

Section: HR Policies	Policy Number:	
Subject: Patient Concerns Policy	Approval Date: April 2015	
	Effective Date: April 2015	
	PPC Review Date: April 2016	
Approval: Executive Director	Board Review Date:	

Policy Statement:

This process will address patient concerns and respond to them quickly and effectively to resolve them quickly and effectively to resolve the patient's concern/complaint

Reason for the Policy:

The Owen Sound Family Health Team is committed to providing the best possible services to the people we serve. The Owen Sound FHT believes that organizational improvement can be best by achieved by encouraging patient feedback. We ensure that this feedback will be utilized to continue quality improvement for our patients.

Entities Affected by this Policy:

All Staff and Physicians of the Owen Sound FHT.

Who Should Read This Policy:

All Staff and Physicians of the Owen Sound FHT and OSMA that may come into contact with all persons in the due course of delivering care services on behalf of the patients of the Owen Sound FHT.

Accountability:		
Policy:		



Procedure:

Team members should take notes documenting issues, actions and any resolutions. It is not necessary for patients to document concern/complaints in order for them to be resolved. At any time in the process, the team member responding to the complaint shall bring to the attention of the Executive Director any complaints which may have a negative impact on the organization's financial, legal security or its public affairs including situations where the person with the complaint acknowledges having or planning contact the media. The Executive Director will advise the Chair of the Board and Lead Physician of any such concerns/complaints.

Steps in Process:

Step One:

If a complaint is received by a team member providing the services, the patient and team member will review the complaint within 3 business days. If a team member is approached by patient who has a complaint regarding another team member, they will advise the Executive Director, who will contact the person to whom the complaint is directed. The person providing the service will be alerted of the existence of the complaint unless it has been asked that the information be kept confidential.

Step Two:

If there is not successful resolution, the patient will have opportunity to have the Executive Director review the complaint. If a patient call the Executive /director of Board Members directly, the Executive Director, or Board member will hear the complaint and advise that further action will be provided following discussion with the team member involved. Board members will advise the patient that they will discuss the complaint with the Executive Director. The meeting may take place with the team member and patient together or separately. The Executive Director will document the results of the meeting, forwarding a copy to both the patient and the team member.

Step Three:

If the Executive Director does not resolve the complaint, the matter will be taken to the Board of Directors Chair. A minimum task group of 3 Board Members may review the complaint and arrange separate meeting with the patient and involved team member. A letter will be sent within 7 business days to patient and team member involved regarding any agreement reached, and the committees' decision regarding the complaint.

Documentation of Patient concerns/complaints:

- 1. Complaint/concern form will be completed by the service provider with the patient concern/complaint summarized and a follow up plan indicated.
- 2. Executive Director to receive these forms within 7 business days.
- 3. All complaints/concerns will be reviewed by the Executive Director and the OSFHT Board quarterly.
- 4. Names will be removed from reports for review to maintain confidentiality.
- 5. The purpose of the review is to identify common issues and trends and method for improvement.