

A Guide to Responding to Ontario Regulation 188/15

Striving for Excellence in Patient Relations Processes in Ontario's Hospitals



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Establishing a Patient Relations Process

Ontario Regulation 188/15

“A well-established patient relations structure and process, supported by the right personnel, is key to identifying gaps between patient expectations and experiences of care, and managing perceptions of patient expectations and quality of care.”¹

Evidence and experience demonstrate that easily accessible and robust patient relations processes allow patients and their family members to raise concerns about their experiences of care and provide feedback that can help health organizations improve care delivery.² In addition, as many complaints are related to issues of communication, they lie at the heart of the relationship between the patient and their health care provider.

In order to strengthen patient relations processes in Ontario’s hospitals, and because of the valuable insights that hospitals can gain from hearing patient feedback, the government of Ontario passed regulation 188/15 on September 1, 2015. The regulation falls under the *Excellent Care for All Act* (ECFAA), 2010.

Under Section 6 of ECFAA, hospitals are required to have patient relations processes in place and make information on these processes available to the public. Regulation 188/15 adds to these requirements; specifying minimum standards regarding the retention of data, providing standards for keeping patients or complainants informed, and ensuring that hospitals have a specific patient relations process delegate.³

About this Document

This document is an at-a-glance review of patient relations best practices, providing a step-by-step approach to driving improvement in patient relations, while also aligning with the new requirements of Regulation 188/15. It includes examples of patient relations innovations and recommendations from Ontario and from other jurisdictions, both within Canada and abroad.

Its companion piece, Health Quality Ontario’s [Engaging with Patients and Caregivers about Patient Relations: A Guide for Hospitals](#), details how organizations can engage patients and their family members in the development of effective and inclusive patient relations / complaints management processes.

Both documents supplement the comprehensive Patient Relations Toolkit published by the Ontario Hospital Association (OHA). The Patient Relations Toolkit, which can be [accessed via the OHA website](#), is a complete guide to establishing a patient relations process, communicating about it, and reporting on it. Their toolkit contains specific examples of patient relations processes in place in hospitals across the province and other useful tools and resources.

Definitions and Applicability

Regulation 188/15 applies to all of Ontario's hospitals (as defined by the *Public Hospitals Act* and ECFAA). Please see sections 1(2b) of regulation 188/15 and Section 1 of the *Excellent Care for All Act* for more information on the regulation's applicability.

Under Section 2 of the regulation:

1. Health care organizations shall have in place processes for receiving, reviewing and attempting to resolve expeditiously complaints from patients and caregivers of patients
2. Health care organizations shall engage patients and their caregivers in designing, reviewing and maintaining the processes referred to in subsection (1)

The regulation applies to complaints made by patients (i.e., a current patient, former patient, or his/her substitute decision maker) and by caregivers (i.e., an individual who provides or who has provided sustained care or support to a patient or former patient).

The Patient Relations Process

There are three core elements of regulation 188/15 and seven associated steps to establishing an effective patient relations process.

A: Setting up the Process	Step 1: Having a patient relations process Step 2: Having a patient relations delegate Step 3: Engaging patients in improving the patient relations process
B: Managing the complaint	Step 4: Keeping the complainant informed Step 5: Resolving the complaint
C: Monitoring and Reporting	Step 6: Recording and monitoring the complaint, including complaint resolution Step 7: Reporting data to the Quality Committee

Each of these steps is addressed in detail below.

Setting up the Process

Step 1: Having a Patient Relations Process

Under Section 2(1) of the regulation, health care organizations shall have processes in place for receiving, reviewing and attempting to resolve expeditiously complaints from patients and caregivers of patients.

How can health care organizations meet these requirements?

In order to establish an effective process for patient relations and complaint resolution, it is helpful to:

- Ensure that resources and functions are in place to support the effective administration of a patient relations process. The process must support the complainants, as well as educate staff to prevent potential areas of complaint, and ensure that all staff respond to complaints appropriately, compassionately, and effectively
- Document and publicize your organization's patient relations process, both internally and externally, such that patients are aware of the process. Train staff so that inquiries about the process by patients are promptly addressed to connect the complainant with the information they require.
- Ensure the patient process is accessible to all. This includes ensuring that individuals who do not have access to a computer, are hearing or visually impaired, or whose first language is not English or French can still access and understand the organization's patient relations policy.
- Define the types of complaints that the patient relations policy covers and identify those concerns that should be directed elsewhere. In other words, not all complaints are "formal" complaints that require application of the patient relations process. Some complaints can be handled informally by front-line staff
- Establish a framework for complaint resolution and, based on this framework, develop more specific processes for resolving complaints

It is important for organizations to clarify the complaints process for patients, family and community members, and staff/physicians. It is also important for staff members and physicians to consider patient relations to be a component of their role within the hospital. Since staff are crucial to success of any patient relations process, they should receive training in decision making and effective complaint handling.

In order to be successful, patient relations must also be supported by organizational senior leadership, who can:

- Promote a commitment to constant quality improvement
- Ensure effective soliciting and use of patient feedback
- Support frontline staff by fostering a culture of quality throughout the organization
- Oversee a process of evaluation and ensure that results are applied to improve complaint handling procedures and streamline communication and coordination between complaint-handling and frontline staff
- Ensure the complaint management policy is integrated and aligned with the organization's other policies

To ensure that complainants are kept informed throughout the patient relations process, it is important to convey the following information to the public:

- Where someone can lodge and escalate a complaint and how a complaint is submitted (e.g., using a complaint form)
- How the organization manages complaints (e.g., timeframes for handling complaints, confidentiality, how the complainant will be informed of progress and results)
- The options available to a person if they are dissatisfied with how their complaint was handled or with the outcome⁴

Best Practices, Tools and Resources from Ontario and Other Jurisdictions for Step 1

Area of Focus	Tools & Resources
Defining Roles & Responsibilities	<p><i>Ontario-Based Resources:</i></p> <p>Patient Relations Toolkit – The Ontario Hospital Association</p> <ul style="list-style-type: none"> The Patient Relations Toolkit is a comprehensive guide to developing an effective patient relations process. It includes directions on how to assess the impact of patient relations processes and provides examples of processes in place across the province, as well as effective tools and resources <p>Excellent Care for All: Guidance on how to develop a Patient Relations Process – Ministry of Health & Long-Term Care</p> <ul style="list-style-type: none"> This document outlines how to develop a patient relations process, highlighting key roles, procedures and metrics <p><i>Canadian Resources:</i></p> <p>Patient Concerns & Feedback – Alberta Health Services</p> <ul style="list-style-type: none"> This webpage clearly outlines the roles of various stakeholders in the patient relations process, including the Ombudsman, providers, and the patient relations department <p><i>International Resources:</i></p> <p>Guide to Developing Effective Complaints Management Policies and Procedures – Queensland Ombudsman, Australia</p> <ul style="list-style-type: none"> This guide is a detailed breakdown of how to develop a robust patient relations process. On page five, the manual outlines the key roles involved in patient relations
Developing Resources & Training Personnel	<p>Effective Complaints Management: Personnel and Training – Queensland Ombudsman, Australia</p> <ul style="list-style-type: none"> This fact sheet forms part of a series designed to help public sector agencies ensure they have appropriate procedures in place for effectively managing customer complaints. This issue focuses on selecting and training staff for complaints management
Securing Senior Leadership Support for the Patient Relations Process	<p>Excellent Care for All: Guidance on how to develop a Patient Relations Process – Ministry of Health & Long-Term Care</p> <ul style="list-style-type: none"> The importance of securing the support of organizational senior leadership is addressed in Section 2.0 of this document

**Defining a
Framework for
Patient Complaint
Resolution Process**

Ontario-Based Resources:

[Patient Relations Toolkit](#) – The Ontario Hospital Association

- In the Tools and Data Collections Systems section of the Patient Relations Tool Kit, it offers guidelines for developing a patient relations framework that provides common organizational definitions and approaches to complaint resolution

Canadian Resources:

[Patient Concerns / Complaints Resolution: Provincial Framework 2007](#) – Health Quality Council of Alberta

- This manual provides a framework for patient relations and complaints resolution

[Service Satisfaction & Complaints](#) – Santé Montréal, Quebec

- This webpage defines processes for filing a complaint with the Service Quality and Complaints Commissioner of the institution where services were received

[Canadian Incident Analysis Framework](#) – Canadian Patient Safety Institute (CPSI)

- CPSI published this guide to help providers conduct incident investigations and interact with patients and families during these investigations. This framework is now imbedded into the [CPSI Patient and Safety Management Toolkit](#)

International Resources:

[Ombudsman's Principles](#) – Parliamentary & Health Service Ombudsman, United Kingdom

- The Ombudsman's Principles outline the approach the Parliamentary and Health Service Ombudsman adopts in order to deliver good administration and customer service, and how to respond when things go wrong

[Designing Good Together: Transforming Hospital Complaint Handling](#) – Parliamentary & Health Service Ombudsman, United Kingdom

- This document is a report on the outcomes of complaint resolutions, with recommendations for improvement

[Complaints Management Handbook for Health Care Services](#) – Australian Council for Safety and Quality in Health Care, Australia

- This is a report on good complaints management and provides better practice guidelines on complaints management in health care services. It features strategies, templates, and case studies

[Complaints Management Resources](#) – Queensland Ombudsman, Australia

- This suite of tools is designed to help providers improve and implement complaints management policies and procedures

[Guide to Developing Effective Complaints Management Policies and Procedures](#) – Queensland Ombudsman, Australia

- This guide features complaints management modules and provides guidance on how to determine what constitutes a “formal complaint”

[Making a Complaint](#) – Medical Council of New Zealand

- This document outlines principles for the assessment and management of complaints and notifications. The principles provide a framework for complaint-related decision making

<p>Defining the Complaints that are covered by the Complaints Process</p>	<p>Fundamentals of a Complaints Mechanism – Alberta Ombudsman</p> <ul style="list-style-type: none"> • This webpage provides guidance on how to define the types of complaints your organization will and will not accept
<p>Documenting and Publicizing your Process</p>	<p><i>Ontario-Based Resources:</i></p> <p>Patient Relations Toolkit – The Ontario Hospital Association</p> <ul style="list-style-type: none"> • The Communication & Marketing Materials component of the Patient Relations Toolkit provides strategies and tools for developing internal and external communications to foster awareness of how patient feedback is received and managed <p><i>Canadian Resources:</i></p> <p>Fundamentals of a Complaints Mechanism – Alberta Ombudsman</p> <ul style="list-style-type: none"> • This webpage discusses best practices for documenting and publicizing your organization’s patient relations process
<p>Ensuring Formal Complaint Mechanisms are Accessible to Patients and the Public</p>	<p><i>Canadian Resources</i></p> <p>We Value Your Feedback (Poster) – Alberta Health Services</p> <ul style="list-style-type: none"> • This poster clearly outlines three methods for submitting patient feedback <p><i>International Resources:</i></p> <ul style="list-style-type: none"> • Ombudsman’s Principles – Parliamentary & Health Service Ombudsman, United Kingdom • The Ombudsman’s Principles outline the approach the Parliamentary and Health Service Ombudsman adopts in order to deliver good administration and customer service, and how to respond when things go wrong <p>Member Complaint and Grievance Process – Kaiser Permanente, United States of America,</p> <ul style="list-style-type: none"> • The options, rights, and responsibilities of Kaiser Permanente members (in terms of the complaint and grievance process) are outlined on page 29 of this document <p>Effective Complaints Management: Personnel and Training – Queensland Ombudsman, Australia</p> <ul style="list-style-type: none"> • This fact sheet focuses on selecting and training staff for complaints management. Please see the section on maximizing public confidence in internal review staff

<p style="text-align: center;">Ensuring a Transparent Process for Review, Categorization and Examination of Feedback</p>	<p><i>Ontario-Based Resources:</i> Patient Relations Toolkit – The Ontario Hospital Association</p> <ul style="list-style-type: none"> • Please see the section on Continuous Improvement of the Patient Relations Process, which features a sample patient satisfaction survey for minor complaints administered by the Ottawa Hospital <p><i>International Resources:</i> NHS England Complaints Policy – National Health Service (NHS), England</p> <ul style="list-style-type: none"> • This document provides guidance on how to develop a transparent complaints process <p>Reference: A systematic review of 59 studies showed variable coding of patient complaints, and identified three levels of patient complaint coding: Clinical, Management, and Relationships. Reader, T.W., Gillespie, A., Roberts, J. <i>Patient complaints in healthcare systems: a systematic review and coding taxonomy.</i> BMJ Qual Saf; 2014: 678-79. Retrieved from: http://www.ncbi.nlm.nih.gov/pubmed/24876289</p>
<p style="text-align: center;">Ensuring Providers Participate and are Engaged in Member Complaint Resolution</p>	<p>Kaiser Permanente: Member Rights & Responsibilities – Kaiser Permanente, United States of America</p> <ul style="list-style-type: none"> • This document outlines processes and procedures for including providers in the complaint and complaint resolution process; see page 29 for more information

Step 2: Having a Patient Relations Delegate

Under Section 4(1- 4) of the regulation, health care organizations are required to designate a patient relations process delegate. This individual is responsible for overseeing the organization’s patient relations process and ensuring that procedures are in place that enable them to meet the responsibilities outlined in Subsection 2. The health care organization shall also make contact information for the patient relations delegate available to the public.

How can health care organizations meet these requirements?

- Designate an individual as your patients relations delegate and make that person’s contact information publicly available by posting it on your website and in your contact information
- Ensure that resources are in place that enable this person to fulfil their role
- Ensure that the patient relations delegate and the patient relations process have the support of organizational leadership, physicians and staff.

Ideally, patients and caregivers should have multiple avenues for filing complaints. Options could include pursuing complaints with frontline staff, or proceeding directly to the patient relations delegate. If patients are able to pursue complaints with frontline staff, the staff should be trained to appropriately address complaints at the point of care, understand the circumstances that require an escalation of complaints, and document complaints appropriately.

Whichever way a patient is able to pursue a complaint within an organization, the process should be flexible while maintaining consistency in terms of fairness and communication. The complaints process must also be able to adapt in response to patient needs (for example, pausing the process without impacting the complaint if the patient’s health worsens).

Best Practices, Tools and Resources from Ontario and Other Jurisdictions for Step 2	
Area of Focus	Tools & Resources
<p>Defining Roles and Responsibilities</p>	<p><i>International Resources:</i></p> <p>Handling Concerns about the Performance of Healthcare Professionals – National Patient Safety Agency, NHS, United Kingdom</p> <ul style="list-style-type: none"> • This document defines good practice in handling performance concerns and is applicable to all professional staff working in a health care setting <p>My Expectations for Raising Concerns and Complaints – Parliamentary & Health Service Ombudsman, United Kingdom</p> <ul style="list-style-type: none"> • This document is a comprehensive guide to what good outcomes for patients look like if complaints are handled well

Step 3: Engaging Patients in improving the Patient Relations Process

Under Section 2(2) of the regulation, health care organizations shall engage patients and their caregivers in designing, reviewing and maintaining the patient relations process.

Similarly, Section 6(2) of the *Excellent Care for All Act* requires all public hospitals to have in place a patient relations process that reflects the content of the organization’s patient declaration of values.

How can health care organizations meet these requirements?

Patients should be engaged in the patient relations process as early as possible. This engagement should be based on the processes that the health care organization already has in place. For example, organizations with an existing patient relations process should get feedback from patients on this process.

Health Quality Ontario has developed a guide to improving patient relations processes by engaging patients and caregivers. Click here to download [Engaging Patients and Caregivers about Your Patient Relations Process: A Guide for Hospitals](#).

The guide lists several different methods for engaging with patients. At a minimum, HQO recommends using one of the following three methods:

1. One-on-one debriefs with a sample of those who have gone through the organization’s patient relations process
2. An evaluation survey for a larger sample of those who have gone through the organization’s patient relations process
3. Discussions about the patient relations process with the organization’s patient and family advisors council, if one exists.

Best Practices, Tools and Resources from Ontario and Other Jurisdictions for Step 3

Area of Focus	Tools & Resources
<p>Engaging Patients in the Patient Relations Process</p>	<p><i>Ontario-based Resources:</i> Engaging Patients and Caregivers about Your Patient Relations Process: A Guide for Hospitals – Health Quality Ontario</p> <ul style="list-style-type: none"> • This document provides detailed guidelines for how to engage patients and caregivers in the patient relations process <p><i>Canadian Resources & Organizations:</i> The following resources provide guidance on engaging with patients generally:</p> <p>Canadian Foundation for Healthcare Improvement (CFHI)</p> <ul style="list-style-type: none"> • CFHI supports patient/family engagement in the design, delivery and evaluation of health services. Their website provides information on engagement education, quality improvement training for providers, online/in-person workshops, and webinars <p>Patients Canada</p> <ul style="list-style-type: none"> • The Patients Canada website provides advice on how to constructively navigate a complaints system and includes province-specific resources

**Engaging Patients
in the Patient
Relations Process**
(Continued)

[Impact BC](#) – British Columbia

- Impact BC supports a range of public engagement needs, including designing engagement plans; advising on engagement techniques; recruiting and preparing participants; facilitating engagement; and reporting on outcomes

[Patients as Partners](#) – British Columbia

- The principle driving Patients as Partners is “nothing about me without me”. This network builds capacity and links patients with health care providers who want the patient voice included in the decision making process

International Resources

[Australian Commission on Safety and Quality in Healthcare](#) – Australia

- This Commission has created standards, health literacy guides to support patient partnership; webinars on patient engagement and resources on open disclosure

[My Expectations for Raising Concerns and Complaints](#) – Parliamentary & Health Service Ombudsman, United Kingdom

- This document is a comprehensive guide to what good outcomes for patients look like if complaints are handled well

[Involvement, National Health Service \(NHS\)](#) – United Kingdom

- This NHS initiative helps providers engage patients and families, create community and patient advisory groups, and develop a complaints communications strategy

[Healthwatch](#) – United Kingdom

- Healthwatch ensures the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and social services

[Agency for Healthcare Research and Quality \(AHRQ\)](#) – United States

- AHRQ conducts research into making health care safer, higher quality, accessible and affordable with resources for providers on patient engagement and patient partnership, including a webpage entitled [Help Your Patients Engage in their Health Care](#)

[Institute for Patient and Family Centered Care \(IPFCC\)](#) – United States

- IPFCC creates resources to support patient-centred care, as well as guides for establishing patient and family advisory councils and other engagement tools

[Picker Institute Europe](#)

- The Picker Institute Europe conducts research and supports strategy setting, patient experience measurement, analysis and reporting

Managing the Complaint

Step 4: Keeping the Complainant Informed

Under Section 3 of the Regulation 188/15, where a complaint has been made by a patient or caregiver, the organization shall ensure that the complainant is informed of the status of the review of the complaint,

- a) within five days from the day the complaint is received by the organization; and
- b) whenever the complainant reasonably requests further information.

How can health care organizations meet these requirements?

- Ensure that (at a minimum), the complaint is acknowledged in writing within five (5) calendar days
- Do not use an automated reply email to acknowledge a complaint.
- At the first meeting/discussion, obtain the pertinent facts of the complaint, ask questions to clarify or educate, outline the process that will follow, and suggest to the complainant how the complaints might be brought to resolution/closure. While some best practices recommend striving for a 30 day window to resolve the complaint, complexity and other factors will have an impact. If a complaint must go longer than 30 days, correspond with the complainant and explain why

- Develop a process for updating the complainant when they request further information
- Explore options for communicating with patients who cannot receive written replies
- Provide regular opportunities for complainants to speak with someone and ask questions (a one way conversation is unlikely to be satisfactory and may lead to repeat requests for updates)

As mentioned previously, to ensure that complainants are kept informed throughout the patient relations process, it is important to convey the following information to the public:

- Where someone can lodge and how they can escalate a complaint (e.g., using a complaint form)
- How the organization manages complaints (e.g., timeframes for handling complaints, confidentiality, how the complainant will be informed of progress and results)
- The options available to a person if they are dissatisfied with how their complaint was handled or with the outcome⁵

Best Practices, Tools and Resources from Ontario and Other Jurisdictions for Step 4	
Area of Focus	Tools & Resources
<p>Acknowledging Feedback & Keeping Complainants Informed</p>	<p><i>Ontario-Based Resources:</i></p> <p>Patient Relations Toolkit – The Ontario Hospital Association</p> <ul style="list-style-type: none"> • The comprehensive Patient Relations Toolkit includes sample acknowledgement and response letter templates <p><i>International Resources:</i></p> <p>Kaiser Permanente: Member Rights & Responsibilities – Kaiser Permanente, United States of America</p> <ul style="list-style-type: none"> • Section 6.8 of this document provides guidelines for acknowledging a complaint within five business days and resolving complaints within 30 days.

Step 5: Resolving the Complaint

Regulation 188/15 does not provide direction regarding how complaints must be resolved. However, under Section 2(3d), it does state that health care organizations shall have in place practices for recording, monitoring, and analyzing data relating to patient and caregiver complaints that provide for, at a minimum, with respect to every complaint:

- whether the complaint is resolved to the satisfaction of the patient or caregiver and,
 - o if the complaint is resolved, how it is resolved and on what date, or
 - o if the complaint is not resolved, how and when the organization formed the view that the complaint could not be resolved (after the organization determined that all of its options under the complaints resolution process had been exhausted).

How can health care organizations meet these requirements?

Organizations are encouraged to define the principles they will follow when seeking to remedy complaints. For example, the United Kingdom's [Parliamentary and Health Service Ombudsman](#) has defined six principles for remedying complaints:

1. Getting it right
2. Being customer focused
3. Being open and accountable
4. Acting fairly and proportionately
5. Putting things right
6. Seeking continuous improvement

In order to fully and effectively resolve complaints, providers are encouraged to participate or otherwise be engaged in the complaint resolution process. It is recommend that providers be equipped with a scenario or case study on what successful resolution looks like. The scenario or case study should include an example with a clear description of the complaint and an example of an agreed upon goal for the process.

It is also essential to establish timelines / targets for complaint resolution. An effective patient relations process is consistent and timely - defined deadlines for resolution can help manage expectations and improve quality and patient experiences.

Best Practices, Tools and Resources from Ontario and Other Jurisdictions for Step 5	
Area of Focus	Tools & Resources
Ensuring Provider Participation in the Complaints Process	<p>Kaiser Permanente: Member Rights & Responsibilities – Kaiser Permanente, United States of America</p> <ul style="list-style-type: none"> Page 29 of this document provides guidelines for ensuring that providers are engaged in the complaints process.
Defining Timelines for Complaint Resolution	<p><i>Ontario-based Resources:</i></p> <p>Patient Relations Toolkit – The Ontario Hospital Association</p> <ul style="list-style-type: none"> The Patient Relations Toolkit includes detailed guidelines for recording concern/complaint themes, volume, timelines, severity, department and staff/physician involvement, as well as relevant dates. <p><i>International Resources:</i></p> <p>Kaiser Permanente: Member Rights & Responsibilities – Kaiser Permanente, United States of America</p> <ul style="list-style-type: none"> Page 30 of this document provides timelines for acknowledging complaints in writing (five days), complaint resolution (30 days) and processes for when complaints are not resolved in a timely manner.
Remedying Complaints	<p><i>International Resources</i></p> <p>Principles for Remedy – Parliamentary & Health Service Ombudsman, United Kingdom</p> <ul style="list-style-type: none"> This document defines principles for remedying complaints and provides guidelines on how organizations can put things right when they have gone wrong

Monitoring and Reporting

Step 6: Recording and Monitoring the Complaint, Including Complaint Resolution

As mentioned above, under Section 2(3) of the regulation, a health care organization shall have in place practices for recording, monitoring and analyzing data relating to patient and caregiver complaints that provide for, at a minimum, with respect to every complaint,

- a) except in the case of an anonymous complaint, the name of the complainant and, where a complainant is a caregiver, the name of the patient and the caregiver's relationship with the patient;
- b) the subject matter of the complaint;
- c) the date when the complaint was received; and
- d) whether the complaint is resolved to the satisfaction of the patient or caregiver, and
 - o if the complaint is resolved, how it is resolved and on what date, or
 - o if the complaint is not resolved, these dates should be noted:
 - the date the health care organization has determined that all options under its complaint resolutions process have been exhausted
 - the date and the manner in which the health care organization forms the view that it cannot be resolved

How can health care organizations meet these requirements?

Complaints should be recorded in a manner that allows organizations to quickly determine the status of each complaint and track milestones in the complaints management process.

Consider using a standardized tool / process to collect data on defined patient relations indicators. As noted in the OHA's [Patient Relations Toolkit](#), some organizations categorize complaints under their incident management system. This supports the collection of data and metrics related to their patient relations process.

HQO is aware that measurement and reporting is core to process improvement and is currently conducting a jurisdictional scan to determine best practices in patient relations process measurement. The results of this analysis will be released in 2016. In the interim, the [Excellent Care for All: Guidance on how to develop a Patient Relations Process](#) document recommends the following metrics for tracking patient relations data:

- The method through which feedback was received
- Types of feedback (including number of inquiries, concerns, compliments, requests for support from staff)
- Feedback aligned with program, service and staff group involved
- Total number of complaints/concerns (by type and severity)
- Resolution summary (outcome)
- Resolution time/ response time

In addition to monitoring and tracking metrics related to the patient relations process, the patient relations program as a whole should be evaluated to ensure the program is meeting its objectives. It is appropriate to involve patients in the development of an evaluation program for the patient relations process.

Best Practices, Tools and Resources from Ontario and Other Jurisdictions for Step 6	
Area of Focus	Tools & Resources
Measurement	<p>Excellent Care for All: Guidance on how to develop a Patient Relations Process – Ministry of Health & Long-Term Care</p> <ul style="list-style-type: none"> This document outlines how to develop a patient relations process, highlighting key roles, procedures and metrics and providing guidance on: <ul style="list-style-type: none"> Collecting information (including standardized processes and tools) Monitoring the status of complaints Developing methods to evaluate effectiveness Collecting minimum data sets for patient relations
Evaluating Patient Feedback	<p>Managing Patient Feedback – National Health Service, United Kingdom</p> <ul style="list-style-type: none"> The NHS has developed a tool that allows the public to rate and comment on NHS services, including hospitals, physicians, dentists and mental health trusts.
Developing systems for Data Collection and Reporting	<p>Patient Relations Toolkit – The Ontario Hospital Association</p> <ul style="list-style-type: none"> The comprehensive Patient Relations Toolkit also includes sample data collection and reporting tools.

Step 7: Reporting Data to the Quality Committee

Under Section 4(5) of the regulation, the patient relations delegate shall, at least twice a year, present aggregate data relating to the patient relations process at meetings of the organization's quality committee, and the organization shall ensure that there are processes and procedures in place to enable the delegate to meet this responsibility.

How can you meet these requirements?

As stipulated by the regulation, an organization's patient relations delegate must present patient relations data to their organization's quality committee twice per year. Although it isn't specified within the regulation, in most cases this will be the quality committee of the Board of Directors, which oversees the development of the organizational Quality Improvement Plan (QIP). While the regulation also does not specify whether the delegate is to appear twice per calendar year or twice per fiscal year, it is logical to interpret this as fiscal year, since QIPs are submitted on the fiscal year.

As per Section 8(2) of the *Excellent Care for All Act*, QIPs must include data relating to organizational patient relations processes. Patient relations delegates are encouraged to present their data to the quality committee of the Board in a timely fashion, so this data can inform the committee's development of their QIP.

The 10 Principles of Effective Patient Relations

A review of international scientific literature revealed that there are 10 principles to consider when designing an effective patient relations process.^{6,7,8}

These principles, which are embodied within Regulation 188/15, are explained in detail below:

1. **Safe & Open**

Health care organizations must mitigate the power differential between complainants and the organization. Potential complainants must be reassured that their care will not suffer if they file a complaint.

2. **Empowering**

From when they file the complaint to the resolution of the issue the complainant is informed, empowered, and involved in the process.

3. **Flexible**

The complaints process and outcomes are flexible, responsive and adaptable to each complainants' needs. Complainants must be treated as unique individuals with distinct needs. The need for flexibility may also arise due to the complexity of the organization.

4. **Continuously Improving**

The health care organization's governing body must be committed to monitoring and reviewing its patient relations processes to continuously improve the quality of the services it provides.

5. **Accountable & 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 complainants and staff.

6. **Supportive**

The organization's culture is one that supports both complainants and the subject of the complaint.

7. **Confidential**

Complainants' personal information is protected from disclosure unless the complainant and the subject of the complaint give their consent to disclose it (except, as required by law).

8. **Consistent**

Decision-points, resolutions, and redress should be consistent in the patient relations process.

9. **Efficient**

The complaints system must respond to and address the needs, preferences, and anxieties of the complainant in a timely fashion.

10. **Simple & Integrated**

The complaints system must be easy to understand, and places the onus on the system and its agents – rather than the complainant – to navigate the complaints process.

Methodology

The following methodology was used to determine best practices:

Define Patient Relations & Scope:

- *In scope:*
Key words utilized in scan: patient relations, patient feedback, patient complaints, compliments, and patient concerns with regards to safety.
- *Out of scope:*
Other areas of patient centred care are such access; wait times; patient satisfaction; communication; navigation; coordination.

Research Methods:

An environmental scan was conducted using a multi-pronged approach to inputs to ensure a comprehensive understanding of leading best practices that exist with regard to patient relations. The first was a review of the research and scientific literature to identify sources and evidence related to emerging and leading best practices, frameworks and tactics utilized in patient relations processes.

A scan was simultaneously conducted on select jurisdictions, based on guidance from evidence and a directed search to encompass geographic range, in order to include provincial, national, and international perspectives. Jurisdictions with an articulated patient relations process were reviewed and the following were included in the summary of leading best practices report: provincial jurisdictions in Canada; USA (Kaiser Permanente, Intermountain); and internationally (United Kingdom, Norway, Australia, and New Zealand.

The scan also included patient safety organizations and patient-centred organizations for innovative, emerging and best practices, including: the Picker Institute, Institute for Patient and Family Centred Care, Canadian Foundation for Health Care Improvement, and others.

The scan was conducted by reviewing websites, published resources and documentation, and grey literature related to the chosen jurisdictions. The results of the literature and environmental scan were reviewed and analyzed to identify themes based on emerging and best practices and to present both specific and more generic practices, with supporting evidence.

This document augments the OHA's Patient Relations Toolkit, which provides tools and resources and a summary of patient relations processes currently in place in Ontario's hospitals.

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