

Policy and Procedure

Title:	Patient Feedback Process <i>(Formerly: Complaints and Compliments)</i>
Policy Number:	01.008
Effective Date:	January 20, 1998
Revised Date:	September 12, 2014
Approving Body:	President and CEO
Authority:	CancerCare Manitoba Act
Responsible Officer:	President and CEO
Delegate:	Chief Medical Officer
Contact:	Patient Representative Office
Applicable to:	CCMB Staff and Physicians

1.0 **BACKGROUND:**

- 1.1 CancerCare Manitoba is committed to a balanced patient, family and community centered focus where care is delivered with compassion and sensitivity, in an open and trusting manner. Feedback from patients and families is critical to both improving care and building trust within the community served by the organization.

2.0 **PURPOSE:**

- 2.1 To provide a process to identify, register, document and address patient and family feedback, including but not limited to concerns, compliments, or suggestions, in a timely and effective manner.
- 2.2 To ensure clarity and consistency of communication in the following areas:
- 2.2.1 Consistent follow-up of patient's concerns;
 - 2.2.2 Demonstrable actions taken to prevent reoccurrence;
 - 2.2.3 Supportive documentation;
 - 2.2.4 Recognition of staff excellence; and
 - 2.2.5 Periodic reviews to identify trends for further quality improvement action.

3.0 **DEFINITIONS:**

- 3.1 **Contact Person:** A patient, family member or community member who initiates a contact with CancerCare Manitoba for the purpose of communicating concerns or compliments.
- 3.2 **Patient Representative:** A person employed at CancerCare Manitoba who will receive patient feedback and make reasonable attempts to resolve health care complaints.
- 3.3 **Employee:** All persons employed at CancerCare Manitoba including members of

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the medical staff, volunteers, board members, students, and independent contractors.

4.0 **POLICY:**

- 4.1 CancerCare Manitoba will provide a process for patients and their families to register feedback including concerns, compliments or suggestions regarding any aspect of care or services.

5.0 **PROCEDURE:**

- 5.1 An employee to whom a concern or compliment is being expressed is to inform their Manager or Department Head and/or the Patient Representative and provide the patient, family, or community member with appropriate contact information.
- 5.2 If the concern or compliment is initially made by telephone or email, the Patient Representative will be in contact with this individual within a 48-hour period. The form of this contact will depend on how the information was provided to the Patient Representative Office. For example, if contacted initially by e-mail, the Patient Representative may choose to communicate with the Contact Person via return e-mail.
- 5.3 Compliments will be documented by the Patient Representative and communicated in writing to the employee and their Department Head.
- 5.4 The Patient Representative will interview the Contact Person to establish the facts of their concern.
- 5.5 The Patient Representative will initiate dialogue with appropriate organizational personnel related to the concern to gather information.
- 5.6 If appropriate, a concern or complaint about a member of the medical staff will be dealt with in accordance with the CCMB Medical Staff By-Law.
- 5.7 The Patient Representative will work with the Contact Person (and/or others involved in the situation) to mediate the issues in an attempt to mitigate the concern.
- 5.8 Those concerns outside of the Patient Representative's level of expertise will be referred to the appropriate resources, internal or external to the CancerCare Manitoba organization.
- 5.9 The Manager, Department Head or Patient Representative will use their judgement and discretion to notify the appropriate Executive staff regarding significant issues.
- 5.10 A concern or complaint that is also deemed to be a Critical Incident will be managed as both a complaint and a Critical Incident as identified in the *CCMB*

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Critical Incident Disclosure Policy 02.004.

- 5.11 Those concerns related to other Regional Health Authorities will be directed to the Patient Representative, Relations Officer or Quality Improvement staff at the identified facility.
- 5.12 Most cases will be resolved within a two-week period. Those cases requiring ongoing intervention will remain active as required. If possible, identified feedback dates will be agreed upon between the Contact Person and the Patient Representative.
- 5.13 A monthly database of all contacts will be maintained by the Patient Representative Office but will not form part of the health record.
- 5.14 The monthly databases will be reviewed on a quarterly basis (or as deemed practicable) by the Vice President and Chief Officer, Patient Services, in conjunction with the Patient Representative(s) to develop a report and identify trends for further quality improvement action.
- 5.15 An annual report will be generated for review and discussion by the CancerCare Manitoba Board of Directors.

6.0 REFERENCES:

- 6.1 Critical Incident Disclosure, CCMB Policy 02.004, December 1, 2011.
- 6.2 Critical Incident, Reporting and Management, CCMB Policy 02.003, December 1, 2011.
- 6.3 CancerCare Manitoba Medical Staff By-Law.
- 6.4 Complaint Management and Reporting – Health Care Experience, WRHA Policy 10.50.010, December 2013.

Policy Contact:	
All enquiries relating to this policy should be directed to:	
Name:	
Title/Position:	CCMB Patient Representatives
Phone:	204-787-2065 (McDermot site) 204-235-3445 (St. Boniface site)
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Address: (if required):	

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DOCUMENTATION

Policy Location:

This policy is located (hard and e-copy formats):

1. The original signed and approved policy is on file in the Executive Office, CCMB
2. The e-copy is on file in the CCMB Governing Documents Library, SharePoint
- 3.

Revision History:

Date	Version	Status	Author	Summary of Changes
dd/mm/yyyy	#	Initial, Draft Final Minor/Major revision		
20/01/1998	1	Initial		
03/04/2011	2	Minor Revision	H Wiens	
12/09/2014	3	Minor Revision	Pt Reps Policy Team	Minor revisions made
28/03/2018	3	Minor revision	S.Friedenberger	Reformatted to new template

Approvals Record:

This Policy requires approval by:

Approval	Date	Name / Title	Signature
		Not required.	

FINAL APPROVAL:

Date	Name / Title	Signature
Dec 5/14	Dr. S. Navaratnam President and CEO, CCMB	Original signed by Dr. S. Navaratnam