

CATEGORY:	ORGANIZATIONAL - CLIENT/COMMUNITY RELATIONS
SUB-CATEGORY:	CLIENT RELATIONS WITH WESTERN HEALTH
GROUP:	
DISTRIBUTION:	ALL STAFF
TITLE:	CLIENT FEEDBACK: COMPLIMENTS AND COMPLAINTS MANAGEMENT

PURPOSE

Western Health encourages patients (includes clients, patients and residents) to be involved in, and contribute to, their own health and safety by promoting open communication with health care providers. This policy outlines the process for when patients provide feedback to Western Health about care and services in the form of compliments or complaints.

POLICY

The compliments and complaints management process is the responsibility of all staff and physicians within Western Health. Whenever possible, patients and families concerns are best addressed and managed at the point of care where the service was provided.

Western Health employees and physicians who receive a compliment must ensure that the compliment is forwarded to the most responsible manager/physician leader. Managers/directors/senior managers/physician leaders must ensure that all compliments are shared with the appropriate staff within three weeks of receipt and forwarded to the Client Relations Office for tracking and trending. If a compliment is received through the Client Relations Office, the information must be forwarded to the most responsible manager for sharing with staff within three weeks of receipt.

Western Health employees and physicians must refer complaints to their manager/physician leader if they cannot be addressed at the point of care. When patients or families initiate a complaint at the program or department level, the most responsible manager must notify the Client Relations Manager. When a complaint is received by the Client Relations Manager, the complaint will be reviewed and/or forwarded to the most responsible manager/physician leader for follow-up, as required.

All complaints must be addressed in an effective and timely manner. Complaints must be acknowledged within three working days and an expected response time must be provided to the

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complainant. All complaints must be investigated, responded to and documented within 21 working days of receipt.

There may be instances where the investigation is complex (i.e. more than one provider and/or program/service area) and therefore requires a longer period of time. In these instances, the complainant must be informed of the delay and kept up to date on the progression of the process. There may also be cases whereby the complainant is unavailable and requests that the complaint remain open until they are available to participate.

In keeping with the [Disclosure of Information - Obtaining Valid and Appropriate Consent policy \(9-02-45\)](#) employees and physicians must not discuss any complaint with family members or others without consent from the patient. If the complaint has been provided by a third party (not the patient), consent to release information must be obtained from the patient in order for confidential information to be shared with the complainant. If the patient does not have the capacity to authorize the release of information, or is deceased, then consent must be obtained from the appropriate substitute decision maker.

All documentation and information pertaining to a complaint must remain confidential and must not be included in the patient's health record.

Western Health will receive compliments and complaints as per *Section 1, Standard 3* of the *Provincial Personal Care Home Program Operational Standards*. Personal Care Home staff must notify the most responsible Western Health staff and/or manager as required. All Personal Care Home complaints will be reviewed, coordinated and managed by the most responsible manager. The Client Relations Manager will maintain the Personal Care Home complaints database.

Western Health will receive compliments and complaints referred from another Regional Health Authority, the Department of Health and Community Services, or other agencies. All complaints received in this manner will be coordinated and managed by the Client Relations Manager in consultation with the most responsible manager/physician leader.

Patients and families raising a concern have a right to request an internal secondary review of the decision/outcome related to their complaint if they are not satisfied with the resolution. This review process will be completed by the applicable Director, Vice President, or Chief Executive Officer (CEO), depending on the level of management involved in the initial investigation of the complaint.

The CEO has the final input and may make a summary decision with or without recommendations based on review of management of the complaint, or further consultation with the patient/family/employees or physicians involved in making the decision. Complainants who are still unsatisfied may seek resolution through other external processes.

This policy must not replace the process to be followed for issues that are addressed through either of the following avenues:

- (a) protective interventions with children, youth, adults and families;
- (b) appeal or review process;
- (c) environmental health investigation;
- (d) occupational health and safety;
- (e) occurrence reporting;
- (f) collective agreement (e.g., discipline);
- (g) human resources; and
- (h) harassment.

A complaint is not to be confused with an occurrence; however, the investigation of a complaint may lead to the need to complete an occurrence report. All employees must report occurrences in accordance with the [Occurrence Reporting policy \(6-02-15\)](#).

If necessary, the Client Relations Manager must consult with the Regional Director of Communications to facilitate and/or communicate with the media in keeping with the [Media policy \(5-01-10\)](#) when there is a requirement for public reporting.

Through reporting and analysis of complaints, Western Health will identify organizational improvement strategies. Reports on aggregate data derived from compliments and complaints will be provided to the Board Quality Assurance and Planning Committee on a regular basis.

DEFINITIONS

Compliment: Any positive expression from a patient or family, written or verbal, about their experience of care significant enough to be brought to the attention of the organization.

Complaint: Any feedback from a patient or family, written or verbal, related to a concern or dissatisfaction about their experience of care.

Complainant: A patient, next of kin or substitute decision maker, in the event that the patient does not have the capacity to authorize the release of information, or is deceased, or another person or body that has consent to initiate the complaint on behalf of the patient.

External Processes: Those review processes not conducted by Western Health.

Internal Secondary Review: A review of the management of the complaint handling process for a complaint by the Client Relations Manager to substantiate the justification of the initial response given.

Most Responsible Manager/Physician Leader: The manager or physician leader who provides leadership for the management of complaints for their program area/area of responsibility.

Patient: A patient refers to a client, patient, and/or resident in an acute care, long term care or community setting who is receiving or has received a health service.

Personal Care Home: Private homes licensed and monitored using Provincial Personal Care Home Standards (April 2007) by Western Health to provide care and accommodation to level one, two and three clients.

PROCEDURE

A. COMPLIMENTS

All compliments are managed through the following process:

Employees/Physicians

1. Any employee/physician receiving a compliment:

- a) forwards the information and/or documentation to the most responsible manager or physician leader.

Manager/Director/Senior Manager/Physician Leader:

2. Any Manager/Director/Senior Manager/Physician Leader receiving a compliment:

- a) accepts, completes and/or assists with completion of the *Compliment Reporting* Form. If there is written documentation (i.e. card, letter) this will be attached/scanned to the form;
- b) shares the compliment with the appropriate staff, program(s), department(s); and
- c) forwards the completed form and documentation to the Client Relations Manager.

Client Relations Manager:

3. The Client Relations Manager receiving a compliment:

- a) accepts, completes and/or assists with completion of the *Compliment Reporting* Form. If there is written documentation (i.e. card, letter) this will be attached/scanned to the form;
- b) forwards the form to the most responsible manager/physician leader for sharing with the appropriate staff, program(s), department(s);
- c) reviews all completed *Compliment Reporting* Forms and completes additional follow-up as required (e.g., ensure compliment is shared with appropriate staff);
- d) ensures all compliments are entered into the regional database; and
- e) monitors trends and compiles reports for quality improvement purposes.

B. COMPLAINTS

Refer to *Appendix A (Complaint Handling Process: Client Initial Contact at Point of Care)* when a complaint is initiated at the point of care where service was provided. Refer to *Appendix B (Complaint Handling Process: Client Initial Contact at Client Relations)* when a complaint is initiated at the Client Relations Office.

All complaints are managed through the following process:

Employees/Physicians

1. Any employee/physician receiving a complaint:

- a) forwards the information and/or documentation to the most responsible manager/physician leader.

Manager/Director/Senior Manager/Physician Leader:

2. Any Manager/Director/Senior Manager/Physician Leader receiving a complaint:

- a) accepts, completes and/or assists the complainant with completion of Part A of the *Complaint Reporting and Resolution* Form (including obtaining necessary consent for disclosure when required) If there is written documentation (i.e. letter) this will be attached/scanned to the form;
- b) notifies the Clients Relations Manager of the complaint;
- c) consults with the Clients Relations Manager for assistance and guidance in the investigation, follow-up and resolution of the complaint, as required;
- d) acknowledges receipt of the complaint within three working days, provides an expected response time to the complainant, and documents this information on Part B of the *Complaint Reporting and Resolution* Form;
- e) initiates investigation, coordinates meetings and consults with appropriate parties, as necessary;
- f) informs the Client Relations Manager if the investigation and resolution of the complaint will take longer than 21 working days;
- g) ensures results of the investigation and actions to address or resolve the complaint are documented on Part B of the *Complaint Reporting and Resolution* Form;
- h) shares the results of the investigation with staff, as appropriate;
- i) provides a response to the complainant on findings of the investigation and documents this on Part B of the *Complaint Reporting and Resolution* Form;
- j) informs the complainant that the Client Relations Manager will contact them if the complainant is not satisfied with the response; and
- k) forwards the completed *Complaint Reporting and Resolution* Form and all supporting documentation to the Client Relations Manager.

Client Relations Manager:

3. The Client Relations Manager receiving a complaint through the Client Relations Office (i.e. Toll Free Number, Client Relations email):

- a) accepts, completes and/or assists with completion of Part A of the *Complaint Reporting and Resolution* Form (including obtaining necessary consent for disclosure when required). If there is written documentation (i.e. letter) this will be attached/scanned to the form;
- b) acknowledges receipt of complaint within three working days and provides an expected response time to the complainant;
- c) determines whether the complaint is appropriate for the Client Relations Manager to investigate or whether the complaint needs to be managed at the unit, program or department level;
- d) forwards the complaint to the appropriate most responsible manager/physician leader, as appropriate;
- e) supports the investigation and facilitates coordination with appropriate parties, as required;
- f) oversees timelines for resolution and act as the liaison with the complainant to provide/receive additional details and provide updates to the complainant as required;
- g) ensures the outcome of the investigation and resolution is shared with complainant or other applicable parties, as appropriate;
- h) initiates internal secondary review process when complainant is not satisfied with the resolution provided;
- i) advises complainant regarding external review processes when complainant is not satisfied with the internal secondary review process;
- j) consults with the Regional Patient Safety Officer/Risk Manager, as required;
- k) ensures all complaints are entered into the regional database; and
- l) monitors timelines, trends and compiles reports for quality improvement purposes.

Regional Director of Communications:

- a) facilitates and/or coordinates communication with the media in keeping with the [Media policy \(5-01-10\)](#), as required.

REFERENCES

Department of Health and Community Services. (2017). Provincial Patient Relations - Complaints Management Policy Mandatory Key Elements. Newfoundland and Labrador (unpublished).

Department of Health and Community Services. (2007). Provincial Personal Care Home Program Operational Standards. Newfoundland and Labrador.

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Eastern Health. (2013). *Responding to Complaints* policy. Newfoundland and Labrador.

Health Care Reciprocal of Canada. (2017). *Responding to Complaints and Concerns: A Letter Writing Guide for Healthcare Providers and Administrators*.

KEYWORDS

client feedback
client relations
client relations office
client relations manager
complaint
complainant
compliment
dissatisfaction
feedback
patient feedback
resident feedback

APPENDICES

Appendix A – Complaint Handling Process: Client Initial Contact at Point of Care

Appendix B – Complaint Handling Process: Client Initial Contact at Client Relations

FORMS

[Compliment Form \(# 12 - 163\)](#)

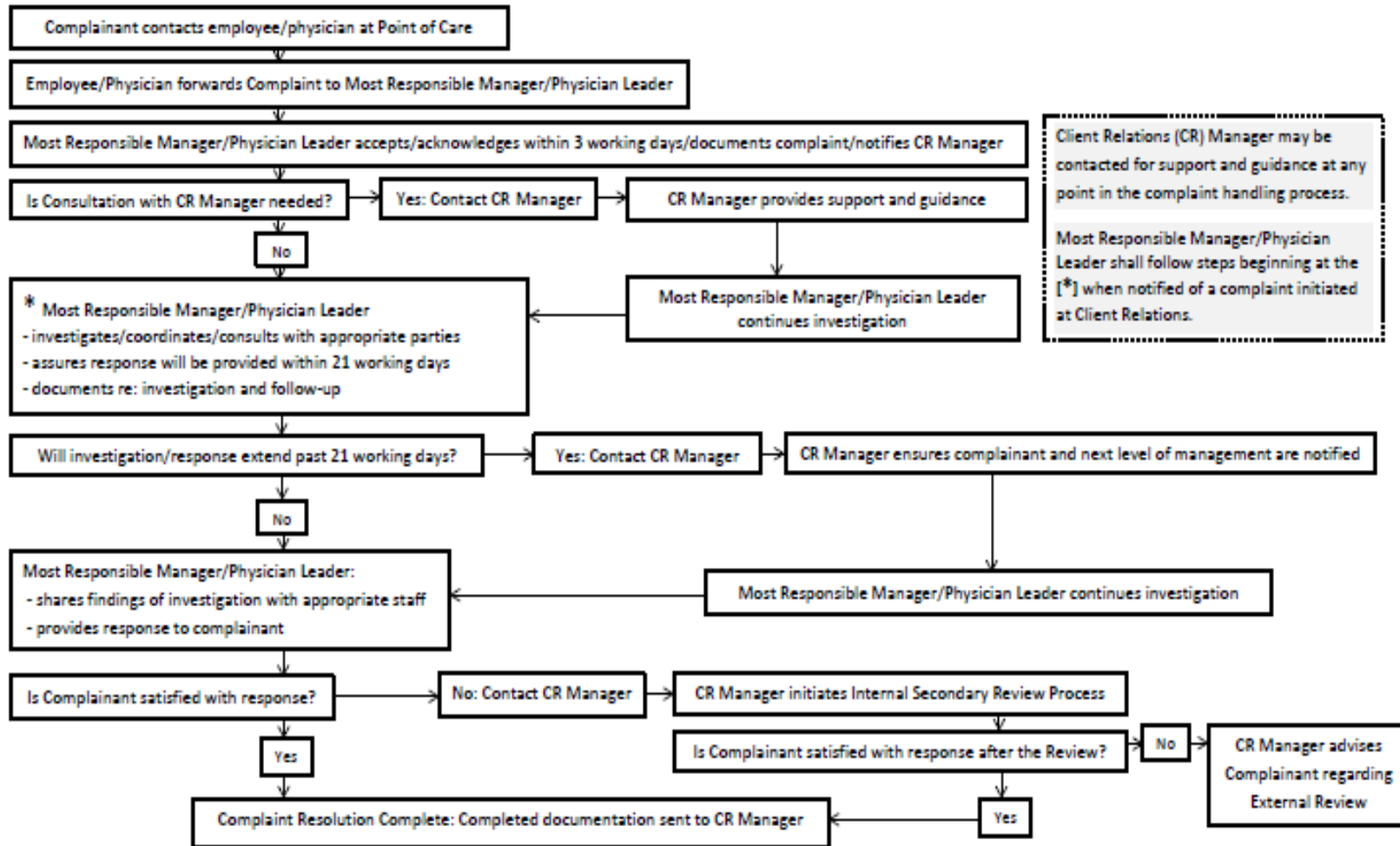
[Complaint Report and Resolution Form \(#12-165\)](#)

TO BE COMPLETED BY STAFF IN QUALITY DEPARTMENT

Approved By: Chief Executive Officer	Maintained By: Regional Client Relations Manager
Effective Date: 16/March/2010	<input type="checkbox"/> Reviewed: <input checked="" type="checkbox"/> Revised: 17/May/2018
Review Date: 17/May/2021	<input type="checkbox"/> Replaces: <i>(Indicates name and number of policy being replaced)</i> (WHCC) AD-C-300 Client Feedback: Complaints, Compliments and Solicited Feedback (WHCC) 900-443 Complaint Summary Sheet (WHCC) CL-C-300 Concerns/Complaint Handling (Long Term Care) (HCSW) 4-150 Suggestions and Feedback (HCSW) 12-400 Compliments and Complaints Form

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Appendix A Complaint Handling Process: Client Initial Contact at Point of Care



Appendix B Complaint Handling Process: Client Initial Contact at Client Relations

