Bill 52

An Act to strengthen the complaint examination process of the health and social services network, in particular for users receiving services from private institutions

Introduction

Introduced by
Madam Marguerite Blais
Minister Responsible for Seniors and Informal Caregivers

Québec Official Publisher
2019
EXPLANATORY NOTES

The purpose of this bill is to strengthen the complaint examination process of the health and social services network, in particular for users receiving services from private institutions.

The bill provides that only public institutions are required to establish a complaint examination procedure. It stipulates that the complaint examination procedure of integrated health and social services centres applies both to complaints from users of integrated centres and to those from users of private institutions.

Under the bill, the local service quality and complaints commissioners and the medical examiners of integrated centres are responsible for examining the complaints from users of private institutions. The bill specifies that the local commissioners of integrated centres are also responsible for the handling of reports of maltreatment made within the scope of the policy to combat maltreatment of persons in vulnerable situations adopted by private institutions.

The bill introduces the obligation for public institutions to use the information asset provided by the Minister of Health and Social Services to maintain and manage the records of user complaints.

The bill requires that any person appointed as a local service quality and complaints commissioner qualify as an independent person.

Lastly, the bill contains consequential amendments and transitional and final provisions.

LEGISLATION AMENDED BY THIS BILL:

– Act to combat maltreatment of seniors and other persons of full age in vulnerable situations (chapter L-6.3);
– Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies (chapter O-7.2);

– Act respecting health services and social services (chapter S-4.2).
Bill 52

AN ACT TO STRENGTHEN THE COMPLAINT EXAMINATION PROCESS OF THE HEALTH AND SOCIAL SERVICES NETWORK, IN PARTICULAR FOR USERS RECEIVING SERVICES FROM PRIVATE INSTITUTIONS

THE PARLIAMENT OF QUÉBEC ENACTS AS FOLLOWS:

ACT TO MODIFY THE ORGANIZATION AND GOVERNANCE OF THE HEALTH AND SOCIAL SERVICES NETWORK, IN PARTICULAR BY ABOLISHING THE REGIONAL AGENCIES

1. The Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies (chapter O-7.2) is amended by inserting the following sections before section 51:

50.1. For the purposes of section 29 of the Act respecting health services and social services (chapter S-4.2), only a public institution is required to establish a procedure to examine the complaints referred to in Divisions I and II of Chapter III of Title II of Part I of the Act. In the case of an integrated health and social services centre, the procedure applies to complaints from users of the integrated centre and to those from users of private institutions, with respect to the private institution facilities located in the integrated centre’s territory.

The local service quality and complaints commissioner appointed by the board of directors of an integrated centre or, as the case may be, any medical examiner designated by the board is responsible for examining the complaints from users of private institutions to which the procedure applies. The local commissioner of an integrated centre is also responsible for the handling of reports of maltreatment made within the scope of the anti-maltreatment policy adopted by private institutions under the Act to combat maltreatment of seniors and other persons of full age in vulnerable situations (chapter L-6.3), with respect to the private institution facilities located in the integrated centre’s territory.

A private institution must inform every user that he or she is entitled to file a complaint under the complaint examination procedure of the integrated centre concerned. In all of its facilities, the private institution must also post in public view a document explaining who is entitled to file a complaint under the procedure, including the heirs and legal representatives of a deceased user, and describing the terms governing the exercise of such right. The contact information of the competent local commissioner must be mentioned in the document.
“50.2. Divisions I and II of Chapter III of Title II of Part I of the Act apply to the exercise of the functions of the local service quality and complaints commissioner and of any medical examiner, with respect to private institutions.

For the purposes of the third paragraph of section 30.1, subparagraphs 1, 2 and 5 to 8 of the second paragraph of section 33, sections 34, 36, 37, 39, 46, 48 and 50, subparagraph 3 of the second paragraph of section 52 and sections 56 to 59 of the Act, a reference to an institution, its board of directors or its council of physicians, dentists and pharmacists is also a reference to a private institution, its board of directors or its council of physicians, dentists and pharmacists.

In addition, for the purposes of subparagraph 9 of the second paragraph of section 33 and sections 50 and 57 of the Act, the information required to be included in the local commissioner’s summary of activities, the medical examiner’s report and the review committee’s report must be presented in such a manner that the information concerning the integrated health and social services centre may be distinguished from that concerning the private institution facilities located in the integrated centre’s territory.

“50.3. For the purposes of section 30.1 of the Act, a reference to an assistant executive director is also a reference to an assistant president and executive director.”

2. Section 51 of the Act is amended by replacing “the Act respecting health services and social services (chapter S-4.2)” in the first paragraph by “the Act”.

3. Section 53 of the Act is replaced by the following section:

“53. Only the board of directors of a public institution is required to send the reports referred to in sections 76.10 and 76.13 of the Act to the Minister.

The information required to be included in the report referred to in section 76.10 of the Act must be presented in such a manner that the information concerning the integrated health and social services centre may be distinguished from that concerning the private institution facilities located in the integrated centre’s territory. When sending the report to the Minister, the integrated centre also sends it to any private institution concerned.

The Minister tables in the National Assembly the report submitted by any public institution under section 76.10 of the Act within 30 days of receiving it or, if the Assembly is not sitting, within 30 days of the opening of the next session or resumption.”

4. The Act is amended by inserting the following sections after section 53:

“53.1. Sections 181.0.3 and 182 of the Act apply taking into account sections 50.1 and 50.2 of this Act.
“53.2. The local service quality and complaints commissioner referred to in the second paragraph of section 182.0.1 of the Act is the local commissioner of the integrated health and social services centre of the territory in which the private institution’s head office is located.

Despite the second paragraph of that section, the board of directors of such an integrated centre chooses a member of its personnel to be part of the watchdog committee created by the private institution’s board of directors.”

5. The Act is amended by inserting the following section after section 151:

“151.1. The Minister provides public institutions with the information asset that they must use to maintain and manage the records of user complaints.

The Minister assumes the operations management of the asset and puts in place the measures necessary to ensure the confidentiality and security of the information contained in the records of complaints.

The Minister may, in particular to assess and evaluate the effectiveness and quality of the institutions’ handling of complaints, retrieve from the asset information that does not allow a natural person to be identified.”

ACT TO COMBAT MALTREATMENT OF SENIORS AND OTHER PERSONS OF FULL AGE IN VULNERABLE SITUATIONS

6. Section 3 of the Act to combat maltreatment of seniors and other persons of full age in vulnerable situations (chapter L-6.3) is amended by adding the following paragraph at the end:

“If the institution is a private institution, a complaint or a report concerning a case of maltreatment must be filed with the competent local service quality and complaints commissioner of the integrated health and social services centre, in accordance with section 50.1 of the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies (chapter O-7.2). In such a case, the measures referred to in subparagraph 6 and the follow-up requirements referred to in subparagraph 8 of the fourth paragraph of this section are those stated in the integrated centre’s policy.”

7. Section 14 of the Act is amended

(1) by replacing “in the activities summary the commissioner submits to the institution” by “in the summary of the commissioner’s activities”;

7
(2) by adding the following paragraph at the end:

“In the case of a local commissioner of an integrated health and social services centre, the information included in the summary of the commissioner’s activities must be presented in such a manner that the information concerning the integrated centre may be distinguished from that concerning the private institution facilities located in the integrated centre’s territory.”

8. Section 21 of the Act is amended by replacing “local service quality and complaints commissioner of the institution where the person receives services, if applicable,” in the second paragraph by “competent local service quality and complaints commissioner if the person receives services from an institution”.

ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES

9. The Act respecting health services and social services (chapter S-4.2) is amended by inserting the following section after section 30:

“30.1. Only a person who qualifies as an independent person in the opinion of the board of directors may be appointed as a local service quality and complaints commissioner.

A person qualifies as independent if the person has no direct or indirect relation or interest, in particular of a financial, commercial, professional or philanthropic nature, likely to interfere with the exercise of the person’s functions as regards the interests of users.

A person is deemed not to be independent if that person

(1) has an immediate family member who is the executive director or an assistant executive director of an institution and would, as a local commissioner, be responsible for examining the complaints from users of the institution; or

(2) provides goods or services for valuable consideration to an institution and would, as a local commissioner, be responsible for examining the complaints from users of the institution.

A local commissioner must remain independent throughout the commissioner’s mandate.

For the purposes of this section, “immediate family member” means a person’s spouse or child, the spouse’s child, the person’s mother or father, the spouse of the person’s mother or father, or the spouse of the person’s child or of the person’s spouse’s child.”

10. Section 182.0.1 of the Act is amended by replacing “of at least four members” in the second paragraph by “of at least five members”.

TRANSITIONAL AND FINAL PROVISIONS

11. Complaints or reports of maltreatment received by the local service quality and complaints commissioner of a private institution, the examination or handling of which is not completed by the date of coming into force of section 1, continue to be examined or handled by the competent local commissioner of the integrated health and social services centre, in accordance with section 50.1 of the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies (chapter O-7.2), enacted by section 1.

In addition, complaints referred to a medical examiner of a private institution, the examination of which is not completed by that date, continue to be examined by a competent medical examiner of the integrated centre.

For the purposes of this section, the 45-day period provided for in subparagraph 6 of the second paragraph of section 33 and the fourth paragraph of section 47 of the Act respecting health services and social services (chapter S-4.2) begins to run again from the date of coming into force of section 1.

12. The records and other documents held by the local service quality and complaints commissioner and any medical examiner of a private institution on the date of coming into force of section 1 are referred, respectively, to the competent local commissioner and a competent medical examiner of the integrated health and social services centre.

13. The agreements referred to in the third paragraph of section 31 of the Act respecting health services and social services and entered into by a private institution cease to have effect on the date of coming into force of section 1.

14. No later than six months after the date of coming into force of section 1, the board of directors of a private institution must send the integrated health and social services centre of any territory in which one of the institution’s facilities is located a final report on the application of the complaint examination procedure, on user satisfaction and on the enforcement of user rights. The report sent to an integrated centre must concern only the facilities located in its territory. The report must cover the period between the last day of the period covered by the board’s last report to the same effect and the date of coming into force of section 1.

15. The provisions of this Act come into force on the date or dates to be set by the Government.