## Info sheet 10

## Bill 10's impact on Users' and Residents' Committees

A lexicon of terms used is presented at the end of this sheet.

One way in which those required to utilize the services of the health and social services network administered by the province can ensure that their rights are respected, including their access to services in English, is by referring to and/or participating in a Users' Committee or a Residents' Committee (also know as inpatient committees). These committees may also exist in private institutions. The committees are comprised of volunteers elected by users or in-patients.

The legal basis for these committees and the way in which they can be formed is found in section 209 of S 4.2:

**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 allocate to it 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 a residential and long-term care centre 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 centre offering in-patient services, it must set up an in-patients' committee in each of the centre'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 inpatients' 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 centre 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.

Term limits and limitations on users and residents eligible to be part of said committees are outlined in sections 209.1 and 210:

**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.

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

The roles, functions, rights and responsibilities of users' committees and residents' committees are established in sections 211 and 212:

**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.

Bill 10, provides certain changes and new opportunities for users' committees. Section 60, creates a new set of users' committees – one for each of the 22 new CIs:

**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.

Furthermore, section 203 of Bill 10 confirms the continued existence of local site users' and residents' committees:

**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.

In addition, Bill 10, under sections 9 & 10, also designates that a users' committee member must form part of the board of directors of each CI and specialized institution.

9. Subject to section 10, the affairs of an integrated health and social services centre are administered by a board of directors composed of the following members:

(1) one general practitioner who practises in the territory of the integrated centre, designated by and from among the members of the regional department of general medicine;

(2) one medical specialist designated by and from among the members of the council of physicians, dentists and pharmacists;

(3) one institution pharmacist, designated by and from among the members of the regional pharmaceutical services committee;

(4) one person designated by and from among the members of the institution's council of nurses;

(5) one person designated by and from among the members of the institution's multidisciplinary council;

(6) one person designated by and from among the members of the institution's users' committee;

(7) one person appointed by the Minister from a list of names provided by the bodies identified by the education community as representing that community;
(8) nine independent persons appointed in accordance with sections 15 and 16; and

(9) the president and executive director of the institution, appointed by the Government on the recommendation of the Minister, from a list of names provided by the members referred to in paragraphs 1 to 8.

10. The affairs of an unamalgamated institution, and those of an integrated health and social services centre that is located in a health region where a university offers a complete undergraduate program in medicine, or that

operates a centre designated as a university institute in the social sector, are administered by a board of directors composed of the following members:

(1) one general practitioner who practises in the region in which the unamalgamated institution is situated or in the territory of the integrated centre, as applicable, designated by and from among the members of the regional department of general medicine;

(2) one medical specialist designated by and from among the members of the council of physicians, dentists and pharmacists;

(3) one institution pharmacist, designated by and from among the members of the regional pharmaceutical services committee;

(4) one person designated by and from among the members of the institution's council of nurses;

(5) one person designated by and from among the members of the institution's multidisciplinary council;

(6) one person designated by and from among the members of the institution's users' committee;

(7) two persons appointed by the Minister from a list of names provided by the bodies identified by the universities with which the institution is affiliated, if applicable;

(8) ten independent persons appointed in accordance with sections 15 and 16; and

(9) the president and executive director of the institution, appointed by the Government on the recommendation of the Minister, from a list of names provided by the members referred to in paragraphs 1 to 8.

It is important for members of Quebec's English-speaking communities to exercise the positive impact participation in users' and residents' committees can have on expressing their views on the quality of services, including of those provided in English, to both the administration and fellow users of a public or private institution

## LEXICON

Terms in bold are those used in the Information Sheet series.

Terms following the = sign are the equivalent terms found in the English version of the laws referred to, where an English term exists.

**Bill 10** = O 7.2 = the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies

Charter = la Charte de la langue française

CI (Centre Intégré) = integrated health and social services centre

**OQLF** = Office Québécoise de la langue française

**Provincial Advisory Committee** = Provincial Committee on the dispensing of health and social services in the English language

## Regional Access Committee = Regional Committee

Resident = In-patient

**S 4.2** = the Act Respecting Health Services and Social Services

**Specialized hospital** = unamalgamated institution