

CENTRE GÉRIATRIQUE
DONALD BERMAN
MAIMONIDES GERIATRIC
CENTRE

CENTRE D'HÉBERGEMENT
FATHER-DOWD
RESIDENTIAL CENTRE

CENTRE D'HÉBERGEMENT
HENRI-BRADET
RESIDENTIAL CENTRE

CENTRE D'HÉBERGEMENT
SAINT-ANDREW
RESIDENTIAL CENTRE

CENTRE D'HÉBERGEMENT
SAINT-MARGARET
RESIDENTIAL CENTRE

CENTRE MIRIAM HOME
AND SERVICES

CENTRE DE RÉADAPTATION
LETHBRIDGE-LAYTON-MACKAY
REHABILITATION CENTRE

CHSLD JUIF DONALD BERMAN
JEWISH ELDERCARE
CENTRE

CLSC DE BENNY FARM

CLSC DE CÔTE-DES-NEIGES

CLSC MÉTRO

CLSC DE PARC-EXTENSION

CLSC RENÉ-CASSIN

HÔPITAL CATHERINE
BOOTH HOSPITAL

HÔPITAL GÉNÉRAL JUIF
JEWISH GENERAL HOSPITAL

HÔPITAL MONT-SINAÏ
MOUNT SINAI HOSPITAL

HÔPITAL RICHARDSON
HOSPITAL

ANNUAL REPORT REGARDING THE ACTIVITIES OF THE LOCAL SERVICE QUALITY AND COMPLAINTS COMMISSIONER 2018-2019

This report is submitted consistent with chapter S-4.2, Section 33 of the *Act Respecting Health Services and Social Services, Ch S-42* which states:

(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; and (...)

The local service quality and complaints commissioner is also responsible for the handling of reports of maltreatment made within the scope of the anti-maltreatment policy adopted under the *Act to Combat Maltreatment of Seniors and Other Persons of Full Age in Vulnerable Situations* (chapter L-6.3) and, if the report of maltreatment must be handled by another authority, for directing the persons making the report to that authority.

Section I - Introduction

This report contains statistics of the activities regarding both medical and non-medical complaints, as well as statistics about other activities of the Commissioner's office and the medical examiner. These include assistance provided, interventions, consultations and other activities related to the function of the Office of the Commissioner.

It also contains comments and observations by the Commissioner, the Assistant Commissioner, the delegates and the administrative staff who make up the complaints office team. Finally you will find suggestions for improvement and recommendations submitted during and for this fiscal year.

Section II - General Comments

2018-2019 proved to be a particularly challenging year for the Commissioner's office and team. There were several unexpected staff turnovers including that of the Commissioner, and several of the administrative support team. There was, and there continues to be an instability within the team as 2 of 3 delegates on the team remain in temporary positions.

Further, through most of this fiscal year there was a change of approach and an attempt to both streamline the activities of the office and rebalance the workload of team members by centralizing the location of the team at the Jewish General Hospital and instituting a centralized intake with a single telephone number and a central e-mail address.

We must extend our sincere gratitude to all the members of the team for their ongoing commitment to improving the quality of care, perseverance in the face of unusual pressures and dedication to patients and family.

The added responsibility of receiving and overseeing the activities of the *Act to Combat Maltreatment of Seniors and Other Persons of Full Age in Vulnerable Situations*, Ch L-6.3, presented other challenges, as it did for most of the staff in the CIUSSS involved in the care of the elderly. While there are policies and procedures, it is ultimately through experience and trial and error that we will develop better and more efficient tracking and overseeing of these situations. Our team was fortunate in that one of the delegates has substantial clinical experience in the dossier of elder adult mistreatment thus facilitating the integration of this dossier within the functioning and activities of the office. Unfortunately she is leaving this team to take on an important regional function within this same dossier, for which we extend our heartiest congratulations.

The present complaint management system SIGPAQS (complaint management program imposed by the MSSS) remains the primary tool available to this office for the gathering and analysis of data related to all activities. As stated in previous years, while the system has certain strengths that when optimized can lead to a more efficient administrative process and ideally, a "paperless" office, it has certain weaknesses that continue to impede us from being able to provide the CIUSSS with a clear reflection of where complaints are coming from, what their main elements are, and offer an effective tool that would allow us to monitor the changes identified and the commitments made by various programs to implement those changes.

One of the priorities for this office will be to attempt to adapt the organizational structure in SIGPAQS, to the reality of the CIUSSS organizational chart so that we can provide more accurate information to the managers. This initiative will be led by the Assistant Commissioner who has already proven to be very adept at understanding and utilizing the data that is presently available.

A second new mandate has been added to the Office of the Commissioner, and this is the complaints coming from private residences for the elderly. There are 29 such residences in this territory, with a total of more than 2400 residents. There has been an active process to inform the proprietors of these establishments of their responsibilities and to provide them with tools to assure that their residents are aware of their right to complain, and how to reach the Office of the Commissioner in order to do so. There were no additional resources provided to our team for either this activity, or the activities related to the mistreatment of older adults. This will place more pressure on a team whose capacity is already stretched.

As reported in several previous annual reports, our CIUSSS, and in particular the JGH, has struggled with a backlog in the medical complaints. We were very fortunate to have been able to recruit several new Medical Examiners, which has led to a higher number of complaints being assigned and examined. There was a concerted effort made through collaboration between the primary medical examiner, Dr. Warshawsky, the Commissioner's Office and the office of the Director of Professional Services to carefully review and contact complainants waiting beyond a certain time frame; and this has facilitated the closure of a significant number of backlogged files.

While a backlog remains, we continue to work hard to eliminate the backlog, while addressing incoming complaints within the mandated time frame. It would be remiss of us not to express our great appreciation for the work done by Dr. Paul Warshawsky during his time as medical examiner. His complaint examinations were always comprehensive and thoughtful and the supervision and guidance he provided to the newer medical examiners was greatly appreciated.

Section III - Statistics

Table A - Complaints, Interventions and Assurances*

Year	Complaints (non-médical)	Interventions	Assurances	Consultations	Recourse to the Protecteur du Citoyen	Medical Complaints
2018-2019	172	8	1634	60	15	108
2017-2018	279	11	1146	60	22	84
2016-2017	378	15	1015	75	12	74

* Complaints may be associated with more than one reason and statistics generally reflect several reasons.

Table B - Complaints to the CPQS distributed by mission of the facility

Year	Acute Care	Long-Term Care*	Rehabilitation	CLSC
2018-2019	69,19% (119)	15,70% (27)	2,54% (4)	13,90% (24)
2017-2018	69,18% (193)	17,20% (48)	5,02% (14)	8,60% (24)
2016-2017	59,79 % (226)	14,81 % (56)	2,11 % (8)	23,28 % (88)

Table C – Complaints completed with the CPQS distributed by reason

Year	Quality of Care	Interpersonal Relationships	Access	Financial Aspects	Physical Environment	Specific Rights
2018-2019	35,39% (63)	25,84% (46)	12,92% (23)	4,49% (8)	11,80% (21)	9,55% (17)
2017-2018	31,18%	26,47%	14,41%	4,71%	16,76%	6,47%
2016-2017	31 %	23,4 %	17,35 %	6,9 %	6,3 %	13,45

Table D – Actions arising from complaints to the CPQS*

Type of action	Quality of Care	Interpersonal Relationships	Access	Financial Aspects	Physical Environment	Specific Rights
Individuelle *	6	1	1	1	-	2
Systemique **	2	2	2	1	1	-
Total	8	3	3	2	1	2

*N.B. More than one action may arise from a single complaint.

Table E – Complaints by mission

Year	Acute Care	Long-Term Care	CLSC	Rehabilitation
2018-2019	100 (92,59%)	3 (2,78%)	5 (4,63%)	-
2018-2018	76 (90,48%)	6 (7,14%)	1 (1,19%)	1 (1,19%)
2016-2017	67 (90,54 %)	5 (6,76 %)	2 (2,70 %)	-

Table F - Abuse files

Type of involvement	Assistance	Intervention	Consultation
Number	18	7	5

Table G – Medical complaints distributed by reason*

Year	Quality of care	Interpersonal Relationships	Access	Financial Aspects	Physical Environment (including safety)	Specific Rights
2018-2019	67,69%	23,49%	2,10%	1,34%	-	5,37%
2017-2018	68,21%	22,52%	4,64%	0,66%	-	3,97%
2016-2017	78,6 %	7,1 %	9,5 %	-	-	4,8 %

* Complaints may be associated with more than one reason and statistics generally reflect several reasons.

Table H – Percentage of complaints resolved within a 45 days period

Year	CPQS	Medical Examiner
2018-2019	12,74%	7,74%
2017-2018	52,66%	9,49%
2016-2017	62,5 %	7,5 %

Table I – Review Committee

In progress at the beginning of the fiscal year	Requests received	Requestes completed	Requests in progress at the end of the fiscal year
8	12	9	11

Section IV - Observations from Complaints and Statistics

1. Decrease in number of non-medical complaints

There was a substantial decrease in the number of non-medical complaints registered while an equally substantial increase in the number of assistances. It is our belief that the decrease in the number of complaints has three components. First, we believe that the almost complete turnover of the team with a new Commissioner and new delegates had great impact. Trust and credibility are implicit elements in the complaint examination process. It is fundamental that staff and managers come to know the team, their philosophy and are able to trust that we share the same goal of improving the quality of care for all users. Second, the attempt to centralize the team reduced the presence of complaint staff at the various sites, thus diminishing promotion activities and the familiarity of staff with the delegates to whom they could comfortably and easily refer dissatisfied users and families. Finally, and importantly, there was a concerted effort made to provide a more immediate assistance and solution to the concerns presented.

A decrease in complaints can be viewed from several perspectives. We believe that the number of complaints is not as important as the nature of the complaints and the potential for improvements that are identified. Given that is impossible to always meet all of the needs and expectations of our users and residents of various care establishments, we expect to always receive a certain number of complaints being registered. This is not necessarily evidence of poor service, but rather a result of transparency of the process and encouragement to dissatisfied users that they have a right, if not responsibility, to voice their concerns. User committees remain available to assist users in expressing their dissatisfaction and concerns; finally it is noted that the presence and input of the staff of the Commissioner's office will be improved next year.

As the team refines its hybrid organizational approach of ensuring on-site presence with a centralized intake for new complaints and requests for assistance, channels will become clearer and we believe opportunities for assistance and consultations will grow.

2. Increase in the delay to conclude non-medical complaints

Four factors contributed to this increase which is, by any measure, unacceptable and requires a clear plan of action to correct. First there was instability as well as understaffing of the team. The lack of consistent presence by staff at the sites coupled with an attempt to assign staff according to their expertise, meant that it was difficult for the staff to learn about and be more familiar with the organizational and procedural structure at each site.

Secondly, this instability and understaffing increased the time it took for staff to identify the key interveners who could not only help understand the context of a complaint, but were also familiar with the policy and procedures that framed the care or service and be in a position to offer solutions.

Thirdly, as per the requirements of the Health Act as to who is legally able to make a complaint, there was a concerted effort during most of the year to ensure that complaints received were in fact valid, and this delayed initiating the examination processes. This was the focus of healthy and active debates within the

team, resulting in clearer operational guidelines that allow for a more efficient registration and/or rejection of complaints.

Finally, the increase in number of assistances and the time involved in responding to and resolving these, was increased. Certain assistances are themselves very complex and require many steps before resolution is achieved.

The implementation in 2019-2020 of a hybrid system where staff will be assigned primary site responsibility but a secondary responsibility at the Jewish General hospital should impact positively on this delay and the goal of the team next year, provided the team is complete, is to reach an 70% rate of concluding complaints within the 45 day delay consistent with the provincial average.

We also experienced a continued perception across certain Directorates that access to a User's record of care is restricted by program instead of being accessible under the auspice of the CIUSSS. Thus where a complaint had implications for more than one division, managers expressed their belief that they had no right to review the record of service provided by a different program, even if the client was served in both programs.

3. Stability in the overall percentages of complaints coming from acute care

70% of non-medical complaints and 92% of medical complaints stem from the Jewish General Hospital. This is consistent with the last few years and, of course, the reality of the hospital as an acute care center. One theme however that has been identified within the context of both medical and non-medical complaints in the long-term care and rehabilitation centers is the belief and wish of many users of services that access to and contact with physicians at these sites needs to be increased and made easier. This is particularly pronounced in certain long-term care sites.

The issue of inconsistent communication within and across certain medical units continues to generate complaints. As in past years, off-service patients have a particular problem in this regard. In spite of the efforts of both the team where the patient is located, and the team responsible for the primary care, the issue of inconstant communication affecting care, remains unsolved.

There were a number of complaints from families of patients receiving palliative care as off-service patients. Palliative care is a very specialized approach that is sometimes inconsistent with staff approaches in acute care, where efforts are focused on active intervention for treatment and cure, rather than palliation and comfort.

The Emergency Department of the JGH continues to generate a high volume of complaints, consistent with the augmentation of the numbers of patients they have been seeing. Within these complaints we often identify that many people continue to use the ED inappropriately both because of a misunderstanding of the true mission of the Emergency department and a lack of awareness of the other options available to them at a time when they believe they require immediate attention. Info-santé does not appear to be well utilized by many of these patients and seemingly not communicated enough to the greater public.

We continue to see concerns from many patients that the physicians responsible for their care in OPD departments are not aware of or informed about their hospitalizations. This extends to family physicians

within the community who have links with the hospital, but who are informed only by their patients, that they have been hospitalized.

4. Motives of complaints

There is great consistency regarding the motive of complaints for both non-medical and medical. As in past years, quality of care and interpersonal relations (communication) are the primary motive in both types of complaints. There has been a small but consistent decrease in complaints regarding access to care and we believe this is most likely due to the centralization of appointments which has reduced the number of calls received by the complaints office regarding telephone access.

That being said, a new type of complaint began to surface with the implementation of the automated calls confirming existing appointments. Because this system is automated and is dependent on the inputting of data regarding language of preference, we have received numerous calls from both primarily Anglophone and Francophone users who received the call in the language other than their first preference. This is being addressed by the Chief of the appointment call center.

There was a small increase in the number of complaints regarding lost items. These types of complaints take up an inordinate amount of personnel time and have financial consequences for the CIUSSS as reimbursement is often the goal.

5. Maltreatment of Seniors and Other Persons of Full Age in Vulnerable Situations

In May 2017, Bill 115, aiming to combat maltreatment of seniors and other persons of full age in vulnerable situations, has been adopted. This Act provides for several measures to counter maltreatment, in particular enhancement of the role of the Local Service Quality and Complaints Commissioner (LSQCC), mandatory reporting of certain situations of maltreatment and mandatory adoption of a policy to combat maltreatment of seniors and other persons of full age in vulnerable situations. This way, the Act gives the Local Service Quality and Complaints Commissioner of all health and social service organizations in Quebec with the responsibility to deal with reports made as part of the policy to combat maltreatment of persons in vulnerable situations in their institutions.

In that respect, the Act stipulates that each health and social service organizations must adopt a policy to combat maltreatment no later than November 30, 2018. Although our CIUSSS has such a policy and procedures, roles and responsibilities of each of the stakeholders concerned by the policy will continue to be clarified through experimentation. It also seems to us that this new role, entrusted to the Office by the Act, is not well known or misunderstood by stakeholders of the CIUSSS. Also, we believe that this specific role should be subject to an active promotion. In addition, within our Office, efforts are being made in order to develop a better understanding of our role and of guidelines of the policy about us, both for our team and for the CIUSSS as a whole, in order to allow a consistent approach for this important dossier.

Section V - Changes precipitated through the process

1. Through a particular complaint, there was clarification regarding the obligation of all departments to accommodate users with physical limitations who require their care, as well as identifying for the team how they could obtain both the equipment and the manpower required to provide the care.
2. In the hospital, a number of complaints when examined, identified the element of assuring a better process for informed consent for procedures and surgery. This has been discussed in several forums.
3. Guidelines for contrast imaging have been changed through the efforts of the medical examiner, Dr. Harvey Sigman. These changes have been distributed throughout the hospital in a revised pharmacy update.
4. A simple tool was generated by the Complaints Office to assist patients wishing to make a report of, and request for reimbursement of, lost items.
5. A memo was sent to the Chief of Security, who is chairing the committee regarding security of personal belongings, offering certain guidelines for the possible reimbursement of personal belongings as well as a clarification of the responsibility of departments in this regard.
6. An information package was developed and is in use for patients and families, where long term care has been identified as the discharge plan. This includes a clear and informed consent that identifies the steps in the process as well as the responsibilities and authority implicit in the placement process.
7. Oncology-nursing, together with interventional radiology, were able to ensure that a patient's existing port-a-cath was able to be used to inject contrast-media to oncology patient in CT scan. Given the fragility of veins and the often expressed concern of patients undergoing chemotherapy to minimize the number of times veins were used, this was a very important change.
8. Significant training given on specific hygiene protocols from IPC with respect to measures required to protect users and health care staff for the prevention of the spread of certain nosocomial infections.
9. There were successful efforts to re-establish strong working relationship with nursing directors leading to commitments which will promote and reinforce positive patient experience.
10. Certain practices with regard to reporting accidents and incidents were reviewed to ensure greater conformity with the *Politique sur la culture de sécurité des usagers* of the CIUSSS.

Section VI - Recommendations and Suggestions for Improvements

The following are the suggestions and recommendations for the improvement in the quality of care and services within the CIUSSS COM:

1. That the lost and found policy be reviewed and updated with a focus on prevention and assuring greater security of patient belongings.
2. That Medical Records provide a formal statement or training to managers regarding access to user records within the CIUSSS for users of more than one department.
3. That managers and supervisors be encouraged to pursue the improvement of communication skills through all aspects of *encadrement* (supervision, evaluation, consultation and training).
4. The right of users with physical challenges to receive all health and social services is absolute. The CIUSSS should make a conscious effort to assure that this is not only known across the sites but that managers are given information about how they can pursue obtaining the services, be it through loan of staff or equipment, obtaining specialized equipment e.g. lift, moveable stretchers) etc.
5. It must be acknowledged that staff face many challenges including sometimes users whose behavior and demands are difficult for them. Inordinate amounts of time are often spent with a small cohort of users with this profile, and for whom a consistent team approach is required. Often staff get caught up in wanting so much to help that they may acquiesce to something that while being momentarily helpful, becomes problematic later for them and their team mates,

We believe that an expertise exists within the CIUSSS to provide staff with better skills and tools to manage users and families with these challenging behaviors and that this should be offered across all sites and departments where direct contact occurs. Bedside, direct service and reception staff should be prioritized.
6. The front line staff in OPDs should be consistently supported and supervised in their roles, their responsibilities and their rights, when it comes to workplace related abuse in regard to the *Workplace Civility and Prevention of Harassment and Violence Policy*. Meant to be a peacemaking tool, a better understanding of the policy would, we believe, lower the number of communication related complaints.
7. That a greater effort should be made to provide patients being discharged from any department, particularly the ED or an active medical unit, with information about the services of Info-santé.
8. That technical services of the CIUSSS prioritize establishing links between the admission of a patient through the Emergency Department, Medical Records and treating physicians that allow for alerts to be sent to a physician or physicians identified by patients, informing them of their patient's presence in emergency and subsequent admission or discharge.
9. The role of OPD physician, when their patients are hospitalized, should be clarified and clear expectations established and shared with patients. Unrealized expectations, whether they are reality based or not, are most frequently the dawn of a complaint.

10. The nursing department should assure ongoing training of staff in particular with regard to the provision of palliative care where a change of approach must occur from active treatment and curative goal to palliation and comfort goal.

Annex 1 - List of Staff of office of the Commissioner of Complaints and Quality

Ms. Rosemary Steinberg, Interim Service Quality and Complaints Commissioner (ending May 27, 2019)

Ms. Maude Laliberté, Incoming Service Quality and Complaints Commissioner (starting May 27, 2019)

Ms. Marisol Mirò, Service Quality and Complaints Commissioner (resigned as of February 2019)

Mr. Jean-Phillipe Payment, Associate Service Quality and Complaints Commissioner by interim

Ms. Marick Bertrand, Delegate to the Commissioner (resigned as of May 9, 2019)

Me Angélique Tsisis, Delegate to the Commissioner

Ms. Helen Vassiliou, Administrative Technician

Ms. Marie-Madeleine Chaslas, Administrative Agent

Ms. Navit Kaur, Administrative Technician (starting May 27, 2019)

Annex 2 - List Medical Examiners active as of April 1st 2019*

*In alphabetical order

D^{re} Vania Jimenez

D^r Markus Martin

D^r Ronald Ludman

D^r Blair Schwartz

D^r Nathan Sheiner

D^r Harvey Sigman

D^r Paul Warshawky