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1 Preamble

WHEREAS :

- The raison d'être of the Nunavik Regional Board of Health and Social Services (NRBHSS) is the person who requires them;
- Respect for users and recognition of their rights and freedoms must inspire all actions taken in their regard;
- In all interventions, users must be treated with courtesy, fairness and understanding, while respecting their dignity, autonomy and needs;
- The function of the Nunavik Regional Board of Health and Social Services (NRBHSS) is to organize and evaluate the effectiveness of health and social services programs, and to ensure that users receive quality services that are accessible, continuous and respectful of the rights and needs of individuals and their spiritual needs, and that aim to reduce or solve the population's health and well-being problems;
- Every person has the right to receive health and social services that are scientifically, humanely and socially appropriate, with continuity and in a personalized manner, taking into account the legislative and regulatory provisions governing the organization and operation of the establishment, as well as the human, material and financial resources at its disposal;
- The user, the legal representative of a user, the heir or the legal representative of a deceased user has the right to lodge a complaint concerning the services he has received, should have received, is receiving or requires from a community organization, a private lodging residence, a resource offering lodging, a private seniors' residence or any other organization, company or person used by the NRBHSS, in particular under an agreement referred to in sections 108 and 108.1 of the *Act respecting health services and social services* (R.R.S.Q., c. S-4.2) , for the provision of such services, except in the case of a complaint concerning a physician, dentist, pharmacist or intern who practises within such an organization, company or person;
- The user, the legal representative of a user, the heir or the legal representative of a deceased user has the right to lodge a complaint concerning the exercise of a function or activity of the NRBHSS which affects him personally because he has received, is receiving or should have received services offered by establishments, intermediate resources, family-type resources, community organizations, private residences, resources offering lodging or private residences for seniors, as well as with regard to any customer assistance service provided by the NRBHSS itself as part of its functions with respect to the population and the rights of users;

- Any person who so requests have the right to assistance in formulating his or her complaint or in taking any action relating to his or her complaint;
- All persons have the right to a responsible, confidential and diligent examination of their complaint, without risk of reprisal;
- That it is the responsibility of the Board of Directors of the Nunavik Regional Board of Health and Social Services to ensure the quality of services, the respect of users' rights and the diligent handling of their complaints;
- The Board of Directors must establish by regulation a procedure for examining user complaints;
- The Board of Directors must take measures to preserve at all times the independence of the local commissioner, the deputy local commissioner and the medical examiner in the performance of their duties under sections 31 and 43 of the *Act respecting health services and social services*;
- This by-law is established in accordance with the Inuits values and the provisions of the *Act respecting health services and social services* concerning the procedure for examining user complaints;
- The complaints handling process contributes to improving service quality;
- The regional service quality and complaints commissioner is responsible for handling complaints and reports made under the anti-maltreatment policy adopted by virtue of *the Act to Combat Maltreatment of Seniors and Other Vulnerable Persons of Full Age*, and, where necessary, for directing persons making a report to another appropriate body;

The Board of Directors enacts the by-law on the procedure for examining user complaints and forwards it to the Minister once it has been approved.

2 Object and scope

The purpose of this by-law is to establish the procedure to be followed for the implementation of functions related to the examination of user complaints against the Nunavik Regional Board of Health and Social Services and the external resources attached to it.

It is also intended to handle complaints and reports under the Act to Combat Elder Abuse and Abuse of Other Vulnerable Persons ("Elder Abuse Act").

3 Regulatory framework

- *Act respecting health services and social services, RLRQ c S-4.2*
- *Act to Combat Maltreatment of Seniors and Other Vulnerable Persons of Full Age, L-6.3*

4 Definitions

In this by-law, unless the context indicates otherwise, the following expressions or terms mean:

- a) **Act:** means *the Act respecting health services and social services* (R.S.Q., c. S-4.2);
- b) **Approved community organizations:** community organization referred to in section 454 of the Act, located on the territory of Nunavik;
- c) **Approved private lodging residence:** private lodging residence located in the region concerned to which the agency has granted a financial allowance in accordance with and for the purposes set out in section 454 of the Act;
- d) **Assistance and accompaniment organization:** an organization mandated by the Minister in accordance with section 76.6 of the Act, to assist and accompany, upon request, a user wishing to file a complaint;
- e) **Board of Directors :** Board of Directors of the Nunavik Regional Board of Health and Social Services (NRBHSS);
- f) **Community organizations:** community organization referred to in section 334 of the Act, located on the territory of Nunavik;
- g) **Complaints Commissioner:** the Complaints and Service Quality Commissioner appointed by the Board of Directors, in accordance with Section 63 of the *Act respecting health services and social services*, which includes areas of jurisdiction and a regional role;
- h) **Complaint :** any dissatisfaction expressed verbally or in writing by the user, concerning the services he has received, should have received, is receiving or requires from the Nunavik Regional Board of Health and Social Services (NRBHSS), an intermediate resource or a family-type resource or any other organization, company or person to which the establishments resort for the provision of services, notably by agreement referred to in section 108 or 108. 1 of the Act, as well as for services provided by a community organization referred to in section 334 of the Act, by a private residence or community organization referred to in section 454, by a resource offering lodging referred to in section 346.0. 21 or by a private seniors' residence referred to in section 346.0.1 of the same Act, except in the case of a complaint concerning a physician, dentist, pharmacist

- or resident practising his or her profession within such an organization, company or person;
- i) **Written complaint:** If the user decides to put your complaint in writing, he can do so by mail, electronically, by fax or by dropping it off at the office of the complaints commissioner. Upon receipt, the complaint will be forwarded to the complaints commissioner for review. The written complaint must be signed by the user or, as the case may be, by his or her representative. If a written complaint is rejected by the regional complaints commissioner on the grounds set out in section 68 of the Act, the latter must inform the user in writing;
 - j) **Verbal complaint:** if they choose to make their complaint verbally, they can do so by telephone or in person. If the user prefers, he or she can meet with one or other of these people at the establishment's offices for the same purpose. Verbal complaints must be recorded in writing on paper, such as a register, or in electronic form. Any verbal complaint rejected by the regional complaints commissioner on the grounds set out in section 68 of the Act requires the commissioner to inform the user verbally and to record this information in writing in the aforementioned register, together with the date on which it was communicated to the user;
 - k) **CPDP:** the council of physicians, dentists and pharmacists of the establishment;
 - l) **Disciplinary Committee:** committee formed by the CPDP's Executive Committee when a complaint is referred to it for study for disciplinary purposes against a physician, dentist or pharmacist who is a member of the CPDP;
 - m) **Establishment:** as defined in the *Act respecting health services and social services*. When the term "establishment" is used in this policy, it refers to the the Inuulitsivik Health Centre (IHC);
 - n) **External resource:** an intermediate resource or a family-type resource or any other organization, company or person used by the RRSSN to provide services, in particular by agreement under section 108 or 108.1 of the Act, except services provided by a physician, dentist, pharmacist or resident practising within such an organization, company or person;
 - o) **Family-type resource:** foster family or foster home within the meaning of section 312 of the Act;
 - p) **Intern Disciplinary Complaints Committee:** the committee set up by the Board of Directors to study any complaint made against an intern that raises disciplinary issues.;

- q) **Intermediate resource:** intermediate resource as defined in section 302 of the Act;
- r) **Intervener:** any staff member of a body that has signed an agreement with the NRBHSS, whether trainee, contract or volunteer, any midwife who has entered into a service contract in accordance with the *Act respecting health services and social services*, as well as any physician, dentist, pharmacist or resident called upon to intervene with a user in the exercise of his or her duties or profession.
- s) **Maltreatment:** A singular, repetitive gesture or failure to act appropriately that occurs in a relationship where there should be trust and that causes, intentionally or unintentionally, harm or distress to a person (art. 2, para 3 *Act to Combat Maltreatment of Seniors and Other Vulnerable Persons of Full Age*);
- t) **Medical examiner:** any physician, whether or not practicing in a center operated by one of the establishments, designated by the Board of Directors in accordance with section 42 of the Act;
- u) **Ombudsman :** the Ombudsman appointed by the National Assembly under the *Public Protector 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);
- v) **People's forum:** the Board of Directors of the NRBHSS may set up a population forum (art.343, *Act respecting the Health and Social Services*) made up of 15 to 20 members from the various communities for the purpose of consulting the population on health and well-being issues and making recommendations on ways to improve the population's satisfaction with the health and social services available.
- w) **President and CEO:** the president and CEO of the Nunavik Regional Board of Health and Social Services (NRBHSS)
- x) **Quality and compliance committee:** this committee follows up on the recommendations of the Complaints and Service Quality Commissioner and, where applicable, the Ombudsman. However, the committee's role is not limited solely to following up on recommendations arising from complaints.
- y) **Residence for the elderly within the meaning of section 346.0.1 of the Act:** a collective dwelling where rooms or dwellings intended for elderly persons and a more or less extensive range of services, mainly related to security and assistance with domestic or social life, are offered in return for rent, with the exception of a facility maintained by an institution and a building or dwelling premises where the services of an intermediate resource or a family-type resource are offered;

z) Review Committee: the committee set up by the Board of Directors to review the treatment given by the establishment's medical examiner to the examination of a complaint concerning a physician, dentist, pharmacist or resident;

aa) Services: health or social services provided by an intermediate or family-type resource or by any other organization, company or person used by the NRBHSS for the provision of services, in particular by agreement under section 108 or 108.1 of the Act. Under these agreements, the examination of user complaints does not apply to services provided by a physician, dentist, pharmacist or resident practicing within such an organization, company or person;

bb) User: any person or through his representative who has received, should have received, receives or requires services from NRBHSS; this term includes, where applicable, any representative of the user within the meaning of section 12 of the Act as well as any heir or legal representative of a deceased user.

cc) User's representative: any person recognized as a user's representative in accordance with section 12 of the Act who may file a complaint on behalf of the user;

5 Article

SECTION I – SPECIFIC ARRANGEMENT

5.1 Duties

Regional commissioner

The Regional Service Quality and Complaints Commissioner reports to the Board of Directors of the RRSSSN. He is solely responsible for applying the regional complaints examination procedure. It is responsible for ensuring that users' rights are respected, that they are satisfied and that their complaints are dealt with promptly. To this end, the Board of Directors must take measures to preserve the independence of the Commissioner in the exercise of his duties at all times, and must ensure that the Commissioner exercises exclusively the functions provided for in the Act.

Under the complaints examination system, the regional commissioner deals with dissatisfaction expressed to the following bodies:

- Ambulance companies / first responders
- Community organizations
- The services of an organization, company or individual that has entered into an agreement with the RRSSSN for the provision of a service
- Any other instance by agreement with local commissioners

The regional commissioner is also responsible for handling reports made under the anti-maltreatment policy adopted by virtue of the Act to Combat Elder Abuse and Abuse of Other

Vulnerable Persons of Full Age (RLRQ, L-6.3) and, when the report must be handled by another body, for directing the persons making the report to that body.

Medical examiner

The medical examiner is responsible to the Board of Directors for the application of the procedure for the examination of all complaints made by a user or any other person concerning a physician, dentist or pharmacist as well as a intern.

Review committee

The function of the review committee is to review the treatment given to the user's complaint by the establishment's medical examiner. It does not have jurisdiction when a complaint is referred for study for disciplinary purposes, or when a complaint has been rejected by the medical examiner as frivolous, vexatious or made in bad faith.

5.2 Immunity

The regional complaints commissioner, the medical examiner and the review committee, or any of their members, cannot be sued for omissions or acts performed in good faith in the exercise of their duties. Section 75 of the Act provides immunity for persons working under the authority of the Complaints and Service Quality Commissioner.

5.3 Non-binding

Notwithstanding any inconsistent provision of law, the persons referred to in the preceding section may not be compelled before a judicial body or a person or body exercising adjudicative functions to give evidence relating to confidential information obtained by them in the performance of their duties, or to produce a document containing such information, except for the purposes of verifying its confidentiality.

5.4 Oath

The regional complaints commissioner, the assistant commissioner, the persons working under the responsibility of the complaints and service quality commissioner, the medical examiner and the members of the review committee must take an oath, before beginning to exercise their functions, in accordance with the Act.

Ref: Act, art. 76.3.

5.5 Conflict of interest

The regional commissioner, professionals, medical examiner and members of the review committee must disclose any real or apparent conflict of interest. In particular, they must do so if

they or their relatives have a personal or business relationship with the persons concerned by the subject of the complaint.

Ref : Act, art. 43

SECTION II – FORMULATING AND RECEIVING COMPLAINTS

5.6 Formulating a complaint

A user or any other person may express dissatisfaction in writing or verbally to the regional commissioner. When a user expresses the intention to file a complaint, he or she is referred to the regional commissioner, and all parties involved must provide the user with information enabling him or her to have rapid access to the regional commissioner's services. To this end, the regional commissioner takes the necessary steps to ensure that information relating to the formulation and handling of the complaint is brought to the attention of the persons concerned.

The regional complaints commissioner must provide users or their representatives with all information relevant to the application of this by-law and inform them of the protection afforded by the Act to any person who collaborates in the examination of a complaint.

5.7 dispatch

Any employee who receives a written complaint from a user must forward it to the regional commissioner without delay.

Exceptionally, depending on the circumstances, and in particular the urgency or condition of the user, an intervener may himself record the user's verbal complaint in writing by completing the form provided for this purpose and forwarding it to the regional commissioner without delay.

5.8 Content of the complaint

A complaint must include the following information:

- Date of formulation;
- User's last name, first name, address and telephone number;
- User's medical file number
- If the complaint is made by the user's representative, the representative's full name, address and telephone number;
- The last name, first name, address and telephone number of the person or organization assisting the user, if applicable;
- The date on which the incident giving rise to the complaint occurred;
- The reason for the user's dissatisfaction;
- A statement of the facts;

- Expected results, if applicable

5.9 Support

The regional complaints commissioner must provide assistance, or ensure that assistance is provided, to the user in formulating his or her complaint or in taking any action relating thereto, including recourse to the review committee.

The regional complaints commissioner must inform the user of the possibility of being assisted and accompanied by the assistance organization.

The users' committee of the establishments may, on request, accompany and assist a user in any steps he or she takes to lodge a complaint.

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

Ref : Act, art. 11 33, al.2 par.3 et 34 al.4 par.2.

5.10 User information

At the user's request, the regional commissioner provides any information relating to the application of the user complaint examination procedure. In addition, he must inform the user of the protection afforded by the Act to any person who collaborates in the examination of a complaint.

5.11 Receipt of complaint

Upon receipt of a complaint, the regional complaints commissioner records the date of receipt on the appropriate form and opens a complaint file.

5.12 Receipt notice

Within five days of receiving a written or verbal complaint, the regional commissioner must inform the user in writing, unless the commissioner's conclusions have been forwarded to the user within 72 hours of receiving the complaint.

Ref : Act, art. 34 al.3 par.3.

This notice must indicate:

- Receipt of complaints date;

- The date of transfer of the complaint to the examining physician, when the complaint concerns a physician, dentist, pharmacist or resident practising in a center operated by the establishment;
- Name of the assistance organization, if applicable;
- The time limits prescribed by the Act for examining the complaint, i.e. 45 calendar days from the date of receipt of the complaint or, where applicable, from the date of transfer to the examining physician.
- Mention that failure by the regional commissioner to communicate the conclusions of the complaint review within the 45-day time limit opens the door to recourse to the Ombudsman or, if this omission is the fault of the medical examiner, to recourse to the review committee;
- In all cases, the remedies available to the user who disagrees with the conclusions of the regional commissioner or, where applicable, the examining doctor are as follows;

5.13 Transfer of complaint

When the complaint concerns a physician, dentist, pharmacist or intern practising in a center operated by the establishment, the regional complaints commissioner promptly transfers the complaint to the examining physician. The complaints commissioner will also transfer any writing, document or information pertaining to the complaint.

However, when the user's complaint concerns administrative or organizational problems involving medical, dental or pharmaceutical services, it is examined by the regional complaints commissioner, unless he is of the opinion, after consulting the medical examiner, that the complaint concerns one or more physicians, dentists, pharmacists or interns, in which case the complaint is transferred to the medical examiner.

5.14 Notice to an external resource

When the complaint relates to services provided by an external resource used by the NRBHSS for the delivery of services and the complaint is in writing, the regional commissioner forwards a written notice to the authority concerned or, if he is of the opinion that there is no prejudice to the user, forwards a copy of the complaint. If the complaint is verbal, the regional commissioner verbally informs the authority concerned.

SECTION III – COMPLAINT HANDLING BY THE REGIONAL COMPLAINTS COMMISSIONER

5.15 Admissibility of the complaint

The regional complaints commissioner assesses the admissibility of a complaint by ensuring that it is formulated by a user and that it relates to services under the responsibility of the NRBHSS or by an external resource used by the NRBHSS to provide these services.

5.16 Jurisdiction

When a complaint or one of its subjects does not fall within the jurisdiction of the NRBHSS, the regional complaints commissioner may, with the consent of the person concerned, refer the matter to the competent authority.

5.17 Frivolous, vexatious or bad faith complaint

The regional complaints commissioner may dismiss, on summary examination, any complaint that he deems frivolous, vexatious or made in bad faith. He informs the user and, if the complaint is in writing, sends him a written notice. A copy of the decision is placed in the user's complaint file. This decision is final and cannot be appealed to the Ombudsman.

5.18 Notice of examination

The regional complaints commissioner immediately notifies the user and, where applicable, the highest authority of the external resource concerned, in writing, of his decision to examine the complaint. The notice must indicate that each of the parties may present his or her observations and set out the procedures for collecting them. To this end, the regional complaints commissioner must choose methods that encourage the parties to express their observations.

5.19 Conciliation

The regional complaints commissioner who examines a complaint act as a conciliator. He or she must assess the merits of the complaint and, taking into account the facts and circumstances that gave rise to it, propose to the persons concerned any solution likely to mitigate the consequences or avoid their recurrence. The regional complaints commissioner may also make any recommendations he deems appropriate to improve the quality of services at any level of the organization.

5.20 Convocation

The regional complaints commissioner may summon any person to a meeting and ask him or her to provide any information he or she deems useful in examining the complaint. When the person summoned by the complaints commissioner or asked to provide information is a member of staff or a member of his or her profession, he or she must comply with the regional complaints commissioner's request. All other persons must attend a meeting called by the regional complaints commissioner, unless they have a valid excuse

5.21 User's file

The regional complaints commissioner has access to the user's file and to any information or documents contained in the file.

5.22 Consultation

The regional complaints commissioner may consult any person whose expertise he deems useful. If authorized by the Board of Directors, he may consult any external expert.

5.23 Disciplinary matters

In the course of its review, when a practice or the conduct of a member of staff raises disciplinary issues, it refers the matter to the management concerned or to the human resources manager or, as the case may be, to the highest authority of the resource, organization or company, or to the person holding the highest authority who is responsible for the services that are the subject of the complaint or intervention, for further study, follow-up of the case and appropriate action, if necessary;

5.24 Examination of disciplinary issues

The authority referred to in the preceding provision must diligently study the case referred to it and must periodically report to the regional complaints commissioner on the progress of the case.

The regional complaints commissioner must be informed of the outcome of the case and, where applicable, of any disciplinary action taken against the staff member concerned. The regional commissioner must inform the user.

5.25 Conclusions and deadline

The regional commissioner must examine the complaint with diligence. He must communicate the conclusions of his examination to the user who lodged the complaint no later than 45 days after receipt of the complaint, accompanied, where applicable, by the recommendations he has forwarded to the Board of Directors and to the management or person in charge of the services in question or, as the case may be, to the highest authority of the external resource.

He must also inform the user of the recourse available to him through the Ombudsman, as well as the means to implement it.

When the Ombudsman examines a complaint from a person who is a beneficiary of the James Bay and Northern Québec Agreement and whose domicile is located in the territory covered by this Part, he shall be assisted by a person appointed by the government on the recommendation of the Kativik Regional Government. This person must be a beneficiary of the James Bay and Northern Québec Agreement. The Government sets the salary or fees and other working conditions.

5.26 Presumption

If the regional complaints commissioner fails to respect the time limit stipulated in article 28 of the present by-law, he is deemed to have sent negative conclusions to the person who lodged the complaint. This person may then take recourse to the Ombudsman.

5.27 Report or recommendation

The regional complaints commissioner may submit to the Board of Directors any report or recommendation concerning the improvement of service quality, user satisfaction and respect for their rights.

At the same time, he must communicate these same conclusions, with reasons, to the manager and to the highest authority of the body concerned, where applicable. This information is provided in writing. It must then ensure that the recommendations made in its reasoned conclusions are followed up.

The Board of Directors examines any recommendations or reports forwarded to it by the complaints commissioner and takes the decision it deems appropriate in the circumstances, taking into account any recommendations made by the compliance and quality committee.

5.28 Refusal to act on a recommendation

When the management or the person responsible for the services in question in the establishment or, as the case may be, when the highest authority of the external resource that was the subject of a complaint does not intend to follow up on a recommendation made in the reasoned conclusions of the regional complaints commissioner, the latter may address to the board of directors any report or recommendation concerning the improvement of the quality of services as well as the satisfaction of users and the respect of their rights.

5.29 Disciplinary measures

If the Board of Directors deems that the seriousness of the complaint against an employee, member of a professional order or midwife warrants it, it forwards the complaint to the professional order concerned and informs the regional commissioner. The latter informs the user of this decision in writing.

If disciplinary measures are taken against the professional concerned, the general manager or the highest authority concerned must notify the professional order and the regional commissioner in writing, so that the latter can inform the user in writing.

SECTION IV – HANDLING COMPLAINTS AND REPORTS OF ELDER ABUSE AND ANY OTHER MAJOR PERSON IN A VULNERABLE SITUATION

5.30 Preamble

The *Act to Combat Maltreatment of Seniors and Other Vulnerable Persons of Full Age* (sanctioned on May 30, 2017) enacts measures aimed, in particular, at facilitating the reporting of cases of mistreatment and promoting the implementation of an intervention process concerning mistreatment.

The Act entrusts the Service Quality and Complaints Commissioner with the responsibility of handling complaints and reports made under the policy to combat abuse of vulnerable persons. The policy also includes measures to ensure the confidentiality of information relating to the identity of the person making a report, to protect him or her from reprisals and to grant immunity from prosecution in the event of a report made in good faith.

The regional commissioner receives reports of abuse, whether mandatory or not.

5.31 Complaints or reports

Any person, such as an auditory or ocular witness to a situation of mistreatment, a relative of a user, or a person working for the NRBHSS, who has reasonable cause to believe that a person is being mistreated has a moral, ethical or deontological responsibility to disclose or report this situation to the commissioner without delay. Any user receiving services from the NRBHSS who believes he or she has been the victim of an act of mistreatment, even when the mistreatment is not related to his or her care and services, may file a complaint.

Any person receiving a report or complaint from a person benefiting from the services of the NRBHSS in connection with a potential or proven situation of abuse must forward it to the commissioner in accordance with the established procedure, whether or not the situation corresponds to mandatory reporting.

This article also applies to persons bound by professional secrecy, with the exception of lawyers and notaries who, in the exercise of their profession, receive information concerning such a case.

5.32 Admissibility

The regional commissioner receives a complaint from an elderly person or any other person in a vulnerable situation who believes he or she has been the victim of abuse. He also receives reports, whether mandatory or not, from any other person, including those who do not work for the NRBHSS, who denounces a case of mistreatment of a vulnerable person receiving health and social services.

5.33 Regional commissioner's jurisdiction

When a complaint or report concerns an alleged victim who is not receiving services from the facility, the regional commissioner refers the person making the complaint or report to the appropriate authority. If the investigation reveals a criminal offence, the regional commissioner assesses whether or not the situation should be reported to the police and informs the user or his/her legal representative, as appropriate.

5.34 Confidentiality

The regional commissioner will take all necessary steps to ensure the confidentiality of information identifying the person making a complaint or report, except with that person's consent. However, under the terms of *the Act to combat maltreatment*, he or she may communicate the identity of the person to the police force concerned.

5.35 Content of the complaint or report

The complaint concerning a case of abuse must contain:

- Date of complaints;
- User's last name, first name, address, e-mail address, telephone number(s) and room number, if applicable;
- Medical file number, if applicable;
- Surname, first name, address, e-mail address, telephone number(s) of the representative of the assistance organization assisting him/her, if applicable;
- A statement of the facts;
- Interventions already carried out to ensure the safety of the victim of abuse and planned interventions;
- Expected results, if applicable

Upon receipt of a complaint or report, the commissioner opens a complaint file, an intervention or a medical complaint, depending on the situation. The time required to process a complaint or report of maltreatment must be modulated according to the seriousness of the situation (PL-115, chapter II, section I, article 3, paragraph 8, subsection 2).

5.36 No retaliation allowed

The law against abuse prohibits retaliation against a person who, in good faith, makes a report or cooperates in the investigation of a report or complaint. It is also prohibited to threaten a person with reprisals for refraining from making a report or complaint covered by this section.

The demotion, suspension, dismissal or relocation of a person, as well as any disciplinary sanction or other measure affecting his or her employment or working conditions, are presumed to be reprisals.

Displacing a user or resident, breaking his or her lease or prohibiting or restricting visits to the user or resident are also presumed to be retaliatory measures.

Finally, a person cannot be prosecuted for having, in good faith, made a report or collaborated in the examination of a report, regardless of the conclusions reached.

In accordance with the Act, the regional complaints commissioner must intervene, in the manner he deems most appropriate and without delay, when he is informed that a person who has made a report or complaint is the subject of reprisals of any kind.

SECTION V – HANDLING A COMPLAINT CONCERNING A PHYSICIAN, DENTIST, PHARMACIST OR RESIDENT

5.37 Frivolous, vexatious or bad faith complaint

The medical examiner may reject, on summary examination, any complaint that he or she considers frivolous, vexatious or made in bad faith. The medical examiner informs the person who filed the complaint and, if the complaint is in writing, provides written notice. He places a copy of his decision in the complaint file and also informs the regional complaints commissioner.

5.38 Preliminary assessment

As soon as possible after receiving a complaint, the medical examiner must carry out a preliminary assessment of the complaint to determine the most appropriate way of dealing with it in the light of the information available.

5.39 Disciplinary discharge

After a preliminary assessment, the medical examiner may, if he or she is of the opinion that the complaint concerns facts likely to lead to the imposition of a disciplinary sanction, choose to forward the complaint concerning a member of the CPDP to this council for review in accordance with the rules applicable. When the complaint concerns a resident, he may, in the same way, forward it to the competent authority. In all cases, a copy of the decision is sent to the professional concerned. He also informs the person who lodged the complaint and the regional commissioner.

5.40 Follow-up report

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

5.41 Examination by the medical examiner

The medical examiner may, after preliminary evaluation of a complaint, decide to proceed with its examination in the manner

5.42 Notice of examination

The medical examiner immediately notifies, in writing, the person who filed the complaint as well as the professional who is the subject of the complaint of his or her decision to examine the complaint. The notice must indicate that each of the parties may present his or her observations and set out the procedures for collecting them. To this end, the medical examiner must choose methods that encourage the expression of the parties' observations. The notice sent to the professional who is the subject of the complaint must mention that he or she has access to the user's complaint file, and indicate the terms and conditions of such access.

5.43 Conciliation

The medical examiner who examines a complaint act as a conciliator. He or she must assess the grounds for the complaint and, taking into account the facts and circumstances that gave rise to it, propose to the parties any solution likely to mitigate its consequences or avoid its recurrence. The medical examiner may also make any recommendations he or she deems appropriate.

5.44 Convocation

The medical examiner may summon any person to a meeting. He may also ask them to provide any information he deems useful in examining the complaint. When the person summoned by the medical examiner or asked to provide information is a member of the establishment's staff or practises his or her profession, he or she must comply with the medical examiner's request. All persons must attend a meeting called by the medical examiner, unless they have a valid excuse.

5.45 User file

The medical examiner has access to the user's file and to any information or documents contained in the file.

5.46 Consultation

The medical examiner may consult any person whose expertise he or she deems useful. If authorized by the Board of Directors, he may consult any expert from outside the establishment.

5.47 Redirecting the complaint

If, in the opinion of the medical examiner, the facts submitted for examination are likely to result in the imposition of a disciplinary sanction, the medical examiner may, during the course of the examination, transfer a complaint for processing in accordance with article 36 of these regulations.

5.48 Conclusion and deadline

The medical examiner must proceed diligently and communicate his conclusions and, where applicable, his recommendations to the person who filed the complaint, no later than 45 days after the date on which the complaint was transferred to him by the regional complaints commissioner. He also communicates his conclusions and, where applicable, his recommendations to the professional concerned by the complaint. He must also inform the parties of the recourse available to them before the review committee and the means of exercising it. The medical examiner forwards a copy of his conclusions and, where applicable, his recommendations to the regional complaints commissioner. The conclusions and, where applicable, the recommendations of the medical examiner must be placed in the file of the professional concerned by the complaint, as well as in the complaint file.

5.49 Presumption

If the medical examiner fails to respect the time limit stipulated in article 56 of the present by-law, he or she is deemed to have sent negative conclusions to the person who lodged the complaint. This person, as well as the professional concerned by the complaint, may then appeal to the review committee.

5.50 Report or recommendation

The medical examiner may submit to the Board of Directors and, where applicable, to the CPDP any report or recommendation that he or she deems useful to prepare in the performance of his or her duties. A copy is sent to the regional complaints commissioner.

5.51 Request for review

A person who has filed a complaint, or a professional who is the subject of a complaint and who disagrees with the conclusions conveyed to him or her, or deemed to have been conveyed to him or her, by the establishment's medical examiner, may submit a request for review to the establishment's review committee. This request may be made in writing or verbally and must be addressed to the chair of the review committee, in accordance with the procedure set out in the complaints review committee operating rules, or to the assistant chair in the event that the incumbent is unable to act. It must be accompanied, where applicable, by the reasoned conclusions of the establishment's medical examiner.

5.52 Reason for request and exclusion

A request for review must concern the examination of a complaint by the establishment's medical examiner. It may not relate to the medical examiner's summary rejection of a complaint, or to the medical examiner's decision to refer the complaint for disciplinary review.

5.53 Delay

The request for review must be made within 60 days of the date of receipt of the findings giving rise to it, or of the expiry of the time limit referred to in article 51 of the present by-law if these findings have not been forwarded.

The review committee may receive a request after the deadline if it is of the opinion that the person who filed the complaint was unable to act earlier.

5.54 Assistance

The regional complaints commissioner must assist the person who wishes to submit a request for review. In particular, he or she must help the person formulate the request and assist him or her in contacting the appropriate community assistance organization.

Review committee

5.55 Procedure for complaint analysis by the review committee

The chairman of the review committee immediately notifies the person who submitted the request for review in writing of the date on which it was received. A copy is sent to the other party, as well as to the examining physician and the regional commissioner of the NRBHSS. The notice must indicate that each of the parties may present his or her observations and provide for the manner in which they will be collected.

5.56 Complaint file

Within five days of receipt of the notice provided for in section 5.20 of the present by-law, the medical examiner of the establishment shall forward to the chairman of the review committee the entire complaint file that he has compiled.

5.57 Review

The review committee examines the complaint file and determines whether the establishment's medical examiner has examined the complaint diligently and with an apparent concern for fairness. It must also ensure, where applicable, that the medical examiner's conclusions respect the rights of the parties as well as applicable professional norms and standards.

The review committee may summon any person to a meeting. It may also request any information it deems useful in examining the complaint. If the person summoned by the review committee or asked to provide information is a member of the establishment's staff or a person practising his or her profession at the establishment, he or she must comply with the review committee's request. Any person must, unless a valid excuse is given, attend a meeting called by the review committee. Whenever possible, the meeting should be held at a location agreed with the user.

5.58 User file

The review committee has access to the user's file and to any information or document contained in the file.

5.59 Jurisdiction

The review committee must take one of the following decisions:

- Confirm the findings of the establishment's medical examiner;
- Request that the establishment's medical examiner conduct a further examination within a period of time to be determined by the committee, and forward his or her new findings to all parties concerned and to the commissioner of the NRBHSS;
- Forward the complaint for processing in accordance with article 36 of these regulations, with the necessary adaptations;
- Recommend to the establishment's medical examiner or, if necessary, to the parties themselves, any measures likely to reconcile them;

5.60 Reasoned decision

Within 60 days of receiving a request for review, the review committee must render a decision, with reasons, and communicate it by written notice to the parties concerned. The review committee's decision may include a dissent. The review committee forwards a copy of its decision to the medical examiner and the regional complaints commissioner. The review committee's decision must be placed in the file of the professional concerned by the complaint, as well as in the complaint file.

5.61 Final decision

The decision of the review committee is final and cannot be revised.

5.62 Report and recommendation

The review committee may submit to the Board of Directors and, where applicable, to the CPDP of the Institution, any report or recommendation that it deems useful to prepare in the

performance of its duties. It forwards a copy to the medical examiner and the regional commissioner of the NRBHSS.

Intern disciplinary complaint committee

5.63 Procedure for the analysis of a complaint by the complaints committee for disciplinary purposes concerning a medical resident

A committee for handling complaints for disciplinary purposes concerning a intern is established by the establishment in accordance with the agreement between the Fédération des médecins résidents du Québec and the Minister of Health and Social Services, pursuant to section 19.1 of the Health Insurance Act (R.S.Q., c A-29).

Within thirty (30) days of receipt of a complaint by the committee, the chair of the complaints committee for disciplinary purposes concerning a medical resident shall send the resident a written notice informing him or her that a complaint has been referred to the committee. The notice must also indicate that the resident has access to the complaint file established in accordance with the Act. This notice constitutes a written complaint.

5.64 Complaint file

The complaint file contains the following documentation:

- The complaint;
- Any documentation or correspondence addressed to the parties;
- Certain parts of the patient's file related to the complaint, as needed;
- Any other information deemed relevant by the medical examiner, the review committee or the committee, such as witness statements, written or expert testimony, etc.

5.65 Investigation of complaint

The committee for the treatment of complaints for disciplinary purposes concerning a medical resident studies the complaint in accordance with the regulation respecting the treatment of complaints for disciplinary purposes concerning a intern. It examines all relevant documents, including those contained in the user's file. It may hear any person whose testimony it deems useful.

5.66 Reasoned decision

After studying the complaint, if the committee decides to recommend to the Board of Directors the appropriateness of imposing a disciplinary measure on the intern, it must, at the same time, send a written notice to the intern and to his association or federation, unless the latter objects in writing.

5.67 Report and recommendation

The committee reports on its activities to the Board of Directors, at least once a year and as often as it sees fit.

5.68 Board decision

The decision of the Board of Directors to impose a disciplinary measure on the intern constitutes a disciplinary notice within the meaning of article 17.03 of the Agreement. This notice is inserted in the intern's file.

Except in cases of emergency, the NRBHSS may not proceed with a suspension or dismissal before the expiry of a period of five (5) days from receipt of the notice provided for in the preceding paragraph, in accordance with article 17.05 of the Agreement.

SECTION VI – A USER'S COMPLAINT FILE

5.69 Creating a complaint file

The complaint file is compiled and maintained by the regional commissioner or, where applicable, by the medical examiner.

A user's complaint file is confidential. A person may only have access to it in accordance with the Act.

5.70 Contents of the user's complaint file

Subject to the regulations made pursuant to paragraph 23 of section 505 of the Act, the user's complaint file must include all documents relating to the complaint and its handling produced or received by the regional commissioner and, where applicable, by the medical examiner or the review committee.

5.71 Forwarded to the Ombudsman

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 (RLRQ, c. P-31.1), the regional commissioner shall forward a complete copy of the complaint file to the Ombudsman.

5.72 Document added to professional file

No document included in a user's complaint file may be placed in the file of a member of the establishment's staff or CPDP. However, the reasoned conclusions of a medical examiner and, where applicable, the accompanying recommendations, as well as, where applicable, the opinion

of the review committee, must be placed in the file of the professional concerned by the complaint.

5.73 Storage and destruction

Once closed, the complaint file is kept for the period stipulated in the establishment's regulations. At the end of this period, the regional complaints commissioner sees to its destruction.

SECTION VII – ANNUAL REPORT ON THE APPLICATION OF THE COMPLAINTS PROCEDURE AND ON SERVICE QUALITY IMPROVEMENT

5.74 Annual report of the NRBHSS

The Board of Directors of an institution must submit to the MHSS, once a year and whenever required, a report on the application of the complaint's examination procedure, user satisfaction and respect for their rights.

No later than the date set by the Board of Directors, the regional commissioner submits this report.

Ref : Art, art. 76.10.

5.75 Annual report of the regional complaints commissioner

The Regional Complaints Commissioner must submit an annual report to the Board of Directors on the application of the complaints examination procedure, user satisfaction and respect for their rights, describing, in particular, the number of complaints received, rejected on summary examination, examined or abandoned, and the grounds for such complaints. The annual report must indicate the time taken to review complaints, the action taken, and the number of complaints and the grounds for complaints that were referred to the Health and Social Services Ombudsman.

The annual report must also contain the regional complaints commissioner's recommendations for improving user satisfaction and promoting respect for their rights. The report may contain any other recommendations the regional commissioner deems appropriate.

The regional service quality and complaints commissioner must, in his annual activity report, include a section dealing specifically with the complaints and reports he has received concerning cases of mistreatment of people in vulnerable situations, without compromising the confidentiality of reporting files, including the identity of the people concerned by a complaint or report.

The information contained in the report on its activities must be presented in such a way as to distinguish that which concerns the NRBHSS from that which concerns the facilities of private establishments located on its territory.

5.76 Medical examiner report

Every year, and whenever he or she deems it necessary, the medical examiner must send the Board of Directors and the CPDP a report describing the reasons for the complaints examined since the last report, as well as his or her recommendations for improving the quality of medical, dental and pharmaceutical care or services provided by the establishment. A copy of this report is also sent to the regional commissioner, who incorporates its contents into his annual report.

SECTION VIII - FINAL ARRANGEMENTS

6 Reprisals

In accordance with section 73 of the Act, the regional complaints commissioner, medical examiner or review committee must intervene, in the manner it deems most appropriate and without delay, when it is informed that a person who has made a complaint or who intends to make a complaint is the subject of reprisals of any kind.

7 Adoption and effective date

The present by-law comes into force on the day of its adoption by the Board of Directors.

8 References

- CENTRE RÉGIONAL DE SANTÉ ET SERVICES SOCIAUX DE LA BAIE-JAMES, Règlement sur la procédure d'examen des plaintes des usagers
- CIUSSS de la Mauricie-et-du-Centre-du-Québec, Règlement sur la procédure d'examen des plaintes des usagers

9 Appendix

- Appendix I: RESOURCES CONTACT INFO FOR COMPLAINT HANDLING

10 Revision

This regulation will be reviewed as required, but at least every 3 years from its effective date.

The undersigned has reviewed the document on the date indicated and renews it without modification.

DATE	AUTHORIZED SIGNATURE

11 History of changes during the revision of the document

DATE yyyy-mm-dd	VERSION	MODIFICATIONS	ARCHIVED

ANNEXE I : RESOURCES CONTACT INFO FOR COMPLAINT HANDLING

Service Quality and Complaints Commissioner

For services provided by UTHC

Mrs. Lizzy Johannes

By phone: 1 (819) 964-2905, poste 231

Toll-free number: 1 (833) 964-2905, poste 231

Email address : complaints.kuujjuaq@ssss.gouv.qc.ca

Website : [Centre de santé Tulattavik de l'Ungava](#)

For services provided by IHC and ULLIVIK

Mr. Josi Nappatuk

By phone: 1 (819) 988-2957, poste 360

Toll-free number: 1 (888) 988-2669

Email address: complaint.commissioners.csi@ssss.gouv.qc.ca

Website : [Centre de santé – Inuulitisivik \(inuulitsivik.ca\)](#)

For regional services provided by NRBHSS

Vacant

Toll-free number: **1 (833) 428-4242**

Email address: complaints.nrbhss@ssss.gouv.qc.ca

Website : [Régie régionale de la santé et des services sociaux du Nunavik | \(nrbhss.ca\)](#)

Ombudsman

800, D'Youville place, 19th floor

Quebec (Quebec) G1R 3P4

By phone: 1 (418) 643-2688

Toll-free number: 1 (800) 463-5070

Toll-free fax: 1 (866) 902-7130

Email address : protecteur@protecteurducitoyen.qc.ca

Website : [Home | Protecteur du citoyen](#)