Lakeridge Health ☑ Harmonized	**Patient and Family Feedback – Policy and Procedures**	
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	Document Applies to: All Lakeridge Health Staff and Physicians	
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Policy

The Patient and Family Feedback Policy exists to strengthen, personalize and enhance the relationship between patients, families/partners-in-care and the health care team. Complaints and compliments are unique opportunities for evaluating our delivery of care and improving internal systems and processes. Successful monitoring of feedback can help Lakeridge Health identify those areas that matter most to patients and where the organization's energy needs to be directed.

All patient and family/partner-in-care concerns/complaints will be acknowledged and responded to in a timely, professional and appropriate manner by all hospital staff and physicians. A key component of complaint management is the systematic recording of issues, risks, complaints, and their resolution, which is achieved through the Incident Information Management System (IIMS). At Lakeridge Health our IIMS is called the WeCARE Hub.

This policy applies to all feedback about health services received from members of the public or external organisations.

The objectives of the policy are to:

1. Assist Lakeridge Health with the timely and effective management of complaints.
2. Establish a standard approach to complaints handling including the establishment of performance indicators to monitor compliance.
3. Ensure that all staff are aware of their responsibilities and are empowered to manage complaints.

Definition(s)

Complaint/Concern:
A complaint/concern is an expression of dissatisfaction with any aspect of the services or care provided by an individual, department, or organization.
Compliment:
A compliment is an expression of satisfaction with any aspect of the services or care provided by an individual, department, or organization. Compliments are documented.

Inquiry/Support:
Request for information, education, support or advice regarding personal experience, general system issues or how the health care system works. Inquiries/Support does not follow the formal complaints management process and falls outside of the 5-day response timeframe.

Pre-Emptive/"Heads-up":
Information relating to a complaint/concern that may be forthcoming. Pre-emptive/"Heads-Up" does not follow the formal complaints management process.

Suggestion:
An idea or plan put forward for consideration. Suggestions do not follow the formal complaints management process.

Point of Service (POS):
Where the complaint has originated or where the interaction first occurs. It is the connection between the Service Provider and the patient/family member/partner in care. This is where the complaint is expected to be resolved, whenever possible, in keeping with Lakeridge Health's mission statement.

Procedure(s)

Procedure for Compliment:

1. The sender of the compliment will receive an acknowledgement from the point of service manager within one business day. Patient Experience will respond to all letters, emails and cards sent directly to Patient Experience Office.
2. The compliment will be documented and shared with the person(s) identified manager/director/chief to share with the individual(s). The manager will file the compliment letter where appropriate on behalf of the staff member(s).
3. Compliments may be posted publically on communication boards and shared with the Foundation and or Communications with the written consent of the sender.
4. Compliments will be logged by the receiver into WeCARE.

Procedure for Complaints:

1. When a complaint is received on the unit, an attempt should be made to resolve the complaint immediately if possible and/or within one (1) day, involving the physician and manager where appropriate. If the complaint is resolved without issue, the matter

is deemed concluded. It is the responsibility of the Manager to track and trend complaints received and resolved on their unit(s) in WeCARE Feedback if;

a. There is risk of the complaint escalating
b. The complaint is moderate or serious in nature
c. The complaint involves more than one program and/or has organization wide or system wide impact

2. When a complaint is received by Patient Experience, it will be acknowledged within one (1) business day and consent from the patient/POA obtained to share the feedback for response/action. A copy of the letter/email/telephone call summary will be sent to the Point of Service Manager with a copy to the Director. It is the responsibility of the Manager/designate to:

    a. Communicate with the patient/family member or partner-in-care to resolve the issue within five (5) business days of receipt of the complaint
    b. Identify opportunities for improvement
    c. Complete a Feedback log within WeCARE and seek support from Patient Experience when needed in the management of complex concerns

3. Complaints received by the Board, Office of the President, Chief Nursing Executive, Communications, Vice Presidents and Chief of Staff will be forwarded to Patient Experience no later than one (1) business day for distribution to the most appropriate Point of Service manager/designate or physician for action. Patient Experience will acknowledge the complaint on behalf of the Senior Management Team and begin the formal complaint process, reporting back the complaint outcome to the individual(s) who originally received the complaint. Additional follow up by the original receiver may be required and will be determined in collaboration with Patient Experience and the program(s) involved.

4. When a complaint involves an employee/volunteer, details of the complaint are sent to the manager. It is the responsibility of the manager/designate to:

    a. Ensure employees/volunteer named in the complaint are made aware of the complaint
    b. Investigate the complaint (may require discussion/collaborative investigation with other units/programs) and follow up with patient/family member/partner-in-care.
    c. Identify opportunities for improvement
    d. Document the complaint in WeCARE using the Feedback icon

5. When the complaint involves a physician/privileged staff, it is acknowledged within one (1) business day by Patient Experience and a copy or summary of the complaint is sent to the physician named, and Chief of the Department (and Chief of Staff if the chief is named in the complaint). Patient Experience will support the physician upon request to organize meetings, chart reviews, letter writing, or in the management of complex concerns. Patient Experience will expedite the request to Health Records for scanning of patient charts where appropriate. It is the responsibility of the physician/privileged staff to:

    a. Follow up on the matter and provide a response to Patient Experience

b. Provide input/assistance to resolve the issue if required, this may include contacting the patient/family directly
c. Communicate with Patient Experience as to the outcome

Department/Division Chiefs, or their delegate, are responsible for reviewing all complaint alerts and notifying the Medical Affairs office of files requiring physician performance management.

If the complaint is unresolved by the physician/privileged staff, or if the patient/family member/partner-in-care has specifically requested not to speak to the physician who provided care, the complaint will be escalated to the Department/Division Chief, or their delegate. The Department/Division Chief/delegate will:

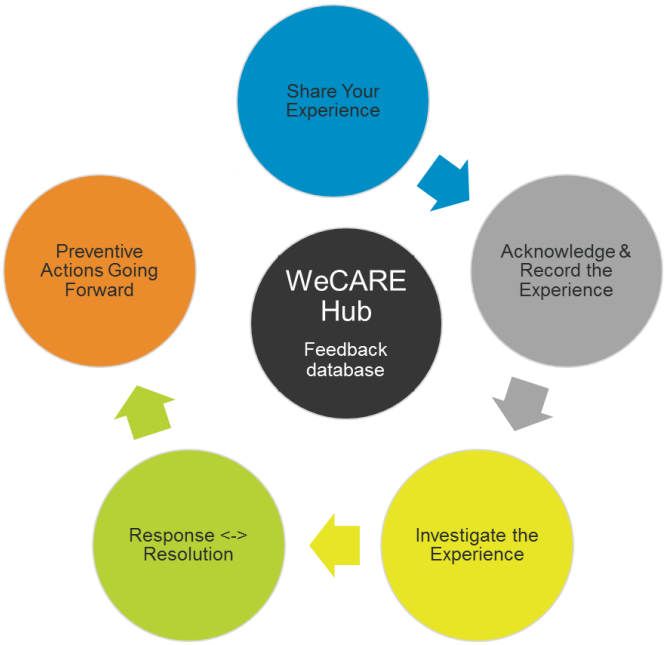
a. Ensure the Medical Affairs office is notified for files requiring physician performance management
b. Follow up with the patient/family member/partner-in-care
c. Provide input /assistance to resolve the issue if required
d. Communicate with Patient Experience as to the outcome

6. Patient Experience will advise Risk Management, Communications and the CEO of any concerns that may have the potential for legal action, ministry/political involvement or media interest.

7. The Patient Experience team will notify the appropriate Clinical Director and the Director Quality, Improvement and Risk of any quality of care cases that may require review.

Feedback Management Framework

Patients, families/partners-in-care can expect the following phases and timelines in resolving complaints/concerns:



1) Share your experience

Complaints may be received through the following channels:

- In-person
- Telephone
- Social media
- Hard-copy mail
- Email
- Real-time or mail-in surveys

It is the responsibility of every staff member, volunteer and physician to be attentive to the concerns of patients and family members/partners-in-care and to strive to resolve concerns at the unit/department level as soon as they are identified. The Patient Experience office at the request of the patient or family member/partner-in-care or the unit may address concerns or complaints that cannot be resolved at the unit/department level.

Point of Service Complaints

Ideally, most complaints will be dealt with directly and quickly at the point where the problem arises. Escalation of complaints may be avoided where staff has clear authorization to resolve complaints at first contact.

Complaints should be referred to the unit manager if they:

- Remain unresolved,
- Involve serious consequences,
- Involve complex medical issues or a number of different staff,
- Need action that is beyond the responsibility of the staff at point of service,
- Require escalation or reporting to an external body under any other Lakeridge Health Policy

Escalation process

Complaints are referred to the next level of management when the matter is outside delegation or is unresolved.

The escalation process proceeds as follows:

- Patient Care Specialist/Patient Care Manager
- Program Clinical Director and/or Medical Director
- Patient Experience Specialist
- Manager or Director of Patient Experience, as appropriate

If the patient/family member or partner-in-care will not speak with the unit manager, they must be offered alternative ways to make their complaint, such as the Clinical Director and/or Patient Experience Office. The recipient of the complaint must then inform the patient/family member or partner-in-care of the course of action that will be taken next.

2) Acknowledge and record the experience

Patients and family members/partners-in-care can expect acknowledgement of their complaint within one (1) business day. The Point of Service leader or Patient Experience Specialist will record all details of the complaint or compliment into WeCARE.

3) Investigate the experience

The purpose of the investigation process is to:

- Classify the complaint appropriately to determine appropriate action
- Ensure the process is commensurate to the seriousness of the complaint and the issues raised
- Ensure fairness to any clinicians/staff concerned

Point of Contact should:

- Consider whether information needs to be secured
- Construct a chronology of events, or flow chart, particularly if the matter is complex
- Identify who may be interviewed and the appropriate order of interviews
- Consider if an interpreter is required
- Develop questions for the key parties based on the analysis of the issues and information required
- Determine the applicable standards/procedures/policies and whether they were adhered to

Collaboration with Patient Experience may be necessary for complex and/or unresolved complaints.

A complex complaint may require extensive investigation; involve more than one program, meetings with patient/family and other key stakeholders, potential quality of care issues and potential changes to policy or procedures.

4) Response/Resolution

Complaints will be resolved by the assigned Point of Service lead(s) within five (5) business days of the lead receiving the complaint. Depending on the nature, severity, and availability of information required to review the complaint, or if the initial response is unsatisfactory, the assigned lead may continue to work with the patient/family member/partner-in-care beyond the five day timeline to ensure appropriate follow up takes place. The lead will communicate with the patient/family and agree upon a reasonable response timeline.

The lead makes findings and recommendations for action. Actions taken by Lakeridge to resolve a complaint should be based on the evidence, address any system or process issues, and are informed by the Lakeridge Health's Patient Declaration of Values.

Options for appropriate action may include:

- Offering an apology
- Waiving fees

- Develop or amend policy/procedure
- Training/education of staff or public
- Modification of the environment
- Requesting a formal Review through the Quality department as per Lakeridge's Incident Management and Quality of Care review processes
- Ongoing monitoring of an issue, including who is responsible for monitoring, or
- No action required

Complaint Resolution - Final Response

The target for finalizing complaints is five (5) business days.

The final response must be factually correct and:

- Include an apology. Note: This is not necessarily about accepting blame or fault, but will sometimes be an acknowledgement of the patient/family member/partner in care's experience and their feelings
- Address each of the points the patient/family member/partner-in-care has raised with a full explanation or give the reason(s) why it is not possible to comment on a specific matter, avoiding speculation and/or personal opinions of the matter
- Give details of action taken as a result of the complaint
- Offer to meet the patient/family member/partner-in-care with the key staff involved. If there is a reason why a specific issue cannot be addressed this should be stated
- Include details of further action available to the patient/family member/partner-in-care

The lead should ensure that department heads and staff members who have been involved are aware of the final response before it is shared with the patient/family member/partner-in-care. Responses by phone or in-person are preferred unless the patient/family member/partner-in-care has relayed a preference for an emailed or written response (mailed letter).

Program leaders and Patient Experience will collaborate to determine the most appropriate person to respond in instances where responses are required from more than one program or multiple individuals (e.g. nursing and physicians).

The final response will be documented and:

- Copied to the relevant Manager
- Copied to any requesting parties to which the patient has given consent
- Filed in WeCARE Feedback

If the patient/family member/partner-in-care does not acknowledge attempts to contact them with the response, the file will be closed after the second attempt with notes added to the file documenting the dates, times, and the name of the person who attempted contact.

Complaint Handling Considerations

Anonymous complaints

Anonymous callers should be advised that an investigation is made more problematic if they do not divulge identities as this severely limits the service's ability to obtain information. They should then be informed of confidentiality, as applied to the complaint management process, to encourage them to reveal their own and/or the patient's identity.

The patient/family member/partner-in-care needs to be informed:

- There will be disclosure of information to any respondents identified
- There is "nothing off the record" in information provided to the service
- What will happen with the information given to the service

However, the patient/family member/partner-in-care's wishes should be respected, as an assurance of absolute confidentiality cannot be given.

Anonymous written complaints may reveal the identity of the patient/family member/partner-in-care or it may be apparent from the complaint details. An inquiry may still be possible and may be warranted if the complaint raises public health and safety concerns or where external agencies may need to be notified.

Declining to deal with a complaint

Lakeridge Health may decide to decline to deal with a complaint because it is:

- Vexatious or frivolous
- Outside jurisdiction
- The subject matter of the complaint (or part) has been or is under investigation by some other competent person or body or has been or is the subject of legal proceedings

Care needs to be taken in assessing these complaints to ensure that every effort is made to understand the information the patient/family member/partner-in-care is attempting to convey.

If a complaint has been declined, patient/family member/partner-in-care should be advised of the reasons for the decision as well other agencies that may be able to assist them with their concerns.

Unresolved Complaints

If a patient/family member/partner-in-care remains dissatisfied following Lakeridge Health's response, they have several options available to them, which may include:

- Review by another senior member of staff or the Director, Patient Experience
- Independent review by external agency (e.g. Ombudsman Office if all escalation points have been exhausted internally at Lakeridge)

Patients/family members/partners-in-care have the right to pursue their complaint until it is resolved to their satisfaction. However, there are reasonable limits in terms of dealing with continued contact and correspondence with dissatisfied patient/family member or partner-in-cares and matters that might be frivolous or vexatious complaints. Lakeridge Health will make every attempt to resolve the issues within hospital scope.

Document/File Management

The lead responsible for follow up will update the appropriate file record in WeCARE during the management of the complaint.

Copies of letters/memos sent including update letters, acknowledgement letters, letters requesting information or clarification, letters notifying parties of a complaint, should become

part of the file. File notes should record the subject matter of telephone conversations and other actions.

These files will be kept in accordance with the Excellent Care for All Act.

Complaint records are not to be kept with a patient's medical file.

5) Preventative Actions Going Forward

Feedback is logged into WeCARE to identify trends. The aggregated data is available to programs in order to assist in departmental Quality Improvement initiatives. High level insights are also shared on a quarterly basis with the Quality Committee of the Board.