

<b>Manual:</b> Organizational - OG <b>Section:</b>	<b>NAME:</b> OG-118.0 Patient-Client Relations Policy
<b>Original Date:</b> July 10, 2022 <b>Revision Date:</b> July 10, 2022	<b>Approved Date:</b> July 11, 2022 <b>Next Review Date:</b> July 11, 2025

## Policy Statement

- 1) The Grand Bend Area Community Health Centre (GBACHC) provides a high standard of care to all patients/clients through best practices.
- 2) As a component of person-centered care, GBACHC staff value patient/client feedback, and when appropriate, take action to ensure quality improvement.
- 3) A patient/client complaint represents a concern or level of dissatisfaction with the standard of care. A complaint can be given verbally or in writing to any member of the GBACHC staff.
- 4) Patient/Client complaints are managed confidentially and without victimizing the complainant, ensuring there are no reprisals.
- 5) Patient/Client care is protected and not affected by the existence of a complaint.
- 6) Patient/Client Relations information is available on the GBACHC website, in a brochure (Appendix A), a poster (Appendix B), and in Appendix C: Patient/Client Feedback Form.

## Procedure

- 1) Any staff member who receives a patient/client complaint shall strive to resolve it to the patient/client's satisfaction immediately and informally using active listening, respect, and compassion.
  - a) The informal verbal complaint shall be recorded on the Information Verbal Patient/Client Complaint Log form located at <https://forms.office.com/r/ft262Gysun> by the staff member(s) who received it, including the following details:
    - i) Date of the complaint
    - ii) The staff member(s) who received the complaint

- iii) Complaint description
  - iv) Verification if the complaint was resolved and in what manner
  - v) If the complaint was not resolved, the further action required
- b) The Information Verbal Patient/Client Complaint Log form recipient shall notify the applicable director or manager about the informal verbal complaint.
  - c) Department managers and directors shall monitor verbal informal complaints log to identify trends and opportunities for quality improvement. A summary report shall be sent quarterly to the QUR committee.
- 2) If a patient/client wants to register a written formal complaint, the staff member shall provide them with Appendix C: Patient/Client Relations Feedback Form.
- a) Written formal complaints may be given in person, by email, or by telephone.
  - b) The staff member receiving the complaint shall provide the written formal complaint within 48 business hours to the manager or director of the applicable department(s).
  - c) The manager(s) and/or director(s) shall investigate the complaint and work with the patient/client and applicable staff to resolve it within three business days.
  - d) If a complaint cannot be resolved to the patient/client's satisfaction, the CEO shall review it and work with the applicable staff to determine the next course of action, including a written response to the patient/client.
  - e) If a complaint is deemed to put the GBACHC at reputational or financial risk, the CEO shall notify the Board Chair within 24 business hours. The Board Chair and CEO shall develop an action plan to address the complaint and mitigate the risk.
  - f) Formal written complaints shall be reported quarterly to the QUR committee.
- 3) Patients/Clients have the right to contact the Ontario Ombudsman at 1-800-263-1830 or <https://www.ombudsman.on.ca/home> to request an external review if they believe the complaint process was not fair.

# Appendix A: Patient/Client Relations Brochure

A printable version is available in the GBACHC Forms Repository.

## Guiding Principals

- Feedback is treated in confidence in order to uphold the privacy of patients/clients, family, visitors, and staff.
- Concerns are acknowledged within two business days.
- Constructive feedback will be used for quality improvements.
- Concerns are treated with courtesy and respect that is extended to anyone providing feedback.

## Contact Us

519-238-2362 ext 283

clientrelations@gbchc.com

**GBACHC Grand Bend Site**  
69 Main Street East  
Grand Bend, ON N0M 1T0

**GBACHC Hensall Site**  
122 King Street Box 159  
Hensall, ON N0M 1X0

## Follow-Up Questions

- Which site and service is this comment directed at?
- What is the expected outcome of this feedback?
- If speaking on behalf of a patient/client as a third party, have they been informed about contacting the GBACHC?

**Concerns and feedback may need to be submitted in writing.**

## Patient Rights and Responsibilities

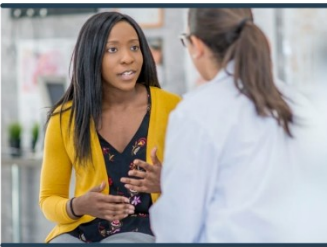
The Grand Bend Area Community Health Centre (GBACHC) believes in and encourages a partnership between patients/clients and their healthcare providers.

**For more information, please visit:**  
[gbachc.ca/patient-rights-and-responsibilities](http://gbachc.ca/patient-rights-and-responsibilities)



## Patient/Client Relations

### Voicing concerns and providing feedback



## When Voicing a Concern

Staff work to continuously improve the patient/client experience. Listening to concerns is one source of information staff use to make improvements.

Concerns are only shared with staff members who have accountability for addressing patient/client concerns. Voicing a concern will not impact the patient's/client's service eligibility.

Patient/Client privacy and confidentiality is held in the highest regard and is protected by law and GBACHC policy.

## When Sharing Feedback

Physicians, nurse practitioners, or a medical office assistant are often in the best position to respond to patient/client feedback. They can also answer questions about GBACHC services and policies.

All respectful forms of feedback are welcome from patients/clients. Constructive criticism helps staff reflect on their practice and compliments help confirm good service.

*"...exceptional staff, virtual appointments, easy appointment setting, they do everything professionally and with kindness."*  
2020 Client Satisfaction Survey Respondent

## Feedback Benefits All

**Concerns Addressed:** Concerns are investigated and reviewed. Management, physicians and staff are made aware of issues, and address and resolve concerns respectfully.

**Questions Answered:** The GBACHC provides responses to questions relating to services, policies and procedures, and advises staff about frequently asked questions.

**Communication Facilitated:** Patients/Clients, family, care givers and members of the health care team work together to communicate more effectively.

**Accessibility Improved:** Patients/Clients who require accessible services are guided through the GBACHC while staff observe to understand how to make services more accessible.

**Suggestions Implemented:** Suggestions help improve the policies and procedures that GBACHC staff follow.

**Compliments Received:** Staff are always happy to hear that their work is appreciated and what has contributed to a good patient/client visit.

### Community Advisory Council (CAC)

The CAC is a partnership of patients/clients, caregivers, healthcare providers, and community members. The CAC serves in an advisory role making recommendations on matters influencing patients/clients and program participants. The Ontario Declaration of Patient Values guides the CAC's advice to the GBACHC.



## Appendix B: Patient/Client Relations Poster

A printable version is available in the GBACHC Forms Repository.

### Patient/Client Feedback Benefits All

*Concerns Addressed | Questions Answered*

*Communication Facilitated | Accessibility Improved*

*Suggestions Implemented | Compliments Received*



We aim to provide a high standard of care, and value your feedback.

**Feedback can be a compliment or a complaint.**

In the event of a complaint, your care is protected and not affected.

For more information, please contact

#### **Patient/Client Relations**

519-238-2362 x283

[clientrelations@gbchc.com](mailto:clientrelations@gbchc.com)

<https://gbachc.ca/patient-care/responsibilities-satisfaction>



Grand Bend Area  
Community Health Centre

Appendix C: Patient/Client Relations Feedback Form

A printable version is available in the GBACHC Forms Repository.



Patient/Client Relations  
Feedback Form

The Grand Bend Area Community Health Centre (GBACHC) aims to provide a high standard of care, and values feedback on the care patients/clients receive.

Feedback may take the form of a compliment or a complaint.

In the event of a complaint, patient/client care is protected and not affected by the existence of a complaint.

When an informal verbal complaint does not satisfy a patient/client's concern, they are encouraged to submit a formal written complaint. A department director or manager will respond to a formal written complaint within three business days.

Patients/Clients have the right to contact the Ontario Ombudsman at 1-800-263-1830 or <https://www.ombudsman.on.ca/home> to request an external review if they believe the complaint process was not fair.

Personal health information (PHI) collected will only be used for feedback tracking, communicating, and analyzing trends. Information is collected following section 33 of the Freedom of Information and Protection of Privacy Act and under the authority of sections 20(b) of the Health Information Act (HIA) for the purpose of administering patient/client complaints and feedback. For more information about the collection, use, or disclosure of PHI, contact Heather Klopp, Privacy Officer, at 519-238-2362 x228 or email [hklopp@gbchc.com](mailto:hklopp@gbchc.com).

First Name	Last Name	Patient/Client Name
Daytime Phone Number	Email Address	Feedback Type: <input type="checkbox"/> Compliment <input type="checkbox"/> Suggestion <input type="checkbox"/> Complaint
Select the option that best describes you: <input type="checkbox"/> Patient/Client <input type="checkbox"/> Patient/Client's family member <input type="checkbox"/> Patient/Client's friend <input type="checkbox"/> Patient/Client's caregiver <input type="checkbox"/> Visitor or member of the public		Feedback Comments:



Patient/Client Relations  
Feedback Form

OFFICE USE

Form Received By (please print name)	Form Received Date
Action Taken and Completed Date	Further Action Required
<input type="checkbox"/> Form sent to applicable Manager(s) and/or Director(s)	
Manager/Director Comments	
Manager/Director Name(s)	Manager/Director Signature(s)
<input type="checkbox"/> Form sent to Chief Executive Officer (CEO) <input type="checkbox"/> Response sent to patient/client on (date) _____	
CEO Comments	CEO Signature
<input type="checkbox"/> Copy sent to QUR	Date Sent: