

CARLETON PLACE AND DISTRICT MEMORIAL HOSPITAL
ADMINISTRATIVE POLICY AND PROCEDURE MANUAL

APPROVED: ADMINISTRATIVE COMMITTEE
DATE: DEC/11
REVISED: SEP/15
REVIEWED:

NUMBER: IX-05

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PATIENT RELATIONS PROGRAM

PREAMBLE

The *Excellent Care for All Act* (ECFAA) (2010) puts patients first by improving the quality and value of the patient experience through the application of evidence-based health care. An impartial, confidential, easily accessible and robust patient relation process ensures that patients, former patients and caregivers have a clearly identified process and mechanism to raise concerns about their experiences and provide feedback.

Patient feedback is extremely important to Carleton Place and District Memorial Hospital (CPDMH) as it provides an opportunity to improve the care we are providing.

Our Continuous Quality Improvement Program reflects a commitment to quality and to continuous improvement of services.

GOAL

To systematically improve the patient experience and build a culture of service excellence and patient-centered care.

OBJECTIVES

To provide patients, former patients and caregivers with an opportunity to express feelings about their experience. This includes concerns, suggestions, complaints and compliments.

To provide a resolution platform for conflict in a manner that supports the patients, former patients, caregivers and staff.

To provide CPDMH with a way of tracking the quality of our patients' experience, and identify opportunities for process and system improvements that meet the needs and expectations of patients

FEEDBACK

Patient relations provides patients with the opportunity to express compliments, concerns, questions and suggestions. Patient feedback is examined through a variety of methods, including:

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- NCR Picker satisfaction data in Emergency & Med/Surg
- Written letters
- Emails
- Comment Cards
- Telephone calls
- Manager or staff contact

COMPLAINTS

Complaints may be verbal or written, and the act of making a complaint will in no way prejudice a patient's care. A "Patient/Family Complaint Form #547" will be completed by the staff member who receives the complaint.

Complaints of a minor nature will be dealt with by the Manager of the area. The Chief Nursing Executive will receive notice of all complaints and will follow up on any complaint of a serious nature or one, which is unresolved at the Manager level. The Chief Executive Officer will review all complaints. The Board Quality Committee will review aggregate complaint data twice annually.

PROCEDURE

1. All complaints will be responded to by phone initially, **within 72 hours of receipt**, indicating the initial course of action to be taken by the hospital management: i.e. investigate the complaint, take corrective action.
2. A patient/family complaint form #547 will be initiated in all cases.
3. A status update of the review/investigation of the complaint will be provided **within 5 days** of receiving that complaint and whenever a complainant reasonably requests further information.
4. A written response will be provided to the complainant upon completion of the review. The written response will include the resolution of the complaint (to the

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satisfaction of the complainant) or the view of the hospital that it cannot resolve the complaint and reasons thereof.

5. Complaints concerning a department manager will be reviewed/investigated by the Senior Management level.
6. Complaints concerning the Senior Management level will be investigated by the Chief Executive Officer and/or the Chair of the Board.
7. Complaints concerning physicians or the medical care of a patient will be forwarded to the Chief Nursing Executive. The CNE will forward them to the Chief of Staff/Chief of Department for investigation and patient follow-up.
8. If the complaint involves structural problems, the Plant Services manager will be notified to investigate, correct if appropriate, and respond in writing within 48 hours to the Chief Nursing Executive.
9. Situations found to be a variance with Hospital policy or procedure, normal courtesy, or safety and security shall be corrected at once. The person or persons responsible will be informed of the complaint and the action required by them to eliminate the cause of the complaint.
10. Situations investigated by the Chief of Staff will be discussed with the physician concerned by the Chief of Staff. Action required to resolve the complaint will be taken by the concerned physician. It is the responsibility of the physician/Chief of Staff/Chief of Department to contact the complainant to discuss any action taken to resolve the complaint. The Chief Nursing Executive requires notification from the physician of the above resolution and that communication to the complainant occurred.

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11. All completed investigations together with the complaint form, will be forwarded to the Chief Nursing Executive.
12. All complaints will be recorded and tracked to provide an opportunity to monitor and analyze the process.
13. The Accountability Framework (Scorecard Report) will be used to report patient relations activities to the Board Quality Committee **twice annually**.
14. The Chief Nursing Executive role is responsible for the patient relations process at CPDMH.
15. Recommendations on revising the process may come from input from the hospital administrative/clinical committees and/or from the Patient and Family Advisory Committee.