 <b>Lakeridge Health</b>	<b>Person-Centred Care Feedback– Policy and Procedures</b>	
	Manual: Administration	Document No.:
	Section: Patient Experience	Original Date: 04OCT2004
	Document Owner: Person-Centred Care	Version Date: 21DEC2022
	Approved by: Person-Centred Care, Lakeridge Health- All Managers, Directors, Patient Advisors, Operations Committee, Medical Advisory Committee	Next Review Date: 21DEC2025
	Cross Reference to: Confidentiality – Policy and Procedure, Social Media Policy, Safety Incident Management Policy and Procedures, Quality of Care Review Policy and Procedures	
Document Applies to: all individuals associated with Lakeridge Health.		
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## Introduction

The Person-Centered Care Feedback Policy and Procedure exist to strengthen, personalize and enhance the relationship between patients, clients, residents, essential partners-in-care and Lakeridge Health (LH) team members.

This policy and procedure document clarifies the roles, responsibilities and supports available when feedback is received regarding LH.

LH is committed to providing our patients, clients, residents, and essential partners-in-care a safe, high-quality care experience with a focus on quality improvement. This policy and procedure apply equally to all individuals associated with LH (collectively defined as “individuals”), including:

- Full-time, part-time and temporary LH team members and those involved with its affiliated programs and agencies, including students
- LH team members on contract
- Volunteers
- Privileged Staff, including physicians on contract and resident and clinical trainees and
- Providers of goods and services to LH, including vendors, contractors, subcontractors, and their employees

## Policy

We are guided by our vision of *One System. Best Health.* LH is working to foster a truly integrated, regional system of care. We are committed to providing a safe, high-quality care experience and continuously improving to do so. At LH, this happens through effective

\*Exceptions to the procedure may occur at the discretion of the Manager, Person-Centred Care, so long as policy adherence is maintained.

communication, respect and teamwork between patients, clients, residents, essential partners-in-care, and LH individuals. We encourage feedback so LH can maintain effective processes and identify improvement opportunities.

In cases where feedback involves personal injury or legal risk, the LH Risk Management Group will be briefed (see also *Patient Safety Incident Management – Policy and Procedures*).

Under this Policy, anyone, including patients, clients, residents past and present from inpatient and outpatient areas, essential partners-in-care, residents, and visitors, who wish to provide feedback to LH may do so.

This policy will process all feedback. Our LH Guiding Principles of Partnership is in place to ensure patients, clients, residents, essential partners-in-care, visitors, and LH individuals will:

- Be treated with kindness, dignity, and respect
- Value safe, high-quality care
- Share information appropriately, clearly and confidentially
- Respect informed decisions about care
- Work together to support the plan for care
- Welcome and value comments, feedback, concerns, and questions

#### Important Points about the Policy:

Every effort should be made to respond to and resolve feedback at the point of service. Early acknowledgement of any identified feedback provides LH with the best opportunity for service recovery.

In situations where the individual providing feedback wishes to remain anonymous, they should be advised that it may impact our ability to thoroughly investigate the nature of their concerns without knowing their identity; however, we will continue to support the sharing of their feedback with the appropriate leadership team. In addition, they should be informed of the confidentiality policy applied to the feedback management process to help mitigate concerns about sharing their own and the identity of the patient, client, or resident.

All queries related to this policy should be directed to the Manager of Person-Centred Care (PCC).

#### Confidentiality

LH is committed to protecting the privacy, confidentiality and security of all personal health information collected, used and disclosed by the organization. LH individuals and affiliates have a legal, ethical, professional and employment/contractual obligation to protect the confidentiality of personal health information.

Throughout the feedback process, those directly engaged in the feedback process may require personal health information. To protect confidentiality, LH cannot provide any personal health information that may pertain to the feedback without explicit consent from the patient, client, or resident or as defined in LH's confidentiality policy.

#### Continuous Improvement:

LH will record all feedback received using the WeCARE application. All feedback will be reviewed to determine any reoccurring themes identified. Additional investigations may be

initiated to determine if there are systemic process issues within LH that need to be addressed to eliminate reoccurring incidents.

## Definition(s)

**Business day:** a business day is defined as Monday – Friday from 0800 – 1600, excluding all statutory holidays.

**Calendar day:** a calendar is defined as any day, including Saturday, Sunday or a statutory holiday

**Feedback:** information and observations about performance, interactions or overall experience that is categorized by:

- **Complaint-mild:** A complaint not expected to extend beyond the immediate concern presented. No adverse outcome to the patient, client, resident, LH individuals, or LH's reputation. The resolution is straightforward, consisting of an explanation, clarification, policy/procedure, or an apology
- **Complaint-moderate:** A complaint that involves a more serious issue or incident. It may affect more than one program or area and require more than one follow-up. Resolution may include a meeting or a reply in writing.
- **Complaint-serious:** A complaint that is severe with potential for litigation. Resolution may require extensive investigation, meetings, policy revisions or reporting to regulatory bodies or authorities
- **Compliment:** Any comment that commends the organization or an individual associated with the organization
- **Inquiry:** Request for information, education, support or advice regarding experience, general system issues or how the health care system works
- **Suggestion:** Information that is intended to provide recommendations or ideas on how to change or improve care, service, accessibility, or space design

**Essential Partners-in-Care (EPCs):** Essential partners-in-care provide physical, psychological and emotional support as deemed necessary by the patient, resident, or client. This care can help in decision-making and continuity of care. EPCs are identified by the patient, client, or resident (or substitute decision maker) and can consist of family members, close friends, or other caregivers. An Essential Partner-in-Care is different from a visitor. A visitor is a person who plans to see a patient, client, or resident at LH for social purposes.

**Patient / Client / Resident:** Inclusive terms for any person receiving care or services at any Lakeridge Health site.

**Patient Care Manager (PCM):** A PCM works with programs/units to accomplish outcomes through goal and priority setting to drive exceptional experiences demonstrating strong patient, client, or resident outcomes.

**Patient Experience (PX) Specialist:** A PX specialist provides timely responses and supports the patient, resident, client, EPCs, and LH individuals in the feedback process.

**Point of Service (POS):** The connection between the service provider, the patient, the resident, the client, and any EPC.

**Submitter:** For this policy and procedure, a submitter is anyone who provides feedback to LH about services related to LH policies and procedures, the application of those policies and procedures, or the conduct of LH or its representatives.

## Procedure(s)

### 1. POS Feedback - Resolved

#### Submitter:

1. The submitter is encouraged to communicate feedback where the feedback has originated or where the interaction first occurred. This is where the input is expected to be resolved, whenever possible, in keeping with this policy and procedure.
2. If feedback cannot be provided directly to the individual(s) providing the service, the submitter may ask for a Manager or Lead to assist. Managers can also be identified by feedback posters (Appendix A) in various locations.

#### POS Manager or Lead:

1. It is the responsibility of every LH individual to be attentive to the concerns of individuals, including patients, residents, clients, and EPCs and to strive to resolve matters at the unit/department level as soon as they are identified.
2. Ideally, complaints will be dealt with directly and quickly at the point where the concern arises.
3. The POS Manager or Lead will acknowledge the feedback within one (1) business day.
4. If the feedback is complaint-moderate or complaint-serious, the POS Manager or Lead must open a file in WeCARE.
5. The POS Manager or Lead will investigate the feedback while considering the following criteria:
  - Construct a chronology of events, especially if the matter is complex
  - Ascertain who needs to be engaged and the appropriate order of conversations (identify if a professional language translator or interpreter is required)
  - Develop questions for the appropriate stakeholders based on the investigation and follow-up required
  - Determine the applicable standards/procedures/policies and whether they were adhered to
6. If deemed resolved, the POS Manager or Lead should target a finalized communication for the feedback within five (5) business days. The manager/lead should ensure that department heads and LH individuals know the final response before sharing it with the submitter. Responses by phone or in person are preferred unless the submitter has relayed a preference for an emailed or written response (mailed letter).
7. The final response must be factually correct and:
  - Include an apology  
*Note: This is not necessarily about accepting blame or fault; it serves as a restorative gesture and acknowledgement of the experience*
  - Address each of the points raised with a full explanation or give the reason(s) why it is not possible to comment on a specific matter, avoiding speculation, and personal opinions on the matter

- Give details of improvement/follow-up action taken as a result of the feedback.
  - Offer to meet along with the key LH individual involved
8. The final response will be documented and:
    - a copy to be provided to the relevant Manager / Lead
    - a copy to be provided to any requesting parties to which the patient, resident, or client has given consent
  9. The file is closed if the submitter does not respond after two (2) attempts at contact sed.

## 2. POS Feedback - Unresolved/Escalation

### Manager or Lead:

1. Ideally, most complaints will be dealt with directly and quickly at the point where the problem arises.
2. Should the matter remain unresolved following the POS investigation, or if the submitter will not speak with the Manager or Lead, they must be offered alternative ways to provide feedback. The escalation process proceeds as follows:
  - I. POS Manager / Lead  
Contact by: feedback posters ([Appendix A](#)) or by asking a LH individual
  - II. PX Specialist  
Contact by email: [PatientExperience@lh.ca](mailto:PatientExperience@lh.ca) or phone: 905-576-8711 X34402
  - III. Program Director
  - IV. Health System Executive
3. The recipient of the feedback must then inform the submitter of the course of action that will be taken next and that, in most cases, they should expect contact within one (1) business day.

### PX Specialist (or another escalation path):

1. When feedback is received by a member of the Person-Centred Care team, it will be acknowledged within one (1) business day. A PX Specialist will review any existing information, including, but not limited to, email communication, voicemail, or in-person feedback.
2. The PX Specialist will initiate the feedback investigation procedure.

## 3. Person-Centred Care Feedback Investigation

### PX Specialist:

1. As appropriate, based on the feedback received, the PX Specialist will obtain consent from the patient, client, or resident power of attorney document or appropriate legal party and document it appropriately.
2. The PX Specialist will ensure appropriate file initialization documentation has been entered into WeCARE.
3. If not already completed, a current file summary from WeCARE will be sent to the Manager/POS Manager with a copy to the Director or as dictated by the organizational chart.

4. The PX Specialist will continue to monitor the feedback file throughout the investigation. Where requested, the PX Specialist will partner with the Manager or other accountable parties to coordinate communications with the submitter.

### **Manager/Director of the program:**

1. Ideally, most complaints will be dealt with directly and quickly at the point where the problem arises.
2. Upon receipt of the file summary information from the PX Specialist, the Manager will investigate the feedback while considering the following criteria:
  - Construct a chronology of events, especially if the matter is complex
  - Ascertain who needs to be engaged and the appropriate order of conversations (identify if a professional language translator or interpreter is required)
  - Develop questions for the appropriate stakeholders based on the investigation and follow-up required
  - Determine the applicable standards/procedures/policies and whether they were adhered to
3. Based on their review, the Manager will gather findings and recommendations for action. LH's effort to address feedback should be based on evidence, address any system or process issues, and be aligned with LH's Guiding Principles of Partnership. Options for appropriate action may include:
  - Offering an apology
  - Waiving fees
  - Developing or amending a policy/procedure, updating Communication materials; i.e. discharge instructions
  - Training/education of LH individuals or public
  - Modification of the environment
  - Requesting a formal review through the Quality department as per LH's Incident Management and Quality of Care review processes
  - Ongoing monitoring of an issue, including who is responsible for monitoring
4. Program leaders and the PX Specialist will collaborate to determine the most appropriate person to respond to in instances where responses are required from more than one program or multiple individuals (e.g., nurses and physicians).
5. The agreed-upon LH individual (e.g., Manager, PX Specialist) must then inform the submitter of the course of action that will be taken next.

## **4. Person-Centred Care Feedback Closure**

### **PX Specialist:**

1. The PX Specialist will monitor the WeCARE file throughout the investigation. Where requested, the PX Specialist will partner with the Manager or other accountable parties to coordinate communications.

### **Manager/Director:**

1. The final response must be factually correct and:
  - Include an apology

*Note: This is not necessarily about accepting blame or fault; it serves as a restorative gesture and acknowledgement of the experience*

- Address each of the points raised with a full explanation or give the reason(s) why it is not possible to comment on a specific matter, avoiding speculation, and personal opinions on the matter
  - Give details of improvement/follow-up action taken as a result of the feedback.
  - Offer to meet along with the key LH individual involved
2. The final response will be documented and:
    - a copy to be provided to the relevant Manager
    - a copy to be provided to any requesting parties to which the patient, client, or resident has given consent
  3. If the submitter does not respond after two (2) attempts at contact, the file is closed.

## 5. Person-Centred Care Feedback Unresolved

### Submitter:

1. If a submitter remains dissatisfied following LH's response, several options are available, including:
  - Independent review by an external agency (e.g., Ombudsman Office, if all escalation points have been exhausted internally at LH)
2. Submitters have the right to pursue their feedback resolution until it is resolved to their satisfaction within reasonable limits. Lakeridge Health will make every attempt to resolve the issues within the hospital's scope.


## Reference(s)

Accreditation Canada. (2022, September 2). Accreditation Canada Qmentum Standards. Retrieved October 2022, from <https://accreditation.ca/standards/>

Government of Ontario. (2010) *Excellence Care for All Act* (ECFAA), S.O. 2010, c. 14. Retrieved from <https://www.ontario.ca/laws/statute/10e14>

## Appendix A

Feedback Poster



# We want to hear from you!


To give feedback about your care experience in this program area, call:

Name of the Manager

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Phone Number.

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Please contact the PCC department for copies.