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Subject: Patient Concerns	Date Approved: December 16, 2008
Approved by: Executive Director	Date Revised:
Specific to: All Staff	Next Review Date: September 2020

PRINCIPLE:

The North Huron Family Health Team (NHFHT) is committed to providing the best possible services to the individuals, groups and communities it serves and operates from a client-centered model of service delivery. The NHFHT believes that organizational improvement can be best achieved by encouraging client feedback and ensuring that this feedback is utilized for the purpose of continuous quality improvement.

Every effort will be made to respond to patient concerns as soon as an issue is raised and the goal will be to find immediate resolution. When this is not possible, the procedures for addressing a concern/complaint are clearly articulated by the organization and the steps outlined in the procedures will be followed in an expedient manner.

POLICY:

A process is in place to address client concerns and complaints in a systematic and responsive fashion which seeks to quickly and effectively resolve the patient’s concern/complaint. The process will seek to include team members in established steps in resolving the concern/complaint.

PROCEDURES:

Throughout the process team members should take notes documenting issues, actions and resolutions. It is not necessary for patients to document concerns/complaints in order for the concern/complaint to be reviewed. At any point in the process, the team member responding to the complaint shall bring to the attention of the Executive Director any complaints that may have a negative impact on the organization’s financial, legal security or its public affairs including situations where the person with the complaint acknowledges having or planning contact with the media.

The Executive Director will advise the Chair of the Board and the Medical Director of any such complaints/concerns.



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The steps in the process are as follows:

STEP ONE:

If the complaint is received by the team member providing the services, the patient and team member will review the complaint within 2 business days.

If a team member is approached by a patient who has a complaint regarding another team member, they will advise the Executive Director who will contact the person to whom the complaint is being directed. In such instances, the person providing the service will be alerted to the existence of the complaint unless the client has asked that the information be kept confidential.

STEP TWO:

If there is not successful resolution, the patient has the opportunity to have the Executive Director review the complaint.

If the patient calls the Executive Director or members of the Board of Directors directly without going through step one, the Executive Director, or Board member will hear the complaint and advise that further action will be provided following discussion with the team member involved. Board members will advise the patient that they will contact the Executive Director who will follow up with the relevant team member involved.

If the complaint has come through Step One, the Executive Director will generally have initial contact with the patient by telephone. If agreement cannot be reached over the telephone, a meeting may be arranged with the Executive Director to review the complaint and reach resolution. The preferred method of resolution is to get all parties together but, if the parties are unwilling, they will be met with separately. The results of the meeting will be documented by the Executive Director and will be forwarded to the patient and team member as soon as possible after the meeting.

A summary of the meeting and follow up steps will be documented and forwarded to the patient and involved team members/service provider within 7 business days of the meeting with the patient.

STEP THREE:

If the Executive Director does not resolve the complaint, the matter will proceed to the attention of the Chair of the Board of Directors who may appoint a task group of Board members to hear the complaint. The task group will be made up of three members of the Board of Directors. The task group will meet and review the preceding attempts to resolve the complaint and will arrange separate meetings with the patient and involved service provider. Within 7 business days the task group will send a letter to the patient setting out any agreement reached, or failing this, the committee's decision regarding the complaint.



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DOCUMENTATION OF PATIENT CONCERNS/COMPLAINTS:

A complaint/concern form (attached) will be completed by the service provider with a patient concern/complaint, recording a summary of the issue presented and the follow up plan. These forms will be passed on to the Executive Director and complied within 7 business days of the complaint/concern being resolved.

All complaints/concerns will be collated by the Executive Director and reviewed by the Collaborative Practice Team Council and shared with team members on a quarterly basis. The names and identifying details of these complaints will be removed from these summaries in order to provide anonymity for patients and service providers.

The purpose of such reviews will include identifying common issues and trends and identifying mechanisms for continuous improvement.



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CLIENT CONCERNS/COMPLAINTS/COMMENDATIONS FORM

Date: _____

Person receiving concern/complaint/commendation: _____

Description of concern/complaint/commendation received:

Action taken concerning concern/complaint/commendation:

- For File Information
- Advise Team Member or Group Program Coordinator
- Advise Medical Director
- Advise Executive Director
- Advise Task Group of the Board of Directors
- Quarterly review by Quality Steering Committee

Additional information regarding action taken about concern/complaint/commendation:

Client was contacted about outcome of concern/complaint/commendation and informed about any next steps:

yes no Please explain reasons why client was not contacted:

Signature: _____

Person receiving the concern/
complaint/commendation

Executive Director