

*Centre intégré  
de santé  
et de services sociaux  
de Laval*

Québec 

## **BY-LAW GOVERNING THE COMPLAINT EXAMINATION PROCEDURE**

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Prepared by the Office of the Service Quality and Complaints Commissioner

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Adopted by the Board of Directors of the Centre intégré de santé et de services sociaux de Laval on January 21, 2016, in accordance with section 29 of *An Act respecting health services and social services*, R.S.Q., c. S-4.2.

The French version of this document is available upon request from the Office of the Service Quality and Complaints Commissioner: 450-668-1010, extension 23628, or [plaintes.csssl@ssss.gouv.qc.ca](mailto:plaintes.csssl@ssss.gouv.qc.ca).

## **PREAMBLE**

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### **ARTICLE I – MISSION**

#### **Whereas:**

To deliver truly integrated services to the population, the Centre intégré de santé et de services sociaux (CISSS) de Laval shall:

- Be at the core of a Réseau Territorial de Services (RTS);
- Be responsible for the delivery of care and services to the population of its health and social service territory, including the public health component;
- Assume populational responsibility for the population residing in its health and social service territory;
- Organize the core and complementary services in its territory as part of its multiple missions (CH, CLSC, CHSLD, CPEJ, CR), based on the needs of its population and its territorial realities;
- Enter into agreements with other institutions and partner organizations of its RTS (such as university hospital centres, medical clinics, family medicine groups, network clinics, community organizations, community pharmacies and external partners, etc.).

### **ARTICLE II – THE FACILITIES OF THE CENTRE INTÉGRÉ DE SANTÉ ET DE SERVICES SOCIAUX DE LAVAL**

#### **Whereas:**

Overall, the CISSS de Laval currently has 33 institutions. It is the result of the merger of the following institutions:

- Centre de santé et de services sociaux de Laval
- Centre de réadaptation en déficience intellectuelle et en troubles envahissants du développement (CRDITED) de Laval
- Centre de réadaptation en dépendance Laval
- Centre jeunesse de Laval
- Jewish Rehabilitation Hospital
- Agence de la santé et des services sociaux de Laval

## ARTICLE III – RATIONALE

### Whereas:

- An Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies<sup>1</sup> came into force on April 1, 2015;
- Pursuant to the second and third paragraphs of section 4 of the amending Act, an integrated health and social services centre was created in Laval from the merger of the public institutions in the region and the Agence de la santé et des services sociaux de Laval;
- Section 51 of the amending Act sets out that complaints filed under section 60 of the ARHSSS<sup>2</sup> shall be examined by an integrated health and social services centre in accordance with the provisions of sections 29 to 59 of the ARHSSS;
- Section 52 of the amending Act sets out that sections 62 to 72 and 76.12 of the ARHSSS do not apply to an integrated health and social services centre;
- Section 53 of the amending Act specifies that the Minister shall table a report in the National Assembly submitted by any integrated health and social services centre or unamalgamated institution under section 76.10 of the ARHSSS within 30 days of receiving it or, if the Assembly is not sitting, within 30 days of the opening of the next session or resumption.

### Whereas:

The following rationale reflects the core values of the CISSS de Laval and inspires the actions taken to apply this by-law.

### **The provisions of the ARHSSS regarding the examination of complaints must be seen as minimum requirements:**

The following principles shall guide the management and delivery of health services and social services:

- The person requiring services is the reason for the very existence of those services;
- Respect for users and recognition of their rights and freedoms must inspire every act performed in their regard;
- Users must be treated, in every intervention, with courtesy, fairness and understanding, and with respect for their dignity, autonomy, needs and safety;
- Users must, as far as possible, play an active role in the care and services which concern them;
- Users must be encouraged, through the provision of adequate information, to use services in a judicious manner.

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<sup>1</sup> An Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies, S.Q. 2015, c. 1 (CQLR, c. O-7.2), hereinafter referred to as the “amending Act.”

<sup>2</sup> An Act respecting health services and social services, R.S.Q., c. S-4.2, hereinafter referred to as “the Act” or “the ARHSSS.”

**The examination of complaints must be seen as a way to improve services and maintain their quality:**

Dissatisfaction expressed by users provides useful information that the CISSS de Laval intends to use to evaluate and improve services and their organization.

**All staff members are responsible for addressing user dissatisfaction:**

First, staff members and their immediate superiors must meet the needs of users, identify any lack of satisfaction, listen to their dissatisfaction, and respond to this dissatisfaction as it arises.

**The actions of the Service Quality and Complaints Commissioner are guided by a philosophy of respect and neutrality:**

The Service Quality and Complaints Commissioner or, if applicable, the Medical Examiner, shall interact with users in a spirit of openness and respect during the complaint examination process.

The Service Quality and Complaints Commissioner shall take care to preserve his independence and credibility among both users and staff.

**Respecting user rights and maintaining their satisfaction are what guide the Commissioner's actions in the examination of complaints:**

The rights and responsibilities recognized by the ARHSSS include, but are not limited to, the following:

- All individuals are entitled to be informed of the existence of the health and social services and resources available in their community and of the conditions governing access to such services and resources;
- All individuals are entitled to receive, with continuity and in a personalized and safe manner, health services and social services which are scientifically, humanly and socially appropriate, as set out in section 5 of the ARHSSS, and taking into account the legislative and regulatory provisions regarding the institution's organization and operation and its available human, material and financial resources;
- All individuals are entitled to choose the professional or the institution from whom or which they wish to receive health services or social services;
- All individuals whose life or bodily integrity is endangered are entitled to receive the care required by their condition. Every institution shall, where requested, ensure that such care is provided;
- Before giving consent to care concerning them, all users of health services and social services are entitled to be informed of their state of health and welfare and to be acquainted with the various options and the risks and consequences generally associated with each option;
- All users are entitled to be informed, as soon as possible, of any accident having occurred during the provision of services;
- All users are entitled to participate in any decision affecting their state of health or welfare;
- All users have the right to make a complaint about the services that they have received, ought to have received, are receiving or require from the institution, an intermediate or family-type resource or any other body, institution or person to which or whom the institution has recourse, in particular by an agreement for the provision of those services;

- Users who require assistance have the right to this assistance in making a complaint or in any further step related to the complaint;
- Users have the right to a responsible, confidential and diligent examination of their complaint, without risk of reprisal;
- English-speaking persons are entitled to receive health services and social services in the English language, in keeping with the organizational structure and human, material and financial resources of the institutions providing such services and to the extent provided by an access program referred to in section 76 of the amending Act;
- The Board of Directors of the institution, supported by the Vigilance and Quality Committee, must ensure that service quality is maintained, that user rights are enforced, and that their complaints are diligently handled;
- The Service Quality and Complaints Commissioner is answerable to the Board of Directors for the enforcement of user rights, for their satisfaction and for the diligent handling of their complaints;
- The Medical Examiner controls or evaluates the quality of medical practices, in particular to improve the quality of care or services provided to users;
- The Vigilance and Quality Committee must also follow up on the recommendations issued by the Service Quality and Complaints Commissioner, the Medical Examiner, as well as the Public Protector.

**The concomitant application of other laws, including the *Youth Protection Act (YPA)* and the *Youth Criminal Justice Act (YCJA)* does not preclude the user's right to make a complaint:**

In the area of youth protection, this by-law does not apply to a complaint that relates to the specific functions of the Director of Youth Protection (DYP). As a result, no complaint may relate to decisions taken at the DYP's discretion.

Similarly, with regard to young offenders, all complaints are admissible provided that they do not relate to the specific reason that gave rise to the application of the YJCA.

**Whereas:**

- The Board of Directors of the CISSS de Laval is responsible for service quality, the enforcement of user rights, and the diligent handling of their complaints;
- The Board of Directors must adopt a by-law governing the complaint examination procedure;

THE BOARD OF DIRECTORS HEREBY ENACTS THIS BY-LAW GOVERNING THE COMPLAINT EXAMINATION PROCEDURE FOR THE CENTRE INTÉGRÉ DE SANTÉ ET DE SERVICES SOCIAUX DE LAVAL.



## PART 1 – GENERAL PROVISIONS

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### 1. Purpose and Scope

The purpose of this by-law is to establish the procedure and duties related to the examination of user complaints at the Centre intégré de santé et de services sociaux de Laval, in accordance with the *Act respecting health services and social services* (R.S.Q., c. S-4.2).

### 2. Preamble and Schedule

The Preamble and Schedule 1 form an integral part of this by-law.

### 3. Title

This by-law may be cited by the short title **Complaint Examination Procedure**.

### 4. Responsibility of Application

The Service Quality and Complaints Commissioner, with the assistance of the Medical Examiner, is responsible for applying the Complaint Examination Procedure.

### 5. Definitions

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

- *Accredited Community Organization*: A community organization located in the Laval region to which the CISSS de Laval has allocated funding in accordance with and for the purposes set out in section 454 of the Act;
- *Act*: An Act respecting health services and social services (R.S.Q., c. S-4.2);
- *Assistance Organization (Centre d'assistance et d'accompagnement aux plaintes – CAAP)*: An organization mandated by the Minister in accordance with section 76.6 of the Act to assist and support users, upon request, who wish to file a complaint with an institution or the Public Protector, including when the complaint is forwarded to the Council of Physicians, Dentists and Pharmacists;
- *CISSS de Laval*: Centre intégré de santé et de services sociaux de Laval;
- *College*: Collège des médecins du Québec;
- *Commissioner*: Service Quality and Complaints Commissioner appointed by the Board of Directors in accordance with section 30 of the Act, including the Assistant Service Quality and Complaints Commissioner appointed by the Board of Directors;

This term may include, when applicable, any Service Quality and Complaints Advisors to whom the Commissioner has delegated some of his duties;

- *Community Organization*: A community organization located in the territory of Laval whose affairs are administered by a board of directors composed primarily of users of the agency's services or

members of the community that it serves and whose activities are related to the field of health and social services;

*Section 334 of the Act*

- *Complaint*: Any dissatisfaction expressed verbally or in writing by a user or his legal representative to the Service Quality and Complaints Commissioner regarding services that he received, ought to have received, is receiving or requires from the institution or any other resource or agency covered by this by-law;
- *Complaint Concerning a Physician, Dentist, Pharmacist or Resident*: For the purposes of section 4, this term refers to a complaint made to the Commissioner, by any person, about dissatisfaction relating to the conduct, behaviour or competence of a physician, dentist, pharmacist or resident as well as to dissatisfaction with the quality of an act performed as part of the professional activities of one of these individuals; this term also includes allegations of non-compliance with the institution's regulations or non-compliance with the terms of a resolution to appoint or renew the practice privileges of a physician, dentist or pharmacist;
- *CPDP (Council of Physicians, Dentists and Pharmacists)*: Council consisting of all physicians, dentists and pharmacists practising at the CISSS de Laval;

*Section 213 et seq. of the Act*

- *Expert*: Any person whose expertise is deemed necessary, including, with the authorization of the Board of Directors, an expert from outside the CISSS de Laval, in accordance with section 32 of the Act;
- *External Resource*: An intermediate resource, family-type resource, or any other body, institution, or person who provides services on behalf of the CISSS de Laval, including services provided through any agreements referred to in section 108 or 108.1 of the Act, except services provided by a physician, dentist, pharmacist or resident who exercises his profession within such a body or institution or for such a person;
- *Foster Family, Foster Home*: As per section 68 of the amending Act, one or two persons who fit the descriptions given in the first or second paragraph, as applicable, of section 312 of the Act, except with regard to the reference to their recognition, are a foster family or a foster home;
- *Institution*: Centre intégré de santé et de services sociaux de Laval—This term includes all facilities maintained by this institution as well as all intermediate resources or family-type resources that are affiliated with it;
- *Intermediate Resource*: An intermediate resource is a resource that is operated by a natural person as a self-employed worker or by a legal person or a partnership and is recognized by an agency for the purpose of participating in the maintenance of users otherwise registered for a public institution's services in the community or in their integration into the community by providing them with a living environment suited to their needs, together with the support or assistance services required by their condition;

- *Medical Examiner*: Physician appointed by the Board of Directors, upon the recommendation of the Council of Physicians, Dentists and Pharmacists, to examine complaints regarding a physician, dentist, pharmacist or resident working at the CISSS de Laval;

*Section 42 of the Act*

- *Minister*: Minister of Health and Social Services;
- *Office of the Service Quality and Complaints Commissioner (Office)*: Entity formed by the Commissioner, Assistant Commissioner and any Service Quality and Complaints Advisors;
- *President and Chief Executive Officer (CEO)*: President and CEO of the institution;
- *Private Housing Resource*: A private housing resource that allows people with losses of independence to receive different health services or social services in accordance with and for the purposes of section 454 of the Act;
- *Private Seniors' Residence*: All or part of a congregate residential facility occupied or designed to be occupied mainly by persons 65 years of age or over; in addition to leasing rooms or apartments, the operator of the residence offers various services included in at least two of the following categories of services, defined by regulation: meal services, personal assistance services, nursing care services, domestic help services, security services or recreation services. The cost of these services may be included in the rent or paid in another manner;

*Section 346.0.1 of the Act*

- *Professional*: Any person who holds a permit issued by a professional order and who is duly entered on the roll of this order, in accordance with the *Professional Code* (R.S.Q., c. C-26);
- *Public Protector*: The Public Protector appointed by the National Assembly under the *Public Protector Act* (R.S.Q., c. P-32) who exercises the functions of the Health and Social Services Ombudsman (*An Act respecting the Health and Social Services Ombudsman*, R.S.Q., c. P-31.1);
- *Resident*: A person under training to obtain a license to practice or a specialist certificate awarded by the College or a person holding a doctorate in medicine who is undergoing a post-doctoral training program at a centre operated by the CISSS de Laval, in accordance with section 244 of the Act, or a person holding the degree of doctor of medicine (MD) from a school of medicine or university listed in the World Directory of Medical Schools (World Health Organization) or the directory of the Foundation for Advancement of International Medical Education and Research (FAIMER) who is undergoing a training rotation (or rotations) in accordance with the requirements of the College and as per the conditions for the issue of a training card for fellows;
- *Review Committee*: Committee established by the Board of Directors of the CISSS de Laval to review any examination by the Medical Examiner of the institution regarding a complaint concerning a physician, dentist, pharmacist or medical resident who practices his profession at a centre operated by the CISSS de Laval;
- *Services*: Health services or social services provided by the institution, an intermediate resource, a family-type resource, or any other body, institution or person who provides services on behalf of

the CISSS de Laval, including those delivered through the agreements referred to in section 108 or 108.1 of the Act, as well as by any other resource or body referred to in this by-law;

In the context of these agreements, this procedure shall not apply to the examination of user complaints regarding a physician, dentist, pharmacist or resident who exercises his profession within such a body or institution or for such a person;

- *Staff Member*: Any staff member of the CISSS de Laval; any intern, contract worker or volunteer working at the CISSS de Laval; any midwife who enters into a service contract in accordance with section 259.2 of the Act; as well as any physician, dentist, pharmacist or resident called upon to deliver care to a user in the practise of his duties or profession;
- *User*: Any person who has received, ought to have received, is receiving or requires services as previously defined, as well as any person who participates in research. This term includes, where applicable, any representative of the user under section 12 of the Act. It also includes the heirs or legal representatives of a deceased user with regard to services that he has received or ought to have received while alive or to any research study in which he participated.

For the purposes of Part 4, the term “user” also includes any person other than a user who makes a complaint regarding a physician, dentist, pharmacist or resident who exercises his profession at a centre operated by the CISSS de Laval.

- *Users’ Committee*: Committee created by the institution in accordance with sections 60 and 203 of the amending Act whose purpose is to guide and assist users, upon request, in any step in the process to make a complaint;
- *User’s Legal Representative*: Any person recognized as a representative under section 12 of the Act, according to the order of priority established by the *Civil Code of Québec*;
- *Vigilance and Quality Committee*: Committee made up of five (5) people including the President and CEO and the Service Quality and Complaints Commissioner, as well as three (3) other people chosen by the Board of Directors from its members who do not work for the institution, including a designated member of the Users’ Committee;

This Committee reports to the Board of Directors about any follow-up on recommendations issued by the Service Quality and Complaints Commissioner, the Medical Examiner, and the Public Protector regarding complaints made or actions taken in accordance with their respective area of authority;

#### *Section 181.0.1 of the Act*

- *Written Complaint*: A complaint is deemed to be written when it is reproduced in a format that identifies the name of the person who has made the complaint. A complaint, even a written one, which does not identify the complainant shall not be considered a written complaint;

## **PART 2 – MAKING THE COMPLAINT AND RECEIPT OF THE COMPLAINT**

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### **6. Making the Complaint**

Users may make a written or verbal complaint. This complaint must be submitted to the Office. When users express the intent to make a complaint, they must be referred to this Office. All staff members must provide users with information enabling them to quickly access the Commissioner's services.

### **7. Forwarding the Complaint**

Any staff member who receives a written complaint from a user that is addressed to the Commissioner must forward the complaint to the Commissioner without delay.

Exceptionally, and depending on the circumstances, a staff member may write down a verbal complaint from a user by filling out the required form and sending it to the Office without delay.

### **8. Assistance**

All users have the right to be supported and assisted by a person of their choice.

The Commissioner must provide assistance or ensure that assistance is provided to users in their process to make a complaint or for any further step related to this complaint.

The Commissioner must inform the user about the possibility of receiving assistance or support from the Users' Committee or the assistance organization in the region.

### **9. Receipt of the Complaint**

The complaint may be received directly in person, electronically, by mail, or by phone.

The date of its receipt shall be the day of the first communication between the Commissioner and the user.

### **10. Admissibility of the Complaint**

The Commissioner shall evaluate the admissibility of the complaint received by ensuring that the complaint has been made by a user, regardless of the user's age, or by a user's legal representative and that it pertains to the health and social services provided by the institution or any other resource or body covered by this by-law.

If a complaint or a subject thereof does not fall under the authority of the CISSS de Laval, the Commissioner may, with the consent of the person concerned, notify the relevant authority.

## **11. Transfer of a Complaint Concerning a Physician, Dentist, Pharmacist or Resident**

When a complaint concerns a physician, dentist, pharmacist or resident who exercises his profession at a centre operated by the institution, the Commissioner shall immediately transfer this complaint to the Medical Examiner. The Commissioner shall also forward any written materials, documents or information relating to this complaint.

However, when a user complaint relates to administrative or organizational problems that involve medical, dental or pharmaceutical services, the complaint shall be examined by the Commissioner in accordance with the provisions of Part 3 of this by-law, unless, after consulting the Medical Examiner, he is of the opinion that this complaint concerns one or more physicians, dentists, pharmacists or residents, in which case the complaint shall be transferred to the Medical Examiner.

## **12. Notice of the Transfer of a Complaint Concerning a Physician, Dentist, Pharmacist or Resident**

Following the transfer to the Medical Examiner of a complaint concerning a physician, dentist, pharmacist or resident, the Service Quality and Complaints Commissioner shall notify the user in writing and indicate the transfer date.

## **PART 3 – HANDLING OF THE COMPLAINT BY THE SERVICE QUALITY AND COMPLAINTS COMMISSIONER**

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### **13. Notice of Receipt**

Within five (5) days of receiving the written or verbal complaint, the Commissioner must inform the user in writing that the complaint has been received, unless the Commissioner has submitted his conclusions to the user within seventy-two (72) hours of receiving the complaint.

This notice must indicate:

- The date the Commissioner received the complaint;
- The complaint examination deadline set out in the Act, or forty-five (45) calendar days from the complaint receipt date;
- An indication that failure of the Commissioner to communicate his conclusions of the complaint examination within forty-five (45) days entitles the user to seek recourse with the Public Protector;
- In all cases, the recourse with the Public Protector that the user or his representative may exercise if he disagrees with the Commissioner's conclusions.

### **14. Examination of the Complaint**

Upon receiving a complaint, the Service Quality and Complaints Commissioner shall diligently examine it.

### **15. Complaint that is Frivolous, Vexatious or Made in Bad Faith**

Upon a summary review, the Commissioner may dismiss any complaint that he deems frivolous, vexatious or made in bad faith. The Commissioner shall inform the user of this and, if the complaint is in writing, inform the user with a written notice. The Commissioner shall place a copy of the decision in the user's complaint record. This decision is final and may not be subject to recourse with the Public Protector.

### **16. Notice of Examination**

If applicable, the Commissioner shall notify the manager and/or service directorate in question of the decision to examine a complaint. This notice, accompanied by a data collection form, shall summarize the facts and reasons for the complaint and specify the information expected from the manager. Anyone who receives this notice is required to maintain the confidentiality of its content. With the complainant's prior consent, a copy of the complaint may nevertheless be disclosed depending on the situation.

When the complaint relates to an external resource that the CISSS de Laval uses for the delivery of services and the complaint is written, the Commissioner shall send a written notice to the authority concerned or, if the Commissioner believes that this shall pose no prejudice to the user, shall send a copy of the complaint to this authority. If the complaint is verbal, the Commissioner shall verbally inform the authority concerned.

## **17. Calling a Meeting**

The Commissioner may call any person to attend a meeting. All individuals called to a meeting must attend, unless they have a valid reason not to.

The Commissioner may also ask for any information or document for examining a complaint or intervening.

## **18. User Record**

The Commissioner shall have access to the user's record and to all information or documents contained therein.

## **19. Consultation**

The Commissioner may consult anyone whose expertise he deems useful. With the authorization of the Board of Directors or a person designated by a Board resolution, he may consult any expert from outside the institution.

## **20. Disciplinary Issues**

If a practice or the conduct of a staff member raises issues of a disciplinary nature, the Commissioner shall refer the matter to the appropriate authority of the CISSS de Laval or of the external resource for further investigation, follow-up, or any other appropriate action.

This authority must proceed with diligence to examine the record and periodically report to the Commissioner on the progress of the investigation. The Commissioner must be informed of the outcome of the investigation.

If the Board of Directors considers that the seriousness of the complaint regarding an employee of the institution, a member of a professional order, or a midwife warrants it, it shall forward the complaint to the professional order concerned.

If disciplinary measures are applied to the professional concerned, the CEO must then notify the professional order in writing. The Commissioner must also be notified of the outcome so that he can inform the user in writing.

## **21. Conclusions and Deadline**

Within no more than 45 days of the receipt of the complaint, the Commissioner shall inform the user of his conclusions accompanied, if applicable, by the recommendations he submitted to the Board of Directors as well as to the directorate or manager responsible for the services in question at the institution or, as the case may be, to the highest authority at the resource, body or institution, or to the person with the highest authority who is responsible for the services referred to in the complaint. If the complaint is written, the Commissioner shall send this information in writing.

If applicable, he shall inform the user of the available recourse with the Public Protector.

When sending recommendations or conclusions, the Commissioner must ensure to remove all identifying information.



## **22. Presumption**

If the Commissioner fails to meet the deadline set out in section 21 of this by-law, he is deemed to have issued a negative conclusion to the person who made the complaint. This person may then exercise recourse with the Public Protector.

## **PART 4 – HANDLING OF THE COMPLAINT BY THE MEDICAL EXAMINER**

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### **23. Receipt of the Complaint**

The Medical Examiner shall receive from the Commissioner all complaints that concern a physician, dentist, pharmacist or resident.

### **24. Preliminary Examination**

Depending on the nature of the facts and their impact on the quality of medical, dental or pharmaceutical care or services, the Medical Examiner, upon receipt of the complain, must decide on the procedure for the complaint examination. To do so, he shall conduct a preliminary examination of the complaint to determine the most appropriate course of action based on the available information.

### **25. Complaint that is Frivolous, Vexatious or Made in Bad Faith**

Upon a summary examination, the Medical Examiner may dismiss any complaint that he deems frivolous, vexatious or made in bad faith. He shall inform the person who made the complaint and, if the complaint is written, shall send a written notice to this effect. He shall place a copy of his decision in the complaint record and shall also inform the Commissioner. This decision is final and may not be subject to recourse with the Review Committee.

### **26. Referral for Disciplinary Investigation**

If the Medical Examiner is of the opinion that, based on the nature of the facts examined and their impact on the quality of medical, dental or pharmaceutical care or services, there is justification to refer the complaint for a disciplinary investigation by a committee established for this purpose by the CPDP, he shall forward the complaint to this Council and send a copy to the professional concerned.

When a complaint concerns a resident, he must forward it to the authority determined by regulation with a copy to the resident concerned so that the complaint can be processed as per the procedure in force.

In all cases, he shall inform the complainant and the Commissioner of this referral.

### **27. Follow-up Report**

Every sixty (60) days from the date the complainant has been advised that the complaint has been submitted for review by a disciplinary committee, the Medical Examiner must send a written report to this person on the progress made in the complaint examination.

### **28. Examination by the Medical Examiner**

After a preliminary assessment of a complaint, the Medical Examiner may decide to proceed with his examination as described in the Act.

### **29. Notice of Examination**

The Medical Examiner shall immediately inform the complainant in writing as well as the professional referred to in the complaint of his decision to examine the complaint by forwarding a copy of the notice

to each party. The notice must indicate that each party may submit observations and must set out the procedure for the collection of this information.

### **30. Conciliation**

The Medical Examiner who examines a complaint shall act as a conciliator. He must assess the basis for the complaint at hand and, taking into account the facts and circumstances that gave rise to the complaint, shall propose to the parties any solutions likely to mitigate consequences or prevent the incident from reoccurring. The Medical Examiner may also issue any recommendation that he deems appropriate.

### **31. Calling a Meeting**

The Medical Examiner may call any person to attend a meeting. He may also require this person to provide or provide access to any information or document that he holds so that the Medical Examiner can examine the complaint. No one may refuse to attend a meeting called by the Medical Examiner, unless for a valid reason.

### **32. User's Medical Record**

The Medical Examiner shall have access to a user's record and to any information or document contained therein.

### **33. Consultation**

The Medical Examiner may consult any person whose expertise he considers useful. With the authorization of the Board of Directors or the person designated by a board resolution, he may consult any expert outside of the institution.

### **34. Referral of the Complaint**

At any time during the course of the examination, the Medical Examiner may decide, based on the nature of the examined facts and their impact on the quality of medical, dental or pharmaceutical care or services, to refer the complaint for disciplinary investigation to a committee established for this purpose by the CPDP. He shall then forward a copy of the complaint and the complaint record to this Council.

If the complaint concerns a resident, the Medical Examiner shall forward a copy of the complaint and the record to the authority determined by regulation.

The Medical Examiner must inform the user, the professional concerned, as well as the Service Quality and Complaints Commissioner that the complaint has been referred.

### **35. Conclusions**

The Medical Examiner shall proceed with diligence and communicate his conclusions and, if applicable, his recommendations to the complainant no later than forty-five (45) days after the date he received the complaint from the Commissioner.

He shall also include his conclusions and, if applicable, his recommendations to the professional concerned. He shall place a copy of these conclusions and/or recommendations in the professional's record and in the complaint record.

He shall inform the parties about any recourse available with the Review Committee and the manner in which to exercise this recourse.

The Medical Examiner shall submit a copy of his conclusions and, if applicable, his recommendations to the Commissioner.

He shall forward a copy of his recommendations to the CPDP as well as to any authority concerned. When appropriate, he shall provide the head of the department concerned with any information required for the latter's responsibilities, as set out in sections 189 and 190 of the Act. Before sending this information, the Medical Examiner shall ensure that all identifying information is removed.

### **36. Presumption**

If the Medical Examiner fails to meet the deadline set out in section 35 of this by-law, he is deemed to have issued a negative conclusion to the complainant. This person as well as the professional referred to in the complaint may exercise recourse with the Review Committee.

### **37. Report**

At least once a year and whenever warranted, the Medical Examiner must submit to the Board of Directors and the CPDP a report describing the reasons for the complaints examined since the last report, as well as his recommendations including those meant to improve the quality of medical, dental and pharmacy care or services provided by the institution.

He shall also send a copy of this report to the Commissioner.

## **PART 5 – REVIEW OF THE MEDICAL EXAMINER'S HANDLING OF THE COMPLAINT**

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### **38. Application for Review**

A person who has made a complaint or the professional referred to in the complaint who disagrees with the conclusions sent or deemed to have been sent by the Medical Examiner of the institution may file an application for a review by the institution's Review Committee.

*Sections 53 and 53.0.1 of the Act*

This application may be made verbally or in writing and must be addressed to the Chair of the Review Committee. It shall also be accompanied, where appropriate, by the Medical Examiner's conclusions.

### **39. Deadline**

An application for review must be filed within sixty (60) days after the receipt of the conclusions that have given rise to this application, or within forty-five (45) days of the date that the complaint was forwarded to the institution's Medical Examiner, in the case that the conclusions have not been sent to the parties.

This time limit is definitive, unless the user or the professional referred to in the complaint demonstrates to the Review Committee that he was unable to act sooner.

*Sections 49 and 53 of the ARHSSS*

### **40. Reason for Request and Exclusions**

An application for review must pertain to the examination of the complaint by the Medical Examiner. It cannot pertain to the Medical Examiner's summary dismissal of a complaint or the Medical Examiner's decision to forward the complaint for a disciplinary investigation.

### **41. Assistance**

The Commissioner must provide assistance to the complainant or the professional referred to in the complaint who wishes to submit an application for review. In particular, he must help the person to make the request and assist in any further steps, for example, with the appropriate community organization.

*Section 53 of the ARHSSS*

### **42. Notice of Receipt**

The Chair of the Review Committee shall immediately and in writing notify the person who sent an application for review of the date the request was received. He shall send a copy of this notice to the other party as well as to the Medical Examiner and the Commissioner.

*Sections 53 and 55 of the Act*

#### **43. Complaint Record**

Within five (5) days of the receipt of the notice described in section 42 of this by-law, the Medical Examiner shall send the entire complaint record to the Chair of the Review Committee.

*Section 54 of the Act*

#### **44. Communicating with the Commissioner and the Medical Examiner**

Any request for a report or record from the Review Committee to the Commissioner or the Medical Examiner of the institution must be made in writing by the Secretary of the Review Committee and placed in the user's complaint record.

#### **45. Submission of Observations**

The review committee must allow the user, the professional referred to in the complaint and the Medical Examiner to submit their observations.

These observations may be made verbally or in writing and within the timeframe set by the Review Committee.

Written observations shall be placed in the complaint record, whereas verbal observations shall be included by means of a written summary prepared by the Secretary of the Review Committee that is placed in the complaint record.

#### **46. Calling a Meeting**

The Review Committee may call any person to attend a meeting. It may also require this person to provide or provide access to any information or document that he holds so that the Review Committee can review the examination of the complaint. No person may refuse to attend a meeting called by the Review Committee, unless he has a valid reason.

#### **47. Committee's Role**

The role of the Review Committee is to assess the examination of the user's complaint by the institution's Medical Examiner.

For this purpose, it must review the user's entire complaint record and ensure that:

- a) The complaint examination was conducted properly, diligently and fairly;
- b) The Medical Examiner's conclusions, if applicable, are based on the enforcement of rights and professional standards.

#### **48. Decision**

Within sixty (60) days after receiving an application for review, the Review Committee must submit a written decision to the parties concerned. It shall also send this decision to the Medical Examiner and the Commissioner.

The opinion issued by the Review Committee must be placed in the record of the professional referred to in the complaint.

#### **49. Reasons**

With reasons supporting its decision, the decision of the Review Committee must either:

- a) Confirm the conclusions of the Medical Examiner;
- b) Require that the Medical Examiner carry out further examination within the timeframe specified by the Committee and send any new conclusions to the user, with a copy to the parties concerned and to the Commissioner;
- c) Forward a copy of the complaint as well as the record to the CPDP of the institution or, in the case of a resident, to the relevant authority determined by regulation for a disciplinary investigation;
- d) Recommend to the Medical Examiner or, if applicable, to the parties themselves, any measure that could reconcile their interests.

*Section 52 of the Act*

#### **50. Final Decision**

The decision adopted by the Review Committee is final and may not be reviewed.

#### **51. Report and Recommendation**

At least once a year and whenever warranted, the Review Committee must submit to the Board of Directors, with a copy to the CPDP, a report in which it describes the reasons for complaints that gave rise to an application for review since the last report, its conclusions, and the speed of its review process; the Committee may also make recommendations regarding improvements to the quality of medical, dental and pharmaceutical care or services.

It shall also submit a copy of this report to the Commissioner.

*Section 57 of the Act*

## **PART 6 – USER'S COMPLAINT RECORD**

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### **52. Preparing the Complaint Record**

The complaint record is prepared and kept by the Commissioner.

The medical complaint record is prepared and kept by the Medical Examiner during his examination. When the examination is complete, the Medical Examiner shall give the record to the Commissioner for archiving.

### **53. Contents of the Complaint Record**

The complaint record shall contain:

- The user's name, contact information and, if applicable, the contact information of his representative;
- The date the complaint was received and the date the file was opened;
- A copy of the complaint, if the complaint is written;
- The conclusions;
- The recommendations, solutions or corrective measures;
- Any follow-up to be done regarding corrective measures;
- The date the file was closed.

It must also include any document relating to the complaint and its examination received by the Medical Examiner or the Review Committee.

### **54. Confidentiality**

The complaint record is confidential and only those individuals authorized by the Act may access it. The provisions of sections 17 to 28 of the Act shall apply, with any required modifications, to any complaint record archived at the institution.

No document included in the user's complaint record may be placed in the record of a staff member at the institution or of a user.

However, the Medical Examiner's conclusions and, if applicable, any accompanying recommendations must be placed in the record of the professional referred to in the complaint.

The decision of the Review Committee must be placed in the record of the professional referred to in the complaint.

Before sending these recommendations and/or conclusions, the Commissioner or, if applicable, the Medical Examiner must ensure that all identifying information has been removed.

### **55. Transmission to the Public Protector**

Within five (5) days of receiving the written notice referred to in subparagraph 4 of paragraph 2 of section 10 of *An Act respecting the Health and Social Services Ombudsman* (R.S.Q., c. P-31.1), the Commissioner must send a copy of the complaint record to the Public Protector.



## **56. Conservation and Destruction**

Once the file is closed, the complaint record must be archived for the period set out in the by-laws of the CISSS de Laval. At the end of this period, the department concerned shall see to its destruction.

## **PART 7 – ANNUAL REPORT ON THE APPLICATION OF THE COMPLAINT EXAMINATION PROCEDURE, THE SATISFACTION OF USERS AND THE ENFORCEMENT OF THEIR RIGHTS**

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### **57. Annual Report of the Service Quality and Complaints Commissioner**

Once a year, the Commissioner shall prepare and submit to the Board of Directors a report on the application of the institution's complaint examination procedure, the satisfaction of users, and the enforcement of their rights.

This report shall include a summary of activities that includes the report of the Medical Examiner and the report of the Review Committee.

It shall also describe the reasons for the complaints received and shall indicate for each type of complaint:

- The number of complaints received, dismissed upon summary, examined, refused or abandoned since the last report;
- The time taken to examine complaints;
- Any actions taken following the examination of these complaints;
- The number of complaints that gave rise to recourse with the Public Protector and the reasons for these complaints.

The report must also include measures recommended by the Commissioner and indicate the measures taken to improve user satisfaction and foster the enforcement of user rights.

If necessary, the Board of Directors shall also set objectives for any issue related to the enforcement of user rights and the diligent examination of their complaints.

In accordance with section 53 of the amending Act, the Minister shall table a report in the National Assembly within thirty (30) days of its receipt or, if the Assembly is not sitting, within thirty (30) days of the opening of the next session or resumption.

*Section 33, paras. 9, 50, 57, 76.10, 76.11 and section 282 of the Act*

### **58. Annual Report of the Medical Examiner**

At least once a year and whenever warranted, the Medical Examiner must submit to the Board of Directors and to the Council of Physicians, Dentists and Pharmacists a report describing the reasons for the complaints examined since the last report as well as his recommendations to improve the quality of medical, dental and pharmaceutical care or services delivered.

A copy of this report shall also be sent to the Service Quality and Complaints Commissioner for inclusion in his report.

## **59. Annual Report of the Review Committee**

At least once a year and whenever warranted, the Review Committee must submit to the Board of Directors and to the CPDP a report on the reasons for complaints that gave rise to an application for review since the last report along with the Committee's conclusions and the time required for its review process.

In its report, the Review Committee may also make recommendations in particular to improve the quality of medical, dental and pharmacy care or services delivered by the institution.

The Committee shall submit a copy of this report to the Commissioner for inclusion in the Commissioner's report.

## **PART 8 – FINAL PROVISIONS**

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### **60. Reprisals**

No one may retaliate or attempt to retaliate in any manner whatsoever against anyone who is making or intends to make a complaint.

If the Commissioner, Medical Examiner or Review Committee learns of such reprisals, they must take immediate action.

### **61. Effective Date**

This by-law is effective the day it is adopted by the Board of Directors.

### **62. Review**

This by-law must be reviewed as recommended by the Service Quality and Complaints Commissioner or whenever required by legislative amendments.

# SCHEDULE I

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## OATH

**Whereas** section 76.3 of the ARHSSS, R.S.Q., c. S-4.2, stipulates that:

A service quality and complaints commissioner, an assistant commissioner, a consultant or an outside expert referred to in sections 32 or 65 of the ARHSSS, a person who acts under the authority of a service quality and complaints commissioner, a medical examiner, a consultant or an outside expert referred to in section 47 of the ARHSSS, a member of a review committee referred to in section 51 of the ARHSSS, a member of a council of physicians, dentists and pharmacists, an outside expert referred to in section 214 of the ARHSSS, as well as a member of the board of directors of an institution must, before starting their duties in accordance with this by-law or conducting the procedure determined by regulation in accordance with subparagraph 2 of section 506 of the ARHSSS, to take the oath provided in Schedule I.

**Whereas** the By-Law Governing the Complaint Examination Procedure has been adopted by the Board of Directors of the CISSS de Laval on \_\_\_\_\_

Date

**Whereas** the Board of Directors of the CISSS de Laval has appointed and/or authorized this person to fulfill one of the functions listed hereunder:

In the capacity of:

- Service Quality and Complaints Commissioner
- Assistant Service Quality and Complaints Commissioner
- Service Quality and Complaints Advisor
- Medical Examiner
- External Expert or Consultant
- Member of the Review Committee
- Administrative Technician
- Other: \_\_\_\_\_

## OATH

"I declare under oath that I will fulfill all of my duties honestly, impartially and justly. Furthermore, I declare under oath that I will neither reveal nor disclose, without authorization, any confidential information of which I may have gained knowledge in the performance of my duties."

Signature : \_\_\_\_\_ Name : \_\_\_\_\_

In my capacity as : \_\_\_\_\_

Solemnly declared before me in \_\_\_\_\_ on this day of \_\_\_\_\_

Signature : \_\_\_\_\_ Name : \_\_\_\_\_

Number :