



**Ministère de la Santé  
et des Services sociaux**

# **Reference Framework for Users' Committees and In-Patient Committees**

**Document prepared by:**

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The Reference Framework for Users' Committees and In-Patient Committees sets out the roles and responsibilities of the users' committees and in-patient committees in the health and social services network. It also presents the roles and responsibilities of the different actors interacting with them. It discusses guiding principles for committee work, legal functions, and other committee responsibilities, including budget administration and associated reporting.

**Produced by**

La Direction des communications du ministère de la Santé et des Services sociaux

This document is available online at :

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Masculine pronouns are used generically in this document.

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Bibliothèque et Archives nationales du Québec, 2018  
Library and Archives Canada, 2018

ISBN : 978-2-550-81746-8 (PDF)

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## Acknowledgements

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We would like to thank all those who helped update the Reference Framework for Users' Committees and In-Patient Committees. In particular, we would like to highlight the valuable contributions of the:

- Chairs of integrated center users' committees, users' committees, and in-patient committees and their members, and the provincial organizations representing them
- Members of the issue table on quality and safety of care and services

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## ACRONYMS AND ABBREVIATIONS

<b>AGA</b>	Annual general meeting
<b>BoD</b>	Board of directors
<b>CHSLD</b>	Residential and long-term care center
<b>CISSS</b>	Integrated health and social services center
<b>CIUSSS</b>	Integrated university health and social services center
<b>LSQCC</b>	Local service quality and complaints commissioner
<b>IPC</b>	In-patient committee
<b>UC</b>	Users' committee
<b>CUC</b>	Continuing users' committee
<b>ICUC</b>	Integrated center users' committee
<b>ED</b>	Executive director
<b>FMG</b>	Family medicine group
<b>GMF-U</b>	University family medicine group
<b>AHSSS</b>	<i>Act respecting health services and social services</i>
<b>AMOGHSSN</b>	<i>Act to modify the organization and governance of the health and social services network, in particular by abolishing regional agencies</i>
<b>MSSS</b>	Ministère de la Santé et des Services sociaux
<b>CEO</b>	President and chief executive officer
<b>IIP</b>	Individualized intervention plan
<b>ISP</b>	Individualized service plan
<b>VIP</b>	Visual identification program
<b>IR-FTR</b>	Intermediate resource - family type resource
<b>HSSN</b>	Health and social services network

In this document, and unless otherwise indicated, the term "**committees**" is used broadly to mean:

- 1) Integrated center users' committees (ICUCs) and continuing users' committees (CUCs) at integrated health and social services centers (CISSSs) or integrated university health and social services centers (CIUSSSs)
- 2) Users' committees at public institutions that have not been amalgamated and those not covered by the *Act to modify the organization and governance of the health and social services network, particularly by abolishing regional agencies* (AMOGHSSN)
- 3) Users' committees at private institutions in the health and social services network
- 4) In-patient committees (IPCs)

The term "**users' committee**" (**UC**) refers to all types of users' committees, except IPCs.

## FOREWORD

Users are key actors in the continuous improvement of the quality of care and services in the health and social service network (HSSN). To provide users with a forum that allows them to contribute to the health and social services network by performing certain functions and defending users' rights, the *Act respecting health services and social services*<sup>1</sup> (AHSSS) provides for the establishment of users' committees (UC) and in-patient committees (IPC) in health and social services institutions (hereinafter "institutions").

The coming into force of the *Act to modify the organization and governance of the health and social services network, notably by abolishing the regional agencies*<sup>2</sup> (AMOGHSSN) led to the amalgamation or grouping together of numerous institutions. However, this did not result in the merging of committees already established in the institutions concerned, where they continue to exercise their responsibilities.

In addition, the AMOGHSSN provides for the establishment of integrated center users' committees (ICUCs). In addition to exercising the functions of a UC in the institution for which it is constituted, the ICUC is responsible for all the continuing users' committees (CUCs) and IPCs of the integrated health and social services centers (CISSSs) or the integrated university health and social services centers (CIUSSSs) concerned.

Due to this reorganization of the health and social services network and the modification of the legal and administrative structures of its institutions, including the UCs, the roles and responsibilities of all the committees as well as the role of the institutions and their partners must be clarified. This reference framework is therefore a tool to assist both those who sit on these committees and the institutions themselves.

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1. CQLR, Chapter S-4.2., hereinafter "AHSSS."

2. CQLR, Chapter O-7.2., hereinafter "AMOGHSSN."

## Summary of the roles and responsibilities of the committees and their related actors

USERS' COMMITTEES (UCs) AND IN-PATIENT COMMITTEES (IPCs)		
<p><b>Guardian of users' rights</b></p> <p>UCs and IPCs are the guardians of users' rights. As such, they must:</p> <ul style="list-style-type: none"> <li>• Ensure that users are treated with respect for their dignity and in recognition of their rights.</li> <li>• Speak for users (and in-patients) to the institution's authorities.</li> <li>• Have a particular concern for the most vulnerable groups of users.</li> <li>• Help improve in-patients' living conditions.</li> </ul> <p>This mandate is the same for all these committees. They must work together to fulfill it effectively.</p>		
Users' committees (UCs)	In-patient committees (IPCs)	
<p><b>Perform the following functions:</b></p> <ol style="list-style-type: none"> <li>1) Inform users of their rights and obligations.</li> <li>2) Help improve the quality of users' living conditions and evaluate the level of user satisfaction with the services at the institution.</li> <li>3) Defend the collective rights and interests of users or, upon request, the rights and interests of an individual user, before the institution or any competent authority.</li> <li>4) Accompany and assist users, upon request, in any actions they undertake, including filing a complaint.</li> <li>5) Ensure, where applicable, that each in-patient committee functions properly and that they have the necessary resources to carry out their duties.</li> <li>6) Evaluate, if applicable, the effectiveness of the measure implemented under the provisions of section 209.0.1 of the AHSS.</li> </ol>	<ol style="list-style-type: none"> <li>1) Inform users of their rights and obligations.</li> <li>2) Help improve the quality of users' living conditions and evaluate the degree of users' satisfaction with the services at the institution.</li> <li>3) Defend the collective rights and interests of users or, upon request, the rights and interests of an individual user, before the institution or any competent authority.</li> </ol>	
<p><i>Administrative responsibilities</i></p> <ul style="list-style-type: none"> <li>• Establish operating rules for their members.</li> <li>• Appoint representatives to various institutional (CUCI) or facility (CUC) committees, as appropriate, including to the board of directors of a public institution.</li> <li>• Collaborate with the other partners of in the health and social services network as part of their functions.</li> <li>• Ensure the recruitment and training of committee members.</li> <li>• Evaluate their performance and achievement of their objectives.</li> </ul>	<ul style="list-style-type: none"> <li>• In collaboration with their respective UC.</li> </ul>	
<p><i>Budget administration</i></p> <ul style="list-style-type: none"> <li>• Spend the budget wisely, in line with the functions set out in the AHSSS. <ul style="list-style-type: none"> <li>– Establish rules for authorizing expenditures and set priorities (implement an action plan).</li> </ul> </li> <li>• Ensure accountability in accordance with the financial circular establishing the budget parameters related to UCs. <ul style="list-style-type: none"> <li>– Maintain a rigorous accounting of expenses and keep supporting documents.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• In collaboration with their respective UC.</li> </ul>	
Integrated center users' committees (ICUCs)	Continuing users' committees (CUCs) of the CISSSs and CIUSSSs and the UCs of other institutions	In-patient committees (IPCs)
<p><i>Specific responsibilities</i></p> <ul style="list-style-type: none"> <li>• Provide representation, coordination, and harmonization functions to and on behalf of CUCs and IPCs.</li> <li>• Liaise with CUCs and IPCs and work jointly with the latter in the interests of users from a general and regional perspective based on all of the institution's communities and missions.</li> </ul>	<ul style="list-style-type: none"> <li>• Liaise with ICUCs and IPCs, as needed, and work jointly with them in the interests of the institution's users.</li> <li>• Assist and support their IPCs as required. These committees must be complementary, with no hierarchical relationship between them.</li> </ul>	<ul style="list-style-type: none"> <li>• Liaise with the UCs and their ICUCs, as needed, and work jointly with them in the interests of the institution's in-patients.</li> </ul>
<p><i>Activity and financial reports</i></p> <ul style="list-style-type: none"> <li>• Complete an activity report and financial report incorporating CUC reports (if applicable).</li> <li>• Make a list of priority issues and recommendations to the board of directors on quality improvement.</li> <li>• Forward reports to the board of the CISSS or CIUSSS within the prescribed time frames.</li> </ul>	<ul style="list-style-type: none"> <li>• Complete an activity report and a financial report incorporating the IPC reports, if applicable (including a list of priority issues and recommendations on quality improvement) and submit it within the prescribed timeframe: <ul style="list-style-type: none"> <li>– To the ICUC for CUCs of CISSSs and CIUSSSs</li> <li>– To the institution's board of directors for users' committees at other public institutions</li> <li>– The board or the executive director for users' committees in private institutions</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Complete the activity report and financial report and forward it to the UC or CUC, if applicable.</li> </ul>
<p><i>Funding</i></p> <ul style="list-style-type: none"> <li>• Between \$15,000 and \$20,000 depending on the size of the region, the living space and the distances to travel</li> </ul>	<ul style="list-style-type: none"> <li>• Public and private institutions that are party to an agreement: amounts vary</li> <li>• Private institutions not party to an agreement: \$6,000 per UC</li> </ul>	<ul style="list-style-type: none"> <li>• The UC budget is increased by \$1,000 for each IPC under its authority.</li> </ul>

MINISTRY OF HEALTH AND SOCIAL SERVICES (MSSS)	INSTITUTIONAL MANAGEMENT	
	Board of directors (public institutions)	President and chief executive officer (CEO) (public institutions) and executive director (ED) (private institutions)
<p><b>Management</b></p> <ul style="list-style-type: none"> <li>Define provincial priorities and directions, establish policies and oversee the use of financial resources.</li> <li>Establish guidelines or directives regarding the operation, funding, and control of the committees' financial resources: <ul style="list-style-type: none"> <li>UC and IPC reference framework</li> <li>UC and IPC circular (budget parameters)</li> </ul> </li> </ul>	<p>An institution's board administers the affairs of that institution and has complete authority.</p> <ul style="list-style-type: none"> <li>In particular, the board must ensure: <ul style="list-style-type: none"> <li>Wise and efficient use of human, material, and financial resources</li> <li>Relevance, quality, safety and effectiveness of the services provided</li> <li>Respect for users' rights and the efficient handling of their complaints</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Promote the proper functioning of these committees and inform each user of their existence in writing (e.g., through posters).</li> <li>Provide these committees with a space for their activities and give them the opportunity to keep their records in a confidential manner.</li> </ul>
<p><b>Liaison</b></p> <ul style="list-style-type: none"> <li>Liaise with: <ul style="list-style-type: none"> <li>The institutions (general management, those responsible for quality, evaluation and performance management, or financial resource management)</li> <li>Provincial bodies representing the committees</li> </ul> </li> <li>Support public and private institutions in their interventions with the committees when the latter's activities are not related to their functions under the AHSSS and do not comply with MSSS guidelines (e.g., ineligible expenses, problematic reporting).</li> </ul>	<ul style="list-style-type: none"> <li>Liaise with ICUC chairs (CISSS and CIUSSS) or the CU chairs (unamalgamated institutions). A board of a CISSS or a CIUSSS may communicate with the chairs of the CUCs or the IPCs. However, it is strongly suggested that the ICUC chair participate in these exchanges so that they can fulfill their representation, coordination, and harmonization role throughout the area.</li> <li>A board may intervene with its committees when their activities are not related to their functions provided for by law. The board may also be called upon to intervene in the following circumstances: <ul style="list-style-type: none"> <li>A committee does not fulfill its reporting function</li> <li>A committee incurs ineligible expenses</li> <li>A committee is having problems</li> </ul> </li> <li>In accordance with their quality assurance mission, CISSSs and CIUSSSs may support private establishments in their area, in particular when they encounter difficulties in meeting the legal requirements incumbent upon them as regards quality assurance. Where appropriate, CISSSs and CIUSSSs may monitor the corrective measures taken.</li> </ul>	<ul style="list-style-type: none"> <li>The CEO of a public institution must ensure that the board has all the information it requires to fulfill its responsibilities. In addition, the CEO may liaise with CUC or IPC chairs. However, it is strongly suggested that the ICUC chair participate in these exchanges so that this committee can fulfill its representation, coordination, and harmonization role throughout the area.</li> <li>In the case of a private institution without a board of directors, the responsibilities normally assigned to the board must be assumed by the operating license holder. The latter must communicate with the committee at their institution.</li> </ul>
<p><b>Reporting</b></p> <ul style="list-style-type: none"> <li>Receive and process the activity and financial reports of all committees.</li> <li>Analyze these reports and identify provincial priorities on continuous quality improvement</li> </ul>	<ul style="list-style-type: none"> <li>Verify the activity reports and financial reports of its committees.</li> <li>Transmit these reports to MSSS by the prescribed deadlines.</li> <li>Provide a formal, public response to and follow-up on priority issues and recommendations made by UCs.</li> </ul>	<ul style="list-style-type: none"> <li>The executive director of a private institution must: <ul style="list-style-type: none"> <li>Verify the activity report and the financial report of the committee at their institution.</li> <li>Send these reports to MSSS and the CEO of the CISSS or the CIUSSS in their area within the prescribed time limits, if applicable.</li> <li>Provide a formal, public response to and follow-up on the committee's priority issues and recommendations.</li> </ul> </li> </ul>
<p><b>Funding</b></p> <ul style="list-style-type: none"> <li>Allocate budgets: <ul style="list-style-type: none"> <li>To all public institutions to fund their respective committees and the committees of private institutions not party to an agreement.</li> <li>To private institutions that are party to an agreement to fund their respective committees.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>The institutions (public and private) must grant their respective committees annual budgets in accordance with the parameters in the financial circular on the subject.</li> <li>Integrated public institutions must also grant budgets to private institutions not party to an agreement to finance their respective committees.</li> </ul>	

# 1. INTRODUCTION

Users' committees have existed for many years. Already, in 1982, "beneficiaries committees" had a mandate to defend the interests of users of the health and social services network. In 1992, they became "users' committees" (UCs) to which the legislator also entrusted functions related to the improvement of users' living conditions. In-patient committees (IPCs) date back to 2005. UCs and IPCs, hereinafter referred to as "committees," are an integral part of the health and social services network.

The AMOGHSSN came into force on April 1, 2015. This law made it possible to consolidate and continue the efforts already made to improve the health and social services system, in particular by entrusting the CISSSs and the CIUSSSs, hereinafter called "integrated centers," with a public responsibility central to regional service networks. To ensure that users are represented in the integrated centers, the AMOGHSSN provides for the establishment of an ICUC, which is responsible for all the UCs and IPCs of amalgamated or grouped institutions in the integrated centers. The AMOGHSSN maintains UCs set up before April 1, 2015, at public institutions that have been amalgamated or grouped together. These UCs are hereinafter referred to as "continuing users' committees" (CUCs).

The committees have a key role to play in the health and social services system. One of the objectives of the AHSSS is to ensure that human resources, including the committees, are involved in setting directions and priorities for the institution to which they report.<sup>3</sup> They act in complementarity with other bodies, as guardians of users' rights and interests. The committees ensure that the dignity and rights of users are respected. They also help improve the quality of life of users and in-patients. In this regard, they must be vigilant and attentive to the needs of users, ensure good communication, and establish an open relationship and work in partnership with the institution.

This reference framework is intended for the committees and their partners as well as health and social services institutions. It provides guidelines regarding their roles, responsibilities, and functions, and the means at their disposal to carry them out.

It replaces various documents published between 2006 and 2016: *Lignes directrices pour la mise sur pied des comités des usagers et des comités de résidents dans les établissements de santé et de services sociaux* (February 2006), *Cadre de référence sur l'exercice des fonctions à assumer par les membres des comités des usagers et des comités de résidents* (June 2006), the report entitled *La personne-ressource, un atout majeur pour les comités des usagers et les comités de résidents* (February 2012), and *Directives sur les attentes ministérielles liées aux comités des usagers des centres intégrés, des comités des usagers continués et des comités de résidents* (January 2016). The main legal foundations underpinning this reference framework are the AHSSS and the AMOGHSSN, which must be interpreted in accordance with the *Charters of Rights and Freedoms* and supplemented, where applicable, by other laws such as the *Civil Code of Québec*.

Appendix 1 presents the relevant legal provisions for the committees.

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3. AHSSS, s. 2 p. 9.

### **Users of health and social services**

A user is a natural person who has used health services or social services provided by an institution in Québec's health and social services network. The notion of user must be interpreted in relation to the admission or registration of the user and their relatives receiving services. Thus, to the extent that the person concerned can establish that they have received a service from the institution, they are considered to be a user. There are no restrictions as to the nature, frequency, or continuity of the service received by the user or their family.

Users are the *raison d'être* of the health and social services system set up by the AHSSS. "For the application of this Act, the following guidelines pertain to the management and provision of health services and social services<sup>4</sup>:

- 1) The person requiring services is the reason for the very existence of those services;
- 2) Respect for the user and recognition of his rights and freedoms must inspire every act performed in his regard;
- 3) The user must be treated, in every intervention, with courtesy, fairness and understanding, and with respect for dignity, autonomy, needs and safety;
- 4) The user must, as far as possible, participate in the care and services which concern him;
- 5) The user must be encouraged, through the provision of adequate information, to use services in a judicious manner."

The committees are the guardians of the twelve user rights established by the AHSSS, namely:

- 1) The right to information (section 4)
- 2) The right to services (sections 5 and 13)
- 3) The right to choose a professional or institution (sections 6 and 13)
- 4) The right to receive the care their condition requires (section 7)
- 5) The right to consent to care (sections 8 and 9)
- 6) The right to participate in decisions (section 10)
- 7) the right to be accompanied, assisted and represented (sections 11 and 12)
- 8) The right to accommodation (section 14)
- 9) The right to receive services in English (section 15)
- 10) The right of access to the user's file (sections 17 to 28)
- 11) The right to confidentiality of the user's file (sections 19 and 20)
- 12) The right to complain (sections 34, 44, 45, 53, 60, and 73)

These rights must be exercised with respect for other users, who have the same rights.

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4. AHSSS, s. 3.

## 2. COMMITTEE ROLES AND RESPONSIBILITIES

### 2.1 Guiding principles

To properly and effectively carry out their functions, the committees must adhere to the following guiding principles:

- **The interest of users** must motivate committees' decisions and actions.
- **The representativeness** of all users of the institution, without discrimination on the basis of race, sex, age, religion, language, clinical condition, disability, geographical location, and so on, is fundamental to the respect of all users of the institution, whether or not they are in-patients.
- **Respect and collaboration**, based on mutual trust among committee members, the institution's management, and all other stakeholders are essential for concerted and effective action.
- **Committee autonomy** is essential to the exercise of the committees' mandate and functions. This requires a certain degree of independence.<sup>5</sup> The committees determine their objectives and action priorities, while respecting the legal limits and operating rules of their institution. This autonomy is therefore not absolute, since it is exercised only within the institution and the framework of the functions entrusted to them by the AHSSS. It does not allow the committees to exceed their mandate.
- The **accountability** of committee members with regard to their actions toward the users they represent is important. It also concerns their operating budget and respect for the limits of their mandate and their civil liability (actions taken and words spoken), among themselves or regarding other actors in the institution or third parties.
- The committees must work in **partnership** with the various management teams at the institution, particularly general management, to develop genuine synergy that will help ensure that users' rights are respected and improve service quality at the institution.
- **Respect for confidentiality** is imperative within the committees. Members must take all necessary steps to ensure the confidentiality of personal information to which they have access.<sup>6</sup> They must also respect the provisions of the AHSSS regarding the confidentiality of the user's file,<sup>7</sup> in particular by ensuring that they have the consent of the user or their representative before communicating information to a third party.

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5. See box on next page for details on functional autonomy.

6. As such, committee members are invited to take an oath of confidentiality based on Schedule 1 of the AHSSS and to respect the terms and conditions inherent to the secure handling and destruction of any document (produced or received for the needs of the committee concerned), in accordance with the standards and timeframes set out in the institution's retention schedule (*Archives Act*, CQLR, Chapter A.-21.1, s. 7).

7. AHSSS, s. 19, p. 1.

### **Details on functional autonomy**

To accomplish their mission, the committees must have functional autonomy. Institutions must refrain from any form of interference in their activities. The committees have sufficient autonomy, in particular to defend the rights and interests of users with complete independence. In this regard, it is important to mention that:

- An established budget is allocated to the CUs<sup>8</sup>
- No employee or person practicing their profession at the institution or a center operated by the institution may sit on the committee<sup>9</sup>
- The CEO or executive director of an institution cannot sit on the committee, but they may attend committee meetings, or part thereof, if invited by them
- Committee records must be kept confidential<sup>10</sup>
- UCs may establish and approve their own operating rules<sup>11</sup>
- Committees do not have to have their expenses preapproved by the institution, although the institution may request a copy of a supporting document before making a payment for accounting compliance purposes

Since UCs and IPCs are committees of the institution, certain situations may warrant the intervention of the board of directors or a representative mandated for this purpose. For example, when the actions of a committee are not in line with its legal functions, when they compromise the proper conduct of its activities or the fulfillment of its mandate, or when their expenses are deemed ineligible.

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8. AHSSS, s. 209, p. 1.

9. AHSSS, s. 209, p. 5.

10. AHSSS, s. 211, p. 2.

11. AHSSS, s. 212, p. 2.

## **2.2 Mandate, establishment, and composition of the committees**

### **2.2.1 Committee mandate**

The mandate of the committees is defined by the AHSSS and the AMOGHSSN.<sup>12</sup> UCs and IPCs must ensure that users are treated with respect for their dignity, rights, and freedoms. They are one of the users' major spokespersons regarding the institution. Ensuring respect for users' rights and the quality of their living conditions, as well as assessing their level of satisfaction with the services they receive are central to the committees' actions. They must pay particular attention to the most vulnerable users and help improve in-patients' living conditions.

### **2.2.2 Setting up committees**

A users' committee is set up in each institution.<sup>13</sup> When an institution offers services to in-patients, it must establish an IPC in each of the facilities.<sup>14</sup> ICUCs are established in integrated centers.<sup>15</sup> In each of the amalgamated or grouped institutions, continuing users' committees (CUCs) and their IPCs continue to exist and carry out their usual activities, under the responsibility of the ICUC.<sup>16</sup> Section 2.4.3 presents the functional linkages between the ICUC and the CUCs and IPCs.

### **2.2.3 Rules for the election of committee members**

Rules for the election of UC and IPC members must be rigorous, transparent, and democratic. They must encourage the participation of users and in-patients, including their representatives, and be established based on the definition of a user set out in the introduction to this document. The AHSSS defines who is entitled to vote and be nominated at a meeting where members are elected (e.g., at the annual general meeting [AGM]).<sup>17</sup> For example, a person cannot be a member of a UC or an IPC if they are under curatorship.<sup>18</sup> The election rules should be adapted to the particular location as well as the availability of users or persons wishing to participate in the election.

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12. Committees may not decide to add or remove functions according to their preferences. Similarly, the institution's management may not give committees different or additional functions.

13. AHSSS, s. 209, p. 1 and AMOGHSSN, s. 60, p. 1.

14. AHSSS, s. 209, p. 3.

15. AMOGHSSN, s. 60, p. 1 and AHSSS, s. 209, p. 1.

16. AMOGHSSN, s. 203, p. 1.

17. The election (or appointment, as the case may be) of members of the ICUC does not have to be public because they are elected by the chairs of the CUCs or appointed by the RC (AMOGHSSN, s. 60, p. 1).

18. AHSSS, s. 210.

**Institutions that operate a residential and long-term care center (CHSLD) whose facilities are located in more than one region of Québec**

An institution that operates a CHSLD whose facilities are located in more than one region of Québec may choose to set up a UC for each region or several regions. For the purpose of the composition of these committees, the members are elected by the users of the region(s) concerned. However, it must maintain an IPC at each facility.<sup>19</sup>

**Facilities that provide lodging for fewer than 10 in-patients or keep in-patients for less than six months**

Where an institution operates a facility that provides lodging for fewer than ten in-patients or that keeps most in-patients for less than six months, it has the option of not establishing a IPC in that facility. Where applicable, and after consulting the UC (or the CUC for an integrated center), the institution must then entrust the functions provided for in section 212.1 of the AHSSS to the relevant committee or, for the purposes of establishing the IPC, group such a facility with one or more of its other facilities.<sup>20</sup>

**Intermediate and family type resources (IR-FTR)**

An IR-FTR<sup>21</sup> is not an institution within the meaning of the AHSSS.<sup>22</sup> Therefore it does not have a UC or IPC. Nevertheless, persons receiving the services of an IR-FTR are registered for the services of a public institution and may sit on the CUC of the institution to which the resource is linked by an agreement. So persons who use an IR-FTR can call upon the UC or CUC regarding services rendered by an IR-FTR. It is the CEO's responsibility to inform users of the IR-FTR about the UC.<sup>23</sup>

**Family medicine groups (FMG), network family medicine groups (FMG-R or superclinics), university family medicine groups (FMG-U), and specialized medical centers (SMS)**

Private medical clinics that are party to an agreement, whether or not they are recognized under the FMG or FMG-R programs or the FMG-U management framework, are not institutions within the meaning of the AHSSS.<sup>24</sup> The same is true of SMSs. There are therefore no UCs in these clinics. However, a user may contact the UC of the institution or facility concerning these clinics<sup>25</sup> if the services are offered by or behalf of the institution.

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19. AHSSS, s. 209, pp. 2 and 3.

20. When facilities are amalgamated, the institution must establish an IPC for all of its facilities as if they were one facility. The provisions of sections 209 to 212.1 of the AHSSS then apply, but with modifications. An institution that elects to set up such a committee must annually evaluate the effectiveness of the measure chosen under the second paragraph of section 209.0.1 of the AHSSS and, if necessary, amend it in accordance with that paragraph.

21. AHSSS, s. 302 and 311.

22. AHSSS, s. 302.

23. AHSSS, s. 211, p. 1.

24. AHSSS, s. 95.

25. The same reasoning applies for any clinic with which the institution has signed an agreement on dispensing certain health or social services required by the user on behalf of the institution.

## **2.2.4 Composition of the committees**

### **Composition of the ICUCs**

An ICUC consists of at least six members elected by all the institution's CUC chairs and five IPC representatives appointed by all of the IPCs.<sup>26</sup> Ideally, the membership of an ICUC should ensure equitable representation of the CUCs, the various user groups, and the missions of the integrated center and the various parts of the region it covers. The term of the members' mandate is a maximum of three years<sup>27</sup> and can be renewed.

Once elected, the members of the ICUC must choose from among themselves the chair, vice chair, secretary, and treasurer. The person selected to chair the ICUC informs the CEO of the composition of the committee and keeps the CEO apprised of any changes.

The CEO must inform the board, the CUCs, and main partners of the composition of the ICUC (each member's first and last name, role, committee of origin, and contact information for the ICUC).

### **Composition of UCs and CUCs**

For its part, a CUC consists of at least five members elected by all users of the institution (or the institution's amalgamated or grouped facilities, if applicable) it represents and one representative from each of the IPCs under its authority.<sup>28</sup> The majority of its members must be users. However, if it is impossible to have a majority of users on the committee, they may elect any other person of their choice, provided that this person does not work for the institution or practice their profession in a center operated by the institution.<sup>29</sup>

### **Composition of the IPCs**

Each IPC consists of at least three members elected by the in-patients of the facility. As for the UCs, the majority of its members must be users and if it is impossible to have a majority of users, they may elect any other person of their choice, provided that this person does not work for the institution or practice their profession in a center operated by the institution. Each IPC designates a representative to the UC (or CUC in the case of integrated centers).

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26. AMOGHSSN, s. 60.

27. AHSSS, s. 209.1

28. AHSSS, s. 209, p. 4.

29. AHSSS, s. 209, p. 5.

## 2.3 The legal functions of the committees

UCs and IPCs have a very important role to play within their institutions regarding respect for users' rights and promoting the quality of services. UCs must perform the six functions described below.<sup>30</sup> As for the IPCs, they must perform only the first three functions and report to their users' committee (or CUC for integrated centers).<sup>31</sup>

Appendix 2 provides examples of ways to assist the committees in carrying out the six functions described in this section.

### 1) Inform users of their rights and obligations

The committees publicize and promote the rights of users in the institution and ensure that users of health and social services are adequately informed of their rights and obligations.

It would be good practice for committees to notify the institution of the activities they wish to organize to ensure their complementarity with the institution's other activities. The institution, the representative to the committees, the local service quality and complaints commissioner, and the other stakeholders in the health and social services network should also keep the committees informed of the events they organize that are likely to concern them.

#### Visual identification of the committees

Institutions in the public health and social services network and their facilities are subject to the *Public Administration Act*,<sup>32</sup> and the decree regarding the visual identification of the Government of Québec and its government signature (Visual Identification Program [VIP]).<sup>33</sup> Integrated centers are thus required to use the government signature provided by the Treasury Board Secretariat (TBS) in all their communications, and not authorize the use of any other visual signature or logo. Consequently, the committees, being an integral part of the institution, and despite their autonomy, must comply with VIP standards.

Only the names of ICUCs may appear on the institution's stationery (letter and envelope only). No other type of committee name can appear. However, they must use the stationery of the facility to which they are attached (or in which they have established their offices).

Resources responsible for the VIP in each integrated center are available to answer questions. Examples of visual identification for users' committees as well as the standards and procedures to follow are available on the MSSS website at <http://www.msss.gouv.qc.ca/imagerie/ciuss-ciuss/guide/index.php?id=18>

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30. AHSS, s. 212.

31. AHSS, s. 212.1.

32. *Public Administration Act*, CQLR, chapter A-6.01, s. 3, p. 1. Certain public institutions are not subject to this act because most of their board members are not appointed by the government or minister.

33. *Décret sur l'identification visuelle du gouvernement du Québec et sa signature gouvernementale*, RLRQ, chapter A-6.01, r.3.2, s. 2.

## **2) Help improve the quality of users' living conditions and evaluate the level of user satisfaction with the services they receive from the institution**

This involves observing and drawing the institution's attention to certain improvements that need to be made. It can also involve communicating the institution's success stories.

The committees must be vigilant and inform the institution of situations that need to be corrected in order to improve the living conditions of users. It is not up to the committees to correct the situations observed. They can propose measures aimed at improving the quality of living conditions, but can in no way replace the administration. Thus, they can neither buy equipment for users, nor finance leisure activities, nor intervene directly with employees.

Assessing user satisfaction with the services received from the institution is essential. The approach must be rigorous and factual. User satisfaction surveys are an important source of information and should be used to support the committees' interventions with the institution. But conducting surveys requires expertise, so committees should not hesitate to seek expert help.<sup>34</sup>

To be efficient and reduce costs, committees and institutions should collaborate in conducting these surveys. Moreover, the institution and the committees should keep abreast of ongoing surveys and share their results as much as possible. All of this work should be used by the committees to identify priority issues and make recommendations to the institution in their annual activity reports.

It should be noted that visits to assess the quality of living environments in CHSLDs and the accreditation of public institutions encourage the involvement of committee members. For example, mandatory user surveys are planned to assess the quality of users' care and service experience. The results of these surveys should be shared with users' committees so that they can identify areas for improvement or priorities for the institution.

## **3) Defend the collective rights and interests of users or, at the request of an individual, their rights and interests as users<sup>35</sup> before the institution or competent authority**

The committees must defend users' rights by making the necessary representations to the institution, the LSQCC, or any other competent authority within the meaning of the AHSSS. This function, which is shared among the various committees, should not be confused with Function 4 (accompanying users in the complaints process, etc.), which is not part of the functions of an IPE. An IPE cannot accompany a user in the complaints process.

The defense of users' rights is a function for which committee members must be equipped. Actions relating to this function may be initiated at the request of a single user, a group of users, or another committee. The rights and interests of a particular user can be defended only at the user's specific request.

However, the committees may not file a complaint with the LSQCC. Committee members must maintain the confidentiality of situations brought to their attention at all times, even after the end of their mandate, particularly by complying with the provisions of the AHSSS on the confidentiality of user records. In addition, they must avoid placing themselves in a conflict of interest and never use the UC and IPC for personal purposes.

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34. User lists prepared for survey purposes must be managed in a manner that ensures the confidentiality of the information disclosed therein (AHSSS, s. 19 to 28), particularly in facilities related to the mission of the child and youth protection center (CYPC), where they must comply with certain restrictions prescribed by the *Youth Protection Act* (YPA) (s. 72.5 and following).

35. See the box on page 2 for a list of the 12 user rights covered by this function.

**4) Accompany and assist, upon request, a user in any action they undertake, including filing a complaint**

The purpose of the UC support function is to help the user in exercising their rights in the most informed way possible. However, a committee member who helps a user in this regard cannot do it for them.

This function includes accompanying and assisting users with complaints to the LCSQC. This is a function that UCs share with the LCSQC<sup>36</sup> and the regional community organization to which this function has been assigned.<sup>37</sup> Users can therefore choose one of these actors when they need help formulating a complaint or instituting procedures under the AHSSS.

**5) Ensure, where appropriate, that each IPC is functioning properly and has the necessary resources to carry out its functions**

UCs must support and assist IPCs. UCs (or CUCs for integrated centers) and IPCs under their authority should work in partnership. Therefore they must complement each other rather than be in a hierarchical relationship and must maintain close and harmonious relations. Users' committees (or CUCs) must ensure that their IPCs have the necessary financial resources to operate. They determine their IPCs' budgets based on their overall budget and the budget parameters for UCs and IPCs.<sup>38</sup>

Note that if an IPC incurs ineligible expenses (see Section 2.6.3), the UC must inform the IPC and ask it to correct the situation. If the IPC does not comply, it is the responsibility of the UC to inform the institution's authorities so that they can intervene and put an end to the situation. In the case of a CISSS or CIUSSS, the CUC informs the ICUC, which informs the board so that it can intervene.

**6) Evaluate, if applicable, the effectiveness of the measure implemented under the provisions of section 209.0.1 of the AHSSS**

In accordance with section 209.0.1 of the AHSSS, in the case of a facility that provides lodging for fewer than ten users or that keeps most users less than six months, an institution may decide not to establish an IPC for that facility. After consultation with the users' committee (or the CUC for an integrated center), the institution has two options: either entrust this committee with the functions set out in section 212.1, or group the facility with one or more other facilities that it operates and set up an IPC for all of these facilities, as if they constituted a single entity.<sup>39</sup> Where appropriate, the users' committee (or the CUC) must gauge the effectiveness of this measure in collaboration with the institution every year.<sup>40</sup>

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36. AHSSS, ss. 30 and 33.

37. AHSSS, ss. 76.6. and 76.7.

38. MSSS, *Circulaire 2016-021 : Paramètres budgétaires relatifs aux comités des usagers et de résident*, Québec City, MSSS, April 2016.

39. Sections 209 to 212.1 of the LSSSS apply with modifications.

40. AHSSS, s. 209.0.1, p. 4.

## 2.4 The specific responsibilities of ICUCs

ICUCs must carry out the six legal functions set out in the AHSSS. However, they must do so from a more general and regional perspective, based on all the environments, missions, and users of the integrated center. The ICUC must also liaise and work jointly with the CUCs in the interests of users (like the CUCs with their IPCs). In addition, ICUCs have three additional responsibilities<sup>41</sup>:

- Representing the CUCs and IPCs
- Coordinating the activities of the CUCs and IPCs
- Harmonizing practices

### 2.4.1 Representing UCs and CRs

The ICUC represents, within the institution, all the CUCs of the integrated center and, by extension, the IPCs. It must submit to the board each year a consolidated activity report and financial report including those of the CUCs and IPCs under its authority.<sup>42</sup> The ICUC must also, through its own reporting activities, submit to the board a list of priority issues and its recommendations for improving the quality of services at the institution concerned.

The ICUC liaises with the CUCs and IPCs and works jointly with them in the interests of users from a general and regional perspective, taking into account all of the institution's environments and missions.

The board or CEO of a CISSS or CIUSSS may communicate with CUC and IPC chairs. However, it is strongly suggested that the ICUC chair participate in these exchanges so that this committee can assume its representation, coordination, and harmonization role throughout the area.

### 2.4.2 Coordination of CUC and IPC activities

The ICUC must, in collaboration with the CUCs and IPCs at the institution, be able to undertake and coordinate projects that benefit all users to help implement special projects aimed at informing users of their rights and obligations or improving users' quality of life. Such initiatives must be implemented in such a way as to ensure fair representation of the communities, missions, users, and areas these committees serve.

The ICUC also has a role to play in the management and use of unspent funds at the end of the year in relation to the annual budgets allocated to all the institution's committees. In this sense, the ICUCs may be asked to allocate these sums, in a collaborative manner, to special non-recurring projects that could nevertheless be managed by one of the CUCs.<sup>43</sup>

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41. Based on ministerial expectations of institutions sent by the deputy minister on January 18, 2016.

42. AMOGHSSN, s. 203 p. 3.

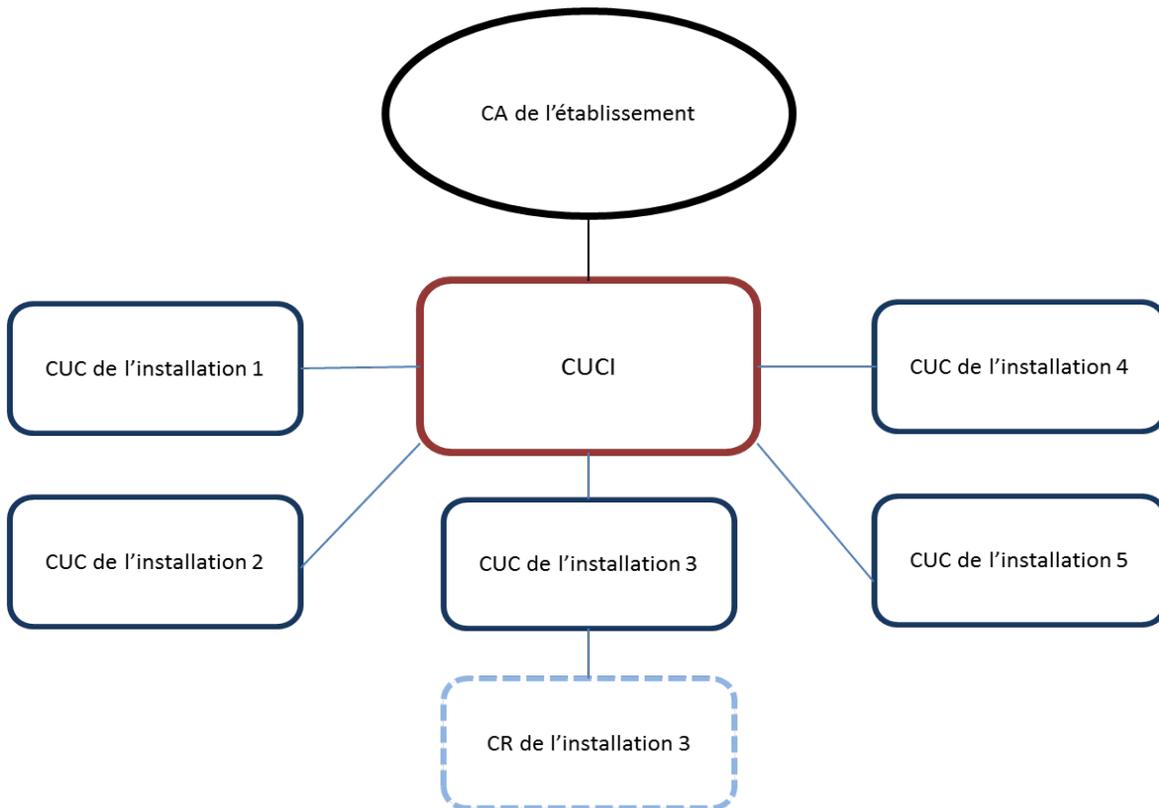
43. MSSS, *Circular 2016-021 : Paramètres budgétaires relatifs aux comités des usagers et de résidents*, Québec City, MSSS, April 2016.

### 2.4.3 Harmonization of practices

The ICUC, in collaboration with the CUCs and IPCs, is responsible for harmonizing the practices of all committees and promoting their standardization. To do so, it must establish common operating rules while taking into account the specific characteristics of each committee (environment, mission, users, and area covered). Based on the rules already established by the CUCs, it must also ensure that rules for authorizing expenditures and common reporting methods are in place.

The following figure presents the functional links between the ICUCs, CUCs, and IPCs of integrated public institutions.

#### Functional links between the UCs of integrated public institutions



français	anglais
CA de l'établissement	Board of Directors
CUC de l'installation 1	CUC of Facility 1
CUCI	ICUC
CUC de l'installation 4	CUC of Facility 4
CUC de l'installation 2	CUC of Facility 2
CUC de l'installation 3	CUC of Facility 3
CUC de l'installation 5	CUC of Facility 5
CR de l'installation 3	IPC of Facility 3

## 2.5 Administrative responsibilities of the committees

To ensure their proper functioning, the committees should first:

- Obtain information on the operation of the institution or facility, its organizational chart, organizational plan, etc.
- Know the characteristics of the users at the institution or facility
- Identify community resources and partners who work with users at the institution or facility

The committees must also establish their own operating rules. Lastly, UCs and IPCs (in collaboration with their respective UCs) have responsibilities in addition to the six functions provided for in the AHSSS:

- Appoint representatives from various committees at the institution (ICUC) or its facilities (CUC or IPC), as the case may be, particularly to the boards of public institutions
- Cooperate with other partners in the health and social services network as part of their functions
- Recruit and train committee members
- Conduct self-assessment

### 2.5.1 Drawing up of operating rules

#### Operating rules

Committees must establish their own operating rules.<sup>44</sup> The CUs and IPCs can determine their operating rules independently. Although they do not have to be approved by the institution, the rules must not conflict with those of the institution or MSSS (this reference framework, financial circular, etc.).

In the case of CISSSs and CIUSSSs, the ICUC is responsible for harmonizing the operating rules for the CUCs and the IPCs of the integrated center, taking into account the differences between each (environment, mission, and users). To do this, it needs the cooperation of its CUCs and IPCs.

#### Rules of conduct for members

Committee members, who communicate directly with users, must act professionally. In order to properly fulfill their responsibilities, committees must establish certain rules of conduct for their members (including the resource person). For the UCs of the CISSSs and the CIUSSSs, these rules must also be harmonized. This is the responsibility of the ICUC.<sup>45</sup>

Appendix 3 provides suggestions for UC operating rules and member rules of conduct.

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44. AHSSS, s. 212, p. 2.

45. Based on MSSS expectations for institutions provided by the deputy minister on January 18, 2016.

### **Loss of committee membership**

Committee membership is defined in the AHSSS.<sup>46</sup> The committee operating rules must cover the loss of membership and seat vacancies. Anyone who ceases to hold a position on a committee, or whose services on such committees are no longer required (e.g., the resource person), must hand over documents produced or received in that capacity to the committee.<sup>47</sup>

### **Dispute resolution mechanisms within committees**

It is important to maintain a spirit of cooperation within the UCs and IPCs and harmonious relations among the committees, since they complement each other. If a dispute arises between or within the committees, the parties must undertake to seek an amicable solution before seeking recourse. It may be appropriate to conduct an internal self-assessment before seeking assistance from a third party (grading process). This enables committees preserve their autonomy.

In the case of a CISSS or CIUSSS, the ICUC can play a proactive role in this sense by proposing dispute resolution mechanisms. It could also play a mediation role and, ultimately, request the intervention of the board. It should be noted that if problematic situations or conflicts between the committees arise, an institution cannot grant special status to an IPC to disassociate it from its UC (its CUC for integrated centers). IPCs cannot request this type of privilege from their institution. The same applies to CUCs at their ICUC. However in the event of a dispute, the board of a public institution (or a representative formally mandated by the board) or the CEO of a private institution may intervene.

The operating rules of the committees should also provide for a procedure for a user or in-patient who wishes to complain about their committee or one of its members. For example, they could contact the chair of the committee concerned, the chair of the ICUC (for integrated centers), the CEO in the case of a public institution, the executive director of a private institution, or the board of the institution, whichever is most appropriate.<sup>48</sup>

Finally, the complaints review system does not apply to committee members, since their role is not to provide health care and social services.<sup>49</sup> The LSQCC cannot therefore receive or handle complaints about these members.

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46. See Section 2.2.

47. *Archives Act*, CQLR, chapter A-21.1, s. 12.

48. AHSSS, s. 211.

49. AHSSS, s. 34, p. 1.

## 2.5.2 Appointment of representatives to various committees of the institution

Committee members may be called upon to sit on certain institutional committees that work to improve the quality of services at the institution. The AHSSS provides for the appointment of a member of the UC to the institution's board or watchdog committee.<sup>50</sup>

In the case of CISSSs and CIUSSSs, a person designated by and from among the members of the ICUC sits on the institution's board.<sup>51</sup> The person who sits on the board in this capacity is also a member of the institution's watchdog committee.<sup>52</sup> Members of the ICUC may also be invited to join other committees established by the institution. In addition, CUC and IPC members may be invited to sit on committees that deal with their facility. It is important that committee members use these opportunities to fulfill their role as user representatives.

The term of office of an ICUC representative to the board of an institution covered by the AMOGHSSN is a maximum of three years.<sup>53</sup> They remain in office until reappointed or replaced by another member of the ICUC.<sup>54, 55</sup>

## 2.5.3 Collaboration with other partners in the health and social services network

The committees must necessarily establish a dialogue and act in concert with the institution's authorities and partners in the health and social services network (HSSN) to adequately fulfill their functions. For example, several stakeholders in the HSSN are responsible for ensuring that users' rights and the quality of services are respected. These include the institutions (including the board, CEO, or ED), the local service quality and complaints commissioners, regional community organizations with a mandate to support and assist users through the complaints process, and the Québec Ombudsman.

Thus, the committees have every interest in establishing ties and working in concert with these stakeholders, particularly during promotional activities related to the complaint review system, during visits to assess the quality of living environments<sup>56</sup> in CHSLDs<sup>57</sup> and IR-FTRs,<sup>58</sup> and when they receive reports of abuse of users or in-patients in the HSSN.<sup>59</sup> The committees can also help make the institution's policy against abuse known to users and in-patients.

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50. AHSSS, s. 129.1.3 and s. 181.0.2.

51. AMOGHSSN, s. 9, p. 6, and s. 10, p. 6.

52. AHSSS, s. 181.0.2.

53. AMOGHSSN, s. 19, p. 1.

54. AMOGHSSN, s. 19, p. 2.

55. The complete procedures for designating a member of the UC as a member of the board of directors of a public institution are set out in the *Regulation respecting the procedure for designating certain members of the board of directors of integrated health and social services centres and unamalgamated institutions*, CQLR, chapter O-7.2, r.1.

56. At the request of the board, the CEO of a public institution, the ED of a private institution, or MSSS, the quality of living environments assessment team must have access to a copy of the minutes of the UC concerned.

57. Ministère de la Santé et des Services sociaux, *Guide de soutien à l'intention des établissements dans le cadre des visites d'évaluation de la qualité des milieux de vie en CHSLD (2015-2018)*, [Québec], MSSS, 2016, 29 pages.

58. Ministère de la Santé et des Services sociaux, *Guide de soutien à l'intention des établissements dans le cadre des visites d'évaluation de la qualité du milieu de vie en ressources intermédiaire et en ressources de type familial*, [Québec], MSSS, June 2016, 23 pages.

59. *Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*, CQLR, chapter L-6.3, s. 21.

### **Partnership with users and their loved ones**

Users are better able than providers to understand the realities related to their condition and the impacts of their illness, psychosocial situation, and treatments on their lives. They are also in a good position to know how services could be better designed to help them. The experiential knowledge of users and their families can therefore help improve the quality of care and services, ensure a better response to their needs, and change practices within institutions.

This is why partnership with users and their families is a core principle of the MSSS Strategic Plan 2015–2020.

This partnership operates on two levels:

- In terms of governance and the organization of care and services, the partnership evolves within the MSSS and the institutions.
- At the individual level, the partnership is associated with the user and their care and service pathway.

Knowledge of the organization and the quality of the relationships developed with users and their families and with the various stakeholders in the institution ensure that users' committees are key partners in the governance and organization of care and services. Moreover, in accordance with their functions and as representatives of users, the committees play a key role in implementing, monitoring, and preserving the partnership approach with users and their families. The committees therefore must recognize and value users' and their families' experiential knowledge of care and services within the institution and support, when appropriate, their involvement in the work and on committees or bodies in complementarity with the committees.

This approach is therefore consistent with the functions assigned to the committees in the AHSSS, in particular "to foster the improvement of the quality of the living conditions of users."

#### **2.5.4 Recruiting members**

In order to ensure the sustainability of the committees' activities, it is suggested that efforts be made to recruit members on all relevant occasions when these committees intervene with users or in-patients of an institution.

Committee members act as volunteers regarding the people they defend and represent. It is therefore important that the committees adopt a rigorous recruitment process that specifies the practices and methods the institution should use to collect references or do criminal record checks,<sup>60</sup> for example, so that new members meet the required criteria.

Lastly, to ensure the retention of new members, it is recommended that the committees onboard new members and inform them about the institution, the rules of ethics of the committee concerned, its values, its mandate, its operations, and so on.

#### **2.5.5 Training members**

Developing skills through training helps the committees enhance their activities. Training is essential to ensure that members clearly understand their roles and responsibilities. That way, members are better equipped to work constructively with the institution's various stakeholders, particularly the board of directors, the various departments (including general management and the quality assurance department), and the LSQCC. Training also promotes member recruitment and retention. Therefore, member training is strongly recommended.

#### **2.5.6 Self-assessment**

As part of their activities, committees are encouraged to take a moment and evaluate their performance and achievement of their objectives. Through a self-assessment exercise, a committee can evaluate its functioning and achievements, its chair, and the individual contribution of its members. Such an exercise is part of a continuous quality improvement process.

Appendix 4 provides a list of questions to help committees conduct self-assessments.

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60. MSSS, *Circulaire 2012-013 : Vérification des antécédents judiciaires de toute personne désirant exercer des fonctions ou sa profession au sein d'un établissement de santé*, Québec City, MSSS, April 2012.

## 2.6 Committee budget administration

The committees are required to keep accounts and the supporting documents necessary for the production of their financial reports and accounting. It is important that they put rules in place for authorizing expenditures and establish guidelines and priorities for using their budget appropriately (e.g., through an action plan). For the CISSSs and the CIUSSSs, the ICUC must harmonize the practices of the committees under its authority. It should be noted that the following principles should guide committee decisions regarding the administration of their budgets:

- Committees have an obligation to spend their budgets wisely and manage them soundly, in line with their functions.
- Committees are autonomous in the administration of their budgets and cannot be obliged to pay for an expense imposed by someone else.
- Committees must make their expenditures on an annual basis and must not spend money they do not have, use credit, or commit money from next year's budget.

### 2.6.1 Funding

Funding procedures and those for managing the sums not spent by the committees are set out in the financial circular establishing the budget parameters relating to users' committees and in-patient committees,<sup>61</sup> available on the MSSS website.<sup>62</sup>

For questions concerning funding, committees can contact general management or the finance department at their institution. If there are significant problems with budget payment (e.g., undue delay or refusal), it is up to the board to act. The UC representative on the board may inform board members of the problem.

UCs must ensure that IPCs have the necessary resources to carry out their functions.<sup>63</sup> The UC must therefore set aside the sums that are essential to the operation of the IPCs. It must, in collaboration with the IPCs, decide on the operating procedures it intends to adopt so that each IPC can enjoy a certain autonomy of action in its facility. IPCs must account for expenses incurred and provide supporting documentation to the UC.

### Bank accounts

UCs that wish to have their own bank account may do so.<sup>64</sup> Where applicable, account holders with signing authority should be advised of the associated legal implications (see box below). Institutions may offer administrative support to the committees. For example, it would be good practice for the UC to reach an agreement with the institution to reduce the banking and accounting costs associated with these tasks, but the institution cannot impose this.

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61. MSSS, *Circular 2016-021 : Paramètres budgétaires relatifs aux comités des usagers et aux comités de résidents*, Québec City, MSSS, April 2016.

62. At the following address: <http://mssa4.msss.gouv.qc.ca/fr/document/d26ngest.nsf/listNumber?OpenView>.

63. AHSSS, s. 212, p. 5.

64. Based on MSSS expectations for institutions provided by the deputy minister on January 18, 2016.

### Committee resource person

With the agreement of the institution, a committee may retain the services of a qualified person to carry out administrative tasks, such as answering the telephone, preparing events, handling correspondence, drawing up minutes, etc. If the UC wishes to hire a resource person directly, members should be advised of the legal implications (see box below). It is suggested that the contractual relationship with the resource person be established with the institution, although the person must be selected by the committee. The committee can ask the institution for help with the selection process and for writing up the contract. However, that assistance must not result in an inappropriate person being chosen. In addition, it is the responsibility of the committee members to specify the resource person's tasks. Like UC and IPC members, the resource person cannot:

- Intervene directly with employees
- Replace the management of the institution
- Make a complaint or institute proceedings in a user's stead
- Place themselves in a conflict of interest or use the committee for personal gain
- Call themselves a legal advisor, or other similar title, or give legal advice and opinions<sup>65</sup>
- Take a position in a public debate on behalf of the committee or institution

#### **Important information regarding committee members' liability**

UCs and IPCs are not corporations. As they are not legal entities, they do not enjoy certain legal rights such as the right to sue. Thus, UC members who incur expenses do so on their own behalf unless they seek administrative authority from the institution to spend on behalf of the institution. They thus engage their own collective responsibility. For example, a member who decides to enter into a contract of significant value (e.g., hiring a resource person) without administrative authorization and who does not comply with the obligations entered into could be found liable<sup>66</sup> and the other members of the committee could as well.

Terms and conditions may be agreed on with the institution to ensure that the committee has the necessary autonomy to use the budget allocated to it. The institution may, for example, open a bank account specific to the UC and determine which member(s) may conduct transactions in it. This would give the committee all the necessary autonomy regarding the use and control of its budget. Although the institution may offer the UC support (budget control, bank account, hiring a resource person), the committee must preserve its administrative and organizational autonomy.

In all cases, UC autonomy must be preserved.

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65. *Act respecting the Barreau du Québec*, CQLR, chapter B-1, s. 132 and following sections.

66. *Civil Code of Québec*, a. 1458.

## 2.6.2 Reporting

The UC is accountable to the board of its institution.<sup>67</sup> It reports on its activities and expenditures as well as those of the committees under its responsibility. The UC must therefore submit an annual activity report and a financial report to the board and forward them, upon request, to the minister.<sup>68</sup> The UC must use the ministerial reporting templates (activity reports, financial reports, etc.) appended to the financial circular related to the current UC and IPC budget parameters.<sup>69</sup> These templates facilitate the collection of information and the reading and interpretation of the activities of all committees. They also ensure that all required items are included in the report. It should be noted that, if necessary, MSSS may require other documents for planning, resource allocation, and evaluation purposes.

For CISSSs and CIUSSSs, this responsibility is entrusted to the ICUC. The ICUC must therefore coordinate, with the CUCs and the IPCs, the production of the consolidated activity and financial reports of all these committees. The procedure for integrating these various reports is as follows: the IPC transmits its activity report to the CUC and the CUC in turn transmits its report to the ICUC after integrating the reports of the IPCs. Finally, the ICUC must consolidate the CUC activity reports and integrate them into its own activity report and submit it to the board. Thus, CUCs do not have to submit their documents to the board.

### Priority issues and recommendations of the UC to the board

As part of the annual reporting process, the UC submits to the board a list of priority issues and recommendations for quality improvement within the institution. In the case of CISSSs and CIUSSSs, this responsibility is entrusted to the ICUC. The procedures for integrating issues and recommendations submitted by UCs and IPCs is the same as for the reporting process: the IPC forwards its issues and recommendations to the CUC, and the CUC in turn forwards its own to the ICUC, after integrating those of its IPCs. The ICUC integrates them into its own final report and identifies which are priorities. Finally, UCs and IPCs should inform users of the work accomplished in relation to their mandate by presenting an activity report and financial report<sup>70</sup> at their AGM or a public meeting.<sup>71</sup>

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67. In the case of a private institution without a board, all of these responsibilities are assumed by the holder of the operating license (AHSSS, s. 182, p. 2).

68. AHSSS, s. 212 and AMOGHSSN, s. 46.

69. MSSS, *Circular 2016-021 : Paramètres budgétaires relatifs aux comités des usagers et de résidents*, Québec City, MSSS, April 2016.

70. See the appendices of Circular 2016-021 of the MSSS which present the expected reporting models.

71. A CUCI not required to hold an AGM could hold an annual public meeting for all users in the area it represents. The CUCs and RCs under its authority would be invited.

### 2.6.3 Eligible and ineligible expenses

All expenses incurred by the committees must fall within the UC and IPC mandate (see Section 2.3). These committees must also follow the applicable financial rules in the health and social services network, in particular for the reimbursement of travel and meal expenses.<sup>72</sup> Assets acquired under the UC and IPC budgets must be used exclusively for the purposes for which they were intended. These assets belong to the committee and not to the committee members or the person who acquired them on their behalf (for example, a resource person). If a committee wishes to dispose of its assets, it must return them to the institution to which it is attached. It cannot donate them. For CISSSs and CIUSSSs, the procedure is as follows: the IPC transfers the asset to the CUC, which transfers it to the ICUC, which transfers it to the institution.

#### Examples of eligible expenses

- Compensation of resource persons
- UC and IPC member registration fees to various conventions, conferences, training courses, seminars, or any other activity related to their functions
- Travel expenses: meals, transportation, and accommodation for committee meetings, conventions, conferences, training sessions, seminars, or other activities related to committee duties
- Costs related to the production of promotional material for the committee's information function: suggestion boxes, posters, pamphlets, fee schedules, etc.
- Costs related to the translation of UC documentation
- Costs related to writing and printing the annual report
- Costs incurred for material necessary for the committee's work: photocopies, photographs, stamps, pencils, paper, bulletin board, etc.
- Costs of organizing activities related to the committee's functions: conferences, thematic weeks, etc., and costs of producing and distributing a committee newsletter
- Costs related to the design of tools necessary for the performance of the committee's duties
- AGM<sup>73</sup> and committee election expenses: information and convocation documents, mailings, meeting where members are elected, etc.
- Consultation fees (related to committee roles and functions), membership fees (e.g. provincial organizations representing committees), journal subscription fees (related to committee roles and functions)

There are certain expenses that the committees do not have to pay. For example, they do not have to reimburse the cost of equipment or furniture intended for users. Furthermore, they do not have to pay expenses related to recreational activities that are the responsibility of the institution or pay resources who assist users through their care pathway or during meetings related to individualized intervention plans (IIP) or individualized service plans (ISP).

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72. MSSS, *Circular 2008-041 : Travel Expenses*, Québec City, MSSS, September 2008.

73. However, to promote the proper functioning of UCs, the institution could collaborate in this activity on a technical level. It could, for example, manage user lists for mailings, assist in the design of public election notices, make a room available to the committee for the event, and lend technical equipment, if necessary.

With regard to amenities (coffee, snacks, etc.) that are sometimes offered by the committees during this type of activity to encourage participation and recruitment of members, the committees concerned could decide to contribute in accordance with the practices or policies in effect within the institution.

#### **Examples of ineligible expenses**

- Capital costs for users: swing, bus, television, microwave, water dispenser, coffee machine, air conditioning, cable TV, clock, alarm clock, stereo, etc.
- Expenses related to all forms of gifts: trips, gift certificates, chocolates, flowers, alcohol, etc.
- Financial support for awareness campaigns, videos, programs and fundraisers related to specific diseases or care (vaccination campaign, infection prevention, cancer research grant, donations for Alzheimer's disease, etc.)
- Expenses related to religious activities: masses, songbooks, flowers, parish sheets, etc.
- Expenses related to recreational activities or the wellbeing of users: flowers, chocolates, various outings such as to a sugar shack, hiring a singer, summer camps, massage therapy, clown therapy, music therapy, pet therapy, family celebration, etc.
- Parking fees for users, their families, or employees
- Costs related to the training of the institution's staff, even in relation to user rights
- Costs related to the use of a room: rent, maintenance, painting, electricity, telephone, Internet access, and record keeping
- Costs related to website creation, integration, launching, maintenance, and updating<sup>74</sup>
- Costs related to the publication and distribution of the institution's code of ethics or complaints procedure
- Expenses related to the mandate and functions of the local service quality and complaints commissioner
- Legal costs
- Costs related to criminal record checks of committee members and resource persons
- Cost of civil liability insurance
- Financial compensation (attendance allowance) granted to committee members for their participation or attendance at committee meetings, as well as bonuses or gifts offered to outgoing or resigning members
- Financial compensation offered to members for the use of their cellphone or personal Internet access in the course of their duties
- Remuneration of resource persons for supporting users in their care pathway or during meetings related to an IIP or an ISP
- Membership fees for non-profit employer, union, or professional associations or groups other than those related to the roles and functions of UCs and IPCs

It should be noted that simply associating the name of a committee or user rights with an item does not make the expense eligible. For example, the cost of a swing would still be ineligible even if the name of the committee is on it.

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74. As a committee of the institution, the UC must use the institution's technology infrastructure.

### **3. ROLES AND RESPONSIBILITIES OF OTHER ACTORS WITH RESPECT TO COMMITTEES**

#### **3.1 MSSS**

In accordance with its planning, allocation, and evaluation roles, MSSS defines provincial priorities and directions, establishes policies, and ensures the allocation of financial resources.<sup>75</sup> Thus, it may adopt directions or policies relating to the committees, such as those contained in this reference framework. It may also provide guidelines as to the committees' use of budgets<sup>76</sup> (e.g., the circular establishing the budgetary parameters relating to UCs and IPCs<sup>77</sup>).

MSSS liaises with:

- Institutions (e.g., with general management, the quality, assessment, and performance department, or the finance department)
- Provincial bodies representing the committees

If necessary, MSSS assists public and private institutions in their interventions with committees regarding activities that are not in line with committee functions provided for in the AHSSS, or when the CUCs or the IPCs do not meet their reporting obligations or they incur ineligible expenses.

#### **3.2 Institutions**

##### **3.2.1 Boards of public institutions**

The board administers the institution and exercises all powers.<sup>78</sup> Although UCs have considerable latitude because of their functional autonomy, they are accountable for their actions to the users they represent and, being committees of the institution, they must answer to the board. Therefore, their autonomy is not absolute. The board has a number of responsibilities in this regard and must ensure:<sup>79</sup>

- The relevance, quality, safety, and effectiveness of the services provided
- Respect for users' rights and efficient handling of their complaints
- Wise and efficient use of human, material, and financial resources

CISSSs and CIUSSSs may help private institutions in their respective service network fulfill their quality mandate, including those that are experiencing difficulties in meeting their legal obligations with respect to ensuring the quality of health and social services (particularly regarding the establishment and coordination of UCs). If necessary, the CISSS or CIUSSS must follow up on corrective measures put in place to meet the requirements of the AHSSS.

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75. AHSSS, s. 431, subs. 2, pp. 1, 2, and 3.

76. AHSSS, s. 431, subs. 2, p. 3.

77. MSSS, *Circular 2016-021 : Paramètres budgétaires relatifs aux comités des usagers et de résidents*, Québec City, MSSS, April 2016.

78. AHSSS, s. 170, and SSRIA, s. 28.

79. AHSSS, s. 172, subs. 4, 5, and 6 and AMOGHSSN, s. 31.

## **Establishment of committees**

A UC is established for each institution.<sup>80</sup> If an institution lacks a UC, it is the board's responsibility to ensure that a committee is set up according to transparent and democratic rules that encourage users, in-patients, or their representatives to participate. When the board organizes a general meeting to establish a UC, it must establish the procedure for the election of members and then proceed with this election. Once established and functioning, such a committee may, if it so wishes and in a democratic manner, modify its composition and operating rules, including the procedure for electing its members.

In the case of an amalgamated public institution, the UC is set up by the CUC. In the case of a non-amalgamated public institution, the IPC is established by the UC, and the UC created by the board.

All the responsibilities of a private institution without a board are assumed by the holder of the operating license.

## **UC reporting and budgetary monitoring**

In accordance with the AHSSS, the board must allocate the UC the budget established for this purpose in its operating budget.<sup>81</sup> The board must verify the UC's reporting, and board members may question it on the content of its financial report. Thus, a UC that has used or allowed amounts to be used for purposes other than those provided for in its mandate could be accountable to the board. Section 2.5.2 provides examples of eligible and ineligible expenses.

The board does not have to monitor and approve every UC and IPC expenditure. However, it must monitor the use of the UC's budget, which is an integral part of the institution's budget. Thus, at the request of the board, the audit committee may comment on the financial reports produced by the UC.<sup>82</sup>

In certain situations, the institution may withhold one or more payments to the UC or suspend its financial support completely. These situations are as follows:

- The committee no longer acts in line with its duties
- The committee does not meet its reporting obligations
- The committee incurs ineligible expenses
- The committee is no longer functional or even is non-existent

Where applicable, the institution should provide written notice to the UC indicating what activities are not compliant and the planned sanction. The UC should be informed that the sanction will end when it responds adequately to the compliance request.

In the case of a private institution without a board, all of these responsibilities are assumed by the holder of the operating license.<sup>83</sup>

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80. AHSSS, s. 209, p. 1.

81. *Ibid.*

82. The audit committee is a committee created by the institution's board (AHSSS, s. 181.). Its functions include ensuring that a plan for the optimal use of the institution's resources is put in place and monitoring compliance with this plan (AHSSS, s. 181.0.0.3, p. 1.). This committee is asked to comment on any financial report submitted to it by the board for analysis.

83. AHSSS, s. 182, p. 2.

## **Response to priority issues and UC recommendations**

UCs submit to the board a list of priority issues and their recommendations for quality improvement as part of their annual reporting procedures. For its part, the board must provide a formal and public response to these issues and recommendations and ensure their follow-up.<sup>84</sup>

There must be a constructive partnership, therefore, between the board and the UC. The board must consider the committees as real partners in improving the quality and safety of care and services. Both the board and the UC have an interest in exchanging and sharing their views on issues and solutions.

In the case of a private institution without a board, all of these responsibilities are assumed by the holder of the operating license.

## **Code of ethics and dispute management**

The board must adopt a code of ethics for the institution (including, if applicable, for the committees' resource person). If, for example, the resource person does not respect the ethical principles of the institution and, through their actions, hinders the proper functioning of the committees, the board should talk to the committee(s) concerned and get them involved in resolving the problem.

Those who help fulfill an institution's mission are not considered to be "third parties." So volunteers may be subject to ethical guidelines that relate to the accomplishment of this mission.<sup>85</sup>

It is important to note that the directives the board gives volunteers must not become rules governing the functioning or activities of the committees. However, nothing prevents the institution from adopting specific guidelines to ensure better dialogue between the institution's authorities and volunteers.

### **3.2.2 CEO or executive director of the institution**

The CEO or executive director of the institution is responsible for the administration and operation of any institution that the board administers, and for the management of its activities and resources.<sup>86</sup>

#### **Ensure the proper functioning of the committees**

The CEO or executive director of the institution supports the efficient operation of UCs and any IPCs and informs each user in writing (e.g., through signage) of the existence of these committees.<sup>87</sup> To promote the proper functioning of the committees, the CEO or executive director of the institution should publicize their existence and foster an attitude of openness, collaboration, and transparency on the part of all the institution's bodies and facilities. Here are other ways for general management to carry out this function:

- Inform users of the existence of these committees by including their contact information in the users' welcome guide or any other document provided
- Consult the UCs before adopting or reviewing documents concerning users and respect for their rights and obligations (the welcome guide for users, documents on partnership with users and their families, etc.)
- Solicit the participation of committees in cases where user representation is relevant and permitted by law (institutional or living environment committees, etc.)

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84. Based on MSSS expectations for institutions provided by the deputy minister on January 18, 2016.

85. *Batshaw Youth and Family Centres v. Hatton* (2002), R.J.Q. 1859 (C.A.) see also *Giroux v. Centre hospitalier régional de Trois-Rivières*, 2012, QCCA 1611, pp. 74 and 75.

86. AHSSS, s. 194, p. 1.

87. AHSSS, s. 211, p. 1.

- View UCs and IPCs as true partners in improving the quality and safety of care and services<sup>88</sup>
- Encourage the training of members of these committees so that they develop the skills required to fulfill their role

In the event of a dispute within a committee or between committees, a CEO or executive director may, by virtue of the powers and responsibilities related to their<sup>89</sup> function, intervene in order get the parties concerned to find common ground for reaching an agreement. This involves monitoring, but not interfering in, the activities relating to the functions of the committees under the AHSSS.

### **Provide space and material resources**

The CEO or executive director must provide these committees with premises for their activities and for keeping their records confidential.<sup>90</sup> In particular, a UC must have appropriate space for its<sup>91</sup> activities where it has access to various physical resources, such as a telephone line, photocopier, computer, Internet access, courier service, and a lockable filing cabinet. In the case of integrated centers, given the distance of some committees from the institution, committees should have access to videoconferencing rooms to facilitate meetings between ICUCs, CUCs, and IPCs, and to reduce travel costs.

### **Provide funding**

Integrated centers must provide ICUCs and UCs with the specific budget established for this purpose in its operating budget.<sup>92</sup> The same applies to a public institution or a private institution that is party to an agreement. In the case of a private institution not covered by an agreement, it must grant the committee the amount set for this purpose by MSSS.<sup>93</sup>

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88. MSSS, "Engagements des présidents-directeur généraux des établissements du réseau de la santé et des services sociaux," in *Forum sur les meilleures pratiques en CHSLD: November 17 and 18, 2016*, (Online), updated December 1, 2016. [<http://www.msss.gouv.qc.ca/professionnels/soins-et-services/forum-chsld/engagements>] (accessed December 12, 2017).

89. AHSSS, s. 211, p. 1.

90. AHSSS, s. 211, p. 2.

91. Although the AHSSS does not require that the committee have a dedicated space for its exclusive use, the institution should strive to meet the committee's needs in this regard.

92. AMOGHSSN, s. 60, p. 2. and s. 203, p. 2.

93. AHSSS, s. 209, p. 1.

Institutions must inform their committees of the budget parameters established by MSSS. They must also notify them, at the beginning of the fiscal year, of the amounts that are earmarked for them for the current fiscal year and those to come and make the funds available to them. Institutions must contact MSSS for any inquiries concerning the budget parameters of their committees.

### **Provide administrative support**

The institution may, at the request of a UC, issue an administrative authorization to allow UC members to incur expenses on behalf of the institution. With such authorization, the expenses incurred are not the personal responsibility of the members of the UC, but of the institution.

### **3.2.3 Local service quality and complaints commissioner**

The local service quality and complaints commissioner (LSQCC) is appointed by and reports to the board.<sup>94</sup> They are responsible to the board for ensuring that user rights are respected and complaints are handled efficiently.<sup>95</sup> They apply the complaints examination procedure according to user rights and, if necessary, may recommend to the board measures for improving how the institution handles complaints.

The LSQCC, as part of the complaint review system, may also be asked by the UCs and IPCs to coordinate with them its promotional and information activities related to the process and promotion of the complaint review procedure to the users and in-patients the committees represent. The committees and the LSQCC must establish a dialogue and collaborate with the institution's authorities and partners in order to adequately fulfill their functions.

## **3.3 Other partners**

### **3.3.1 Mandated community organizations**

In each region of Québec, MSSS has given community organizations the mandate to assist, upon request, users who wish to file a complaint with an institution, or with the Québec Ombudsman, or whose complaint has been forwarded to the institution's council of physicians, dentists, and pharmacists.<sup>96</sup> The functions of these organizations include informing users on how the complaint review system works, helping them clarify the subject of their complaint, drafting it if necessary, and assisting them, on request, at each stage of the process to facilitate conciliation with the bodies concerned and contribute, through the support they provide, to the satisfaction of the user and the respect of their rights.<sup>97</sup> These community organizations are therefore partners of the committees. They must work together to achieve their respective missions, while focusing on their primary target, i.e., the user.

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94. ASSSS, s. 30.

95. ASSSS, s. 33.

96. ASSSS, s. 76.6.

97. ASSSS, s. 76.7.

### **3.3.2 Provincial bodies representing committees**

UCs and IPCs may belong to and be represented by a provincial body. The mandate of these organizations includes representing these committees before government authorities and the public, defending and promoting user rights by supporting the committees in their mandate, and offering them training and advice, as needed. Annual membership fees in such organizations are considered eligible expenses.

## **4. CONCLUSION**

Committees are essential to the direct participation of users and in-patients in the management of institutions in the health and social services network. They are independent with respect to their functions, but are nevertheless under the authority of the institution regarding their funding and mandate. The people who sit on these committees do so on a voluntary basis, give of their time, and are dedicated to the cause. They need the support and backing of their institutions' boards and general management. Good communication and an open relationship are essential, and all these entities must work in partnership.

This reference framework is therefore intended to be a tool for the members of these committees as well as for the institution's management and board of directors. It can help them organize their daily actions and interventions. As a result, UC and IPCs will be better able to contribute to improving the quality and safety of care and services and to respecting the rights of users.

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## APPENDIX 1: RELEVANT LEGAL PROVISIONS<sup>98</sup>

### *Act respecting health services and social services (AHSSS)*

"209. A users' committee is established for each institution, and each institution must, in the case of a public institution or of a private institution which is a party to an agreement under section 475, allocate to it the special budget provided for that purpose in its operating budget or, in the case of a private institution which is not a party to an agreement, allocate to it the amount paid for that purpose by the Minister.

However, an institution operating an in-patient and long-term care center that has facilities in more than one region of Québec may choose to set up one users' committee for each region or a single users' committee for two or more regions, the committee members being elected by the users of the region or regions concerned.

If the institution operates a center offering in-patient services, it must set up an in-patients' committee in each of the center's facilities.

The users' committee is composed of at least five members elected by the users of the institution and of a representative designated by and from among the in-patients' committees set up under the second paragraph.

The majority of the members must be users. However, if it is not possible to have a majority of users on the committee, the users may elect another person of their choice, provided that the person does not work for the institution or practise a profession in a center operated by the institution.

An in-patients' committee is composed of at least three members elected by the in-patients of the facility in conformity with the conditions set out in the fourth paragraph."

"209.0.1. Despite the third paragraph of section 209, an institution may choose not to set up an in-patients' committee for a facility that provides lodging to fewer than 10 users or that expects to provide lodging to most of its users for a period of less than six months.

In such a case, after consulting its users' committee, the institution must either entrust the exercise of the functions set out in section 212.1 to the users' committee, or group the facility together with one or more other facilities maintained by the institution in order to establish a single in-patients' committee for all those facilities.

Sections 209 to 212.1 then apply, with the necessary modifications.

Each year, the institution must assess the effectiveness of the measure chosen under the second paragraph and, if need be, modify it in accordance with this section."

"209.1. The term of office of the members of the users' committee and the members of an in-patients' committee may not exceed three years."

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98. Sources: Legis Québec (accessed February 21, 2018).

"210. No person under curatorship may be a member of a users' committee or an in-patients' committee."

"211. The executive director of the institution must foster the proper functioning of the users' committee and of any in-patients' committee and inform, in writing, every user of the existence of the committees.

He must make a room available for the committees' activities and make it possible for their records to be kept confidential."

"212. The functions of the users' committee are

(1) to inform users of their rights and obligations;

(2) to foster the improvement of the quality of the living conditions of users and assess the degree of satisfaction of users with regard to the services obtained from the institution;

(3) to defend the common rights and interests of users or, at the request of a user, his rights and interests as a user before the institution or any competent authority;

(4) to accompany and assist a user, on request, in any action he undertakes, including the filing of a complaint in accordance with Divisions I, II and III of Chapter III of Title II of this Act or the Act respecting the Health and Social Services Ombudsman (chapter P-31.1);

(5) to ensure the proper operation of each of the in-patients' committees, if applicable, and see that they have the resources necessary to exercise their functions;

(6) to assess the effectiveness of any measure implemented under section 209.0.1.

In addition, the users' committee must adopt operating rules, submit an annual report of its activities to the board of directors and, on request, transmit a copy of that report to the agency."

"212.1 An in-patients' committee must exercise the functions set out in subparagraphs 1 to 3 of the first paragraph of section 212 for the users residing in the facility, and report to the users' committee."

***Act to modify the organization and governance of the health and social services network, particularly by abolishing the regional agencies (AMOGHSSN)***

"60. The users' committee of an integrated health and social services centre is composed of at least six members elected by all the chairs of the users' committees of all the amalgamated or grouped institutions that continue to exist under section 203, and of five representatives of the in-patients' committees designated by all the in-patients' committees set up under the third paragraph of section 209 of the Act.

An integrated health and social services centre must allocate to the users' committee the special budget provided for that purpose in its operating budget."

"203. Any users' committee established under section 209 of the *Act respecting health services and social services* (chapter S-4.2) for an amalgamated or grouped institution continues to exist and to exercise its responsibilities within the integrated health and social services centre resulting from the amalgamation with respect to each of the facilities specified on the most recent permit of the

amalgamated institution or the permit of the grouped institution. Such a committee carries out its activities under the responsibility of the integrated centre's users' committee.

The integrated centre must allocate to any users' committee whose existence is so continued the special budget provided for that purpose in its operating budget.

Sections 209 to 212.1 of that Act apply to such a committee. However, any documents that a users' committee is required to send to the institution must be sent to the users' committee of the integrated centre."

## APPENDIX 2: EXAMPLES OF WAYS TO ASSIST COMMITTEES IN CARRYING OUT THEIR FUNCTIONS

<p><b>1) INFORM USERS OF THEIR RIGHTS AND OBLIGATIONS</b></p>
<p>Committees:</p> <ul style="list-style-type: none"> <li>• Publicize and promote the rights of users in the institution and in the facilities.</li> <li>• Adequately inform users of their rights and obligations.</li> </ul> <p>Here are some ways to do it:</p> <ul style="list-style-type: none"> <li>• Know the rights and obligations of users, in particular by reading the relevant documents (this reference framework, the AHSSS, etc.).</li> <li>• Be familiar with the complaint review system and the roles and responsibilities of the main actors in addition to the UC, namely the LSQCC, the Québec Ombudsman, and mandated community organizations.</li> <li>• Organize activities to inform users about their rights and obligations and the roles and responsibilities of UCs and IPCs. More specifically:             <ul style="list-style-type: none"> <li>– Distribute the summary of the reference framework, pamphlets, etc.</li> <li>– Work with the institution to disseminate information on the institution's website</li> <li>– Collaborate with the LSQCC and mandated community organizations to inform users about the roles and responsibilities of partners in relation to the complaints review system</li> <li>– Organize individual or group meetings with users and their families</li> </ul> </li> </ul>
<p><b>2) HELP IMPROVE THE QUALITY OF USERS' LIVING CONDITIONS AND ASSESS THE LEVEL OF USERS' SATISFACTION WITH THE SERVICES THEY RECEIVE FROM THE INSTITUTION</b></p>
<p>The committees must be vigilant and observe and bring to the attention of the institution the situations to be corrected in order to improve the quality of users' living conditions.</p> <p>Here are some ways to do it:</p> <ul style="list-style-type: none"> <li>• Provide the board with a list of priority issues and recommendations for quality improvement (within annual reporting).</li> <li>• Bring special cases to the attention of the LSQCC so that they can, on their own initiative, intervene and, if necessary, make recommendations to the management concerned or to the board, as the case may be.</li> <li>• Get involved in the institution's initiatives to improve the quality of services and the living conditions of users.</li> <li>• Assess the level of satisfaction of users and their families regarding the quality of services received and inform the board, the CEO or ED, and the LSQCC. More specifically:             <ul style="list-style-type: none"> <li>– Carry out in-depth user and family satisfaction surveys with the help of experts or in collaboration with the institution.</li> <li>– Request and consult the results of surveys conducted by the institution on users and their families.</li> </ul> </li> <li>• Participate in visits to assess the quality of the living environment in CHSLDs, in the accreditation process of institutions, or in other assessments conducted by the institution or MSSS. During visits, provide, upon request, a copy of the UC or IPCC activity report or satisfaction survey results.</li> </ul>
<p><b>3) DEFEND THE COLLECTIVE RIGHTS AND INTERESTS OF USERS OR, UPON REQUEST, THE RIGHTS AND INTERESTS OF AN INDIVIDUAL USER, BEFORE THE INSTITUTION OR ANY OTHER AUTHORITY</b></p>
<p>The committees defend users' rights and make the necessary representations to the institution, the LSQCC, or other authorities such as the Québec Ombudsman.</p> <p>Here are some ways to do it:</p> <ul style="list-style-type: none"> <li>• Receive and assess requests made by users to UCs or IPCs regarding the non-respect of their rights.</li> </ul> <p>More specifically:</p> <ul style="list-style-type: none"> <li>– Provide users with means of communicating with the committee (telephone line, email, etc.).</li> <li>– Meet individually with users or their families, or communicate with them by telephone.</li> <li>– Ensure rapid follow-up on all requests and keep users informed.</li> </ul> <ul style="list-style-type: none"> <li>• Inform users of the steps to take to file a complaint or to express dissatisfaction.</li> </ul> <p>More specifically:</p> <ul style="list-style-type: none"> <li>– Explain the complaint process to users and provide them with the written procedure.</li> <li>– Refer users to the institution's LSQCC or mandated community organization.</li> </ul>

<ul style="list-style-type: none"> <li>- Direct users to the Québec Ombudsman, or Québec’s Curateur public, if applicable.</li> <li>• Bring to the institution's attention situations that violate users' rights while collaborating with the institution to correct the situation.</li> <li>• Analyze, based on a complaint received, whether the problem affects a single person or a group of users.</li> </ul>
<p><b>4) ACCOMPANY AND ASSIST, UPON REQUEST, A USER IN ANY ACTION THEY UNDERTAKE, INCLUDING FILING A COMPLAINT</b></p>
<p>The committees accompany and assist users in cooperation with the LSQCC and mandated community organizations.</p> <p>Here are some ways to do it:</p> <ul style="list-style-type: none"> <li>• Facilitate access to information on users' rights and obligations and inform users of the means at their disposal when a problematic situation arises. More specifically, provide the user with contact information for available resources or documentation on the LSQCC and mandated community organizations, etc.</li> <li>• Refer the user to the appropriate resources so that they receive the assistance they need to make an oral or written complaint. More specifically: <ul style="list-style-type: none"> <li>- Provide relevant information to the user.</li> <li>- If necessary, refer the user to the LSQCC or a mandated community organization.</li> <li>- Refer the user to the Curateur public in the case of persons under their jurisdiction.</li> </ul> </li> <li>• Accompany, on request, and support the user, but not take steps in their stead.</li> </ul>
<p><b>5) ENSURE THAT EACH IN-PATIENT COMMITTEE FUNCTIONS PROPERLY AND THAT THEY HAVE THE NECESSARY RESOURCES TO CARRY OUT THEIR DUTIES</b></p>
<p>Here are some ways to do it:</p> <ul style="list-style-type: none"> <li>• Support IPCs and ensure that they have the necessary resources to operate. More specifically: <ul style="list-style-type: none"> <li>- Ensure that IPCs have adequate space and equipment.</li> <li>- In collaboration with the IPCs, determine their funding based on the overall UC budget.</li> </ul> </li> <li>• Work closely with IPCs to create the necessary synergy to facilitate concerted and effective action. More specifically: <ul style="list-style-type: none"> <li>- Consult and inform the IPCs on any issue concerning users' rights.</li> <li>- Organize occasional meetings with all committee members.</li> </ul> </li> <li>• Integrate IPC activity reports with that of the UC and support the IPC, at its request, in drafting its activity report.</li> </ul>
<p><b>6) EVALUATE, IF APPLICABLE, THE EFFECTIVENESS OF THE MEASURE IMPLEMENTED UNDER THE PROVISIONS OF SECTION 209.0.1. OF THE AHSS</b></p>
<p>Here are some ways to do it:</p> <ul style="list-style-type: none"> <li>• Ensure the effectiveness of the chosen measure, in particular by evaluating the selected measure and communicating the results to the institution.</li> <li>• Collaborate with the institution if it needs to amend the measure.</li> </ul>

## **APPENDIX 3: SUGGESTIONS FOR OPERATING RULES AND MEMBER CONDUCT RULES**

### **Operating rules**

The committees' operating rules come into force as soon as they are adopted by their members and are transmitted to the board. Depending on the nature of the proposed changes, UC and IPC members will be required to have their operating rules endorsed at their AGM. Here are some suggested items to include:

- General provision (purpose, rules of interpretation)
- Formation and composition of the committee, term of office, resignation and dismissal (loss of membership), replacement procedure
- Annual or special general meeting (composition, quorum, voting rights, election, convocation, place, date, etc.)
- Powers and duties of the members (chair, vice chair, secretary-treasurer)
- Meetings and their functioning (number, place, quorum, in camera, agenda, etc.)
- Special committee (if applicable)
- Minutes and record keeping
- Budget, priorities, etc.
- Oath of confidentiality
- Conflict of interest
- Role of the resource person (if applicable)

Committees (excluding ICUCs) should decide on procedures for their AGMs. Committees may refer to compendiums of procedures,<sup>99</sup> which set out in detail the procedure to be followed in order to hold effective AGMs.

### **Rules of conduct for members**

UC or IPC members (including their resource persons, if any) must act professionally. Here are some suggested rules of conduct:

- Avoid creating expectations by letting the user or in-patient believe that they will obtain a specific result at the end of their complaint process.
- Stick to the rights and obligations set out in the AHSSS when informing the user or in-patient about them.
- Inform users or in-patients who consult the UC that defending their rights and interests does not mean that the desired result will be achieved.
- Respect user and in-patient autonomy regarding their decision whether to file a complaint and support them in their efforts.
- Take the necessary measures to ensure that the confidentiality of information transmitted by users and in-patients is respected.
- Stick to the legal functions of the UC.

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99. There are a number of recognized codes of practice. For example, the *Code Morin : Procédure des assemblées délibérantes*, Beauchemin, 1991, 156 p. ISBN : 2-7616-0454-7.

## **APPENDIX 4: SELF-ASSESSMENT**

As part of their activities, UCs and IPCs are encouraged to take a moment to evaluate their performance and if they are meeting their objectives. By carrying out a self-assessment exercise, a committee can better assess its operation and achievements, its chair, and the individual contribution of its members. Such an exercise is part of a continuous quality improvement process.

The self-assessment should pay particular attention to the following:

- Members' knowledge and skills
- Understanding of the mandate and work of the committee
- Overall effectiveness of the committee
- Quality of the committee chair
- Available information
- Individual input from members

As such, two questionnaires may be sent to members, one on the individual contribution of members to the committee and the other on the contribution and performance of the group. Thus, when a UC or an IPC feels the need, or each year at a time set in advance, it can carry out a self-assessment according to the following rules:

- The self-assessment must be conducted by each member of the committee.
- The questionnaire covers the functioning, performance, and chairing of the committee, as well as the individual performance of its members.
- The terms and conditions regarding the evaluation process and feedback to members are determined by the users' committee.
- Confidentiality must be maintained at all times.

Members are asked to rate each statement according to the following rating scale:

- Totally agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree

All the responses are compiled, an overall performance evaluation form for the committee is created, and a list of areas for improvement is drawn up. Based on the list, the committee can take action on the most glaring shortcomings and needs. It is up to the committee to decide whether or not the results of the self-assessment will be disseminated.

## **Individual assessment questionnaire**

### **1. Members' knowledge and skills**

- 1.1 Members have a clear understanding of the mission, vision, and main priorities of the institution.
- 1.2 Members have a good understanding of the AHSSS as it relates to users' rights.
- 1.3 The board has all relevant information to perform its functions.
- 1.4 The board helps members enhance their knowledge.
- 1.5 The UC is well supported by management in fulfilling its mandate.

### **2. Understanding of the committee's mandate and work**

- 2.1 Members have a clear understanding of the role and mandate of the UC to inform, promote and evaluate, advocate, accompany and assist.
- 2.2 The UC sets achievable objectives and develops an action plan to meet them.
- 2.3 The UC is able to assess how well its annual objectives have been met.
- 2.4 The UC is becoming better known to users and their representatives.
- 2.5 The UC has equipped itself to accompany and assist users when requested to do so.
- 2.6 The UC has equipped itself to defend the rights and interests of users.
- 2.7 The UC has developed means to promote the quality of living conditions and assess user satisfaction with the services they receive from the institution.
- 2.8 The UC has developed means to inform users of their rights and obligations.
- 2.9 The UC helps ensure users' rights are respected and complaints are handled efficiently.
- 2.10 The UC holds an annual general meeting to review its activities.

### **3. Overall committee effectiveness**

- 3.1 The UC establishes common operating rules that create an effective and harmonious working environment.
- 3.2 Members attend meetings regularly.
- 3.3 Members cooperate and trust each other.
- 3.4 Members are actively involved in discussions and decisions.
- 3.5 The UC generally has sufficient resources to carry out its mandate.
- 3.6 The role of the resource person is clear and their contribution is helpful.

### **4. Committee chair**

- 4.1 The chair directs the work of the committee in an effective manner.
- 4.2 The chair holds effective committee meetings.
- 4.3 Members consider that they can express themselves freely in meetings.
- 4.4 Members consider their input useful for discussions.

4.5 The chair welcomes and integrates new members to the board.

4.6 The chair ensures that the IPC is well supported.

5. Available information

5.1 The UC has the relevant financial information to ensure its budget is met.

5.2 Information provided to members is sufficient for decision-making.

5.3 Information is tailored to needs and responsibilities.

5.4 Minutes reflect discussions and decisions taken and are formally approved.

5.5 Ties are maintained with other bodies, particularly the local service quality and complaints commissioner (LSQCC).

6. As an individual, I consider that:

6.1 I am well prepared for meetings.

6.2 I feel comfortable providing ideas or comments during the deliberations.

6.3 I have a good understanding of my role as a member of the committee.

6.4 The climate within the committee is efficient and harmonious.

6.5 The committee uses my expertise effectively.

### Group assessment questionnaire

- 1) Members have a clear understanding of their role on the UC.
- 2) Members understand the role and mandate of the UC, i.e. to inform, promote and evaluate, advocate for, accompany and assist.
- 3) Members have a clear understanding of the institution's mission, vision, and main priorities.
- 4) Members have a good understanding of the *Act respecting health services and social services* (AHSS) in relation to users' rights.
- 5) Members understand and adhere to the institution's code of ethics.
- 6) The UC has equipped itself with the means to accompany and assist users if requested to do so.
- 7) The UC is well supported by management in fulfilling its mandate.
- 8) The UC is well informed of the institution's major issues.
- 9) The UC adheres to the quality assurance program advocated by the institution.
- 10) The UC maintains strong ties with general management.
- 11) Ties are maintained with other stakeholders in the institution, particularly with the LSQCC.
- 12) The UC has all the relevant information it needs to carry out its functions.
- 13) The UC sets achievable objectives and an action plan to meet them.
- 14) The UC has equipped itself with the means to defend users' rights and interests.
- 15) The UC sets itself common operating rules that create an efficient and harmonious working environment.
- 16) The UC is represented on the watchdog committee.
- 17) The UC is represented on the risk management committee.
- 18) The UC is invited to and participates in other consultations.
- 19) The UC has the relevant financial information to ensure that its budget is respected.
- 20) The committee chair directs the work of the UC in an effective manner.
- 21) The chair ensures that each member contributes.
- 22) The chair ensures that the necessary ties are established with the board.
- 23) The chair submits the UC's annual report to the board.
- 24) The necessary documentation for the meetings is forwarded within a reasonable time.
- 25) Documentation is relevant to the committee's mandate.
- 26) Minutes reflect discussions and decisions taken and are formally approved.
- 27) The role of the resource person is clear and their contribution is helpful.
- 28) Members prepare properly for the meetings.
- 29) Members attend meetings regularly.
- 30) Members cooperate and trust each other.
- 31) The UC is becoming better known to users and their representatives.
- 32) The competence of the members is used effectively.
- 33) The expression of differences is encouraged.
- 34) Members are actively involved in discussions and decisions.
- 35) The chair holds effective committee meetings.

- 36) The UC communicates its role and responsibilities to users.
- 37) The length of the meetings is reasonable.
- 38) The UC has equipped itself with the means to inform users of their rights and obligations.
- 39) The UC has equipped itself with the means to promote the quality of living conditions and evaluate user satisfaction with the services they receive from the institution.
- 40) The UC helps ensure rights are respected and complaints are handled efficiently.
- 41) The UC helps members enhance their knowledge.
- 42) The UC's publications help to increase its influence.
- 43) UC publications are used to promote its mandate.
- 44) The UC is able to assess how well it has met its annual objectives.
- 45) The UC holds an annual general meeting at which it reports on its activities.
- 46) The UC generally has sufficient resources to carry out its mandate.
- 47) The report submitted to the board is understandable and relevant to the mandate.
- 48) The content of the report submitted to the board is sufficiently detailed to guide the board in its decision-making.
- 49) The chair welcomes and integrates new members of the UC.
- 50) The content of documents provided to members is easy to understand and relevant.
- 51) Information provided to members is sufficient for decision-making.
- 52) Information is tailored to needs.
- 53) Notices to attend are clear, precise, and explicit.
- 54) Members review their documents prior to meetings.
- 55) Members have become accustomed to reporting their absence prior to a meeting.
- 56) Members consider that they can express themselves freely in meetings.
- 57) Members feel that their input is useful to the discussions.
- 58) Members are comfortable contributing ideas or comments during deliberations.
- 59) Members feel encouraged to give their opinions during the decision-making process.
- 60) The chair supports existing IPCs, as needed.