

	POLICY Number: 7311-20-003 Title: Management of Patient/Client/Resident/Family Concerns/Complaints
Authorization [] President and CEO [X] Vice President, Finance and Administration	Source: Director, Quality Services Cross Index: Date Approved: January 13, 1998 Date Revised: June 24, 2011 Date Effective: June 29, 2011 Date Reaffirmed: Scope: SHR & Affiliates

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DEFINITIONS

All SHR staff means SHR employees, practitioner staff, professional staff, affiliates, students and volunteers.

Concern/complaint means any event, incident or situation that a patient/client/ resident, family member or member of the public describes as unsatisfactory; must be in regard to services received within SHR or its affiliates.; may pertain to access to service, care delivery, communication, cost environmental factors, or other matters.

Patient/Client/Resident means any individual or family member who has received services from Saskatoon Health Region.

Point of Service means the point of interaction between health care providers and patients/ clients/residents. Some examples are at the bedside, over the phone and in their homes.

1. PURPOSE

The purpose of this policy is to establish the requirements for assessment, management and resolution of concerns/complaints.

2. PRINCIPLES

2.1 All SHR staff share responsibility for acknowledging and addressing patient/client/resident concerns/complaints.

2.2 The concern/complaint management process requires open communication and strong partnerships with patient/clients/residents.

2.3 Concerns/complaints are important indicators of patient satisfaction and require acknowledgment and recognition.

3. POLICY

- 3.1 SHR welcomes concerns raised from patients/clients/residents, family members and the public regarding the care that we provide.
- 3.2 All SHR staff shall review and provide timely follow up and resolution of all patient/client/resident concerns/complaints.
- 3.3 Every effort shall be made to resolve patient/client/resident concerns/complaints at the point of service.
- 3.4 SHR shall use its best efforts to resolve concerns/complaints to the satisfaction of the patient/client/resident in a timely manner.
- 3.5 All patients/clients/residents with unresolved concerns/complaints must be referred to the Client Representative Office.
- 3.6 In the event the concern/complaint is not resolved to the satisfaction of the patient/client/resident SHR shall offer an internal appeal process.

4. ROLES AND RESPONSIBILITIES

4.1 All SHR staff

- 4.1.1 Acknowledge and share all patient/client/resident compliments.
- 4.1.2 Acknowledge all concerns/complaints received and make every effort to achieve resolution nearest the point of service.
- 4.1.3 Refer unresolved concerns/complaints to the immediate supervisor.
- 4.1.4 Participate as required in the SHR resolution process.

4.2 SHR Department Heads/Directors/Professional Leaders and Managers

- 4.2.1 Acknowledge and share all patient/client/resident compliments.
- 4.2.2 Acknowledge all concerns/complaints received and make every effort to achieve resolution.

4.3 Client Representatives

- 4.3.1 Acknowledge and document the patient/client/resident concern/complaints received.
- 4.3.2 Liaise with the appropriate Physicians/Managers/ Professional Leaders/Directors/Department Heads to facilitate resolution of concerns/complaints.
- 4.3.3 Initiate the SHR internal appeal process at the request of patient/client/resident.
- 4.3.4 Inform appropriate leaders when care reviews and corrective action may be required.
- 4.3.5 Liaise with the Ministry of Health and ensure compliance with the provincial Client Concern Handling System.
- 4.3.6 Provide regular reporting on patient/client/resident concerns/ complaints to SHR staff, physicians, affiliate providers and the Regional Health Authority.

4.4 Senior Leadership Team

- 4.4.1 Assist the Client Representative to overcome barriers in the resolution process.
- 4.4.2 Participate in the SHR internal appeal process as requested by the CEO.

4.5 President and Chief Executive Officer

Appoint and convene the appeal panel as required

5. POLICY MANAGEMENT

The management of this policy including policy education, monitoring, implementation and amendment is the responsibility of the Director, Quality Services.

6. NON-COMPLIANCE/MISUSE/BREACH

Non-compliance with this policy will result in a review of the incident. Repeated non-compliance may result in disciplinary action, up to and including termination of employment and/or privileges with SHR.

7. REFERENCES

Management of Client/Patient Concerns, Regina Qu'Appelle Health Region, Reference #801-1, June 2008.

PROCEDURE

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1. PURPOSE

The purpose of this procedure is to establish the process for patients/ clients/residents to initiate a concern or complaint. This procedure also establishes SHR's response requirements for concerns and complaints.

2. PROCEDURE

Concerns

2.1 Initiating a concern:

2.1.1 Patients/clients/residents are encouraged to speak with staff/physician/manager/administrator at the point of service.

2.1.2 Patients/clients/residents may also contact the Client Representative Office.

2.2 Responding to concern at Point of Service:

2.2.1 SHR staff are required to acknowledge the concern/complaint; and will make every effort to resolve the concern at the point of service or refer it to the appropriate personnel.

(Examples)

- If privacy concern, contact the Privacy and Compliance Department.
- If critical incident, contact Quality Services.
- If a Physician concern, see section 2.4 below.
- Acknowledgement and response to a verbal concern may be verbal or written.
- Acknowledgement and follow-up to a written concern will be written.
- Physician related concerns must be received in writing and will be responded to in writing
- Concerns received by email will be acknowledged by email as received, but will be responded to in written hardcopy form (i.e. letter).
- Responses by the Client Representative are to be provided within 19 days from the date of receiving the concern/complaint. The

Client Representative will provide a written response to the client/patient within 20 days”¹

- 2.2.2 If the concern is not resolved at the point of service, advise the immediate Manager of the concern/complaints.
 - Every attempt must be made by the Manager to resolve the concern/complaint as expediently as possible.
- 2.2.3 Outside regular business hours:
If the concern is received after hours/weekends/holidays, and is unresolved at the Point of Service, advise the manager on call if immediate follow up is required. If immediate follow up is not required the Manager of the unit will follow up during regular business hours.
- 2.2.4 Refer patient/client/resident to the Client Representative when the concern is not resolved to the satisfaction of the patient/client/resident.

2.3 Responding to concerns received by the Client Representative

- 2.3.1 The Client Representative will acknowledge receipt of concerns received within one working day. When an acknowledgement letter is deemed appropriate, it will outline the specified timeframe for resolution (20 days).
- 2.3.2 If a resolution to the concern cannot be obtained in the specified timeframe, the Client Representative will contact the patient/client/resident explaining the reason for the delay, and the expected completion date.
- 2.3.3 The Client Representative will:
 - Liaise with the appropriate Manager of the Department(s) / Physicians / Persons and the patient/client/resident to facilitate resolution of concerns.
 - Document the details of the expressed concern and any action taken in the Central Information System (CCHS).
 - Inform the individual as soon as possible of what will be arranged to facilitate a resolution of the expressed concern. If a resolution to the concern cannot be obtained in the specified timeframe (20 days), the Client Representative will advise the patient/client/resident explaining the reason for the delay and the expected completion date.
 - Communicate with the individuals throughout the process to keep them informed of what is being done to resolve the matter.
 - Alert the Privacy and Compliance Department when a concern involving a Breach of Confidentiality or other concern pertaining to privacy and confidentiality is raised. A decision will be made as to who will lead concern resolution.
 - Alert the Public Relations Advisor, Risk Management, and Provincial Quality of Care Coordinator when a concern is high risk and may have Public Relations or Legal implications.
 - Follow up and document the level of satisfaction attained by the Patient/client/resident regarding outcome of concern resolution.
 - Provide information the patient/client/resident has requested verbally or in writing. If the response is written, the Client Representative will gather the information from all involved and provide the written response.

¹ Management of Client/Patient Concerns Policy, Regina Qu'Appelle Health Region, Policy No 1.1.3, September 2007

- Client Representative may review the written response with Risk Management or Legal Department.
 - Refer unresolved physician related concerns/complaints to the physician and Department Head for review and response.
 - Liaise with the Ethics Committee when necessary.
- 2.4 Although care is primarily reviewed in terms of total team, when a patient/client/resident concern requires a formal review specific to physician care, the following applies:
- 2.4.1 All patient/client/resident concerns requesting a formal review of physician care will be sent a letter from the Client Representative requesting their concern be submitted in writing, along with a signed Authorization for Release of Information.
- 2.4.2 Once this information is received, the Client Representative will send a memo to the physician with a copy to the Department Head on behalf of the patient/client/ resident.
- 2.4.3 Client Representative will send letter of acknowledgement to patient/client/resident advising that the physician and Department Head will begin their process of review.
- 2.4.4 The physician/Department Head will respond to the Client Representative who will send the response to patient/client/resident and the file will be closed in the Central Information System (CCHS).
- 2.5 Patient/client/resident concerns requiring a formal review pertaining to privacy and confidentiality.
- 2.5.1 All patient/client/resident concerns requiring a formal review pertaining to privacy and confidentiality will be referred to the Privacy and Compliance Department.
- 2.5.2 The Privacy and Compliance Department will respond directly to the patient/client/resident as part of their process, the file will be closed in the Central Information System (CCHS).
- 2.6 **Internal Appeal Process (except privacy concerns/complaints)**
- 2.6.1 The CEO will appoint a Senior Leader and an alternate Senior Leader to the Appeal Panel. The Senior Leader will act as the chair/coordinator for the appeal process. The alternate Senior Leader is available during absences of the primary Senior Leader and for appeal situations where the issue involves the Senior Leader's area of responsibility. This is to ensure an unbiased, independent review of the case.
- 2.6.2 The Senior Leader will review the appeal request to determine if an Appeal Panel review is warranted. To assist in this, the Senior Leader may obtain a detailed statement from the Client Representative outlining the patient/client/resident's remaining grievances.
- 2.6.3 The Senior Leader will send a letter of acknowledgement to the complainant within three (3) working days confirming the status of the appeal request. The letter will summarize the points of concern raised by the patient/client/resident.
- 2.6.4 The Senior Leader will evaluate the status of the concern, considering whether the organization may take any further action to satisfy the patient/client/resident, whether all practical action has already been

taken, or whether nothing short of a panel would resolve the concern. In making this decision, the following should be considered:

- whether new evidence is available that was not available to the original review group and
- whether there is any evidence of bias on the part of the original review group.

2.6.5 When a panel is convened the Senior Leader will review the concern and issue a report describing their review and recommendations, which shall be copied to the relevant parties. When the concern relates to the exercise of clinical judgment, the panel must seek appropriate unbiased clinical advice. The panel members will consider whether the remedy offered by the original review is commensurate with patient/client/resident expectations.

2.6.6 Upon final action or decision, a response is provided by the Senior Leader/chair of the appeal panel by way of a meeting with the patient/client/resident. This is followed by a formal letter to the patient/client/resident. The letter will address all points raised by the patient/client/resident (laid out in the original acknowledgement letter at the beginning of the appeal process), and offer a statement of regret for the patient/client/resident's experience, if appropriate. Details of the appeal process and the results should be included, as are the contact information of the Senior Leader responsible for the review during the appeal process. External options available to the patient/client/resident need to be included. A copy of this letter should be sent to all members of staff involved in the concern, and all relevant parties (with consideration of *The Local Authority Freedom of Information and Protection Act (LAFOIP)* and *The Health Information Protection Act (HIPA)*, including client representative services.

2.6.7 If the patient/client/resident accepts the proposed decision or action, then the decision or action should be carried out and recorded in the central information system (CCHS). If the patient/client/resident rejects the proposed decision, this should be recorded and the patient/client/resident should be informed of the external appeal process. (i.e.) Ombudsman.

2.6.8 If the patient/client/resident is not satisfied with the outcome of the internal appeal, they will be informed of their right to initiate an external appeal through the Ombudsman. Alert the Public Relations Advisor, Risk Management, and Provincial Quality of Care Coordinator when this occurs.

2.6.9 At any time throughout the process, the parties have the right to seek a remedy through the court system.

2.7 External Appeal Process

2.7.1 When a patient/client/resident is not satisfied with the outcome from the SHR internal review process, and the concerns involve a licensed health care professional, the patient/client/resident can appeal to the external licensing and governing association/body.

2.7.2 Existing legislated appeal processes are found within:

- Health Information Protection Act (HIPA)
- Mental Health Act
- Public Health Act

Or

- Ombudsman

3. PROCEDURE MANAGEMENT

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