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## HOSPITAL POLICIES AND PROCEDURES MANUAL

APPROVED BY: Administrative Committee

### COMPLAINT POLICY

#### INTENT

Queensway Carleton Hospital's Vision, Mission and Values reflects our organizational belief in open communications that respond to the individual patient's needs and that we are publicly accountable for providing excellence in care within our scope of services.

The intent of this policy is to elaborate a framework for reviewing complaints, taking appropriate corrective action where necessary, and identifying situations which could result in litigation.

It is also the intent of this policy to ensure an atmosphere of mutual respect where not only the needs of patients for quality care are recognized, but also the needs of staff for support and respect regarding their professionalism.

#### POLICY

It is the policy of Queensway Carleton Hospital that patient complaints will be addressed, and, if necessary, appropriate corrective action will be taken in a timely manner.

#### PROCEDURE

1. Staff members and physicians are encouraged to make every attempt to resolve problems at the source.
2. All complaints not resolved at the department level should be directed to the Director Communications & Patient Relations for investigation and reporting. A complaint form will be completed and forwarded to the appropriate Manager, Director or Chief for follow up. The Chief of Staff and/or Vice President will receive copies of all complaints which follow within their portfolios.

Complaints received by the President may be forwarded, at his/her discretion, to the Director of Communications & Patient Relations.

3. Where a complaint concerns the actions of a staff member, that staff member will be appraised of the complaint and the hospital response and to the extent possible, will be advised of information obtained during the investigation process as well as the outcome of the investigation. In the course of investigating the complaint the Manager/Director/Chief will ensure that the staff member's right to privacy and support will be respected, regardless of

whether remediation or corrective action will be deemed appropriate.

4. A staff member receiving a complaint should collect relevant data such as the name, telephone number, area of complaint and description of the complaint. When the complaint cannot be resolved at the staff level, it should then be forwarded to the Director of Communications & Patient Relations.
5. The Director of Communications & Patient Relations will immediately refer to the Director of Risk Management any complaint that is a potentially serious charge of negligence, malpractice, as well as any complaint which the complainant intends to take to the Minister of Health & Long Term Care, the media or a lawyer.
6. The Director of Communications & Patient Relations will communicate with the complainant in person or by telephone as promptly as possible to listen to the concern or complaint. If the complaint is received by letter, the Director will communicate with the complainant by telephone or by letter if no telephone number can be found.
7. The Director of Communications & Patient Relations may ask the complainant to express his/her concerns in writing depending upon circumstances.
8. The Director will assure the complainant that the concerns will be investigated promptly by the appropriate Director or the Chief of Staff if the complaint is against a physician.
9. The complainant will be informed that the findings of the investigation. Any information about any appropriate remedial action to be taken is considered to be confidential between the employer and employee and will not be discussed with the complainant.
10. The Director who receives the original complaint will prepare a complaint form, ensuring that it is accurate and clearly reflects the nature of the complaint.
11. The complaint form will be sent to either the Director of Communications & Patient Relations if the complaint is received by a department/unit or to the appropriate Manager/Director/Chief (if the complaint is received by Communications) upon being completed, or within 24 hours of being received, requesting that he/she investigate the matter and share the findings of the investigation and information about any remedial action with the Director of Communications & Patient Relations.
12. Investigation results will be returned to the Director of Communications & Patient Relations within one week.
13. The Director of Communications & Patient Relations, Chief of Staff or the manager investigating the incident will advise the complainant of the investigation results within 72 hours of receiving them.
14. Should the complainant not be satisfied with the response, the Director of Communications & Patient Relations will consult with Vice President or Chief of Staff to request further investigation or explanation to resolve the concern.
15. In most circumstances, the Director of Communications & Patient Relations may ask the Chief of Staff, Vice President, Manager, Director or Chief to speak directly with the complainant to

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resolve the concern.

16. The complaint form will record and date all communications with members of the staff and physicians as well as all action taken in handling the complaint.
17. If a complaint has potential for litigation as deemed by the Director of Communications & Patient Relations, Vice President or Chief of staff, he/she will consult with the appropriate manager, Director or Chief for their assessment of the potential for litigation. This will be recorded on the complaint form. The Director of Risk management will be notified so that he/she may notify the Hospital's insurers.
18. The complaint forms will be kept by the Director of Communications & Patient Relations and tracked so that trends can be identified. A formal report is done quarterly to the Quality Council. Complaint forms will be retained by the Communications Department for three years.
19. The Director will report on a semi-annual basis to the Quality Council, any trends or problem areas.

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