

PROCEDURE III-95.PROC.1	Patient/Resident Concerns Resolution Procedures	DOMAIN Governance and Ethics
Sponsor: Chief Quality and Privacy Officer Lead(s): Manager, Patient Relations		Date Approved: April 9, 2021
		Date Effective: April 29, 2021
		Date of Next Review: April 2024

For further information please contact covenantpolicy@covenanthealth.ca

NOTE: The first appearance of terms in **bold** in the body of this document (except titles) are defined terms – please refer to the Definition section

Purpose Statement:

To facilitate a clear, easily accessible, fair, consistent, transparent and timely process for reporting concerns within Covenant Health.

To ensure compliance with Alberta Patient Concerns Resolution Process Regulation (124/2006) and alignment with Alberta Health Services' Provincial Patient Concern resolution processes.

To support and promote improvements in in patient/resident/client¹ care through the Patient Concern Resolution Process (hereafter referred to as PCRP)

Parent Policy:

III-95 [Patient/Resident Concerns Resolution Process](#)

Applicability:

When responding to concerns and requests all individuals acting on behalf of Covenant Health are expected to respond to concerns in a manner that is grounded in the Health Ethics Guide and rooted in the organizational values of Compassion, Social Justice, Respect, Integrity, Collaboration and Stewardship.

Responsibility:

Complainants have an obligation to communicate in a respectful and constructive manner and a responsibility to collaborate in resolving concerns. The complainant is to provide sufficient information in writing, or verbally, as they are able, to consent for an investigation of concerns.

Operational leaders at all sites are responsible for review of concerns and the related decisions. Operational leaders at Covenant Health continuing care facilities are also responsible to ensure that residents and their families are aware of their right to establish self-governing councils in alignment with the Resident and Family Councils Act.

The role of the Patient Relations department is to facilitate the PCRP, as required by the Alberta Patient Concerns Resolution Process Regulation (124/2006). The Patient Relations department also provides a centralized point of intake within Covenant Health for individuals to express their feedback regarding their healthcare experience.

¹ Hereafter, all references to 'patients' includes residents and clients.

The role of the Chief Medical Officer, or designate, is to investigate the concern in accordance with Part 6 of the Covenant Health Medical Staff Bylaws (Triggered Initial Assessment and Triggered Review), to ensure that there is procedural fairness for the complainant, affected medical staff and Covenant Health, and to fulfill the requirements identified in this policy/procedure.

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Concern Resolution Procedure for Operations:

Complainants can communicate their concerns or requests in person, by phone, email, in writing, or completion, site specific feedback documents and the Patient Relations on-line form.

1. When a complaint is received from a third person (i.e. a person other than the patient involved), no personal health information will be given to that person unless verification is received that the third party has appropriate authority/ permission to act as spokesperson for the patient.
2. **When a concern/complaint/request is received the person addressing the concern/complaint/request (usually the area supervisor or manager or designate) should:**
 - 3.1 Obtain and document details, such as the name and contact information for individuals affected by the concern, the specifics of the concern as well as expectations for resolution.
 - 3.2 Assess risks as per the risk assessment and management section of this document.
(add section number)
3. The complainant should be given a time frame for follow-up and the contact information for the individual designated to provide response. If the concern is such that it cannot be reviewed, the complainant should be advised that it is not possible to review the concern but feedback should be welcomed for learnings of patient or public perception. It may not be possible to review a concern due to the information available or the time which has passed since the events causing concern.
4. The individual designated to provide response shall:
 - 4.1 Inform complainants throughout the review process regarding the status of their concern and provide them with a response following the review of their concern. This response shall be in compliance with applicable privacy legislation and Covenant Health policy.

Concern review process:

The reviewer shall

1. Conduct the review in a timely, impartial and respectful manner for all individuals involved.
2. Conduct the review in a manner that gives all stakeholders a fair opportunity to present the full details of the concern.
3. Conduct a review of the concern which may include but is not limited to review of health records, patient/family/complainant and staff/physician interview, review of related policies, procedures and standards, inter-departmental consultation.
4. Consolidate and document review findings.
5. Consider what actions can be taken and make a decision regarding same. Concern response may include one or more of the following:
 - a. Apology for distressing experience
 - b. Information and explanation regarding area of concern
 - c. Sharing of concern review findings
 - d. Decision specific to the concern or request, e.g. reimbursement for damaged or lost aids to daily living such as hearing aids
 - e. Identification of opportunity for improvement
 - f. Plan for improvement or advise the complainant of improvements that have already been taken
 - g. Refer the complainant to Patient Relations

Communication of review findings or outcome:

1. Information provided to the complainant will be within the guidelines of the Health Information Act and Covenant Health policy.
2. The complainant should be advised in a timely manner of the outcome of a concern review process or a request initiated by a complainant.
3. The complainant shall be provided with the rationale for decisions related to the concern.
4. The complainant shall also be given an opportunity to ask questions seek clarification and provide his/her response to the resolution process and the information provided.
5. The concern resolution outcome and complainant response to same shall be documented (refer to "Documentation section below).

6. The PCRP includes documentation of opportunities for improvement identified and action initiated as an outcome of this process.

Documentation of concern resolution process:

1. Summary documentation of the activities undertaken to resolve concerns, including the outcome and rationale for decisions related to the said concern shall be kept by the individual responsible for reviewing the concern and making related decisions.
2. The Patient Relations department should be advised of quality improvements that are initiated as an outcome of the concern review process when the PCRP was initiated by the Patient Relations department. If a quality review was undertaken, the recommendations of same shall be forwarded to the Patient Relations department. This information will be included in the Patient Relations department data.

A written or electronic record will be kept of all feedback and related documents received by the Patient Relations department. Complaints will be retained for a minimum of 11 years (per Covenant Health policy III-55 [Records Management](#)).

Risk Assessment and Management:

1. Evaluate if the concern involves harm or significant risk to patients, staff or visitors and notify, as appropriate, the following:
 - a. unit supervisor
 - b. unit/program manager
2. The unit/program manager/director shall then determine if further notification is required, such as communicating with:
 - a. Program Director
 - b. On-call Manager / Executive
 - c. Patient Relations department via the intake line or through direct contact to the Patient Relations Manager
 - d. Covenant Health Risk Management if there is discussion or threat of litigation or compensation
 - e. Covenant Health Communications if there are possible media reports
 - f. Protective Services/police services if there is a threat to staff or public safety.
3. Also refer to Urgent Notification of Emerging Issues Protocol.

4. When complainants present with behaviours which compromise the care environment, health care providers can access the following resources (as appropriate and which are available) to assist in responding in these exceptional situations; Operational Leadership, Spiritual Care, Patient Relations, Legal, Protective Services, Ethics Services, Privacy, Critical Incident Stress Management (CISM) and Occupational Health and Safety.
5. If the complainant alleges that abuse has occurred, the applicable Senior Leadership Team member is to be notified immediately, and an investigation initiated. Advise the Patient Relations Manager of the allegation. Follow requirements identified in Covenant Health policy III-75 [Abuse of Patients or Residents](#).

Referral to Patient Relations:

1. When a concern is multifaceted, cross jurisdictional or represents a significant risk to patients or the organization, refer the concern to the Patient Relations department to facilitate the concern review process.
2. Complaints involving physicians should be forwarded to the Patient Relations department for coordination of the review process and communication with the complainant.
3. Concerns which include injury or adverse events should be referred to Patient Relations for coordination of the review process.
4. Operational areas may contact Patient Relations for consultation at any point in responding to concerns.
 - a. Complainants who express dissatisfaction with attempts to resolve their concerns at the program level should be advised of the availability of the Patient Relations department.

Patient Relations can facilitate the escalation and appeal process.
 - b. Individuals who experience a serious adverse event or significant distress regarding an unanticipated outcome or care should be advised of the Patient Relations contact information.
5. **When concerns are received directly by Patient Relations, Patient Relations staff will:**
 - a. Make the initial contact with the complainant;
 - b. Document the relevant information and forward same to the appropriate Operational leader(s) for review and response;
 - c. Consult with other corporate services such as Legal, Finance, Privacy and Communications and Ethics and provide advisements as appropriate
6. **Communicate with the complainant regarding:**
 - a. the progress of the concern review;

- b. the outcome of the concern review;
- c. other internal or external options for review.

NOTE: Communication of review outcome will be co-coordinated by the Patient Relations department in consultation with operational leaders and medical affairs. There may be times when it is most appropriate for operations to provide the response. Outcomes may be communicated by phone, in writing or in person or in family meetings/case conferences.

Patient Relations process may vary dependent on the status of resolution activity already taken at the program level.

Escalation and Appeal Processes (Facilitated by Patient Relations):

1. Complainants who remain dissatisfied with the resolution of their concern, including visitor restrictions, have the option of contacting external agencies that may have the authority to address concerns (including but not limited to) the Provincial Patient Concerns Officer, Office of the Mental Health Patient Advocate, Protection for Persons in Care, the Alberta Ombudsman, and other relevant governing professional bodies.
2. Within Covenant Health, the Patient Relations Department serves as the final opportunity within the organization for review of the concerns process prior to referral to the Alberta Patient Concerns Officer. Response from the Alberta Patient Concerns Officer is required before the Alberta Ombudsman will take action (assume jurisdiction).
3. Covenant Health has an obligation of good stewardship of resources. If the Patient Concerns Resolution process is being misused, it may be limited by the Chief Quality and Privacy Officer or designate. Consultation with the Alberta Patient Concerns Officer may be initiated to make this determination. Misuse of the process includes the following:
 - a. Complaint is part of an orchestrated campaign against the organization
 - b. Is abusive, threatening or harassing;
 - c. Unreasonable conduct by the complainant; for example:
 - i. Unreasonable persistence;
 - ii. Disagrees with a decision made and offers no new relevant information;
 - iii. Refusal to accept a reasonable response or solution;
 - iv. Communicates concern in a manner that is significantly disruptive to the provision of patient or resident care.
4. **Exceptional Situation Protocol Committee.** The committee is available to provide teams with support in navigating complex and truly exceptional situations which have not been resolved through normal processes or which are anticipated to generate intractable conflict, significant moral distress or represent precedent setting decisions. The committee can be engaged for both clinical and nonclinical issues.

The committee can be contacted through Patient Relations Intake or the Ethics Service.

5. Triggers for initiating the Exceptional Situation Protocol may include one or more of the following:
- a. Unresolved disputes regarding the provision and/or withdrawal of treatment or other interventions
 - b. Unresolved conflict presenting a demonstrable, significant and documented barrier to the provision of patient or resident care
 - c. Conflicting obligations exist and or ethical issues are present within the treatment team
 - d. Demands being made for a course of action which is outside of the accepted standard of practice, program protocols, organizational procedures or resources
 - e. Significant concerns exist about the decision making capacity of a patient, resident or substitute decision maker who is making care decisions
 - f. External parties have become engaged in responding to conflict regarding patient or resident care (e.g. Media, Legal, Health Minister)

The situation represents a significant risk to the organization or is precedent setting

Relevant Policy and Policy Support Documents:

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| A. | <p>Policies:</p> <ul style="list-style-type: none"> III-95 Patient Resident Concerns Resolution Process III-45 Responding to Adverse Events, Close Calls and Hazards III-5 Reporting / Investigating Legal Actions and Potential Legal Actions 1.6 Preferential Access III-75 Abuse of Patients, Residents III-70 Disclosure of Wrongdoings and Protection of Persons who Disclose Wrongdoings III-85 Media Relations II-155 Social Media VII-B-350 Advance Care Planning Goals of Care Designation X-35 Disclosure of Personal or Health Information to Third Parties X-70 Use of Electronic Monitoring, Recording Devices and Cameras by Patients, Residents and Alternate Decision-Makers |
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B.	Procedures:
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C.	Guidelines:
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D.	Job aids:
E.	Standards:
Keywords:	
References: Exceptional Situation Consultation Protocol and Request Form Patient Resident Concerns Resolution Process (PCRP) Concern Feedback Received at the Point of Service Patient Concerns Resolution Process - Key Operational Standards Covenant Health Medical Staff bylaws AHS Family Presence and Visitor Guidelines Misuse of the Patient Concerns Resolution Process (Frivolous or Vexatious Concerns) Protocol Urgent Notification of Emerging Issues Protocol Mental Health Act Patient Concerns Resolution Process Regulation , 124/2006 Resident and Family Councils Act, Chapter R-16-7, effective April 1, 2018 Patient Concerns/Complaints Resolution, 2007 Health Quality Council of Alberta Patient Concerns Management; A Framework for Alberta, 2017 Health Quality Council of Alberta Health Ethics Guide, Third edition Covenant Health Code of Conduct: Our Commitment to Ethical Integrity Just Workplace Framework Covenant Health Mission Discernment Tool	
Past Revisions: January 11, 2019 October 10, 2014	