Commissioner’s message

This annual report provides an overview of complaints submitted to the Office of the Commissioner (“the Office”) during the 2019-2020 fiscal year, i.e. from April 1, 2019 to March 31, 2020. The 2019-2020 fiscal year was marked by the arrival of a new management team made up of myself as Commissioner and Jean-Philippe Payment as Assistant Commissioner.

Over the course of the past fiscal year, the Office’s team came to the realization that although commonly used procedures were being applied, they had not been officially set out in writing. We therefore began drafting an internal procedures guide, including a detailed description of the Office’s mandate and the Office’s values as the guide’s unifying elements. At the Integrated Health and Social Services University Network for West-Central Montreal (CIUSSS West-Central Montreal), the Office’s mandate is first and foremost established via a decision of Quebec lawmakers under section 29 of the Act respecting health services and social services (AHSSS) and is locally benchmarked by the application of the Regulation adopted by the Board on December 1, 2016. The Office’s core values are (1) accessibility for all users to the complaint review mechanism; (2) equity in the area of complaint processing; and (3) impartiality by the Office when reviewing situations aimed at ensuring continuous improvements in care and service quality within the CIUSSS. We plan to finalize this internal procedures guide and, as required by the Regulation, we plan to call for a review of the Regulation in the next fiscal year. Among other things, this update will allow us to ensure procedural compatibility with the Office’s growing mandates.

In a similar vein, we began to map out the complaints process with a view to clarifying partners’ collaboration-related expectations under the AHSSS. In this regard, multiple meetings were held with most of the CIUSSS’s departments, as well as with certain committees, including the oversight committee and the review committee, in order to clarify the Office’s processes and the prerogatives that the AHSSS assigns to the Office, as well as to specify future communication channels. In addition, we now have an automatic seat on the oversight committee, as required by the AHSSS, and we systematically communicate all corrective measures and recommendations issued in our complaint/intervention files.

In addition, the Office carried out a large-scale quantitative audit of its complaint files to ensure compliance and undertook a major “paper-free” transition with a view to boosting efficiency. To provide more relevant feedback to the CIUSSS and its various departments, we updated our administrative tree structure in SIGPAQS¹ to align with the structures used by the Quality Department. As always, our ultimate objective was to provide significant accountability with a view to facilitating the implementation of the Office’s recommendations for improving service quality.

On November 25, 2019, an action plan was submitted to the Executive Director, the Board members and the oversight committee members. The action plan, which was submitted during a closed Board meeting on January 30, 2020, identified the Office’s resource-related needs so it

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¹ In French, Système intégré de gestion des plaintes et d’amélioration de la qualité des services (integrated system for managing complaints and improving service quality).
would be able to fulfil its mandate properly. The Office is chronically understaffed even though its mandate continues to grow in complexity. It is undeniable that the CIUSSS has been assigned increasing population-based responsibilities in recent years, thereby expanding the Office’s list of tasks. The Office faces a growing number of complaints, an expansion of the number of establishments under its jurisdiction and ongoing additions in terms of ministerial mandates. Nevertheless, the Office has received no substantial increase in its budget or resources. This situation has caused major structural problems in terms of staff stability, timely responses to users’ complaints and reduced accessibility to the complaints process. The action plan included a road map for collaboration with the medical examiners with a view to substantially reducing the backlog of medical complaint files. It also provided for the addition of temporary contractual workers to the team, thus making it possible to meet the urgent need for qualified staff pending the hiring of more permanent resources.

In this report, I would be remiss if I failed to mention the incredible upheaval caused by the COVID-19 public health crisis. The Jewish General Hospital was very quickly identified as one of four designated hospitals for treating individuals with COVID-19 who required hospitalization. This report will detail the preparations and follow-up action taken by the Office in grappling with this health crisis, in addition to providing a summary of the issues and concerns emerging from the complaints received and assistance provided during the “pandemic period” within the 2019-2020 fiscal year.

In addition, it is an honour and a privilege to be able to work within such a dynamic and dedicated team, which is committed to improving service quality for users. I would also be remiss if I did not mention the medical examiners’ remarkable contribution: they worked tirelessly to substantially reduce the backlog of medical complaints. I extend my special thanks to Dr. Harvey Sigman, who agreed to play the key role of senior medical examiner while helping to ensure the effective coordination of all medical complaints. I would also like to pay tribute to Rosemary Steinberg, who served as Complaints and Service Quality Commissioner from March 2009 to June 2018, and who kindly assisted the Office on two occasions following her retirement. Ms. Steinberg has had a major impact on the users and their families, as well as all CIUSSS staff. As Commissioner, Ms. Steinberg was known for her kindness, availability, dedication and accessibility. Ms. Steinberg was a wonderful mentor and I would like to thank her for placing her trust in me. Toda raba, Rosemary!

The first part of this report presents data on activities concerning non-medical complaints within the meaning of the AHSSS, along with statistics on the Office’s other activities. The second part includes the medical examiner’s report on medical complaints. The third and final part presents data relating to the CIUSSS’s review committee.

Maude Laliberté, P.T., M.Sc., Ph.D.
Complaints and Service Quality Commissioner
Preamble

The Complaints and Service Quality Commissioner is responsible for handling complaints for all establishments linked to CIUSSS West-Central Montreal (“the CIUSSS”). She works together with the medical examiner and the review committee during the processing of medical complaints.

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

(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 under section 50 and the report of the review committee under section 57 […].

The Commissioner is also responsible for handling reports submitted in connection with the anti-maltreatment policy drafted under the Act to combat maltreatment of seniors and other persons of full age in vulnerable situations (chapter L-6.3) and, when these reports must be dealt with by another body, for directing reporting individuals to that body.
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Introduction

This annual report contains data relating to activities concerning medical and non-medical complaints within the meaning of the AHSSS, in addition to statistics on other activities of the Office and the medical examiner including within the 2019-2020 fiscal year. The latter also include complaints, assistances, interventions, consultations and other activities relating to the Office’s functions. This annual report also contains comments and observations formulated by the Commissioner and by all staff making up the Complaints Office team. Furthermore, suggested improvements and recommendations submitted during the current fiscal year are also included.

Report on the Office of the Commissioner’s activities

Activity volume
The creation of the CIUSSS and CISSSS by a decision of Quebec lawmakers has had a major influence on service delivery at the community level. By the same token, through the creation of these administrative bodies and the founding of the supralocal Commissioner Offices, the Office’s activity volume has grown significantly. Compared to 2015, when the activity volume totalled 1,615 open files of all types, in 2019-2020, 2,408 files of all types were open. This works out to nearly 30% growth in the space of 5 years.

2 The 2019-2020 fiscal year ran from April 1, 2019 until March 31, 2020.
Number of Complaints Received and Processed

At the beginning of the 2019-2020 fiscal year, 75 residual complaints from the previous year were still being processed. During the current year, 298 new complaints were received and 347 complaints were processed; 26 residual complaints are still being processed for 2020-2021. 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. Figure 2 and Table 1 show how this situation has evolved.

![Figure 2: Number of complaints received and processed](image)

Table 1: Number of complaints received and processed

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Beginning of the year</td>
<td>82</td>
<td>60</td>
<td>75</td>
</tr>
<tr>
<td>Received during the year</td>
<td>278</td>
<td>172</td>
<td>298</td>
</tr>
<tr>
<td>Concluded during the year</td>
<td>300</td>
<td>157</td>
<td>347</td>
</tr>
<tr>
<td>Year-end</td>
<td>60</td>
<td>75</td>
<td>26</td>
</tr>
</tbody>
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Motives Underlying complaints

Each complaint may have more than one underlying motive. In 2019-2020, the 347 complaints concluded had a total of 427 motives. The motives are divided into 7 categories. In 2019-2020, the most commonly cited motives were in the “care and services dispensed” and “interpersonal relations” categories. Figure 3 shows the distribution of these categories. Appendix 2 includes a description of the specific motives contained in each category and specifies the number of occurrences for each motive in 2019-2020.
Number of Complaints Concluded
In 2019-2020, the vast majority of the complaints (92%) were processed by the Office itself, while only 4% were refused or rejected upon a summary review by the Commissioner and 4% were abandoned or halted by users or their representative. 39% of complaints were processed with corrective measures while 53% were processed without such measures. Figure 4 shows the distribution of these categories.

In connection with the complaint review process, the Office’s staff is required to examine each case diligently with a view to efficiently resolving well-founded situations. This review initially aims to come up with solutions to mitigate the consequences relating to the subject of the complaint and to find long-term solutions designed to avoid a repetition of the reported complaint-related matters. The Office analyzes the situations submitted to it based on two specific considerations: (1) how services are organized, so that recommendations may benefit all users (meso-approach); and (2) the user’s specific clinical situation (micro-approach). Subsequently, recommendations may be submitted to the establishment for follow-up purposes and to ensure that recommendations are put into practice.
A total of 176 corrective measures were taken following the application of the complaint review process in 2019-2020. These measures are divided into **91 systemic measures** and **85 individual measures**. The most common systemic measures are the adoption/revision/application of rules and procedures and the adaptation of care and services. The most common individual measures are the adaptation of care and services and stakeholder information/awareness raising. Figures 5 and 6 show the proposed measures and their impact.

**Figure 5:**
- **91 systemic measures**
  - Adoption / revision / application of rules and procedures: 28
  - Adaptation of care and services: 17
  - Adaptation of the environment: 17
  - Communication / promotion: 22
  - Training / Supervision: 17
  - Respect of rights: 5
  - Financial adjustment: 4

**Figure 6:**
- **85 mesures individuelles**
  - Adaptation of care and services: 38
  - Information / awareness of a stakeholder: 7
  - Conciliation / intercession / mediation / liaison / clarification / explanation: 7
  - Financial adjustment: 25
  - Obtaining services: 4
  - Respect of rights: 3
  - Adaptation of the environment: 3
Here are some of the service improvement recommendations formulated by the Office of the Commissioner in 2019-2020. Needless to say, this list is not exhaustive:

**Improved interpersonal/organizational communications**
- A staff meeting is recommended to remind them that patients’ experiences are generally stressful and that patients are not familiar with the standard processes of a healthcare establishment (e.g. emergency department).
- Improve information given to patients who must follow diets for certain procedures (e.g. PET scans).
- Managers should review their practices to ensure that all relevant information is available to users (pamphlets/website).
- Improve stakeholders’ communications with family members before their loved ones are transferred to a hospital emergency department and improve communications between stakeholders involved in the assignment of interim and permanent beds.

**Improved procedures**
- Review billing procedures for non-RAMQ-insured patients and ensure that the employees concerned are familiar with these procedures.
- Review administrative practices and procedures to ensure that users’ calls are processed within a reasonable period of time, depending on how urgent their clinical situation is.
- Revise procedures for transferring personal information to private clinics.

**Financial matters**
- Update the policy on stolen/lost items and remind users of the circumstances in which they remain responsible for the property they have in their possession.
- Update the home care contracts so they indicate (1) that caregivers must be at least 18 years of age and (2) that if there are any concerns about a potential caregiver, a stakeholder will take follow-up action prior to confirming/denying a grant.

**Care and service**
- Ensure that a replacement coordinator is identified to care for the clientele, particularly in situations in which a key stakeholder is absent when a user is discharged from the hospital so that services may be implemented quickly and diligently.
- Remind staff about the criteria for arranging in-home physiotherapy services and about information that must be included in inter-establishment referrals to facilitate these arrangements.
- Develop a new guide and educational materials as an aid for administering intramuscular injections safely.
- Strengthen follow-up action concerning the needs of users requiring in-transit accommodation and their timely re-evaluation.
- Provide the appropriate tools to intermediate resources, long-term residential care centres (CHSLDs) and the accommodation access mechanism in order to raise their awareness of changing needs observed among patients while in temporary or interim beds.
Time required to review complaints

The AHSSS stipulates that complaints must be processed within 45 days. If that requirement cannot be met, the Commissioners must contact users, explain the situation to them and inform them of other potential avenues of recourse. Figure 7 shows the processing times for complaints in 2019-2020.

In 2018-2019, only 13% of complaints were processed within the prescribed timeframe. That was due to instability within the team, a staff shortage, an increase in the number of times that assistance was provided and the adoption of new strategies for processing complaints. In 2019-2020, despite an increase in the number of complaints and the overall volume of the Office’s activities, the proportion of complaints processed within the 45-day timeframe rose to 43%. Figure 8 shows how the percentage of complaints processed in 45 days or less has evolved in recent years.

The factors underlying this improvement are directly related to the addition of resources via the hiring of temporary qualified consultants playing the role of complaint officers. In addition, the Office stepped up the frequency of administrative follow-up with all CIUSSS departments in all its files to ensure that the necessary responses were collated within the prescribed timeframe.
**Appealing to the Ombudsman**

The Ombudsman is mandated to receive users’ complaints regarding the conclusions set out in non-medical complaints issued by our Office, among other bodies. The Ombudsman also has the right to intervene.

During the 2019-2020 fiscal year, the Ombudsman’s assistance was requested for 26 of the files initially concluded by the Office during the most recent year. Since we concluded 347 non-medical files, a total of 7.5% of our files were reviewed by the Ombudsman, down 1.5% from the previous year. At the present time, 13 files are still being reviewed by the Ombudsman, including files from previous fiscal years; 16 files were closed by the Ombudsman during the most recent fiscal year. With respect to the files closed this year, two were the subject of the Ombudsman’s recommendations regarding the CIUSSS:

1- Department in question: Geriatrics – Jewish General Hospital

**Recommendation 1: DELAYED RESPONSE TO CALL BELLs**

*Ensure that the staff in the geriatric unit at Jewish General Hospital diligently evaluate how urgent the need for assistance is among users who ring the call bells, regardless of the timing of these events during the week.*

**Recommendation 2: DEFICIENT HYGIENE CARE**

*Remind the staff concerned within the geriatric unit at Jewish General Hospital how important it is to provide hygiene care each day (bed bath or washroom bath), to document this in the patient’s files or, if this care cannot be provided, to indicate why.*

**Recommendation 3: SHORTCOMINGS REGARDING PATIENT REPOSITIONING**

*Remind the staff concerned within the geriatric unit at Jewish General Hospital to reposition users who require it every two hours and to document this in their files or, if patients cannot be repositioned, to indicate why.*

2- Department in question: Emergency – Jewish General Hospital

**Recommendation 1: DOCUMENTING PATIENTS’ FILES PROPERLY**

*Remind the staff concerned within the emergency department at Jewish General Hospital about how important it is to explain to a user’s loved ones the decision to transfer him/her to the psychiatric emergency department and to document this conversation in the patient’s file.*

**Recommendation 2: SYSTEMATICALLY DETECT THE RISKS OF FALLING**

*Remind the staff concerned within the emergency department at Jewish General Hospital to systematically detect a patient’s risks of falling in the emergency department and to document these risks in his or her file.*

**Recommendation 3: ADEQUATELY DOCUMENT IN THE PATIENT’S FILE HIS OR HER RISK OF FALLING**

*Remind the staff concerned within the emergency department at Jewish General Hospital to ensure that they apply fall prevention measures for users if risks are detected and to document these risks in the patient’s file.*
All activities of the Office

Interventions
Over the past year, the Commissioner exercised her right to intervene, which is granted within the meaning of section 33(7) of the AHSSS and benchmarked by the reference framework:

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 for taking action, according to the Cadre de référence du pouvoir d’intervention du Commissaire aux plaintes et à la qualité des services (reference framework, available in French only), primarily concern the general objectives of upholding the rights of users or individuals, ensuring that individuals are treated with respect, ensuring that fields of competence are adhered to and improving service quality, rigour and neutrality.

During the most recent fiscal year, the Commissioner opened approximately 53 cases requiring intervention. Not all of them, 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 issued to the Office’s stakeholders to normalize data entry for reports relating to this legislation. In this regard, as section 14 of the Act stipulates, reports of maltreatment must be quantified in a stand-alone section. Of the Commissioner’s 53 interventions, 14 had nothing to do with maltreatment. They dealt with the following topics, among other things:

- Reports in connection with the social movement against the “obstetric violence”.
- Confidentiality of the Office’s files.
- Storing of images and videos recorded in public areas within Jewish General Hospital.

Promotion
For the 2019-2020 fiscal year, the Office’s team collectively logged 217 hours of user-focused promotional and information activities, in accordance with their legal obligations, as set out in section 33(3) of the AHSSS. This is a significant number of hours dedicated to direct promotion involving users. Two healthcare podcasts (Votre santé) were carried out to foster the wider dissemination of information in the community.3 Attendance was ensured at the Salon DI-TSA (intellectual disability/autism spectrum disorder) in January 2020. In addition, between September and December 2019, the Office delegated a full-time employee to tour the traditional and non-traditional Office-related sites. All these initiatives were designed to

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promote users’ rights and the complaints mechanism while ensuring the accessibility of the complaints mechanism and boosting the Office’s visibility.

The steps taken to achieve the promotional objective included informative presentations, “complaint clinics” and individual meetings with users. In addition, users attended presentations on legal topics involving users’ rights, depending on the specific features of each establishment visited. Users unanimously appreciated the fact that a representative of the Office was present; consequently, this initiative should be undertaken on an ongoing basis to ensure not only that the Office remains visible in the future, but also that it fulfils the mandate given to it by Quebec lawmakers.

1) ESTABLISHMENTS VISITED

i) Long-term care hospital centres (French acronym CHSLD)

All public long-term care hospital centres were visited within the CIUSSS’s geographical jurisdiction. The Office gave presentations on residents’ rights and other topics. Approximately 200 people attended these presentations, which addressed topics of interest to residents and their family members. After the presentations, a question-and-answer session was held, with a very high attendance rate, which bodes well for the dissemination of additional information on a wide range of subjects. In addition, during the complaint clinics, residents and family members were given access to important information on submitting complaints and requesting assistance.

Generally speaking, care facility residents complained about the staff shortage (particularly among beneficiary assistants) in the evenings and on weekends. Users mentioned that there is a lack of continuity in the monitoring of care plans with new staff and “floating” staff. There is a widespread fear of reprisals among residents and their family members if they submit a complaint to the Office. The Office should pay particular attention to this concern in the near future with a view to maintaining bonds of trust with users/residents.

ii) Seniors’ residences (French acronym RPA)

Six RPAs were visited within the CIUSSS’s geographical area.

Between the date on which the Health and Social Services Agency (French acronym ASSS) was created by the Quebec government and 2019, the ASSS Commissioner and subsequently the CIUSSS Centre-West Commissioner were responsible for handling complaints within the RPAs. Beginning in 2019, however, this responsibility was decentralized, with certification obligations locally devolved to the CIUSSS. It was therefore necessary to make this clientele and local facility operators more aware of the Office. Most of the residents surveyed were unaware of the existence of the complaints mechanism within the RPAs. According to information gathered by the Commissioner’s representative during the visits, few residents use frontline services or the support program for seniors’ autonomy (French acronym SAPA) because they are reportedly overlooked by this population. Due to a lack of adequate information, RPA users avail themselves of services provided by private companies.

iii) Intermediary residences/family-style residences (French acronyms RI/RTF)

Seven intermediary resources were visited; in general, the issues raised by users involved a lack of professionals at the CIUSSS or a lack of doctors. Ensuring a more frequent presence of CLSC nurses and ensuring access to CLSC services should be regarded as a necessary continuation to
the care plans for RI residents. RI/RTF staff training was deemed inadequate by various people on multiple sites.

iv) Rehabilitation centres

Meetings were held with approximately 100 users at three different rehabilitation centres within the CIUSSS’s geographical jurisdiction. The Constance Lethbridge facility generally receives positive comments from users. At the other sites, however, there is dissatisfaction concerning overall conditions, in line with a shortage of staff and a lack of follow-up on care plans.

v) Côte-des-Neiges Birthing Centre

We noted that the concerns voiced had to do with necessary preparations before women go to the hospital emergency department. This transition seems difficult for users.

vii) Miriam Centre

The need for complaint clinics is regarded as fundamental by users and their family members. Given the fragility of the clientele and how high their service-related expectations are, the Office’s presence should be boosted over time. In addition, there is a widespread fear of reprisals among residents and their family members if a complaint is submitted to the Office. This concern will be given special attention by the Office in the near future with a view to demystifying the Office’s mandate and the ultimate purpose of its actions.

**Maltreatment**

The *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations* (chapter L-6.3) ("Maltreatment Act") truly energized first responders and family members concerned by the well-being of their loved ones when it came to reporting certain actions regarded as maltreatment. The data we are providing this year corroborate this trend.

It is important to remember that this new mandate was assigned to the Commissioners’ Offices by Quebec lawmakers without the benefit of any implementing regulations or any reference framework providing specific details. A framework policy is already in place regarding maltreatment of seniors, but there is an obvious vacuum when it comes to “persons of full age in vulnerable situations”.

It should be noted that a lack of clarity characterized the data collection process and the mapping out of presumed maltreatment reports. To be sure, the policies developed are aimed at ensuring caring treatment and the implementation of safety nets for the most vulnerable individuals. However, these policies say nothing about the specific records that the Commissioners’ Offices are required to keep. Although the *Maltreatment Act* speaks eloquently of the fundamental issues that gave rise to its adoption, the on-the-ground realities facing ill-prepared organizations today and the deficiencies of data management systems for complaints could have an adverse impact on the accountability process imposed by Quebec lawmakers.

The ministerial reason for adopting the *Maltreatment Act* is clear, but the classification of this legislation was a topic of discussion for the Office’s managerial team and Marick Bertrand, a former employee of the Office and now coordinator of efforts to fight maltreatment of seniors on the Island of Montreal. Prior to taking up her new position, Ms. Bertrand prepared the Office’s team by showing them how to handle maltreatment reports and explaining fundamental maltreatment-related definitions.
According to the SIGPAQS data collected for the 2019-2020 fiscal year, the Office opened 53 files relating to maltreatment. It is important to note that the motives underlying the mistreatment of persons who may be on the receiving end of negative gestures, actions or attitudes akin to maltreatment and who contact the Office do not necessarily do so under the specific category of maltreatment. The motives underlying their complaints may be vague in nature or tinged with shame, so users and their representatives often present their motives for complaint using other terms. As shown in Figure 9 below, the coding of maltreatment using the digit “0”, in accordance with the Act, may potentially overlap with the “Personal Relations-Abuse” category used in the ministerial SIGPAQS coding regarding the complaints category.

Above all, the assistance provided with respect to coding complaints as maltreatment relates to the reasons cited by persons wishing to file a complaint for motives akin to maltreatment or needing information resources regarding what exactly constitutes maltreatment. The consultants are professionals who contacted the Office to obtain information on the potential filing of a maltreatment report.

It should be noted that the majority of reports filed with the Office (i.e. approximately 27 out of 39) were submitted between December 2019 and March 2020. The maltreatment reports required a high level of intensive work during a very short period of time. In a normal situation, a review takes several weeks, while a maltreatment report amounts to a request for immediate action by the Office and the on-the-ground stakeholders. In this regard, the Office’s actions, insofar as Quebec lawmakers envisioned it as a deliberative body seeking to foster more consistent service quality, interrupted its regular work flows so that it could fulfil one of its concurrent mandates. Members of the Office’s team learned to apply this method of adaptation in the final months of the 2019-2020 fiscal year.

There were 39 maltreatment-related interventions, of which 8 led to measures being taken by the Office. It is important to note that the ministerial system used by the Office is not adapted to the filing of maltreatment reports. “Taking measures” in the present context means issuing a recommendation asking the department in question to take additional action with the user with a view to ensuring that the alleged maltreatment stops. None of the official ministerial processes provide for the coding of reported maltreatment cases as “actual or not actual”. Nor do these processes make a clear distinction between seniors and other persons of full age in vulnerable situations. Unfortunately, we note that the mismatch between lawmakers’ expectations and the SIGPAQS system creates the evident lack of precision in the data produced for this report.

Furthermore, it appears evident that not all maltreatment reports are submitted to the Office. After carrying out a summary review of the concerted intervention process, the summary data brought to the Office’s attention provide confirmation that some stakeholders have not fully taken on board the detailed provisions of the CIUSSS’s maltreatment policy. Although it was pre-launched, this policy does not appear to have been disseminated widely enough for first responders to fully understand their social, moral and legal obligations. Therefore, the Commissioner suggests that the CIUSSS focus on raising awareness of this policy and promoting it among first responders. The Commissioner will also include this topic in the 2020-2021 promotional plan.
COVID-19
The COVID-19 public health crisis has caused incredible upheaval. Due to the state of emergency declared by the Quebec government, various preventive measures were put in place to protect public health. The Jewish General Hospital was initially identified as one of four designated centres for admitting persons with COVID-19 requiring hospitalization. A pandemic committee was swiftly created to determine and evaluate the measures to be taken and to adjust them as needed.

First of all, I would like to outline the administrative aspects of these preparations and the follow-up response to this public health crisis, with a specific focus on the Office. I will then present a summary of the issues and concerns emerging from the complaints and the assistance provided during the pandemic period within the fiscal year.

Administrative Aspects
Since the Jewish General Hospital was a designated COVID centre, we provided the Board chair and senior management with a guide defining our COVID-related practices on February 27 (Guide concernant la prise en charge et le traitement des plaintes en situation d’épidémie: le cas du coronavirus) [Guide concerning complaint handling and processing during an epidemic: the case of the coronavirus]. The objective of this guide was to set out specific procedures for handling and processing complaints by the CIUSSS’s Office of the Commissioner amid this pandemic. This guide was created in compliance with the CIUSSS’s Règlement sur la procédure d’examen des plaintes des usagers adopté par les membres du Conseil d’Administration (Regulation on users’ complaint examination procedure adopted by the Board members) on December 1, 2016 and also under section 29 of Quebec’s Act respecting health services and social services (AHSSS). The AHSSS sets out benchmarks for the complaint processing mechanism in Quebec’s healthcare establishments. Although the guide also provides benchmarks, it should be noted that they were somewhat flexible and thus allowed the

4 On the evening of February 27, an initially suspected case was announced by the MSSS.
Commissioner some discretionary room for manoeuvre in certain particular cases, depending on how the pandemic evolved.

In parallel to this guide, an internal set of procedures was created and is regularly updated with a view to collating and communicating new practices to the Office’s staff. In any event, it is essential to be able to provide a timely and accurate snapshot of the pandemic’s impact on the complaint process. To properly document the pandemic’s impacts, a coding strategy was implemented within the SIGPAQS system.\(^5\) To facilitate accountability, creativity was essential in order to swiftly identify activities in line with this situation. As a statistical system, SIGPAQS is not only out-dated, but also unresponsive, given that it was not designed to code this type of situation. Indeed, COVID’s impacts have been felt across the board in various establishments, as well as in all the CIUSSS’s administrative units and departments. Therefore, adequate coding that could link impacts with the CIUSSS’s administrative units was necessary and had to be implemented quickly.

In establishing these new practices, the Office drew on its core values, i.e. accessibility for all users to the complaint review mechanism, equity in the handling of complaints and the Office’s impartiality when reviewing situations aimed at making continuous improvements to care and service quality within the CIUSSS.

However, it was essential to take other key values into account that also had a bearing on the Office’s responsibilities. Amid the pandemic, the need to prevent the occurrence of new cases underscores a tension between individual rights and the collective interest. In this regard, values stemming from public health ethics also guided the Office’s decisions. These values, which are specific to preventive and population-related actions (as opposed to curative and individual actions), include well-being, cumulative health, mutual responsibilities between the state and the individual, solidarity and precaution (Massé 2003).\(^6\)

In the current context in which users must navigate not only the caregiver/patient relationship, but also the implications of their personal choices and actions on the broader population’s cumulative health, the Office’s role is even more important when it comes to guiding users, providing information and examining clinical situations. Although the Office itself does not provide care, but rather plays an external examiner role, it also serves to distribute information on best practices aimed at containing the epidemic and to contextualize the various clinical situations during the exceptional pandemic situation.

Amid the pandemic, it is wise to reduce population density and avoid unnecessary direct contacts with a view to reducing contagion risks. Although it is an AHSSS-recognized right and a core value, accessibility to the complaint review process was offset by the need to prevent contagion. Consequently, it was deemed desirable, if not essential, to eliminate the physical presence of the Office’s employees during the pandemic in order to prevent community-level contagion and so the Office could continue to function administratively without operational

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\(^5\) We opted for a dual strategy. First, after the users’ surnames, we wrote (COVID). We then created a new program in the “program management” section, i.e. COVID19 - CORONAVIRUS.

constraints. It should be noted, however, that accessibility was maintained if not increased by means of more rapid, relevant and diligent contacts via email, telephone and fax.

In practice, we swiftly notified our clientele via the website and signs indicating that in order to reduce the risks of contagion, as soon as a positive coronavirus case was declared within the province of Quebec, the Office would no longer hold complaint clinics or meetings with staff members or members of the public without a prior appointment (i.e. no drop-ins). In addition, as soon as the Jewish General Hospital admitted its first case, the Office’s operations entirely switched over to remote working.

We also modified our organizational practices. To enhance the review of certain situations, it was customary to contact managers following the receipt of a complaint or after assistance had been provided. However, managers were overwhelmed with COVID-related tasks. To remain effective, we decided that weekly feedback would be provided to the pandemic committee in order to share all situations experienced by users. That way, the committee members could evaluate the reported events and make the required organizational adjustments.

Motives
The following is a summary of issues and concerns emerging from the complaints and assistance provided during the pandemic. Our first COVID-related request was received on February 27. Between February 27 and March 31 (a period of 33 days), we opened 71 files directly relating to concerns stemming from the COVID public health crisis and the policies stemming from it: 3 medical complaints, 5 non-medical complaints, 49 instances of assistance provided, 13 consultations and 1 intervention.

We observed a chain reaction as policy changes stemming from ministerial decrees raised concerns about users’ fundamental rights. Reactions were polarized: either the measures were deemed ineffective, i.e. indicating a lack of diligence or a level of disorganization in applying the policies in the face of a public health crisis, or the opposing view was expressed, i.e. the measures being taken were excessive since they encroached on the individual rights of users and their loved ones.

However, one common theme was widely shared: there was a need for more effective communication. Micro-level needs (e.g. having a healthcare professional monitor the state of health of a loved one) and macro-level needs (e.g. being diligently informed of policies and how the pandemic was evolving) both played a central role in the Office’s communications. Unsurprisingly, topics relating to understanding the rationale for certain policies and the measures put in place to apply them and obtaining information on resources to contact came up frequently. It should also be noted that various CIUSSS staff members contacted us to share their observations and concerns in line with managing the pandemic since they did not actually or figuratively have any effective channel of communication (6 out of 49 cases of assistance provided, or 12.24%). Although the Office’s mandate is focused on users and their representatives, as applicable, these comments were compiled and submitted to the pandemic committee in light of the social context.

It is interesting to note that only one request was received in line with the provincial health and social information services (Info-Santé/Info-Social), even though these services received a good deal of media attention for delays and other shortcomings. During this same period, a large number of people were hired and trained with a view to enhancing the services provided by Info-Santé and Info-Social, which might well have boosted the number of calls received. In this regard, it is fitting to pay tribute this team’s efforts, which including responding to large
numbers of community-level calls from Montrealers while significantly expanding its staff and recording absolutely no complaints during this chaotic period.

No doubt the most controversial measure was the decision to prohibit visits to hospitals and long-term care centres. Visiting rights were suspended on March 14 and we received requests from users and their family members immediately following the suspension asking for exceptions to be granted for various reasons (loved ones’ medical or bio-psychosocial situations, language barriers, concerns about shortcomings regarding the quality and quantity of care providing for help with meals, getting dressed, etc.). Following the suspension of visiting rights, a second wave of complaints concerned significant shortcomings and difficulties experienced by establishments in establishing stable, regular and significant communication channels with healthcare professionals regarding users’ state of health. Initially, the “culture change” at the reception desk of the Jewish General Hospital also led to conflicts. Certain users mentioned that they noted a lack of empathy among employees at checkpoints at hospital entrances (in the past, visitors came and went without any constraints).

Other issues emerged due to the fact that certain policies were very “fluid”, i.e. subject to change without notice. For example, families who had brought their loved ones home just before the quarantine was imposed on long-term care centres and who had been promised that a bed would be kept open for them, lost this residential right without notice, seeing as beds were urgently required by the CIUSSS management.
Medical examiner’s report

Number of complaints received and processed

At the beginning of the 2019-2020 fiscal year, 102 residual complaints from previous years were still being processed. During the year, 124 new complaints were received and 205 complaints were processed. A total of 21 residual complaints remained for processing in 2020-2021. In comparison with the previous two years, this represents an increase in the volume of complaints received and processed, in addition to a very significant decrease in the number of residual complaints. Figure 8 and Table 2 show the evolution of this situation.

Table 2: Number of complaints received and processed by medical examiners

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Beginning of the year</td>
<td>198</td>
<td>140</td>
</tr>
<tr>
<td>Received during the year</td>
<td>84</td>
<td>108</td>
</tr>
<tr>
<td>Concluded during the year</td>
<td>142</td>
<td>146</td>
</tr>
<tr>
<td>Year-end</td>
<td>140</td>
<td>102</td>
</tr>
</tbody>
</table>

Time required to review complaints

The AHSSS 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 avenues of recourse. Figure 9 shows the time required to process complaints in 2019-2020.
As indicated above, 11% of complaints were processed in 45 days or less by the medical examiners. This represents a slight improvement over previous years, when this figure ranged from 7% to 10%.

**Motives Underlying Complaints**

Each complaint may have more than one underlying motive. In 2019-2020, the 205 complaints concluded had a total of 222 underlying motives. These motives are divided into 7 categories. The most common motives are in the “care and services dispensed” and “interpersonal relations” categories. Figure 12 shows the breakdown of these categories.

![Figure 12: Underlying reasons cited in complaints](image)

**Number of Complaints Concluded**

In 2019-2020, the vast majority of complaints (95%) were processed by the medical examiners. 3% were refused or rejected during a summary review while 2% were abandoned or halted by users or their representatives. 11% of complaints were processed with corrective measures while 84% of complaints were processed without any such measures. Figure 13 shows this breakdown.

![Figure 13: Processing of medical complaints](image)
A total of 27 measures were recommended by the medical examiner in 2019-2020. These measures are divided into **12 systemic measures** and **15 individual measures**. The most common systemic measures are the adoption/revision/application of rules and procedures and the adaptation of care and services. The recommended individual measures are the adaptation of care and services and stakeholder information/awareness raising. Figures 14 and 15 show the breakdown of these proposed measures.
The following list includes a number of recommendations made by the medical examiners with a view to improving services in 2019-2020. Needless to say, this list is not exhaustive:

**Improved interpersonal and organizational communications**
- Meetings between doctors, department heads and/or the medical examiner should be held to discuss communication and relationship-related issues with users, family members, residents, students and staff or to propose an action plan, including a stress management or communication course.
- Communications should be improved between thrombosis clinics and anti-coagulant therapy clinics by recording the coumadin stop dates directly in the computer system and making this information available to these clinics.

**Improved procedures**
- Review billing procedures for non-RAMQ-insured patients, ensure that the doctors concerned are aware of these procedures and clearly transmit this information to users.
- Review administrative practices and procedures to find solutions for overwhelmed external clinics.
- Revise procedures for transferring personal information to private gynecology clinics by ensuring that verbal or written explanations are offered to users, in addition to obtaining their explicit consent.
- Improve surgery consent forms so they more appropriately reflect discussions between users and their doctors.
- Clarify the medical tourism policy, particularly birth tourism.

**Care and services**
- Develop an information sheet listing signs and symptoms to watch out for after being discharged following a medical procedure, as well as advice in the event of complications.
- Create mechanisms or systems for monitoring users after they are discharged.
- Provide patients with appropriate pre-operative information documents.
- Facilitate communication between hospitals and CLSCs with a view to strengthening the care continuum for post-partum patients.
- Create a work group to ensure diligent monitoring of positive test results of users who were treated in the emergency department.
- Please be reminded that users should not be placed on a waiting list for surgical procedures that are unavailable (e.g. equipment is not approved).
Review committee’s report

Number of review requests received and processed

Users who disagree with the medical examiner’s conclusions may submit a complaint review request to the review committee. At the beginning of the 2019-2020 year, 6 residual complaints from the previous year were still being processed. During the year, 22 new complaints were received and 11 complaints were processed. 17 residual complaints are still being processed for 2020-2021. In comparison with the previous two years, this represents an increase in the volume of complaints received. Figure 16 and Table 3 show how this situation has evolved. However, given that a larger number of medical complaints were concluded, a similar percentage of complainants applied to the review committee (10.7% of medical complaints in 2019-2020, as opposed to 8.4% and 8.2% in the previous two years).

Table 3: Number of requests received and processed by the review committee

<table>
<thead>
<tr>
<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>
</tr>
<tr>
<td>Received during the year</td>
<td>12</td>
<td>12</td>
<td>22</td>
</tr>
<tr>
<td>Concluded during the year</td>
<td>8</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Year-end</td>
<td>4</td>
<td>6</td>
<td>17</td>
</tr>
</tbody>
</table>

Time required to process review requests

The review committee is required to provide written notice of its decision within 60 days of receiving a review request. Table 4 shows the time required by the review committee to process files. A majority (6 out of 11) of the files submitted to the review committee took 181 days or longer.

Table 4: Processing times for review committee files

<table>
<thead>
<tr>
<th>Processing time</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 days or less</td>
<td>1</td>
</tr>
<tr>
<td>61 to 90 days</td>
<td>0</td>
</tr>
<tr>
<td>91 to 180 days</td>
<td>4</td>
</tr>
<tr>
<td>181 days or more</td>
<td>6</td>
</tr>
</tbody>
</table>
Motives for complaints underlying review requests

The vast majority (10 out of 11) of the motives underlying the cases processed by the review committee were in the “care and services dispensed” category; 6 cases had to do with clinical decisions while 4 had to do with technical and professional competence. The other case had to do with a consent issue falling within the “individual rights” category.

Review requests concluded

The review committee is mandated to review the manner in which users’ complaints are handled by the medical examiner and its conclusion must either:

1- Confirm the medical examiner’s conclusions.
2- Ask the medical examiner to conduct a supplementary review.
3- Submit the complaint for further investigation leading to disciplinary action.
4- Recommend that the medical examiner or the parties take steps towards reconciliation.

Of the 11 files concluded during the fiscal year, 1 was withdrawn by the complainant before the review was completed, 4 confirmed the medical examiner’s conclusion, 4 asked the medical examiner to conduct a supplementary review, none were submitted for disciplinary action and 6 included additional recommendations.

A total of 7 measures were recommended by the review committee. They are divided into 4 individual measures and 3 systemic measures (see Table 5).

Table 5: Systemic and individual measures - review committee

<table>
<thead>
<tr>
<th>Individual</th>
<th>Systemic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptation of care and services</td>
<td>Adaptation of care and services</td>
</tr>
<tr>
<td>Reconciliation / intercession / mediation / liaison / clarification / explanation</td>
<td>Adoption / review / application of rules and procedures</td>
</tr>
</tbody>
</table>

*Multiple measures may be recommended for each file.

The following is a summary of the recommendations:

With Regards to transmission of information and communications with users:

- The review committee recommends reminding doctors that they are required to take the time to review consent forms and the risks associated with procedures with users and, if necessary, their family members or legal representatives.
- The review committee recommends creating bilingual pamphlets providing information on common surgeries and covering questions about the operation, as well as potential risks and complications. These pamphlets should be distributed long before the surgery date.
- The review committee recommends that the director of professional services meet with a doctor to discuss best practices with respect to communicating surgical risks.
- The review committee recommends extending the medical examiner’s recommendation and further recommends that instruction sheets be prepared to inform users and their family members of all signs and symptoms to watch out for following a medical procedure.
- The review committee recommends that doctors ensure that all user messages are recorded so they can be rapidly informed and can respond appropriately.
- The review committee recommends that a doctor who is unable to evaluate an individual on a portion of a government request for whatever reason should inform the patient rapidly so he or she can decide whether or not he or she wishes to rescind the evaluation request. This is particularly the case when the form is submitted directly to a government body.
- The review committee recommends that if doctors have to carry out an evaluation and know that it might have a negative impact on a patient’s right to benefits, they should consider discussing the matter with the patient out of courtesy prior to completing the form or submitting the evaluation.
- The review committee recommends that, when a family or user requests a treatment approach that differs from the doctor’s recommended approach, the doctor should consider scheduling a consultation with a clinical ethicist, in addition to meeting with the multi-disciplinary team, including social workers, with a view to potentially serving as mediator or resolving differences of opinion in the user’s best interest.

With regards to record keeping:

- The review committee recommends reminding doctors to review their notes to ensure that users’ information and past histories are correctly recorded.
- The review committee recommends that, if a doctor agrees to evaluate a patient with a view to providing a government body with information (e.g. to qualify for certain benefits), the doctor must ensure that an appropriate in-depth and comprehensive evaluation is carried out and recorded in the file.
- The review committee recommends that a doctor who is unable to evaluate a patient due to insufficient information or knowledge must make a note to that effect on the evaluation form with a view to avoiding any harm, administrative problems or financial difficulties.

With regards to medical care in long-term care settings:

- The review committee recommends clarifying expectations regarding patient-centred care, including the frequency of consultations with doctors and communications between doctors and residents/family members. The CIUSSS may even evaluate whether an official information session would be helpful.
- Notwithstanding the fact that doctors should rely on nurses and other professionals in order to communicate with residents and their family members and to provide care or determine whether a resident should be evaluated, in situations in which a doctor knows that trust has broken down in terms of relationships or communications with nurses or staff members, the review committee advises doctors to demonstrate additional caution when relying on reports, advice by nurses or other staff concerning patients’ needs, i.e. whether a need was met or whether a doctor’s visit is necessary.
- If a patient’s family asks to be contacted and informed about changes involving medications, the committee recommends that the doctor and his/her teams should take all steps to ensure that that is done, particularly if the situation is not urgent.

Extra-jurisdictional systemic issue

- The review committee recommends that the CIUSSS consider creating a work group to investigate theft allegations and to ensure that sufficient processes and procedures are in place to prevent the theft or loss of users’ and/or staff members’ personal effects.
**Commissioner’s comments**

First and foremost, it stands to reason that a larger number of medical complaints were received by the review committee, given that a higher volume of medical complaints were concluded during the fiscal year (see the section on the medical examiner’s activities). However, although the volume of files received by the review committee was higher, the pace of completion was lower than the number of active files (i.e. approximately 1 file concluded per month). This is problematic insofar as users have the right to receive a follow-up response to their complaint within a reasonable timeframe. It now appears evident that COVID will inevitably exacerbate this situation given that the review committee’s hearings were suspended during the initial wave of COVID-19. Therefore, the Commissioner suggests that the Board ensure that the review committee has the resources it needs to effectively carry out its duties amid the pandemic and growing numbers of requests.
Appendix 1: List of establishments covered by this report

1. Centrale Info-Santé (for the Montreal administrative region)
2. Centrale Info-Social (for the Montreal administrative region)
3. Father Dowd Residential Centre
4. Henri Bradet Residential Centre
5. Saint Andrew Residential Centre
6. Saint Margaret Residential Centre
7. Lethbridge-Layton-Mackay Rehabilitation Centre (Constance-Lethbridge site)
8. Lethbridge-Layton-Mackay Rehabilitation Centre (MAB site)
9. Lethbridge-Layton-Mackay Rehabilitation Centre (Mackay site)
10. Lethbridge-Layton-Mackay Rehabilitation Centre (Terrebonne site)
11. Donald Berman Maimonides Geriatric Centre
12. Mount Sinai Hospital
13. Miriam Home and Services
14. Donald Berman Jewish Elder Care Centre (CHSLD)
15. Saint-Georges Long-Term Care Centre (housing access mechanism placement only/MAH) (CHSLD)
16. Saint-Henri Long-Term Care Centre (housing access mechanism placement only/MAH) (CHSLD)
17. Intensive Residential Integration - Guimont Complex (Laval) (CIR)
18. Benny Farm local community service centre (CLSC)
19. Côte-des-Neiges local community service centre (CLSC)
20. Parc Extension local community service centre (CLSC)
21. Métro local community service centre (CLSC)
22. René Cassin local community service centre (CLSC)
23. Cavendish family medicine group (GMF)
24. La Cité médicale de Montréal family medicine group (closed on June 30, 2019) (GMF)
25. Diamant family medicine group (GMF)
26. Elna Décarie family medicine group (GMF)
27. Force-Médic family medicine group (FMG-R) (GMF)
28. Groupe Santé Westmount Square family medicine group (FMG-R) (GMF)
29. Herzl family medicine group (FMG-R and FMG-U) (GMF)
30. Santé Kildare family medicine group (GMF)
31. MDCM family medicine group (GMF)
32. Queen Elizabeth family medicine group (FMG-R and FMG-U) (GMF)
33. Métro Médic Centre-ville family medicine group (FMG-R) (GMF)
34. Santé Médic family medicine group (GMF)
35. St. Mary family medicine group (FMG-U) (GMF)
36. Village Santé family medicine group (GMF)
37. Catherine Booth Hospital
38. Jewish General Hospital
39. Richardson Hospital
40. Institut universitaire de gériatrye de Montréal (acute/post-acute beds, MAH placement)
41. La Maison Bleue de Côte-des-Neiges (perinatal centre)
42. La Maison Bleue de Parc-Extension (perinatal centre)
43. Ligne Aide Abus Aînés (senior abuse help line)
44. Côte-des-Neiges Birthing Centre
45. Outremont LCSC service point (CLSC)
46. Résidence les Floralies - Lachine (support program for seniors’ autonomy = SAPA - CHSLD beds purchased outside the official area)
47. Résidence les Floralies - Lasalle (SAPA - CHSLD beds purchased outside the official area)
48. Caldwell Residences (DI-DP-TSA) (assisted living)
49. Borden continuous assistance residence (ID-PD-ASD) (RAC)
50. Dubrovsky continuous assistance residence (ID-PD-ASD)
51. Agostino Mucciaroni family-type resource (ID-PD-ASD)
52. Aicha Khalli family-type resource (ID-PD-ASD) (RTF)
53. Bailey family-type resource (SAPA) (RTF)
54. Capistrano family-type resource (SAPA) (RTF)
55. Corbett family-type resource (SAPA) (RTF)
56. Crossgill family-type resource (SAPA) (RTF)
57. Da Silva family-type resource (SAPA) (RTF)
58. Elena Gonzales family-type resource (DI-DP-TSA) (RTF)
59. Irene Doyon family-type resource (DI-DP-TSA) (RTF)
60. Jouravskaya family-type resource (SAPA) (RTF)
61. Mercedes Walsh family-type resource (SAPA) (RTF)
62. Molly Young family-type resource (DI-DP-TSA) (RTF)
63. Monette Bellot family-type resource (DI-DP-TSA) (RTF)
64. Odoom family-type resource (SAPA) (RTF)
65. Oxengendler family-type resource (SAPA) (RTF)
66. Rebecca Galmote, Rolland Elan family-type resource (DI-DP-TSA) (RTF)
67. Shoshana Yess family-type resource (DI-DP-TSA) (RTF)
68. Steben Machnik family-type resource (DI-DP-TSA) (RTF)
69. The Approach Agency family-type resource (DI-DP-TSA) (RTF)
70. Warner family-type resource (SAPA) (RTF)
71. Constance Lethbridge: Cheshire Foundation intermediary resource
72. De la Montagne intermediary resource (SAPA)
73. Foyer de la création intermediary resource (DI-DP-TSA)
74. Les Pavillons LaSalle intermediary resource (SAPA)
75. Lev-Tov intermediary resource
76. Lissa Xéviné intermediary resource (DI-DP-TSA)
77. Amo Baiden intermediary resource/foster home (DI-DP-TSA)
78. Athanasios Antoniou, Shawn Wilson intermediary resource/foster home (DI-DP-TSA)
79. Bernice Fender intermediary resource/foster home (DI-DP-TSA)
80. Chidi Enechukwu intermediary resource/foster home (DI-DP-TSA)
81. Dianne Williams intermediary resource/foster home (DI-DP-TSA)
82. Elida Pierre-Louis intermediary resource/foster home (DI-DP-TSA)
83. James Marcellin intermediary resource/foster home (DI-DP-TSA)
84. Jean Adelson, Jean-François Marie intermediary resource/foster home (DI-DP-TSA)
85. Jean-Claude Raymond, Viviane Noel intermediary resource/foster home (DI-DP-TSA)
86. Jeff Wagen intermediary resource/foster home (DI-DP-TSA)
87. Joy Abel intermediary resource/foster home (DI-DP-TSA)
88. Lenore Caterson intermediary resource/foster home (DI-DP-TSA)
89. Linda Adjei intermediary resource/foster home (DI-DP-TSA)
90. Lloyd Siguineau intermediary resource/foster home (DI-DP-TSA)
91. Luisito Yusi intermediary resource/foster home (DI-DP-TSA)
92. Marie-Gladys, Marie-Shenna André intermediary resource/foster home (DI-DP-TSA)
93. Maudeline Châtaigne intermediary resource/foster home (DI-DP-TSA)
94. Melinda Nueva Ong intermediary resource/foster home (DI-DP-TSA)
95. Minteamer Asfaw intermediary resource/foster home (DI-DP-TSA)
96. Nick Kalekas intermediary resource/foster home (DI-DP-TSA)
97. Nicole Leblanc Mailhot intermediary resource/foster home (DI-DP-TSA)
98. Nora Omaweng intermediary resource/foster home (DI-DP-TSA)
99. Odessa Hillman intermediary resource/foster home (DI-DP-TSA)
100. Philibert Chase intermediary resource/foster home (DI-DP-TSA)
101. Raynald Perron intermediary resource/foster home (DI-DP-TSA)
102. Rexford Owusu intermediary resource/foster home (DI-DP-TSA)
103. Rosmond Ryan intermediary resource/foster home (DI-DP-TSA)
104. Russell Yusi intermediary resource/foster home (DI-DP-TSA)
105. Sandi Newton intermediary resource/foster home (DI-DP-TSA)
106. Serge Richer intermediary resource/foster home (DI-DP-TSA)
107. Shawn Walker intermediary resource/foster home (DI-DP-TSA)
108. Sheila Naggyah intermediary resource/foster home (DI-DP-TSA)
109. Starlett Lee intermediary resource/foster home (DI-DP-TSA)
110. Stéphane Blackburn intermediary resource/foster home (DI-DP-TSA)
111. Susan Williams intermediary resource/foster home (DI-DP-TSA)
112. The Approach Agency intermediary resource/foster home (DI-DP-TSA)
113. Véronique Ouellet, Natasha Grecia intermediary resource/foster home (DI-DP-TSA)
114. Vilma Blaides intermediary resource/foster home (DI-DP-TSA)
115. Maison le Mistral David Byrne intermediary resource (DI-DP-TSA)
116. Maison Paternelle intermediary resource
117. Manoir Renaissance intermediary resource (SAPA)
118. Parkhaven Lissa Sévigné intermediary resource (DI-DP-TSA)
119. Shalom Carlton intermediary resource (DI-DP-TSA)
120. Shalom Kent intermediary resource (DI-DP-TSA)
121. Anne’s Residence private seniors’ residence (RPA)
122. Beit Chai Inc. private seniors’ residence (RPA)
123. Château B’nai Brith private seniors’ residence (RPA)
124. Château Vincent d’Indy private seniors’ residence (RPA)
125. L&L Residence private seniors’ residence (RPA)
126. La Résidence Fulford private seniors’ residence (RPA)
127. Le Boulevard Résidence Urbaine Pour Aînés private seniors’ residence (RPA)
128. Manoir Charles Dutaud private seniors’ residence (RPA)
129. Manoir King David private seniors’ residence (RPA)
130. Manoir Outremont private seniors’ residence (RPA)
131. Manoir Westmount private seniors’ residence (RPA)
132. Pearl & Theo private seniors’ residence (RPA)
133. Place Kensington private seniors’ residence (RPA)
134. Place Mariette private seniors’ residence (RPA)
135. Providence Notre-Dame-de-Grâce private seniors’ residence (RPA)
136. Christ-Roi private seniors’ residence (RPA)
137. Prince of Wales private seniors’ residence (RPA)
138. L’Image d’Outremont private seniors’ residence (RPA)
139. Outremont private seniors’ residence (RPA)
140. Sheppard and James Victoria private seniors’ residence (RPA)
141. Sheppard and James Westbury private seniors’ residence (RPA)
142. Résidence Vista private seniors’ residence (RPA)
143. Westhill Inc. private seniors’ residence (RPA)
144. B’nai Brith House private seniors’ residences (RPA)
145. Sélection Graham private seniors’ residence (RPA)
146. Sélection le Waldorf (Groupe Sélection Retraite) private seniors’ residence (RPA)
147. Snowdon Résidence private seniors’ residence (RPA)
148. Salvation Army Montclair Residence private seniors’ residence (RPA)
149. Tırat Carmel private seniors’ residence (RPA)
150. Westmount One private seniors’ residence (RPA)
151. Angelman respite care (DI-DP-TSA)
152. Autisme Montréal respite care (DI-DP-TSA)
153. Centre Philou respite care (DI-DP-TSA)
154. Dreams and Hopes respite care (DI-DP-TSA)
155. Les foyers de la création respite care (DI-DP-TSA)
156. Les foyers de la création 2 respite care (DI-DP-TSA)
157. Site Plaza local community service centre (CLSC)
## Appendix 2: Complaint processing by underlying motive – commissioner

### MOTIVE / PROCESSING LEVEL

<table>
<thead>
<tr>
<th>MOTIVE / PROCESSING LEVEL</th>
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<th>Processing completed</th>
<th>TOTAL</th>
<th>% total by motive</th>
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<tbody>
<tr>
<td></td>
<td>Abandoned by the user</td>
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<td>Rejected on summary review</td>
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### Individual rights

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<td>Assistance/guidance</td>
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<td>Choice of professional</td>
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<td>Choice of establishment</td>
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<td>Representation</td>
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<td>Safety/security</td>
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### Maltreatment Act

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2019-20
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| Sub-total                | 0   | 0   | 0   | 1   | 1   | 100.00 | 32  | 39   | 71   | 100.00 | 72   | 16.86 |

### Interpersonal relations

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| Sub-total               | 1   | 4   | 0   | 4   | 9   | 100.00 | 46  | 47   | 93   | 100.00 | 102  | 23.89 |

### Care and services dispensed

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| Sub-total               | 2   | 4   | 2   | 2   | 10  | 100.00 | 41  | 67   | 108  | 100.00 | 118  | 27.63 |

### Other

|                          | 0   | 0   | 0   | 1   | 1   | 100.00 | 1   | 0   | 1   | 100.00 | 2   | 0.47 |

| TOTAL                    | 4   | 13  | 6   | 12  | 35  | 100.00 | 164 | 228  | 392  | 100.00 | 427  | 100.00 |

The percentages relate to the column sub-totals.

This table includes the number of motives by processing level.

Each file may have more than one underlying motive.
Appendix 3: List of staff members

Permanent staff
Maude Laliberté – Complaints and Service Quality Commissioner (took up current position on May 21, 2019)
Rosemary Steinberg – Interim Complaints and Service Quality Commissioner (April 1, 2019-May 21, 2019)
Jean-Philippe Payment – Deputy Complaints and Service Quality Commissioner (interim status as of May 21, 2019, took up current position on January 30, 2020)
Marick Bertrand – Complaints Officer (mandate ends in May 2019)
Angeliki Tsasis – Complaints Officer (mandate ends in January 2020)
Marie-Madeleine Chaslas – Administrative Technician
Navnit Kaur – Administrative Technician (mandate ends in September 2019)
Helen Vassiliou – Administrative Technician
Kimberly-Ann Jezni-Dagenais – Administrative Agent

Consultants
Claire Bédard – Consultant – Complaints Officer
Sarah Bérubé – Consultant – Complaints Officer
Émilie Blackburn – Consultant – Complaints Officer
Nathalie Boëls – Consultant – Complaints Officer
Geneviève Boily – Consultant – Complaints Officer
Julien Brisson – Consultant – Complaints Officer
Dana Cape – Consultant – Complaints Officer
Isabelle Carrière-Roussin – Consultant – Complaints Officer
Alexandre Couët-Garand – Consultant – Complaints Officer
Erin Douglas – Consultant – Complaints Officer
Amélie Hewett – Consultant – Administrative Assistant
Marie-Ève Lemoine – Consultant – Complaints Officer
Tatiana Ozorco – Consultant – Complaints Officer
Jennifer Pelletier – Consultant – Complaints Officer
Diana Karena Volesky – Consultant – Complaints Officer
Ayalla Weiss-Tremblay – Consultant – Complaints Officer
Appendix 4: List of medical examiners (approved by the Board on September 26, 2019)

Dr. Harvey Sigman, Senior Medical Examiner and Coordinator
Dr. Vania Jimenez, Medical Examiner
Dr. Ronald Ludman, Medical Examiner
Dr. Richard Margolese, Medical Examiner
Dr. Markus Martin, Medical Examiner
Dr. Nathan Sheiner, Medical Examiner
Dr. David Mulder, Ad Hoc Medical Examiner (approved by the Board on March 19, 2020)
Dr. Paul Warshawsky, Medical Examiner
Appendix 5: List of review committee members

Alyssa Yufe, Chair
Dr. Judy Glass, Member
Dr. Sylvie Boulet, Member