

## AK0100- Client Complaint Management

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Däkelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, syilx, and Tsilhqot'in Nations, where we live, learn, collaborate and work together.

Interior Health recognizes that diversity in the workplace shapes values, attitudes, expectations, perception of self and others and in turn impacts behaviors in the workplace. The dimensions of a diverse workplace includes the protected characteristics under the human rights code of: race, color, ancestry, place of origin, political belief, religion, marital status, family status, physical disability, mental disability, sex, sexual orientation, gender identity or expression, age, criminal or summary conviction unrelated to employment.

### 1.0 PURPOSE

To ensure consistency, based on stated principles, in managing all Client Care Concerns related to care and service delivery.

### 2.0 DEFINITIONS

TERM	DEFINITION
<b>Client</b>	<p><i>Includes patients and persons in care in Interior Health facilities and programs.</i></p> <p><i>Within this policy, Client may also refer to:</i></p> <ol style="list-style-type: none"> <li><i>The person who has been authorized under the common law or an enactment to make health care decisions in respect of that individual, the person having that authority, or</i></li> <li><i>A person acting on behalf of the client with the express consent of the client.</i></li> </ol>
<b>Care Concern</b>	<p><i>(a) sharing a concern respecting one or more of the following:</i></p> <ol style="list-style-type: none"> <li><i>the delivery of, or the failure to deliver, health care;</i></li> <li><i>the quality of health care delivered;</i></li> <li><i>the delivery of, or the failure to deliver, a service relating to health care;</i></li> <li><i>the quality of any service relating to health care, and</i></li> </ol> <p><i>(b) made by or on behalf of the individual to whom the health care or service was delivered or not delivered;</i></p>

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<b>External Care Concern</b>	<p><i>means a care quality concern, submitted to the Patient Care Quality Office (PCQO), that:</i></p> <ul style="list-style-type: none"> <li>(a) <i>the PCQO determines</i> <ul style="list-style-type: none"> <li><i>I. relates to another health authority, or</i></li> <li><i>II. should be processed by another entity,</i></li> </ul> </li> <li>(b) <i>the minister, under section 6 of the Patient Care Quality Review Board Act, directs is to be referred to another entity, or</i></li> <li>(c) <i>is included in this definition by regulation of the minister.</i></li> </ul>
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### 3.0 POLICY

Interior Health (IH) is committed to addressing Care Concerns in a clear, consistent, timely and transparent manner to address individual Client needs. IH will monitor trends and take necessary corrective action to improve services and prevent reoccurrence.

Patient Care Quality Care Concerns are best addressed and resolved at the time and place they occur. A concern related to quality of care is best discussed with the person/unit/program providing the service.

If resolution is not achieved at the service delivery level, the Client is to be referred to the Patient Care Quality Office (PCQO) who will acknowledge the feedback and conduct a comprehensive review of the concern. The Patient Care Quality and Safety Consultant will engage with the appropriate partners to review the Client's concerns in efforts to provide meaningful resolution.

As per the *Patient Care Review Board Act*, Care Concern reviews are to be completed and a response provided within 40 business days. The Consultant will work with operational and medical staff leaders to adhere to the legislated timelines.

PCQO Care Concerns will be managed using the principles set out in [Appendix A](#).

Appropriate measures including adherence to the *Freedom of Information and Protection of Privacy Act* will be taken to protect the confidentiality of the Client.

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Clients have the right to escalate their concerns to the Patient Care Quality Review Board, when a resolution has not been achieved to their satisfaction through the PCQO process.

### 3.1 Performance Monitoring

Care Concerns that are referred to the PCQO will be monitored by Patient Safety on an ongoing basis for the following criteria. This list is not exhaustive and is subject to direction from government.

- Number of Care Concerns by sector, subsector and subject
- Number of Indigenous Care Concerns
- Response time to acknowledge the concern, complete reviews, provide feedback to the Client on review findings
- Resolutions of concerns by outcome
- Number of quality issues identified during the PCQO process
- Number of quality issues acted upon
- Number of External Care Concerns

### 4.0 PROCEDURES

[See Appendix B](#)

[See Appendix C](#)

### 5.0 REFERENCES

1. *British Columbia Patient Care Quality Review Board Act*

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### APPENDIX A: PRINCIPLES FOR MANAGING CLIENT CONCERNS

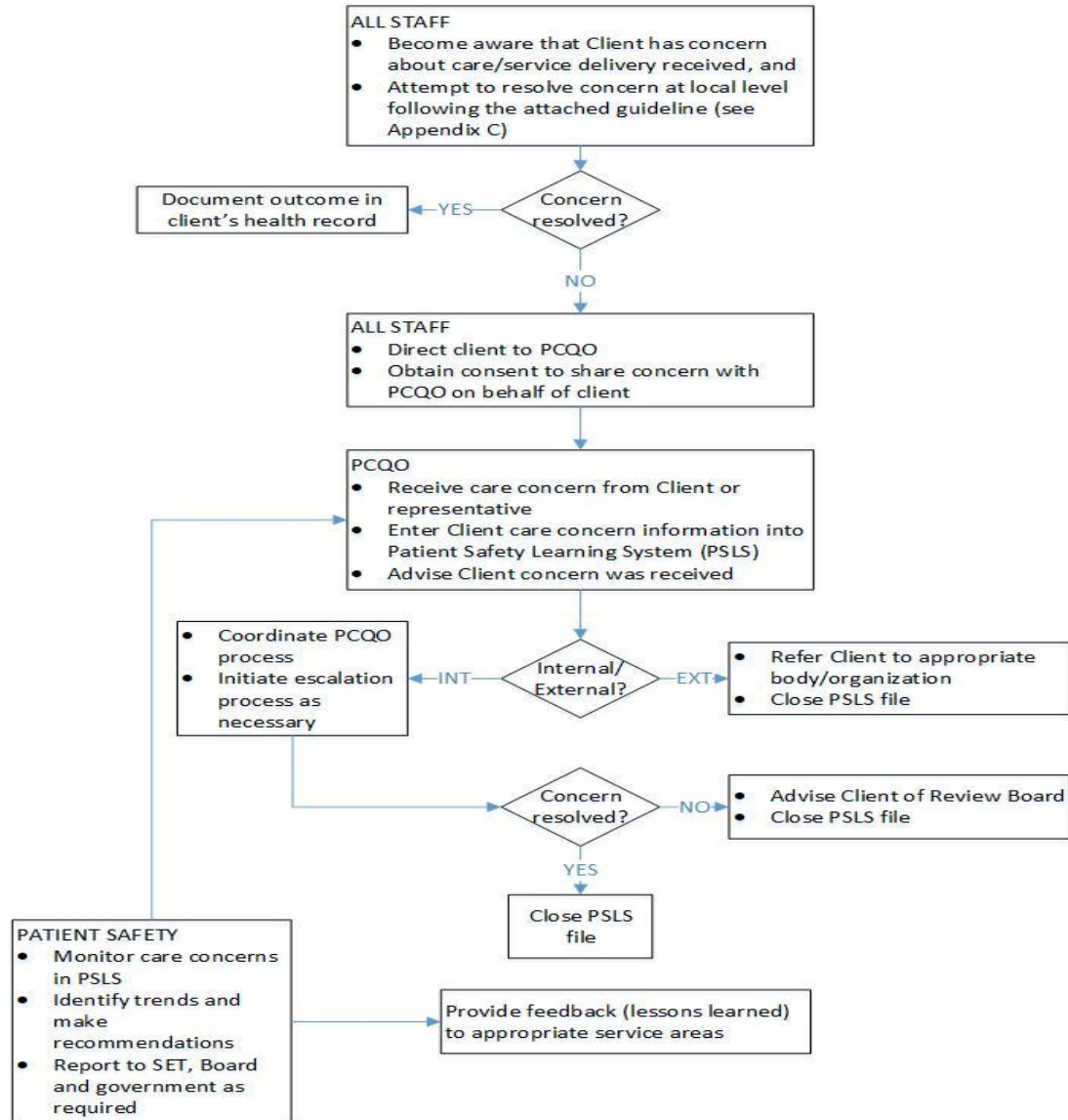
When a Client or their personal representative (or a contracted service provider) raises a concern about care/service delivery decisions, the concern should be reviewed against the following principles.

	Principle	Standard
1.	Consistency	Policies and procedures are applied consistently to all individuals.
2.	Absence of Bias	Decisions are based on the organization's vision, mission and policy statements and not on personal preferences or bias.
3.	Ethics	Decisions and decision processes reflect ethical standards.
4.	Cultural Sensitivity	A respectful, trusting, responsible partnership with individuals that is responsive to cultural differences.
5.	Recognition and Respect	Individuals are afforded personal recognition, dignity and respect. Individual privacy is protected at all times.
6.	Provision of information	Individuals are provided explanation/criteria/rationale for decisions that affect them, in a direct and timely manner and in a manner, which can be understood by the individual.
7.	Ability To Be Heard	Individuals are able to respond to decisions and voice their opinions and concerns. Information provided by individuals is given due consideration.
8.	Access to independent review procedures.	Information on how to access the review process is publicly available. Information on how to access the review process is made available to the client at the time the response is communicated to them.
9.	Availability	There is a clear, easy, accessible route for Clients to express their concerns.
10.	Openness and Transparency	When unknown/unreported adverse events are found in relation to a Client's care the Client will be informed as per the Interior Health AK0400 Guideline 1.3 Disclosure of Harm and/or any other legislated requirement. Adverse events will be managed as per AK0400 (Recognizing and Responding to Hazards, Near Misses and Adverse Events)

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### APPENDIX B: COMPLAINT MANAGEMENT PROCEDURE



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### APPENDIX C: INITIAL CONCERN RESOLUTION GUIDELINES

#### Staff Member Becoming Aware of Client Concern

Attempt to resolve the concern at the point of care (refer to Principles for Managing Concerns – [Appendix A](#)) by:

1. Gathering sufficient information from Client to clarify concern,
2. Discussing Client concern with appropriate manager, administrator, and physician department head,
3. Assisting in review of concern (if necessary)
4. Communicating response to Client,
5. Documenting review, actions taken, and outcomes on the Client's health record, and
6. If concern has not been satisfactorily resolved advise Client of the process to escalate the concern to PCQO.

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