

<b>TITLE:</b>	<b>Patient Relations Feedback</b>		
<b>Manual/Policy #:</b>	III-6	<b>Division:</b>	CPDMH
<b>Original Issue:</b>	Dec 2011	<b>Issued by:</b>	VP Patient Services & CNE
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<b>Last Date Reviewed:</b>	January 2019	<b>Cross References</b>	Patient Relations Feedback Form

### 1. POLICY STATEMENT:

The Excellent Care for All Act (ECFAA) strengthens patient relations processes by specifying minimum standards respecting retention of certain information on complaints, keeping the patients or complainants informed, and ensuring the hospital has a Patient Relations Delegate. All feedback will be reviewed and recommendations for improvement made where appropriate. All letters of compliment will be acknowledged and appropriate recognition given. Complaints/concerns and compliments will be tracked and reported for Quality Improvement purposes.

CPDMH is committed to providing a continuum of integrated primary health and long-term care services to our communities, focusing on quality care and personal attention. As part of its foundational strategic underpinnings of providing safe care to patients via ongoing quality improvement individuals or groups will have varied responsibilities for feedback:

The Board of Directors recognizes that patient feedback, both positive and negative, is essential to the provision of patient and resident-centered health care.

The President and CEO of CPDMH will have overall responsibility for the effective implementation of CPDMH complaints/concerns resolution process policy.

The Vice President Patient Services and Chief Nursing Executive at CPDMH will act in the role as the Patient Relations Delegate. The Patient Relations Delegate will oversee the complaints process and facilitate resolution of individual patient/family concerns in a standardized, fair, transparent and impartial manner.

The Chief of Department will oversee the complaints process and resolution of individual patient/family concerns with physicians within their department in a standardized, fair, transparent and impartial manner when complaints/concerns involve physician feedback. If the complaint concerns the Chief of the Department then the Chief of Staff (COS) will oversee the complaints process. The patient relations process should be the responsibility of all staff and

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physicians in the hospital and wherever possible, the concerns of patients and their families should be addressed at the point of communication.

## 2. SCOPE:

This policy applies to all employees, members of the Medical Staff and volunteers of the organization and our responsibility to respond to compliments and complaints from patients, families and visitors to the organization.

## 3. GUIDING PRINCIPLES:

The following principles will guide staff and physicians to manage patient and family feedback with the goal of improving patient experience and quality of care, managing risk and identifying gaps between patient expectations and experiences of care.

- 3.1 Compassionate care with pride and excellence: It is the responsibility of every staff member to be attentive to the concerns of patients/families and visitors and to resolve issues of concern at the point of service as soon as they are identified.
- 3.2 Individual integrity, respect and dignity: Patients can expect their complaints/concerns to be heard and acted upon in a timely, confidential manner that will not adversely affect their care.
- 3.3 Transparency and accountability: The complaints/concerns resolution and compliments policy is open, clear and plainly evident to patients and staff. This will demonstrate accountability to the community.
- 3.4 Collaboration, cooperation and team work: Patients' Rights and Responsibilities include the right to express honest opinions about their care experience and be assured that their opinions, whether positive or negative, will be used constructively to assess and improve quality of care.
- 3.5 Trustworthiness, consistency, justice and fairness: The complaints/concerns resolution process is unbiased and aims to be impartial to all parties. All feedback is treated as legitimate and is properly addressed.

## 4. DEFINITIONS:

Patient Relations - Is used to describe the concerns and complaints process in a variety of settings (hospital, long-term care and community care) and for a range of populations (Patients, residents, clients, and their families and friends)" (Health Quality Ontario (2015).

Patient Relations Delegate – An individual at the hospital who will oversee the hospital's patient relations process and will be required to present aggregate data regarding patient relations data to the Hospitals Quality Committee twice annually.

Patients – Includes hospital patients from multiple departments including emergency, day hospital, rehabilitation and others. With respect to a patient complaint, it includes substitute decision-makers who have or had authority to consent to treatment on behalf of a patient or former patient.

Caregivers - Caregivers are defined as individuals who provide or have provided sustained care or support to a patient or former patient.

Fair: Not arbitrary, unjust or discriminatory; following processes and rules put in place; ensuring that decisions and outcomes are reasonable in the circumstances

Impartial: Unbiased and neutral; not aligned with or supporting any side or position.

Transparent: Operating in such a way that it is easy for others to see what actions are performed. Transparency implies openness, communication, and accountability.

Consent: Section 29 of the Personal Health Information Protection Act, 2004 (PHIPA) states that a Health Information Custodian shall not collect, use or disclose personal health information about an individual unless it has the individual's consent. Hospitals and Long-Term Care Homes, among others, are deemed to be Health Information Custodians.

## 5. PROCEDURE:

### Types of Feedback:

Patients families/visitors may offer:

- compliments,
- suggestions (ideas on how to change or improve care),
- inquiries (question or request for clarification of information pertaining to the hospital which cannot be provided at the point of service),
- complaints/concerns (expression of dissatisfaction with some aspect of care/services when an expectation is not or cannot be met by the employee

This feedback can be made via:

- Satisfaction surveys (NRCC)
- Letters
- Feedback form
- In person
- By phone
- By email
- Through the hospital website

**Categories for Complaints:**

Minor: No or minimal impact on the provision of care/organization. Complaint may be resolved at the point of communication.

Moderate: Impact does not have a long lasting effect on the provision of care/organization. Complaint requires an investigation and follow-up by manager. Patient Relations Delegate to be notified.

Major: More serious issues, which may have long lasting affect to patient/organization. Claims or legal review may be pending. Issue requires extensive investigation. Manager/COS Patient Relations Delegate and CEO to be involved in process.

**Documentation** (Refer to Patient Relations Feedback Form)**Verbal complaints to Front Line Staff:**

All front line staff has a role in addressing patient concerns as soon as they become aware of these concerns. Whenever possible, staff should make every effort to resolve the concern at the point of communication.

The front line staff can seek assistance or involve their Manager/Director in addressing a concern. If the concern is dealt with satisfaction of the patient or family at the point of care it does not need to be reported to the Patient Relations Delegate.

If the patient or family would like to voice their concern to someone not involved in their care or is not satisfied with the response, they should be directed to contact either the Manager/Director or the Patient Relations Delegate.

All other complaints:

- All complaints will be responded to by phone initially, within 48 hours of receipt, indicating the initial course of action to be taken by the hospital management: i.e. investigate the complaint, take corrective action.
- A Patient Relations Feedback Form will be initiated in all cases.
- Consent must be confirmed either verbally or written and indicated on the Patient Relations Feedback Form
- A status update of the review/investigation of the complaint will be provided within 5 days of receiving that complaint and whenever a complainant reasonably requests further information.
- A written response will be provided to the complainant upon completion of the review. The written response will include the resolution of the complaint (to the satisfaction of the complainant) or the view of the hospital that it cannot resolve the complaint and reasons thereof.

- Complaints concerning a department manager will be reviewed/investigated by the Senior Management level.
- Complaints concerning the Senior Management level will be investigated by the Chief Executive Officer and/or the Chair of the Board.
- Complaints concerning physicians or the medical care of a patient will be forwarded to the Patient Relations Delegate who will then forward them to the Chief of the Department for investigation and patient/resident follow-up.
- Complaints concerning a Department Chief will be investigated by the Chief of Staff
- All completed investigations together with the complaint form, will be forwarded to the Patient Relations Delegate.
- If the complaint involves structural problems, the Maintenance Lead Hand will be notified to investigate, correct if appropriate, and respond in writing within 48 hours to the Patient Relations Delegate.
- If a complaint cannot be resolved it will follow the appeal process and be investigated further by the Patient Relations Delegate or the CEO
- Situations found to be a variance with Hospital policy or procedure, normal courtesy, or safety and security shall be corrected at once. The person or persons responsible will be informed of the complaint and the action required by them to eliminate the cause of the complaint.
- All complaints will be recorded and tracked to provide an opportunity to monitor and analyze the process.
- A report of aggregate data regarding the patient relations process will be submitted to the Board Quality Committee twice annually.
- Recommendations on revising the process may come from input from the hospital administrative/clinical committees and/or from the Patient and Family Advisory Committee

**Compliments**

- Compliments received by email /letter/phone will be responded to in like manner within 7 days of receipt.
- Staff and physicians are to be notified of compliment and receive written acknowledgement also to be placed in their HR/Medical Staff file.

**6. REFERENCES (If applicable):**

Lennox and Addington County General Hospital. "Feedback Management System" Board No. B-22

Dryden Regional Health Centre. "Complaints Resolution and Compliments Policy" Governance Organization #2891-V1

Almonte General Hospital. "Patients Relations Program" Administration Committee IX-05  
Patient Relations Tool Kit OHA 2<sup>nd</sup> Edition 2018.

Health Quality Ontario (2015)

Excellent Care for All Act, (ECFAA 2010)

Personal Health Information Protection Act, 2004 (PHIPA)

**7. APPENDICES****Evaluation**

This policy will be reviewed every 2 years or earlier as per legislation amendments.