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	Section: Relationships	Original Creation Date: January 1993
Patient/Visitor Complaints - POLICY		Current Approval/Revision Date: 09/03/2014

For the purposes of this policy, a complaint is defined as a statement of dissatisfaction with care or service being provided that is considered important enough to communicate in verbal or written form to the organization.

Patients/Visitors have the right to lodge a complaint, and to have their complaint dealt with in a timely, respectful manner. Every effort will be made to remove any barriers to patient/visitor complaints, and to ensure that patients/visitors have the support of the hospital when they register a concern. All incidents will be investigated and complainants will be provided with the results of any investigation within four (4) weeks of receipt of the complaint.

All complaints will be recorded in Risk Monitor Pro. (see Patient / Visitor Complaints Guideline).

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All patients or visitors have the right to lodge complaints or appeals when decisions concerning them or services provided are considered unsatisfactory. Patients/Visitors are encouraged to bring their concerns to the attention of a care provider or the manager of the service.

Most complaints will be resolved through informal discussions with the departmental staff or manager and will not require a formal investigation. However, some may require a more formal dispute resolution.

When a formal resolution is indicated, any verbal or written complaint is forwarded to the manager of the service where the complaint originated. If the complaint is the result of a critical incident, the Risk Manager should be notified (see Disclosure of Critical Incidents Policy).

All complaints will be entered into the Feedback Monitor Pro by the person receiving the complaint or their immediate manager.

REPORTING PROCESS:

1. Verbal and written complaints may come to the attention of a variety of individuals and departments throughout the hospital. Once received, any verbal or written complaint is to be forwarded to the manager of the service or department where the incident occurred. It is the responsibility of the manager to contact the complainant within five (5) calendar days acknowledging that their letter or message of complaint has been received. This needs to be done within five (5) calendar days. The manager is responsible for the investigation, resolution and response to the complaint.
 - a) Complaints that are directed to the Board Chair or the Board of Directors concerning services provided at the hospital will be directed to the CEO who will send the complaint to the manager of the department where the complaint occurred. If the complainant informs the board member that they have already spoken to the CEO and have been dissatisfied with the response, then the Board Chair will take the matter up with the CEO. A written response acknowledging the complaint will be prepared on Hospital Letterhead for signature by the Board Chair. The manager of the subject department will provide follow-up and a response will be sent to the complainant with copies to the CEO and the Board Chair.
 - b) Complaints about services provided at the hospital and directed toward medical staff are forwarded to the Chief of Staff. The Chief of staff will either investigate the complaint and follow-up with a written response to the complainant and all individuals concerned, or direct the complaint to the chief of service or manager of the department where the complaint occurred for follow up.
2. If the complaint involves multiple issues across more than one department, the manager of the

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clinical service where the patient received care takes responsibility for coordinating the investigation, resolution and response to the complaint. Other managers will be requested to participate in the investigation and resolution.

3. If the complaint is verbal, the staff member receiving the complaint or the manager will enter the complaint in Feedback Monitor Pro and may document the complaint on the Complaint form (Appendix A). If a letter of complaint exists it can replace Part A of the Complaint form (Appendix A).

INVESTIGATION

1. All complaints will be investigated.
2. The complainant will be contacted within five (5) calendar days of receipt of the complaint acknowledging that the complaint has been received and who will be handling the complaint, including that person's contact information should the complainant want further clarification or to determine the status of the investigation.
3. The complainant will have an opportunity to discuss the complaint, clarify issues and /or contribute any further information not included in the initial complaint
4. The complainant will be told to expect follow-up or feedback within 4 weeks. Should the investigation process require an extension to the timeframe, the complainant will be notified in writing when they can expect a report on the outcome of the investigation.
5. The investigator will
 - a) Interview other persons to obtain factual data
 - b) Review the patient's chart
 - c) Documentation of the investigation will be done on the in Feedback Monitor Pro.
 - d) Appendix A may be used by the manager to guide their investigation. It may be attached to the Feedback Monitor Program.

RESOLUTION

1. Once the investigation is complete, the investigator will:
 - a. Make improvements where necessary to prevent a future complaint of a similar nature
 - b. Provide further education for staff and Patients/visitors/public if appropriate
 - c. Employee discipline and notification of appropriate professional regulatory body if appropriate
 - d. Other recommendations to improve quality of service and provide lessons learned.
 - e. Inform the complainant by phone if possible **and by mail** within 4 weeks of the outcome of the investigation and any actions taken. If the complainant indicates that they do not wish a written response, note this in Feedback Monitor. **All written correspondence**

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must be reviewed with the CEO or the appropriate Vice President prior to sending. Thank the complainant for submitting their complaint and affording the organization an opportunity to re-evaluate the system in question and improve quality.

- f. This communication should not include an admission of liability over complaints or directly blame any other health care worker for the incident triggering the complaint.
 - g. Append the Complaint form (Appendix A) and any other appropriate documentation (e.g. complainants letter) to the Feedback Monitor Pro report
 - h. Complete and resolve the Feedback Monitor Pro report.
 - i. There may be a need to obtain a legal opinion prior to responding to the complainant
2. Complainants who are dissatisfied with the response they receive as a result of the investigation may request an independent review of their continuing concerns (eg. through a regulatory college or the Human Rights Commission).
 3. Complaints made on behalf of the patient should be made with the patients consent except where:
 - a. the patient is a minor; or
 - b. incapacitated; or
 - c. has died.
 4. All stages of the process will be documented in the LWDH Feedback Monitor Program.
 5. Twice a year, a summary of all complaints, resolutions and quality improvements will be communicated to the Quality Committee of the Board by the Quality Risk Manager. The rationale for this is so the Committee can identify trends and/or high need items on their selection of the patient relation QIP indicator.