



**PATIENT
CONCERNS
MANAGEMENT**

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Foreword

Over the past ten years since the *Patient Concerns/Complaints Resolution Provincial Framework* was written, there has been an outstanding commitment by individuals, organizations, and groups across Alberta to develop, implement, and refine processes to effectively manage the expression of concerns. At times, this can be complex and challenging work, but these processes and the dedicated and skilled individuals behind them, have helped to ensure the patient's voice is heard, acknowledged, responded to, and used to improve the healthcare system.

On behalf of the Health Quality Council of Alberta (HQCA), I am pleased to introduce this updated document, *Patient Concerns Management: A Framework for Alberta*. In addition to updating portions of the 2007 framework, this refresh focuses on the integration of the guiding principles into a Patient Concerns Management Model.

One of the core values of the HQCA is to hold patients and the population of Alberta at the forefront of all we do to promote and improve patient safety and health service quality. For that reason, listening to patients and families is the central and underlying component of the Patient Concerns Management Model. The revisions and changes are intended to keep the framework as a relevant tool for healthcare delivery organizations and providers, health professions, and policymakers, to facilitate a consistent approach to patient concerns management throughout the province and across jurisdictions.

Throughout the development of the framework, stakeholders including patients and families were consulted extensively, and their input was invaluable. Patients and families also participated in our interview process and provided their personal experience and perspective that was vital. I would like to take this opportunity to say thank you to these individuals for their participation and support in this important work.

Andrew Neuner
Chief Executive Officer
Health Quality Council of Alberta

Tony Fields
Board Chair
Health Quality Council of Alberta

Acknowledgments

Thank you to the members of the working group for their participation and support in the refresh and development of this framework. This included representation from:

- Alberta College of Pharmacists
- Alberta Health
- Office of the Alberta Health Advocates
- Alberta Health Services
- College and Association of Registered Nurses of Alberta
- College of Physicians & Surgeons of Alberta
- Covenant Health
- HQCA Patient/Family Safety Advisory Panel

In addition, we are grateful to the following stakeholders for their input:

- Alberta Health Services Engagement and Patient Experience team
- Alberta Ombudsman
- Health Quality Networkⁱ

Work from several international organizations¹⁻⁴ also greatly influenced the structuring of this framework into its components and guiding principles, and we thank these groups for their efforts that have paved the way for others to build upon.

Finally, we are very appreciative of the patients and families who participated in our interview process and provided their essential perspective for this framework.

ⁱ The Health Quality Network (HQN) was formed in 2004 to ensure knowledge sharing and capability transfer related to leading or best practices throughout the province. It is chaired by the HQCA and its current member organizations include: Alberta College of Pharmacists, Alberta Health, Alberta Health Services, Alberta Medical Association, College and Association of Registered Nurses of Alberta, College of Physicians & Surgeons of Alberta, Covenant Health, Office of the Alberta Health Advocates, HQCA's Patient/Family Safety Advisory Panel, University of Alberta Faculty of Medicine and Dentistry, Cummings School of Medicine.



Introduction

In 2007, under the direction of the Health Quality Network (HQN), the Health Quality Council of Alberta (HQCA) first created the *Patient Concerns/Complaints Resolution Provincial Framework*.⁵ In 2016, the HQCA was asked by the HQN to refresh this document to ensure it is still relevant for Alberta's current healthcare landscape.

This work will assist those who are in need of developing or refining patient concerns management concepts and processes. It is meant to complement, not take precedence over, the authority of the various healthcare organizations, legislative acts, and regulations. The information in this framework reflects current leading practices identified through:

- Review of literature related to:
 - Concerns management practices from provincial, national and international healthcare organizations, and industry standards.ⁱⁱ
 - Patient and family centred care, patient experience and patient concerns.
- Input from patient concerns experts representing the different healthcare organizations in Alberta, as well as patient and family representatives.
- Interviews with patients and families who have had recent experience in expressing concerns within Alberta's current patient concerns landscape.

This document was developed with assistance from a working group with representatives from the College of Physicians & Surgeons of Alberta, the HQCA Patient/Family Safety Advisory Panel, the College and Association of Registered Nurses of Alberta, Covenant Health, Alberta Health Services, the Alberta College of Pharmacists, the Office of the Alberta Health Advocates, and Alberta Health.

Consultation occurred with stakeholders from the Alberta Ombudsman, HQN, the Alberta Health Services Engagement and Patient Experience team, as well as patients and families.

This framework reflects the commitment of individuals and groups across Alberta to ensure the patient's voice is heard, through the expression of concerns, and to provide an effective mechanism to manage those concerns for overall system improvement.

ⁱⁱ The ISO 10002 International Standard provides guidance for the design and implementation of effective and efficient customer-focused concerns/complaints handling processes for all types of organizations.

Purpose of the framework

The purpose of this framework is to promote the importance of patient concerns management and resolution practices throughout Alberta. The framework strives to improve the links between patient and family centred care, concerns management, and overall quality and safety management.⁶ The framework provides guiding principles, process steps, and practical assistance to facilitate a consistent approach to patient concerns management and resolution processes throughout the province.

This framework is not intended to be all encompassing but aims to capture the best elements from industry and leading healthcare organizations. The concepts can be used to assist in refining, assessing, or developing organizational policies and practices. Individual organizations will need to tailor the information to fit their unique culture, infrastructure, and resources. To ensure that each concept is captured, a check-box () design is presented in the following sections that can be used as a form of self-assessment.

Concerns management provides a balance between the interests of patients and their families, the public, the health system and its providers, and ultimately leads to system improvement.

The term patient refers to a person who is receiving, has received or has requested services from a service delivery organization, health service provider, or health professional. The terms resident or client may also be used in the same context. The term family refers to a person (relative, friend, guardian, agent or legal representative) providing support to a patient. Family is defined and chosen by the patient, not by the service provider.⁷ Respecting the protocols that may be involved in sharing information with family members, the patient determines the extent of their involvement in the management of concerns.

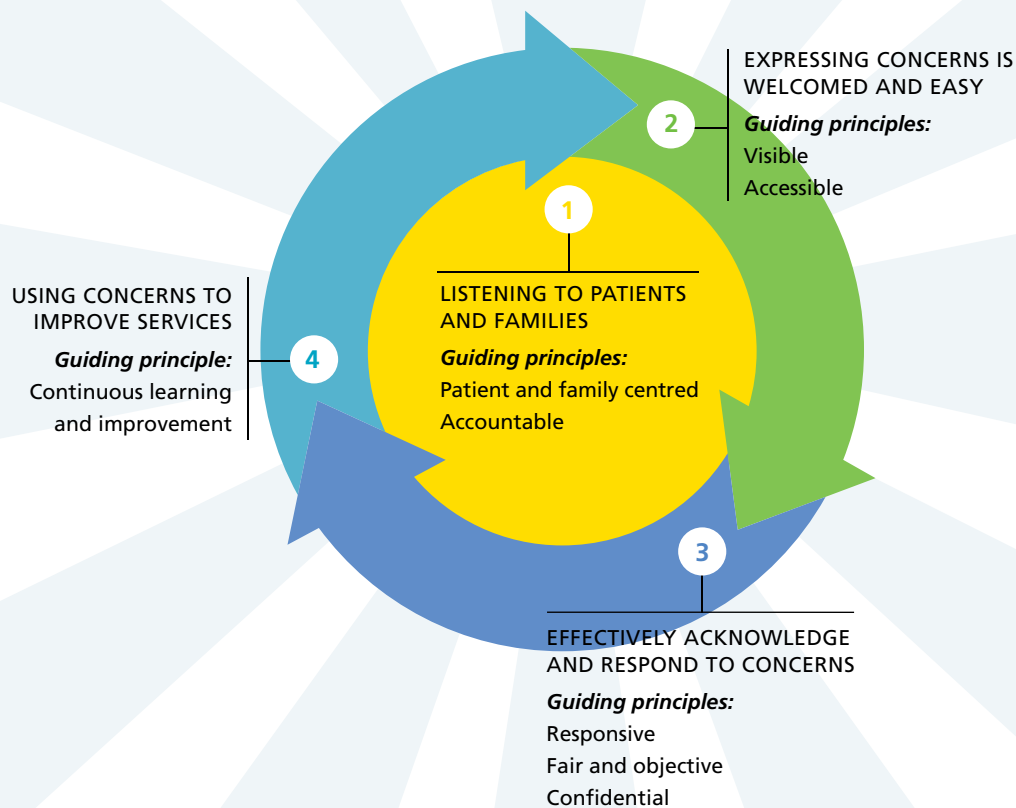
Components and guiding principles of patient concerns management

Effective patient concerns management is organized into a model of four essential components:

- 1 LISTENING TO PATIENTS AND FAMILIES
- 2 EXPRESSING CONCERNS IS WELCOMED AND EASY
- 3 EFFECTIVELY ACKNOWLEDGE AND RESPOND TO CONCERNS
- 4 USING CONCERNS TO IMPROVE SERVICES

Eight guiding principles are incorporated into the four component model, to support effective patient concerns management. They are: Patient and family centred, Accountable, Visible, Accessible, Responsive, Fair and objective, Confidential, and Continuous learning and improvement.

FIGURE 1: PATIENT CONCERNS MANAGEMENT MODEL



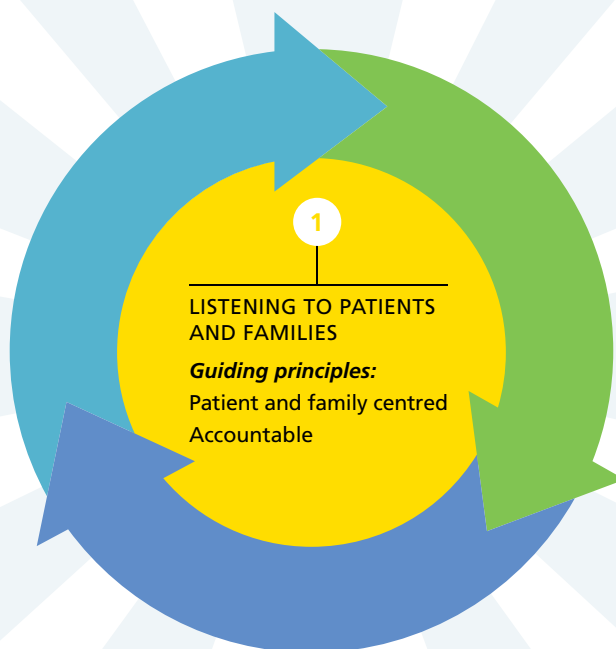
The guiding principles assist in ensuring that processes are administratively fair, and provide a basis for consistent practice and application across health service organizations, service providers, and the health system.

The information provided by a patient or their family through concerns management is a vital aspect of obtaining feedback.

Component 1: Listening to patients and families

Central to patient concerns management is listening to patients and families in such a way that they feel heard and understood.

FIGURE 2: LISTENING TO PATIENTS AND FAMILIES



Listening to and managing concerns is inevitable for any organization and the healthcare sector is no exception.

*"...reluctance of staff to hear and address concerns, and the ensuing reluctance of patients, carers and families to complain, combine to create a toxic cocktail."*⁸

*"Nothing is more likely to focus the mind on the impact of decisions on patients than to listen to patients' experiences."*⁹

*"The most important cultural change should be to require all who work there to place the patient perspective at the forefront of their minds and deliberations in all they do."*⁹

Recognizing and addressing the concerns of patients and families provides an opportunity to:

- better understand the patient's needs
- increase and restore trust



- enhance the patient's experience of care
- create transparency and openness
- decrease the potential for adverse events
- improve efficiency by eliminating wasteful practices
- improve the quality and safety of services provided
- contribute to the development of standards of care
- inform strategic planning
- promote a culture of reporting and accountability for information related to patient concerns management
- create a more satisfactory work environment

In order for these opportunities to be realized, an environment must exist where everyone listens to patients and families, and values their feedback. This provides the backbone to efficient and effective management of concerns, and demonstrates an overall commitment to service improvement.

Guiding Principle: Patient and family centred

A patient and family centred approach exists that respects the opinions of patients and families and their right to express concerns, demonstrating a commitment to listening.

Our organization:

- Respects the opinions of patients and families and their right to express concerns.
- Makes it a priority to listen to the expression of concerns, by understanding:
 - The patient and family's perspective.
 - The outcome the patient and family are seeking, both personally and at a system level.
- Recognizes that the patient determines who is to be considered as family and the extent of their involvement in the management of concerns.

Guiding Principle: Accountable

There are clearly established responsibilities for actions and decisions that support a patient and family centred approach for the management of concerns.

Our organization:

- Enables and supports employees to listen in such a way to welcome, acknowledge, manage, and learn from concerns.

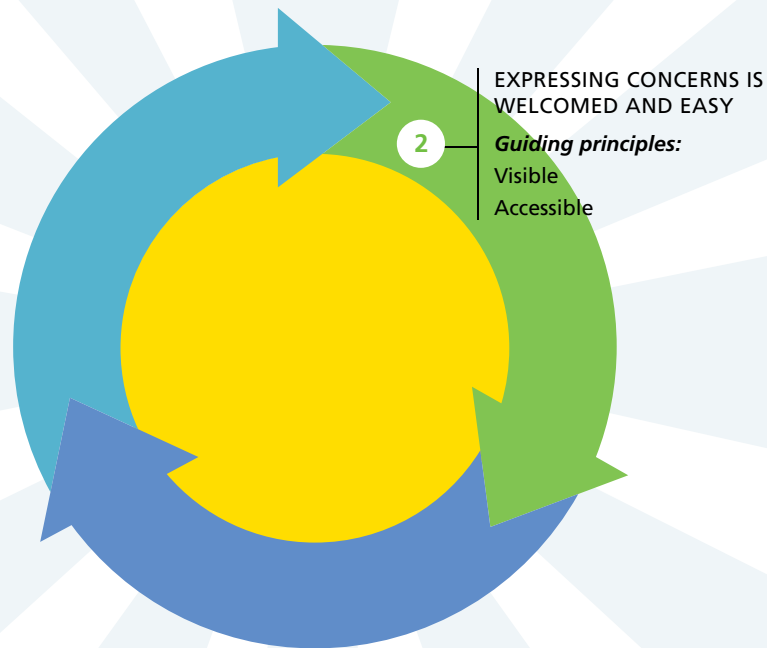
Guiding Principle: Accountable – continued

- Recognizes concerns as a source of valuable information and is committed to using this for continual learning to improve services, and to improve concerns management processes.
- Fosters and supports a culture where all employees possess skills in managing concerns, within the scope of their role and assigned responsibilities.
- Facilitates the further review of a concern, when necessary, to the next appropriate person, or to a formal patient concerns resolution process, avoiding unreasonable delay and ensuring a coordinated transition.
- Designates a specialized role that provides expertise and guidance for patient concerns management. This could be a role such as a manager in a clinical care or service area, a Patient Concerns Officer or designate¹⁰, the Alberta Health Advocate¹¹, or a Complaints Director of a professional regulatory organization.¹²
- Analyzes the issues identified from the review of a concern. This may include considering system, human, individual and organizational factors that may have contributed to the concern either directly or indirectly.
- Addresses recommendations that result from the review of a concern, and assigns responsibility to the most appropriate person(s) in the organization to facilitate a timely response, and to ensure appropriate implementation.
- Reviews and reports on the operation and effectiveness of concerns management, including the formal patient concerns resolution process against documented performance measures.
- Clearly identifies what, when, and to whom the outcome of a concerns review are reported, including sharing of the findings and recommendations with patients and families.

Component 2: Expressing concerns is welcomed and easy

The expression of concerns is welcomed, encouraged, and easy through visible and accessible processes.

FIGURE 3: EXPRESSING CONCERNS IS WELCOMED AND EASY



Guiding Principle: Visible

Information about how and where patients and families can express concerns is apparent and easily understood.

Our organization:

- Makes information well publicized, visible, and uses a variety of communication mediums such as pamphlets, posters, and online platforms (e.g., internet or social media).
- Uses plain language that clearly explains how and where to express concerns, whether at the point of the healthcare encounter or through a formal patient concerns resolution process.

Guiding Principle: Accessible

Processes for expressing concerns are easy to access, understandable, and clearly describe the process to patients and families, staff, and physicians.

Our organization:

- Identifies who to contact or connect with to express a concern, how the process works, what to expect from the process, and approximately how long the process will take. The process is simple and easy to follow.

Guiding Principle: Accessible – continued

- Provides the public, in written format, with concerns management information, including the formal patient concerns resolution process.
- Accommodates diversity within the population, by making information about how to express a concern available in a variety of formats.
- Provides guidance, as needed, to express a concern and assistance in navigating the process.
- Accepts concerns expressed directly by the patient or family member acting on their behalf.

Component 3: Effectively acknowledge and respond to concerns

Whether at the point of the healthcare encounter, or through a formal patient concerns resolution process, processes exist to promptly, fairly, and objectively respond to the expression of concern.

FIGURE 4: EFFECTIVELY ACKNOWLEDGE AND RESPOND TO CONCERNS





Guiding Principle: Responsive

Concerns are acknowledged and managed in a timely manner, and with regular communication throughout the process.

Our organization:

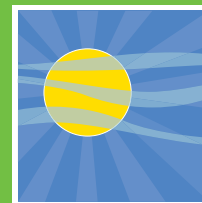
- Treats those expressing concerns courteously, empathetically, and offers an initial acknowledgment that includes an expression of regret¹⁵ as appropriate.
- Maintains consistent contact and communication with those involved, throughout the process.
- Effectively describes and communicates the anticipated steps to the parties involved in the process.
- Triage concerns to determine the level of priority and any need to respond to immediate hazards or risks.
- Identifies the most appropriate response including the potential need for further review, mediation, or an alternate form of dispute resolution.
- Sets timeline targets for acknowledging, responding to, and managing concerns, and makes these known to those involved. All concerns, regardless of complexity, receive ongoing attention and are resolved as quickly as possible.
- Identifies circumstances in which concerns should be referred to alternate organizations, is familiar with the designated authority of those organizations, and has current contact information to ensure a smooth and appropriate transition.
- Facilitates transition, coordination, and cooperation, to the greatest extent possible, from one service provider or organization to another when a concern is managed by more than one party. The patient and family need to be aware of, but not affected by, the hand-offs that may occur as different parties take the lead on the review or management process. These do not unreasonably delay the process.

Guiding Principle: Fair and objective

Management and resolution of a concern is accomplished in an impartial and unbiased manner for the person expressing the concern and the organization or person about whom the concern is directed.

Our organization:

- Provides opportunities for patients and families to raise concerns and receive timely responses, without fear of retribution or impact on health services and care.¹⁴
- Manages, reviews, and resolves concerns in an equitable, objective, and unbiased manner for all persons involved.



Guiding Principle: Fair and objective – continued

- Provides those expressing concerns with an initial opportunity to present information regarding their concern, verbally or in writing, as well as subsequent opportunities to clarify any issues initially presented.
- Addresses substantiated conflicts of interest and issues of impartiality and transfers the review to an alternate individual when a concern about impartiality arises.
- Uses a logical flow and connection from the evidence presented to the conclusions drawn and the decisions made; considering applicable law, legislation, regulations, accepted practice guidelines, standards of practice, ethics and policy as well as current health system challenges and restraints.
- Fully and plainly explains all factors and rationale considered in the decision and the decision-making process to the patient and family, demonstrating an unbiased and free-of-prejudice process and offers an apology and remedy where appropriate.
- Applies the concepts of disclosure¹⁵ when required.
- Adheres to the principles of a just culture.¹⁵
- Has defined processes to accommodate requests for:
 - Other levels of review when there is a lack of satisfaction with the initial review.
 - A final internal appeal when there is a lack of satisfaction with the final decision to end the formal patient concerns resolution process.
- Informs those expressing concerns, who remain unsatisfied at the conclusion of the formal patient concerns resolution process, of the Alberta Ombudsman¹⁶ and their role in assessing administrative fairness.
- Allows the option for those expressing a concern to be accompanied by an advocate or support person of their choosing. Any restrictions related to the flow of information back to this person are explained.
- Acknowledges when a concern is expressed against an individual service provider, that the service provider has the right to know the nature of the accusation or issue and will be given an opportunity to respond to the issues raised.
- Provides guidance, through an individual with designated authority, for addressing specific situations, such as: frivolous or vexatious concerns; concerns related to a deceased person; discontinuation of the process on grounds of delay; and, addressing anonymous concerns.

Guiding Principle: Confidential

Information from patient concerns management is treated and managed confidentially to protect the privacy of those involved and meets the requirements of applicable legislation.

Our organization:

- Addresses concerns in a manner that is respectful to the patient and family's need for privacy and confidentiality and is sensitive to the nature of the information gathered.
- Respects, as able, the privacy and confidentiality of those to whom the concern is directed, as well as any others who may be involved.
- Adheres to relevant legislation and regulations to ensure the privacy and appropriate disclosure of information when requested by patients, families, and other organizations or jurisdictions.
- Documents the information related to patient concerns management in a secure and confidential manner.

Component 4: Using concerns to improve services

The information and learnings gained through concerns management are used to improve services for the future.

FIGURE 5: USING CONCERNS TO IMPROVE SERVICES



Guiding Principle: Continuous learning and improvement

Through regular collection and analysis of de-identified data, areas for improvement in service delivery and concerns management processes are identified. This data should come from both concerns expressed and resolved at the point of the healthcare encounter and via the formal patient concerns resolution processes.

Our organization:

- Has documentation and data systems in place to collect, track and report information related to the management of concerns including reasons for decisions, outcomes, progress timelines, actions taken, and system level recommendations. Information, as appropriate and within the bounds of privacy legislation, is:
 - Shared internally at all levels including at the point of the healthcare encounter, and with other organizations for the purpose of learning and dissemination of best practices and improvement opportunities.
 - Shared with the public as a demonstration of commitment to accountability and transparency, highlighting learnings and changes made as a result of patient concerns management.

- Acknowledges that patients and families often express a desire to see services improve for the next patient or family, and as such regularly reviews and analyzes patient concerns management information to:
 - Identify system, recurring and/or one-time issues, and trends that need to be addressed to improve services.
 - Inform quality improvement, organizational planning, clinical practice, and training and professional development, which may result in:
 - Redesign of service delivery processes
 - Development or review of organizational policies and procedures
 - Development or review of education and training requirements
 - Management of potential areas of risk or hazard
 - Determine where patients and families, who have expressed concerns, can be engaged and involved as a committee, advisory team, or working group members, in a way that acknowledges and uses their experience, wisdom, and insights to influence positive change and improvement.ⁱⁱⁱ
 - Identify the improvements made as a result of the expression of concerns, and determine who this should be reported to, including patients and families.

ⁱⁱⁱ Patient activation and engagement has been described by Dentzer as a “blockbuster drug” where an active partnership allows patients to benefit from their care through an understanding, knowledge and confidence for their own role in the care process. This partnership also enables patients and families to work with providers to improve the delivery of care.¹⁷

- Routinely measures and reviews the effectiveness of patient concerns management and makes improvements as indicated, including:
 - Monitoring of objectivity through random inspections of closed files, or surveys of those who have expressed concerns.
 - Completing self-assessments or internal audits to verify compliance and effectiveness of the formal patient concerns resolution process.
 - Engaging with patients and families and other stakeholders.
 - Reviewing and reporting on the operation and effectiveness of the formal patient concerns resolution process against documented performance measures.

Organizational processes to effectively manage concerns

Concerns are managed in two ways: at the point of the healthcare encounter; and/or through a formal patient concerns resolution process. In both situations, staff are required to be committed to listen in a manner that welcomes and encourages patients to express their concerns, and to respond in a timely and patient and family centred manner. In doing so, the concerns of patients and families are recognized and addressed as opportunities to gather important information that may lead to improvements.

Concerns resolved at the point of the healthcare encounter

Staff delivering care or services can effectively manage concerns to the satisfaction of patients and families. This requires an environment for welcoming and managing concerns at the point of the healthcare encounter to:

- Enable and support staff most familiar with the issue(s), to listen to and address concerns.
- Partner with patients and families to facilitate their active and constructive role in resolving concerns.
- Set an expectation for staff to manage concerns by establishing a process for concerns resolution at the point of the healthcare encounter and provide training, so that they:
 - Provide immediate acknowledgment to:
 - ~ Ensure patients feel they are heard and to facilitate the building of trust.
 - ~ Demonstrate that the organization values the perspective of patients and families by providing an environment that is both welcoming and skilled in concerns management.
 - ~ Show a commitment to continued communication.
 - Seek to understand and clarify to:
 - ~ Comprehend the patient and family's situation and summarize the issues brought forward.
 - ~ Clarify expectations and the desired outcome from the process, and commit to further action.

Concerns resolved at the point of the healthcare encounter – *continued*

- Make a commitment to address the concern by:
 - ~ Gathering and evaluating information related to the concern including interviews with patients, family, staff, or others, to gain perspective from all those involved.
 - ~ Reviewing relevant policies, procedures, and standards of care.
 - ~ Confirming all factors that contributed to the concern have been considered.
 - ~ Providing an opportunity for the person expressing the concern to comment on the information being considered.
- Follow up with a response by:
 - ~ Communicating the findings of the review.
 - ~ Providing an apology and/or remedy where appropriate.
- Assess satisfaction with the process, and if necessary provide information about pursuing further review, or initiating a formal patient concerns resolution process.
- Ensure appropriate documentation, as required.
- Use learnings to improve services.

Formal patient concerns resolution process

Patients and families may express their concerns directly through the formal patient concerns resolution process. This may also be the second approach when satisfaction is not reached at the point of the healthcare encounter. The formal process has documented policies and procedures that define steps to follow until a point of resolution is reached. The list below provides six basic steps for organizations to include in their formal patient concerns resolution process to effectively respond to the concern expressed, adhere to the concepts of administrative fairness¹⁸, and manage the concern through to a point of resolution. These include:

1. Provide timely acknowledgement
2. Seek to understand and clarify
3. Commit to conduct an impartial review
4. Communicate the response or final decision
5. Assess satisfaction and provide further options
6. Ensure thorough documentation

These steps provide structure, predictability, and assistance to ensure a fair and objective process exists. For organizations needing to create a formal patient concerns resolution process, more detail on the six steps can be found in Appendix I.

While providing the structure to a formal patient concerns resolution process, these steps can also be modified to provide guidance when managing concerns at the point of the healthcare encounter. For concerns management to be effective, and truly patient and family centred, concepts such as listening, understanding and clarifying, reviewing, communicating, assessing satisfaction, and documentation, must occur throughout the process.



The formal process for resolving concerns should be documented as a clear and concise policy with supporting procedures. The process should be well publicized and available to the public, patients, and providers through various means appropriate to the organization and the people they serve (e.g., signage, brochures, website). This will provide further detail for how concerns can be expressed, as well as what to expect during the management of concerns. The following are examples of what should be included in the public information regarding concerns management:

- Where and how concerns can be expressed (e.g., face-to-face at the point of the healthcare encounter, phone, website, email, letter, etc.) and the steps involved.
- The types of concerns that can be managed, and those that cannot (e.g., identify the limitations on what concerns the organization can handle and which need to be forwarded to an alternate organization).
- Any time limits, or other limitations, for expressing concerns, in relation to organizational policies or legislation.
- An outline of the type of information that should be provided by the person expressing the concern.
- Available assistance to persons wishing to express a concern if requested.

Integrated/multijurisdictional concerns

There may be instances where a person submits a concern to more than one organization and/or accountability for a concern spans more than one organization's jurisdiction. These organizations may have different concerns resolution processes that operate uniquely within their own legislation and practice scope. Concerns that are multijurisdictional in nature require an integrated approach that connects and coordinates management and resolution processes between jurisdictions and obtains consent from the patient to share information, ensuring privacy and appropriate disclosure according to relevant legislation (see Appendix II).

A person expressing a concern, for example, may be required to engage more than one healthcare organization and several regulatory colleges in order to address an issue. Processes for multijurisdictional concerns that incorporate a patient and family centred approach ensure the person expressing the concern is not left with the burden of coordinating their concern across multiple jurisdictions. The onus should be placed on the system and its agents, rather than the person expressing the concern, to navigate the concerns management process.¹⁹



Glossary of terms

The following terms and definitions are used throughout the document.

Administrative fairness: A concept referring to the extent that a review process is conducted in a manner that is procedurally fair, reasonably substantive, and unbiased in both appearance and fact. It considers if due process was followed; if open communication took place; if all evidence was considered in the decision; and if any delay in responding was explained.

Concern: An expression that may relate to: (a) the provision of services to a patient; (b) a failure or refusal to provide services to the patient; (c) terms and conditions under which services are provided to the patient; or (d) professional practice and/or unprofessional conduct. It may be clinical or non-clinical and may be directed at any member of the organization or the organization as a whole. It may be communicated verbally or in writing.

Complaints Director: As per the *Health Professions Act*¹², which governs all regulated health professionals in Alberta, the Complaints Director is a staff member of a professional regulatory college, who has been appointed by the council of that college to handle complaints about the professional conduct of a member of that profession.

Final decision: A level of response where it is decided, with appropriate authority, to end the concerns resolution process.

Final internal appeal: A request made by the person expressing the concern to have the decision to end the formal patient concerns resolution process reviewed by a reviewer or committee who have not been involved in the process to date.

Formal patient concerns resolution process: A documented process outlined by policies and procedures, to define the steps to follow during the management of a concern, until a point of resolution is reached. This process aligns with the components and guiding principles of the Patient Concerns Management Model.

Frivolous or vexatious: A misuse of the concern process, where concerns are not expressed in good faith and have no possible outcome that would resolve the concern.

Healthcare encounter: The interaction between patients and families and those providing services within the healthcare environment.²⁰

Multijurisdictional concern: A concern involving two or more organizations who are accountable to different legislation, such as a service delivery organization and a professional regulatory college.

Patient and family: The term patient refers to a person who is receiving, has received, or has requested services from a service delivery organization, health service provider, or health professional. The terms resident or client may also be used in the same context. The term family refers to a person (relative, friend, guardian, agent or legal representative) providing support to a patient. Family is defined and

chosen by the patient, not by the service provider.⁷ Respecting the protocols that may be involved in sharing information with family members, the patient determines the extent of their involvement in the management of concerns.

Patient advocate: A person assisting those expressing a concern in understanding and navigating concerns management.

Patient concerns management: A general term referring to the four essential components outlined in the Patient Concerns Management Model (figure1). The four components of the model include: (1) listening to patients and families; (2) expressing concerns is welcomed and easy; (3) effectively acknowledge and respond to concerns; and, (4) using concerns to improve services. This model supports concerns resolution at the point of the healthcare encounter and through formal patient concerns resolution processes.

Patient Concerns Officer: An individual, or individuals, appointed by a regional health authority in compliance with the *Patient Concerns Resolution Process Regulation*¹⁰ reporting directly to the administrative head of the health authority, or to a senior officer who reports directly to the administrative head, and who is responsible for receiving and dealing with concerns.

Response: The information provided after a review of the concern has been completed. Depending on the satisfaction level with the response, further review can be initiated and subsequent responses provided including the final decision to end the concerns resolution process.

Resolution: The point at which the concerns process is concluded, and where there is a level of mutual understanding of the outcome between the parties involved. Resolution may differ with individual concerns and could mean:

- Mutual acceptance of and satisfaction with the outcome.
- The complainant may not be satisfied or accepting but understands the outcome.
- The complainant may remain unsatisfied and non-accepting of the outcome.

Service provider: An organizational body, service delivery organization, or regulated health professional providing care, goods, or services.

Appendix I

Formal patient concerns resolution process

While managing a formal patient concerns resolution process, staff are committed to listen in a manner that welcomes and encourages patients to express their concerns, and to respond in a timely and patient and family centred manner. In doing so, the concerns of patients and families are recognized and addressed as opportunities to gather important information that may lead to improvements.

The following outlines suggested details to include in an organization's formal patient concerns resolution process. Based on differences in legislation and roles, organizational processes will differ, but the principles remain consistent.

1. Provide timely acknowledgment

- Acknowledge concerns verbally or in writing in a timely manner.
 - Establish target timelines for acknowledging concerns (typically in the range of three to five days).
- Include the following as part of the acknowledgment:
 - Validation of the expression of the concern.
 - Commitment to further action and continued communication.

2. Seek to understand and clarify

- Actively listen to:
 - Understand and summarize the issues brought forward.
 - Clarify expectations and the desired outcome from the process.
 - Ensure there is an understanding of the various roles and responsibilities of those involved in the management and resolution of concerns (e.g., Patient Concerns Officer or designate such as a Patient Concerns Consultant, Alberta Ombudsman, Complaints Director, investigator, or different levels of management and administrative staff).
 - Identify behaviors that may indicate a frivolous or vexatious concern, potentially leading to the rejection of the concern, or an alternate form of dispute resolution.
 - Determine the most appropriate concerns management process to utilize (e.g., concerns resolution at the point of the healthcare encounter, formal patient concerns resolution process, mediation, or an alternate form of dispute resolution).

3. Commit to conduct an impartial review

- Identify the name, role, and contact information of the person responsible for leading the process. This person will ensure consistent follow up and contact until the point of resolution, through the development and facilitation of a plan to:



- Outline the details of the process including what can/cannot be accomplished by the review process, how outcomes will be communicated, and an expected timeline.
- Ensure the review of a concern is impartial and free from interference or bias.
- Involve all relevant parties within the organization to ensure a comprehensive response is made to the issues raised. If there is more than one service area within an organization involved, the reviewer works with the areas to determine who will take the lead and be responsible for the co-ordination and facilitation of the review.
- Ensure the progress of the review, by expediting information from all involved and to identify any delays that may occur.
- Identify all pertinent information (e.g., patient file, standards of care, policies) to be reviewed and any individuals who could provide additional information.
- Evaluate all evidence gathered to ensure it is factual.
- Notify and provide relevant information to all people involved in the review.
- Provide an opportunity for the person expressing the concern and those involved to comment on the information being considered.
- Confirm all factors that contributed to the matter are thoroughly reviewed.

4. Communicate the response or final decision

- Provide the response^{iv} in a timely manner and ensure the response thoroughly addresses the issues brought forward.
 - Timelines for responses are determined by such factors as the complexity of the concern and the number of individuals, departments, and organizations involved.
- Outline the response to the person expressing the concern and those involved. Using discretion and considering the circumstances of the particular concern, choose to communicate this decision in writing, verbally, or during a face-to-face meeting.
- Communicate the response in a way to:
 - Provide alignment with the issue(s) raised in the concern.
 - Show how information was considered and what was accepted or rejected and why.
 - Cite any relevant legislative authority or policy and procedure and explain how this was applied to the concern under review.

^{iv} Response is a conceptual term that may include the information provided after a review of the concern has been completed, or to refer to a final decision to end the concerns resolution process. Response and final decision are further explained in the glossary.

Formal patient concerns resolution process – *continued*

- State the results or conclusions and identify the evidence used to make these findings.
- Detail any actions taken.
- Include an apology, expression of regret, and/or remedy where appropriate.
- Demonstrate how any delays were dealt with in the process including referral to other organizations or jurisdictions.
- Use neutral, non-inflammatory language.
- Include the signature, typed name and title of the person completing the review, if communicated in written format.
- Make only statements supported by evidence (i.e., no gratuitous remarks).
- Include only relevant considerations (i.e., stick to the issues under review not the personalities or the parties).
- Use only information that all involved have had the opportunity to review and comment on as appropriate.

5. Assess satisfaction and provide further options

- Determine the level of satisfaction with the response and:
 - End the resolution process if mutual agreement with the response is confirmed.
 - Provide information about further options and assist with moving the concern to the next level of review as necessary, repeating steps three and four as needed, until a final decision is made to end the concerns resolution process.
- Provide a process for a final internal appeal, if dissatisfaction remains in relation to the final decision to end the concerns resolution process.
 - Set parameters for time frames for initiation of the final internal appeal process.
 - Utilize decision criteria when determining whether or not to proceed with a final internal appeal, including determining if:
 - ~ The prior review was inadequate, unreasonable, or incomplete or there is reason to believe that the underlying circumstances that led to the concern have not been fully exposed and additional information is likely to be discovered through further review.
 - ~ Some of the issues raised in the concern were not answered or addressed.
 - Initiate the final internal appeal process as warranted, and ensure the following process steps are included:
 - ~ A reviewer, or committee be identified which does not include membership from any prior review, and who can provide an unbiased review of previous activity.

- ~ All information provided by the involved parties regarding the appeal should be made available to the reviewer or committee.
- ~ All information to be reviewed should be made available to all parties involved, including the person expressing the concern, as per relevant privacy legislation.
- ~ At a minimum, the person expressing the concern should have an opportunity to present their concern to the reviewer or committee and to answer questions. Whether or not other parties are given an opportunity to present shall be at the discretion of the reviewer or committee.
- ~ The reviewer or committee will then make a decision regarding disposition.
- Communicate the decision made by the reviewer or committee, and provide rationale, in relation to the following:
 - ~ Denial of a final internal appeal when there is evidence that the concern has already been thoroughly reviewed and responded to.
 - ~ Overturn, vary, or substitute any of the decisions made.
 - > Refer the matter back to the original reviewer or to an alternate reviewer for further consideration, in accordance with any direction that the reviewer or committee may make.
- Advise the person expressing the concern of the right to request the Alberta Ombudsman²¹ to review the patient concerns resolution process or the fairness of the final decision, at the conclusion of the final internal appeals process, and outline that the role of the Ombudsman does not include an appeal of the final decision.

6. Ensure thorough documentation

- Include information from the parties involved, health record information, or documentation of the interactions between any people in relation to the concern, including the person expressing the concern, staff members and any external body.
- Guidelines for documenting the progress of the patient concern resolution process include:
 - Use clear and unambiguous language.
 - Document factual, objective information, including:
 - ~ Communication in relation to the concern including telephone calls, messages and meetings.
 - ~ Progress, actions to be taken, concern outcomes (responses, satisfaction with final decision) and any changes to current practice.
- Information in chronological order with time/date of entry.
- Signed notations including position and title.
 - Does not document subjective judgements or conclusions, vague generalizations, descriptions or hearsay, derogatory or slanderous comments unless they form part of the concern.
 - Keep all documentation on file, including a record of relevant documents.

Appendix II

Integrated/multijurisdictional concerns

From interviews with patients and families, as part of the development of this framework, the following difficulties when addressing concerns involving multiple jurisdictions were described:

- The concerns landscape must be navigated and understood to determine which organizations are the most appropriate to bring the concern to, and how to engage their respective patient concerns resolution processes.
- Stories and experiences must be shared with people from each of the different organizations involved, and then are potentially faced with receiving several uncoordinated responses that may take a period of months to a year or longer to complete.
- The responsibility to submit specific and detailed written statements, understand quasi-judicial documents, participate in interviews with reviewers, and provide witness in disciplinary hearings.
- The burden of coordinating these various complex, quasi-judicial processes, all the while often left feeling unheard and the concern unresolved.

Opportunities for system improvement can be lost due to these difficulties. Each organization is limited to review and resolve only the part they are accountable for, with limited ability to influence or improve other factors that may have contributed. Patients and families also felt this impacted the ability of an organization to make services better for the next patient as a result of their experiences.

Organizations should use a collaborative and integrated approach to the greatest extent possible, that facilitates a transition and coordination/cooperation from one jurisdiction to another when a concern is managed by more than one party. The patient and family should be aware of, but not affected by, the hand-offs that may occur as different parties take the lead on the review, and these should not unreasonably delay the process.

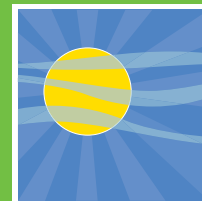
To effectively manage multijurisdictional concerns in an integrated way, with appropriate consent from the person expressing concerns to share information, organizations should work together to establish and follow defined processes to:



- Determine who has jurisdiction over the concerns management process, who will take the lead on the review, and who is responsible for the various aspects of the investigation, management, and communication back to the person expressing the concern.
- Co-ordinate efforts to inform the person expressing concern about the progress of the review(s), and communication of responses whenever possible, in keeping with the sharing of information as legislated in the *Health Information Act*²², *Health Professions Act*¹², and the *Freedom of Information and Protection of Privacy Act*²⁵.
- Inform the other organization and the person expressing the concern if it is believed a concern involves an issue that comes under the jurisdiction of an alternate organization.
- Increase familiarity with the other organization's patient concerns management processes and contact information, and share this with those expressing the concern as needed.
- Refer concerns between organizations.
- Determine if mediation or alternate dispute resolution is warranted. This would allow the person expressing concerns to be heard and provided with an opportunity to resolve the concern in a more wholesome manner.
- Assist in the recognition of concerns or stories that represent complex and multijurisdictional system level issues, and delegate authority/accountability to review these events and recommend suggestions for improvements.

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