

Patient, Family and Public Feedback (Responding to Complaints/Compliments)

POLICY

Southlake Regional Health Centre is committed to providing a people-centered approach to healthcare services while prioritizing cultural safety and humility. Our Patient and Family Feedback Policy serves to strengthen and personalize the relationship between patients, their families, and Southlake. We recognize that feedback, whether in the form of complaints, questions, or suggestions, is a valuable source of information that can lead to improved quality of care, patient safety, patient satisfaction, and risk reduction.

Complaints and compliments offer unique opportunities for us to evaluate our delivery of care and enhance our internal systems and processes. Southlake actively monitors and responds to feedback from our patients, families, and the public, ensuring that their comments are valued by our organization. We recognize the importance of acknowledging and respecting diverse needs and perspectives. We prioritize cultural safety in all our services and interactions ensuring inclusive care for individuals from all backgrounds. By fostering a culturally safe care environment, we aim to provide the best possible healthcare experience for everyone we serve.

Definitions:

- **Cultural safety:** An outcome of respectful engagement that is based on recognizing and working to address inherent power imbalances in the health system. It results in an environment free of racism and discrimination, where people feel safe when receiving and providing care, and when interacting with the health system.
- **Cultural humility:** *is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.*
- **Complainant** – patient, family, visitor, Substitute Decision Maker (SDM), public submitting a concern.
- **Staff** – refers to employees, physicians, volunteers, students and all others who have a working relationship with Southlake Regional Health Centre
- **Patient Relations Office (PRO)** - refers to the Patients Relations Manager and Patient Relations Representatives. PRO is a point of contact for our staff, patients/families and the public to provide feedback.
- **Executive Leadership Team** - Chief Executive Officer, Chief Operating Officer and Vice Presidents, Chief of Staff, and Chief of Nursing
- **Department Heads** - Directors, Managers, Chiefs of Services, and Physician Leaders
- **Feedback Database** - a computerized system that allows Patient Relations Staff to electronically input all feedback, track the progression and resolution of complaints and generate reports that illustrate by date, department or discipline, the type of feedback provided.
- **Point of Care Resolution** - Addressing and resolving complaints at point of care/service.
- **Service Recovery** - refers to the efforts and actions taken to address and resolve dissatisfaction thereby regaining trust and esteem.
- **Compliment** – any feedback that commends or recognizes positive aspects of the organization or an individual associated with the organization.
- **Complaint** – any feedback regarding an unsatisfactory experience encountered at the organization. Complaints are divided into the following three categories:
 1. **Minor Complaint** – a complaint whereby patient health outcomes are not directly impacted. For example: cleanliness, parking, food, odor, etc. Resolution of a minor complaint requires a straightforward explanation, performance of a simple task or acknowledging an understanding of the concern.
 2. **Intermediate Complaint** – a complaint whereby it is perceived that there is a direct impact to health outcome or overall experience. For example: excessive wait time, rude behaviour, insufficient communication, etc. Resolution of an intermediate complaint requires investigation and may include meeting with patient/family and other providers; minor changes to policy or procedure; performance management.

3. **Major Complaint** – a complaint whereby there is a possible impact on health outcome, perception of major inappropriate behaviour or potential for legal or media action. Resolution of a major complaint requires detailed investigation, extensive resources and may require policy revisions or reporting of the event to regulatory bodies or authorities.

Complaints Management:

All departments must have a contact list of program/service management staff to provide to patients/families and the public when necessary.

As part of Southlake's commitment to fostering cultural safety and humility practices, it is the responsibility of all staff to actively listen, respectfully acknowledge, promptly address and effectively resolve concerns. By maintaining open and respectful communication with complaints, we enhance the trust of patients and families with our organization and its members. Resolving concerns at the point of care facilitates service recovery, identifies quality solutions, and prevents concerns from developing into complaints that may result in potential and/or actual risk to Southlake's reputation. As per the patient's request, complaints that are not resolved at the point of care may be escalated to the Patient Relations Office.

Southlake should endeavor to respect the well-being, confidentiality and autonomy of patients, family and the public where applicable and possible.

If at any point during the complaint resolution process, the patient/member of the family/public becomes abusive, aggressive, or behaves in a manner that harasses staff or patients/family or visitors, follow the [Violence Risk Assessment and Identification of Patients at Risk for Violence](#) and [Incident and Hazard Reporting and Investigation](#) policies.

Complaints are divided into the following three categories (see Definitions above):

1. Minor
2. Intermediate
3. Major

Any requests to record meetings or telephone conversations must comply with the [Photography, Digital and Video Images and Audio/Video Recording Devices - Use of](#) policy.

Any complaints or compliments relating to the Foundation will be shared with the Foundation and managed according to their procedure.

It is the responsibility of all staff to ensure that they acknowledge and thank the public/patients/families when they provide positive feedback.

PROCEDURE

Purpose:

- ♦ To effectively process patient, family and public feedback (complaints and compliments).

Responsibility:

- ♦ All staff as defined below

Equipment:

- ♦ N/A

Method:

Feedback Processing:

Role	Responsibility
Patients, Families, Personal Caregivers, Chosen Support Persons, Visitors	<ul style="list-style-type: none"> ♦ Engage the appropriate representative to provide complimentary feedback and/or to initiate point of care resolution for complaints. ♦ Provide consent for the feedback process. ♦ Provide specific issues/questions for review and response ♦ Identify specific expectations for successful resolution and quality improvements
Staff, Physicians, Volunteers, Students	<ul style="list-style-type: none"> ♦ Acknowledge compliments and share with the recipient/s ♦ Acknowledge complaints and engage in point of care resolution, de-escalation and service recovery where appropriate
Patient Relations Office	<ul style="list-style-type: none"> ♦ Acknowledgment of all feedback within two business days ♦ Forward compliments to the appropriate leaders to share with the recipient. ♦ Regarding complaints, engage in de-escalation and service recovery. ♦ Once engaged in complaint, assist patient/family with clearly articulating issues, developing specific questions for review by team and expectation/s for a successful resolution ♦ Initiates the feedback process and notifies key stakeholders ♦ Facilitates response meeting and acts as patient liaison ♦ Escalates concerns to Quality & Risk, Legal, Corporate Communications and senior team where appropriate ♦ Provides expert support and advice to staff and leaders in relation to handling difficult situations with patients and families. ♦ Monitors data for trends and manages and distributes data to appropriate leadership, quality committees and stakeholder groups. ♦ Offer/recommend additional resources for staff, physicians, volunteers and students for addressing patient and family feedback including the Service Recovery and Point-of-Care module
Program Director/Manager	<ul style="list-style-type: none"> ♦ Acknowledgment of complimentary feedback directly with the recipient/s ♦ Acknowledgment of complaint with the patient/member of family/public within three business days of notification from PRO and, where appropriate provides the response and updates PRO. ♦ Once engaged in complaint, identifies key individuals required in the resolution, determines level of case review and review method, leads investigation, and where appropriate notifies the senior team. ♦ Prepares the patient response, appropriate to the patients request, and ensures response/update is provided to PRO within ten business days of notification from PRO and the full response within 30 business days. ♦ Where appropriate, secures program assistant's support in scheduling a pre-planning meeting to prepare the response strategy 3-7 business days prior to the formal response meeting. ♦ Shares findings with staff, appropriate units/departments, PRO, and updates senior team where appropriate

	<ul style="list-style-type: none"> • Implements appropriate improvement initiatives and identifies opportunities to share learnings across the organization, tracks progress of recommendations, provides update as negotiated with patient/family. • Monitors trends related to department/program quality improvement and patient experience
Program V.P./Chief of Staff/C.E.O.	<ul style="list-style-type: none"> • Once engaged in a complaint, supports team with investigation, reviews findings and recommendations as appropriate • Reviews written responses as appropriate
Physician(s)	<ul style="list-style-type: none"> • Once engaged in a complaint, prepares the response and ensures response/update is provided to PRO within ten business days and the full response within 30 business days • Where appropriate, participates in patient response • Where applicable, participates in disclosure of patient safety incidents
Department Chief (s)	<ul style="list-style-type: none"> • Ensures acknowledgment of complimentary feedback directly with the recipient/s • Once engaged in a complaint, where appropriate, may attend a pre-planning meeting to prepare the response strategy 3-7 business days prior to the formal response meeting. • Ensures department is aware of high-risk issues and trends in complaints. • Provides assistance and support as needed to the physician(s) working to address a complaint
Diversity, Equity, Inclusion and Accessibility	<ul style="list-style-type: none"> • Provides consultation. • Where appropriate, provides assistance with the hospital response
Quality, Risk and Legal	<ul style="list-style-type: none"> • Once engaged in a complaint, supports quality of care review process where appropriate and provides consultation regarding the patient response. • Reviews written responses where appropriate. • Follows claims management process where appropriate
Corporate Communications	<ul style="list-style-type: none"> • Monitors media, notifies PRO and acts as liaison

After hours - if immediate attempts to resolve are unsuccessful, the Clinical Support Manager will be paged to resolve the complaint and determine if it needs to be escalated to the Administrator on-call.

All feedback directed to the Chief Executive Officer (C.E.O.) and/or their delegate will be acknowledged by formal letter, telephone call and/or email within 48 hours by the appropriate individuals or department. The Executive Assistant to the C.E.O. and/or their delegate will immediately forward the feedback to the Patient Relations Office for processing.

Special Considerations:

N/A

References: