly two (2) full-time staff members in addition to the current staffing structure authorised by the Board of Directors and the CIUSSS. While the success of the Office of the Commissioner is spectacular, the use of consultants on such a large scale demonstrates the fragility of this department when two (2) additional staff members would be needed to keep the Office of the Commissioner up to the expectations of the legislator. In fact, these contractual employees are filling the resource needs of the Office of the Commissioner to adequately meet its mandate. Indeed, the Office of the Commissioner is continuously understaffed in a context where its mandate is becoming increasingly complex. The funding structure of the Office of the Commissioner has been discussed on many occasions with the CIUSSS and the Board of Directors. Without clear ministerial guidelines, no decision on the financial structure of the Office of the Commissioner has yet been taken by the CIUSSS authorities.

Since the Office of the Commissioner has increased the frequency of administrative follow-ups with CIUSSS directorates in all its files to ensure that the necessary responses are compiled within the legal timeframe, the amount of work to be done by our office is now greater than ever. A change in culture is taking place within the organization to ensure that the necessary responses are collected within a reasonable timeframe to meet the legislator’s expectations for improving the quality of care and services.
The Protecteur du Citoyen's mandate is to receive users' dissatisfaction with the conclusion of non-medical complaints issued by our Office, among others. The Protecteur du Citoyen also has the right to intervene.

For the 2020-2021 fiscal year, the Ombudsman’s assistance was requested in 39 cases concluded by our Office. Considering that 424 non-medical files were concluded, these 39 cases represent 9.2% of our files. As for the files closed this year, only 3 files were subjected to recommendations by the Protecteur du Citoyen to the CIUSSS Board of Directors, making up 0.7% of the total number of files closed.
PROTECTEUR'S RECOMMENDATIONS TO THE BOARD OF DIRECTORS

1 Jewish General Hospital: post-partum unit
Cancel the billed amount for an hospitalization.

2 Jewish General Hospital: psychiatric emergency
Take the appropriate measures to ensure that the psychiatric emergency room provides users with safe means to entertain themselves and occupy their free time.

3 Jewish General Hospital: general emergency

That the Head of Emergency Care, accompanied by a member of the nursing staff, review a visit to the emergency department with the three triage nurses involved to ensure that the care and services comply with existing standards at the institution;

That the Head of Emergency Care remind emergency personnel of the standards for the use of control measures, including detailed notes of risk of injury, alternative measures used and monitoring required, and completion of the report of the use of a control measure;

That the Head of Emergency Care remind emergency personnel that oral or injectable chemicals are a control measure and should only be given if there is a risk of injury.
PROTECTEUR'S RECOMMENDATIONS TO THE BOARD OF DIRECTORS FOR PREVIOUS TIME PERIODS

The Protecteur du Citoyen has issued recommendations to the CIUSSS Board of Directors in connection with files from the 2018-2019 and 2019-2020 fiscal years, which were not forwarded to us until after the previous annual report was written (after March 31st, 2020).

1 Miriam Centre

Clarify and disseminate the roles and responsibilities of the institution and those of its partner intermediary resources, including more specifically the establishment in question, so that everyone's expectations are well established, particularly with regards to:

- The quality of the living environment offered to residents, beyond basic care,
- The participation of residents in day-to-day activities and their stimulation through activities adapted to their specific needs,
- The approach and attitude to be adopted with residents and families in order to maintain a trustworthy relationship, thereby encouraging their involvement in the well-being of the residents.

2 CLSC Benny Farm

Redact a clinical contract with the user and their service providers to establish respective responsibilities and rules to be respected by both parties.

3 CIUSSS West-Central Montreal

Implement a policy on the management of users' personal belongings that have been lost, stolen or broken. Accompany the policy with a procedure to prevent the loss of users' personal belongings. Accompany the policy with a procedure to facilitate the reporting of users’ lost, stolen or broken personal belongings. Accompany the policy with a procedure aiming to locate users’ lost or stolen personal belongings. Instruct Jewish General Hospital staff on the policy and procedures in place.
Jewish General Hospital: cardiology unit

Remind a staff member involved of their obligations when confronted with the limits of their knowledge of medication and the actions they must take when, for this reason, the relief of a user is compromised.

Inform the staff member involved that it is inappropriate and unprofessional to question a family member about the medication a user should take, even if that person is a healthcare professional.

Remind nurses that they must, with regard to users receiving comfort care:
- Ensure that the user is relieved, both physically and psychologically, on an ongoing basis,
- Evaluate whether the administered medication is having the desired effect and note observations in the user’s file,
- Take appropriate action if the user’s discomfort persists,
- Ensure, for example, through additional training in palliative care, that all nursing staff respond adequately to the needs of users at the end of life.
ASSISTANCES

The Office of the Commissioner is mandated to assist users with complaints and with obtaining care and services. In 2020-2021, 1793 requests for assistance were received and processed.

1793

assistances were received and processed

CONSULTATIONS

The Office can also advise staff or managers regarding the complaints examination system, and regarding its mandate to respect users' rights and improve the quality of care and services. In 2020-2021, 536 consultation requests were received and processed.

536

consultations were received and processed
INTERVENTIONS

Over the past year, the Commissioner has exercised her right to intervene, which is granted to her under section 33(7) of the AHSSS and set out in the terms of reference:

33(7) taking action on his or her own initiative when apprised of the facts and when there are reasonable grounds to believe that the rights of a user or group of users are not being enforced; submitting a report to the board of directors and to the department or the service manager concerned within the institution or the highest authority of the organization, resource or partnership or the person holding the position of highest authority responsible for the services concerned, recommending any action to improve user satisfaction and foster the enforcement of user rights (...)

The guiding principles of an intervention, according to the “Cadre de référence du pouvoir d’intervention du Commissaire aux plaintes et à la qualité des services” (reference framework, only available in French), aim primarily at general objectives of reinforcing the rights of users and individuals, ensuring that individuals are treated with respect, respecting competences and improving service quality, rigor, and neutrality.

During this fiscal year, the Commissioner opened 82 interventions and concluded 75. This number, however, required evaluation within the aforementioned reference framework. When the Act to combat maltreatment of seniors and other persons of full age in vulnerable situations was adopted, an informal directive from the Ministry was sent to our Office’s stakeholders to standardise the data entry of reports related to this legislation. In this respect, as stated in section 14 of the said Act, reports of maltreatment must be quantified in a dedicated section. Thus, some interventions opened by the Commissioner are related to maltreatment and will be addressed in a dedicated subsection of this report.
Patient Experience Report

A first report concerning patient experience, including issues of communication with family members. Indeed, the CIUSSS had to adapt quickly to the public health emergency linked to the pandemic. Naturally, the main objective was to control and prevent the transmission of the virus. Inevitably, there have been negative impacts on the experience of users, residents and their families. We have therefore addressed some elements to optimize the patient / resident experience, recognizing, among other things, the essential role played by family members. For example, a clear communication plan is important to help alleviate family concerns and to provide all of the relevant clinical information. This report recommended that the CIUSSS put in place organizational strategies to optimize the patient and family experience, despite the context of the health emergency. Following this recommendation, a sub-committee of the CIUSSS pandemic committee was created with this specific objective.

Lost and Found Report

A second report dealt specifically with the issue of lost personal belongings, as we have observed an increase of these situations in the context of the pandemic. We recommended that measures be developed to:

- prevent the loss of personal belongings,
- to help locate personal belongings when they are reported lost,
- to develop measures to better inform users, visitors, and staff members of the procedures for reporting lost items. Following this recommendation, a review of the lost property policies was conducted by the CIUSSS.

CHSLD Service Quality Report

A third report concerning the quality of care in long term care facilities (CHSLD) during a pandemic period, following the first wave was put in place, to ensure that the CIUSSS had mechanisms to ensure the quality of care for all residents in anticipation of a possible second wave. It was therefore recommended to create alert mechanisms when establishments are no longer able to provide adequate care; develop an action plan based on warning signs indicating a potential inability to ensure adequate standards of care; establish clear guidelines for adequate care that should be available to everyone, even during a pandemic; assess current unmet needs of residents based on established level of care, under models of care for the elderly; and, in situations where there are local or systemic threats.
Obstetrics Quality of Care Report

Another important report dealt with obstetric care. In this report, we have documented the debate on the term "obstetric violence" and highlighted the legitimate needs expressed by mothers for respectful communication, as well as free and informed consent to care. The Commissioner recommended the use of practice and awareness guides for respectful communication and consent for all obstetrics professionals. We also reported on the negative experiences of families in relation to the various situations where the mother and the newborn are separated due to organizational or structural issues. The recovery room at the Birthing Center at the Jewish General Hospital is only open from 8 a.m. to 3 p.m. This situation is explained by insufficient staff resources to ensure safe care in the recovery room. The Commissioner recommended that management consider structural and organizational changes that could be made to avoid having to separate newborns from their mothers. The report was very well received by the authorities concerned, and discussions are underway.

Diversity and Inclusion Report

Finally, discussions took place regarding diversity and inclusion. Indeed, the last decade has been decisive in terms of denouncing discrimination and racism against racialized people, including members of the First Nations, Inuit and Métis of Canada. The death of Joyce Echaquan, a 37-year-old Atikamekw woman, was a real shock wave stimulating the authorities to put in place long-lasting anti-discrimination and anti-racist policies within their institutions. Many factors can influence the quality of care and services, and not all of them are justifiable. Healthcare professionals do not necessarily see the biases in their clinical decisions. Several possible solutions are conducive to establishing a culture of care that promotes diversity and inclusion. A diversity and inclusion report was produced, as well as an intervention report specific to the Orthodox Jewish community. The latter enabled the CIUSSS to recommend it to develop a strategic action plan based on best practices in diversity and inclusion. This report also enabled the Office of the Commissioner to make a commitment to put in place direct measures to improve access to the complaints examination system.
MALTREATMENT

The Office is responsible for processing reports made under the policy to combat maltreatment drafted in accordance with the Act to combat maltreatment of seniors and other persons of full age in vulnerable situations (chapter L-6.3). The policies are aimed at good treatment and at establishing protective measures for the most vulnerable people.

According to data from SIGPAQS collected for the 2020-2021 financial year, the Office opened 50 intervention files, which consist of 54 maltreatment motives. The Office also opened 1 complaint, 6 assistances and 8 consultations with these same motives.

50

intervention files opened
Maltreatment coded assistances are mostly related to the grounds given by people who want to file a complaint for a reason that resembles maltreatment or who need information on what maltreatment is. Consultations are from professionals, staff or managers who have contacted our office to find out about the possibilities of reporting maltreatment.

It is worth noting that people who contact the Office for grounds resembling maltreatment do not do so specifically on that basis. Often confused or embarrassed, users and their representatives will express their motive for complaint in other ways. The "maltreatment" coding, under the Act, can be contrasted with the "personal relations-abuse" coding in the SIGPAQS ministerial coding for the category of complaints.

Among the interventions and complaints of maltreatment, 24 were subjected to measures by the Office of the Commissioner, through the relocation of users, closure of resources, training on support measures to be provided to maltreated individuals, disciplinary measures for employees, or specific intervention plans for situations experienced by users.

It is worth noting that the ministerial system used by the Office of the Commissioner is not adapted to a report such as this one. A measure, in the current context, refers to a recommendation made to the department to take further action with the user to ensure that the alleged maltreatment ceases. None of the formal ministerial processes allow for the coding of reported cases of maltreatment as "confirmed or unconfirmed". It is interesting to note that 3 cases have an "organizational maltreatment" motive and are directly linked to COVID-19. These 3 cases are in living environments for seniors, the most vulnerable to maltreatment and the hardest hit by the health crisis. In these 3 cases, involving different environments (public CHSLDs, Seniors' residences and private institutions with beds purchased from the mécanisme d'accès à l'hébergement), recommendations were issued by the Office of the Commissioner.

Finally, the Act to combat maltreatment of seniors and other persons of full age in vulnerable situations (chapter L-6.3) has given a real boost to front-line workers and families worried about the well-being of their loved ones to report certain acts considered to be maltreatment. However, we have the same observation as last year when it seems obvious that not all reports are forwarded to the Office of the Commissioner.
After a summary validation with the processus d’intervention concerté (PIC), the summary data brought to the attention of the Office of the Commissioner is likely to confirm that the interveners did not fully appropriate the ins and outs of the CIUSSS’s maltreatment policy. According to data from the recent l’Enquête sur la maltraitance envers les personnes aînées au Québec - Potrait de la maltraitance vécue à domicile from the Institut de la statistique du Québec (ISQ) in 2020, 6% of seniors living at home are victims of some form of maltreatment. Approximately 345,000 people (of all ages) live in the CIUSSS territory, including approximately 1,130 residents in the 6 CHSLDs.

Given the state of reporting as seen in Figure 8, we note a significant under-reporting of cases of maltreatment on the territory of the CIUSSS West-Central Montreal.

The number of residents of public CHSLDs on the territories alone should, according to the data provided by the ISQ, generate at least 68 cases of maltreatment reaching us annually. This data is without counting on the reporting coming from the community. It is therefore self-evident that the reports received represent the tip of the iceberg. Various factors can explain this under-reporting at our office. First, seniors may not want to report or ask for help, for fear of repercussions, because of dependence on the abuser, for various other reasons such as feelings of shame or guilt, or even out of resignation. Second, staff members may be unfamiliar with available resources and establishment policies, or even trivialize the phenomenon of maltreatment. Raising awareness among more than 12,000 staff and 600 doctors in more than 30 healthcare centers is a major challenge. The Commissioner welcomes the commitment of the CIUSSS in its efforts to promote the policy aimed at countering mistreatment and suggests that it continue these efforts to raise awareness, teach and promote it among its front-line workers.
PROMOTION AND COLLABORATION IN AN EFFECTIVE COMPLAINTS SYSTEM

In accordance with the legal obligations listed in section 33(3) of the AHSSS, the Office must carry out promotional activities (active and passive) of the complaints system. Passive promotion is a form of promotion that does not involve direct interaction with users (e.g. leaflets, posters, videos, podcasts). Active promotion involves interaction with the user. Promotional activities can be aimed at users and their relatives, to inform them of their rights, as well as health care staff, to raise their awareness, to refer users to the Office if necessary, and to ensure that they comply with the institution’s code of ethics.

Promoting the complaints and user rights system is a significant challenge given our current human and financial resources.
Our Office has put a lot of effort into this during the year 2020-2021, deploying a variety of strategies to try to reach the targeted population as effectively and extensively as possible.

Indeed, while traditional means of promotion (flyers, posters) seem to be ineffective while being a vehicle for the transmission of COVID-19, new technologies do not necessarily reach the most vulnerable users.

For the 2020-2021 fiscal year, the Office’s team members collectively spent 485 hours actively and passively promoting and informing users, as well as collaborating on operating the complaint review system in compliance with the legal obligations listed in section 33(3) of the AHSSS. This represents a significant amount of promotional time with users (see Table 3).

Various promotion modalities could not be put in place due to the COVID-19 health crisis. However, although members of the Office’s team did not actively promote and inform users in person, meetings were held by videoconference. An action plan was also put in place in collaboration with the CIUSSS communications team to ensure better promotion (website update, creation of informative videos on the complaints examination system, corporate image of the Office of the Commissioner’s documents, etc.) and will be deployed during the year 2021-2022. All of this should promote users' rights and the complaints system, accessibility to the complaints system and the general visibility of the Office of the Commissioner.

Various students have also done internships in our Office. Two master’s students in Health Services Administration, Health Systems Management option and one student in Bioethics, from the School of Public Health of the Université de Montréal produced reports on promotional practices in our Office. A student in the Dispute Resolution Program at the Université de Sherbrooke, for his part, contributed to the collaboration in the operation of the complaints examination system by reporting on the inter-jurisdictional links between the users’ committees and the Service Quality and Complaint Commissioners. Finally, 3 students from Collège Ahuntsic approached us to conduct a survey on the obstacles hindering the exercise of the right to file a complaint among young people aged 14 to 25. In conclusion, in addition to working directly on projects related to the promotion and collaboration in the operation of the complaints examination system, it was an opportunity for active community promotion that allowed students to better understand the role and the mandate of the Service Quality and Complaint Commissioners.
Finally, the Commissioners offices throughout the province have experienced the impact of various social crises and recent organizational changes in the Health and Social Services Network (health crisis, additional mandates, etc.). These crises have contributed to a strengthening of collaborative efforts with our colleagues in other local commissioner offices.

This led to the production of a document presented to the Boards of Directors of the CIUSSS Est, Centre-Sud, Nord, West-Central and West Island; to Ms. Dominique Savoie, Deputy Minister of the Minister of Health and Social Services; to the Protecteur du citoyen as part of her call for briefs on the COVID-19 crisis management in CHSLD's; to Ms. Dominique Charland, Commissaire-Conseil, Minister of Health and Social Services, as well as a written opinion in the course of the OIIQ 2021 General Assembly.

The list of events and promotion actions of the Office of the Commissioner is in the appendix of this report.

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7. Constats et pistes de réflexion des Commissaires des CIUSSS Montréal sur la première vague COVID-19 par les Commissariats des CIUSSS Est, Centre-Sud, Nord, Centre-Ouest et Ouest de l'île de Montréal. 22 septembre 2020
SPECIAL SECTION ON COVID-19

The COVID-19 health crisis started in the previous financial year (February 27th, 2020). Moreover, the 2019-2020 annual report presents the administrative adjustments that had to be made by the Office of the Commissioner, so they will not be discussed in the present report. I will present a summary of the issues and concerns arising from the complaints and assistances during the pandemic period within the fiscal year, but I will also include data from the previous period to have the most global vision possible of the impacts and disruptions resulting from this health crisis for users and their families, many of whom are victims of this tragic pandemic.
Reminder of the events marking the health crisis

- The beginning of 2020 was marked by an outbreak of a new virus in the Coronaviridae family.

- The Jewish General Hospital is one of the four hospitals initially identified to receive people infected with COVID-19 requiring hospitalization and is the identified hospital in Montreal for adult patients on February 7th, 2020.

- On February 27th, 2020, the first case was diagnosed in Quebec at the Jewish General Hospital.

- This epidemic spread to all continents and was declared a pandemic by the World Health Organization on March 11th, 2020.

- The Quebec government declared a state of public health emergency on March 13th, 2020, enabling them to put in place a series of preventive measures to protect the health of the Quebec population.

- A first wave of the epidemic affected Quebec from February 27th, 2020, to early June 2020. Montreal is the most affected Canadian city during the first wave, particularly in its seniors' living environments (CHSLD, RPA).

- A second wave affected Quebec from late August 2020 to late March 2021.

- On December 14th, 2020, the Maimonides Donald Berman Geriatric Centre is the first Montreal Centre to offer COVID-19 vaccines to residents and workers.

- February 6th, 2021 marks the tragic anniversary of the 10,000th death in Quebec.

- On March 23rd, 2021, 1 million people were vaccinated in Quebec.

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10https://www.inspq.qc.ca/covid-19/donnees/ligne-du-temps
Some statistics

Our first case directly related to COVID-19 was on February 27th, 2020. Between February 27th, 2020 and March 31st, 2021, we received 722 files directly related to a concern arising from the COVID-19 health crisis and resulting policies:
- 8 medical complaints,
- 160 non-medical complaints,
- 530 assistances,
- 24 interventions.

The complaints lead to 72 direct measures and the assistances were concluded, in average, within 2 days.

Main grounds for dissatisfaction

The following is a summary of the issues and concerns that have emerged from the complaints, assistances and responses to the concerns of users and their families during the pandemic.

Throughout the year, we have observed polarized reactions, both to protest the inadequacy of measures to tackle the health crisis, or to affirm the excessive nature of measures that repress the individual rights of users and their relatives. However, a common element that runs through all the complaints is the need for more effective communication, both at the micro level (to monitor the health status of a relative) and at the macro level (to be informed promptly of policies). Difficulties were noted in establishing stable, regular, empathetic, and meaningful communication methods between institutions, users and their relatives. In this health crisis context, the role of the Office of the Commissioner is all the more important to guide users, inform them about the best practices in this exceptional context and examine clinical situations independently.

Frequent themes of dissatisfaction concerning the organization of the environment, for example, the fear of contamination due to a lack of respect of distancing measures, the lack of diligence in the application of protective measures by employees or the spatial organization (shared rooms or bathrooms). Still related to this ground, others were dissatisfied with the loss or theft of personal belongings or with the measures resulting from the ministerial directives (confinement, user transfers, ban on visits, etc.). It is worth noting that any form of dissonance between the information transmitted by the public authorities or the medias and the real possibility of the CIUSSS implementing it automatically generated confusion, incomprehension and anxiety among users, their relatives and staff members.
A second frequent theme of dissatisfaction involved users’ rights. Indeed, users and their relatives found the information received and communicated concerning their relative’s state of health or the establishment’s policies to be inadequate. As mentioned above, the ban on visits generated a great deal of dissatisfaction. Indeed, cases involved access to users by family caregivers. Indeed, perhaps the most controversial measure was the restriction of visits to hospitals, CHSLDs and RPAs to control the risk of spreading the virus. First, visiting rights were suspended on March 14th, 2020. Consequently, we received requests from users and their families asking for exceptions for various reasons (medical or biopsychosocial situation of their loved one, language barriers, concerns about the quality/quantity of care offered for assisting with meals, clothing, etc.). Then, in recognition of family caregivers’ role in the well-being of users, visiting rights were restricted rather than suspended. However, other issues emerged as a result of these policies being “fluid”, i.e. subject to change without delay. Several updates to ministerial guidelines clarified or redefined who was considered a caregiver and the level of restriction according to the regional alert scale. We, therefore, received requests from users to obtain exceptions or to clarify the directives that applied to their context.

In addition to visitation bans in hospitals, CHSLDs and RPAs, the Jewish General Hospital attracted media attention in March 2020 for being the only hospital in Quebec to ban partners in the maternity ward during the COVID-19 pandemic. The ban on partners was a control measure deemed necessary by the institution during the first wave of the COVID-19 pandemic due to non-compliance with infection control measures but caused strong community opposition.

A third frequent theme of dissatisfaction concerning the care and services provided, both in terms of its lack of accessibility (cancellations, postponement of services without information about the expected outcome), but also concerned quality issues (deterioration in the health of residents, alleged negligence during care).

Finally, a fourth theme of dissatisfaction related to the linguistic rights of users to be treated in the language of their choice, either English or French. With the creation of new services and sites (testing, evaluation, and vaccination) and the massive hiring of staff (administrative and clinical) to meet these urgent needs, the hiring of bilingual staff seems to have been less of a priority in the circumstances.
Role and mandate of the Office of the Commissioner within the context of COVID-19

In the context of the health crisis, the role of the Office of the Commissioner is all the more important in guiding users and informing them of the best practices in this exceptional context and reviewing clinical situations independently.

Several measures were put forward by the Office of the Commissioner to contribute to the respect of users’ rights and the quality of care and services. These can be classified under 3 main themes:
1 **Revision of certain policies**
Indeed, considering the increased prevalence of certain issues directly affecting users’ rights and the quality of their care and services, we recommended revising the lost property policy, including prevention measures, and establishing minimum standards of care in CHSLDs with warning systems when the institution is no longer able to meet them.

2 **Innovation**
As a matter of fact, reflections on the spatial organization to adapt the environment to the health crisis are essential. It is also relevant to assess the risks associated with the measures to combat the pandemic and to implement innovative alternatives to minimize them.

3 **Organizational fluidity**
It is essential to have better cooperation between CIUSSS stakeholders and their private partners to establish the limits and guidelines for the "population-based responsibility" of the CIUSSS. It is also essential to improve communication strategies (micro, meso and macro).
Compared to the previous two years, this represents a decrease in the volume of complaints received and processed, as well as a decrease in the number of residual complaints remaining in process at the end of the fiscal year. Note, however, a stabilization in the number of complaints received and complaints concluded during the same period of time. Graph 9 and Table 3 illustrate this development.
EXAMINATION DELAYS

The Act Respecting Health Services and Social Services stipulates that complaints must be processed within 45 days. If that timeframe cannot be adhered to, the Medical Examiner must contact users, explain the situation to them and inform them of other possible recourse. Table 4 shows the delay to answer complaints in 2020-2021.

Therefore, 52 % of the medical complaints received in the last fiscal year were processed within 45 days by the Medical Examiners. This represents a significant improvement over recent years, where the percentage fluctuated between 7 % and 11 %.

Table 4 : Medical complaints delays in 2020-2021.

<table>
<thead>
<tr>
<th>Time</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3 days</td>
<td>2</td>
<td>1.85</td>
</tr>
<tr>
<td>4 to 15 days</td>
<td>7</td>
<td>6.48</td>
</tr>
<tr>
<td>16 to 30 days</td>
<td>16</td>
<td>14.81</td>
</tr>
<tr>
<td>31 to 45 days</td>
<td>31</td>
<td>28.70</td>
</tr>
<tr>
<td>Sub-total</td>
<td>56</td>
<td>51.85</td>
</tr>
<tr>
<td>45 to 60 days</td>
<td>18</td>
<td>16.67</td>
</tr>
<tr>
<td>61 to 90 days</td>
<td>20</td>
<td>18.52</td>
</tr>
<tr>
<td>91 to 180 days</td>
<td>13</td>
<td>12.04</td>
</tr>
<tr>
<td>181 days +</td>
<td>1</td>
<td>0.93</td>
</tr>
<tr>
<td>Sub-total</td>
<td>52</td>
<td>48.15</td>
</tr>
<tr>
<td>Total</td>
<td>108</td>
<td>100.00</td>
</tr>
</tbody>
</table>
In 2020-2021, the 101 received complaints contained a total of 121 underlying motives. These motives are split into 7 distinct categories. In 2020-2021, the most common motives are within the Provided Care and Services* and Interpersonal Communication* categories. (*In house translation)

Graph 10 illustrates the breakdown of these categories*. (*In house translation)
In 2020-2021, the great majority of the medical complaints (89%) received were subject to an evaluation by a Medical Examiner. 7% were refused or rejected in a summary exam and 4% were withdrawn or stopped by the user or their representative. 15% of medical complaints were processed with corrective measures and 85% of medical complaints were handled without further measures. In total, 18 measures were recommended by Medical Examiners in 2020-2021. Those measures divide in 12 systemic measures and 6 individual measures.

The most common systemic measures are the adoption, the revision plus the application of rules and procedures and adaptation of care and services. The recommended individual measures are the adaptation of care and services, stakeholder information and awareness raising. For instance, meetings between the doctor, the head of their department and/or the medical examiner took place to discuss communication, relational or work environment aspects with users, family members, residents, students and staff members, or to propose an action plan such as incident reviews or clinical protocols.

Certain reminders or training courses have also been recommended, the use of visual and tactile interpretation for a hearing-impaired user, the need for physicians to communicate directly with families in a diligent, repeated and proactive manner whenever a user is in isolation due to COVID-19, or the policy of double identification of users prior to any treatment or procedure, for instance.

**Chart 11 : Motives treatment**

- Refused or rejected after summary examination: 4%
- Treated with measures: 7%
- Treated without measures: 74%
- Stopped or abandoned by the User: 4%
COMMENTS AND SUGGESTIONS OF THE COMMISSIONER

The Commissioner is satisfied with the notable improvement in response times by Medical Examiners. Although it is outside her area of jurisdiction, the Commissioner, as guardian of the complaint system within the CIUSSS, has a duty to underscore Medical Examiners’ inestimable individual and collective efforts to meet lawmakers’ expectations.

The continued improvement of the process is expected to continue in 2021–2022, and the Office of the Commissioner will continue to work closely with Medical Examiners in implementing their action plan.
NUMBER OF RECEIVED AND CONCLUDED REVIEW REQUESTS

Compared to the previous reference year, the data represents a decrease in the volume of requests received. This is consistent with the fact that fewer medical complaints were received or concluded by the Medical Examiners. Graph 12 and Table 5 illustrate this development.

Graph 12: Number of received and processed review requests by the Review Committee

Table 5: Number of received and processed review requests by the Review Committee

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning of the year</td>
<td>0</td>
<td>4</td>
<td>6</td>
<td>17</td>
</tr>
<tr>
<td>Received during the year</td>
<td>12</td>
<td>12</td>
<td>22</td>
<td>17</td>
</tr>
<tr>
<td>Concluded during the year</td>
<td>8</td>
<td>10</td>
<td>11</td>
<td>21</td>
</tr>
<tr>
<td>Year-end</td>
<td>4</td>
<td>6</td>
<td>17</td>
<td>13</td>
</tr>
</tbody>
</table>
The Review Committee is required to provide a reasoned notice of its decision within 60 days of receiving a request for review. Table 6 displays the actual delays for the treatment of requests received by the Review Committee. It should be noted that 2 files were withdrawn by the complainant before the end of the review, one in less than 60 days and the other in over 181 days.

Table 6: Review requests delays

<table>
<thead>
<tr>
<th>Time</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 days &amp; less</td>
<td>1</td>
<td>4.76</td>
</tr>
<tr>
<td>61 to 90 days</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>91 to 180 days</td>
<td>2</td>
<td>9.52</td>
</tr>
<tr>
<td>181 days +</td>
<td>18</td>
<td>85.71</td>
</tr>
</tbody>
</table>

Turnaround times vary from

\[
161 \text{ to } 430 \text{ days}
\]

(average of \(327\) days)

The great majority \((89.5\% ; 17/19)\) of files concluded by the Review Committee has required 

\[
181 \text{ days or more}
\]

None of the files concluded by the Review Committee were responded to within the legal deadline.
MOTIVES TO APPEAL TO THE REVIEW COMMITTEE

All of the motives dealt with by the Review Committee were all in the Care and Services Provided* category. (*In house translation)

CONCLUSIONS OF REVIEW REQUESTS

The sole mandate of the Review Committee is to review the treatment given to the examination of a complainant's complaint by the medical examiner and its conclusion must, according to the ARHSSS, come to one of the following 4 options (sec. 52 ARHSSS):

1- Confirm the conclusions of the medical examiner of the institution concerned,

2- Require that the medical examiner carry out a supplementary examination within the time specified and transmit his or her new conclusions to the user,

3- If the complaint concerns a CPDP member, forward a copy of the complaint and file to the CPDP for study for disciplinary purposes, and if the complaint concerns a resident and raises disciplinary issues, forward a copy of the complaint and file to the authority determined by regulation,

4- Recommend any action that is likely to resolve the matter to the medical examiner or, if appropriate, to the parties themselves.
The file that included additional recommendations concerns an emergency care coordination issue: a user had been granted medical leave on two occasions and was subsequently called by a doctor asking him to come back in for tests or procedures. Since the user had difficulty travelling back and forth due to his fragile state of health, he wanted to know why the doctor had granted him medical leave, only to ask him to return shortly thereafter. He also could not understand why various diagnostic tests led to diverging conclusions.

The Review Committee issued the following recommendation: "We respectfully ask the department head to meet with the unit coordinator with a view to developing a system making it possible to triage patients separately who have to return to the emergency department within 72 hours (at a doctor’s request or by means of an informal or formal appointment, or otherwise, since doctors know whether a patient has a greater likelihood of returning). In those circumstances, the patient’s file could be kept in the emergency department in a designated place where it would be easily accessible".

Graph 13 : Review requests* as stated in the ARHSSS ("In house translation)

- Confirm the Medical Examiner’s conclusions: 5.26%
- Require a supplementary examination from the Medical Examiner: 68.42%
- Forward the complaint for study for disciplinary purposes: 0%
- Any action that is likely to resolve the matter to the medical examiner or, if appropriate, to the parties themselves: 25.32%
The Commissioner wishes to express concern over the Review Committee’s very lengthy response time and its backlog of files. Both of these issues deviate from legal norms and thus from lawmakers’ expectations.

Indeed, this year, only 3 of 21 files were concluded within at least 181 days; one of them was withdrawn by the complainant before the review was completed. The file that was concluded the quickest took 161 days. The conclusions of 19 requests for review that did receive a formal conclusion were issued after an approximately one-year wait (an average of 327 days), rather than the two months (60 days) indicated in Quebec’s Act respecting Health Services and Social Services. In contrast, in 2017–2018, there was no backlog at the beginning of the fiscal year. Review Committee files began to accumulate that same year. This fiscal year ended with a backlog of 13 files. Over the past four years, the Review Committee concluded between 8 and 21 files per year (an average of 12.8/year), while it received between 12 and 22 (an average of 15.8/year).

Therefore, if the Review Committee receives this same number of files on average (15.8 files/year), considering its current backlog (13 files), it will have to conclude 2.4 files per month to catch up again. Although the number of files concluded by the Review Committee was higher in previous years than it was during this fiscal year, the rate at which files are being concluded is still lower than the number of active files. This is problematic considering users’ right to receive follow-up to their requests for review within a reasonable period of time.
According to various ombudsman's offices procedural fairness implies that reviews should be carried out within what is deemed a reasonable period of time. Responding within established timeframes is required to ensure the credibility of the process, as well as to maintain the confidence of users and doctors named in the complaints and to ensure that the institution receives potential recommendations within an appropriate window of opportunity following incidents that led to user dissatisfaction. For example, Biggar et al. states that under an effective complaint review system, complainants should be entitled to a reasonable processing time; any changes should be justified. According to Bourne et al. the most stressful aspects for doctors named in complaints are extended processing times and the unpredictability of the process in which they are involved. Considering the major impact of complaints on the well-being of those involved, the doctors surveyed proposed, among other things, that the process should be more transparent and more time limited.

Consequently, the Service Quality and Complaints Commissioner makes the following suggestions:
1. The Board of Directors and the vigilance committee should ensure that the Review Committee has all the resources it needs to effectively carry out its duties with a view to responding to complaints in a timelier manner.
2. The Board of Directors and the vigilance committee ensure that the Review Committee complies with turnaround times and meets the expectations of complainants, members of the Council of Physicians, Dentists and Pharmacists (CPDP), Medical Examiners and lawmakers.

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13. Shirley R. Nakata Ombudsperson for Students University of British Columbia ADMINISTRATIVE LAW FRAMEWORK THE FOUNDATION OF OMBUDS WORK Presentation in March, 2021
APPENDIXES
APPENDIX 1 : LIST OF ESTABLISHMENTS COVERED BY THIS REPORT

1. Centrale Info-Santé (pour la région administrative de Montréal)  
2. Centrale Info-Social (pour la région administrative de Montréal)  
3. Centre d’hébergement Father-Dowd  
4. Centre d’hébergement Henri-Brabet  
5. Centre d’hébergement Saint-Andrew  
6. Centre d’hébergement Saint-Margaret  
7. Centre de réadaptation Lethbridge-Layton-Mackay (site Constance-Lethbridge)  
8. Centre de réadaptation Lethbridge-Layton-Mackay (site MAB)  
9. Centre de réadaptation Lethbridge-Layton-Mackay (site Mackay)  
10. Centre de réadaptation Lethbridge-Layton-Mackay (site Terrebonne)  
11. Centre de vaccination de masse Aréna Bill Durnan  
12. Centre de vaccination de masse Square Décarie  
13. Centre de vaccination de masse Université de Montréal  
14. Centre gériatrique Maimonides Donald Berman  
15. Centre hospitalier Mont-Sinai  
16. Centre Miriam  
17. CHSLD juif Donald Berman  
18. CHSLD le Waldorf (Groupe Sélection)  
19. CHSLD Saint-Georges (placement MAH seulement)  
20. CHSLD Saint-Henri (placement MAH seulement)  
21. CIR Complexe Guimont (Laval)  
22. CLSC de Benny Farm  
23. CLSC de Côte-des-Neiges  
24. CLSC de Parc-Extension  
25. CLSC Métro  
26. CLSC René-Cassin  
27. GMF Cavendish  
28. GMF Diamant  
29. GMF Elna Décarie  
30. GMF Force-Médic (GMF-R)  
31. GMF Groupe Santé Westmount Square (GMF-R)  
32. GMF Herzl (GMF-R et GMF-U)  
33. GMF Santé Kildare  
34. GMF Santé Mont-Royal  
35. GMF MDCM  
36. GMF Médic Elle  
37. GMF Queen-Elizabeth (GMF-R et GMF-U)  
38. GMF Métro Médic Centre-ville (GMF-R)  
39. GMF Santé Médic  
40. GMF de St. Mary (GMF-U)  
41. GMF du Village Santé  
42. Hôpital Catherine-Booth  
43. Hôpital général juif  
44. Hôpital Richardson  
45. Institut universitaire de gériatrie de Montréal (lits aigus, lits post-aigus et placement MAH)  
46. La Maison Bleue de Côte-des-Neiges  
47. La Maison Bleue de Parc-Extension  
48. Ligne Aide Abus Alnès  
49. Maison de naissance Côte-des-Neiges  
50. Maison de soins palliatifs Saint-Raphaël  
51. Point de service Outremont (CLSC)  
52. Résidence les Floralies - Lachine (SAPA - Lits CHSLD achetés hors-territoire)  
53. Résidence les Floralies - Lasalle (SAPA - Lits CHSLD achetés hors-territoire)  
54. RA Appartements Caldwell (DI-DP-TSA)  
55. Résidence à assistance continue Borden (DI-DP-TSA)  
56. Résidence à assistance continue Dubrovsky (DI-DP-TSA)  
57. Ressource de type familial Agostino Mucciarone (DI-DP-TSA)  
58. Ressource de type familial Aicha Khaili (DI-DP-TSA)  
59. Ressource de type familial Bailey (SAPA)  
60. Ressource de type familial Capistrano (SAPA)  
61. Ressource de type familial Corbett (SAPA)  
62. Ressource de type familial Crossgill (SAPA)  
63. Ressource de type familial Da Silva (SAPA)  
64. Ressource de type familial Elena Gonzales (DI-DP-TSA)  
65. Ressource de type familial Irene Doyon (DI-DP-TSA)  
66. Ressource de type familial Jouravskaya (SAPA)  
67. Ressource de type familial Mercedes Walsh (SAPA)  
68. Ressource de type familial Molly Young (DI-DP-TSA)  
69. Ressource de type familial Monette Bellot (DI-DP-TSA)  
70. Ressource de type familial Odoom (SAPA)  
71. Ressource de type familial Oxengendler (SAPA)  
72. Ressource de type familial Rebecca Galmote, Rolland Elan (DI-DP-TSA)  
73. Ressource de type familial Shoshana Yess (DI-DP-TSA)  
74. Ressource de type familial Steben Machnik (DI-DP-TSA)  
75. Ressource de type familial The Approach Agency (DI-DP-TSA)  
76. Ressource de type familial Warner (SAPA)  
77. Ressource intermédiaire Constance Lethbridge : Lafondation Cheshire  
78. Ressource intermédiaire de la Montagne (SAPA)  
79. Ressource intermédiaire Foyer de la création (DI-DP-TSA)  
80. Ressource intermédiaire Les Pavillons LaSalle (SAPA)  
81. Ressource intermédiaire Lev-Tov  
82. Ressource intermédiaire Lissa Sévigné (DI-DP-TSA)  
83. Ressource intermédiaire Maison d’accueil Amo Baiden (DI-DP-TSA)  
84. Ressource intermédiaire Maison d’accueil Athanasios Antoniou, Shawn Wilson (DI-DP-TSA)  
85. Ressource intermédiaire Maison d’accueil Bernice Fender (DI-DP-TSA)  
86. Ressource intermédiaire Maison d’accueil Chidi Enechukwu (DI-DP-TSA)  
87. Ressource intermédiaire Maison d’accueil Dannette Williams (DI-DP-TSA)  
88. Ressource intermédiaire Maison d’accueil Elida Pierre-Louis (DI-DP-TSA)  
89. Ressource intermédiaire Maison d’accueil James Marcellin (DI-DP-TSA)  
90. Ressource intermédiaire Maison d’accueil Jean Adelson, Jean-François Marie (DI-DP-TSA)  
91. Ressource intermédiaire Maison d’accueil Jean-Claude Raymond, Viviane Noel (DI-DP-TSA)  
92. Ressource intermédiaire Maison d’accueil Jeff Wagen (DI-DP-TSA)  
93. Ressource intermédiaire Maison d’accueil Joy Abel (DI-DP-TSA)  
94. Ressource intermédiaire Maison d’accueil Lenore Caterson (DI-DP-TSA)  
95. Ressource intermédiaire Maison d’accueil Linda Adjei (DI-DP-TSA)  
96. Ressource intermédiaire Maison d’accueil Lloyd Siguienneau (DI-DP-TSA)  
97. Ressource intermédiaire Maison d’accueil Luisito Yusi (DI-DP-TSA)  
98. Ressource intermédiaire Maison d’accueil Marie-Gladys, Marie-Shenna Viviane Noel (DI-DP-TSA)  
99. Ressource intermédiaire Maison d’accueil Maudeline Châtaigne (DI-DP-TSA)  
100. Ressource intermédiaire Maison d’accueil Melinda Nueva Ong (DI-DP-TSA)  
101. Ressource intermédiaire Maison d’accueil Minteamer Asfaw (DI-DP-TSA)
APPENDIX 2 : LIST OF ESTABLISHMENTS COVERED BY THIS REPORT (CONTINUED)

102. Ressource intermédiaire Maison d’accueil Nick Kalekas (DI-DP-TSA)
103. Ressource intermédiaire Maison d’accueil Nicole Leblanc Mailhot (DI-DP-TSA)
104. Ressource intermédiaire Maison d’accueil Nora Omaweng (DI-DP-TSA)
105. Ressource intermédiaire Maison d’accueil Odessa Hilliman (DI-DP-TSA)
106. Ressource intermédiaire Maison d’accueil Philbert Chase (DI-DP-TSA)
107. Ressource intermédiaire Maison d’accueil Raynald Perron (DI-DP-TSA)
108. Ressource intermédiaire Maison d’accueil Rexford Owusu (DI-DP-TSA)
109. Ressource intermédiaire Maison d’accueil Rosmond Ryan (DI-DP-TSA)
110. Ressource intermédiaire Maison d’accueil Russell Yusi (DI-DP-TSA)
111. Ressource intermédiaire Maison d’accueil Sandi Newton (DI-DP-TSA)
112. Ressource intermédiaire Maison d’accueil Serge Richer (DI-DP-TSA)
113. Ressource intermédiaire Maison d’accueil Shawn Walker (DI-DP-TSA)
114. Ressource intermédiaire Maison d’accueil Sheila Naggyah (DI-DP-TSA)
115. Ressource intermédiaire Maison d’accueil Starlett Lee (DI-DP-TSA)
116. Ressource intermédiaire Maison d’accueil Stéphane Blackburn (DI-DP-TSA)
117. Ressource intermédiaire Maison d’accueil Susan Williams (DI-DP-TSA)
118. Ressource intermédiaire Maison d’accueil The Approach Agency (DI-DP-TSA)
119. Ressource intermédiaire Maison d’accueil Véronique Ouellet, Natasha Grecia (DI-DP-TSA)
120. Ressource intermédiaire Maison d’accueil Vilma Blaides (DI-DP-TSA)
121. Ressource intermédiaire Maison le Mistral David Byrne (DI-DP-TSA)
122. Ressource intermédiaire Maison Paternelle
123. Ressource intermédiaire Manoir Renaissance (SAPA)
124. Ressource intermédiaire Parkhaven Lissa Sévigné (DI-DP-TSA)
125. Ressource intermédiaire Shalom Carlton (DI-DP-TSA)
126. Ressource intermédiaire Shalom Kent (DI-DP-TSA)
127. Rockland MD – Clinique médicale et Centre de chirurgie
128. RPA Anne’s Residence
129. RPA Beit Chai Inc
130. RPA Château B’nai Brith
131. RPA Château Vincent d’Indy
132. RPA L&L Residence
133. RPA La Résidence Fulford
134. RPA Le Boulevard Résidence Urbaine Pour Aînés
135. RPA Manoir Charles Dutaud
136. RPA Manoir King David
137. RPA Manoir Outremont
138. RPA Manoir Westmount
139. RPA Pearl & Theo
140. RPA Place Kensington
141. RPA Place Mariette
142. RPA Providence Notre-Dame-de-Grâce
143. RPA Résidence Christ-Roi
144. RPA Résidence de Prince of Wales
145. RPA Résidence L’Image d’Outremont
146. RPA Résidence Outremont
147. RPA Résidence Sheppard et James Victoria
148. RPA Résidence Sheppard et James Westbury
149. RPA Résidence Vista
150. RPA Résidence Westhill Inc
151. RPA Résidences B’nai Brith House
152. RPA Sélection Graham
153. RPA Sélection le Waldorf (Groupe Sélection Retraite)
154. RPA Snowdon Résidence
155. RPA The Salvation Army Montclair Residence (Fermée)
156. RPA Tirat Carmel
157. RPA Westmount One
158. Service de répit Angelman (DI-DP-TSA)
159. Service de répit Autisme Montréal (DI-DP-TSA)
160. Service de répit Centre Philou (DI-DP-TSA)
161. Service de répit Dreams and Hopes (DI-DP-TSA)
162. Service de répit Les foyers de la création (DI-DP-TSA)
163. Service de répit Les foyers de la création 2 (DI-DP-TSA)
164. Site Plaza (CLSC)
APPENDIX 2 - PROMOTION ACTIVITIES OF THE OFFICE OF THE COMMISSIONER 2020-2021

Greater public promotion (in French)

- Conférence lors d’un congrès scientifique portant sur la douleur chronique
- Conférence-midi à au groupe de recherche IDEA, Université Laval
- Webinaire à l’ARIHQ (association RI-RTF)
- Conférence à l’association des obstétriciens-gynécologues du Québec (AOGQ)
- Éditeur-invités en vue d’un numéro spécial portant sur l’éthique et les plaintes dans la Revue Canadienne de Bioéthique (cjb-rcb.ca), ainsi que rédaction et soumission d’articles
- Intégration de 4 étudiants à la maitrise universitaire pour leurs stages, et collaboration avec 3 étudiants collégiaux
- Publication d’un article à l’ARIHQ
- Collaboration a un document sur les Constats et pistes de réflexion des Commissaires des CIUSSS Montréalais sur la première vague COVID-19
- Avis présenté dans le cadre des États Généraux de l’OIIQ 2021
APPENDIX 2 - PROMOTION ACTIVITIES OF THE OFFICE OF THE COMMISSIONER 2020-2021 (CONTINUED)

Promotion to CIUSSS Community and Users (in French)

- Séance d'information publique pour les usagers, leurs familles et les médias visant à présenter le rapport des activités 2019-2020

- Présentations et séances d’information aux OSBL et comité d’usagers central

- Rencontres et présentations avec des comités d’usagers

- Présentations, séances d’information et sensibilisation du personnel des installations (gestionnaires, leurs équipes des différentes directions, les nouveaux PAB en CHSLD)

- Participation au comité de vigilance pour présenter le régime d’examen des plaintes et échanger avec les membres du comité

- Présentation au CA

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29 Rapport des plaintes reçues lors de la première vague de la pandémie du COVID-19, 17 septembre 2020
APPENDIX 2 - PROMOTION ACTIVITIES OF THE OFFICE OF THE COMMISSIONER 2020-2021 (CONTINUED)

Passive promotion (in French)

- Mise à jour du site web bilingue avec la collaboration du département de Communication
- Distribution des dépliants et des affiches dans tous les établissements sous notre juridiction (aires communes et pochettes de bienvenue, le cas échéant)
- Diffusion de 2 balados Votre santé (2019) sur le régime d'examen des plaintes
- Animation et diffusion des activités de promotion sur les pages LinkedIn du CIUSSS de la commissaire et du commissaire adjoint
- Participation au vidéo promotionnel du CIUSSS

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Interdiction de se rendre dans les hôpitaux et les CHSLD ; état d’urgence sanitaire déclaré.

Interdiction de toute visite et sortie dans les RPA - RTF - RI - CHSLD.

Arrêté ministériel 2020-022 - Assouplissement des mesures, certains proches aidants peuvent reprendre le soutien.

Mise à jour.

Directives ministérielles - L’accès aux proches aidants aux différents milieux de vie est un droit (RPA-RTF-RI-CHSLD-SPFV). Sous certaines conditions.

Arrêté ministériel 2020-034 concernant les proches aidants.

Introduction de directives ministérielles pour les proches aidants significatifs dans les établissements de santé sous conditions spécifiques.

Directive ministérielle autorisant les proches aidants dans les centres hospitaliers.

Directives en regard de la venue de proches aidants et accompagnateurs en centre hospitaliers : proches aidants & accompagnateurs ponctuels autorisés.

Directive - plan de déconfinement concernant les visites des proches aidants dans les milieux de vie. Les visites dans les centres hospitaliers seront permises à compter du 26 juin prochain, sous certaines conditions.

Les visites des proches aidants et des visiteurs sont désormais autorisées dans tous les établissements de santé sous certaines conditions.

Gradation des mesures dans les milieux de vie en fonction des paliers d’alerte.

Gradation des mesures pour 2e vague.

Mise à jour des directives pour proches aidants aux soins palliatifs et de fin de vie. Nouvelles directives en regard de la venue de proches aidants en centres hospitaliers.

Mise à jour - Gradation des mesures dans les milieux de vie en fonction des paliers d’alerte.

Mise à jour des directives pour proches aidants dans les centres hospitaliers.

Mise à jour des directives pour proches aidants aux soins palliatifs et de fin de vie.

Directive sur les personnes proches aidantes et le respect du couvre-feu.

Directive ministérielle - Remplace la gradation des mesures dans les milieux de vie.

APPENDIX 3 : ORGANIZATIONAL RESPONSES TO THE PANDEMIC CONCERNING THE VISITING RIGHTS OF CAREGIVERS (IN FRENCH)

<table>
<thead>
<tr>
<th>Date</th>
<th>Mesure nationale (description)</th>
</tr>
</thead>
<tbody>
<tr>
<td>13-14 mars 2020</td>
<td>Interdiction de se rendre dans les hôpitaux et les CHSLD ; état d’urgence sanitaire déclaré.</td>
</tr>
<tr>
<td>23 mars 2020</td>
<td>Interdiction de toute visite et sortie dans les RPA - RTF - RI - CHSLD.</td>
</tr>
<tr>
<td>15 avril 2020</td>
<td>Arrêté ministériel 2020-022 - Assouplissement des mesures, certains proches aidants peuvent reprendre le soutien.</td>
</tr>
<tr>
<td>17 avril 2020</td>
<td>Mise à jour.</td>
</tr>
<tr>
<td>5-6 mai 2020</td>
<td>Directives ministérielles - L’accès aux proches aidants aux différents milieux de vie est un droit (RPA-RTF-RI-CHSLD-SPFV). Sous certaines conditions.</td>
</tr>
<tr>
<td>7 mai 2020</td>
<td>Mise à jour des directives concernant la contribution des personnes proches aidantes.</td>
</tr>
<tr>
<td>9 mai 2020</td>
<td>Arrêté ministériel 2020-034 concernant les proches aidants.</td>
</tr>
<tr>
<td>11 mai 2020</td>
<td>Introduction de directives ministérielles pour les proches aidants significatifs dans les établissements de santé sous conditions spécifiques.</td>
</tr>
<tr>
<td>15 juin 2020</td>
<td>Directives en regard de la venue de proches aidants et accompagnateurs en centre hospitaliers : proches aidants &amp; accompagnateurs ponctuels autorisés.</td>
</tr>
<tr>
<td>26 juin 2020</td>
<td>Les visites des proches aidants et des visiteurs sont désormais autorisées dans tous les établissements de santé sous certaines conditions.</td>
</tr>
<tr>
<td>20 septembre 2020</td>
<td>Gradation des mesures dans les milieux de vie en fonction des paliers d’alerte.</td>
</tr>
<tr>
<td>30 septembre 2020</td>
<td>Mise à jour des directives pour proches aidants aux soins palliatifs et de fin de vie. Nouvelles directives en regard de la venue de proches aidants en centres hospitaliers.</td>
</tr>
<tr>
<td>2 octobre 2020</td>
<td>Mise à jour - Gradation des mesures dans les milieux de vie en fonction des paliers d’alerte.</td>
</tr>
<tr>
<td>5 octobre 2020</td>
<td>Mise à jour des directives pour proches aidants dans les centres hospitaliers.</td>
</tr>
<tr>
<td>1 décembre 2020</td>
<td>Mise à jour des directives pour proches aidants dans les centres hospitaliers.</td>
</tr>
<tr>
<td>18 janvier 2021</td>
<td>Mise à jour des directives pour proches aidants aux soins palliatifs et de fin de vie.</td>
</tr>
<tr>
<td>8 février 2021</td>
<td>Directive ministérielle - Remplace la gradation des mesures dans les milieux de vie.</td>
</tr>
</tbody>
</table>

52 Résidences privées pour ainés
53 Ressources de type familial
54 Ressources intermédiaires
55 Centre d’hébergement et de soins de longue durée
56 Soins palliatifs et de fin de vie
APPENDIX 4 : PERMANENT STAFF MEMBERS OF THE OFFICE OF THE COMMISSIONER

Maude Laliberté - Service Quality and Complaints Commissioner

Jean-Philippe Payment - Assistant Service Quality and Complaints Commissioner

Émilie Blackburn – Complaints Delegate

Julien Brisson – Complaints Delegate

Marie-Ève Lemoine – Complaints Delegate

Marie-Madeleine Chaslas - Administrative Technician

Helen Vassiliou - Administrative Technician

Kimberly-Ann Jezni-Dagenais - Administrative Agent
APPENDIX 5 : LIST OF MEDICAL EXAMINERS APPOINTED BY THE BOARD OF DIRECTORS

Dr Harvey Sigman - Medical Examiner Coordinator

Dre Vania Jimenez - Medical Examiner

Dr Ronald Ludman - Medical Examiner

Dr Richard Margolese - Medical Examiner

Dr Markus Martin - Medical Examiner

Dr David Mulder - Ad hoc Medical Examiner

Dr Nathan Sheiner - Medical Examiner

Dr Paul Warshawsky - Medical Examiner

APPENDIX 6 : LIST OF REVIEW COMMITTEE MEMBERS APPOINTED BY THE BOARD OF DIRECTORS

Alyssa Yufe - Chairperson

Ron Waxman - Ad hoc Chairperson

Dr Judy Glass - Member

Dr Sylvie Boulet - Member