



## GOVERNANCE POLICY

POLICY TITLE: Complaints Resolution and Compliments Policy

Section	Governance, Organization
Category	Public Relations
Number	2891-V1

### PURPOSE:

The complaint resolution policy and procedure provides the patient and his/her family with a mechanism to bring forward concerns, suggestions and comments to Dryden Regional Health Centre. This policy aims to ensure optimum complaints management in a patient-focused culture consistent with the hospital's mission 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.

Compliments to staff are important indicators of patient satisfaction and require acknowledgment and recognition.

### POLICY:

DRHC 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 DRHC's commitment to patient satisfaction and process improvement.

All comments, suggestions and complaints will be reviewed and recommendations for improvement made where appropriate.

All letters of compliment will be acknowledged and appropriate recognition given. Complaints and compliments will be tracked and reported for Quality Improvement purposes.

### PRINCIPLES

- The Chief Executive Officer (CEO) has overall responsibility for the effective implementation of the DRHC Complaints Resolution and Compliments Process Policy. The CEO has delegated responsibility to the VP of Clinical Support Services and Service Quality (VP SQ) to manage the complaint process
- The VP SQ will oversee the complaints process and facilitate resolution of individual patient/family concerns in a standardized, transparent and impartial manner.
- The process for reviewing patient complaints/compliments may include Directors/Service Leaders, physicians, staff and senior management at the discretion of the VP SQ.
- 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.
- DRHC 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 office of the VP SQ: [patientrelations@dh.dryden.on.ca](mailto:patientrelations@dh.dryden.on.ca)
- The patient's care and treatment will not be adversely affected by having made a complaint
  - Patient complaints and compliments will be tracked and trended and used to improve systems and service
  - When deemed necessary by the VP SQ to advance the interests of this Policy, aggregate data will be reported to the Governance/Quality Committee of the Board, Medical Advisory Committee (MAC) and Senior Leadership Team (SLT) and Nursing Council
  - 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 the nursing Supervisor or their Director/service leader in addressing a concern. A voiced concern that is dealt with to the satisfaction of the patient or family at the point of service does not need to be reported to the VP SQ.

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 VP SQ.

**INITIAL ACKNOWLEDGEMENT:**

Verbal complaints that are not resolved at the point-of-service and all written complaints should be directed centrally through the office of the VP SQ.

The VP SQ will receive the verbal complaint and reduce it to writing and verify its accuracy and completeness with the complainant.

The VP SQ will acknowledge complaints on behalf of all parties. Information will be logged on an Issue Resolution Form (IRF) and a file opened. A copy of a written complaint/a summary of verbal complaints and the IRF will be distributed to appropriate Directors/Service Leaders/Chiefs/Senior Leadership at the discretion of the VP SQ.

**INITIAL CONTACT BY VP SQ:**

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 DRHC was unable to meet their expectation of service and assurances that attempts will be made to improve service delivery in the future may satisfy the complainant.

If the issue is not resolved during this initial contact, the VP SQ will:

- 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.
- Offer to arrange a meeting with the patient/family to discuss their concerns

**COMPLAINTS INVOLVING A PHYSICIAN:**

The Medical Chief will assist the VP SQ to conduct the review of the complaint in their service area 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.

In the absence of the Chief of a service area, a complaint involving a physician will be investigated with the assistance of the Chief of Staff.

**COMPLAINTS INVOLVING STAFF OR HOSPITAL SERVICES**

When the VP SQ deems it necessary, a Director(s)/service leader(s) shall assist the VP SQ 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 VP SQ, or a Director/service leader designated by the VP SQ 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 VP SQ in the standard time frame
- Make recommendations for improvement when indicated

**DOCUMENTATION ON THE ISSUE RESOLUTION FORM (IRF)**

It is the responsibility of the VP SQ to ensure that documentation of information is complete and that the file information is recorded in a standard format.

- 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.

**LETTER OF RESPONSE**

Despite the preferred strategy to resolve concerns 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 will be formulated by the VP SQ in collaboration with the Director/service leader of the service area.
  - The letter will be signed by the CEO.
  - A copy of the final response will be forwarded to the Directors
  - Directors will share the contents of the response with the staff named in the complaint.
- Letters of response in physician complaints will be formulated by the VP SQ in collaboration with the Chief of Service/Chief of Staff.
  - The letter will be signed by the Chief of the Service or the Chief of Staff
  - A copy of the final response will be forwarded to the physician, Chief of Staff and VP MA.

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 consumer for their feedback.

### **PROCESS IMPROVEMENT PROJECTS**

The Director/service leader 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 VP SQ for inclusion in the report to the Governance/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 and no longer a complaint. The VP SQ will inform the VP MA responsible for Risk Management. The VP MA will initiate the quality of care review process. The investigation into the initial complaint, once deemed to be an adverse incident by the VP SQ, shall immediately cease until and unless the Quality of Care Committee determines that the adverse incident should be investigated as a complaint. Otherwise, the patient or family which initiated the complaint shall be advised that the Quality of Care Committee is investigating the adverse incident, as well as the contact person within the QCC who will have carriage of the matter.

If the complainant has either started formal legal action or notified verbally or in writing that he/she intends to do so, then the complaint will automatically be deemed to be an adverse event and the procedure adopted in the previous paragraph relating to adverse events shall apply.

### **TARGETED TIMELINES:**

It is understood that each complaint will involve different issues and different parties, such that it is not possible to guarantee adherence to strict guidelines in responding to complaints. However, the VP SQ 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: 35 calendar days

### **COMPLIMENTS:**

Service leaders will track the receipt of thank you cards and letters of compliment and forward the data to the VP SQ.

The VP SQ will ensure that:

- Data on the numbers of Compliments and thank you cards is entered into the data base
- Tracking is reported in quarterly reports to the Governance/Quality Committee of the Board, MAC and the Senior Leadership Team

### **STRATEGIES USED TO ADVERTISE THE COMPLAINTS/COMPLIMENTS PROCESS:**

- Posters, pamphlets, patient information binder, link on the public internet site, direct email address to the office of the VP SQ: patientrelations@dh.dryden.on.ca

**QUALITY MONITORING AND REPORTING**

- A consolidated report will be forwarded to the Governance/Quality Committee of the Board, MAC and SLT and the Nursing Council on a quarterly basis.
- The report will identify key themes and will include:
  - statistical information provided by the VP SQ
  - initiatives undertaken to improve quality of care and service.

**Reference:**

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  
Royal Perth Hospital, 'Principles of Complaint Management'  
University Health Network, 'Clinical – Patient Compliments & Complaints' 2006  
York Central Hospital, Patient Concerns Resolution Process, 2007  
Salisbury Hospital, UK, 'Complaints Policy'  
Markham Stouffville Hospital, 'Complaints/Compliments Process', 2004