



TITLE

PATIENT CONCERNS RESOLUTION PROCESS

SCOPE

Provincial

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PRR-02-01

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Executive Leadership Team

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Patient Concerns Resolution Policy (#PRR-02)

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVE

- To describe the Alberta Health Services (AHS) process for receipt, review and response to **concerns** raised by **patients** and persons acting on behalf of a patient (**complainant**).

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Definition of Concerns

1.1 Patients and complainants may raise concerns with AHS about:

- the provision of goods and services to a patient;
- a failure or refusal to provide goods and services to a patient; and/or
- terms and conditions under which goods and services are provided to a patient;

by AHS or a service provider under the direction, control or authority of AHS.

1.2 Concerns may also relate to professional practice and/or unprofessional conduct.

1.3 Concerns may be clinical or non-clinical in nature.

2. Receipt of Concerns

- 2.1 Concerns may be brought forward by a patient or complainant, who is either living or deceased.
- 2.2 Complainants may express their concerns to any individual within the organization, including but not limited to:
 - a) a staff member of a patient care unit, clinic or program;
 - b) an **accountable leader** of a patient care unit, clinic or program;
 - c) a member of the medical/midwifery staff;
 - d) the Patient Relations Department; and/or
 - (i) Patient Relations Department is a provincial department that acts as a resource and centre of expertise to facilitate concern reviews in AHS and/or support operational/medical/ midwifery leaders in addressing concerns.
 - e) AHS Executive and/or AHS Board.
- 2.3 Whenever possible complainants are first encouraged to speak with a member of the patient's care team or respective managers/supervisors when they have questions or concerns, because their care team is involved in and knowledgeable of the patient's care plan.
- 2.4 Concerns may be communicated by the complainant verbally or in writing.
- 2.5 AHS shall review all concerns received with the exception of reviews discontinued under Section 9 of this document.

3. Initial Facilitation of Concerns

- 3.1 Regardless of who receives the concern, AHS shall make reasonable efforts to make an **acknowledgement** that the concern has been received, as soon as feasible, and within three (3) business days of becoming aware of the concern.
- 3.2 Concerns received, shall be addressed as close as possible in time and place to where the issues arose.
- 3.3 If the concern is brought forward regarding a patient by anyone other than the patient or **alternate decision maker**, staff, or medical/midwifery staff shall ensure the patient or alternate decision maker is informed about the details of the concern.
 - a) If the patient or alternate decision maker does not agree that there is a concern, the Patient Concerns Resolution Process (PCRP) may be considered complete.

- (i) This does not limit AHS from reviewing a concern using operational, patient safety or other review processes.
 - 3.4 Review of concerns shall be facilitated by the staff, manager and/or medical/midwifery staff within their level of comfort, skill level, and scope of responsibility.
 - 3.5 If the concern is not immediately resolved:
 - a) staff, manager and/or medical/midwifery staff shall identify with the complainant what outcome they are seeking for resolution; and
 - b) the complainant shall be advised of the process that will be followed for conducting the concern review (see Section 5 of this document).
 - 3.6 At any time throughout the concerns review process, if the complainant's desired outcome is achieved, the PCRCP may be concluded.
- 4. Considerations while conducting a review**
- 4.1 At any time throughout the process staff, manager and/or medical/midwifery staff may consult with the Patient Relations Department (1-855-550-2555) for:
 - a) advice as to the appropriate AHS staff, accountable leader(s), or medical/midwifery staff that should be involved;
 - b) identification of additional supports available including but not limited to:
 - (i) Legal & Privacy;
 - (ii) Community Engagement & Communications;
 - (iii) Clinical Ethics Service;
 - (iv) Medical Affairs;
 - (v) Provincial Midwifery Services; and/or
 - (vi) Policy Services.
 - c) assistance with concern resolution options;
 - d) advice or assistance in communicating with the complainant;
 - e) facilitation of the concern review process; and/or
 - f) involvement of the Patient Concerns Officer where appropriate.
 - 4.2 At any time, staff may refer the complainant to contact the Patient Relations Department directly to address their concern (1-855-550-2555).

- 4.3 Concerns regarding Medical Staff shall be referred to the appropriate **medical administrative leader**. The medical administrative leader or delegate shall:
- a) as appropriate review and conduct the PCRCP process as per this procedure;
 - b) coordinate and work cooperatively with all operational, midwifery or medical departments or programs involved. If multiple areas are involved, confirm who will coordinate; and
 - c) determine if there is sufficient cause to refer the matter to the Zone Medical Director or delegate for consideration under the *Medical Staff Bylaws and Rules*.
 - (i) If the *Medical Staff Bylaws and Rules* are invoked, the Zone Medical Director or delegate shall advise the reviewer which portions of the concern shall be addressed by *Medical Staff Bylaws and Rules* (see Medical Affairs Office). The other reviewer shall close their review regarding the portions of the concern that are being addressed under the *Medical Staff Bylaw and Rules* process.
- 4.4 Concerns regarding Midwifery Staff shall be referred to the Director Provincial Midwifery Services or delegate. The Director or delegate shall:
- a) as appropriate review and conduct the PCRCP process as per this procedure;
 - b) coordinate and work cooperatively with all operational, midwifery or medical departments or programs involved. If multiple areas are involved, confirm who will coordinate; and
 - c) determine if there is sufficient cause to refer the matter to the Vice President Health Professions and Practice Administration or delegate for consideration under the *Midwifery Staff Bylaws and Rules*.
 - (i) If the *Midwifery Staff Bylaws and Rules* are invoked, Director Provincial Midwifery Services or delegate shall advise the reviewer which portions of the concern shall be addressed by the *Medical Staff Bylaws and Rules* (see Provincial Midwifery Administrative Office). The other reviewer shall close their review regarding portions of the concern that are being addressed under the *Midwifery Staff Bylaw and Rules* process.
- 4.5 Complainants may be informed of other applicable persons or organizations that may have authority to address their concern. Complainants may, at any time, during or after the PCRCP process, request assistance from or be referred to external bodies. These may include, but are not limited to the following:

- a) relevant professional regulatory bodies (e.g., College & Association of Registered Nurses of Alberta [CARNA], College of Physicians & Surgeons of Alberta [CPSA], etc.);
 - b) Office of the Alberta Health Advocates (i.e., Health Advocate, Mental Health Advocate, Seniors Advocate);
 - c) Office of the Information and Privacy Commissioner of Alberta;
 - d) Alberta Human Rights Commission;
 - e) Protection for Persons in Care office; and/or
 - f) Alberta Health.
- 4.6 In most circumstances, the PCRPs should continue regardless of any review conducted by an external body.
- a) If there are questions if the PCRPs process should continue, the reviewer may consult with their leadership or other internal AHS support.

5. Conducting a review

- 5.1 The person responsible for the review shall be the staff, medical/midwifery staff or accountable leader with sufficient scope of responsibility to address the concern. The Patient Relations department may collaborate with this individual to facilitate the concern review.
- 5.2 The person responsible for the review of the concern shall:
- a) conduct the review in a timely and respectful manner for all individuals involved, and in compliance with applicable privacy legislation;
 - b) ensure that all aspects of the review outlined in this procedure are followed;
 - c) determine if there is a need to inform an accountable leader(s);
 - d) where applicable, determine the most relevant AHS person(s), department(s) and/or agency(-ies) to notify regarding the concern;
 - e) determine if there are other departments or programs involved and if so, confirm who will coordinate the review; and
 - f) if necessary, identify to the complainant a designated contact person who is responsible to:
 - (i) keep complainant informed throughout the review process regarding the status of their review;

- (ii) obtain information from the complainant as required;
- (iii) be available as a resource to provide information and respond to the complainant's questions.

5.3 The following shall occur during the review process, as appropriate or required in order to address the concern:

- a) the patient/complainant and individual(s) who are the subject of the concern are given an opportunity to present the full details of the concern, either verbally or in writing.
- b) review relevant **health records** (paper based or electronic);
- c) interview relevant staff, medical/midwifery staff;
- d) obtain appropriate consent(s) for release of information from the patient;
- e) determine if any policies or standards of care relate to the concern;
- f) determine, on an ongoing basis, whether the concern should be reported or communicated to a medical/midwifery/administrative leader or an internal department (e.g., Human Resources, Legal & Privacy, Communication, etc.) to address issues related to compensation requests, patient safety, breaches of privacy, media involvement, and/or other issues requiring notification; and
 - (i) For direction and reference of risk management see *Notification to an Emerging Issue Report*, *AHS Immediate Management of Clinical Adverse Events Procedure*; and *AHS Ongoing Management of Clinical Adverse Events Procedure*.
- g) determine, on an ongoing basis, whether the concern should be reported or communicated to an external body (e.g., Protection for Persons in Care office, Office of the Alberta Health Advocates, governing regulatory body, contracted service provider).
 - (i) As necessary, involve Legal & Privacy, Medical Affairs, and/or Provincial Midwifery Administrative Office.

6. Response to a Concern

6.1 A response to a concern, addressed through the PCRCP, is to be provided to a complainant and provide sufficient detail to suit the nature of the concern, including the following elements, where applicable:

- a) addresses each concern the complainant raised;
- b) identifies steps taken to review the concern(s);

- c) provides the outcome(s) and rationale for each decision made to address the concern(s); and
 - d) identifies the accountable decision maker by title.
- 6.2 Relevant AHS accountable leaders and/or medical/midwifery staff leaders shall be informed of the response to the concern(s) as required.
- 6.3 Individuals who are the subject of a concern shall be informed of the outcome of the review.

7. Escalation process

- 7.1 If the response to the concern does not **resolve** the concern, the complainant shall be advised of relevant options available to them for a further review such as:
- a) escalate the concern to the next level accountable leader who is to make further attempts to resolve the concern;
 - (i) as appropriate, continue to escalate through the levels of Zone or program leadership.
 - b) referral of the complainant to the Patient Relations Department;
 - (i) the Patient Relations Department may assume facilitation of the review process.
 - c) the final level of escalation within AHS is to the Patient Concerns Officer through the Patient Relations Department; and
 - d) external bodies who may be able to assist (see Section 4.5 of this document).
- 7.2 When the responsibility for concern review is transferred between departments or accountable leaders, the person facilitating the review shall inform the complainant.
- 7.3 If a concern is escalated to the Patient Concerns Officer, the Patient Concerns Officer shall attempt to address the concern(s) and shall provide the complainant a letter of closure.
- a) The letter of closure shall include a referral to the Alberta Ombudsman.

8. Documentation

- 8.1 Each staff and medical/midwifery staff involved in a review shall document their portion of the review and retain this documentation separate from the clinical records of the patient. These files are to be retained in accordance with AHS *Records Management Policy* and procedures and *Records Retention Schedule*.

8.2 If a concern relates to or impacts the patient's care or safety, documentation is also required on the clinical record of the patient and must include a description of the concern, notifications, and clinical follow-up including suggested or implemented actions.

9. Discontinuation of concern reviews

9.1 The Patient Concerns Officer at any time throughout the PCRCP may discontinue a concerns review if the Patient Concerns Officer is satisfied of:

- a) anonymous complaint where:
 - (i) there is not sufficient information on which to conduct a fair review of the matter, such as, but not limited to:
 - inability to identify required health record for review;
 - inability to establish necessary details of the concern such as facility, location, time, program; and/or
 - inability to conduct a fair review while maintaining patient and/or complainant's anonymity.
 - (ii) the delay in making complaint where:
 - (i) the complainant had knowledge of the subject matter of the complaint more than two (2) years before making the complaint or if it is regarding continued conduct of which the last instance was more than two (2) years previous; and
 - (ii) the delay in making the complaint is likely to impede the ability to conduct a fair review of the matter, such as, including but not limited to:
 - witnesses not able to recall event in sufficient detail and the event is not documented on the health record;
 - staff involved are no longer accessible; and/or
 - process has changed significantly such that current practice already addresses the concern.
- b) delay in making complaint where:
 - (i) the complainant had knowledge of the subject matter of the complaint more than two (2) years before making the complaint or if it is regarding continued conduct of which the last instance was more than two (2) years previous; and
 - (ii) the delay in making the complaint is likely to impede the ability to conduct a fair review of the matter, such as, including but not limited to:
 - witnesses not able to recall event in sufficient detail and the event is not documented on the health record;
 - staff involved are no longer accessible; and/or
 - process has changed significantly such that current practice already addresses the concern.
- c) determining the concern to be frivolous or vexatious.

9.2 If the concern is discontinued for any reasons outlined in Section 9.1 of this document, the Patient Concerns Officer shall advise the complainant of the following in writing:

- a) the decision to discontinue the review into the concern;

- b) the rationale for the decision; and
- c) the contact information for the Alberta Ombudsman.

DEFINITIONS

Accountable Leader means the individual who has ultimate accountability to ensure consideration and completion of the listed steps in the management of the *Patient Concerns Resolution Process Policy and Procedure*. Responsibility for some or all of the components of management may be delegated to the appropriate level responsible administrative leader, but accountability remains at the senior level.

Acknowledgement means that the complainant is advised that the concern has been received. This may be done in person, by phone or in writing.

Alternate decision maker means a person who is authorized to make decisions with or on behalf of the patient. These may include, specific decision-maker, a minor's legal representative, a guardian, a 'nearest relative' in accordance with the *Mental Health Act* (Alberta), an agent in accordance with a Personal Directive, or a person designated in accordance with the *Human Tissue and Organ Donation Act* (Alberta).

Complainant means a person who brings forward a concern. This may be a patient or someone acting on behalf of, or in the interest of, a patient, who is either living or deceased.

Concern means a written or verbal expression of dissatisfaction that may be related to:

- the provision of goods and services to a patient,
- a failure or refusal to provide goods and services to a patient,
- terms and conditions under which goods and services are provided to the patient,

by Alberta Health Services or by a service provider under the direction, control or authority of Alberta Health Services. It may also include dissatisfaction with professional practice and/or an allegation of unprofessional conduct. The concern may be clinical or non-clinical and may be directed at any member of the organization or the organization as a whole. The concern may also include the dissatisfaction with an Alberta Health Services owned or operated facility.

Health record means the collection of all records documenting individually identifying health information and support information, within Alberta Health Services custodial care, in relation to the provision of health services to a single person.

Medical Staff means physicians, dentists, oral and maxillofacial surgeons, podiatrists, or scientist leaders who have an Alberta Health Services medical staff appointment.

Midwifery staff means registered midwife who have an Alberta Health Services Midwifery appointment.

Medical administrative leader means those medical staff with a medical staff appointment who have a formal leadership role within Alberta Health Services.

Patient means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients and outpatients.

Patient Relations Department means the department of Alberta Health Services, led by the Patient Concerns Officer and Executive Director, who facilitates the Patient Concerns Resolution Process as guided by the *Patient Concerns Resolution Process Regulation* (Alberta) and supports patients and staff/management/medical staff involved in the process.

Resolution means, for the purpose of this policy suite, the point at which the *Patient Concerns Resolution Process Policy* and Procedure is concluded after all reasonable efforts to resolve the complainant's concern have been made. Complainant may be satisfied with both, either or neither the process and outcome.

Staff means all Alberta Health Services employees, midwifery staff, students, and other persons acting on behalf of or in conjunction with Alberta Health Services.

REFERENCES

- Alberta Health Services Governance Documents:
 - *Collection, Access, Use and Disclosure of Information Policy* (#1112)
 - *Immediate Management of Clinical Adverse Events Procedure* (#PS-95-02)
 - *Medical Staff Bylaws and Rules*
 - *Midwifery Staff Bylaws and Rules*
 - *Ongoing Management of Clinical Adverse Events Procedure* (#PS-95-03)
 - *Patient Concerns Resolution Policy* (#PRR-02)
 - *Recognizing and Responding to Hazards, Close Calls, and Clinical Adverse Events Policy* (#PS-95)
 - *Records Management Policy* (#1133)
 - *Records Retention Schedule* (#1133-01)
- AHS non-governance documents
 - *Notification to an Emerging Issue Report*
- Non-Alberta Health Services Documents:
 - *Health Information Act* (Alberta)
 - *Freedom of Information and Protection of Privacy Act* (Alberta)
 - *Patient Concerns Resolution Process Regulation* (Alberta)
 - *Protection of Persons in Care Act* (Alberta)

VERSION HISTORY

Date	Action Taken
December 03, 2018	Revised