



Patient Concerns/Complaints Resolution

Provincial Framework
April 2007

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A consensus document supported by the Health Quality Network, an HQCA collaborative consisting of: Alberta Cancer Board, Alberta College of Pharmacists, Alberta Health and Wellness, Alberta Medical Association, Alberta Mental Health Board, Aspen Regional Health, Calgary Health Region, Capital Health, Chinook Health Region, College & Association of Registered Nurses of Alberta, College of Physicians & Surgeons of Alberta, David Thompson Health Region, East Central Health, Federation of Regulated Health Professions, Health Boards of Alberta, Health Quality Council of Alberta, Northern Lights Health Region, Palliser Health Region and Peace Country Health.



On behalf of the Health Quality Council of Alberta (HQCA) and the members of the Health Quality Network, I am pleased to introduce the Alberta framework for *Patient Concerns/Complaints Resolution*. This framework is not prescriptive; rather, it is meant to provide a common language for health care providers, health professions and policymakers to facilitate a consistent approach to the concerns/complaints resolution process throughout the province and across jurisdictions.

The development of this framework follows closely on the release of the provincial framework for *Disclosure of Harm to Patients and Families*. As with that document, this framework was developed through a collaborative and consultative process that grew from a foundation established by many groups and initiatives over the past years.

The Health Quality Council of Alberta is committed to improving health service quality and patient safety throughout the province. Through surveys and other initiatives, the HQCA brings the patient perspective to health care providers and policymakers to enable them to focus on and make quality and safety improvements in health care services. Stakeholder and patient/public feedback informs the Council's work and helps identify initiatives with provincewide scope. An example of this is the development and implementation of this provincial framework for *Patient Concerns/Complaints Resolution*.

In 2004, the Council released *Satisfaction with Health Care Services: A Survey of Albertans*. The survey found that 13 per cent of those surveyed were satisfied with how their complaint was handled and addressed, and 42 per cent of those who had a complaint did not report it to anyone. Based on these findings, the HQCA conducted focus groups across the province to learn more about why Albertans were dissatisfied with the complaint handling process.

In addition to the focus groups, an extensive literature review that included provincial, national and international health care organizations as well as other industries was conducted. These findings formed the foundation for the concepts and ideas contained within the framework. Through the HQCA's Health Quality Network, a sub-committee was struck to construct the framework.

Throughout the development of the framework, we consulted extensively with our stakeholders. Various drafts put forward by the sub-committee were reviewed by: Alberta Medical Association; Alberta Cancer Board; Alberta College of Pharmacists; Alberta Health & Wellness; Alberta Ombudsman; Alberta Mental Health Board; College & Association of Registered Nurses of Alberta; College of Physicians & Surgeons of Alberta; Federation of Regulated Health Professions; Patient Representatives Network and the Patient Concerns Officers from Alberta's nine health regions.

As always, we acknowledge the valuable role these groups played in developing the framework. Reaching consensus on an issue as complex and diverse as complaints/concerns resolution is a formidable task. The commitment of individuals and groups around Alberta to the work the Council does and the initiatives we undertake is commendable. This framework would not have been possible without their vision and drive and again clearly indicates that when we work together, a safer and higher-quality health care system is well within reach.

John W. Cowell, MD
Chief Executive Officer
Health Quality Council of Alberta

April 2007



Receiving complaints is an inevitable part of any business or organization and the health care sector is no exception. The information patients and families provide through the concerns/complaints process is only one aspect of the larger patient feedback mechanism. It is one avenue available to them to address concerns about their experiences receiving health care services.

According to the Australian Council for Safety and Quality in Health Care, there are numerous benefits associated with a good complaints management system. These include:

- Improving the safety and quality of health services by providing information about the experiences of patients/clients, families and health care providers.
- Restoring trust and confidence in the health system.
- Saving management time by the quick and simple resolution of complaints, avoiding escalation.
- Promoting a culture of reporting and accountability.
- Preventing wasteful practices and reducing costs.
- Creating a more satisfactory work environment.
- Enhancing the organization's reputation and preventing negative comments or publicityⁱ.

The efficient and effective management of concerns/complaints is, therefore, an essential component of the management of health services and demonstrates a commitment to service improvement by encouraging patients and families to provide both negative and positive feedback.

Listening to, understanding and acting upon patient feedback, comments and concerns about the quality of health care services should be encouraged. It is an important component of improving and ensuring quality and safety in health care delivery.

This is the first edition of the *Patient Concerns/Complaints Resolution Provincial Framework*, a consensus document created to provide a reliable benchmark reference for policymakers and health care providers in the province of Alberta. Its purpose is to provide practical assistance and direction to regional health authorities, provincial health boards and health professions to facilitate a consistent approach to the concerns/complaints resolution process throughout the province and across jurisdictions.

Development of this framework was identified as a priority of the Health Quality Council of Alberta's Health Quality Network in 2004. The Council used a collaborative and consultative process with a broad spectrum of stakeholders, including the public, to develop the framework. It builds on a number of initiatives related to patient concerns resolution in Alberta over the past 10 years as described in the Appendix, *Development of the Patient Concerns/Complaints Resolution Framework*.

With the framework complete, the Council will work with stakeholders from across the province to determine what educational materials and training support are needed. The HQCA is committed to supporting stakeholders across the province on an ongoing basis in this initiative.

ⁱ Australian Council for Safety and Quality in Health Care. *Complaints Management Handbook for Health Care Services*. 2005.

Purpose of the Framework

This framework was created to provide practical assistance and direction to regional health authorities, provincial health boards and health professions to facilitate a consistent approach to the patient concerns/complaints resolution process throughout the province and across jurisdictions.

The framework is meant to complement, not take precedence over, the authority of the various health profession colleges or legislative acts. The information contained in the framework reflects current leading or best practices identified through a national and international literature search. It is consistent with regulations from the *Health Professions, Regional Health Authorities and Cancer Programs Acts*.

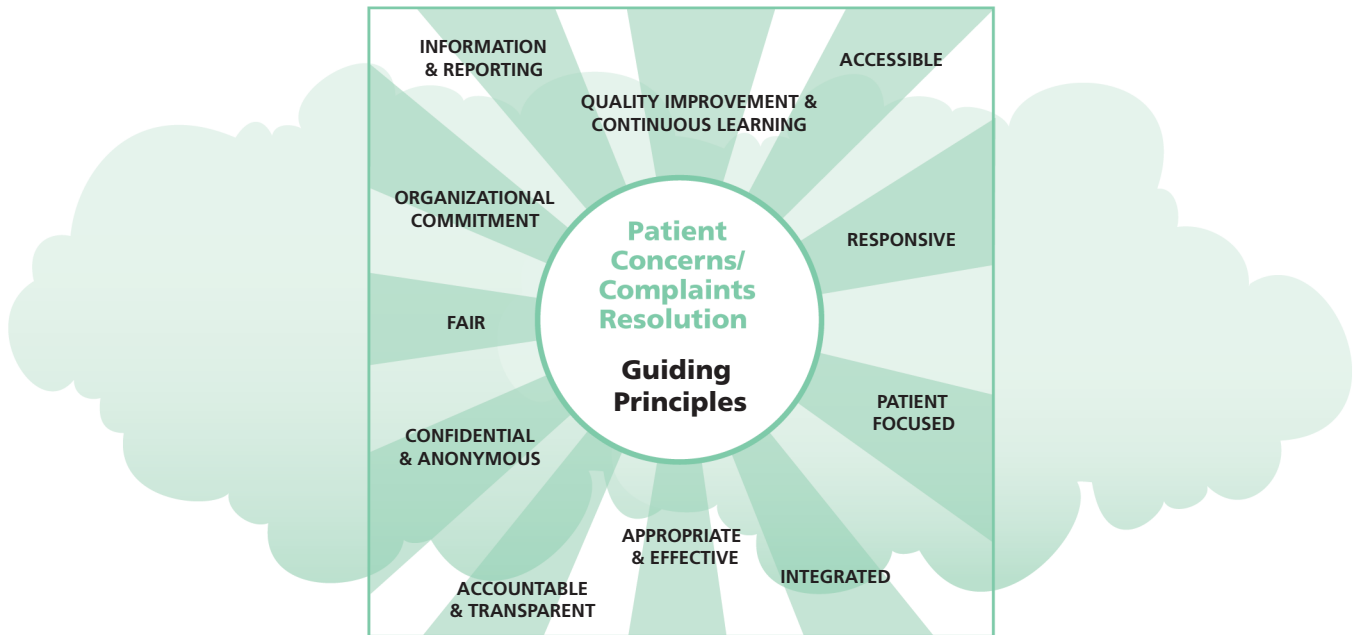
The aim of the framework is to promote improved patient concerns/complaints resolution practices throughout Alberta and to improve the links between concerns/

complaints management, patient safety and quality improvement. The concerns/complaints resolution process should attempt to provide a balance between the interests of the complainant, the public, the health system and the providers, and should ultimately lead to overall system improvement. The guiding principles and process steps contained in this framework are intended to provide a basis for consistent and co-ordinated practices across the health care system in Alberta.

This framework is not intended to be all encompassing but aims to capture the best elements from industry and leading health care organizations. The concepts within the framework represent a consensus document that can be used to assist in developing organizational policies and practices. Individual organizations will need to tailor the information to fit their unique infrastructure and resources.

“Health care services that establish systems to respond to consumer feedback maximize their opportunities to learn from consumers and to make improvements to their service.”

Cornwall, A., Romios, Panayiota. A New Approach to Complaints. *Health Issues Journal*. 2004.



Guiding Principles

The following are the guiding principles and suggested operational policy statements that support an effective concerns/complaints resolution process. Using these principles to implement and monitor a concerns/complaints resolution process will help ensure that the process is administratively fair from the perspective of the complainant and the respondent, and will also facilitate learning for the organization receiving the concern/complaint. The principles provide a basis for consistent practice and application across health service organizations, service providers and the health system.

Accessible

The concerns/complaints resolution process should be easily accessible to everyone (e.g., patients, staff, physicians and the public). Information on how to lodge a concern/

complaint and the process used to investigate the concern/complaint should be readily available and easy to understand and use.

- a. Information is available in plain language that clearly explains how to lodge a concern/complaint, who to contact, how the process works and approximately how long it takes. This information should be available in a variety of formats and assistance provided where possible to accommodate those for whom English is a second language, those who cannot read and those with other disabilities.
- b. The process should be simple and easy to follow.
- c. Complainants should be provided with the help they need to lodge a concern/complaint and to understand



the process. Everyone within the organization has a role in providing support to complainants. Personnel specializing in concerns/complaints handling are sometimes employed by an organization to help complainants understand the concerns/complaints process, to help navigate a complainant through the system, to attend meetings and to answer questions.

- d. Concerns/complaints can be lodged directly by the complainant or by an individual acting on behalf of the complainant. This person may be a family member, guardian, agent or legal representative.

Responsive

Concerns/complaints should be acknowledged and managed efficiently without unnecessary delays.

- a. The organization's policies and procedures are clear as to what types of concerns/complaints can be resolved at the front line and which require further investigation and review.
- b. Everyone within the organization should be empowered to resolve concerns/complaints at first point of contact, where appropriate, to reduce the likelihood of a dissatisfied patient and to reduce unnecessary delays.
- c. The complainant should be treated courteously and kept informed throughout the investigation and resolution process.
- d. The organization should set timeline targets for acknowledging, responding to and resolving concerns/complaints and make these known to the complainant.

Patient Focused

A patient-focused approach that welcomes feedback and demonstrates commitment to resolving concerns/complaints should be adopted. This approach should respect the opinions of patients and their right to complain. It should also value and act on the information they provide as part of a continuous quality improvement cycle.

Integrated

There should be a seamless transition from one service provider or organization to another when a concern/complaint is handled or addressed by more than one party. The complainant should be aware of, but not affected by, the hand-offs that may occur as different parties take the lead on an investigation. Hand-offs should not unnecessarily delay the process.

Appropriate & Effective

Concerns/complaints should be dealt with in a way that is administratively fair to all parties and provides appropriate outcomes.

- a. Concerns/complaints should be assessed to decide the most appropriate resolution process. Criteria to consider are:
 - seriousness of the issue(s) raised
 - wishes, rights and unique characteristics of the complainant
 - relevant legislation
 - legal considerations
 - insurance responsibilities of the organization
- b. The organization should provide fair outcomes for complainants (see glossary of terms for a definition of administrative fairness). These outcomes include a range of possible solutions.
- c. The organization should provide an explanation to the complainant for the resolution outcome, the reasons for the decision and the processes that were followed to reach that decision. When requested, details of the resolution process should be provided in writing.
- d. The organization's concerns/complaints resolution policy should be clear about the circumstances in which it will refer concerns/complaints to alternate organizations such as another regional health authority, professional

"Any administration that listens to the expression of dissatisfaction which, rightly or wrongly, it provokes, draws closer to its users and is in a better position to implement solutions and restore trust."

Le Protecteur du Citoyen Québec Ombudsman, Assemblée nationale du Québec ISBN 2-550-38365-6.
A Legitimate, Credible Complaints Office, Complaints processing in governmental organizations.

regulatory body, the Health Facilities Review Committee or Protection for Persons in Care. The organization should also help the complainant forward the concern/complaint to the more appropriate organization. Concerns/complaints management staff should be familiar with the scope of practice of these alternate organizations and have up-to-date contact information to ensure a smooth and appropriate transition for the complainant.

- e. Organizations should also ensure they act in accordance with other provincial legislation (e.g., Protection for Persons in Care and Health Facilities Review Committee Acts).

Confidential & Anonymous

Information is managed in a way that protects the personal privacy of the person(s) involved.

- a. The organization should provide avenues for concerns/complaints to be lodged confidentially and/or anonymously and for these concerns/complaints to be lodged, investigated and acted upon to the extent possible. To proceed to a full investigation, the complainant's identity must be known; therefore, the investigation of anonymous concerns/complaints will be significantly limited. Organizations may also choose only to track these concerns/complaints and not investigate.
- b. The organization should assure complainants there will be no adverse consequences if they complain (e.g., withhold services).
- c. All relevant privacy legislation and regulations must be followed to ensure the privacy and appropriate disclosure of personal and health information.
- d. No reference to **lodging** the concern/complaint should be documented in, or form any part of, the complainant's or patient's health record. Changes to the patient care plan or interventions put in place as a result of the concern/complaint investigation and resolution process should be documented on the health record as appropriate.

Accountable & Transparent

The concerns/complaints resolution process should be open, clear and plainly evident to everyone including staff, patients, physicians and the public. This ensures that reporting on and accountability for actions and decisions related to concerns/complaints management are clearly established.

- a. Investigations of concerns/complaints should analyze all the issues arising from the concern/complaint versus investigating only the individuals directly involved. This may include analyzing the causes of the concern/complaint and system, human, individual and organizational factors that may have contributed either directly or indirectly.
- b. The organization should support peer group discussion of concerns/complaints resolution data to encourage open sharing, learning and identification of quality improvement opportunities.
- c. Recommendations as a result of the investigation should be addressed to those in charge by the most direct route to avoid being passed on or postponed at various organizational levels.
- d. The organization should have a clear policy that outlines what, when and to whom the results of a concerns/complaints investigation are reported. This includes sharing the findings with complainants. The policy should clearly outline what constitutes a quality assurance activity under Section 9 of the *Evidence Act* and when legal consultation is required.
- e. The organization should review and report on the operation and effectiveness of the concerns/complaints resolution process against documented performance measures (see section *Quality Improvement & Continuous Learning*).

Fair

A concerns/complaints resolution process should be administratively fair to both the complainant and the organization or person against whom the concern/complaint is made.

- a. The organization should demonstrate that concerns/complaints are managed, investigated and resolved in an equitable, objective, unbiased and transparent manner.
- b. The complainant should have an initial opportunity to present his/her case verbally or in writing, as well as subsequent opportunities to clarify any issues presented in the concern/complaint.
- c. Investigations should be conducted impartially with consideration to both complainant and respondent rights. Investigations should use a systems approach and focus on how and where improvements can be made versus placing blame on a specific individual. However, the process does not exempt individuals from being held accountable for their actions.
- d. Organizations should consider developing guidelines for dealing with potential conflicts of interest and issues of impartiality for individuals charged with investigating and resolving a concern/complaint. An avenue should be available to transfer the investigation to an alternate investigator when a concern about impartiality arises.
- e. Decisions should be based on evidence gathered and presented, considering applicable law, legislation, regulations, accepted practice guidelines, standards of practice, ethics and policy as well as current health system challenges and constraints. There should be a logical flow and connection from the evidence presented to the conclusions drawn and decisions made. All factors should be fully and plainly disclosed to the complainant and the decision-making process should be seen as unbiased and free of prejudice.
- f. The complainant or respondent can be accompanied by a patient advocate or support person of his/her choosing at any time during the investigation and resolution processes.
- g. When a concern/complaint is lodged against an individual service provider, the respondent has the right to know the nature of the accusation or issue and must have an opportunity to respond to the issues raised.

Organizational Commitment

Leaders in the organization should promote and support a patient-centered concerns/complaints resolution process as part of continuous quality improvement at all levels of the organization.

- a. The organization's governing body should be committed to using patient feedback to continuously improve the quality and safety of the services provided.
- b. Everyone should value the information that concerns/complaints and complainants bring to the organization. This information can help identify areas of strength, areas of risk and opportunities for improvement.
- c. The organization should have a documented concerns/complaints resolution and appeals policy and process that is accessible and easy to use.
- d. Everyone within the organization should be aware of the concerns/complaints resolution policy and procedure.
- e. Each person working within the organization should receive training on basic concerns/complaints management to enable him/her to respond appropriately.
- f. The organization's management should ensure that staff responsible for handling and resolving concerns/complaints have appropriate skills, competencies and supporting education.



- g. A designated senior staff person should be responsible for the organization's concerns/complaints resolution management process. This person must have authority to resolve concerns/complaints. (see glossary of terms for Patient Concerns Officer and Complaints Director).
- h. The concerns/complaints resolution process should have sufficient resources such as materials, information systems and training to support the nature and size of the organization and to ensure an efficient and effective process.
- i. The organization should provide support for respondents named in concerns/complaints such as adequate information and time provided to the person to enable an appropriate response.
- d. Learnings from and changes made as a result of the concerns/complaints resolution process may be routinely shared with the public as part of monitoring and reporting on performance as well as demonstrating the organization's commitment to accountability and transparency.
- e. If a concern/complaint is under investigation by the Ombudsman, the Ombudsman may require the sharing of information related to the matter being investigated.
- f. All relevant privacy legislation and regulations must be followed to ensure the privacy and appropriate disclosure of personal and health information.

Information & Reporting

Concerns and complaints provide important information about patients' experiences. This information should be analyzed to identify system, recurring and/or one-time issues and trends.

- a. The organization should have appropriate documentation and data systems to collect, track and report information on concerns/complaints, investigations, reasons for decisions, outcomes, progress timelines, action(s) taken and system level recommendations.
- b. Staff in the organization responsible for concerns/complaints management should routinely share aggregate (de-identified) information internally. Recommendations from concerns/complaints investigations are shared with the appropriate parties for the purpose of shared learning and dissemination of best practices and improvement opportunities.
- c. The organization may share aggregate level (de-identified) information with other organizations as appropriate for the purpose of shared learning.
- a. Executive management and the governing board should routinely review concerns/complaints data and make recommendations if required.
- b. Managers should routinely evaluate concerns/complaints data as part of an overall quality improvement program to identify areas of risk and opportunities for improvement.
- c. The organization should routinely measure and review the effectiveness of the concerns/complaints management process with all stakeholders for continuous process improvement. It should also monitor and regularly compare the performance of the concerns/complaints resolution process against the concerns/complaints resolution policy and established external standards. The organization should involve all stakeholders in designing and evaluating the concerns/complaints resolution process.

- d. Senior management or the executive team should continually use information from concerns/complaints investigations as part of clinical governance, quality improvement and organizational planning. Information should also be used to inform training and professional development for:
- redesigning service delivery models.
 - changing organizational policies, procedures and organizational behaviour.
 - determining education and training requirements.
 - determining patient information needs.
 - identifying potential areas of risk or hazard.
- e. The performance of the concerns/complaints resolution process should be routinely monitored. The following are **examples** of performance measures that could be considered:
- Proportion of concerns/complaints handled at the front line.
 - Authorization to resolve concerns/complaints at the front line.
 - Personnel specializing in concerns/complaints handling appointed within the organization.
 - Amount of time to respond to concerns/complaints.
 - Satisfaction levels with concerns/complaints resolution processes.
 - Effectiveness and efficiency of the corrective actions.
 - Amount of time taken to implement recommended actions.
 - Number of suggestions received to improve the concerns/complaints handling process.
 - Perception of senior management commitment to the concerns/complaints management system.
- Proportions of:
 - i. concerns/complaints received (e.g., by service area or department; severity level).
 - ii. concerns/complaints resolved at the point of contact.
 - iii. concerns/complaints incorrectly prioritized.
 - iv. concerns/complaints acknowledged after target time.
 - v. concerns/complaints resolved after target time.
 - vi. concerns/complaints referred to an external agency or organization.
 - vii. repeat or recurrent concerns/complaints.
 - Improvements to procedures as a result of concerns/complaints received.
- f. One of the results of an accessible, efficient and effective concerns/complaints resolution program is often a significant increase in the number of concerns/complaints received. This should not be viewed as a negative outcome. There are a number of reasons why concerns/complaints statistics will increase if the program is working effectively:
- Improved publicity and access to information about the process.
 - Openly inviting feedback.
 - Increased awareness resulting in issues being reported that previously went unreported.
 - Tracking concerns/complaints that have been referred to another organization.
 - Raised patient expectations.
 - Improvements made in response to concerns/complaints encourage patients to keep the organization informed of other service areas that need improvement. It also encourages them to inform others about the effectiveness of the concerns/complaints resolution process.

General Guidelines

A clear and concise written policy and procedure should be in place for handling concerns/complaints. This should be well publicized and available to the public, patients, staff, contract providers, etc. through various means appropriate to the organization (e.g., signage, brochures, web site). The following are examples of what should be included:

- Where and how concerns/complaints can be lodged (e.g., phone, web access, e-mail, letter, face-to-face).
- What concerns/complaints your organization will and will not accept (e.g., identify the limitations on what concerns/complaints the organization can handle and what concerns/complaints need to be forwarded to an alternate organization).
- Information to be provided by the complainant.
- Steps for lodging and handling concerns/complaints.
- Complainant's options for remedy, including alternate concern/complaint processes if available (e.g., mediation).
- Assistance available to persons wishing to lodge a concern/complaint if requested.
- Restrictions on investigating anonymous concerns/complaints.

Each organization should determine a person(s) responsible for managing concerns/complaints. This could be the Patient Concerns Officer as required in the *Patient Concerns Resolution Process Regulation* under the *Regional Health Authorities and Cancer Programs Acts*, a patient representative or manager in a clinical care or service area, or the Complaints Director of a professional regulatory college.

- The authority of the person(s) responsible for the final decision will need to be clearly outlined as appropriate to the nature and importance of the issue under review.

Resolution at Initial Point of Contact

Concerns/complaints that fall into this category are typically minor or less complex and don't require a formal investigation if they can be resolved to the patient's satisfaction. Following are guidelines for working through the process:

- The process of acknowledgement, action and resolution is done at the initial point of contact by everyone in the organization.
- There should be clear delegation and direction to resolve minor or less complex concerns/complaints at the initial point of contact. There should also be clear guidelines when a concern/complaint should be escalated to the formal internal concerns/complaints investigation and resolution process.
- Concerns/complaints resolution at this stage may include the person who receives the concern/complaint and/or his/her immediate supervisor.
- The front-line response should be simple, streamlined, efficient, patient-centered, thorough and effective.
- Concerns/complaints at this stage are most often resolved by acknowledgement of the concern/complaint, providing information, an explanation and/or apology and a commitment to some form of action.
- The Patient Concerns Officer or Complaints Director may also deal with minor or less complex concerns/complaints if he or she is the initial point of contact for the complainant. A formal investigation and resolution process need not be initiated if the concern/complaint can be resolved simply and quickly with a phone call or meeting with the complainant.
- Documenting this type of concern/complaint is recommended for optimum information gathering and learning, and to identify quality improvement opportunities. Each organization will need to determine what information is feasible to collect at this level.



Formal Internal Process

Concerns/complaints that fall into this category typically are more serious and/or complex and can't be resolved at the initial point of contact. A formal process of investigation, documentation and resolution is required and organizations will have to determine if and when a concern/complaint warrants the full investigation, documentation and resolution process. A formal internal process should include:

Acknowledging Receipt of a Concern/Complaint

- a. Concerns/complaints should ideally be acknowledged verbally or in writing within five business days of receipt.
- b. Acknowledgement should include:
 - Details of the concerns/complaints resolution process, including an expected timeline.
 - The name and telephone number of a person within the organization who will be the point of contact for the complainant throughout the process.
 - Information about the internal appeal process may be provided at this time or later in the process (e.g., at the time of final decision).

Initial Contact and/or Meeting

- a. The purpose of the initial contact or meeting is to clarify and understand the complainant's expectations for the process and resolution.
- b. The meeting should also clarify the role of the Patient Concerns Officer or Complaints Director (or designate) in managing the concern/complaint.
- c. It will also determine if an alternate concern/complaint resolution process (e.g., mediation) is appropriate and acceptable to both parties.
- d. Requests for additional information or other contacts as appropriate to the investigation may be asked for at this time.

Investigating Formal Concerns/Complaints

- a. Investigators and decision makers should be impartial and independent (i.e., free from interference by the executive and other external forces).
- b. Responsibility for the investigation should be assigned to a specific person who will ensure that all documentation is kept on file, including a record of relevant conversations and correspondence with the complainant.
- c. If there is more than one service area within an organization involved in a concern/complaint, the investigator should work with the areas to determine who will take the lead. The designated lead should co-ordinate all separate investigations from multiple service areas.
- d. The investigation should involve all relevant parties to ensure a comprehensive response can be made to issues raised by the complainant.
- e. It is the investigator's responsibility to ensure that the progress of the concern/complaint is tracked, to expedite comments from the parties involved and to identify delays that may occur.
- f. The following are guidelines on how to conduct an investigation:
 - Determine purpose and scope of the investigation as per the issues brought forward in the concern/complaint.
 - Develop a list of documents and files to be reviewed and people to be interviewed.
 - Notify and provide relevant information to all people involved in the investigation.
 - Evaluate all evidence gathered to ensure it is factual.
 - Provide an opportunity for the complainant to comment on the evidence being considered.
 - Identify all factors that contributed to the matter being investigated.

“It is a second chance to provide quality services and to obtain, at little cost, precious information about the implementation of its programs and users’ levels of satisfaction.”

Le Protecteur du Citoyen Québec Ombudsman, Assemblée nationale du Québec ISBN 2-550-38365-6.
A Legitimate, Credible Complaints Office, Complaints processing in governmental organizations.

Documentation

- a. This may include information such as signed written statements from the parties involved, health record information or written evidence of the interactions between any people in relation to the concern/complaint, including the complainant, staff members and any external body.
- b. The following are guidelines for documenting the progress of a concern/complaint process:
 - Use clear and unambiguous language.
 - Document factual, objective information, including:
 - i. all communication in relation to the concern/complaint including telephone calls, messages and meetings.
 - ii. progress, actions to be taken, concern/complaint outcomes and changes to current practice.
 - iii. information in chronological order with time/date of entry.
 - iv. signed notations including position and title.
- c. Do not document:
 - subjective judgements or conclusions, vague generalizations, descriptions or hearsay, derogatory or slanderous comments unless they form part of the complaint.
- c. Final responses should be provided in a timely manner. Timelines for response are determined by such factors as the complexity of the concern/complaint and the number of individuals, departments and organizations involved.
- d. The final decision document should:
 - state the issue(s) raised in the concern/complaint subject to the decision.
 - show how information was considered and what was accepted or rejected and explain why.
 - cite any relevant legislative authority or policy and procedure and explain how this was applied to the concern/complaint under review.
 - state the results or conclusions and identify the evidence used to make these findings.
 - detail action(s) taken.
 - include an apology or expression of regret where appropriate. This is not necessarily about accepting blame but should, at a minimum, acknowledge the complainant’s feelings on a particular manner.
 - demonstrate how any delays were dealt with in the process including referral to other organizations or authorities.
 - provide information about further action that may be available to the complainant (e.g., internal appeal process or Alberta Ombudsman).
 - use neutral, non-inflammatory language.
 - include the signature, typed name and title of the decision maker.
 - make only statements supported by evidence (i.e., no gratuitous remarks).
 - include only relevant considerations (i.e., stick to the issues under review not the personalities or the parties).

Final Decision

- a. There should be a point in the formal concern/complaint resolution process where all parties understand there will be no more discussion or information shared and a decision will be made to conclude the concerns/complaints resolution process.
- b. The final decision should be given in the form of a written response to the complainant and the investigated persons(s) or department(s).

- use only information that all parties have had the opportunity to review and comment on as appropriate.
- e. In some cases, organizations may choose to meet with the complainant to present the final decision and any recommendations or actions taken. This is at the discretion of the organization and contingent on what the organization deems appropriate as well as the circumstances of the particular concern/complaint.

Internal Appeal Process

There may be times when a complainant isn't satisfied with the final resolution and decision regarding his or her concern/complaint. An internal appeal process gives the complainant another avenue for the process and final decision to be reviewed by the organization. The internal appeal process should be clearly documented within organizational policies and initiated only when certain criteria have been met (see below).

Request for an Appeal

- a. If the complainant wishes to lodge an appeal, it should be lodged in writing within 30 days of receiving the final response letter.

Decision Criteria

The following are suggested guidelines when deciding whether or not to proceed with an appeal:

- a. The initial investigation was inadequate or there is reason to believe that the underlying circumstances that led to the concern/complaint have not been fully exposed and additional information is likely to be discovered through further investigation.
- b. Some of the issues raised by the complainant were not answered or addressed in the final decision.
- c. The initial response appears to be unreasonable or incomplete.

Appeal Process

If an appeal proceeds, the following are suggested process steps:

- a. An Appeals Committee should be struck, which does not include the original investigating person(s) or committee.
- b. All information provided by the involved parties regarding the appeal should be made available to the Appeals Committee.
- c. All information to be reviewed by the Appeals Committee should be made available to all parties involved, including the complainant, as per relevant privacy legislation.
- d. At a minimum, the complainant should have an opportunity to present his or her concern/complaint to the Appeals Committee and to answer questions. Whether or not other parties to the concern/complaint are given an opportunity to present shall be at the Appeals Committee's discretion.
- e. The Appeals Committee will then make a decision regarding disposition.

Decision

An Appeals Committee may do any of the following and should provide reasons for its decision:

- a. Deny an appeal as there is evidence that the concern/complaint has already been thoroughly investigated and answered.
- b. Overturn, vary or substitute any of the decisions made in the final decision or make a finding or order of its own.
- c. Refer the matter back to the original investigating committee or to an alternate investigating committee for further consideration, in accordance with any direction that the Appeals Committee may make.

The same principles for documentation, investigation and final resolution as outlined in the formal internal concern/complaint process should apply. When the internal appeals process concludes, the complainant should be advised of his/her right to request the Alberta Ombudsman investigate the complaint resolution process or the fairness of the final decision. This is not an appeal of the final decision.

Interjurisdictional Concern/Complaint

There may be instances where accountability for a concern/complaint spans more than one organization's jurisdiction and requires that organizations work together to investigate and resolve the concern/complaint. For example, two or more health authorities or a health authority and a professional association or regulatory body could work together to investigate and resolve all or specific aspects of a concern/complaint. This may involve co-ordinated or separate investigations depending on the nature and complexity of the concern/complaint. A collaborative approach should help avoid duplicate investigations and provide a better opportunity for shared learning. It should also ease the complexity of the process for the complainant.

- It may be obvious from the nature of the concern/complaint or become apparent during the initial stages of the investigation that the concern/complaint involves more than one organization. An organization should inform the alternate organization and the complainant if it believes a concern/complaint involves an issue that comes under the jurisdiction of the alternate organization (e.g., a health authority informing a professional college of suspected professional misconduct).
- Initial discussions between the organizations involved should determine who has jurisdiction over the concern/complaint resolution process, who will take the lead on the investigation and who is responsible for the various aspects of the investigation and resolution process. The complainant should be informed of who the lead organization is and be provided with a contact within that organization.
- All organizations involved in the concern/complaint should co-operate in the review, investigation and resolution of the concern/complaint wherever possible.
- The organizations involved should co-ordinate their efforts to inform the complainant about the progress of the investigation(s) in keeping with the sharing of information as legislated in the *Health Information and Health Professions Acts*.
- The organizations involved should co-ordinate their responses to the complainant wherever possible.



The following terms and definitions are intended to describe wording used throughout the document. Each organization will need to tailor terms and definitions to its own policies and procedures.

Administrative fairness: Objectivity, transparency and fairness throughout the investigation and decision-making process are critical to the concerns/complaints resolution process. The process should be conducted in a manner that is procedurally fair, reasonably substantive and unbiased in both appearance and fact. When considering if a decision made in the concerns/complaints resolution process was administratively fair, consider if:

- due process was followed
- open communication took place
- all evidence was considered in the decision
- an appropriate delay in responding was explained

Appeal: A formal request made by the complainant requesting a review of an earlier decision.

Complainant: A person who brings forward a concern or complaint. This may be the person directly impacted by the issue or someone acting on behalf of that person (e.g., family member, guardian, agent or legal representative).

Concern/complaint: An expression of dissatisfaction that may relate to (a) the provision of services to a patient or (b) a failure or refusal to provide services to the patient or (c) terms and conditions under which services are provided to the patient or (d) professional practice and/or unprofessional conduct. It may be clinical or non-clinical in nature and may be directed at any member of the organization or the organization as a whole. It may be communicated verbally or in writing.

Complaints Director: Per the *Health Professions Act*, which governs all regulated health professionals in Alberta, the Complaints Director is a staff member of a professional regulatory college who has been appointed by the council

of that college to handle complaints about the professional conduct of a member of that profession.

Interjurisdictional concern/complaint: Concern/complaint involving two or more organizations such as two or more regional health authorities or a regional health authority and a health professional body.

Patient: Any person who is receiving, has received or has requested services from a regional health authority, health service provider or health professional. The terms resident or client may also be used in the same context.

Patient Advocate: A person employed by an organization to assist complainants in understanding the concerns/complaints process, to help navigate the complainant through the system, to attend meetings and to answer questions.

Patient Concerns Officer: An individual appointed by a regional health authority who reports directly to the administrative head of a regional health authority or to a senior officer who reports directly to the administrative head, and who is responsible for receiving and dealing with concerns/complaints.

Resolution: The point at which the concerns/complaints process is concluded, and where there is a level of mutual understanding of the outcome between the parties involved. Resolution may differ with individual concerns/complaints and could mean:

- mutual acceptance of and satisfaction with the outcome.
- the complainant may not be satisfied or accepting but understands the outcome.
- the complainant may remain unsatisfied and non-accepting of the outcome.

Respondent: The primary party that must answer to the concern/complaint.

Service provider: An organizational body, regional health authority or regulated health professional providing care, goods or services.

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Appendix: Development of the Patient Concerns/Complaints Resolution Framework

In 1997, in response to recommendations from the Provincial Health Council's report *Appeal Mechanisms Review Final Report, October 1996*, a Concerns Resolution Working Group was charged with identifying the underlying principles for a concerns resolution process and determining the necessary elements that would guide development of a regional and provincial concerns resolution process.

On March 31, 1998 the Government of Alberta approved the *Concerns Resolution Process Framework* and the Standing Policy Committee on Health adopted the framework in April 1998. The framework was communicated to regional health authorities by a letter from the deputy minister, whereby each regional health authority was required to have in place a well-publicized concerns resolution process for dealing with health service and related complaints from patients and members of the public.

In 2000, a formal education and training package was developed and implemented throughout the province with participation from the regional health authorities, the Alberta Cancer Board and the Alberta Mental Health Board. The expectation for patient concerns resolution processes was also included in the *Governance Expectations of Health Authority Boards* (AHW, 2001).

For many years, Alberta's self-regulating health professions have had the legislated authority to deal with complaints about the professional practice of their licensed members. This authority falls within the mandate of professional regulatory colleges to protect the public through processes to ensure safe, competent and ethical professional practice. Under the *Health Professions Act*, the processes for handling

complaints have become standardized and apply equally to all 28 health professional regulatory colleges, including a number of health disciplines that were not previously self-regulated.

The Alberta Ombudsman has jurisdiction to conduct impartial and confidential investigations into complaints from individuals who believe they have been unfairly treated by the colleges currently under the *Health Professions Act*. In 2003, the *Ombudsman Act* was amended to allow the Alberta Ombudsman to investigate decisions or recommendations made relating to the patient concerns resolution processes of regional health authorities, the Alberta Mental Health Board and the Alberta Cancer Board. As of September 2006, the remaining amendments were proclaimed with the new *Patient Concerns Resolution Process Regulation* under the *Regional Health Authorities Act* and the *Cancer Programs Act*.

The Alberta Ombudsman investigates the decision-making process with an emphasis on finding solutions to instances of unfair administration, adhering to the principles of natural justice. However, the Alberta Ombudsman is not a substitute decision maker.

In 2003, the Health Quality Council of Alberta (HQCA) released *Satisfaction with Health Care Services: A Survey of Albertans 2003*. It was the Council's first provincewide survey that looked at how Albertans assessed quality, safety and satisfaction with services provided by the publicly funded health care system. The survey found that only 19 per cent of those respondents who had voiced or written to someone about a serious complaint

regarding the health care services they had received were satisfied with how their complaint was handled and addressed. The number decreased to 13 per cent in the 2004 survey. Some of the reasons respondents gave for their dissatisfaction were:

- no action taken/problem not addressed
- complaint not taken seriously/not considered important
- no response/lack of follow-up
- poor communication/no explanation
- rude reaction

The 2004 survey also showed that of those respondents with a serious complaint, 42 per cent did not report their complaint to anyone. Reasons why they didn't report their complaint included:

- wouldn't have done any good/nothing would be done
- didn't know who to contact to make the complaint
- didn't know I could complain
- didn't want to cause trouble

Based on these findings, the HQCA decided to learn more about the reasons why Albertans were dissatisfied and/or satisfied with the complaint handling process. In 2004, HQCA contracted with Criterion Research Inc. to conduct focus groups throughout the province. Focus group participants were those respondents from the 2004 survey that identified they had had a serious complaint about the health care services they received and had agreed to participate in a focus group. Five focus groups

were held between October and November 2004 in Edmonton, Calgary, Fort McMurray, Lethbridge and Medicine Hat.

The objectives of this qualitative research were to explore:

- Awareness and understanding of the process for making a health service complaint.
- Assessment of the complaint handling process against current leading practices.
- Experiences with the current process of making a complaint.
- Perceived elements of an effective complaint handling system.

The results of the focus group discussions concluded that these individuals felt their complaints needed to be:

- **Voiced** – respondents felt they have the right to bring forward complaints regarding the delivery of their own health care and the health care of the general public.
- **Welcomed by the system** – building upon the right of voicing a complaint, respondents identified the need for the system to welcome the complaint or concern. The system needs to be structured to encourage members of the public to bring issues forward.
- **Acted upon** – respondents expect their complaints will have some benefit for them and for the system. Complaints need to be analyzed and acted upon so the complaint is a source of information for improving the health care system.

- **Supported by a culture shift** – perceptions exist that a paradigm shift is required by the health care system to create a culture that welcomes, accepts and responds to feedback.

The focus group respondents also identified the following as aspects of a successful complaint handling process: welcoming, respectful, accessible, apologetic, timely, integrated, confidential, simple and well communicated.

While the HQCA was moving the complaint handling agenda forward, it was also establishing the Health Quality Network (HQN). In February 2004, the HQN was officially launched with a membership that today consists of representatives from the nine regional health authorities, Alberta Cancer Board, Alberta Mental Health Board, Alberta Health and Wellness, College of Physicians & Surgeons of Alberta, College & Association of Registered Nurses of Alberta, Alberta College of Pharmacists,

Federation of Regulated Health Professions, Health Boards of Alberta and the Alberta Medical Association.

At the HQN's inaugural meeting in February 2004, members identified priority issues where they felt the network's activities could lead to significant improvements in the quality of health services in the province. Concern/complaint handling was one of the top five issues identified.

The HQN's original objective was to facilitate development of a consistent approach to the concern/complaint resolution process across the province that incorporates best practices and creates a learning process to ultimately reduce concerns/complaints.

In November 2004, a HQN sub-committee was tasked to develop a provincial framework for concerns/complaints resolution. This framework is the result of that sub-committee's work.



Partnering to achieve world-class excellence in all dimensions of quality and safety across Alberta's health system.



**Patient Concerns/
Complaints Resolution
Provincial Framework**