

POLICIES AND PROCEDURES MANUAL	NUMBER: H-030
POLICY OWNER: Patient Relations Ombudsman	EFFECTIVE: May 1989
APPROVED BY: Corporate Safety & Risk Management – Feb 8, 2021 Director's Committee – Feb 11, 2021 Senior Administration – Mar 2, 2021	REVISED: Oct 2005 Mar 2021
	REVIEWED: Feb 2012

Complaint Policy

PURPOSE

Queensway Carleton Hospital's Vision, Mission and Values reflect our organizational belief in open communications that respond to the individual patient and/or family member's needs and our belief that we are publicly accountable for providing excellence in care within our scope of services.

The intent of this policy is to outline a framework for reviewing complaints, taking appropriate corrective action where necessary, and identifying situations which could result in litigation.

POLICY STATEMENT

It is the policy of Queensway Carleton Hospital that patient complaints will be acknowledged within 5 business days, and, if necessary, appropriate corrective action will be taken in a timely manner.

DEFINITIONS

ECFAA- Excellent Care for all Act 2010:

The Excellent Care for All Act (ECFAA) is a landmark piece of legislation in Ontario that anchors the Excellent Care for All Strategy. The principles of ECFAA place patients first by strengthening the health care system's organizational focus and accountability for delivering high quality patient care.

Complaint:

a statement that a situation is unsatisfactory or unacceptable.

RESPONSIBILITIES:

Chief of Departments are responsible to investigate, follow up with individual(s) and document actions in a timely manner preferably in the incident tracking system or by email, and may also be requested to communicate directly with complainant.

Manager/Directors are responsible to investigate, follow up with individual(s) and document actions in the incident tracking system in a timely manner and may be requested to communicate directly with complainant.

Patient Relations Ombudsman will communicate with the complainant and will document the incident and assign the appropriate follow up.

PROCEDURE

1. Staff members and physicians are encouraged to make every attempt to resolve problems at the source.
2. All complaints not resolved at the department level should be directed to the Patient Relations

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Ombudsman. A complaint file will be initiated and forwarded in the incident reporting system to the appropriate Manager, Director or Chief for follow up.

3. Complaints received by the President and CEO may be forwarded, at his/her discretion, to the Patient Relations Ombudsman.
4. The Patient Relations Ombudsman will notify the:
 - a. Director of Risk Management of any complaint that is potentially a serious charge of negligence or malpractice, as well as any complaint which the complainant intends to take to the Minister of Health & Long-Term Care, the media or a legal counsel.
 - b. Chief of Staff when there is potentially a serious charge of negligence or malpractice as well as any complaint which the complainant intends to take to the Minister of Health & Long-Term Care, the media or a legal counsel when it involves a physician.
5. Complaints can be received by letter, email, comment card (submitted on website), phone call, or in person.
6. Patient Relations Ombudsman or delegate will acknowledge the complaint within 5 business days as per ECFAA and will:
 - a. Clarify the concern
 - b. Discuss process
 - c. Determine desired outcome
 - d. Establish timelines and expectations.
7. Patient Relations Ombudsman will make every reasonable effort to communicate with the complainant verbally, by phone or in person. Some instances will be communicated by letter or email at the complainant's or Patient Relation Ombudsman's discretion.
8. Patient Relations Ombudsman may ask the complainant to express his/her concerns in writing depending upon the circumstances.
9. If the concern is brought forward by someone other than the patient or their active Power of Attorney (POA), consent is required by the patient or POA to investigate the concern.
10. Patient Relations Ombudsman will document the complaint in the incident reporting system and will assign the appropriate person for investigation and follow up.
 - a. Staff concerns are assigned to the manager of the staff's department.
 - b. Manager concerns are assigned to the Director of the Manager.
 - c. Director concerns are assigned to the Vice President of the Director.
 - d. Vice Presidents and Chief Nursing Officer concerns are assigned to the President and CEO of the Hospital.
 - e. Physician concerns are assigned to the Chief of the department.
 - f. Physician concerns that are the Chief of Departments will be tasked to the Chief of Staff or assigned to a designate.
 - g. If a concern is brought forward regarding the Chief of Staff, the President and CEO will assign people to investigate and will also inform the Board Chair of the concern.
11. The person assigned to follow up regarding the complaint will document the investigation and actions in the incident reporting system and report back within 30 days.

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12. Upon request, the complainant will be informed of the investigation findings. Any information about remedial action to be taken with staff is confidential between the employer and employee and will not be discussed with the complainant.
13. Should the complainant not be satisfied with the response, Patient Relations Ombudsman will consult with Vice President or Chief of Staff to request their input or further investigation to resolve the concern.
14. In some situations, a meeting with the Chief of Staff or Director can be arranged to discuss the concern, investigation and actions.
15. If the Patient Relations Ombudsman, Vice President or Chief of Staff feels a complaint has potential for litigation, he/she will consult with the appropriate Manager, Director or Chief for their assessment of the potential for litigation. The Director of Risk Management will be notified so that he/she may notify the Hospital's insurers.
16. Patient Relations Ombudsman will inform the appropriate Manager/Director/Chief of Staff if there is a trend of complaints occurring in a department or person.
17. The complaint files will be managed by the Patient Relations Ombudsman. Trends will be tracked as well as response times and a formal report will be completed yearly for the Board and Quality Council.
18. Files will be retained for 10 years.

DOCUMENTATION

Complaints will be documented in the incident reporting system.

Complaints will include:

- Date of receipt
- Date of acknowledgment
- Date of closure
- Categorized by department, and/or person involved or type of employee
- Categorized by type of complaint as outline by Health Quality Ontario Categories
- Consent of patient if required
- Ongoing communications with complainant
- Results of investigation

REFERENCES

Excellent Care for All Act 2010 ([Excellent Care for All Act, 2010, S.O. 2010, c. 14 \(ontario.ca\)](#))