

**Red Lake Margaret Cochenour Memorial Hospital
- POLICY-**

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DEPARTMENT: ADMINISTRATION	CATEGORY: PUBLIC RELATIONS	POLICY NUMBER: ADM-PR-VI-01	
SUBJECT: Patient Relations and Complaints Process	AUTHORIZATION: _____	Distribution:	Original: Nov. 2012 Revisions: July 2016
	CHIEF EXECUTIVE OFFICER		

PURPOSE:

The Patient Relations policy and procedure provides the patient and his/her family with a mechanism to bring forward concerns, suggestions and comments to Red Lake Margaret Cochenour Memorial Hospital (RLMCMH). This policy aims to ensure optimum complaints management in a patient-focused culture consistent with the hospital's mission, vision and values.

Our goal is to provide excellent care. Patient complaints are one way to identify areas where we can improve the patient and family experience. The goal of the process is to improve upon our approach to patient care, not to fix blame.

POLICY:

RLMCMH is committed to improving the quality of our services in a patient-focused environment and welcomes the views of patients and families on the care that we provide. The resolution of patient/family concerns or conflicts is of vital importance in supporting the interests of the patients in the context of patient centred care.

A complaints resolution process will be in place to provide patients/families with a clearly defined access point thereby demonstrating RLMCMH's commitment to patient satisfaction and process improvement.

All comments, suggestions and complaints will be reviewed and recommendations for improvement made where appropriate. Complaints will be tracked and reported for Quality Improvement purposes.

PRINCIPLES

- The Chief Executive Officer (CEO) has overall responsibility for the effective implementation of the RLMCMH Patient Relations Policy. The CEO has delegated responsibility to the Director of Risk Management and Patient Relations (Director of RMPR) to manage the complaint process related to patient care.
- The process for reviewing patient complaints/compliments may include managers/team leaders, physicians, staff and senior management at the discretion of the CEO and/or Director of RMPR.
- The Director of RMPR has responsibility for logging and tracking the complaints and maintaining files.
- 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 so that they do not become complaints.

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PRINCIPLES

- RLMCMH will ensure that all patients are aware of their right to voice concerns and that information on how to use the complaints procedure is well publicized through the use of posters, pamphlets, patient information binders and a link on the public internet site which includes a direct email address to the CEO.
- The patient's care and treatment will not be adversely affected by having made a complaint.
- Patient complaints will be tracked and trended and used to improve systems and service.
- Aggregate data will be reported to the Governance/Quality Committee of the Board, Medical Advisory Committee (MAC) and Senior Leadership Team (SLT) by the Director of RMPR.
- Confidentiality of all parties to the complaint process will be respected and maintained.

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 complaint at point-of-service by endeavouring to meet the needs of the patient within the limits of the professional's ethics, appropriateness of care and the policy and procedures of the organization.
- The front-line staff may seek assistance or involve their manager/service leader in addressing a concern.
- If the complainant prefers to voice their concern to someone who is not involved in the service area or if the complainant is not satisfied with the response, he or she should be directed to contact the CEO, CNE or the Director of RMPR.

INITIAL ACKNOWLEDGEMENT:

- Verbal complaints that are not resolved at the point-of-service and all written complaints should be directed to the CEO. The CEO will either respond to the complainant or direct the complaint to the Director of RMPR for resolution.
- The CEO/DRMPR or CNE will receive the verbal complaint and reduce it to writing and verify its accuracy and completeness with the complainant. Information will be recorded and a file opened.
- The CEO/CNE will forward information to the Director of RMPR for logging/tracking purposes.

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INITIAL CONTACT:

- The preferred mechanism for resolving complaints is personal discussions with the patient/family.
- In the early part of the process an explanation or sympathetic approach and response may satisfy the complainant. In the normal course of delivering patient care, there may be areas in which there is a perception of or actual room for improvement. In appropriate circumstances, an apology that RLMCMH was unable to meet their expectation of service and assurances that attempts will be made to improve service delivery in the future may be appropriate.

If the issue is not resolved during this initial contact, the CEO/CNE or Director RMPR will:

- Offer to arrange a meeting with the patient/family to discuss their concerns
- Seek clarification of the issues
- Describe the process for investigation including timelines
- Obtain consent to investigate: if the complainant is someone other than the patient, the investigator must get permission from the patient or their substitute decision maker to begin an investigation
- Ask the complainant what resolution they would like to see as a result of the investigation.

Complaints Involving a Physician:

When a complaint involves the care provided by a physician, the Chief of Staff will assist in the review of the complaint and is responsible to:

- Ensure the physician has reviewed the matter
- Provide input or assist in the resolution of sensitive issues
- Assist in the development of a final response to the patient/family
- Participate in a meeting with the patient/family as required for resolution of the issue

Complaints Involving Staff or Hospital Services:

When necessary, a manager shall assist the DRMPR in conducting the review of the complaint in their relevant service area.

When a complaint involves a staff member, it is the responsibility of the manager to:

- Ensure all staff named in the complaint are informed in a sensitive and supportive manner, including review of the contents of the complaint letter/verbal summary
- Review the circumstances of the complaint with the staff involved
- Provide the results of the review to the CEO/Director of RMPR in the standard time frame
- Make recommendations for improvement when indicated

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DOCUMENTATION:

- Document all discussion with people in relation to the complaint handling including telephone calls.
- Document the issues objectively in clear unambiguous language.
- Document the information in chronological order, recording date and time of entry.
- Documentation will be filed in the office of the Director of Patient Safety/Quality Improvement.

RESPONSE:

The preferred strategy to resolve concerns is through personal discussions such as telephone calls or face to face meetings. There are times when a written response is required particularly when there are complex issues to document.

Letters of response related to hospital personnel or services:

Letters will be formulated by CEO/CNO/Director RMPR in collaboration with the manager of the service area.

The letter will be signed by the CEO.

A copy of the final response will be forwarded to the manager.

Managers will share the contents of the response with the staff named in the complaint.

Letters of response in physician complaints:

Letters will be formulated by the CEO/DRMPPR in collaboration with the Chief of Staff:

The letter will be signed by the Chief of Staff.

A copy of the final response will be forwarded to the physician involved.

A copy of the letter will be kept on file in the office of the Director of Risk Management/Patient Relations.

The final response may include:

- Information relevant to complaint
- Explanation of the events
- Reasons for decision
- A description of changes that have resulted from the complaint
- An apology where appropriate
- Acknowledgment of thanks to the complainant for their feedback.

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PROCESS IMPROVEMENT PROJECTS

The manager of the service area is responsible for initiating any process improvement plan that results from the complaint and investigation. The process improvement plan will be reported to the Director of RMPR for inclusion in the report to the Quality Committee of the Board and MAC.

HIGH RISK:

If a complaint reveals a case of possible negligence, significant risk to patient safety or the likelihood of legal action then the complaint shall be deemed to be an adverse event. The investigation into the initial complaint once deemed to be an adverse incident shall immediately cease and a decision made with regard to investigation under a Quality of Care review as regulated under QCIPA. The patient or family which initiated the complaint shall be advised that the Quality of Care Committee is investigating the adverse incident.

TARGETED TIMELINES:

The CEO/CNO will endeavour to respond to complaints within the following time parameters, subject to change should the circumstances require:

- Verbal/written acknowledgement of complaint: 3 business days
- Completion of investigation: 28 calendar days
- Response to complainant: 30 calendar days

STRATEGIES USED TO INFORM PATIENTS/VISITORS/STAKEHOLDERS

Posters, pamphlets, patient information binder, link on the public internet site, direct email address to the office of the CEO.

QUALITY MONITORING AND REPORTING

- A consolidated report will be forwarded to the Quality Committee of the Board, MAC, SLT and the Nursing department on a quarterly basis by the Director of PS/QI.
- The report will identify key themes and will include initiatives undertaken to improve quality of care and service.
- The information will be used in the development of the annual Quality Improvement Plan under the Excellent Care for All Act.

Legislation: *Excellent Care for All Act*

References:

Toronto East General, 'Complaint and Recovery Process'
Credit Valley Hospital, 'Patient Feedback Program' 2005
Bloorview Kids Rehab, 'Issue Resolution Process'
Humber River Regional Hospital, 'Compliments and Concerns Process' (2007)
Massachusetts General Hospital, 'Developing a Patient Advocacy Program'
Northwestern Medical Center, 'Complaint Process'
University Health Network, 'Clinical – Patient Compliments & Complaints' 2006
York Central Hospital, 'Patient Concerns Resolution Process', 2007
Markham Stouffville Hospital, 'Complaints/Compliments Process', 2004
Dryden Regional Health Centre, 'Complaints Resolution and Compliments Policy'