

Health Quality Ontario

The provincial advisor on the quality of health care in Ontario

Spring 2017

Patient Relations Indicator Specifications v1.0



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Acknowledgements

Health Quality Ontario acknowledges the individuals that contributed to the development of this product. Specifically, we are grateful to the members of the province-wide Patient Relations Advisory Group (PRAG) who provided invaluable guidance. Health Quality Ontario convened the Patient Relations Advisory Group in the winter of 2015. The advisory group included patients, hospitals, community care access centres (CCAC), long-term care homes, sector associations, the Ministry of Health and Long-Term Care and a measurement expert from a Local Health Integration Network (LHIN). This group guided the selection of patient relations indicators to support comparable measurements and future public reporting. The group also informed quality improvement tools and the recommended data collection and reporting approach. Following Ministry of Health and Long-Term Care input in Spring 2016, the advisory group informed pilot testing, indicator refinements and recommendations for province-wide implementation based on lessons from the pilot.

Patient Relations Advisory Group

Member	Organization
Alies Maybee	Patient Representative
Anna Greenberg (Chair)	Health Quality Ontario
Anthony Jonker	Ontario Hospital Association
Anne Bell/Cathy Lumsden	Ontario Association of Community Care Access Centres
Connie Free	St. Josephs General Hospital Elliot Lake
Jackie Houston	Ministry of Health and Long-Term Care
Jennifer Proulx	Community Care Access Centre (Champlain)
Jennifer Hartwick	Schlegel Villages
Kathryn Pilkington	Ontario Association of Non-Profit Homes & Services for Seniors
Kimberleigh Callaghan	St. Joseph's Care Group
Michael Spinks	Southeast LHIN
Nghi Luu	Patient Representative
Michelle Grouchy/Judy Irwin	Ontario Long-Term Care Association
Patricia Sullivan-Taylor	Health Quality Ontario
Paula Tohm	Baycrest
Sandy Dayes	Trillium Health Partners
Susan Stern	Patient Representative
Thomas Custers	Ministry of Health and Long-Term Care

Patient Relations Measurement Subgroup

Health Quality Ontario would also like to acknowledge the Measurement Subgroup; stakeholders who contributed measurement expertise to inform this product.

Hospital Sector	Sandy Dayes, Trillium Health Partners Imtiaz Daniel, Ontario Hospital Association
Long Term Care Sector	Jennifer Hartwick, Schlegel Villages Paula Neves, Extendicare
Community Care Sector	Ellen Odai, Champlain CCAC Anne Wojtak, Toronto CCAC
Health Quality Ontario	Patricia Sullivan-Taylor (Chair) Anita Singh Rachel Frohlich

Patient Relations Ontario Pilot Sites

Health Quality Ontario would like to extend appreciation to the 29 health sector organizations who participated in the pilot. To validate the indicators, Health Quality Ontario recruited twenty-nine representative organizations across the hospital, community care access centre and long-term care sectors. This group tested patient relations measurement, data submission and facility-level reporting using FY 2015-2016 aggregate organization-level complaints data. Pilot sites included 13 hospitals, four community care access centres, and 12 long-term care homes across 13 Local Health Integration Networks. The pilot informed the measurement and reporting implementation as well as refinements to this product.

Hospitals

- ī Baycrest Hospital
- ī Health Sciences North
- ī Hôpital Montfort
- ī Joseph Brant Hospital
- ī Orillia Soldiers Memorial Hospital
- ī St. Joseph's General Hospital Elliot Lake
- ī The Ottawa Hospital: Civic Campus, General Campus, Riverside Campus
- ī Thunder Bay Regional Health Sciences Centre
- ī Trillium Health Partners: Credit Valley Hospital, Mississauga Hospital, Queensway Health Centre

Long-Term Care Homes

- ī Baycrest Jewish Home for the Aged
- ī St. Joseph's Care Group: Bethammi Nursing Home, Hogarth Riverview Manor
- ī Extendicare: Georgian Heights, Wyndham Manor
- ī Hastings Centennial Manor
- ī Schlegel Villages: Coleman Care Centre, Erin Mills Lodge, The Village of Aspen Lake, The Village of Sandalwood Park, The Village of Taunton Mills, The Village of Winston Park

Community Care Access Centres

- ī Central Community Care Access Centre
- ī Champlain Community Care Access Centre
- ī Toronto Central Community Care Access Centre
- ī South West Community Care Access Centre

Health Quality Ontario Project Team

The core Health Quality Ontario project team responsible for the patient relations measurement and reporting initiative included: Rachel Frohlich, Anna Greenberg, Anita Singh, and Patricia Sullivan-Taylor.

Project contributions were also made by: Heather Angus-Lee, Susan Brien, Gail Dobell, Kat Elesin, Lee Fairclough, Sudha Kutty, Amy Lang, Danyal Martin, Blair Sandover, Jennifer Schipper, Laura Williams, and Daniel Yep.

About Health Quality Ontario

Who We Are

We are a scientifically rigorous group with diverse areas of expertise. We strive for complete objectivity, and look at things from a vantage point that allows us to see the forest and the trees. We work in [partnership](#) with health care providers and organizations across the system, and [engage with patients](#) themselves, to help initiate substantial and sustainable change to the province's complex health system.

What We Do

We [define the meaning of quality](#) as it pertains to health care, and provide strategic advice so all the parts of the system can improve. We also analyze virtually all aspects of Ontario's health care. This includes looking at the overall health of Ontarians, how well different areas of the system are working together, and most importantly, patient experience. We then produce comprehensive, objective reports based on data, facts and the voice of patients, caregivers and those who work each day in the health system. As well, we make [recommendations](#) on how to improve care using the best evidence. Finally, we support large scale [quality improvements](#) by working with our partners to facilitate ways for health care providers to learn from each other and share innovative approaches.

Why It Matters

We recognize that, as a system, we have much to be proud of, but also that we often fall short of being the best we can be. Truth be told, there are instances where it's hard to evaluate the quality of the care and times when we don't know what the best care looks like. Last but not least, certain [vulnerable segments of the population](#) are not receiving acceptable levels of attention. Our intent is to continuously improve the quality of health care in this province regardless of who you are or where you live. We are driven by the desire to make the system better, and by the inarguable fact that better... has no limit. Learn more about Health Quality Ontario at www.hqontario.ca.

Introduction

Background

Amendments to the [**Excellent Care for All Act**](#) (ECFAA) came into effect July 2016. These enhancements established the Office of the Patient Ombudsman and expanded [Health Quality Ontario's mandate](#). Specifically, Health Quality Ontario will measure and report on patient relations indicators; support quality improvement in patient relations processes in hospitals, home and community care, and long-term care homes; and support the [Patient Ombudsman](#).

Each health sector organization has relevant sector-specific regulations that outline patient relations expectations. In home and community care, requirements are outlined in the [Home Care and Community Services Act](#). Likewise, the [Long-Term Care Homes Act](#) sets out respective patient relations requirements for long-term care homes. [Regulation 188/15](#), introduced in September 2015, established patient relations requirements for public hospitals. These include expectations on how the patient relations process is designed, communicated, managed, monitored and reported.

Purpose and Value

This document provides the patient relations indicator specifications and data elements to support measurement and reporting. The indicators leverage patient-reported data to drive measurable improvement and to build patient relations capacity within hospitals, home and community care and long term-care homes.

The target audience for this document include patient relations, quality, risk management and decision support staff within health sector organizations. This document is also intended for patient and family advisory councils, resident councils, quality committees and health sector associations.

Patient Relations Indicators and Minimum Data Set

Patient Relations Indicators

The Patient Relations Advisory Group selected the following indicators for data collection and reporting:

- Rate of complaints per 1000 patients/residents¹
- Percent of complaints received by complaint category
- Percent of complaints acknowledged to the person who made the complaint within two, five and 10 business days²
- Percent of complaints closed within 30 calendar days and 60 calendar days³
- Percent of action(s) taken in response to a complaint by type of action

¹ Priority for facility-level internal comparative reporting, to be evaluated for public reporting

² Thresholds for complaint acknowledgement and closed timeframes were based on legislation and Patient Relations Advisory Group recommendations

³ Thresholds for complaint acknowledgement and closed timeframes were based on legislation and Patient Relations Advisory Group recommendations

Patient Relations Minimum Data Set

To calculate the patient relations indicators, health sector organizations will capture the following data elements for each complaint received.

Data Element Name	Data Element Description	Data Type
Complaint issue	Complaint issues mapped to each complaint category (see Appendix for complaint categories)	Character
Date complaint received	Date that a complaint was filed / received from the patient or family member	Number
Date of complaint acknowledgement	Date that a complaint was acknowledged to the person that made the complaint	Number
Date closed	Date that a complaint was closed	Number
Facility name	Facility name	Character
Number of issues within a complaint	Number of issues within a complaint	Number
Repeat complaint	Is this the first complaint made by or on behalf of the patient?	Character
Action taken	Actions taken in response to each issue within a complaint (see Appendix for action taken categories)	Character

Health Quality Ontario Contact Information and Companion Products

For more information on patient relations measurement and reporting, please contact pt_rel@hqontario.ca or visit our website at www.hqontario.ca.

Indicator 1: Complaints Received

Rate of complaints received by a facility/Community Care Access Centre per 1000 patients/residents

INDICATOR DESCRIPTION	<i>Indicator description</i>	This indicator measures the number of complaints received by a hospital, long-term care home or Community Care Access Centre (CCAC) as a rate over 1000 patients/residents. The indicator calculates the rate of complaints received within a fiscal year.
	<i>Relevance/Rationale</i>	The number of patient complaints is a measure that provides context around the complaints culture at a hospital, long-term care home or Community Care Access Centre. Lower numbers may be an indication of quality of care (i.e. fewer reasons to complain), but a higher number of complaints may be the result of an open, responsive and transparent complaints culture. This indicator should be used with other measures to inform care quality. The indicator is calculated as a rate per patient population to provide comparability and standardization within and across sectors.
	<i>Attribute</i>	Patient-Centred and Safe
	<i>Type</i>	Outcome indicator
	<i>External alignment</i>	Not applicable
	<i>External reporting tool/product</i>	Not applicable This indicator was endorsed as a priority for HQO internal, facility-level reporting to provide context to the other measures.
	<i>Unit of analysis</i>	Rate per population served
Calculation	<i>Numerator</i>	All complaints received by the facility within a fiscal year
	Note: Please see the glossary for definition of a complaint and concern. For this measure, only complaints documented through the established complaints process should be included.	
<p>Inclusion Criteria:</p> <ul style="list-style-type: none"> i Complaints received on and between the first and last day of the fiscal year including non-business days and after hours i Repeated complaints on the same issue from the same individual or by a different individual on behalf of the same patient/resident are counted as a single complaint i One complaint may include numerous issues, but will be counted as a single complaint i Complaints must be documented through the established complaints process to be included <ul style="list-style-type: none"> i Oral complaints made in person or by phone call i Written complaints include those that are made by letter, email, fax, text, etc. i For CCACs: <ul style="list-style-type: none"> i Complaints that come to or are recorded by service providers or CCAC staff should be included if the complaint is not immediately resolvable i Includes complaints made about Community Care Access Centre staff and/or service provider staff 		

	<p>Exclusion Criteria:</p> <ul style="list-style-type: none"> ī The complaint is not documented through the established complaints process. For example: <ul style="list-style-type: none"> ī Complaints that were acknowledged and resolved immediately after the complaint was received (e.g. changing the temperature in a patient or resident's room)
	<p><i>Denominator</i></p> <p>Per 1000 patients/residents served by the hospital, long-term care home Community Care Access Centre in the fiscal year</p>
	<p><i>Inclusion/Exclusion Criteria:</i></p> <p>Long-Term Care:</p> <p>Inclusion:</p> <ul style="list-style-type: none"> ī Each unique resident that occupies a long-term care bed within the fiscal year (or a portion of the fiscal year) including short-stay residents and residents that died at the long-term care home <ul style="list-style-type: none"> ○ Patients temporarily leaving the long-term care home <p>Exclusion:</p> <ul style="list-style-type: none"> ī No exclusions
	<p>Hospital Sector:</p> <p>Inclusion:</p> <ul style="list-style-type: none"> ī Each unique patient discharged by the hospital in their last location of treatment within the fiscal year (ex: a patient admitted as an inpatient after an ER visit should only be counted once upon discharge from the inpatient unit) ī Patients with any discharge disposition ī Patients readmitted should only be counted once ī Each patient using outpatient clinic services. Multiple patient visits to the outpatient clinics are counted once (e.g. count is per patient not per encounter) <p>Exclusion:</p> <ul style="list-style-type: none"> ī Patients being seen by hospital-associated family health teams
	<p>Home Care:</p> <p>Inclusion:</p> <ul style="list-style-type: none"> ī Each unique patient receiving services coordinated through a Community Care Access Centre within the fiscal year are counted once: count is per client not per encounter ī Include all services funded and delivered by or on behalf of the Community Care Access Centre, including direct services and contracted services ī Includes any client that has received services from nursing clinics, retirement homes and school services ī CCACs include complaints that have been submitted to action-line within their data for this indicator <p>Exclusion:</p> <ul style="list-style-type: none"> ī No exclusions

	<p><i>Calculation</i> This indicator will be calculated as follows:</p> <p>Rate per 1000 patients = Total number of complaints received by an organization divided by the total number of patients/residents times 1000</p> <p><i>Adjustment (risk, age/sex standardization)</i> This indicator is unadjusted and unstandardized. This will require further data and future analysis</p>
	<p><i>Data source / Data elements</i></p> <p>Facility or local level data collection</p>
	<p><i>Timing and frequency of data release</i></p> <p>Annual data collection</p>
	<p><i>Levels of comparability/stratifications</i></p> <p>Comparability by sector</p>
	<p><i>Targets/Benchmarks</i></p> <p>Currently no targets or benchmarks</p>
	<p><i>Target source</i></p> <p>N/A</p>
OTHER RELEVANT INFORMATION	<p><i>Limitations/ Additional Notes</i></p> <p>The Patient Relations Advisory Group also recommended that the number of anonymous complaints and number of repeat complaints be tracked locally for additional context</p> <p>This measure does not reflect the differences in complaint severity. A second measure has been included in the patient relations measurement framework to measure the percent of complaints by complaint category. These measures should be reported in conjunction to reflect the appropriate context of the complaints culture in at the hospital, long-term care home or Community Care Access Centre</p> <p>In long-term care and home care, complaints can be submitted to the facility or the Ministry-supported action-line. For long-term care, this indicator will only include complaints submitted directly to the home</p> <p><i>Guidelines, SOPs, Evidence for best practice</i></p> <p>Currently unavailable</p> <p><i>References</i></p> <ul style="list-style-type: none"> -Western Australia click here -NHS South West London click here -NHS Scotland click here -HSE Ireland click here

Percentage of complaint issues received by complaint category

INDICATOR DESCRIPTION	<i>Indicator description</i>	This indicator measures the issues arising within complaints received by a hospital, long-term care home, or Community Care Access Centre. The indicator reflects all issues included in all complaints submitted to a facility within a fiscal year
	<i>Relevance/Rationale</i>	The issues contained within a patient complaint is important to contextualize the complaints culture and process at a hospital, long-term care home or Community Care Access Centre A complaint can have multiple issues which cover multiple categories and may be recorded in more than one category or subcategory. This means the total complaints received by category will be greater than the number of complaints received
	<i>Attribute</i>	Patient-centred, Efficient, Safe
	<i>Type</i>	Outcome indicator
	<i>External alignment</i>	Not applicable
	<i>External reporting tool/product</i>	Not applicable
	<i>Unit of analysis</i>	Percentage
DEFINITION & SOURCE INFORMATION	<i>Calculation</i>	<p>Complaint Category</p> <p><i>Numerator</i></p> <p>The total number of issues mapped to one or more of the following categories and subcategories (for all complaints received by the facility):</p> <ul style="list-style-type: none"> ⠁ Care / Treatment ⠁ Safety ⠁ Attitude ⠁ Communication ⠁ Confidentiality ⠁ Privacy / Patient or Resident Rights ⠁ Timing ⠁ Access ⠁ Facility issues / Environment ⠁ Patients or Residents Property ⠁ Administration <p>Please note: detailed subcategories and examples for each category have been provided in Appendix A. Reporting should include both the category and sub-category level</p> <p><i>Denominator</i></p> <p>Total number of issues mapped to all complaint categories and subcategories</p>
		<p>Inclusion Criteria:</p> <ul style="list-style-type: none"> ⠁ Each separate issue within a single complaint should be mapped to a complaint category and subcategory ⠁ Issues should be counted from complaints that are received on and between the first and last day of the fiscal year including non-business days and after hours ⠁ Repeated complaints on the same issue from the same individual or by a different individual on behalf of the same patient/resident are counted as a single issue ⠁ Complaints included must be documented through the established complaints process

	<ul style="list-style-type: none"> ○ Verbal complaints made in person or by phone call ○ Written complaints made by letter, email, fax, text, etc. <p>i Complaints are to be included in measurement regardless of whether an incident or adverse event is associated with the complaint</p> <p>ii For CCACs:</p> <ul style="list-style-type: none"> ○ Complaints that come to or are recorded by service providers or CCAC staff should be included if the complaint is not immediately resolvable ○ Include complaints that have been submitted to action-line within their data for this indicator <p>Exclusion Criteria:</p> <p>i The complaint is not documented through the established complaints process. For example:</p> <ul style="list-style-type: none"> ○ Complaints that were acknowledged and resolved immediately after the complaint was received (e.g. changing the temperature in a patient or resident's room)
	<p>Calculation</p> <p>This indicator will be calculated as follows:</p> <p>Numerator: Sum of (Total number of x complaint category), Sum of (total number of y complaint category) Sum of (total number of _ complaint category)</p> <p>Denominator: Sum of ((Ncomplaints(number of categories per Ncomplaints)) * 100</p> <p>Example: Facility A receives three complaints</p> <p>Complaint X: 3 issues pertaining to <u>communications</u>, <u>safety</u> and <u>care</u> Complaint Y: 5 issues pertaining to <u>care</u>, <u>attitude</u>, <u>communication</u>, <u>access</u> and <u>environment</u> Complaint Z: 2 issues pertaining to <u>communication</u> and <u>environment</u></p> <p>The calculation would be:</p> <p>Sum of (Complaint X, Y & Z for communications) = 3 Divided by Sum of (Complaint X (3), Complaint Y (5), Complaint Z (2)) = 10 $3 / 10 = 0.3 * 100 = 30\%$ of complaints issues are related to communications</p>
	<p>Adjustment (risk, age/sex standardization)</p> <p>This indicator is unadjusted and unstandardized. This will require further data and future analysis.</p>
Data source / Data elements	Facility or local level data collection

	<i>Timing and frequency of data release</i>	Annual data collection
	<i>Levels of comparability/ stratifications</i>	Type of facility/sector Region Note: This indicator could also be stratified by severity if standardized severity matrix is developed and implemented. Will also be stratified by sub-category
	<i>Targets/Benchmarks</i>	Currently no targets or benchmarks.
	<i>Target source</i>	N/A
OTHER RELEVANT INFORMATION	<i>Limitations/ Additional Notes</i>	The recommendations emerging from the pilot phase resulted in the separation of 'timing' and 'access' as complaint categories to differentiate between not having access to care, versus delayed care or treatment Operational / Administration / Finance / Cost were combined into 'administration' as a broader category as the numbers for these were not significant enough to warrant separate categories In long-term care and home care, complaints can be submitted to the facility or the Ministry-supported action-line. For long-term care, this indicator will only include complaints submitted directly to the home
	<i>Guidelines, SOPs, Evidence for best practice</i>	Currently unavailable
	<i>References</i>	The United Kingdom Statistics Authority, Health and Social Care Information Centre, NHS England click here Data on Written Complaints in the NHS 2015-16 click here

Indicator 2: Complaints Acknowledgement

Percentage of complaints acknowledged to the individual who made a complaint within two, five and 10 business days

INDICATOR DESCRIPTION	Indicator description	This indicator measures the complaints received by a hospital, long-term care home, or Community Care Access Centre that were acknowledged to the individual who made a complaint. This indicator is calculated on the number of complaints submitted within a fiscal year
	Relevance / Rationale	Complaints received by the facility need to be formally acknowledged to the individual who made a complaint. It confirms to the individual who made a complaint that the issue has been received by the complaints representative/office and the investigative process has been initiated. This indicator measures patient-centredness and responsiveness in the complaints process.
	Dimension	Patient-centred, Efficient, Safe
	Type	Outcome indicator
	External alignment	Not applicable
	External reporting tool/product	Not applicable
DEFINITION & SOURCE INFORMATION	Unit of analysis	Percentage
	Calculation	<p><i>Numerator</i> Number of complaints that received a formal acknowledgement:</p> <ul style="list-style-type: none"> ī Within two business days ī Within three to five business days ī Within six to 10 business days <p><i>Denominator</i> All complaints received by the hospital, long-term care home, or CCAC within the fiscal year</p> <p><i>Inclusion Criteria:</i></p> <ul style="list-style-type: none"> ī Complaints received within a fiscal year, but acknowledged and closed in the first 60 days of the following fiscal year ī The day and time of complaint should be recorded ī Complaints received on and between the first and last day of the fiscal year including non-business days and after hours ī Repeated complaints on the same issue from the same individual or by a different individual on behalf of the same patient/resident are counted as a single complaint ī One complaint may include numerous issues, but should be counted as a single complaint ī Complaints included must be documented through the established complaints process <ul style="list-style-type: none"> ī Oral complaints made in person or by phone call ī Written complaints made by letter, email, fax, text, etc. ī For CCACs, complaints that come to or are recorded by service providers or CCAC staff should be included if the complaint is not immediately resolvable <p><i>Please note:</i> Complaints that were received through formal process and acknowledged immediately (e.g. patient complained in person or complaint was made at a residents' council meeting) should be counted as acknowledged between 0 and 2 days.</p>

	<p>Exclusion Criteria:</p> <ul style="list-style-type: none"> ī The complaint is not documented through the established complaints process. For example: <ul style="list-style-type: none"> ī Complaints that were acknowledged and resolved immediately after the complaint was received (e.g. changing the temperature in a patient or resident's room) ī The complaint needed no additional intervention
	<p>Methods</p> <p>This indicator will be calculated as follows:</p> <p>Percent Acknowledged within 2 business days = Number of complaints acknowledged within 2 business days <u>divided by</u> the total number of complaints received in the fiscal year</p> <p>Percent Acknowledged within 5 business days = Number of complaints acknowledged between 3 and 5 business days <u>divided by</u> the total number of complaints received in the fiscal year</p> <p>Percent Acknowledged = Number of complaints acknowledged between 6 and 10 business days <u>divided by</u> the total number of complaints received in the fiscal year</p>
	<p>Adjustment (risk, age/sex standardization)</p> <p>This indicator is unadjusted and unstandardized. This will require further data and future analysis</p>
	<p>Data source/Data elements</p> <p>Facility or local level data collection</p>
	<p>Timing and frequency of data release</p> <p>Annual data collection</p>
	<p>Levels of comparability/stratifications</p> <p>Type of facility/sector Region Institution Size</p>
	<p>Targets/Benchmarks</p> <p>80% by five business days</p> <p><i>Please note:</i> This target was derived from a multi-jurisdiction environmental scan and was conditionally recommended by the Patient Relations Advisory Group as a starting point</p>
	<p>Target source</p> <ul style="list-style-type: none"> ī New South Wales, Health Care Complaints, Annual Report 2015-16N: Percentage of complaints acknowledged within seven days of receipt, target is >= 90, current result is 50%. ī University College London Hospitals Annual Complaints Report 2014-2015: All complaints (100%) should be acknowledged by letter within three working days; Q1-2 results 88% and Q3-4 was 84%
OTHER RELEVANT INFORMATION	<p>Limitations/ Additional Notes</p> <p>There are important legislative differences between the sectors that would be relevant to the measurement of the indicator. Hospital legislation requires complaints to be acknowledged within five business days</p> <p>No specific requirement for acknowledgement, however, the Long-Term Care act is required to have complaints acknowledged and actioned within 10 business days. Similarly, home care legislation requires complaints to be resolved in 60 business days where possible</p>

	In long-term care and home care, complaints can be submitted to the facility or the Ministry-supported action-line. For long-term care, this indicator will only include complaints submitted directly to the home. CCACs include complaints that have been submitted to action-line
<i>Guidelines, SOPs, Evidence for best practice</i>	Currently unavailable
<i>References</i>	<p>New South Wales Government: Hunter New England click here</p> <p>Health Quality Council of Alberta click here</p> <p>Note: These two jurisdictions above track percentage of total complaints acknowledged within five business days</p> <p>University College London Hospital click here</p>

Indicator 3: Complaints Closed

Percentage of complaints closed within 30 calendar days and 60 calendar days

INDICATOR DESCRIPTION	Indicator description	This indicator measures the percent of complaints closed within 30 calendar days and 60 calendar days. This indicator would be calculated over a fiscal year
	Relevance/Rationale	For patients and residents to have confidence in the complaints process, complaints must be resolved in a timely way. This indicator is an outcomes measure which reflects timeliness and action in the complaints process
	Attribute	Patient-centred, Efficient, Safe
	Type	Outcome indicator
	External alignment	Not applicable
	External reporting tool/product	Not applicable
DEFINTION & SOURCE INFORMATION	Unit of analysis	Percentage
	Calculation	<p><i>Numerator</i> Total number of complaints closed within 30 calendar days and Total number of complaints closed within 31 - 60 calendar days</p> <p>Note: Closed or resolved complaints are those for which no further action is required or it has been deemed there is no further action that can be taken by the hospital, long-term care home, or Community Care Access Centre.</p> <p><i>Denominator</i> All complaints received by the facility via phone or written on and between the first and last calendar day including non-business days and complaints received after hours (i.e. number of complaints received within time period)</p>
	Inclusion Criteria:	<ul style="list-style-type: none"> ि Complaints received within a fiscal year, but acknowledged and closed in the first 60 calendar days of the following fiscal year should be included ि Complaints received on and between the first and last day of the fiscal year including non-business days and after hours ि Repeated complaints on the same issue from the same person are counted as a single complaint. This includes complaints made on the same issue by a different individual on behalf of the same patient/resident ि A single complaint may include numerous issues. The complaint will be considered closed only when all issues of the complaint have been resolved ि Complaints opened after the patient/resident has left the institution should be counted in the period when the complaint was closed ि Complaints included must be documented through the established complaints process <ul style="list-style-type: none"> ○ Verbal complaints made in person or by phone call ○ Written complaints made by letter, email, fax, text, etc.

	<p>i For CCACs:</p> <ul style="list-style-type: none"> o Complaints that come to or are recorded by service providers or their staff should be included if the complaint is not immediately resolvable o Include complaints that have been submitted to the action-line within their data for this indicator <p>Exclusion Criteria:</p> <p>i The complaint is not documented through the established complaints process. For example:</p> <ul style="list-style-type: none"> o Complaints that were acknowledged and resolved immediately after the complaint was received (e.g. changing the temperature in a patient or resident's room)
	<p>Methods</p> <p>This indicator will be calculated as follows:</p> <p>Percentage of Complaints closed in 30 calendar days = Total number of complaints closed within 30 calendar days divided by the Total number of complaints received in the fiscal year times 100</p> <p>Percentage of Complaints closed in 60 calendar days = Total number of complaints closed between 30 and 60 calendar days divided by the Total number of complaints received in the fiscal year times 100</p>
	<p>Adjustment (risk, age/sex standardization)</p> <p>This indicator is currently unadjusted or standardized. This will require further data and future analysis</p>
	<p>Data source/Data elements</p> <p>Facility or local level data collection</p>
	<p>Timing and frequency of data release</p> <p>Annual data collection (to be confirmed)</p>
	<p>Levels of comparability/stratifications</p> <p>Type of facility Region Institution Size</p>
	<p>Targets/Benchmarks</p> <p>70% within 30 calendar days 90% within 60 calendar days</p> <p>Please note: This target was derived from a multi-jurisdiction environmental scan and was conditionally recommended by the Patient Relations Advisory Group as a starting point</p>
	<p>Target source</p> <p>New South Wales, Health Care Complaints, Annual Report 2015-16: Percentage of complaints assessed within 60 days, target is 100, current result is 85.8 per cent</p> <p>Health and Disability Commissioner Annual Report, Australia: 90% in 2016 were closed within 6 months</p>
OTHER RELEVANT INFORMATION	<p>Limitations/Caveats</p> <p>This measure does not reflect the differences in complaint severity</p> <p>Often in-person complaints, which can be dealt with immediately and without additional intervention are not recorded with regularity and therefore have been excluded from the denominator</p> <p>In long-term care and home care, complaints can be submitted to the facility or the Ministry-supported action-line. For long-term care,</p>

	this indicator will only include complaints submitted directly to the home
<i>Guidelines, SOPs, Evidence for best practice</i>	Currently unavailable
<i>References</i>	<ul style="list-style-type: none"> -Scottish Public Services Ombudsman click here -NHS Scotland click here -NHS South West London click here -NHS Leeds click here -Western Australia click here -Ontario Hospitals Association click here -New South Wales Government – Hunter New England click here -Hong Kong Hospital Authority click here -ISO click here <p>Note: Timescales vary in above jurisdictions</p>

Indicator 4: Action Taken in Response to a Complaint

Percent of actions taken by a provider in response to a complaint by action category

INDICATOR DESCRIPTION	<i>Indicator description</i>	This indicator measures the tools with which a hospital, long-term care home, or Community Care Access Centre responds to complaints submitted by patients/residents. It should reflect current practice and potentially any change ideas that emerged from the complaints process
	<i>Relevance/Rationale</i>	<p>This indicator shows the actions or changes most often used by a facility or Community Care Access Centre in response to complaints received. This indicator is an outcomes measure which reflects responsiveness of the complaints process</p> <p>This measure would allow facilities to indicate which actions they took in response to a complaint or complaints at their hospital, long-term care home, or Community Care Access Centre. This could include training, communication, new policy/process, service/staffing enhancement. This is calculated as the sum total of actions taken for all closed complaints</p>
	<i>Attribute</i>	Patient Centred, Effective
	<i>Type</i>	Outcome
	<i>External alignment</i>	Not applicable
	<i>External reporting tool/product</i>	Not applicable
DEFINITION & SOURCE INFORMATION	<i>Unit of analysis</i>	Percentage
	<i>Calculation</i>	<p><i>Methods</i> <i>Numerator:</i> The number of actions-taken mapped to an action category for closed complaints</p> <p>The action categories are:</p> <ul style="list-style-type: none"> ⠁ Communication, Education or Training with Staff ⠁ Education with Patient/Resident/Family ⠁ Process or Service Review or Enhancement ⠁ Change of Treatment or Location of Care ⠁ Billing Adjustment/Remuneration ⠁ Escalation to External Organization ⠁ Investigation and communication with patient/resident or family <p>Please note: examples for each action taken category have been provided in Appendix B</p>

	<p>Denominator:</p> <p>Sum of total number of actions taken by a facility for closed complaints</p> <p>Inclusion Criteria:</p> <ul style="list-style-type: none"> ī Complaints received on and between the first and last fiscal day of the fiscal year including non-business days and after hours ī Repeated complaints on the same issue from the same individual or by a different individual on behalf of the same patient/resident are counted as a single complaint ī One complaint may include numerous issues, but will be counted as a single complaint ī The action taken for each separate issue within a single complaint should be documented ī Complaints included must be documented through the established complaints process <ul style="list-style-type: none"> ○ Oral complaints made in person or by phone call ○ Written complaints made by letter, email, fax, text, etc. ī For CCACs, complaints that come to or are recorded by service providers or their staff should be included if the complaint is not immediately resolvable <p>Exclusion Criteria:</p> <ul style="list-style-type: none"> ī The complaint is not documented through the established complaints process. For example: <ul style="list-style-type: none"> ○ Complaints that were acknowledged and resolved immediately after the complaint was received (e.g. changing the temperature in a patient or resident's room) <p>Calculation</p> <p>This indicator will be calculated as follows:</p> <p>Numerator</p> <p>Sum of (Total number of x action category), Sum of (total number of y action category) Sum of (total number of _ action category)</p> <p>Denominator</p> <p>Sum of the total actions taken to resolve complaints * 100</p> <p>Example:</p> <p>Facility A receives three complaints</p> <p>Complaint X: 3 actions include <u>communications</u>, <u>education</u> and <u>conduct addressed</u></p> <p>Complaint Y: 2 actions include <u>education</u> and <u>share lessons</u></p> <p>Complaint Z: 2 actions include <u>education</u> and <u>communication</u></p> <p>The calculation of the percent of complaints by action taken (education) would be:</p> <p>Sum of (Action taken X, Y & Z for education) = 3 Divided by Sum of (Action taken Complaint X (3), Complaint Y (2), Complaint Z (2)) = 7</p> <p>$3 / 7 = 0.43 * 100 = 43\%$ of complaints resulted in education as action taken</p>
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		<p><i>Adjustment (risk, age/sex standardization)</i></p> <p>This indicator is currently unadjusted or standardized. This will require further data and future analysis</p> <p>Note: Potential longer term adjustment for length of stay of a patient/resident</p>
	<i>Data source/Data elements</i>	Facility or local level data collection
	<i>Timing and frequency of data release</i>	Annual data collection
	<i>Levels of comparability/stratifications</i>	<p>Type of facility/sector Region Institution Size</p> <p>Note: This indicator could also be stratified by severity if standard severity matrix developed and implemented</p>
	<i>Targets/Benchmarks</i>	Currently no targets or benchmarks.
	<i>Target source</i>	N/A
OTHER RELEVANT INFORMATION	<i>Limitations/Caveats</i>	<p>In long-term care, some sites report these complaints monthly and trend results quarterly</p> <p>In long-term care and home care, complaints can be submitted to the facility or the Ministry-supported action-line. For long-term care, this indicator will only include complaints submitted directly to the home. CCACs include complaints that have been submitted to the action-line within their data for this indicator</p>
	<i>Guidelines, SOPs, Evidence for best practice</i>	Currently unavailable
	<i>References</i>	<ul style="list-style-type: none"> -SA Health, Consumer Feedback Management Guideline and Toolkit click here -NHS Scotland, NHS Scotland Complaints Statistics 2015/16 click here -British Columbia, British Columbia Patient Care Quality Improvement Report click here

Appendix A: Patient Complaint Categories and Subcategories

Category	Subcategory	Examples
Care / Treatment	Quality of care	Poor or substandard care, poor symptom or pain management
	Examination	Inadequate examination, rushed, or inadequate assessment by staff
	Diagnosis / Treatment	Poor or unsuccessful treatment, misdiagnosis, inappropriate or excessive treatment
	Patient care journey	Poor care coordination, lack of patient participation in care
	Staff skills	Poor technical skills compromised care
Safety	Personal safety or security	Falls, accidental injury
	Misidentification	Medication error
	Infection control	Poor adherence to infection control standards, (e.g. lack of hand washing)
	Alleged abuse	Events alleged to threaten safety, verbal/physical abuse by patient/resident or staff
Attitude	Sensitivity / Caring / Courtesy / Respect	Uncaring behaviour or attitude, lack of cultural sensitivity, inappropriate conduct or rudeness
Communication	Communication breakdown	Cultural or language barrier, options not discussed, not listening, lack of shared decision-making, poor communication with family, no interpreter provided
	Incorrect or inconsistent information	Communication of wrong or insufficient information
	Transitions (admission, discharge or transfer)	Inadequate, delayed, or no admission, discharge or transfer information provided
Confidentiality	Alleged information breach	Alleged breach of patient confidentiality, breach of personal health information
Privacy / Patient or Resident Rights	Consent	Coercing or failing to obtain patient consent
	Patient information	Access to patient records, delay in getting information about personal records
	Alleged discrimination	Alleged discrimination or inequity against patient or resident
	Personal Privacy	Invasion of personal privacy, failure to provide personal privacy
Timing	Delay	Unanticipated / unplanned wait for procedure or service
Access	Access or admission	Care, program or service denied or terminated. Service amount not meeting needs
	Staffing, resources, services	No one available to address questions, medical supplies not available
	Discharge or transfer arrangements	Early, late, or unplanned discharge or transfer
Facility issues / Environment	Housekeeping	Room or building cleanliness
	Maintenance	Equipment not working
	Dietary	Poor food quality
	Accommodation / Accessibility	Poor accommodation, equipment not available, noise, smoking, unable to find way
	Visitation	Insufficient visiting hours, too many disruptive visitors
	Parking	The availability of acceptable or appropriate parking space
Patients or Residents Property	Accidental loss or damage	Lost or damaged laundry, dentures, glasses, etc., stain on rug, broken lamp
	Alleged theft	Lost money or jewellery
Administration	Operational / Service / procedural issues	Problems with administrative policies, procedures or forms, issues with ambulance
	Finance / Cost	Billing issue – medication, requests for reimbursement, parking fees, Costs or billing process

Appendix B: Action Taken Categories

Category	Examples
Communication, Education or Training with Staff	Response results in communication, education and/or training with staff Examples include addressing conduct issues with staff member, share lessons learned in organization-wide memo, incorporating best practices in staff orientation
Education with Patient/Resident/Family	Education provided to family or patient about care or processes of care
Process or Service Review or Enhancement	Review service offering, staffing or wait times Development of quality improvement initiative to ensure better service delivery Improved patient to staff ratio
Change of Treatment or Location of Care	Response results in a patient transfer to another provider or site or change to a patient's care plan
Billing Adjustment/Remuneration	Response results in a financial remuneration (example: such as waive bill/ or reduce fee for a service, private room)
Escalation to External Organization	Patient takes complaint to Health Services Appeal and Review Board Organization initiates a review of a clinical staff member to their Professional Association
Investigation and communication with patient/resident or family	An investigation was conducted and decisions were shared with the patient / resident or family member. If no additional action was taken beyond the investigation, this action category should be selected

Appendix C: Glossary

Acknowledgement: A written or verbal statement stating the complaint has been received by the hospital, long-term care home or Community Care Access Centre to the individual who made a complaint.

Business Day: Any day in which normal business is conducted, generally considered to be Monday through Friday from 9am to 5pm local time, and excludes weekends and public holidays. Complaint acknowledgement will be counted within two business days if it was acknowledged by 5pm on the second business day after the complaint was received.

Calendar Day: A calendar day is any day of the week, including weekends and holidays.

Closed: Where a complaint has been investigated and there is no further action that can be taken by the hospital, long-term care home, Community Care Access Centre.

Complaint: An expression of dissatisfaction requiring acknowledgement and action.

Concern: An expression of a matter of interest or importance. A concern does not require specific or direct resolution. Note: Some organizations use the word “concern” for all complaints, but only those that require acknowledgement and action should be counted.

Health Sector Organizations: Includes hospitals, Community Care Access Centres, long-term care homes and other organizations that receive public funding as provided for in the regulations.

Incident: Any unintended event that occurs when a patient receives treatment that results in death, or serious disability, injury or harm to the patient, and does not result primarily from the patient's underlying medical condition or from a known risk inherent in providing the treatment.

Patient Relations: Focused on improving how hospitals, community care access centres, and long-term care homes gather and respond to feedback, concerns and complaints from patients, residents, clients and their families and friends⁴

⁴ Health Quality Ontario 2015 and Ministry of Health and Long-Term Care 2010