

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

**Québec** 

## **REGULATION ON THE PROCEDURE FOR COMPLAINT EXAMINATION**

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Prepared by the Office of the Service Quality and Complaints Commissioner

January 2016  
*Revised in 2021*



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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, under section 29 of the *Act respecting health services and social services*, R.S.Q., c. S-4.2, and revised on June 14, 2021.



# PREAMBLE

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## PART I – MISSION

### Whereas:

To ensure real integration of the services provided to the population, the Centre intégré de santé et de services sociaux (CISSS) de Laval:

- is at the core of a Territorial Services Network (TSN);
- is responsible for ensuring the delivery of healthcare services, including public health services, to the population in its health and social service territory;
- takes on the population-based responsibility for those people in its health and social service territory;
- oversees the organization of services and their complementary nature in its territory as part of its multiple missions (CH, CLSC, CHSLD, CPEJ, CR, CD), according to the needs of the population and territorial realities;
- shall enter into agreements with other facilities and partner organizations of its TSN (university hospitals, medical clinics, Family Medicine Groups, network clinics, community organizations, community pharmacies, external partners, etc.).

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

### Whereas:

The CISSS de Laval has a total of 33 facilities to date, resulting from the merger of the following facilities:

- 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 de services sociaux de Laval

## PART III – PRINCIPLES

### Whereas:

- The *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 effect on April 1, 2015;
- Subject to the second and third paragraphs of section 4 of the Amending Act, an integrated health and social services centre (CISSS) has been established in Laval through the amalgamation of the region's public institutions and the Agence de la santé et des services sociaux de Laval;
- Section 51 of the Amending Act stipulates that complaints filed under section 60 of the ARHSSS<sup>2</sup>, are examined by a CISSS in accordance with sections 29 to 59 of the ARHSSS;
- Section 52 of the Amending Act states that sections 62 to 72 and 76.12 of the ARHSSS do not apply to a CISSS;
- Section 53 of the Amending Act stipulates that the Minister tables in the National Assembly the report submitted by a CISSS or non-amalgamated institution under section 76.10 of the ARHSSS within 30 days of receiving it or, if the National Assembly is not sitting, within 30 days of the return of the session or the opening of the next session;
- The *Act to strengthen the complaint examination process of the health and social services network, in particular for users receiving services from private institutions*<sup>3</sup> came into effect on June 1, 2021;
- Section 1 of the *Act to strengthen the complaint examination process of the health and social services network, in particular for users receiving services from private institutions* states that the local service quality and complaints commissioner of the CISSS de Laval and its designated medical examiner are responsible for handling complaints from users of private institutions;
- Section 1 of the *Act to strengthen the complaint examination process of the health and social services network, in particular for users receiving services from private institutions* stipulates that the procedure for complaint examination of the CISSS de Laval applies both to complaints from its users and users from private institutions with respect to facilities of the establishment located on its territory.

### Whereas:

The following principles reflect the values of the CISSS de Laval and guide the actions taken in applying this regulation.

### **The provisions of the ARHSSS regarding the examination of complains must be considered minimal requirements:**

The following guidelines govern the management and delivery of health and social services:

- The person requiring services is the very reason for the existence of the services;
- Respect for users and the recognition of their rights and freedoms must be reflected in all actions taken in their regard;

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<sup>1</sup> *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 the Amending Act.

<sup>2</sup> *Act respecting health services and social services*, R.S.Q., c. S-4.2, hereinafter the ARHSSS.

<sup>3</sup> *Act to strengthen the complaint examination process of the health and social services network, in particular for users receiving services from private institutions*, 2020, chapter 24.



- In all interventions, users must be treated with courtesy, fairness and understanding, with respect for their dignity, autonomy, needs and safety;
- Users must, as much as possible, play an active role in the care and services they receive;
- Through proper information, users must be encouraged to use services in a sound manner.

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

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

**All staff members are responsible for dealing with user dissatisfaction:**

Staff members and their immediate supervisors are responsible for initially responding to the needs of users, detecting dissatisfaction, listening to their grievances and responding to the situation as it evolves.

**The local service quality and complaints commissioner takes action based on a philosophy of respect and neutrality:**

The local service quality and complaints commissioner or, as the case may be, the medical examiner, agrees to display toward the user a spirit of openness and respect during the examination process.

The local service quality and complaints commissioner is mindful of maintaining his or her independence and credibility with both users and staff.

**The respect of user rights and their satisfaction guide the actions of the commissioner regarding the examination of complaints:**

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

- Every person is entitled to be informed of the existence of the health and social services and resources available in the community and of the conditions governing access to such services and resources.
- Every person is entitled to receive, on an ongoing basis and in a personalized and safe manner, health services and social services that are scientifically, humanly and socially appropriate, as provided in section 5 of the ARHSSS, in keeping with the legislative and regulatory provisions relating to the organizational and operational structure of the institution and within the limits of the human, material and financial resources at its disposal.;
- Every person has the right to choose the professional or establishment from whom or which he or she wishes to receive health and social services.
- Every person whose life or bodily integrity is endangered is entitled to receive the care required by his or her condition. Every institution shall, where requested, ensure that such care is provided.
- The user is entitled to be informed of his state of health and welfare so as to know the various options open to him and the risks and consequences generally associated with each option.
- The user is entitled to be informed, as soon as possible, of any accident having occurred during the provision of services.
- The user is entitled to participate in any decision affecting his or her state of health or welfare.

- The user is entitled to file a complaint with an institution concerning the services he or she has received, should have received, is receiving or needs from the establishment, an intermediary resource, a family-type resource or any other organization, business or person used by the establishment following, among other things, an agreement for the delivery of these services.
- The user who requires assistance to file a complaint or another step involving the complaint is entitled to such assistance.
- The user is entitled to the responsible, confidential and diligent examination of his or her complaint without fear 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 establishment, with the support of the watchdog committee, must ensure the quality of services, the enforcement of user rights and the diligent handling of user complaints.
- The local service quality and complaint commissioner is answerable to the board of directors for the enforcement of user rights and diligent handling of their complaints.
- The medical examiner oversees or assesses the quality of the medical acts primarily for the purpose of improving the quality of the care and services provided to the user.
- The watchdog committee is primarily responsible for ensuring the follow-up on the recommendations made by the local service quality and complaint commissioner, the medical examiner and the Québec Ombudsman.

**The concurrent application of other laws, notably the *Youth Protection Act (YPA)* and the *Youth Criminal Justice Act (YCJA)*, does not preclude the right to complain:**

It should be pointed out that in youth protection matters, this Regulation does not apply to a complaint that concerns a matter relating to the specific powers of the Director of Youth Protection (DYP). Consequently, the complaint may not concern decisions taken by the DPJ as part of the responsibilities devolved to it.

Similarly, in the case of young offenders, any complaint is admissible as long as it does not relate to the very object that gave rise to the application of the YCJA.

**Whereas:**

- It is the responsibility of the board of directors of the CISSS de Laval to ensure the quality of services, enforcement of user rights and diligent handling of their complaints;
- The board of directors is required to establish a regulation on the procedure for complaint examination.

THE BOARD OF DIRECTORS ENACTS THIS REGULATION ON THE COMPLAINT EXAMINATION PROCEDURE OF THE CENTRE INTÉGRÉ DE SANTÉ ET DE SERVICES SOCIAUX DE LAVAL.

## SECTION 1 – GENERAL PROVISIONS

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### 1. Purpose and scope

The purpose of this Regulation is to establish the procedure to be followed for the implementation of the functions related to the examination of complaints from users of 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 appendices

The preamble and appendix 1 form an integral part of this Regulation.

### 3. Title

This regulation may be referred to as the **procedure for complaint examination**.

### 4. Responsibility for application

The local service quality and complaint commissioner, assisted by the medical examiner, is responsible for applying the procedure for complaint examination.

### 5. Definitions

In this Regulation, unless the context indicates otherwise, the following expressions or terms mean:

- *Office of the Local Service Quality and Complaint Commissioner (Office)*: Entity made up of the commissioner, deputy commissioners and service quality and complaints advisors
- *CISSS de Laval*: Centre intégré de santé et de services sociaux de Laval
- *Collège*: Collège des médecins du Québec (C.M.Q.)
- *Review committee*: Committee established by the board of the directors of the CISSS de Laval to review the handling by the medical examiner of the establishment involved in a complaint regarding a doctor, dentist, pharmacist or medical resident practising in a centre operated by the CISSS de Laval or in one of the private facilities.
- *Watchdog Committee*: Committee composed of five (5) members, including the executive director and the local service quality and complaint commissioner. The other three (3) members are chosen by the board of directors from members who do not work for the establishment, one of whom is designated from the members of the users' committee.

The committee is primarily responsible for ensuring the follow-up, with the board, of the recommendations made by the local service quality and complaints commissioner, medical examiner and Québec Ombudsman regarding complaints or interventions made in accordance with their respective competency.

*Section 181.0.1 of the ARHSSS.*

- *Users' Committee*: Committee set up by the establishment under sections 60 and 203 of the Amending Act, whose role is to accompany and assist, upon request, users in the complaint filing process.
- *Commissioner*: Local service quality and complaints commissioner (LSQCC) appointed by the board of directors in accordance with section 30 of the Act, and may include the local service quality and complaints deputy commissioner appointed by the board of directors.

The term can include, when applicable, service quality and complaints advisors, to whom the commissioner delegates some of his or her tasks.

- *CPDP* (Council of physicians, dentists and pharmacists): Council composed of all doctors, dentists and pharmacists practising their profession at the CISSS de Laval.
- *Establishment*: the Centre intégré de santé et de services sociaux de Laval – or integrated health and social services centre of Laval. The term includes all facilities it operates as well as its associated intermediary resources and family-type resources.
- *Private institution*: The term refers to all institutions party to an agreement or not, or unincorporated institutions, institutions constituted as a profit-making legal person and institutions constituted as a non-profit legal person engaging in activities inherent in the mission of a hospital, long-term care residential facility, provided the facilities maintained by the institution do not provide lodging to more than 20 users.
- *Expert*: Any person whose expertise is required, including, with the authorization of the board of directors, calling on an expert from outside the CISSS de Laval in accordance with section 32 of the Act.
- *Foster family, foster home*: According to section 68 of the Amending Act, a foster family or foster home is one or two persons who correspond to the descriptions set out in the first and second paragraphs of section 312 of the Act, as the case may be, without reference to their accreditation.
- *Workers*: Any CISSS de Laval staff member, trainee, contract worker or volunteer working at the CISSS de Laval, any midwife who has entered into a service contract in accordance with section 259.2 of the Act, any staff member of private establishments, as well as any physician, dentist, pharmacist or resident who is called upon to intervene with a user in the performance of his or her duties or profession.
- *Act*: *Act respecting health services and social services* (R.S.Q., c. S-4.2).
- *Medical Examiner*: A physician designated by the board of directors, on the recommendation of the Council of Physicians, Dentists and Pharmacists, to examine complaints concerning a physician, dentist, pharmacist or resident working at the CISSS de Laval or in one of the private institutions.
- *Minister*: Minister of Health and Social Services.
- *Support organization*: (Centre d'assistance et d'accompagnement aux plaintes [CAAP]): Organization mandated by the Minister in accordance with section 76.6 of the Act to assist and support, upon request, a user who wishes to file a complaint with an institution or the Québec Ombudsman, including when the complaint is referred to the council of physicians, dentists and pharmacists of an institution.
- *Community organization*: A community organization located on the territory of Laval whose affairs are administered by a board of directors composed of a majority of users of the organization's services or members of the community it serves and whose activities are related to the health and social services field.

- *Accredited community organization*: A community organization located in the Laval region to which the CISSS de Laval has granted a financial allocation in accordance with and for the purposes set out in section 454 of the Act.
- *Complaint*: Any dissatisfaction expressed verbally or in writing by the user or his legal representative to the service quality and complaints commissioner, concerning the services he has received, should have received, is receiving or requires from the establishment and from any other resource and organization covered by this regulation.
- *Complaint about a physician, dentist, pharmacist or resident*: For the purposes of section 4, such a complaint is the expression to the Commissioner by any person of dissatisfaction with the conduct, behaviour or competence of a physician, dentist, pharmacist or resident, as well as dissatisfaction with the quality of an act pertaining to the professional activity of such persons; an allegation of non-compliance with the by-laws of the establishment or non-compliance with the terms of the resolution appointing or renewing a physician, dentist or pharmacist also constitutes such a complaint.
- *Written Complaint*: A complaint is deemed to be in writing when it is reproduced in a form that permits the name of the person making the complaint to be identified. A complaint, even if written, that does not allow the identification of its author, is not a written complaint;
- *President and Chief Executive Officer (CEO)*: President and Chief Executive Officer of the institution.
- *Professional*: Any person holding a permit issued by an order and duly registered on the roll of the order in accordance with the Professional Code (R.S.Q., c. C-26).
- *Ombudsman*: Ombudsman appointed by the National Assembly under the Québec Ombudsman Act (R.S.Q., c. P-32) who performs the duties of the Health and Social Services Ombudsman (*Act respecting the Health and Social Services Ombudsman*, R.S.Q., c. P-31.1).
- *Legal representative of the user*: Any person recognized as a representative in accordance with section 12 of the Act, according to the order of priority established by the Civil Code;
- *Private residence for seniors*: All or part of a collective dwelling building occupied or intended to be occupied primarily by persons 65 years of age or older and where, in addition to the rental of rooms or units, various services are offered by the operator of the residence in at least two of the following categories of services, as defined by regulation: meal services, personal assistance services, nursing care, domestic help services, security services or recreational services. The cost of these services may be included in the rent or paid for in some other way.
- *Resident*: A person who is completing a training period in order to obtain a licence to practice or a specialist's certificate issued by the CPDP, or a holder of a doctorate in medicine who is completing a postgraduate training period in a center operated by the CISSS de Laval in accordance with section 244 of the Act, or a holder of a doctor of medicine (M.D.) degree from a medical school or university listed in the World Directory of Medical Schools (World Health Organization) or the Foundation for Advancement of International Medical Education and Research (World Health Organization). ) from a medical school or university listed in the World Directory of Medical Schools (World Health Organization) or in the Directory of the Foundation for Advancement of International Medical Education and Research (FAIMER), who is doing an internship (or internships) in accordance with the requirements of the CPDP and the terms and conditions of his or her internship card for monitors.
- *External resource*: Intermediate resource, family-type resource, or any other organization, company or person to which the CISSS de Laval has recourse for the provision of services, in particular by agreement referred to in section 108 or 108.1 of the Act, except for services provided by a physician, dentist, pharmacist or resident practising his profession within such an organization, company or as an individual.

- *Intermediate resource:* An intermediate resource is any resource operated by a natural person who is self-employed, or by a legal person or partnership, and which is recognized by an agency as participating in the maintenance or integration into the community of users who are otherwise registered for services in a public institution, by providing them with a living environment adapted to their needs and by providing them with the support or assistance services required by their condition.
- *Private residential resource:* A private residential resource enabling persons with a loss of autonomy to receive various health or social services in accordance with and for the purposes set out in section 454 of the Act.
- *Services:* Health or social services offered by the institution, by an intermediate resource, a family-type resource, a private institution or by any other organization, company or person to whom the CISSS de Laval resorts for the provision of services, in particular by an agreement referred to in section 108 or 108.1 of the Act, as well as by any other resource or organization referred to in this regulation.

Within the framework of these agreements, and with the exception of private establishments, the procedure does not apply to the examination of complaints from users with respect to a physician, dentist, pharmacist or resident who practises within such an organization, company or as an individual.

- *User*: Any person who has received, should have received, is receiving or requires services as defined above, as well as any person who participates in research. This term includes, where applicable, any representative of the user as defined in section 12 of the Act. It also includes the heirs or legal representatives of a deceased user with respect to services he received or should have received during his lifetime or with respect to any relevant research in which he participated.

For the purposes of section 4, the word "user" also includes any person other than a user who makes a complaint concerning a physician, dentist, pharmacist or resident practising in a center operated by the CISSS de Laval or in one of the private institutions.



## **SECTION 2 – FILING AND PROCESSING OF COMPLAINTS**

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### **6. Filing a complaint**

Users may make a written or verbal complaint. This complaint must be forwarded to the Office. When a user expresses the intention to make a complaint, he/she must be referred to the Office. All workers must provide the user with the information that will allow him/her to have quick access to the services of the Commissioner.

### **7. Forwarding**

Workers who receives a written complaint from a user addressed to the Commissioner must forward it to the Commissioner without delay.

However, depending on the circumstances, workers may themselves record the user's verbal complaint in writing by completing the form provided for this purpose and forward it to the Office without delay.

### **8. Assistance**

Users have the right to be accompanied and assisted by any person of their choice.

The Commissioner must assist or ensure that the user is assisted in formulating the complaint or in any other procedure related to the complaint.

The Commissioner must inform the user of the possibility of being assisted and accompanied by the users' committee or the assistance organization of the region.

### **9. Receipt of the complaint**

The complaint is received either directly in person, by electronic means, by mail or by telephone.

The date of receipt is the day of the first communication between the Commissioner and the user.

### **10. Admissibility of the complaint**

The Commissioner shall assess the admissibility of a complaint addressed to her by ensuring that it is formulated by a user, regardless of age or legal representative, and that it concerns the health and social services offered by the institution or any other resource or organization covered by this Regulation.

When a complaint or one of its objects does not fall within the Commissioner's jurisdiction, the Commissioner may, with the consent of the person concerned, refer it to the competent authority.

#### **11. Transfer of a complaint concerning a physician, dentist, pharmacist or resident**

Where the complaint concerns a physician, dentist, pharmacist or resident who practises in a centre operated by the institution or in one of the private institutions, the Commissioner shall transfer the complaint without delay to the examining physician. She shall also transfer any writing, document or information relating to the complaint.

However, where the user's complaint concerns administrative or organizational problems involving medical, dental or pharmaceutical services, it shall be examined by the Commissioner in accordance with the provisions of section 3, unless the Commissioner is of the opinion, after consulting the medical examiner, that the 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 transfer to the user of a complaint concerning a physician, dentist, pharmacist or resident**

Following the transfer of a complaint concerning a physician, dentist, pharmacist or resident to the medical examiner, the Commissioner shall notify the user in writing, indicating the date of the transfer.

## **SECTION 3 - HANDLING OF THE COMPLAINT BY THE COMMISSIONER**

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### **13. Acknowledgement of receipt**

The Commissioner shall, within five (5) days of the date of receipt of the written or verbal complaint, notify the user in writing of the complaint, unless the Commissioner's findings were provided to the user within 72 hours of receipt of the complaint.

This Acknowledgement shall state:

- The date the complaint was received by the Commissioner;
- The time limit prescribed by the Act for reviewing the complaint, namely 45 calendar days from the date of receipt of the complaint;
- A statement that failure by the Commissioner to communicate the conclusions of the examination of the complaint within the 45-day time limit gives rise to recourse to the Québec Ombudsman;
- In all cases, the recourse to the Québec Ombudsman by users or their representative, if they disagree with the Commissioner's conclusions.

### **14. Review of the complaint**

Upon receipt of a complaint, the Commissioner shall carefully review the complaint.

### **15. Frivolous, vexatious or bad faith complaint**

The Commissioner may dismiss, on summary examination, any complaint that she considers frivolous, vexatious or made in bad faith. The Commissioner shall inform the user and, if the complaint is in writing, provide written notice to the user. A copy of the decision shall be placed in the user's complaint file. This decision is final and may not be appealed to the Québec Ombudsman.

### **16. Notice of review**

The Commissioner shall notify the person in charge and/or the management of the services in question, as the case may be, of her decision to examine a complaint. This notice, accompanied by a data collection form, summarizes the facts and reasons for the complaint and specifies the information expected from the person responsible. The persons who receive it are required to respect the confidentiality of its contents. Depending on the situation, a copy of the complaint may be transmitted, with the prior consent of the complainant.

When the complaint concerns services provided by an external resource used by the CISSS de Laval to provide services and the complaint is written, the Commissioner sends a written notice to the authority concerned or, if she is of the opinion that there is no prejudice to the user, sends him or her a copy of the complaint. If the complaint is verbal, the Commissioner shall verbally inform the authority concerned.

### **17. Convocation**

The Commissioner may summon any person to a meeting. The person must attend, unless there is a valid reason.

The Commissioner may also require any information or document for the purpose of investigating the complaint or conducting an intervention.

## **18. User file**

The Commissioner shall have access to the user's file and to the communication of any information or document contained therein.

## **19. Consultation**

The Commissioner may consult any person whose expertise she considers useful. If authorized by the board of directors or the person delegated by board resolution, the commissioner may consult any expert outside the institution.

## **20. Questions of a disciplinary nature**

During the course of a review, when a practice or conduct of a staff member raises disciplinary issues, the Commissioner shall refer the matter to the appropriate authority for further study, follow-up and appropriate action.

The authority shall proceed diligently with the review of the matter referred to it and shall report periodically to the Commissioner on the progress of the matter. The Commissioner must be informed of the outcome of the case.

If the board of directors deems that the seriousness of the complaint against an employee of the institution, who is a member of a professional order or a midwife, warrants it, it shall forward it to the professional order concerned.

If disciplinary measures are taken against the professional concerned, the CEO must notify the professional order in writing. The Commissioner must also be notified so that she can inform the user in writing.

## **21. Conclusions and timeframe**

No later than 45 days after receiving the complaint, the commissioner shall inform the user of the conclusions reached, with reasons, and, if applicable, of the recommendations sent to the board of directors and to the director or person in charge of the services in question in the institution or, as the case may be, to the highest authority of the resource, organization or corporation, or to the person holding the highest authority for the services that are the subject of the complaint. If the complaint is in writing, she shall provide this information in writing.

If applicable, the Ombudsman shall inform the user of the recourse available to him or her through the Québec Ombudsman.

When transmitting recommendations or reasoned conclusions, the Commissioner shall ensure that the information transmitted is made anonymous.

## **22. Presumption**

Where the Commissioner fails to comply with the time limits set out in section 21 of this regulation, she shall be deemed to have sent negative findings to the person who made the complaint. The person may then seek recourse from the Ombudman.

## **SECTION 4 – HANDLING OF A COMPLAINT BY THE MEDICAL EXAMINER**

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### **23. Receipt of the complaint**

The medical examiner receives complaints from the Commissioner that involve a physician, dentist, pharmacist or resident.

### **24. Preliminary assessment**

Depending on the nature of the facts and their impact on the quality of medical, dental or pharmaceutical care or services, the medical examiner must, upon receipt of a complaint, decide on how to treat it. To do so, he/she shall proceed with a preliminary evaluation of the complaint in order to determine the most appropriate method of treatment in light of the information at his/her disposal.

### **25. Frivolous, vexatious or bad faith complaint**

The medical examiner may dismiss, on summary review, any complaint that he or she considers frivolous, vexatious or made in bad faith. He or she shall inform the person who made the complaint and, if the complaint is in writing, shall provide written notice to that person. A copy of the decision shall be placed in the complaint file and the Commissioner shall be informed. This decision is final and cannot be appealed to the Review Panel.

### **26. Disciplinary referral**

If the medical examiner is of the opinion, based on the nature of the facts examined and their impact on the quality of medical, dental or pharmaceutical care or services, that the complaint should be referred for study for disciplinary purposes by a committee set up for this purpose by the CPDP, he or she shall forward the complaint to this council and send a copy to the professional concerned.

When the complaint concerns a resident, it is forwarded to the authority determined by regulation, with a copy to the resident concerned, so that the complaint can be processed in accordance with the procedure in effect.

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

### **27. Follow-up report**

The medical examiner shall, every 60 days, from the date the complainant is notified that the complaint is being referred to a disciplinary committee for review, report in writing to that person on the progress of the review of that complaint.

### **28. Review by the medical examiner**

The medical examiner may, after a preliminary assessment of a complaint, decide to proceed with its review in the manner described in the Act.

### **29. Notice of examination**

The medical examiner shall promptly notify in writing the person who made the complaint and the professional against whom the complaint was made of his or her decision to review the complaint by forwarding a copy to the professional. The notice shall indicate that each party may make representation and shall provide for the manner in which such representation will be made.

### **30. Conciliation**

The medical examiner who examines a complaint acts as a conciliator. The medical reviewer shall assess the basis for the complaint and, having regard to the facts and circumstances giving rise to the complaint, shall propose to the parties any solution likely to alleviate the consequences of the complaint or to avoid its repetition. The medical examiner may also make any recommendation he or she deems appropriate.

### **31. Convocation**

The medical examiner may summon any person to a meeting. He or she may also require the person to provide, or have access to, any information or documents in the person's possession. Unless there is a valid reason, no person, may refuse to attend a meeting called by the medical examiner.

### **32. User file**

The medical examiner shall have access to the user's file and to the communication of any information or document contained therein.

### **33. Consultation**

The medical examiner may consult any person whose expertise he or she considers useful. With the authorization of the board of directors or the person delegated by resolution by the board, he may consult any expert from outside the institution.

### **34. Redirection of the complaint**

At any time during the examination, the medical examiner may, if he or she feels necessary, depending on the nature of the facts examined and their consequences on the quality of medical, dental or pharmaceutical care or services, redirect the complaint for study for disciplinary purposes by a committee established for this purpose by the CPDP. The medical examiner then forwards a copy of the complaint and the file to this council.

When the complaint concerns a resident, he or she shall forward a copy of the complaint and the file to the authority determined by regulation.

The medical examiner must inform the user, the professional concerned and the service quality and complaints commissioner of the redirection of the complaint.

### **35. Conclusions**

The medical examiner shall proceed with care and communicate his or her conclusions and, where applicable, his or her recommendations to the person who made the complaint, no later than 45 days after the date on which the complaint was transferred to him or her by the Commissioner.

He shall also communicate his findings and, if applicable, his recommendations to the professional who is the subject of the complaint. He shall file a copy in his professional file and in the complaint file.

He shall inform the parties of the recourse available to them before the review committee and the means of exercising it.

The medical examiner sends a copy of his or her conclusions and, if applicable, recommendations to the Commissioner.

The medical examiner will forward a copy of his or her recommendations to the CPDP and to any other relevant authority. When appropriate, he or she shall transmit to the head of the department concerned any information necessary for the performance of the latter's duties, as prescribed in sections 189 and 190 of the Act. When transmitting such information, the medical examiner shall ensure that the information transmitted is made anonymous.

### **36. Presumption**

When the medical examiner fails to respect the time limits provided for in section 35 of this Regulation, he or she is deemed to have sent negative conclusions to the person who made the complaint. This person, as well as the professional concerned by the complaint, may then take recourse to the review committee.

### **37. Report**

The medical examiner shall submit to the board of directors and the CPDP, at least once a year and whenever he or she deems it necessary, a report describing the reasons for the complaints examined since the last report, as well as his or her recommendations, the purpose of which shall be to improve the quality of the medical, dental and pharmaceutical care or services provided by the institution.

The medical examiner shall also send a copy of the report to the Commissioner.

## **SECTION 5 – REVIEW OF THE TREATMENT PROVIDED BY THE MEDICAL EXAMINER**

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### **38. Request for review**

A person who has made a complaint or a professional who is the subject of a complaint who disagrees with the conclusions that have been communicated or are deemed to have been communicated to him or her by the medical examiner of the institution may submit a request for review to the review committee of the institution.

This request may be made in writing or verbally and must be addressed to the chair of the review committee. It shall be accompanied, where applicable, by the medical examiner's reasoned conclusions.

### **39. Timeframe**

The request for review must be made within sixty (60) days following receipt of the conclusions that give rise to it or the expiry of the period of forty-five (45) days following the date on which the complaint was sent to the institution's medical examiner, where the conclusions were not sent to the parties.

This time limit is firm unless the user or the professional concerned by the complaint demonstrates to the review committee that he or she was unable to act.

### **40. Reason for request and exclusions**

A request for review must relate to the treatment of a complaint by the medical examiner. It cannot address the medical reviewer's summary dismissal of a complaint or the medical examiner's decision to refer it for disciplinary review.

### **41. Assistance**

The Commissioner shall assist the complainant or the professional against whom the complaint is made who wishes to submit a request for review. In particular, the Commissioner must help the complainant or the professional concerned to formulate the request and assist him or her in any procedure, particularly with the appropriate community assistance organization.

### **42. Acknowledgement of receipt**

The chairperson of the review committee shall promptly notify in writing the person who sent the request for review of the date of receipt of the request. The chairperson shall provide a copy of the request to the other party, the medical examiner and the Commissioner.

### **43. Complaint file**

Within five (5) days of receipt of the notice provided for in section 42 of this regulation, the medical examiner shall forward to the chairperson of the review committee the complete complaint file that he or she has compiled.



#### **44. Dealing with the Commissioner and the medical examiner**

Any request for a report or file to be forwarded by the review committee to the Commissioner or medical examiner of the institution must be made in writing by the secretary of the review committee and placed in the user's complaint file.

#### **45. Submission of comments**

The Review committee must allow the user, the professional concerned and the medical examiner concerned to submit their comments.

Submissions may be made verbally or in writing within the time limit set by the review committee.

Written submissions shall be placed in the complaint file, while oral submissions shall be made by means of a written summary prepared by the secretary of the review committee and placed in the complaint file.

#### **46. Convocation**

The Review committee may summon any person to a meeting. It may also require that person to provide or have access to any information or document in his or her possession. No person, unless there is a valid reason, may refuse to attend a meeting called by the review committee.

#### **47. Purpose of the committee**

The purpose of the review committee is to review the handling of the user's complaint by the medical examiner of an institution.

To this end, it shall review the entire complaint file of the user and ensure that:

- a) the review of the complaint was conducted appropriately, carefully and fairly;
- b) the reasons for the medical examiner's conclusions, if any, are based on respect for professional rights and standards.

#### **48. Decision**

Within 60 days of receiving a request for review, the review committee must communicate a written notice with reasons to the parties concerned. The review committee shall forward the same notice to the medical examiner and the Commissioner.

The opinion of the review committee shall be placed in the file of the professional against whom the complaint is made.

#### **49. Reasoned opinion**

Supporting reasons, the review committee's opinion must conclude with one of the following options:

- a) Confirm the findings of the medical reviewer;
- b) Require the medical examiner to conduct a further examination within a period of time to be determined by the committee and to forward the new findings to the user with a copy to the parties involved and to the Commissioner;

- c) Forward a copy of the complaint and the file to the establishment's CPDP or, in the case of a resident, to the authority determined by regulation for study for disciplinary purposes
- d) Recommend to the medical examiner or, if applicable, to the parties themselves, any measure likely to reconcile them.

#### **50. Final decision**

The conclusion reached by the review committee in its opinion is final and cannot be revised.

#### **51. Report and recommendation**

The review committee shall submit to the board of directors, with a copy to the CPDP, at least once a year, and whenever it deems it necessary, a report describing the reasons for the complaints that have been the subject of a request for review since the last report, its conclusions and the time required to process its files; it may also make recommendations, in particular, to improve the quality of the medical, dental and pharmaceutical care or services provided.

It shall also forward a copy of the report to the Commissioner.

## **SECTION 6 – USER COMPLAINT FILE**

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### **52. Preparing the complaint file**

The complaint file shall be prepared and maintained by the Commissioner.

The medical complaint file shall be prepared and maintained during the examination by the medical examiner. Upon completion of the examination, it shall be turned over to the Commissioner for safekeeping.

### **53. Content of the user complaint file**

The complaint file shall include:

- The user's name, contact information and, if applicable, the contact information of the user's representative;
- The date the complaint was received and the file was opened;
- A copy of the complaint, if written;
- The conclusions reached;
- The recommendations, solutions or correctives;
- Follow-up on the application of correctives;
- The date the file was closed.

It must include any document related to the complaint and its treatment received by the medical examiner or the review committee.

### **54. Confidentiality**

The complaint file is confidential and only persons authorized by the Act may have access to it. The provisions of sections 17 to 28 of the Act apply, with the necessary modifications, to any complaint file maintained by the institution.

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

However, the conclusions reached by the medical examiner and, where applicable, the accompanying recommendations must be placed in the file of the professional against whom the complaint is made.

The opinion of the review committee must be placed in the file of the professional against whom the complaint is made.

When transmitting recommendations or conclusions reached, the commissioner or, where applicable, the medical examiner must ensure that the information transmitted is rendered anonymous.

### **55. Forwarding the complaint file to the Ombudsman**

The Commissioner shall, within five (5) days of receipt of the written communication referred to in subparagraph 4 of the second paragraph of section 10 of the Act respecting the Health and Social Services Ombudsman (R.S.Q., c. P-31.1), forward a copy of the complaint file to the Ombudsman.

### **56. Preservation and destruction**

Once closed, the complaint file is kept for the period provided for in the CISSS de Laval regulations. At the end of this period, the department concerned ensures its destruction.

## **SECTION 7 – ANNUAL REPORT ON THE APPLICATION OF THE COMPLAINTS PROCEDURE, USER SATISFACTION AND RESPECT FOR THEIR RIGHTS**

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### **57. Annual report of the Commissioner**

The Commissioner prepares and presents to the board of directors, once a year, a report on the application of the institution's complaint examination procedure, user satisfaction and respect for their rights.

This report includes a summary of its activities and incorporates the report of the medical examiner and that of the review committee.

It describes the reasons for the complaints received and indicates for each type of complaint:

- The number of complaints received, rejected on summary review, investigated, denied or discontinued since the last report;
- The length of time it took to investigate the complaints;
- The follow-up actions taken after their review;
- The number of complaints and the reasons for complaints that were referred to the Ombudsman.

This report must distinguish between complaints concerning the institution and those concerning the facilities of private institutions located on its territory.

It must also mention the measures recommended by the Commissioner and indicate the steps taken to improve user satisfaction and promote respect for their rights.

The board of directors shall, if necessary, formulate results objectives on any matter relating to the respect of users' rights and the diligent handling of their complaints.

The board of directors sends a copy of this report to the Minister.

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

### **58. Annual report of the medical examiner**

The medical examiner shall transmit to the board of directors and the council of physicians, dentists and pharmacists, at least once a year, and whenever he or she deems it necessary, a report describing the reasons for the complaints examined since the last report as well as his or her recommendations, the purpose of which shall be to improve the quality of the medical, dental and pharmaceutical care or services provided.

A copy of this report shall also be sent to the Commissioner, who shall incorporate its contents into her report.

## **59. Annual report of the review committee**

The review committee must send to the board of directors, with a copy to the CPDP, at least once a year, and whenever it deems it necessary, a report describing the reasons for the complaints that have been the subject of a request for review since the last report and its conclusions, as well as the delays in processing its files.

In its report, the review committee may also make recommendations aimed at improving the quality of medical, dental and pharmaceutical care or services provided by the institution.

It shall send a copy of the report to the commissioner, who shall incorporate its contents into his report.

## **SECTION 8 – FINAL PROVISIONS**

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### **60. Reprisals**

No one has the right to retaliate or attempt to retaliate in any way against any person who makes or intends to make a complaint.

The Commissioner, medical examiner or review committee shall take immediate action upon learning of such.

### **61. Entry into effect**

The regulation shall become effective on the date of their adoption by the board of directors.

### **62. Review**

This regulation shall be reviewed when recommended by the Commissioner or when required by legislative changes.

# APPENDIX I

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## SWEARING IN

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

A local service quality and complaint commissioner, a deputy commissioner, a consultant or an external expert referred to in section 32 or 65 of the ARHSSS, a person acting under the authority of a local service quality and complaint commissioner, a medical examiner, a consultant or an external 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 committee of a council of physicians, dentists and pharmacists, an external expert referred to in section 214 of the ARHSSS and a member of the board of directors of an institution shall, before commencing to perform his or her duties, in accordance with this Title or the procedure determined by regulation made under subsection 2 of section 506 of the ARHSSS, take the oath set out in Appendix I.

**In view of** the regulation on the procedure for complaint examination adopted by the board of directors of the CISSS de Laval on \_\_\_\_\_

Date

**In view of** the appointment and/or authorization by the board of directors of the CISSS de Laval to perform one of the following functions

As a:

- Local Service Quality and Complaints Commissioner
- Service Quality and Complaints Deputy Commissioner
- Service Quality and Complaints Advisor
- Medical Examiner
- External expert or consultant
- Member of the review committee
- Administrative Technician
- Other: \_\_\_\_\_

## OATH

I swear under oath that I will perform my duties honestly, impartially and fairly. I further declare under oath that I will not reveal or make known, without authority, any confidential information that may come to my knowledge in the performance of my duties.

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

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

Serving as: \_\_\_\_\_

Solemnly affirm before me at \_\_\_\_\_ this \_\_\_\_\_

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

Number:





