A Guide to Improving Complaints Processes in the Home and Community Care Sector

Health Quality Ontario

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Introduction

"Patient relations" is a service or process in hospitals, home and community care, and long-term care homes that gathers and responds to feedback, concerns, and complaints about care from patients, residents, clients, and their families and caregivers.

Health care organizations across Ontario are striving to improve their patient relations processes as part of their efforts to provide higher-quality care. Ontario's *Patients First Act, 2016* and Regulation 188/15 under the *Excellent Care for All Act, 2010* together stress the importance of engaging patients in their care and the commitment to strengthening patient relations in terms of how complaints are received and resolved across all sectors of the health system.

Although patient relations encompasses both positive and negative feedback, the specific process that relates to how an organization gathers and responds to complaints (that is, the *complaints process*) is particularly important to patients. Patients may be in a vulnerable emotional state when they lodge a complaint, as they may feel upset or angry as a result of the issue they would like to report. They may also be uncertain as to who to contact about their complaint, or may fear that making a complaint will negatively affect their care in the future. An effective complaints process should begin to heal the relationship between the patient and the health system, while a frustrating complaints process can have the opposite effect.

An effective complaints process will involve these three essential elements (Figure 1):

- The organization fosters a **culture of openness** regarding complaints, where patients feel they can make a complaint without fear of reprisal
- The complaints process is **clear and timely,** with good communication between the staff and the patient throughout
- The organization and its patients **work together for improvement** to prevent similar issues from recurring in the future

All organizations should have effective complaints processes that meet these three elements in order to provide truly patient-centred care.

The Purpose of this Guide

This guide provides Ontario's 14 local health integration network (LHIN) home and community care services with information and guidance to enhance existing formal complaints processes using a quality improvement approach, while moving toward a more standardized approach across the province.

The guide is intended to generate discussion within the home and community care sector to work toward standardized, patient-centred processes during this time of change, and consider the opportunities for improvement from a broader, cross-sectoral view. While it is recognized that LHINs may also receive complaints from patients and families about other health service providers, including hospitals, community support services, primary care and long-term care, this guide is intended to support the complaints process related to the LHIN home and community care services.

The primary audience for this Guide are staff administering patient relations programs within the LHIN home and community care services.

This guide was prepared in consultation with:

- Patient advisors
- Representatives from four LHIN home and community care services (Central, South West, Champlain, and Toronto Central)
- Representatives from Health Shared Services Ontario

Two additional sources informed the development of this guide:

- A set of interviews and focus groups conducted with 120 participants in the hospital, primary care, and home care sectors (patients and staff) in 2015. The purpose was to gain a clear understanding of Ontarians' perspectives on patient relations, including how patients, residents, clients, and their families wish their feedback to be invited and addressed; how health care organizations are currently doing so and what challenges they face; and promising practices that have been developed by organizations across Ontario.

Positive Feedback and Compliments

Although this guide focuses on the processes used to respond to complaints, LHINs also receive many compliments, and patient experience data show generally positive experiences with care.

In addition to data on compliments, LHIN home and community care services collect patient experience data on whether patients found the care they received to be excellent, very good, good, fair, or poor. Since 2013/14, performance on this indicator has been stable at 92% reporting positive experiences (excellent, very good, or good).[1] This is significant, as patients who report positive experiences often have better health outcomes.[2,3]

- A survey of the hospital, home care, and long-term care sectors about current patient relations processes. This survey was completed by staff engaged in the patient relations programs in 13 of 14 community care access centres (CCACs) in fall of 2015.

The *Patients First Act, 2016* and the Transition of Home Care to the LHINs

The *Patients First Act, 2016* was passed in December 2016. It aims to move Ontario's health system toward a more local and integrated system that will provide higher-quality care, improve access to health care services, and improve the overall patient experience.[4] One focus of this legislation was the transition of home and community care services from the CCACs to the LHINs. With this transition now complete, the continuity of patient services has been preserved and all services have been maintained in the same form under the LHINs. Legislatively, LHINs have the role to plan, fund, and integrate health services within a geographic area, while also functioning as a provider of home and community care services. In their role as provider of home and community care services, the LHINs will be expected to work to strengthen care across the continuum and publicly commit to actions to improve home and community care. As part of the home care transformation agenda, LHINs will work towards one integrated complaints process to enable users of the system to bring forward complaints, whether they are about a health service provider(s), service provider organizations, or about home and community care. We hope that this guide will be a benefit and a support during this process.

Over 700,000 people access home and community care services annually.[5] As such, the sector already had in place a standardized patient relations process. This included several reporting streams categorizing near misses, compliments, risk events, and complaints.[6] A centralized feedback line receives concerns and complaints related to these categories. In addition, staff are trained on how to input the complaint into the complaints system when receiving a complaint at point of care.

In this guide, the foundational guidance work done by the Ontario Association of Community Care Access Centres (OACCAC) in 2009, referred to as the Events Management Framework, has been updated to consider recent changes such as the Patient Ombudsman.[6] The Events Management Framework is intended to guide complaints processes for complaints that have been escalated and require written documentation and investigation. Investigation of risk events are treated in a similar fashion, and some information, such as the categories used to catalogue complaints, may be of benefit in this process; however, the focus of this Guide is on formal complaints.

With regard to complaints management at service provider organizations, LHIN home and community services communicate with service provider organizations on an ongoing basis and through their contracts as they work together to address concerns, risks, and complaints. Specific instructions are provided to service provider organizations to ensure that particular categories of risk events and complaints are escalated to the LHIN home and community care services. Examples of categories cited in contracts that require escalation to the LHIN home and community care services complaints management process include potential abuse, alleged theft, anything that resulted in claim, legal proceedings, police investigation, and delays in care or missed care. This guide focuses on the improvement of processes within the LHIN home and community care services rather than within service provider organizations.

Health Quality Ontario's Role in the Complaints Process

Health Quality Ontario was given new responsibilities related to patient relations as a result of the passing of Bill 8, the *Public Sector and MPP Accountability and Transparency Act, 2014* (which includes amendments to the *Excellent Care for All Act, 2010*). These include supporting continuous quality improvement by providing patient relations assistance to the hospital, home and community care, and long-term care sectors; developing patient relations performance indicators and benchmarks, in consultation with each of these sectors; and using these to monitor and report on the patient relations performance of hospitals, home and community care services, and long-term care homes.

Working Together for Improvement

- Patients, family, and/or caregivers have the right and are supported to raise concerns about their care or service and make recommendations to improve the patient experience without fear of reprisal
- The Home Care Bill of Rights is available to patients (both online and offline)
- Staff will do everything possible to hear, understand, and resolve complaints with fairness and equity, without taking sides
- Families and caregivers are welcome to participate in the process if the patient prefers this
- After a complaint is made, staff will keep the patient informed and let them know what to expect
- Staff consistently review complaints that have been received in order to learn from these to improve care and services

Fostering a Culture of Openness

- Clear written procedures for how to make a complaint and information on the complaint process are available to patients
- Staff are available to help patients understand the material
- Each verbal or written complaint is acknowledged within two calendar days after receipt
- Complaints will be investigated and feedback given within 60 calendar days
- If the patient is not satisfied, they are informed about alternative options for redress (e.g., the Health Services Appeal and Review Board; the Patient Ombudsman)

Providing a Clear and Timely Process

- Staff are trained regularly on how to support patients, families or caregivers who raise concerns
- Staff involve patients, family, and/or caregivers as they analyze complaints in order to improve care and services
- Patients participate in quality improvement efforts related to improving the patient relations process.
- Surveys about the complaints process are conducted to gather feedback and ideas for how the process could be improved
- Surveys about patient and caregiver experience are designed and conducted with input from patient advisors to proactively improve patient experience

Figure 1. The three essential elements of an effective complaints process. *These elements are based on best practices (Appendix 1)*[7-11] *and also include insights from the interviews and focus groups conducted to gather Ontarians' perspectives on patient relations in 2015. These three elements are applicable at all levels at which complaints may be received (from the service provider level to the LHIN level).*

The LHINs' five guiding principles for complaints processes, which apply to all health care organizations within their jurisdiction, are another useful guide and align with the best practices cited in Figure 1. These pan-LHIN guiding principles also apply to complaints received as part of the LHINs' function in administering home and community care services. The full description of these guiding principles can be accessed here.

Current Complaints Processes in the Home and Community Care Sector

Legislation Guiding the Complaints Process in the Home and Community Care Sector

LHIN home and community care services are accountable under legislation, regulation, and policy concerning their complaints processes. Legislation relevant to the complaints process in the home and community care sector includes:

- The *Home Care and Community Services Act, 1994*
- The *Substitute Decisions Act, 1992* and how it is applied to the collection, use and disclosure of personal information pursuant to the *Personal Health Information Protection Act, 2004*, *Freedom of Information and Protection of Privacy Act, 1990*, and the *Municipal Freedom of Information and Protection of Privacy Act, 1990*

Overview of the Current Complaints Process

Available avenues for submitting concerns or complaints

There are multiple avenues through which patients, families, caregivers, or service providers can initially express a concern or complaint (Figure 2). The LHIN home and community care services direct patients to contact a central number with feedback. Generally, concerns and complaints are managed using this central process.

Concerns initially identified at a service provider organization level are typically managed by service provider organizations. Only if the concern requires escalation (i.e., it cannot be resolved at the point of care) does the process escalate to formal acknowledgement of the complaint. Concerns identified to the LHIN home and community care services that can be resolved at the point of care are also addressed without formal written acknowledgement of the complaint. Concerns that can be addressed or incorporated without issue are seen as part of collaborative care planning with patients and families. The other avenues that receive calls may on occasion be directing a patient who did not know where to start and that had a concern, or escalating a concern to the formal complaints process.

Key Definitions[12]

A *concern* is an expression of a matter of interest or importance, while a *complaint* is an expression of dissatisfaction requiring acknowledgement and action.

A concern does not always require specific or direct resolution. Many concerns received are about service and can be resolved at the point of care (for instance, providing a blanket, or addressing an issue where a service provider might have been late or cancelled an appointment).

A *complaint,* on the other hand, has been defined by Health Quality Ontario's Patients Relations Advisory Committee as an expression of dissatisfaction that needs to be escalated to be addressed beyond the point of care. These complaints require the organization to consider how they might change their practices to ensure that similar issues do not arise for other patients.

Additional definitions are presented in Appendix 2.

Process followed once a complaint is acknowledged by the LHIN home and community care services

Generally, the concerned caller will call the service provider organization, or the LHIN home and community care services. However, there are multiple other routes through which the initial concern may be received. On occasion, the caller will be asking for directions on who to call; in this case, the Patient Ombudsman, Information and Privacy Commissioner, Member of Provincial Parliament, or Long-Term Care ACTION line may be connecting the caller to the LHIN home and community care services feedback line or the service provider organization.

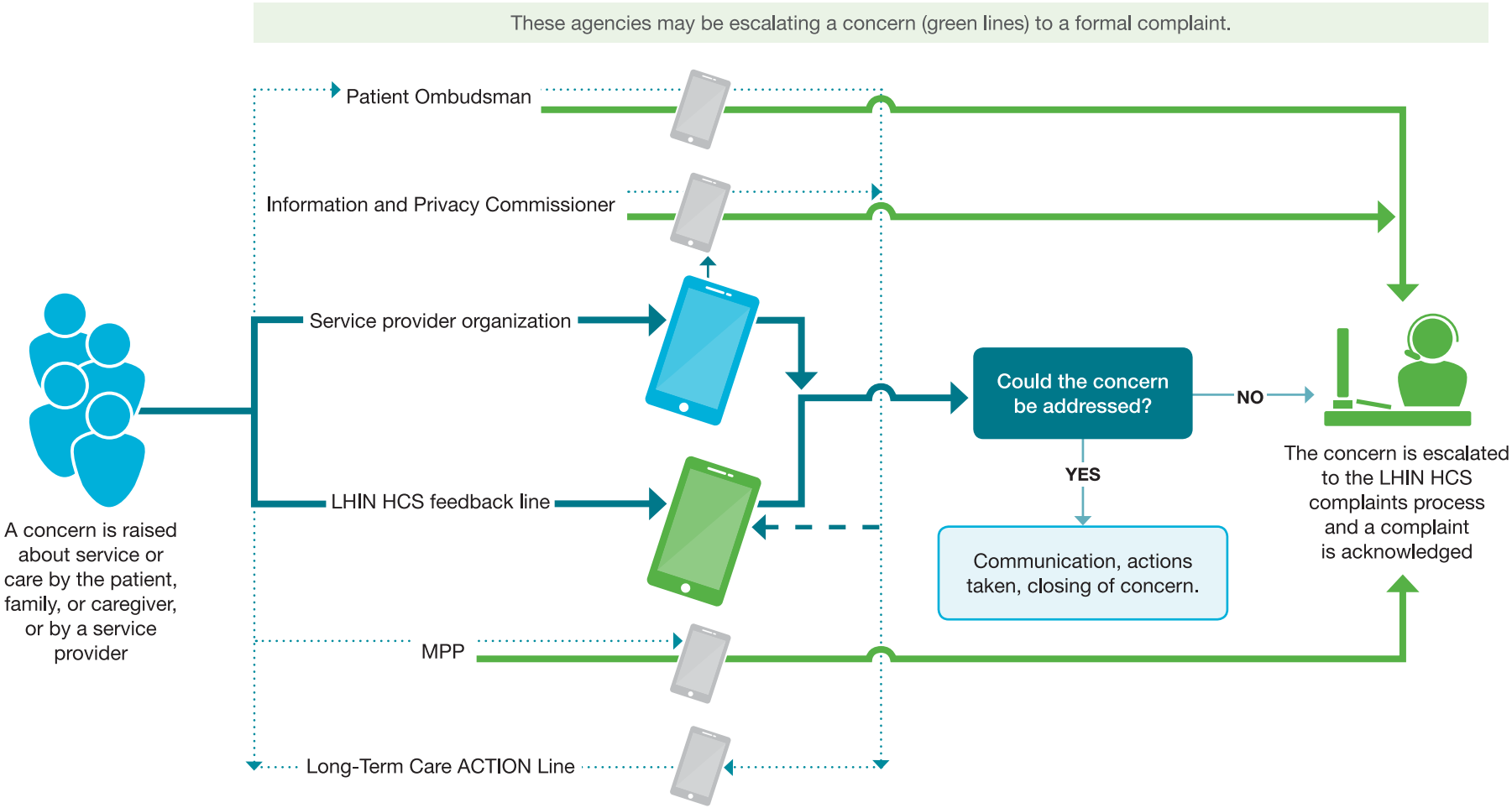

Figure 2. Avenues through which patients, families, caregivers, or service providers can initially express a concern.

Abbreviations: LHIN-HCS = Local health integration network home and community care services; MPP = Member of Provincial Parliament

Response of the LHIN Home and Community Care Services

According to the *Home Care and Community Services Act, 1994,* the LHIN home and community care services must respond to a complaint within 60 days.

If the complaint referred to the quality of the community service received or an alleged violation of a person's rights, the LHIN home and community care services is expected to review the complaint and provide a response. If the complaint was about a decision regarding the person's eligibility for service, exclusion of a particular service, alterations to the amount of a particular service initially part of a person's plan of service, or the discontinuation of services, the LHIN home and community care services must give a written notice.

Support from the Long-Term Care ACTION Line

At any time during this internal review process (which may include escalation to the senior leadership), a complainant can receive external support by accessing the Long-Term Care ACTION Line. This is an external mediation source that can facilitate referral of the patient/family/caregiver to an independent complaints facilitator and work with them to address the complaint.

Escalation to the Health Services Appeal and Review Board and Office of the Patient Ombudsman

If a resolution to the complaint cannot be reached via the internal review process, the complainant can then escalate the complaint to the Patient Ombudsman's office or to the Health Services Appeal and Review Board. Depending on the type or nature of the complaint about a service, the Patient Ombudsman might need to refer complainants to Health Services Appeal and Review Board, and vice versa. Once the complaint is escalated to an external mediation state, it is no longer subject to the 60-day time limit for feedback.

- **The Health Services Appeal and Review Board:** Complaints associated with service decisions not resolved after the internal review process are escalated to the Health Services Appeal and Review Board under Section 48 of the *Home Care and Community Services Act, 1994.* This is a dispute resolution process, where the Health Services Appeal and Review Board determines if the LHIN home and community care services followed the law in making a decision about services. The decision made by the Health Services Appeal and Review Board is final, binding, and is not subject to appeal.
- **The Office of the Patient Ombudsman:** Complaints associated with patient care and experience (including any violations of the Bill of Rights under Section 3.1 of the *Home Care and Community Services Act, 1994*) reach the Patient Ombudsman. The Patient Ombudsman can look into complaints about home and community care (such as perception of poor communication, lack of continuity of care, and concerns about the quality of care) that have already been raised with the LHIN. When possible, the Patient Ombudsman will act as a navigator and point people to the right organization or individual who can help.

The process map shown in Figure 3 provides an overview of the current complaints process, starting with acknowledgment of the complaint.

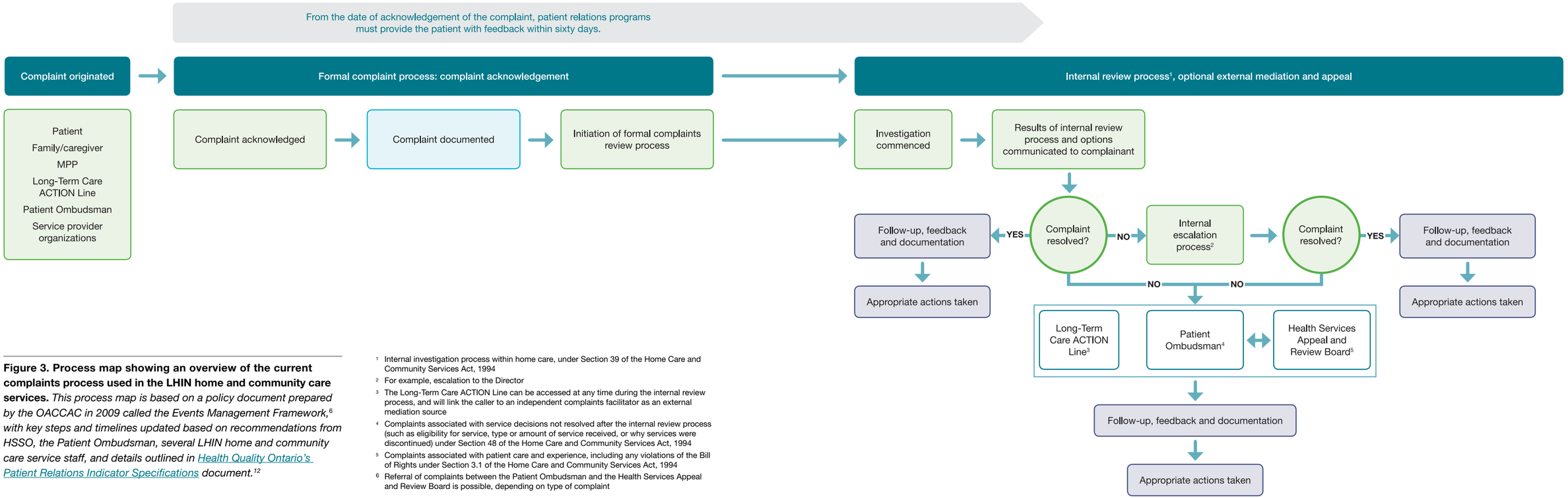

Figure 3. Process map showing an overview of the current complaints process used in the LHIN home and community care services. *This process map is based on a policy document prepared by the OACCAC in 2009 called the Events Management Framework,*[6] *with key steps and timelines updated based on recommendations from HSSO, the Patient Ombudsman, several LHIN home and community care service staff, and details outlined in Health Quality Ontario's Patient Relations Indicator Specifications document.*[12]

1 Internal investigation process within home care, under Section 39 of the Home Care and Community Services Act, 1994

2 For example, escalation to the Director

3 The Long-Term Care ACTION Line can be accessed at any time during the internal review process, and will link the caller to an independent complaints facilitator as an external mediation source

4 Complaints associated with service decisions not resolved after the internal review process (such as eligibility for service, type or amount of service received, or why services were discontinued) under Section 48 of the Home Care and Community Services Act, 1994

5 Complaints associated with patient care and experience, including any violations of the Bill of Rights under Section 3.1 of the Home Care and Community Services Act, 1994

6 Referral of complaints between the Patient Ombudsman and the Health Services Appeal and Review Board is possible, depending on type of complaint

Opportunities for Improvement in the Current Complaints Process

We assessed potential areas for improvement in the current complaints processes through several approaches:

1. A survey of former CCACs regarding their complaints processes, conducted in fall 2015
2. Focus groups and interviews with patients and staff, conducted in fall 2015
3. A survey of staff in the home care sector, conducted in June 2017

1. A Survey of Former CCACs Regarding their Complaints Processes, Conducted in Fall 2015

A survey, designed with input from the OACCAC and other partners, was disseminated to assess the consistency of the use of best practices in complaints management across the home care sector. Thirteen of 14 CCACs responded to the survey. A snapshot of the findings from this survey is available on Health Quality Ontario's website.[13]

There were three main areas for improving consistency identified by survey respondents: improving communication and transparency with complainants and staff; making the complaints process more efficient; and using feedback to improve service quality.

Improving communication and transparency with complainants and staff

- Opportunities were identified for greater consistency in following these best practices related to communications and transparency:
  - Make an advocate available to the complainant
  - Clearer processes for when and what type of complaints are escalated to senior management
  - Keep complainants informed of investigation progress
  - Inform complainants of other avenues available for redress
  - Issue a formal response to complainant with the findings of the process
  - Contact complainants to discuss their experiences after receipt of the complaint
  - Provide complainants an opportunity to provide feedback on the response to the complaint or on the complaints process
  - Provide staff an opportunity to provide feedback on the process
- CCACs also varied with regard to the information that they had readily available for patients about the complaints process (Table 1):

Table 1. Information readily available about the complaints process at CCACs

Subject	Frequency (n=13)
How to file a complaint	All (13)
Other avenues available to complainant for redress	Most (10)
Contact information for advocacy support	Half (6)
How complaints are investigated	Half (6)
How complaints are resolved	Half (6)
Timelines for handling complaints	Half (6)
Potential outcomes for handling complaints	Some (5)
How complainant will be kept informed of investigation progress	Few (3)
How complainant's confidentiality will be maintained	Few (3)
How the process accommodates people with special needs	Few (3)

Making the complaints process more efficient

Survey respondents indicated that they feel that they could improve with regard to resolving complaints in a timely manner, as well as making the complaints process simpler to use.

Using feedback to improve service quality

Collection of complaints data was not standardized across CCACs. Most CCACs assessed complaints using a standardized tool, such as an assessment matrix. Although not standardized sector-wide, most CCACs assessed complaints by risk to patient, staff, and organization. About half also assessed timeliness and complexity.

2. Focus Groups and Interviews with Patients and Staff, Conducted in Fall 2015

To gain a clear understanding of the issues facing staff and patients in their current patient relations process, Health Quality Ontario engaged the support of civic engagement experts MASS LBP, who spoke with more than 120 people from across the province, including health care providers and professionals, and patients, residents, and their families.

When asking staff and patients about improving the complaints process, the ideas for improvement reach far beyond the complaints process (for instance, improving transitions, and addressing the needs of marginalized populations). This reinforces the need to engage patients as an important component of quality improvement work across the entire spectrum of care.

A few specific comments arose during this engagement:

Addressing fear of reprisal

Many respondents reported fear among patients that their care may be compromised if they speak up, particularly if they had encountered bad experiences in the past, or if the patient is especially vulnerable and/or dependent on their provider (e.g., a person living in a long-term care home, or in a community with few other care options). The participants shared a general belief that openly welcoming feedback and complaints and having clearly communicated avenues to express them helps to mitigate this fear.

Increasing awareness of appropriate avenues for complaints

Patients reported not knowing where to go to report a complaint, particularly when their complaint related to a transition in care. In addition, staff reported that there seems to be more likely to be intervention of elected officials on behalf of constituents for the home care sector. There was a concern that these officials may have misunderstood how home and community care services operate, and may not have been aware of formal avenues for complaints resolution.

3. A Survey of Staff in the Home and Community Care Sector, Conducted in June 2017

This survey of convenience was conducted by Health Quality Ontario at *Achieving Excellence Together,* the annual conference of Health Shared Services Ontario. Representatives from Health Quality Ontario invited conference attendees with experience in the patient relations process to provide feedback on the current process by answering structured questions. Seven employees of service provider organizations and three home and community care service employees from eight LHINs provided feedback on the current formal complaints process.

The survey identified the following opportunities for improvement with regard to the complaints process:

- **Consideration of a portal for logging complaints that is accessible to service provider organizations:** Some LHINs provide a portal so that service provider organizations can input risks and complaints. Directly inputting the concern reduces the handoffs in the process and reduces the need for patients to repeat their story. However, not all LHINs use such a portal.
- **Communications regarding the outcomes of a complaint about a service provider organization or service provider:** Concern was raised that the service provider organizations may not learn about the outcome of a complaint after it is sent to the LHIN. Learning about the outcome is important for quality improvement.
- **Multiple handoffs:** Respondents cited concerns about the potential confusion for patients who may deal with the service provider organization, the LHIN home and community care services, and various referral or support sources such as Members of Provincial Parliament, the Long-Term Care ACTION Line, and the Patient Ombudsman (among others).

> *"Complaints aren't always nicely aligned within organizational boundaries. Patients ask: who do I complain to? How do I advocate for myself? What is reasonable for me to expect? What is going to happen to me? And there's a chance that organizations say it isn't their responsibility. So people (if they advocate at all) end up going to someone they think can be helpful and hope they help them find resolution… what happens really depends on who they go to."*
>
> – A care provider participating in a focus group, 2015

- **Perceived lack of accessibility for patients:** Some respondents reported perceived difficulty for patients who do not speak English in terms of navigating English language websites, finding the right section to provide feedback, and finding who to call to provide feedback.
- **Perceived fear of reprisal among patients:** Some respondents mentioned that they believe patients may be reluctant to complain while receiving service, for fear that their service may be impacted.
- **Need to ensure that staff are trained in providing an apology:** One respondent recognized the need for patients to receive an apology, even when the complaint is about an experience that reflects more system-level issues rather than provider-patient issues. The respondent recommended that all service provider and LHIN home and community care services staff be trained in the expectations arising from the *Apology Act, 2009.*

Examples from the Quality Improvement Plans: Central CCAC

To support continuous quality improvement, Central has a comprehensive, mandatory reporting system that is used by their employees and contracted service providers to track and monitor risks and complaints. They systematically analyze this information and thoroughly investigate issues, using what they learn to drive quality improvement in collaboration with everyone involved in the patient's services. They also track compliments, which provides a better understanding of what they need to do more of in their day-to-day work.

Case Study: A Collaborative Pilot Project to Standardize the Collection of Complaints Data

The outreach described above was helpful to understand the areas where complaints processes could be improved. One of the areas for improvement identified was the standardization of complaints data.

It is evident from the recent Patients First legislation that in the future there will be a more robust approach to begin to look at performance measurement of patient relations programs at a system level. This will provide the opportunity to set benchmarks and increase transparency for patient relations programs. Having standardized performance measurement indicators will support quality improvement efforts to identify gaps and focus on improvements in those areas. The recent pilot work conducted to test standardized performance measurement indicators and categories is useful as a case study to learn about the efforts and experience of the four participating CCACs in this process.

Under the guidance of a provincial advisory committee that included patients as well as representatives from the hospital, long-term care, and home care sectors, Health Quality Ontario developed standardized patient complaints indicators and associated categories for complaint type and actions taken. A pilot project conducted in 2016 tested both indicators and categories in four CCACs (Central, Toronto Central, Champlain, and South West) with approximately 30 hospital, home care, and long-term care service provider organizations.

As a result of this pilot:

- Four indicators (Appendix 3, Box 1) were drafted and tested
- A set of categories to classify complaints received was drafted and tested (Appendix 3, Box 2)
- A set of categories to classify actions taken to resolve complaints was drafted and tested (Appendix 3, Box 3)

All of these resources are presented on the Patient Relations Tools and Resources section of Health Quality Ontario's website.

Lessons Learned

Align internal data collection with legislation and accreditation requirements. An example is aligning the action categories used for the complaints and the safety events process.

Start by process mapping the complaints process: Considering the measurement requirements of the recommended indicators may change the processes and methods used to track timelines and outcomes. Health Quality Ontario has tools and resources to support teams working on improving quality and engaging patients in improving the patient relations process.

Standardize the categorization of complaints that are also safety incidents: It is important to capture if the complaint is also a safety incident.

Capture the source of the complaint: The source of the complaint (patient/substitute decision maker/family/caregiver) is important to capture as differentiated from a complaint by another service provider. The strategies for improvement may be different depending on the source. With multiple inputs, it is possible to be counting the same complaint twice. Explore error-proofing methods to identify unique complainants.

Standardizing categorization of actions arising from a complaint: All four CCACs noted that the development of the standardized action taken categories for reporting was an opportunity to align complaints processes to better compare performance and share strategies to improve.

Tracking time to acknowledge a complaint: Not all services had included time to acknowledge a complaint as a drop-down menu or closed field in reporting – that is, they previously recorded the data in a free-text field. Several have now taken steps to adapt their database to capture this data in a way that aids analysis.

Examples from the Quality Improvement Plans: Toronto Central CCAC

Toronto Central CCAC asked patients and caregivers to help co-design a revised process to better manage complex complaints.

Examples from the Quality Improvement Plans: Champlain CCAC

Champlain CCAC conducted in-depth quantitative and qualitative analyses of the patient safety events and patient complaints data reported in the Champlain Events Learning System. This data provides rich and meaningful information and has enabled Champlain to target specific improvement opportunities to reduce falls and to improve patient satisfaction.

Identification of education and training requirements for staff, volunteers, and service providers: There is an opportunity to pool resources and best practices in effective training and education of staff. An example would be sharing training resources across LHIN home and communitiy care services.

Partnering and working together in a community of practice: The pilot provided a community of practice for participants in the hospital, long-term care, and home care sectors to discuss strategies to make improvements. By participating in a community of practice, organizations can reduce duplication and leverage work already done by their peers. Examples might include sharing templates of standard letters.

Engaging patients and caregivers: When engaging in debriefing sessions about a difficult complaint or looking at complaints data to find opportunities for improvement, consider involving patients and caregivers in the improvement process. Some useful questions to ask:

- What aspects of the approach to concerns, complaints, and feedback would be most open to changing based on the input of patients and caregivers?
- What aspects of the approach to concerns, complaints, and feedback are patients and caregivers most likely to want changed?

Health Quality Ontario's guide, Engaging with Patients and Caregivers about Patient Relations: A Guide for Hospitals14, has many tips about choosing a useful focus, helpful methods, and considerations of scale when engaging patients and caregivers in this work.

Challenges Arising From the Pilot

Challenges exist relating to technology. Right now, seven of 14 LHINs use the same type of software for complaints tracking for reporting complaints, while the others do not. There are various strengths and weaknesses of the different types of software, particularly concerning the capability to add or change fields. It will take time to adopt closed fields and embed action categories in these databases.

While standardizing categories of actions taken has been helpful, the overall categories should be reviewed with the reporting organizations beyond the pilot. These categories require more quality improvement work to ensure usefulness.

Next Steps for Standardization of Complaints Data Collection

One of the indicators developed through this pilot – complaints acknowledged within two business days – will be included as an additional indicator in the 2018/19 Quality Improvement Plans for the home care sector.

Summary and Recommendations for Improvement

Building on the existing foundations of the LHIN home and community care complaints processes, recent work has highlighted the areas below for service provider organizations and LHIN home and community care services to work together to foster a culture of openness, clear and timely processes, and a collaborative approach to further improvement in their processes.

Fostering a Culture of Openness

- Encourage patients to submit any and all feedback, and assure them that this will not affect their current or future home care services. Clearly communicate how patients can submit complaints and what they can expect from the process. Staff should be knowledgeable on how to help patients who want to lodge a complaint. This includes potentially linking patients to translators who can help them through the process.
- Provide consistent training to front-line staff/service providers or managers at the service provider organization at orientation and potentially yearly refreshers. This includes how to deal with minor concerns as well as how to forward a complaint along.
- Include family and caregivers in any communications, training, policies, and procedures related to the complaints process if the patient requests this. While it is possible a patient may not want their family involved, provide the opportunity to support the patient in the complaint by checking in with them about including family and/or caregivers in the process.
- Include information on the *Apology Act, 2009* to training related to complaints processes.

Creating a Clear and Timely Process

- Ensure that communications regarding the complaints process are clear and describe how patients can submit a complaint, what they should expect during the process, and the avenues for redress that are available to them.
- Always notify the service provider organization and front-line provider involved in the complaint of the outcomes and recommended actions.
- Explore the feasibility of a common reporting portal for service provider organizations and LHIN home and community care services.
- Ensure all service provider organizations receive clear and consistent expectations of requirements of receiving concerns, risks, and complaints, including tracking timelines to acknowledge complaints, complaints closed within 60 days, and complaint categories.

Working Together for Improvement

- Include patient advisors on quality improvement initiatives related to complaints.
- Track complaints as well as the actions taken to address them using the categories defined by Health Quality Ontario.
- Use the patient relations indicators developed by Health Quality Ontario to assess performance.
- Set goals to improve on these indicators and consider the benchmarks outlined in the Patient Relations Indicator Specifications.[12]
- Include one or more of these indicators in the 2018/19 Quality Improvement Plans.
- Work with other sectors, service provider organizations and other LHIN home and community care services through a community of practice to learn from one another, share tools and resources, and collaborate to improve complaints processes across the system.

Conclusion

This guide summarizes feedback on complaints processes obtained from a number of stakeholders from home and community care services, and uses this feedback to identify opportunities for improvement. Building from the Events Management Framework and the pilot work done with three sectors in 2016, complaints management processes, standardization of complaints categories, and a list of recommended indicators are shared in this guide in order to support quality improvement efforts.

LHIN home and community care services have strong patient relations programs and strong interest in continuing to improve these programs. The analysis from the recent pilot work involving home care, hospitals, and long-term care homes generated opportunities to use a standardized method to measure performance and quality improvement supports to improve the process and the overall reporting environment. Sharing the improvements from the pilot work described in this Guide can also help service provider organizations align with best practices. The ongoing transformation work being done by the Ministry of Health and Long-Term Care and the LHINs will continue the quality improvement journey with the aim of ensuring a fair, responsive, and equitable complaints management process.

Beginning with the 2018/19 Quality Improvement Plans, a new additional indicator will be introduced for hospitals, home and community care, and long-term care to capture time to acknowledge complaints. Thanks to those who provided consultation and feedback on this Guide, other home and community care services can learn about improvement opportunities to further enhance the current home and community care patient relations process. Working together with patients, the intent is to drive improvement in patient relations processes and the patient relations reporting environment.

> *"A positive environment is one that gives people back the right to speak up. A complaint can be treated as a starting point rather than the end point of a process of empowerment."*
>
> – A care provider participating in a focus group, 2015

Acknowledgments

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Appendix 1.

Best Practices: the 10 Principles of Effective Patient Relations/ Complaints Processes

A review of international scientific literature revealed 10 key guiding principles to consider when designing an effective patient relations/complaints process (Table 1). Following these principles will ensure that the process is fair from the perspective of the complainant and respondent, lead to creating a learning environment within the organization receiving the complaint, and ensure there is a basis for consist practice and application across sectors.[11] As the home and community care sector aims to standardize processes across settings and across LHINs, we recommend these guiding principles for oversight.

Provincial Quality Framework Alignment	Guiding Principle	Aim of the Guiding Principle
Safe	Safe and Open	Organizations must mitigate the power differential between individuals with complaints and the organization. Individuals with complaints must be reassured that their home care services will not suffer if they file a complaint.
Patient/ Patient-Centered	Empowering	From when they file the complaint through to the resolution of the issue, the individuals with complaints are informed, empowered and involved in the process.
	Flexible	The complaints process and outcomes are flexible, responsive and adaptable to the needs of each individual with a complaint. Individuals with complaints must be treated as unique, with distinct needs. The need for flexibility may also arise due to the complexity of the organization.
	Supportive	The organization's culture is one that supports both individuals with complaints and the subject of the complaint. The process is fair to all parties, impartial and non-discriminatory.

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Continued from page 28: *APPENDIX 1. BEST PRACTICES: THE 10 PRINCIPLES OF EFFECTIVE PATIENT RELATIONS/COMPLAINTS PROCESSES*

Provincial Quality Framework Alignment	Guiding Principle	Aim of the Guiding Principle
Patient/ Patient-Centered	Confidential	Personal information is protected from disclosure unless the individual with the complaint, and the subject of the complaint, gives their consent to disclose it (except as required by law).
Equitable	Consistent	Decision-points, resolutions and redress should be consistent in the patient relations process.
Patient/ Patient-Centered and Effective	Accountable, Accessible and Transparent	The policies and procedures used in the patient relations process to review a complaint are clearly stated, and are accessible and visible to both individuals with complaints and staff.
	Simple and Integrated	The complaints system must be easy to understand, and place the onus on the system and its agents – rather than on the individuals with complaints – to navigate the complaints process.
Effective and Efficient	Continuously Improving	The health care organization's governing body must be committed to monitoring and reviewing its patient relations/complaints processes to continuously improve the quality of the services it provides.
Timely and Efficient	Efficient	The complaints system must respond to and address the needs, preferences and anxieties of the individuals with complaints in a timely fashion.

Appendix 2.

Complaint Definitions

These definitions were developed through Health Quality Ontario's pilot on patient relations indicators and reporting.[10,12]

Acknowledgement: A written or verbal statement stating the complaint has been received by the hospital, long-term care home or local health integration network home care service LHIN home and community care services 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, or LHIN home and community care services.

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, LHIN home and community care servicess, 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, and long-term care homes gather and respond to feedback, concerns and complaints from patients, residents, patients and their families and friends

Appendix 3.

Indicators, Categories to Classify Complaints, and Categories to Classify Actions Taken in Response to Complaints

These indicators and categories were tested by organizations in the hospital, home care, and long-term care sectors in 2016.[10,12]

Box 1. Patient relation indicators for reporting purposes

The rate of complaints received by a facility/LHIN home and community care service per 1000 patients/residents has to be calculated to create the denominator for the complaints indicators below.

Indicator 1: Complaints Received
Percentage of complaint issues received by complaint category

Indicator 2: Complaints Acknowledgement
Percentage of complaints acknowledged to the individual who made a complaint within two, five and 10 business days

Indicator 3: Complaints Closed
Percentage of complaints closed within 30 calendar days and 60 calendar days

Indicator 4: Action Taken in Response to a Complaint
Percent of actions taken by a provider in response to a complaint by action category

Technical specifications for these indicators are presented in the Patient Relations Indicator Specifications document.[12]

Box 2. Categories for classifying complaints. These categories are for all three sectors and some categories may not be relevant for home care (for example, dietary and visitation).

CATEGORY	SUBCATEGORY
Care / Treatment	Quality of care
	Examination
	Diagnosis / Treatment
	Patient care journey
	Staff skills
Safety	Personal safety or security
	Misidentification
	Infection control
	Alleged abuse
Attitude	Sensitivity / Caring / Courtesy / Respect
Communication	Communication breakdown
	Incorrect or inconsistent information
	Transitions (admission, discharge or transfer)
Confidentiality	Alleged information breach
Privacy / Patient or Resident Rights	Consent
	Patient information
	Alleged discrimination
	Personal Privacy

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Continued from page 32: *Box 2. Categories for classifying complaints. These categories are for all three sectors and some categories may not be relevant for home care (for example, dietary and visitation).*

CATEGORY	SUBCATEGORY
Timing	Delay
Access	Access or admission
	Staffing, resources, services
	Discharge or transfer arrangements
Facility issues / Environment	Housekeeping
	Maintenance
	Dietary
	Accommodation / Accessibility
	Visitation
	Parking
Patients or Residents Property	Accidental loss or damage
	Alleged theft
Administration	Operational / Service / procedural issues
	Finance / Cost

Box 3: Categories to classify actions taken in response to complaints

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

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