POLICY

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Purpose:

To receive and address compliments and complaints that arise in the context of care and service in a consistent and timely manner.

To provide support through the Patient Relations office in responding to complex complaints that may be of a broad, complex, serious, or sensitive nature.

Issues Not Addressed by this Policy

Complaints initiated by Providence Care personnel regarding another Providence Care personnel’s actions should be referred to the responsible manager of the department/service. These complaints should not be reported in wE-Care. wE-Care is for patient/client and family feedback.

Refer to the Providence Manor Care Delivery Manual policy and procedure CARE-RC-11 ‘Compliments and Complaints’ for the process followed at Providence Manor.

Keywords: expressions of dissatisfaction or satisfaction
Policy Statement:

Providence Care is committed to service excellence. Feedback regarding our care and services are valued opportunities to continually improve Providence Care processes, care and service.

Compliments made about care and service delivery, are indications of satisfaction and are an important way to acknowledge contributions of Providence Care personnel. Verbal and written compliments are acknowledged as soon as possible, reviewed by the Patient Relations office, and referred to the appropriate personnel and/or service/department area. Compliments are documented in wE-Care.

Complaints - Providence Care, with the support of the Patient Relations office, will review and respond to the complaints of clients, families/significant others/Substitute Decision-Makers in a thorough, timely, and impartial manner. The process will respect confidentiality and applicable privacy legislation, and be equitable for the complainant and Providence Care personnel.

Definitions:

Client

Client includes patients and clients.

Complaints

Complaints from an individual are defined as verbal or written expressions of dissatisfaction with care or service provided. Complaints can be categorized as minor, intermediate or major.

Complainant

A complainant could be, for example clients, patients, family members, significant others, Substitute Decision-Makers, Power of Attorney, Patient Advocate, visitor, community partners, internal or external stakeholders.

Compliment

A compliment is any comment that commends an individual or the care/service provided by the organization. Compliments include, but are not limited to, letters, notes, cards or verbal feedback.

Minor Complaint – A more distinct criticism than a concern. Resolution may consist of an explanation, clarification or simple apology. Minor complaints may be documented in wE-Care if it is likely that the minor complaint will escalate if unresolved to the complainant’s satisfaction.

Intermediate Complaint – Will be documented in wE-Care. Resolution requires review, possible investigation, discussion with family/client and other providers, minor changes to policy, procedure or practice. Response may also include an explanation, clarification or simple apology.

Major Complaint – Will be documented in wE-Care. Resolution requires extensive investigation, meetings, major policy review, reporting of events to authorities.

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**Patient Relations Coordinator**

The Patient Relations Coordinator:
- receives, acknowledges, and documents client/patient and family/significant others feedback that comes to the attention of the Patient Relations Office, directing feedback to the appropriate person(s); coordinates, tracks responses; prepares summary reports
- provides support to the incident analysis process and investigation team
- manages the incident/feedback file and ensures strict confidentiality of the information

**Patient Relations Office**

The Patient Relations Office includes the Patient Relations Coordinator, the Quality Improvement Facilitators, and the Director, Quality and Risk Management. This office is a point of contact for clients, their families/significant others, and for personnel as a support for the feedback process.

All investigations of major complaints will be coordinated through the Patient Relations office under the direction of the Director, Quality and Risk Management.

**Personnel**

Personnel includes all levels of staff, physicians, volunteers, students.

**Recipient**

Recipient means personnel or person who receives the compliment or complaint.

**PROCEDURE**

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## PROCESS FOR RECEIVING COMPLIMENTS

1. Accept compliments received from clients via telephone, face-to-face contact, card/letter, email, ‘We Care What You Think’ written form, satisfaction surveys, the 1-844-849-9166 line, or other delivery method.  
   **Note:** Compliments received through our public website are entered into wE-Care by the Patient Relations Office. Compliments received in the ‘We Care What You Think’ box at Reception Services are collected once weekly and entered into wE-Care by the Patient Relations Office.

2. Document compliment not already documented by the Patient Relations office in wE-Care.

3. Acknowledge receipt of compliment as soon as possible. Speak directly to personnel named in the compliment, or to their manager.

## PROCESSES FOR RECEIVING COMPLAINTS

4. Receive expressions of dissatisfaction with care or service from complainants via various delivery methods including telephone (the Patient Relations toll free number 1-844-849-9166), face-to-face, card/letter, email, ‘We Care What You Think’ form.

5. Accept complaints sent through the organization’s public website and Patient Relations toll free number (1-844-849-9166), and collect written complaints weekly from the ‘We Care What You Think’ box at Reception Service.

6. Contact the Patient Relations office if assistance is required in entering the complaint into wE-Care.

Gather initial information to identify what the complainant is concerned about, the implications of the complaint, the person’s expectations, and what needs to be done to reach resolution. The following list includes points to keep in mind during this step:

- a) What is the complainant dissatisfied about and why
- b) Details of when, where and who
- c) What actions have occurred to date

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d) What were the complainant’s expectations regarding what should have happened

e) What does the complainant want(expect to happen now

f) What support, if any, the complainant needs in order to proceed, including any accommodation for literacy, language, or disability

7. Do an initial determination as to whether the issue is a minor, intermediate or major complaint. Consult with the manager and Patient Relations Coordinator as needed.

Document intermediate and major complaints in wE-Care. Minor complaints may be documented in wE-Care if it is likely that the minor complaint will escalate if unresolved to the complainant’s satisfaction.

Note: The final level of severity will be determined after the complaint has been reviewed and addressed.

REVIEW OF COMPLAINTS

8. Attempt to resolve the complaint at the point of care or service as appropriate to the recipient’s ability and scope of authority.

Notify and involve the manager and physicians as appropriate.

Acknowledge the complaint within five (5) business days of the complaint being received and whenever the complainant reasonably requests further information.

9. Strive for as independent and unbiased a review as possible.

Involve program leadership as appropriate to determine who is taking the lead/responsibility for various aspects of the review and/or the response.

Ask Patient Relations to assist or lead (in consultation with the Director, Quality and Risk Management) in the review if appropriate, particularly for those complaints that are of a broad, complex, serious, or sensitive nature.

a) Verify and review any documentation, e.g. the report of the complaint, personal health information record. (The MRP must communicate with the Manager if the Manager is not already aware.)
b) Review the report within wE-Care to ensure
   - the information is comprehensive and accurate,
   - the appropriate notifications have been made,
     including the Patient Relations Office, Communications
     if the complainant indicates intent to involve the media,
     and Protections Services as appropriate, and
   - to confirm the severity level of the complaint and
     update as needed (intermediate or major).

c) Determine possible contributing factors and identify if any
   immediate action is required to prevent escalation of the
   situation and further complaints.

d) Notify and conduct interviews with the Providence Care
   personnel named in the complaint.

Ensure sufficient notice of a meeting is given to personnel and
complainant so that they have time to arrange for someone to
attend the meeting with them if desired. Ensure there is at
least one other Providence Care person in attendance at
meetings to document the discussion and plans for follow up.

10. Escalate the resolution of the complaint to the Director of the
    program/service/department, if appropriate.  
    Manager/  
    delegate/ 
    Patient Relations

11. Debrief with personnel and/or complainant and provide
    support as required. 
    Manager/  
    delegate

NOTIFICATION(S) AND ELECTRONIC DOCUMENTATION

12. Notify the manager immediately if, in the opinion of the
    recipient, the complaint is intermediate or major, or is beyond
    the scope of the recipient. After hours notify the Clinical
    Supervisor for hospital operations (who may also notify the
    Administrator on call).

    For after hours in the community, notify the Clinical
    Supervisor.

    Manager/  
    Senior Director/  
    delegate

13. Advise the appropriate Senior Director/Regional Director for
    all serious complaints.  
    Manager/  
    Senior Director/  
    delegate

14. Advise the Clinical Director (Department Head or delegate) if
    there is a serious complaint related to medical care.  
    Senior Director or 
    Regional Director, 
    depending on the 
    program/ 
    delegate
15. Communicate to:

- the Clinical Director (Department Head or delegate), Vice-President, Medical and Academic Affairs and Director, Medical Administration, Chair of Medical Advisory Committee if there are serious/major medical issues related to physician care and treatment. Those advised will determine the lead(s) and nature of the follow up.
- For Providence Care Hospital, the Vice-President, Patient and Client Care and Senior Director, Professional Practice and Chief Nursing Executive if there are serious issues related to nursing or allied care and treatment.
- For the Community Programs, the Vice-President, Community Programs and Long-Term Care if there are serious issues related to nursing or allied care and treatment.
- the Director, Quality and Risk Management if there is potential for legal action or risk issues
- Human Resources if there are staff issues related to Code of Conduct
- the Privacy Officer if the complaint is related to potential or actual breach of privacy/confidentiality
- the Director, Communications and Reception Services if there is a potential for media inquiries

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<th>Action</th>
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<td>15.</td>
<td>Communicate to:</td>
<td>Program Senior Director/ Regional Director/ Program Clinical Director/ delegate</td>
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16. Document each step of the reviews, investigations and findings into the wE-Care file on a regular basis. The electronic file remains active and can be accessed for updates by personnel who have access rights to view a particular file.

17. Complete the follow-up of the complaint. Document all organizational efforts to identify, analyze and resolve the complaint in wE-Care. Describe measures taken or recommended to improve the overall quality of client care/service. Include:

- a) an explanation of the circumstances surrounding the complaint
- b) an updated assessment of the effect of the complaint on the client(s)
- c) a summary of current client status, including follow-up care provided
- d) a chronology of steps taken to review the complaint, including date(s), persons(s), committee(s) involved in each activity
- e) a summary of all actions taken to correct identified problem(s) to prevent recurrence of the complaint

MRP/ Manager/ Director
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<td>f)</td>
<td>whether or not the complaint is resolved to the satisfaction of the complainant and</td>
<td>MRP/ Manager/ Director</td>
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<td>g)</td>
<td>debriefing provided to the complainant and personnel</td>
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<td>h)</td>
<td>identification of all findings, conclusions and recommendations associated with the review</td>
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**CLOSURE OF COMPLAINT AND COMPLIMENT FILES**

18. Ensure all aspects of the report are complete and close the file in wE-Care. Manager/Director
   - **Compliments** – files are closed by the manager responsible for the client’s care area
   - **Minor Complaints** - files are closed by the manager responsible for the client’s care area
   - **Intermediate Complaints** – files are closed by the manager responsible for the client’s care area
   - **Major Complaints** – files are closed by the director or delegate responsible for the client’s care area

19. If submitting a written response to the complaint, draft final written responses and then seek endorsement from a Director or delegate and Patient Relations before the final draft is mailed/delivered to a complainant. Consult the Director, Quality and Risk Management, as appropriate.
   For complaints that are considered broad, complex, serious, or of a sensitive nature, a written response may come from the Patient Relations office, who will coordinate and track all written responses.

20. Provide regular compliment/complaint information to program clinical leadership/quality teams. Patient Relations office

**INFORMATION SHARING AND LEARNING**

21. Use compliment/complaint information to identify areas of strength and opportunities to improve quality of care or service delivery processes. Manager/ Director/ Quality Teams

22. Share compliment and complaint feedback with appropriate personnel regularly. Communicate significant findings, conclusions, actions and recommendations with personnel as appropriate. Manager/ Director/ Quality Teams
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<td>21.</td>
<td>Prepare aggregate data report related to complaints twice annually for the Senior Leadership Team and the Performance and Quality Committee of the Board of Directors.</td>
<td>Director, Quality and Risk Management/ delegate</td>
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<td><strong>DOWNTIME PROCEDURE</strong></td>
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<td>23.</td>
<td>If the wE-Care reporting system is unavailable, complete the compliment/complaint report in hard copy format using the ‘We Care What You Think’ form. If the compliment/complaint was received in a hard copy format, retain the hard copy and enter into the wE-Care software when the system becomes available.</td>
<td>Reporting Person/ Receiving Person</td>
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**References:**

- Excellent Care for All Act, 2010. Ontario Regulation 188/15 Patient Relations Process  
  https://www.ontario.ca/laws/regulation/150188

- Vancouver Island Health Authority. Client Relations Office. Complaint Management Policy March 2005

- French Language Services Act, R.S.O. 1990, c. F. 32  
  https://www.ontario.ca/laws/statute/90f32

- Bridgepoint Toronto AQ010 Client Feedback Management March 2006

- The Religious Hospitallers of Saint Joseph of the Hotel Dieu of Kingston Joint Patient Relations Program November 2006

- Ontario Regulation 429107. Accessibility Standards for Customer Service  

- Personal Health Information Protection Act, 2004  
  https://www.ontario.ca/laws/statute/04p03

- Freedom of Information and Protection of Privacy Act, 2012  
  https://www.ontario.ca/laws/statute/90f31

**Related Policies:**

- Providence Care Administrative Manual Policy and Procedure  
  #ADM-CR-5 ‘French Language Services’
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<td>Providence Care Administrative Manual Policy and Procedure #ADM-ETH-3 ‘Relationships with Clients’</td>
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<td>Providence Care Clinical Practice Manual Policy and Procedure #CLIN-PP-1 ‘Abuse Free Environment’</td>
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<td>Providence Care Clinical Practice Manual Policy and Procedure #CLIN-PP-41 ‘Psychiatric Patient Advocate – Complaints’</td>
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