

Office of the Patient Experience Protocol

POLICY STATEMENT:

Sunnybrook Health Sciences Centre (Sunnybrook) is committed to ensuring a consistent and transparent process is followed when reviewing complaints and concerns from patients/residents, families and visitors. Addressing complaints and concerns will be done in keeping with the organization's core values of excellence, collaboration, accountability, respect, and engagement.

DEFINITIONS

Complaint/Concern: refers to dissatisfaction and/or a worry or anxiety with the care or service received.

Compliments- positive feedback about a patient's experience with relation to a specific staff member and/or team where the patient/visitor would like the staff member and/or team to be recognized.

Intervention: refers to situations that require prompt attention and may relate to a concern, complaint or request for assistance. These situations provide staff, physicians and the hospital the opportunity to make a positive difference to the person's experience with Sunnybrook and to prevent further escalation of the situation.

OPE [[Appendix 1: Office of the Patient Experience Locations & Hours of Service](#)] *{In the Veterans Centre, this role is fulfilled through the Manager, Office of the Resident & Family Experience and Safety

Patient/Resident: for the purpose of this policy, includes the patient's/resident's Substitute Decision Maker. At Sunnybrook, those residing in the Veterans Centre are referred to as residents.

Point of Service: the unit, clinic, department or physician's office where a complaint/concern originates.

Resolution: A case is considered resolved or closed, when all avenues of inquiry have been explored internally and no new information is revealed as a result. The results of the resolution will be shared with the patient or family member.

Retrospective Review: refers to complaints that require an investigation about previous care or service. Examples of situations requiring a retrospective review include:

- complaints about care received three months ago during a previous hospital stay
- complaint about care received on one unit after patient/resident has been transferred to another unit during same hospital stay

Substitute Decision Maker (SDM): refers to the legally accountable individual who may make a care/treatment decision for a patient or resident who is unable to do so because he/she has been deemed incapable of making a care/treatment decision by the clinician offering the treatment.

A. Background

Learning from complaints is a valuable process for the organization. Complaints may be provided in person, by telephone, or in writing by letter, email or via social media. While this policy speaks to patient complaints, the same processes are to be followed for family and visitor complaints.

In cases where there are potential legal issues involved or identified risks to patient care, the Department of Quality and Patient Safety will be engaged.

In addition to learning from complaints, it is also valuable to recognize staff members who are exceptional in their roles and maintain a consistent, positive appreciation of the impact they have on a patient's/resident's experience.

In order to protect patient privacy, the hospital requires the consent (note: verbal consent is acceptable) of the patient before the Manager, Physician or Patient Experience staff can provide assistance. The resolution process involves only those members of the health care team required to provide information for addressing the issue(s). Outcomes achieved in the resolution process must be consistent with hospital values and policies, procedures and guidelines.

Sunnybrook maintains zero tolerance for any retaliation against those who bring a complaint forward. If examples of retaliation are brought forward, OPE will work with members of the Senior Leadership Team and Senior Medical Leaders to address these issues.

B. Interventions

Interventions refer to the addressing of complaints that require prompt attention and relate to a patient's current care. Successful interventions provide the organization with the opportunity to make a positive difference to the patient's immediate experience.

Role of Staff, Physicians and Managers

It is the responsibility of all staff and physicians to make every effort to resolve complaints brought to their attention as quickly as possible – this is consistent with our values of collaboration, accountability, respect and engagement. Priority attention from all involved parties is expected for complaints. [[Appendix 2 – Patient Concerns Process Flow Chart](#)].

When responding to a complaint, staff and physicians should:

- state information known to ensure shared understanding and clarity of the complaint
- empathize with the patient;
- offer emotional support as appropriate;
- apologize where appropriate for the patient's distress and experience without assigning blame and without making guarantees or promises.
- make every attempt to find a resolution to the person's concern.

If staff and physicians are unable to resolve a complaint, they must bring the complaint to the attention of the Patient Care Manager, Supervisor or appropriate medical leader such as division head or department or program chief.

Once notified of a complaint, the manager or physician lead will contact the patient who brought the issue forward, either by telephone or in person. If the issue cannot be resolved during this initial contact, the manager or physician leader will advise the patient they will review the situation with those involved and provide an update at the earliest possible opportunity, within two business days, unless the matter requires an earlier response.

If physicians cannot resolve a complaint directly, they should seek guidance from the most appropriate Department or Program Chief. The physician should inform the appropriate Chief of all complex patient concerns as soon as possible (ie within one business day). The Department Chief may delegate this responsibility to the Division Head, where applicable.

The Office of the Patient Experience may be contacted for support and advice during regular business hours* ([Appendix 1 – Office of the Patient Experience Locations & Hours of Service](#)). (see Section D – Role of Patient Experience Advisors (PEA)).

It may be advisable to consult the PEA for assistance and/or facilitation of the resolution process when:

- 1) a complaint cannot be resolved at the unit or department level despite attempts to do so
- 2) facilitation of communication and mediation is required
- 3) a patient requests the involvement of the Office of the Patient Experience
- 4) a complaint is received directly from the office of the Board/CEO/Senior Leader

If the complaint is significant and/or time sensitive and it is outside of regular business hours, staff should notify the Shift Manager (SB campus), Hospital Coordinator (Holland Centre) or Patient Services Manager (St. John's). These individuals can be contacted through Communications.

Documentation of the complaint, actions taken, and outcome are to be recorded factually and without judgment in the patient's file in the Patient Experience database (RL Solutions).

**Note: In the Veterans Centre, this function is fulfilled by the Manager, Office of the Resident & Family Experience and Safety during business hours.*

C. Retrospective Reviews

Retrospective complaints require a review of previous care or service. While the opportunity to change the situation has passed and the experience cannot be altered, the hospital can offer an explanation of why the care or service unfolded as it did and apologize for the experience, if appropriate (please refer to Appendix 3 for more information about the *Apology Act*).

Given the challenges of addressing complaints after the passage of time, a concern received more than 24 months following the experience will not be investigated however, the feedback received by the OPE will be recorded and kept on file.

Role of Staff, Physicians and Managers

Complaints of prior care received directly by staff are to be forwarded to their Manager. It is the responsibility and expectation of all staff and physicians to participate in the investigation of complaints about prior care or service.

The Manager will acknowledge receipt of any written complaints in writing and will begin to review the situation. Time frames for the review will vary depending on the complexity of the issues, number of people involved, etc. Patients will be kept apprised on the status of the inquiry regularly. The OPE may be contacted for support and advice at any point during this process.

If a complaint/concern is directed to a physician and the physician cannot resolve it directly, he/she should seek guidance from his/her Department Chief. In some cases, the Department Chief may have to get directly involved. The Department Chief should be made aware of all complex patient/resident concerns by the physician involved. The Department Chief may delegate this responsibility to the Division Head, if one exists.

D. Patient Experience Advisor Role for Interventions and Retrospective Reviews

Patient Experience Advisors will review complaints received directly in the Office of the Patient

Experience (In the Veterans Centre – Office of the Resident & Family Experience and Safety). A manager or physician may choose to consult the OPE to assist with the resolution of complex complaints where the OPE was not contacted directly. If requested and with the patient's approval, a Patient Experience Advisor will attend meetings with the parties.

The Office of the Patient Experience will acknowledge receipt of any written complaint in writing or by telephone within three business days. Time frames for resolving the complaint/concern will vary depending on the immediacy of the issues, complexity of the issues, number of people involved, etc. Patients and appropriate managers and physicians will be kept apprised on the status of Interventions and of the status of Retrospective Reviews within 5 days of acknowledging the complainant and regularly thereafter until the complaint is resolved.

Some situations may require the OPE to escalate a complaint to a Senior Leader in the organization. Complaints of this nature would include: professional misconduct, concerns that are unresolved for a prolonged period of time, and complex issues with financial or corporate operational implications.

E. Complaints received by the CEO or a Senior Leader

Complaints received by the CEO or a Senior Leader (EVP/VP) are to be referred to the OPE for follow up with the following exception: complaints related to residents of the Veterans Centre should be sent directly to the Manager, Office of the Resident & Family Experience and Safety in Room LG05h and patients of the Holland Centre for Orthopaedic & Arthritic Centre should be directed to the Social Worker (Appendix 1- Office of the Patient Experience Location and Hours of Service)

Complaints/concerns will be acknowledged within three business days upon receipt by the CEO/Senior Leader/delegate with an explanation that the OPE will manage the investigation on behalf of the CEO/Senior Leader.

The assigned Patient Experience Advisor will provide updates to the Senior Leader, including copies of all written correspondence, as appropriate.

F. Complaints/concerns received by Members of the Board of Directors

The Board of Directors recognizes the importance of the views of patients/residents, families and the community about the services the hospital provides. Members of the Board of Directors who receive complaints are asked to follow the procedure as outlined below:

Forward any correspondence or calls to the Executive Assistant of the Board (room C106, ext. 4111), who in-turn will send the correspondence to the OPE (Room C161) with the following exception: complaints related to residents of the Veterans Centre will be sent directly to the Manager, Office of the Resident & Family Experience and Safety in Room LG05h and patients of the Holland Centre for Orthopaedic & Arthritic Centre should be directed to the Social Worker (Appendix 1- Office of the Patient Experience Location and Hours of Service)

1. Individual Directors of the Board should not respond directly to complaints.
2. If the complaint was received by telephone, the Executive Assistant of the Board will acknowledge receipt of the call and alert the OPE of the requirement for follow-up.
3. If the complaint was received in writing, a letter acknowledging receipt of the

correspondence will be sent from the Board Chair with cc's to the President & CEO and OPE. The written acknowledgement will explain that the OPE will manage the process and further communication should be directed to the OPE.

4. The OPE will follow the same process as outlined above to examine the issue.
5. The CEO will advise the Board Chair as to the ultimate disposition of complaints that have been received directly by a Trustee of the Board.

G. Data

The OPE maintains a database of concerns, complaints, compliments, inquiries, coaching and consultations they receive. Reports are circulated to appropriate stakeholders for trending and monitoring and to assist the organization in quality improvement Initiatives.

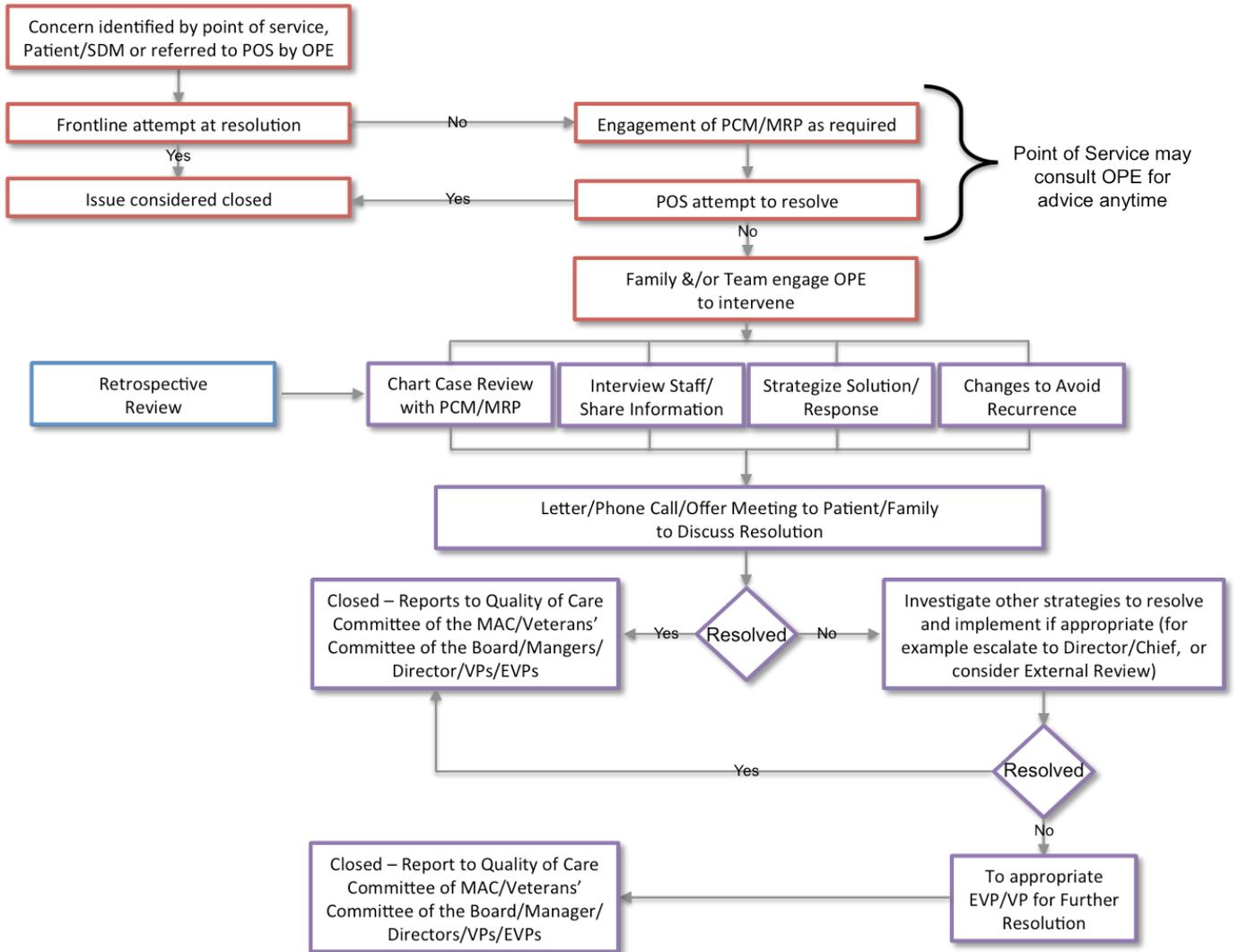
APPENDICES AND REFERENCES:

Appendix 1 Office of the Patient Experience Location and Hours of Service

Assistance from the OPE is available Monday to Friday during business hours. After hours, complaints/concerns that require immediate attention may be forwarded to the Shift manager on duty through Communications. Complaints/concerns that do not require immediate attention may be left on the voice mail and/or written complaints emailed/mailed/dropped off to the applicable PEA.

Location	Telephone	Room	Address
Holland Centre	416-967-8563	Room 828B	43 Wellesley, Room 828B Toronto, ON M4Y 1H1
Bayview Campus* (excluding Veteran's Centre)	416-480-4940	C Wing 1 st Floor, Room C161	2075 Bayview Ave, C161 Toronto, ON M4N 3M5
Bayview Campus Veterans Centre	416-480-6107	L Wing Ground Floor Room LG05h	2075 Bayview Ave., LG05h Toronto, ON M4N 3M5
St. John's Rehab	416-480-4940	C Wing 1 st Floor, Room C161	2075 Bayview Ave, C161 Toronto, ON M4N 3M5

Appendix 2 Patient Concerns Process Flow Chart



Links:

[Consent to Treatment Policy](#); [Disclosure of Adverse Events](#); [Apology Act](#)