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| <b>Policy</b>   | 7B-1 Patient Relations: Management of Complaints and Compliments          |
| <b>Manual</b>   | Administrative Manual   |
| <b>Author</b>   | Director, Corporate Communications, Transformation and Patient Experience |
| <b>Approved by</b>  | Executive Advisory Committee  |
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| This is a CONTROLLED document. Any documents appearing in PAPER FORM should be checked against the electronic document in the respective manuals. |   |

## POLICY STATEMENT

This policy will provide the structure and guidance to ensure an effective patient relations process for receiving, reviewing compliments and resolving complaints from patients, family members and partners in care in a timely and professional manner. Information specific to Runnymede Healthcare Centre's (the Hospital) process is made available to the public, in accordance with the *Excellent Care for All Act* (the "ECFAA") (*Appendix A*), Regulation 188/15 (*Appendix B*) and *Patient and Families Bill of Rights and Responsibilities* (*Appendix C*). Management of patient and family member complaints is a responsibility of all staff.

## POLICY

The objectives of this policy are as follows:

- *To provide a process for receiving, reviewing and attempting to resolve complaints from patients and their family members in a timely manner.*
- *To engage patients and their family members in designing and reviewing and maintaining the processes around compliments and complaints as outlined in the procedure of this document.*
- *To guide practices around recording, monitoring and analyzing data relating to patient and family member complaints.*
- *To provide a standard approach to complaints handling including the establishment of performance indicators to monitor compliance.*
- *To ensure all staff are aware of their responsibilities and are empowered and supported to manage complaints.*

## **DEFINITION(S)**

### **Complaint/Concern:**

A complaint/concern is an expression of dissatisfaction with any aspect of the services or care provided by an individual, department or organization.

### **Compliment:**

A compliment is an expression of satisfaction with any aspect of the services or care provided by an individual, department or organization.

### **Pre-emptive or “Heads-up”**

Information relating to a complaint/concern that may be forthcoming. Pre-emptive/“Heads-Up” does not follow the formal complaints management process.

### **Suggestion:**

An idea or plan put forward for consideration. Suggestions do not follow the formal complaints management process.

### **Point of Care/Service (POS):**

Where the complaint has originated or where the interaction first occurs. It is the connection between the service provider and the patient/family member/partner in care. This is where the complaint is expected to be resolved, whenever possible, in keeping with the Hospital’s mission statement.

### **Patient**

With respect to a patient complaint, includes a former patient and a person who has or had the authority to consent to treatment on behalf of a patient or former patient in accordance with the *Health Care Consent Act, 1996*.

### **Complainant**

The individual(s) filing a complaint.

## PROCEDURE(S)

### Procedure for Receiving Compliments:

1. Compliments will be acknowledged by staff upon receipt. All compliments should be forwarded directly to the Patient Relations department.
2. The compliment will be documented and shared with the identified teams or person(s)/manager/director/executive to share with the individual(s). A copy will be sent to Human Resources for filing of compliment letters for individuals where appropriate.
3. Compliments may be posted publically on communication boards and screens and shared with the Foundation and/or Communications with the written consent of the sender obtained prior.

### Procedure for Receiving Complaints

It is important to note that it is the responsibility of all staff at all levels to help manage and resolve patient concerns and complaints at the POS. Not all complaints will require involvement of the Patient Relations department/process, and all reasonable attempts should be made to resolve the patient complaint at the POS prior to escalation to Patient Relations.

As part of complaint management at POS, Patient Relations may also be involved in/lead the investigation and resolution of any complaint at the request of either the complainant, or the unit/department manager/lead.

#### A) Point of Care/Service Complaints:

When a complaint is received on the unit or within a department, an attempt should be made to resolve the complaint immediately if possible within one (1) business day, involving the department manager, supervisor or delegate where appropriate. Ideally, most complaints will be dealt with directly and quickly at the point of care/service where the issue arises. Escalation of complaints may be avoided where staff has clear authorization to resolve complaints at first contact. Please refer to *Appendix D, Patient and Family Feedback Decision Tree* for more details on the POS complaint management process.

If the complaint is resolved without issue, then the matter is deemed concluded. It is the responsibility of the unit/department manager, supervisor or delegate to track and trend all complaints received and resolved on their units/department.

Complaints should be referred to the department unit/manager, supervisor or delegate and captured using the *iCARE Experience Record Form* if they:

- Require action that is outside of the scope and responsibility of the staff at the point of service
- Involve complex medical issues or a number of different staff

- Require escalation or reporting to an external body or under any other Hospital policy
- Imply potential serious consequences, for example:
  - discussion of involving supervisor, manager or Patient Relations
  - a health and safety incident requiring reporting
  - mention of media or legal involvement or action
  - risk to hospital reputation/public trust
  - financial implications

Complaints are referred to the next level of management when the matter is outside delegation or is unresolved.

The escalation process proceeds as follows:

1. Department Manager/Supervisor or Delegate
2. Department Director
3. Patient Relations
4. Manager/Director Patient Relations, as appropriate

If the patient/family member or partner in care will not speak with the Department Manager, they must be offered an alternative way to make their complaint, such as to the Patient Relations Office. The recipient of the complaint must then inform the patient/family member or partner in care of the course of action that will be taken.

## **B) Complaints Received at Reception**

All complaints received at the Hospital's main reception must be forwarded to the most appropriate department manager no later than one day for follow up. If the patient/family member or partner in care will not speak with the department manager, they must be offered an alternative way to make their complaint, such as to the Patient Relations Office. All complaints received in a phone call at reception must follow the same procedure.

## **C) Complaints Received by the Board, Chief Executive Officer (CEO), Vice President(s), Chief of Staff, and Communications**

Complaints received by the Board, Office of the President and Chief Executive Officer (CEO), Chief of Staff and Medical Affairs, Communications, Vice Presidents and Chief of Staff will be forwarded to Patient Relations no later than one (1) business day for distribution to the most appropriate point of service manager/designate or physician to begin resolution process.

Patient Relations will acknowledge the complaint on behalf of the senior management team and begin the formal complaint process reporting back the complaint outcome to the

individual who originally received the complaint via the *My Experience at Runnymede Follow-Up Form*. Additional follow up may be required by the original receiver in collaboration with Patient Relations and the program(s) involved.

#### **D) Complaints Received in Patient Relations**

Complaints received by the Patient Relations department will be addressed through a standardized process, as outlined in the *Patient Relations: Complaint Management Framework (Appendix E)*, which describes the six (6) phases for complaint management and resolution.

Once received by Patient Relations, the complaint will be acknowledged within one (1) business day and consent from the patient/POA will be obtained to share the complaint for response/action. Patient Relations will complete an investigation of the event and document all information on the *My Experience at Runnymede Follow-Up Form*.

A copy of the letter/email/telephone call summary will be sent to the Point of Service Manager(s) with a copy to the Director(s) and Executive(s). It is the responsibility of the Manager/designate to collaborate with the Patient Relations department to resolve the issue within the timeframe determined and to identify opportunities for improvement.

#### **Internal Notification Procedure for Complaints Received in Patient Relations**

##### **A) Complaints Involving Staff and Volunteers**

When a complaint involves an employee or volunteer, details of the complaint are sent to the manager/director/executive to share with the individual(s) to ensure that the employee/volunteer named in the complaint is made aware of the investigation. Details of meetings or conversations are documented and forwarded to the Patient Relations office.

##### **B) Complaints Involving Privileged Staff (Physicians)**

When a complaint involves a physician (privileged staff) it is acknowledged within one (1) business day by Patient Relations and a copy or summary of the complaint is sent to the physician named and the Chief of Staff and Medical Affairs (and the Board and CEO if the Chief of Staff and Medical Affairs is named in the complaint).

The Chief of Staff and Medical Affairs or their delegate is responsible for reviewing all complaint alerts and notifying the President and CEO and Board of files requiring physician performance management.

##### **C) Complaints with Potential Quality/Risk Implications**

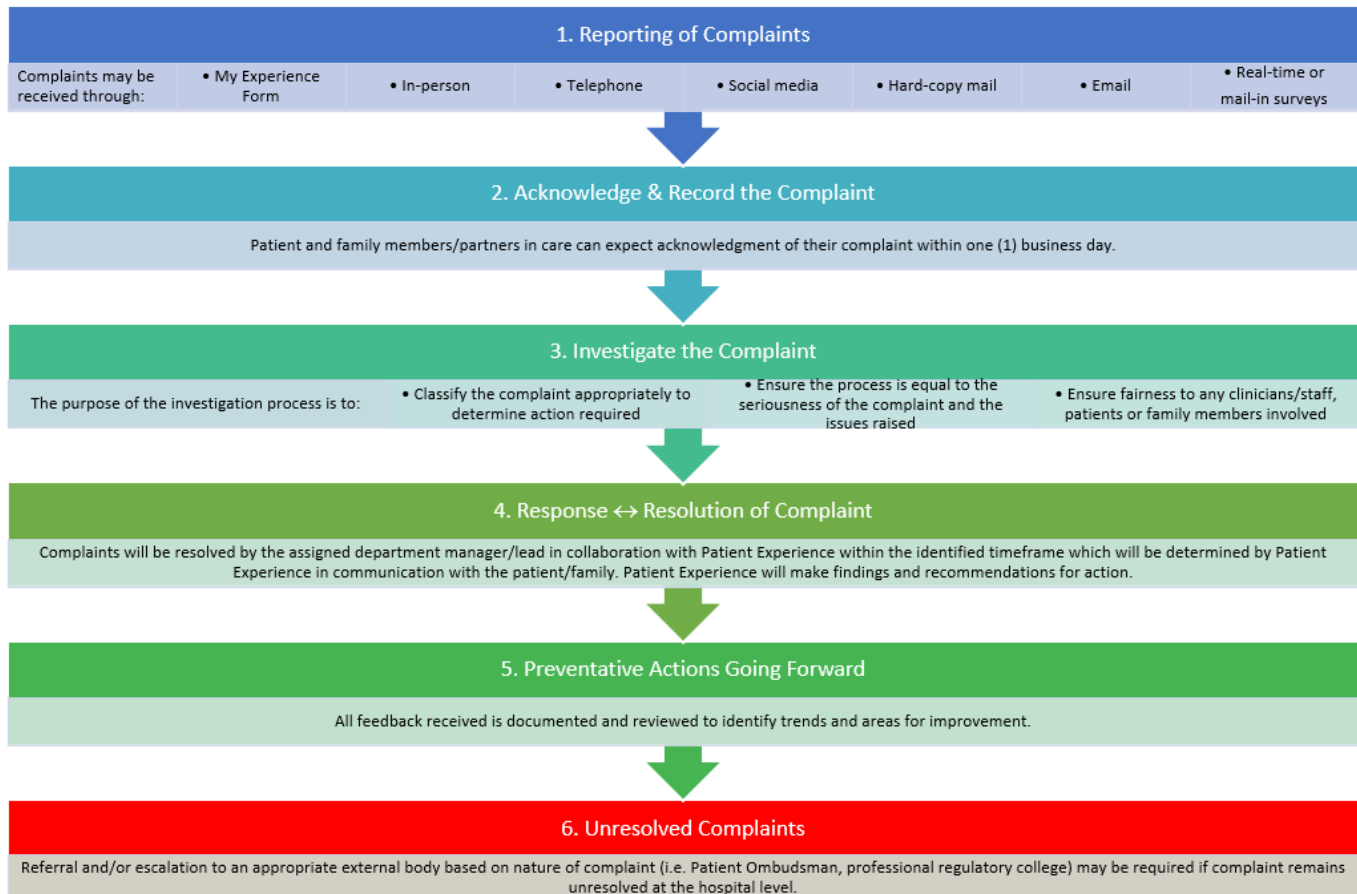
Patient Relations will advise Quality and Risk Management, Communications and the CEO of any concerns that may have the potential for legal action, ministry/political involvement or media interest.

##### **D) Complaints Requiring a Chart Review**

Patient Relations will advise the Director, Clinical Programs, Director, Quality and Risk of any quality of care cases that may require chart review.

## PATIENT RELATIONS COMPLAINT MANAGEMENT FRAMEWORK

Patients and families/partners in care can expect the following phases in resolving complaints:



### 1. Reporting of Complaints

Complaints may be received through the following channels:

- *My Experience at Runnymede* Form
- In-person
- Telephone (416-762-7316 ext. 2119)
- Social Media
- Hard-copy mail
- Email (patient.relations@runnymedehc.ca)
- Real time or mail-in surveys

### 2. Acknowledge and Record the Complaint

Patient and family members/partners in care can expect acknowledgment of their complaint within one (1) business day. The staff receiving the complaint or compliment or Patient Experience Specialist will record all details of the experience onto the *My Experience at Runnymede Follow-up* form. A reasonable timeline for resolution will be determined between Patient Relations and the complainant.

### **Anonymous Complaints**

Anonymous callers should be advised that an investigation is made more problematic if they do not divulge identities as this severely limits the Hospital's ability to obtain information. They should then be informed of confidentiality, as applied to the complaint management process, to encourage them to reveal their own identity and/or the patient's identity.

The patient/family member/partner in care needs to be informed:

- There will be disclosure of information to any respondents identified
- There is "nothing off the record" in information provided to the Hospital
- What will happen with the information given to the Hospital

As an assurance of absolute confidentiality cannot be given, the patient/family member/partner in care's wishes should ultimately be respected.

Anonymous written complaints may reveal the identity of the patient/family member/partner in care or it may be apparent from the complaint details. An inquiry may still be possible and may be warranted if the complaint raises public health and safety concerns or where external agencies may need to be notified.

### **Declining to Deal with a Complaint**

The hospital may decline to deal with a complaint if it is deemed to be:

- Vexatious or frivolous
- Outside jurisdiction of the hospital to resolve
- The subject matter of the complaint (or part) has been or is under investigation by some other competent person or body or has been or is the subject of legal proceedings

Care needs to be taken in addressing these complaints to ensure every effort is made to understand the information the patient/family member/partner in care is attempting to convey.

If a complaint has been declined, patient/family member/partner in care should be advised of the reasons for the decision as well as other agencies that may be able to assist them with their concerns.



### 3. Investigate the Complaint

The purpose of the investigation process is to:

- Classify the complaint appropriately to determine action required
- Ensure the process is equal to the seriousness of the complaint and the issues raised
- Ensure fairness to any clinicians/staff involved

*Point of contact/Patient Relations should:*

- Consider whether information needs to be secured
- Construct a chronology of events, particularly in complex matters
- Identify who may need to be interviewed and order in which interviews will be conducted
- Consider if an interpreter is required and following the identified procedure for accessing this service as per policy #7B-3 Interpreter Services
- Identify the applicable standards/procedures/policies and whether they were adhered to

A complex complaint may require extensive investigation, involve more than one program and require meetings with patient/family and other key stakeholders and may result in changes to Hospital policies or procedures.

#### Complaints Involving Privileged Staff (Physician)

Patient Relations will support the physician upon request to organize meetings, chart reviews, letter writing or in the management of complex concerns. Patient Relations will expedite the request to Health Records for scanning of patient charts where appropriate. It is the responsibility of the physician/privileged staff to:

- I. Follow up on the matter and provide a response to Patient Relations
- II. Provide input/assistance to resolve the issue if required, this may include contacting the patient/family directly
- III. Communicate with Patient Relations as to the progress or outcome

If a complaint is unresolved by the physician/privileged staff or if the patient/family member has specifically requested not to speak with the physician who provided care, the complaint will be escalated to the Chief of Staff and Medical Affairs or their delegate.

The Chief of Staff and Medical Affairs will:

- I. Ensure the Board and CEO's office are notified of Files requiring the physician performance management.



- II. Follow up with the patient/family member who filed the complaint.
- III. Provide input and assist to resolve the issue as required
- IV. Communicate with Patient Relations as to the outcome

#### 4. Response/Resolution

Complaints will be resolved by the assigned department manager/lead in collaboration with Patient Relations within the identified timeframe which will be determined by Patient Relations in communication with the patient/family.

Patient Relations will note findings and make recommendations for action on the *My Experience at Runnymede Follow-Up Form*. Action taken by the Hospital to resolve a complaint should be evidence based, address any system or process issues and be informed by the Hospital's *Patient Bill of Rights and Responsibilities*.

Options for appropriate action may include:

- Offering an apology note: this is not necessarily accepting blame or fault but is sometimes just about acknowledgment and validation of the patient/family member/partner in care's experience and their feelings
- Waiving fees
- Development or amendment of policy/procedure
- Training/education of staff or public
- Modification of the environment
- Requesting a formal review through the Quality and Safety department
- Ongoing monitoring of an issue, including who is responsible for monitoring
- No action required

The details of the complaint and recommendations for action will be documented on the *My Experience at Runnymede Follow-Up Form* and will be copied to the relevant Manager and to any parties to which the patient/family has given consent

Patient Relations in collaboration with department manager(s) will determine the most appropriate person to respond in cases where responses are required from more than one program or multiple individuals (e.g. nursing and finance).

Responses by phone or in-person are encouraged, however the patient/family/partner in care may request for emailed or written communication (mailed letter).

If the patient/family member/partner in care does not acknowledge the Hospital's attempts to contact them with the response, the file will be closed after the second attempt with notes added to the file documenting the dates, time and the name of the person who attempted contact.

## **Document/File Management**

The Patient Relations lead responsible for follow-up and complaint investigation will ensure that the *My Experience at Runnymede Follow-up* Form is kept up to date during the management of the complaint.

Copies of all letters, memos and documents related to the complaint and investigation should become part of the complaint file. File notes should also include a record the subject matter of telephone conversations and any other actions taken during the investigation and resolution of the complaint.

These files will be kept and maintained in accordance with the *Excellent Care for All Act*. Complaint records are not to be kept with the patient's health record.

## **Retention of Patient Relations Records and Privacy**

All records of patient feedback, including informal feedback and formal complaints, will be archived electronically within the hospital's patient relations files; patient and visitor complaints will be retained for a minimum of 10 years.

When a complaint investigation requires access to personal information including Personal Health Information (PHI), consent from the patient or patient's Power of Attorney (POA) is obtained and documented within the complaint file and the patient is informed on how PHI will be used. PHI is kept confidential and is only made available to those who are identified required in resolving the complaint.

Family members or partners in care requesting access to a patient's medical record or PHI in part of resolving a complaint must have authorization to do so in accordance with the Hospital's privacy policies and PHIPA.

## **5. Monitoring, Measurement and Preventative Actions Going Forward**

All feedback received is documented and reviewed to identify trends. The aggregated data is available to programs in order to assist in departmental Quality Improvement initiatives. High level insights are also shared twice annually with the Quality Committee of the Board.

Patient Relations will conduct quarterly reviews of complaint files to ensure that a fair, consistent and timely resolution was achieved.

## **Administration, Oversight and Process Delegate**

The Hospital has a designated Patient Relations office and ensures contact information is made available to the public in literature at the Hospital and on the Hospital's website.

Patient Relations  
Runnymede Healthcare Centre  
625 Runnymede Road  
Toronto, ON M6S 3A3

Phone: 416 762 7316 ext. 2119  
Email: [patient.relations@runnymedehc.ca](mailto:patient.relations@runnymedehc.ca)

The Patient Relations office is responsible for oversight and administration of the Hospital's patient relations process through:

- Coordination of patient and family communication and feedback;
- Consultation with staff, physicians and leadership;
- Facilitation, mediation and conflict resolution of patient and family concerns,;
- Reporting of patient relations processes and outcomes (metrics, trends, etc.);
- Educating staff and physicians on communication styles and stakeholder perspectives, mediation, conflict resolution;
- Educating patients/families, visitors on current policies, protocols, rights and responsibilities;
- Advising on quality improvement opportunities and system changes;
- Overall oversight to the Hospitals patient relations process

## **6. Unresolved Complaints**

Patient/family members/partners in care have the right to pursue their complaint until it is resolved to their satisfaction. However, there are reasonable limits in terms of dealing with continued contact and correspondence with dissatisfied patients/family members/partners in care and matters that might be frivolous or vexatious complaints. The Hospital will make every attempt to resolve the issues within Hospital scope.

If the patient/family members/partner in care remains dissatisfied following the Hospitals response, they have several options available to them, which may include:

- Review by the corporate lead of Patient Relations
- Review by a member of the hospital's Executive team
- Referral to an appropriate external agency for independent review (e.g. Patient Ombudsman's Office) if all internal escalation points have been exhausted

## **APPENDICES**

Appendix A – Excellent Care for All Act (2010)

Appendix B – Ontario Regulation 188/15

Appendix C – Patient & Families Bill of Rights and Responsibilities

Appendix D – Patient and Family Feedback Decision Tree

Appendix E – Patient Relations: Complaint Management Framework

## **FORMS**

1. *My Experience at Runnymede Form*
2. *My Experience at Runnymede Follow-Up Form*
3. *iCare Experience Record Form*

Français

**Excellent Care for All Act, 2010****S.O. 2010, CHAPTER 14****Consolidation Period:** From July 8, 2020 to the [e-Laws currency date](#).

Last amendment: 2020, c. 13, Sched. 3, s. 2.

Legislative History: 2010, c. 14, s. 17; 2014, c. 13, Sched. 5; 2016, c. 30, s. 37; 2017, c. 7, s. 2; 2017, c. 20, Sched. 8, s. 82 (See 2019, c. 5, Sched. 3, s. 26, See 2019, c. 5, Sched. 3, s. 7 (23)); 2017, c. 25, Sched. 2; 2019, c. 5, Sched. 3, s. 7; 2019, c. 7, Sched. 5, s. 8; 2020, c. 13, Sched. 3, s. 2.

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**Preamble**

The people of Ontario and their Government:

Believe in the importance of our system of publicly funded health care services and the need to ensure its future so that all Ontarians, today and tomorrow, can continue to receive high quality health care;

Believe that the patient experience and the support of patients and their caregivers to realize their best health is a critical element of ensuring the future of our health care system;

Recognize that a high quality health care system is one that is accessible, appropriate, effective, efficient, equitable, integrated, patient centred, population health focussed, and safe;

Are committed to ensuring that health care organizations are responsive and accountable to the public, and focused on creating a positive patient experience and delivering high quality health care;

Believe that quality is the goal of everyone involved in delivering health care in Ontario, and that ultimately, each health care organization should hold its executive team accountable for its achievement;

Believe that everyone involved in delivering health care in Ontario has a role to play in ensuring the quality of the system;

Recognize the importance of providing Ontario's health care providers with support to help them plan for and improve the quality of the care that they deliver based on the best available scientific evidence;

Recognize the value of transparency in the health care system;

Share a vision for a Province where excellent health care services are available to all Ontarians, where professions work together, and where patients are confident that their health care system is providing them with excellent health care;

Therefore, Her Majesty, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:

## INTERPRETATION

### Definitions

1 In this Act,

“Agency” means the corporation continued by section 3 of the *Connecting Care Act, 2019*; (“Agence”)

“annual quality improvement plan” means the quality improvement plan required under section 8; (“plan annuel d’amélioration de la qualité”)

“caregiver” and related terms have the meaning or meanings provided for in the regulations; (“fournisseur de soins”)

“compensation” means all forms of payment, benefits and perquisites paid or provided, directly or indirectly, to or for the benefit of a person who performs duties and functions that entitle him or her to be paid, and includes discretionary payments; (“rémunération”)

“compensation plan” means the provisions, however established, for the determination and administration of a person's compensation; (“régime de rémunération”)

“executive”, with respect to a health care organization, means,

- (a) the chief executive officer of the health care organization, or anyone who holds a position equivalent to chief executive officer, regardless of title,
- (b) the members of the health care organization's administrative and clinical executive staff that are provided for in the regulations, and
- (c) any other person provided for in the regulations; (“cadre”)

“fiscal year” means the period commencing on April 1 in one year and ending on March 31 in the following year; (“exercice”)

“health care organization” means,

- (a) a hospital within the meaning of the *Public Hospitals Act*, and
- (b) any other organization that is provided for in the regulations and that receives public funding; (“organisme de soins de santé”)

“health sector organization” means,

- (a) a hospital within the meaning of the *Public Hospitals Act*,
- (b) REPEALED: 2016, c. 30, s. 37 (1).

**Note: On a day to be named by proclamation of the Lieutenant Governor, the definition of “health sector organization” in section 1 of the Act is amended by adding the following clause: (See: 2020, c. 13, Sched. 3, s. 2 (1))**

- (b) a health service provider or Ontario Health Team that is provided for in the regulations and that provides a prescribed home and community care service pursuant to funding under section 21 of the *Connecting Care Act, 2019*,
- (c) a licensee within the meaning of the *Long-Term Care Homes Act, 2007*,
- (c.1) a local health integration network within the meaning of the *Local Health System Integration Act, 2006*, but only with respect to,

- (i) professional services, personal support services and homemaking services as defined in the *Home Care and Community Services Act, 1994* provided by or arranged by a local health integration network under that Act,

**Note:** On a day to be named by proclamation of the Lieutenant Governor, subclause (c.1) (i) of the definition of “health sector organization” in section 1 of the Act is repealed and the following substituted: (See: 2020, c. 13, Sched. 3, s. 2 (2))

- (i) a prescribed home and community care service that is provided by a local health integration network,

**Note:** On a day to be named by proclamation of the Lieutenant Governor, subclause (c.1) (i) of the definition of “health sector organization” in section 1 of the Act is repealed. (See: 2020, c. 13, Sched. 3, s. 2 (3))

- (ii) the placement of a person into,

- (A) a long-term care home within the meaning of the *Long-Term Care Homes Act, 2007*,

- (B) a supportive housing program funded by the Ministry of Health and Long-Term Care or a local health integration network under the *Home Care and Community Services Act, 1994*,

**Note:** On a day to be named by proclamation of the Lieutenant Governor, sub-subclause (c.1) (ii) (B) of the definition of “health sector organization” in section 1 of the Act is repealed. (See: 2020, c. 13, Sched. 3, s. 2 (4))

**Note:** On a day to be named by proclamation of the Lieutenant Governor, subclause (c.1) (ii) of the definition of “health sector organization” in section 1 of the Act is amended by adding the following sub-subclause: (See: 2020, c. 13, Sched. 3, s. 2 (5))

- (B.1) a supportive housing program funded by the Ministry of Health or a supportive housing program that includes a home and community care service funded by the Agency under section 21 of the *Connecting Care Act, 2019*,

- (C) a chronic care or rehabilitation bed in a hospital within the meaning of the *Public Hospitals Act*, or

- (D) an adult day program that is provided under the *Home Care and Community Services Act, 1994*, or

**Note:** On a day to be named by proclamation of the Lieutenant Governor, sub-subclause (c.1) (ii) (D) of the definition of “health sector organization” in section 1 of the Act is repealed and the following substituted: (See: 2020, c. 13, Sched. 3, s. 2 (6))

- (D) an adult day program that is provided under the *Home Care and Community Services Act, 1994*, an adult day program that is provided or arranged by a local health integration network, or a home and community care service that is an adult day program funded by the Agency under section 21 of the *Connecting Care Act, 2019*, or

**Note:** On a day to be named by proclamation of the Lieutenant Governor, sub-subclause (c.1) (ii) (D) of the definition of “health sector organization” in section 1 of the Act is repealed and the following substituted: (See: 2020, c. 13, Sched. 3, s. 2 (7))

- (D) an adult day program that is provided by a local health integration network or a home and community care service that is an adult day program funded by the Agency under section 21 of the *Connecting Care Act, 2019*, or

- (iii) any other services that are prescribed, and

**Note:** On a day to be named by proclamation of the Lieutenant Governor, the definition of “health sector organization” in section 1 of the Act is amended by adding “and” at the end of clause (c) and by striking out clause (c.1). (See: 2019, c. 5, Sched. 3, s. 7 (3))

- (d) any other organization that is provided for in the regulations and that receives public funding; (“organisme du secteur de la santé”)

“local health integration network” means a local health integration network within the meaning of the *Local Health System Integration Act, 2006*; (“réseau local d’intégration des services de santé”)

“medical assistance in dying” means medical assistance in dying within the meaning of section 241.1 of the *Criminal Code* (Canada); (“aide médicale à mourir”)

“Minister” means the Minister of Health and Long-Term Care; (“ministre”)

“nurse practitioner” means a registered nurse who holds an extended certificate of registration under the *Nursing Act, 1991*; (“infirmière praticienne ou infirmier praticien”)

“patient declaration of values” means the patient declaration of values provided for in section 7; (“déclaration des valeurs des patients”)

“patient ombudsman” means the patient ombudsman appointed under section 13.1; (“ombudsman des patients”)

“patient relations process” means the patient relations process provided for in section 6; (“processus de relations avec les patients”)

“personal health information” has the same meaning as in the *Personal Health Information Protection Act, 2004*; (“renseignements personnels sur la santé”)



“personal information” has the same meaning as in the *Freedom of Information and Protection of Privacy Act*; (“renseignements personnels”)

“physician” means a member of the College of Physicians and Surgeons of Ontario; (“médecin”)

“prescribed” means prescribed in the regulations; (“prescrit”)

“quality committee” means a quality committee established and maintained under section 3; (“comité de la qualité”)

“regulations” means the regulations made under this Act; (“règlements”)

“responsible body” means,

- (a) with respect to a health care organization that is a hospital within the meaning of the *Public Hospitals Act*, its board within the meaning of that Act,
- (b) with respect to any other health care organization that has a board of directors, the board of directors, and
- (c) with respect to any other health care organization that does not have a board of directors, the responsible body as provided for in the regulations; (“organisme responsable”)

“survey” means a survey conducted under section 5. (“sondage”) 2010, c. 14, s. 1; 2014, c. 13, Sched. 5, s. 1; 2016, c. 30, s. 37 (1, 2); 2017, c. 7, s. 2 (1); 2019, c. 5, Sched. 3, s. 7 (1, 2).

#### **Section Amendments with date in force (d/m/y)**

2014, c. 13, Sched. 5, s. 1 - 01/07/2016

2016, c. 30, s. 37 (1) - 01/11/2017; 2016, c. 30, s. 37 (2) - 08/12/2016

2017, c. 7, s. 2 (1) - 10/05/2017

2019, c. 5, Sched. 3, s. 7 (1, 2) - 01/04/2020; 2019, c. 5, Sched. 3, s. 7 (3) - not in force

2020, c. 13, Sched. 3, s. 2 (1-7) - not in force

#### **Responsibility of health care organizations**

**2** Every health care organization,

- (a) shall comply with every requirement established by this Act and the regulations; and
- (b) shall ensure that every quality committee it establishes and maintains complies with, and carries out its responsibilities under, this Act and the regulations. 2010, c. 14, s. 2.

#### **QUALITY COMMITTEE**

##### **Quality committee to be established**

**3** (1) Every health care organization shall establish and maintain a quality committee for the health care organization. 2010, c. 14, s. 3 (1).

##### **Composition of quality committees**

(2) The membership, composition and governance of quality committees shall be as provided for in the regulations. 2010, c. 14, s. 3 (2).

##### **Accountability**

(3) Every quality committee shall report to its responsible body. 2010, c. 14, s. 3 (3).

##### **Responsibilities of quality committees**

**4** Every quality committee has the following responsibilities:

1. To monitor and report to the responsible body on quality issues and on the overall quality of services provided in the health care organization, with reference to appropriate data.
2. To consider and make recommendations to the responsible body regarding quality improvement initiatives and policies.
3. To ensure that best practices information supported by available scientific evidence is translated into materials that are distributed to employees and persons providing services within the health care organization, and to subsequently monitor the use of these materials by these people.
4. To oversee the preparation of annual quality improvement plans.
5. To carry out any other responsibilities provided for in the regulations. 2010, c. 14, s. 4.

#### **SURVEYS**

## **Surveys**

**5** (1) Every health care organization shall carry out surveys,

- (a) at least once every fiscal year, of persons who have received services from the health care organization in the past 12 months and of caregivers of those persons who had contact with the organization in connection with those services; and
- (b) at least once every two fiscal years, of employees of the health care organization and of persons providing services within the health care organization. 2010, c. 14, s. 5 (1).

## **Purpose of survey**

(2) The purpose,

- (a) of a survey under clause (1) (a) is to collect information concerning satisfaction with the services provided by the health care organization; and
- (b) of a survey under clause (1) (b) is to collect information on the satisfaction of employees and other persons with their experience working for or providing services within the organization and to solicit views about the quality of care provided by the health care organization. 2010, c. 14, s. 5 (2).

## **PATIENT RELATIONS PROCESS**

### **Patient relations process**

**6** (1) Every health care organization shall have a patient relations process and shall make information about that process available to the public. 2010, c. 14, s. 6 (1).

### **Must reflect values**

(2) The health care organization shall ensure that the patient relations process reflects the content of its patient declaration of values. 2010, c. 14, s. 6 (2).

## **PATIENT DECLARATION OF VALUES**

### **Patient declaration of values**

**7** (1) Every health care organization that does not already have a publicly available patient declaration of values produced after consultation with the public shall,

- (a) within six months of becoming subject to this section, consult with the public concerning a draft patient declaration of values; and
- (b) within 12 months of becoming subject to this section, finalize the patient declaration of values and make it available to the public. 2010, c. 14, s. 7 (1).

### **Amendment**

(2) A health care organization may amend its patient declaration of values after consulting with the public, and shall make every amended declaration available to the public. 2010, c. 14, s. 7 (2).

## **ANNUAL QUALITY IMPROVEMENT PLANS**

### **Quality improvement plans**

**8** (1) In every fiscal year, every health care organization shall develop a quality improvement plan for the next fiscal year and make the quality improvement plan available to the public. 2010, c. 14, s. 8 (1).

### **Factors in development**

(2) The annual quality improvement plan must be developed having regard to at least the following:

- 1. The results of the surveys.
- 2. Data relating to the patient relations process.
- 3. In the case of a public hospital, its aggregated critical incident data as compiled based on disclosures of critical incidents pursuant to regulations made under the *Public Hospitals Act* and information concerning indicators of the quality of health care provided by the hospital disclosed pursuant to regulations made under the *Public Hospitals Act*.
- 4. Any factors provided for in the regulations. 2010, c. 14, s. 8 (2).

### **Content**

(3) The annual quality improvement plan must contain, at a minimum,

- (a) annual performance improvement targets and the justification for those targets;
- (b) information concerning the manner in and extent to which health care organization executive compensation is linked to achievement of those targets; and

(c) anything else provided for in the regulations. 2010, c. 14, s. 8 (3).

(4) REPEALED: 2019, c. 5, Sched. 3, s. 7 (4).

(5) REPEALED: 2019, c. 5, Sched. 3, s. 7 (5).

#### **Section Amendments with date in force (d/m/y)**

2019, c. 5, Sched. 3, s. 7 (4, 5) - 01/04/2020

### **PERFORMANCE BASED COMPENSATION**

#### **Performance based compensation**

9 (1) Every health care organization shall, in accordance with the regulations, ensure that payment of compensation for any executive of the organization under a compensation plan is linked to the achievement of the performance improvement targets set out in the annual quality improvement plan. 2010, c. 14, s. 9 (1).

#### **Conflict with this Act**

(2) This Act prevails over the provisions of a compensation plan and, if there is a conflict between this Act and a compensation plan, the compensation plan is inoperative to the extent of the conflict. 2010, c. 14, s. 9 (2).

#### **Compliance reports**

(3) Every health care organization shall give the Minister such reports as may be provided for in the regulations concerning its compliance with this section. 2010, c. 14, s. 9 (3).

#### **Same**

(4) Each report must be submitted in such form and manner as may be provided for in the regulations and within the period provided for in the regulations. 2010, c. 14, s. 9 (4).

#### **Signed statement**

(5) Each report shall include a statement signed by a person provided for in the regulations certifying whether the health care organization has complied with this section throughout the reporting period. 2010, c. 14, s. 9 (5).

#### **Interaction with other legislation**

(6) The *Public Sector Compensation Restraint to Protect Public Services Act, 2010* applies to the compensation plans of executives during the period specified in section 6 of that Act. 2010, c. 14, s. 9 (6).

**Note: On a day to be named by proclamation of the Lieutenant Governor, subsection 9 (6) of the Act is repealed. (See: 2019, c. 7, Sched. 5, s. 8)**

#### **Same**

(7) Where a compensation plan applicable to an executive is subject to the *Public Sector Compensation Restraint to Protect Public Services Act, 2010* and the compensation plan allows for a portion of compensation to be paid to an executive on the basis of an assessment of performance, the health care organization shall ensure that the assessment of performance also includes an assessment of achievement of the performance improvement targets set out in the annual quality improvement plan. 2010, c. 14, s. 9 (7).

**Note: On a day to be named by proclamation of the Lieutenant Governor, subsection 9 (7) of the Act is repealed. (See: 2019, c. 7, Sched. 5, s. 8)**

#### **Same**

(8) Where a compensation plan applicable to an executive is subject to the *Public Sector Compensation Restraint to Protect Public Services Act, 2010* and the compensation plan does not provide for payments based on an assessment of performance, the health care organization shall ensure that the executive's compensation plan is modified so that the payment of a portion of the executive's compensation under the plan is made contingent upon the achievement of the performance improvement targets set out in the annual quality improvement plan. 2010, c. 14, s. 9 (8).

**Note: On a day to be named by proclamation of the Lieutenant Governor, subsection 9 (8) of the Act is repealed. (See: 2019, c. 7, Sched. 5, s. 8)**

#### **Same**

(9) A health care organization acting under subsection (7) or (8) with respect to an executive shall be deemed to be acting in compliance with subsection (1) and with the *Public Sector Compensation Restraint to Protect Public Services Act, 2010* as a result of the health care organization,

(a) ensuring that the assessment of performance included an assessment of achievement of the performance improvement targets under subsection (7); or

(b) modifying the compensation plan under subsection (8);

if, in the result, the actual or potential compensation available to the executive does not exceed what was available to him or her on March 24, 2010 or such other applicable effective date as is determined in accordance with section 6 of the *Public Sector Compensation Restraint to Protect Public Services Act, 2010*. 2010, c. 14, s. 9 (9).

**Note: On a day to be named by proclamation of the Lieutenant Governor, subsection 9 (9) of the Act is repealed. (See: 2019, c. 7, Sched. 5, s. 8)**

**Section Amendments with date in force (d/m/y)**

2019, c. 7, Sched. 5, s. 8 - not in force

**10 REPEALED:** 2019, c. 5, Sched. 3, s. 7 (7).

**Section Amendments with date in force (d/m/y)**

2014, c.13, Sched. 5, s. 2 - 01/07/2016

2016, c. 30, s. 37 (3) - 01/05/2017

2019, c. 5, Sched. 3, s. 7 (6) - 18/04/2019; 2019, c. 5, Sched. 3, s. 7 (7) - 01/04/2020

**10.1 REPEALED:** 2019, c. 5, Sched. 3, s. 7 (7).

**Section Amendments with date in force (d/m/y)**

2016, c. 30, s. 37 (4) - 01/05/2017

2019, c. 5, Sched. 3, s. 7 (7) - 01/04/2020

**10.2 REPEALED:** 2019, c. 5, Sched. 3, s. 7 (7).

**Section Amendments with date in force (d/m/y)**

2016, c. 30, s. 37 (4) - 01/05/2017

2017, c. 25, Sched. 2, s. 1 - 12/12/2017

2019, c. 5, Sched. 3, s. 7 (7) - 01/04/2020

**10.3, 10.4 REPEALED:** 2019, c. 5, Sched. 3, s. 7 (7).

**Section Amendments with date in force (d/m/y)**

2016, c. 30, s. 37 (4) - 01/05/2017

2019, c. 5, Sched. 3, s. 7 (7) - 01/04/2020

**11-11.2 REPEALED:** 2019, c. 5, Sched. 3, s. 7 (7).

**Section Amendments with date in force (d/m/y)**

2016, c. 30, s. 37 (5) - 01/05/2017

2019, c. 5, Sched. 3, s. 7 (7) - 01/04/2020

**12 REPEALED:** 2019, c. 5, Sched. 3, s. 7 (7).

**Section Amendments with date in force (d/m/y)**

2014, c. 13, Sched. 5, s. 3 (1, 2) - 01/07/2017

2016, c. 30, s. 37 (6, 7, 8) - 08/12/2016

2019, c. 5, Sched. 3, s. 7 (7) - 01/04/2020

**13 REPEALED:** 2019, c. 5, Sched. 3, s. 7 (7).

**Section Amendments with date in force (d/m/y)**

2016, c. 30, s. 37 (9) - 08/12/2016

2019, c. 5, Sched. 3, s. 7 (7) - 01/04/2020

**13.0.1 REPEALED:** 2019, c. 5, Sched. 3, s. 7 (7).

**Section Amendments with date in force (d/m/y)**

2017, c. 25, Sched. 2, s. 2 - 12/12/2017

2019, c. 5, Sched. 3, s. 7 (7) - 02/12/2019

**PATIENT OMBUDSMAN**

**Patient ombudsman**

**13.1** (1) The Lieutenant Governor in Council shall appoint a person to be the patient ombudsman. 2014, c. 13, Sched. 5, s. 4.

## **Functions of the patient ombudsman**

(2) The functions of the patient ombudsman are,

- (a) to receive and respond to complaints from patients and former patients of a health sector organization and their caregivers, and from any other prescribed persons;
- (b) to facilitate the resolution of complaints made by patients and former patients of a health sector organization and their caregivers, and by any other prescribed persons;
- (c) to undertake investigations of complaints made by patients and former patients of a health sector organization and their caregivers, and by any other prescribed persons, and to undertake investigations of health sector organizations on the patient ombudsman's own initiative;
- (d) to make recommendations to health sector organizations following the conclusion of investigations; and
- (e) to do anything else provided for in the regulations. 2014, c. 13, Sched. 5, s. 4.

## **Employee of Agency**

(3) The Agency shall employ as the patient ombudsman the person appointed by the Lieutenant Governor in Council and shall terminate that person's employment as patient ombudsman when the term of the appointment expires, or if the Lieutenant Governor in Council revokes the person's appointment. 2014, c. 13, Sched. 5, s. 4; 2019, c. 5, Sched. 3, s. 7 (8).

## **Salary, etc.**

(4) The Lieutenant Governor in Council shall fix the salary or other remuneration and the benefits, including rights relating to severance, termination, retirement and superannuation, of the patient ombudsman, and the Agency shall provide the salary or other remuneration and those benefits to the patient ombudsman. 2014, c. 13, Sched. 5, s. 4; 2019, c. 5, Sched. 3, s. 7 (9).

## **Delegation**

(5) The patient ombudsman may, in writing, delegate any or all of his or her powers to one or more employees of the Agency as he or she considers appropriate, and where the patient ombudsman has done so, the acts of the delegate are deemed to be the acts of the patient ombudsman for the purposes of this Act. 2014, c. 13, Sched. 5, s. 4; 2019, c. 5, Sched. 3, s. 7 (10).

## **Term of office**

(6) The patient ombudsman shall be appointed for a term of five years and may be reappointed for one further term of five years. 2014, c. 13, Sched. 5, s. 4.

## **Same**

(7) The Lieutenant Governor in Council may revoke the appointment of the patient ombudsman for cause. 2014, c. 13, Sched. 5, s. 4.

## **Temporary appointment**

(8) If the position of patient ombudsman is vacant or if for any reason the patient ombudsman is unable or unwilling to fulfil the duties of the office, the Lieutenant Governor in Council may appoint a temporary patient ombudsman for a term of up to six months. 2014, c. 13, Sched. 5, s. 4.

## **Definition**

(9) In this section and in sections 13.2 to 13.4,

“patient or former patient” includes,

- (a) a patient or former patient of a hospital,
- (b) a resident or former resident of a long-term care home,
- (c) REPEALED: 2019, c. 5, Sched. 3, s. 7 (11).

**Note:** On a day to be named by proclamation of the Lieutenant Governor, the definition of “patient or former patient” in subsection 13.1 (9) of the Act is amended by adding the following clause: (See: 2020, c. 13, Sched. 3, s. 2 (8))

- (c) a person who receives or has received services from a health service provider or an Ontario Health Team described in clause (b) of the definition of “health sector organization” in section 1,

(c.1) a person who receives or has received services from a local health integration network, but only with respect to matters described in clause (c.1) of the definition of “health sector organization” in section 1,

**Note:** On a day to be named by proclamation of the Lieutenant Governor, clause (c.1) of the definition of “patient or former patient” in subsection 13.1 (9) of the Act is repealed. (See: 2020, c. 13, Sched. 3, s. 2 (9))

- (d) any other individual provided for in the regulations, and

- (e) in respect of an individual mentioned in clause (a), (b), (c), (c.1) or (d) who is or was incapable with respect to a treatment or another matter, a person with the authority to consent to the treatment or the other matter on behalf of that patient or former patient in accordance with the *Health Care Consent Act, 1996*. 2014, c. 13, Sched. 5, s. 4; 2016, c. 30, s. 37 (10); 2019, c. 5, Sched. 3, s. 7 (11).

#### **Section Amendments with date in force (d/m/y)**

2014, c. 13, Sched. 5, s. 4 - 01/07/2016

2016, c. 30, s. 37 (10) - 01/05/2017

2019, c. 5, Sched. 3, s. 7 (8-10) - 01/04/2020; 2019, c. 5, Sched. 3, s. 7 (11) - 18/04/2019

2020, c. 13, Sched. 3, s. 2 (8, 9) - not in force

#### **Complaints**

**13.2** (1) Subject to any prescribed limitations with respect to time, a patient or a former patient of a health sector organization, a caregiver of a patient or former patient, and any other prescribed person, may make a complaint in writing to the patient ombudsman about actions or inactions of a health sector organization that relate,

- (a) in the case of a patient or former patient, to the care and health care experience of the patient or former patient;
- (b) in the case of a caregiver, to the care and health care experience of the patient or former patient to whom the caregiver provides or provided care; or
- (c) in the case of another prescribed person, to the care and health care experience of another person provided for in the regulations. 2014, c. 13, Sched. 5, s. 4; 2016, c. 30, s. 37 (11).

#### **Facilitated resolution**

(2) The patient ombudsman shall work with the patient, former patient, caregiver or other prescribed person, the health sector organization and, when appropriate, the relevant local health integration network, to attempt to facilitate a resolution of a complaint made under subsection (1) unless, in the opinion of the patient ombudsman,

- (a) the complaint relates to a matter that is within the jurisdiction of another person or body or is the subject of a proceeding;
- (b) the subject matter of the complaint is trivial;
- (c) the complaint is frivolous or vexatious;
- (d) the complaint is not made in good faith;
- (e) the patient, former patient, caregiver or other prescribed person has not sought to resolve the complaint directly with the health sector organization; or
- (f) the patient, former patient, caregiver or other prescribed person does not have a sufficient personal interest in the subject matter of the complaint. 2014, c. 13, Sched. 5, s. 4.

#### **Referral to appropriate body**

(3) Where the complaint relates to a matter that is within the jurisdiction of another person or body, the patient ombudsman shall refer the patient, former patient, caregiver or other prescribed person to that person or body. 2014, c. 13, Sched. 5, s. 4.

#### **Patient to be informed**

(4) In any case where the patient ombudsman determines that he or she will not attempt to facilitate a resolution of a complaint in accordance with subsection (2), the patient ombudsman shall inform the patient, former patient, caregiver or other prescribed person in writing of that determination and state the reasons for that determination. 2014, c. 13, Sched. 5, s. 4.

#### **“Proceeding”**

(5) For the purposes of this section and section 13.3,

“proceeding” includes a proceeding held in, before or under the rules of a court, a tribunal, a commission, a justice of the peace, a coroner, a committee of a College within the meaning of the *Regulated Health Professions Act, 1991*, a committee of the Board of Regents continued under the *Drugless Practitioners Act*, a committee of the Ontario College of Social Workers and Social Service Workers under the *Social Work and Social Service Work Act, 1998*, an arbitrator or a mediator. 2014, c. 13, Sched. 5, s. 4.

#### **Section Amendments with date in force (d/m/y)**

2014, c. 13, Sched. 5, s. 4 - 01/07/2016

2016, c. 30, s. 37 (11) - 08/12/2016



## **Investigation**

**13.3** (1) Where, after attempting to facilitate the resolution of a complaint under section 13.2, the patient ombudsman believes that the complaint should be investigated, the patient ombudsman may investigate the complaint. 2014, c. 13, Sched. 5, s. 4.

### **May decide not to investigate**

(2) Without limiting the generality of the powers conferred on the patient ombudsman by this Act, the patient ombudsman may in his or her discretion decide not to investigate, or, as the case may require, not to further investigate any complaint for any reason for which the patient ombudsman could have determined not to attempt to facilitate the resolution of the complaint under section 13.2. 2014, c. 13, Sched. 5, s. 4.

### **Patient to be informed**

(3) In any case where the patient ombudsman makes a determination not to investigate or further investigate a complaint, the patient ombudsman shall inform the patient, former patient, caregiver or other prescribed person in writing of that decision and state the reasons for that decision. 2014, c. 13, Sched. 5, s. 4.

### **Investigations on own initiative**

(4) The patient ombudsman may also commence an investigation of the actions or inactions of one or more health sector organizations that relate to the patient care or health care experience provided by the organization or organizations in any case where the patient ombudsman believes that the matter should be investigated. 2014, c. 13, Sched. 5, s. 4.

### **Restriction**

(5) Despite subsection (4), the patient ombudsman shall not commence an investigation under that subsection in connection with a matter that is within the jurisdiction of another person or body or is the subject of a proceeding. 2014, c. 13, Sched. 5, s. 4.

### **Organization and patient to be informed**

(6) Before investigating any matter, the patient ombudsman shall inform the relevant health sector organization and the patient, former patient, caregiver or other prescribed person, if any, who made the complaint that led to the investigation of his or her intention to make the investigation. 2014, c. 13, Sched. 5, s. 4.

### **Investigations are private**

(7) Every investigation by the patient ombudsman shall be conducted in private. 2014, c. 13, Sched. 5, s. 4.

### **Exception, other persons and bodies**

(8) Despite subsection (7), where the patient ombudsman obtains information in the course of an investigation that relates to a matter within the jurisdiction of another person or body, the patient ombudsman may provide that information to the other person or body. 2014, c. 13, Sched. 5, s. 4.

### **Obtaining information, etc.**

(9) The patient ombudsman may hear or obtain information from any persons he or she thinks fit, and may make any inquiries he or she thinks fit. 2014, c. 13, Sched. 5, s. 4.

### **Opportunity to be heard**

(10) The patient ombudsman is not required to hold any hearing and no person is entitled as of right to be heard by the patient ombudsman, but, if at any time during the course of an investigation, it appears to the patient ombudsman that there may be sufficient grounds for him or her to make any report or recommendation that may adversely affect any person or entity, the patient ombudsman shall give to that person or entity an opportunity to make representations respecting the adverse report or recommendation, either personally or by counsel. 2014, c. 13, Sched. 5, s. 4.

### **Requiring information**

(11) The patient ombudsman may from time to time require any officer, employee, director, shareholder or member of any health sector organization, or any other person who provides services through or on behalf of a health sector organization, who, in his or her opinion, is able to give any information relating to any matter that is being investigated by the patient ombudsman,

- (a) to furnish to him or her with the information; and
- (b) to produce any documents or things that in the patient ombudsman's opinion relate to the matter and that may be in the person's possession or under the person's control. 2014, c. 13, Sched. 5, s. 4.

### **Examination under oath**

(12) The patient ombudsman may summon before him or her and examine under oath,

- (a) any patient, former patient, caregiver or other prescribed person who has made a complaint under this Act; or



(b) any person who is mentioned in subsection (11). 2014, c. 13, Sched. 5, s. 4.

#### **Certain other Acts**

(13) A person who is subject to the *Freedom of Information and Protection of Privacy Act*, the *Municipal Freedom of Information and Protection of Privacy Act* or the *Personal Health Information Protection Act, 2004* is not prevented by any provisions in those Acts from providing personal information or personal health information to the patient ombudsman, when the patient ombudsman requires the person to provide the information under this section. 2014, c. 13, Sched. 5, s. 4.

#### **Privilege preserved**

(14) Every person to whom this section applies has the same privileges in relation to the giving of information, the answering of questions, and the production of documents and things as witnesses have in any court. 2014, c. 13, Sched. 5, s. 4.

#### **Statements not admissible**

(15) Except on the trial of any person for an offence in respect of the person's sworn testimony, no statement made or answer given by that or any other person in the course of any investigation by the patient ombudsman is admissible in evidence against any person in any court or at any inquiry or in any other proceedings, and no evidence in respect of proceedings before the patient ombudsman shall be given against any person. 2014, c. 13, Sched. 5, s. 4.

#### **Right to object to self-incrimination**

(16) A person giving a statement or answer in the course of any investigation before the patient ombudsman shall be informed by the patient ombudsman of the right to object to answer any question under section 5 of the *Canada Evidence Act*. 2014, c. 13, Sched. 5, s. 4.

#### **Protection from liability**

(17) No person is liable to prosecution for an offence against any Act, by reason of his or her compliance with any requirement of the patient ombudsman under this section. 2014, c. 13, Sched. 5, s. 4.

#### **Fees, allowances, etc.**

(18) Where any person is required by the patient ombudsman to attend before him or her for the purposes of this section, the person is entitled to the same fees, allowances and expenses as if he or she were a witness in the Superior Court of Justice, and the provisions of any relevant Act, regulation or rule apply accordingly, with necessary modification. 2014, c. 13, Sched. 5, s. 4.

#### **Compliance**

(19) Every person who is summoned by the patient ombudsman under this section, or is required to furnish or produce documents or information, shall comply with the summons or furnish or produce the documents or information, as the case may be. 2014, c. 13, Sched. 5, s. 4.

#### **Entry**

(20) For the purposes of an investigation under this section, the patient ombudsman may at any time enter upon any premises of a health sector organization and inspect the premises. 2014, c. 13, Sched. 5, s. 4.

#### **Restriction**

(21) Despite subsection (20), the patient ombudsman shall not enter any premises of a health sector organization, except with the consent of the health sector organization or under the authority of a warrant issued under subsection (23). 2014, c. 13, Sched. 5, s. 4.

#### **Private dwellings**

(22) Despite subsection (20), the patient ombudsman shall not enter any premises that is being used as a dwelling, except with the consent of the occupier or under the authority of a warrant issued under subsection (23). 2014, c. 13, Sched. 5, s. 4.

#### **Warrant**

(23) A justice of the peace may issue a warrant authorizing the patient ombudsman or another person to enter any premises of a health sector organization if the justice is satisfied, on evidence under oath or affirmation, that there are reasonable grounds to believe that it is necessary to enter the premises for the purposes of an investigation under this section. 2014, c. 13, Sched. 5, s. 4.

#### **Obstruction forbidden**

(24) No person shall, without lawful justification or excuse, wilfully obstruct, hinder or resist the patient ombudsman or a delegate of the patient ombudsman in the performance of his or her functions under this Act. 2014, c. 13, Sched. 5, s. 4.

#### **Section Amendments with date in force (d/m/y)**

2014, c. 13, Sched. 5, s. 4 - 01/07/2016

## **Recommendations**

**13.4** (1) After making an investigation, the patient ombudsman may make any recommendations to a health sector organization that was the subject of the investigation that the patient ombudsman sees fit. 2014, c. 13, Sched. 5, s. 4.

### **Copy to patient**

(2) Where the patient ombudsman makes recommendations to a health sector organization under subsection (1), the patient ombudsman shall also provide a copy of the recommendations to the patient, former patient, caregiver or other prescribed person who made the complaint, if any. 2014, c. 13, Sched. 5, s. 4.

### **Personal information to be removed**

(3) Subject to any prescribed exceptions, the patient ombudsman shall, before providing the copy of recommendations under subsection (2), ensure that all personal information and personal health information about anyone other than the patient, former patient, caregiver or other prescribed person is redacted. 2014, c. 13, Sched. 5, s. 4.

### **Section Amendments with date in force (d/m/y)**

2014, c. 13, Sched. 5, s. 4 - 01/07/2016

## **Reports by patient ombudsman**

**13.5** (1) The patient ombudsman shall report to the Minister on the activities and recommendations of the patient ombudsman at least annually, and otherwise as the patient ombudsman considers appropriate. 2014, c. 13, Sched. 5, s. 4.

### **Reports to LHINs**

(2) The patient ombudsman shall provide reports to local health integration networks on the activities of the patient ombudsman and his or her recommendations as the patient ombudsman considers appropriate. 2014, c. 13, Sched. 5, s. 4.

### **No personal information**

(3) The patient ombudsman shall not include any personal information or personal health information in any reports made under this section. 2014, c. 13, Sched. 5, s. 4.

### **Reports to be public**

(4) The patient ombudsman shall make the reports under this section available to the public, through publication on a website and any other means the patient ombudsman may consider appropriate. 2014, c. 13, Sched. 5, s. 4; 2019, c. 5, Sched. 3, s. 7 (12).

### **Section Amendments with date in force (d/m/y)**

2014, c. 13, Sched. 5, s. 4 - 01/07/2016

2019, c. 5, Sched. 3, s. 7 (12) - 01/04/2020

## **Personal health information and the patient ombudsman**

**13.6** (1) The Agency may collect personal health information where the patient ombudsman collects that information in exercising the patient ombudsman's powers under this Act. 2017, c. 25, Sched. 2, s. 3; 2019, c. 5, Sched. 3, s. 7 (13).

### **Same**

(2) The Agency may use personal health information for purposes related to the functions of the patient ombudsman. 2017, c. 25, Sched. 2, s. 3; 2019, c. 5, Sched. 3, s. 7 (13).

### **Disclosure**

(3) The Agency may disclose personal health information,

- (a) for purposes related to the functions of the patient ombudsman; or
- (b) where it is required by law or by an agreement or arrangement made under the authority of a statute of Ontario or Canada. 2019, c. 5, Sched. 3, s. 7 (14).

### **Other information**

(4) In exercising their powers under this Act, the patient ombudsman and the Agency shall not collect, use or disclose personal health information if other information will serve the purpose of the collection, use or disclosure. 2019, c. 5, Sched. 3, s. 7 (14).

### **Extent of information**

(5) In exercising their powers under this Act, the patient ombudsman and the Agency shall not collect, use or disclose more personal health information than is reasonably necessary to meet the purpose of the collection, use or disclosure. 2019, c. 5, Sched. 3, s. 7 (14).

**Section Amendments with date in force (d/m/y)**

2014, c. 13, Sched. 5, s. 4 - 01/07/2016

2017, c. 25, Sched. 2, s. 3 - 12/12/2017

2019, c. 5, Sched. 3, s. 7 (13, 14) - 01/04/2020

**Application of *Freedom of Information and Protection of Privacy Act***

**13.6.1** The *Freedom of Information and Protection of Privacy Act* does not apply to records in the Agency's custody or control that contain information obtained or prepared by the patient ombudsman in the course of conducting an investigation under section 13.3. 2017, c. 25, Sched. 2, s. 3; 2019, c. 5, Sched. 3, s. 7 (15).

**Section Amendments with date in force (d/m/y)**

2017, c. 25, Sched. 2, s. 3 - 12/12/2017

2019, c. 5, Sched. 3, s. 7 (15) - 01/04/2020

**Immunity**

**13.7** (1) REPEALED: 2019, c. 5, Sched. 3, s. 7 (16).

(2) REPEALED: 2016, c. 30, s. 37 (12).

**Testimony**

(3) Neither the patient ombudsman nor anyone employed by the Agency is a competent or compellable witness in a civil proceeding outside this Act in connection with anything done under sections 13.1 to 13.4. 2014, c. 13, Sched. 5, s. 4; 2019, c. 5, Sched. 3, s. 7 (17).

**Section Amendments with date in force (d/m/y)**

2014, c. 13, Sched. 5, s. 4 - 01/07/2016

2016, c. 30, s. 37 (12) - 01/05/2017

2019, c. 5, Sched. 3, s. 7 (16, 17) - 01/04/2020

**MEDICAL ASSISTANCE IN DYING****Immunity, MAID**

**13.8** (1) No action or other proceeding for damages shall be instituted against a physician or nurse practitioner or any other person assisting him or her for any act done or omitted in good faith in the performance or intended performance of medical assistance in dying. 2017, c. 7, s. 2 (2).

**Exception**

(2) Subsection (1) does not apply to an action or proceeding that is based upon the alleged negligence of a physician, nurse practitioner or other person. 2017, c. 7, s. 2 (2).

**Care providers**

(3) No action or other proceeding for damages based on direct or vicarious liability shall be instituted against a care provider or a director, officer or employee of a care provider for any act done or omitted in good faith,

(a) by the care provider in relation to the delivery of medical assistance in dying; or

(b) by a physician or nurse practitioner or any other person assisting him or her in the performance or intended performance of medical assistance in dying. 2017, c. 7, s. 2 (2).

**Exception, negligence**

(4) Subsection (3) does not apply to an action or proceeding that is based upon the alleged negligence of the care provider, director, officer, employee, physician, nurse practitioner or other person. 2017, c. 7, s. 2 (2).

**Definition, "care provider"**

(5) In this section,

"care provider" means,

(a) REPEALED: 2019, c. 5, Sched. 3, s. 7 (18).

(a.1) a health service provider within the meaning of the *Connecting Care Act, 2019*,

(b) a licensee as defined in subsection 2 (1) of the *Retirement Homes Act, 2010*, and

(c) any other prescribed person or entity. 2017, c. 7, s. 2 (2); 2019, c. 5, Sched. 3, s. 7 (18, 19).

**Section Amendments with date in force (d/m/y)**

2017, c. 7, s. 2 (2) - 10/05/2017

2019, c. 5, Sched. 3, s. 7 (18, 19) - 01/04/2020

**MAID has no effect on rights and benefits**

**13.9** (1) Subject to subsection (2), the fact that a person received medical assistance in dying may not be invoked as a reason to deny a right or refuse a benefit or any other sum which would otherwise be provided under a contract or statute. 2017, c. 7, s. 2 (2).

**Contrary intention**

(2) Subsection (1) applies unless an express contrary intention appears in the statute. 2017, c. 7, s. 2 (2).

**Section Amendments with date in force (d/m/y)**

2017, c. 7, s. 2 (2) - 10/05/2017

**Care co-ordination service**

**13.10** The Minister shall establish a care co-ordination service to assist patients and caregivers in accessing additional information and services for medical assistance in dying and other end-of-life options. 2017, c. 7, s. 2 (2).

**Section Amendments with date in force (d/m/y)**

2017, c. 7, s. 2 (2) - 10/05/2017

**OFFENCES****Offences**

**14** Every person who contravenes a provision of this Act or the regulations is guilty of an offence and on conviction is liable to a fine,

- (a) not exceeding \$10,000, in the case of an individual; and
- (b) not exceeding \$25,000, in the case of a corporation. 2010, c. 14, s. 14.

**REGULATIONS****Regulations — Minister**

**15** (1) The Minister may make regulations,

- (a) providing for additional persons who are executives for the purposes of the definition of “executive” in section 1;
- (b) providing for additional bodies that are responsible bodies for the purposes of the definition of “responsible body” in section 1;
- (c) governing quality committees other than with respect to who may be a member, and, without restricting the generality of the foregoing, respecting their functions, record-keeping requirements and reporting relationships and providing for additional responsibilities for quality committees;
- (d) respecting the annual quality improvement plans, and, without restricting the generality of the foregoing, respecting the factors that regard must be had to in developing them, their content, including performance targets, and the manner in which health care organizations develop, publish and disclose them;
- (e) respecting surveys;
- (f) governing the patient relations process;
- (g) respecting the patient declaration of values, and, without restricting the generality of the foregoing, respecting their content and the manner in which health care organizations develop, publish and disclose them;
- (h) requiring health care organizations to submit reports concerning compliance with this Act, and governing when and how those reports are to be submitted;
- (i) providing for exemptions from any requirement under sections 1 to 9 of this Act, or imposed by a regulation made by the Minister and providing for conditions to which exemptions are subject. 2010, c. 14, s. 15 (1).

**Public consultation**

(2) Before making a regulation under this section, the Minister shall consult with the public in accordance with the relevant policies of the Government of Ontario concerning public consultation in the making of regulations. 2010, c. 14, s. 15 (2).

**Regulations — Lieutenant Governor in Council**

**16** (1) The Lieutenant Governor in Council may make regulations,

- (a) providing for additional organizations that are health care organizations for the purposes of the definition of “health care organization” in section 1;
- (b) respecting who may be a member of a quality committee;
- (c) governing the manner in which compensation for the executives of health care organizations is to be connected to the achievement of the performance improvement targets set out in quality improvement plans, and, without restricting the generality of the foregoing, providing for anything that may be provided for under section 9;
- (d)-(m) REPEALED: 2019, c. 5, Sched. 3, s. 7 (20).
- (m.1) respecting and providing for conditions, restrictions or requirements that apply to the Agency and persons acting on its behalf in the collection, use and disclosure of personal health information under this Act;
- (n) governing the confidentiality and security of information, including personal information, the collection, use and disclosure of such information, the retention and disposal of such information, and access to and correction of such information, including restrictions on any of these things, for the purposes of the carrying out of the functions of the Agency under this Act;
- (o)-(t) REPEALED: 2019, c. 5, Sched. 3, s. 7 (23).
- (t.1) providing for additional functions of the patient ombudsman for the purposes of clause 13.1 (2) (e);
- (t.2) further defining, specifying or clarifying the meaning of “patient or former patient” and similar expressions for the purposes of sections 13.1 to 13.4;
- (t.3) respecting any matter that this Act describes as being prescribed or provided for in the regulations;
- (u) respecting any other matter that the Lieutenant Governor in Council considers necessary or desirable for carrying out the purposes and provisions of this Act. 2010, c. 14, s. 16 (1); 2014, c. 13, Sched. 5, s. 5; 2016, c. 30, s. 37 (13-15); 2017, c. 25, Sched. 2, s. 4; 2019, c. 5, Sched. 3, s. 7 (20-23).

#### **Public consultation before making regulations**

- (2) The Lieutenant Governor in Council shall not make any regulation under this section unless,
  - (a) the Minister has published a notice of the proposed regulation on the website of the Ministry and in any other format the Minister considers advisable;
  - (b) the notice complies with the requirements of this section;
  - (c) the time periods specified in the notice, during which members of the public may exercise a right described in clause (3) (b) or (c), have expired; and
  - (d) the Minister has considered whatever comments and submissions that members of the public have made on the proposed regulation in accordance with clause (3) (b) or (c) and has reported to the Lieutenant Governor in Council on what, if any, changes to the proposed regulation the Minister considers appropriate. 2010, c. 14, s. 16 (2).

#### **Contents of notice**

- (3) The notice mentioned in clause (2) (a) shall contain,
  - (a) a description of the proposed regulation and the text of it;
  - (b) a statement of the time period during which members of the public may submit written comments on the proposed regulation to the Minister and the manner in which and the address to which the comments must be submitted;
  - (c) a description of whatever other rights, in addition to the right described in clause (b), that members of the public have to make submissions on the proposed regulation and the manner in which and the time period during which those rights must be exercised;
  - (d) a statement of where and when members of the public may review written information about the proposed regulation; and
  - (e) all other information that the Minister considers appropriate. 2010, c. 14, s. 16 (3).

#### **Time period for comments**

- (4) The time period mentioned in clauses (3) (b) and (c) shall be at least 30 days after the Minister gives the notice mentioned in clause (2) (a) unless the Minister shortens the time period in accordance with subsection (5). 2010, c. 14, s. 16 (4).

#### **Shorter time period for comments**

- (5) The Minister may shorten the time period if, in the Minister’s opinion,
  - (a) the urgency of the situation requires it;

- (b) the proposed regulation clarifies the intent or operation of this Act or the regulations; or
- (c) the proposed regulation is of a minor or technical nature. 2010, c. 14, s. 16 (5).

#### **Discretion to make regulations**

(6) Upon receiving the Minister's report mentioned in clause (2) (d), the Lieutenant Governor in Council, without further notice under subsection (2), may make the proposed regulation with the changes that the Lieutenant Governor in Council considers appropriate, whether or not those changes are mentioned in the Minister's report. 2010, c. 14, s. 16 (6).

#### **No public consultation**

(7) The Minister may decide that subsections (2) to (6) should not apply to the power of the Lieutenant Governor in Council to make a regulation under this section if, in the Minister's opinion,

- (a) the urgency of the situation requires it;
- (b) the proposed regulation clarifies the intent or operation of this Act or the regulations; or
- (c) the proposed regulation is of a minor or technical nature. 2010, c. 14, s. 16 (7).

#### **Same**

(8) If the Minister decides that subsections (2) to (6) should not apply to the power of the Lieutenant Governor in Council to make a regulation under this section,

- (a) those subsections do not apply to the power of the Lieutenant Governor in Council to make the regulation; and
- (b) the Minister shall give notice of the decision to the public as soon as is reasonably possible after making the decision. 2010, c. 14, s. 16 (8).

#### **Contents of notice**

(9) The notice mentioned in clause (8) (b) shall include a statement of the Minister's reasons for making the decision and all other information that the Minister considers appropriate. 2010, c. 14, s. 16 (9).

#### **Publication of notice**

(10) The Minister shall publish the notice mentioned in clause (8) (b) on the website of the Ministry and give the notice by all other means that the Minister considers appropriate. 2010, c. 14, s. 16 (10).

#### **Temporary regulation**

(11) If the Minister decides that subsections (2) to (6) should not apply to the power of the Lieutenant Governor in Council to make a regulation under this section because the Minister is of the opinion that the urgency of the situation requires it, the regulation shall,

- (a) be identified as a temporary regulation in the text of the regulation; and
- (b) unless it is revoked before its expiry, expire at a time specified in the regulation, which shall not be after the second anniversary of the day on which the regulation comes into force. 2010, c. 14, s. 16 (11).

#### **No review**

(12) Subject to subsection (13), a court shall not review any action, decision, failure to take action or failure to make a decision by the Lieutenant Governor in Council or the Minister under subsections (2) to (11). 2010, c. 14, s. 16 (12).

#### **Exception**

(13) Any person resident in Ontario may make an application for judicial review under the *Judicial Review Procedure Act* on the grounds that the Minister has not taken a step required by subsections (2) to (11). 2010, c. 14, s. 16 (13).

#### **Time for application**

(14) No person shall make an application under subsection (13) with respect to a regulation later than 21 days after,

- (a) the Minister publishes a notice with respect to the regulation under clause (2) (a) or subsection (10), where applicable; or
- (b) the regulation is filed, if it is a regulation described in subsection (11). 2010, c. 14, s. 16 (14).

#### **Section Amendments with date in force (d/m/y)**

2010, c. 14, s. 17 - no effect - see 2017, c. 20, Sched. 8, s. 82 (2) - 14/11/2017

2014, c. 13, Sched. 5, s. 5 - 01/07/2016

2016, c. 30, s. 37 (13-15) - 08/12/2016

2017, c. 20, Sched. 8, s. 82 (1) - no effect - see 2019, c. 5, Sched. 3, s. 26 - no effect - see 2019, c. 5, Sched. 3, s. 7 (23) - 01/04/2020; 2017, c. 25, Sched. 2, s. 4 - 12/12/2017

2019, c. 5, Sched. 3, s. 7 (20-23) - 01/04/2020

**17** REPEALED: 2017, c. 20, Sched. 8, s. 82 (2).

**Section Amendments with date in force (d/m/y)**

2017, c. 20, Sched. 8, s. 82 (2) - 14/11/2017

**18-20** OMITTED (AMENDS, REPEALS OR REVOKES OTHER LEGISLATION). 2010, c. 14, ss. 18-20.

**21** OMITTED (PROVIDES FOR COMING INTO FORCE OF PROVISIONS OF THIS ACT). 2010, c. 14, s. 21.

**22** OMITTED (ENACTS SHORT TITLE OF THIS ACT). 2010, c. 14, s. 22.

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Français

**Excellent Care for All Act, 2010****ONTARIO REGULATION 188/15  
PATIENT RELATIONS PROCESS****Consolidation Period:** From July 1, 2016 to the [e-Laws currency date](#).

Last amendment: 238/16.

Legislative History: 238/16.

***This is the English version of a bilingual regulation.*****Application and interpretation**

1. (1) Every health care organization shall comply with the requirements of this Regulation as part of its patient relations process.

(2) For greater certainty, references in this Regulation to,

(a) REVOKED: O. Reg. 238/16, s. 1.

(b) “organization” mean the relevant health care organization; and

(c) “patient”, with respect to a patient complaint, include a former patient and a person who has or had the authority to consent to treatment on behalf of a patient or former patient in accordance with the *Health Care Consent Act, 1996*. O. Reg. 238/16, s. 1.

**Complaint process**

2. (1) The health care organization shall have in place processes for receiving, reviewing and attempting to resolve expeditiously complaints from patients and caregivers of patients.

(2) The health care organization shall engage patients and their caregivers in designing, reviewing and maintaining the processes referred to in subsection (1).

(3) The health care organization shall have in place practices for recording, monitoring and analyzing data relating to patient and caregiver complaints that provide for, at a minimum, with respect to every complaint,

(a) except in the case of an anonymous complaint, the name of the complainant and, where a complainant is a caregiver, the name of the patient and the caregiver’s relationship with the patient;

(b) the subject matter of the complaint;

(c) the date when the complaint was received; and

(d) whether the complaint is resolved to the satisfaction of the patient or caregiver and,

(i) if the complaint is so resolved, how it is resolved and on what date, or

(ii) if the complaint is not so resolved, the manner in which and the date on which the health care organization forms the view that it cannot be resolved, which date must be after the health care organization has determined that all options under its complaint resolutions process have been exhausted.

**Complainant to be kept informed**

3. Where a complaint has been made by a patient or a caregiver of a patient, the organization shall ensure that the complainant is informed of the status of the review of the complaint,

(a) within five days from the day the complaint is received by the organization; and

(b) whenever the complainant reasonably requests further information.

**Patient relations process delegate, etc.**

4. (1) The health care organization shall designate an individual as its patient relations process delegate.

(2) The patient relations process delegate is responsible for overseeing the organization’s patient relations process.

(3) The organization shall ensure that there are processes and procedures in place to enable the delegate to meet the responsibility under subsection (2).

(4) The health care organization shall make contact information for the patient relations delegate available to the public.

(5) The patient relations delegate shall also, at least twice a year, present aggregate data relating to the patient relations process at meetings of the organization's quality committee, and the organization shall ensure that there are processes and procedures in place to enable the delegate to meet this responsibility.

**5.** OMITTED (PROVIDES FOR COMING INTO FORCE OF PROVISIONS OF THIS REGULATION).

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# Patient & Families

## Bill of Rights and Responsibilities



### RIGHTS

To receive high quality, patient-centred care that is free from discrimination, abuse or harm

To be treated with compassion and respect

To give input about your treatment plan

To get the information you need to make informed decisions

To have your privacy respected

To know the names and roles of all members of your healthcare team

To expect that the members of your healthcare team will communicate with each other to ensure you get consistent care

To get the right information and education about your condition and treatment in a language you understand

To share any concerns you may have and to get answers to your questions



### RESPONSIBILITIES

To understand that any form of verbal or physical abuse of staff, patients and visitors will not be tolerated

To be respectful of other patients, visitors and staff

To participate in your treatment plan to maximize results

To understand that a treatment you ask for may not be provided if it is medically, legally or ethically inappropriate

To understand that sometimes the needs of other patients and families may be more urgent than your own

To be honest about your personal health information with members of your healthcare team



### CHOICE

To accept, ask for or refuse treatment, to the extent permitted by law

To expect that your advance directives for end of life care will be followed

To have visitors, unless this interferes with the well-being, rights or safety of yourself or others

To provide any valid Power of Attorney documentation to your healthcare team in the event that you become unable to make treatment decisions for yourself

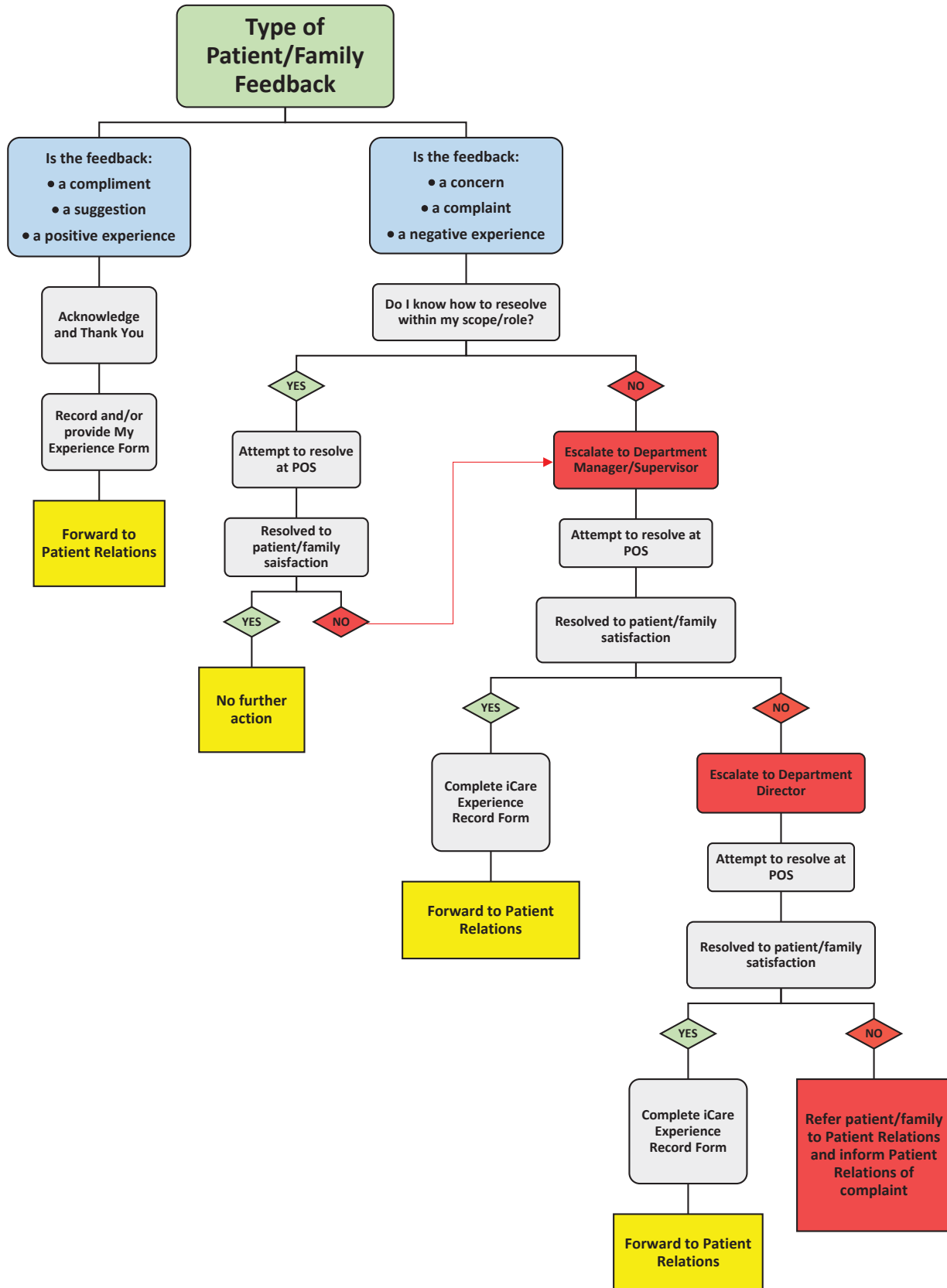
To take part in your discharge planning and in your transfer to another facility if you require a level of care beyond what Runnymede can provide

To keep track of your personal property and valuables

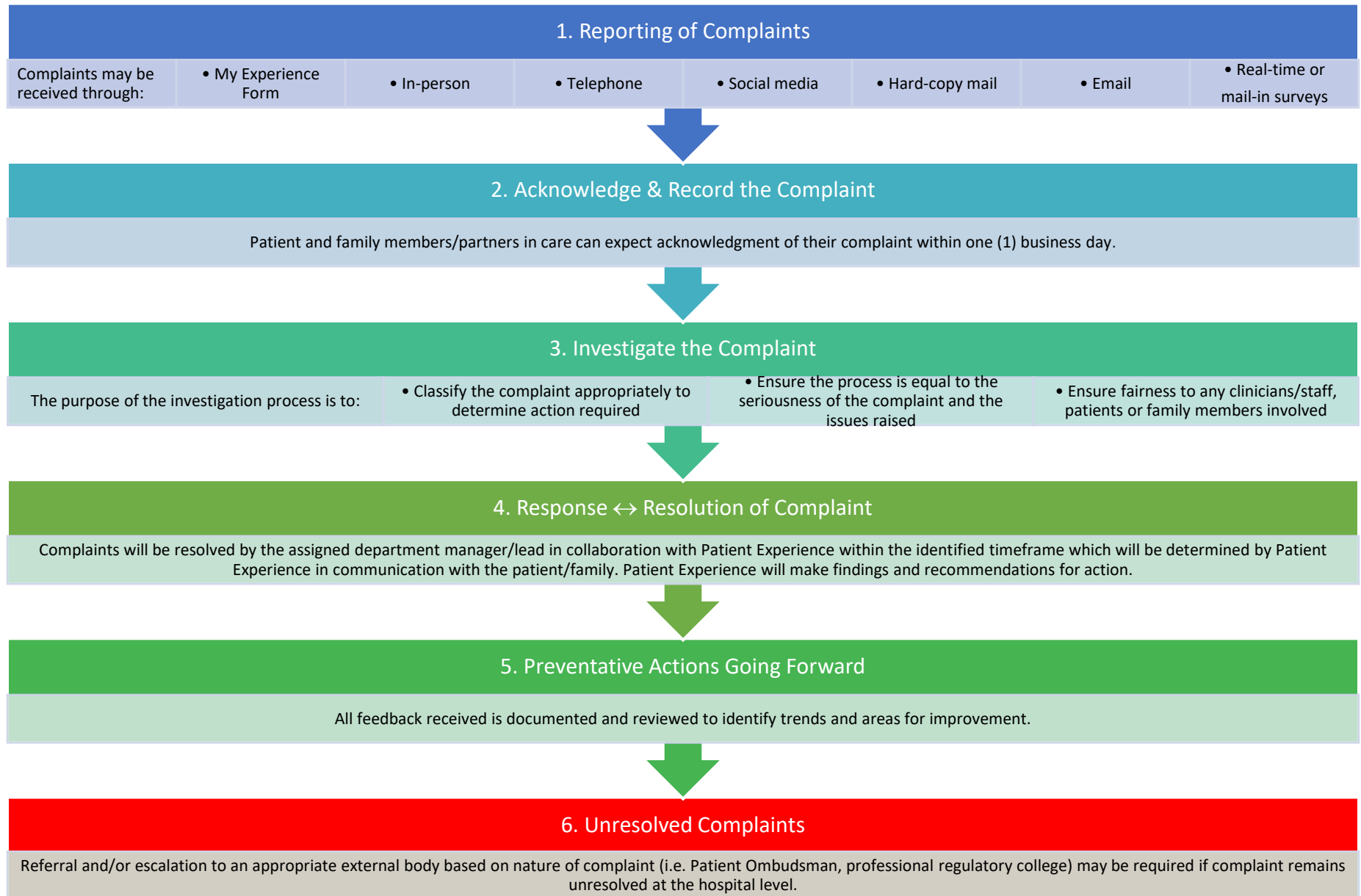
To respect the privacy of others and comply with hospital policies, do not record, photograph or videotape staff or patients

Do you know your rights?

## PATIENT & FAMILY FEEDBACK DECISION TREE



## Patient & Family Complaints Management Framework



## My Experience at Runnymede Form

Please Select Type of Feedback:

☐ **Complaint**

☐ **Suggestion**

☐ **Compliment**

Date Feedback Provided: \_\_\_\_\_

Your Contact Information:

\_\_\_\_\_ First Name \_\_\_\_\_ Last Name

Preferred Method of Contact (phone/email): \_\_\_\_\_

Select the option that best describes you:

☐ A patient    ☐ A family member of a patient    ☐ A friend of a patient    ☐ A visitor or member of the public

If you are providing the feedback on behalf of a patient, provide the patient's details below:

\_\_\_\_\_ Patient's First Name \_\_\_\_\_ Patient's Last Name \_\_\_\_\_ Room Number

Please share your experience:

Have you reported/suggested this to a department/staff member? ☐ Yes ☐ No

Provide the department/name of the staff member this was reported/suggested to: \_\_\_\_\_

I consent to the sharing of my compliment in the organization-wide newsletters and social media: ☐ Yes ☐ No

I consent to the sharing of my complaint to appropriate team members for action and response: ☐ Yes ☐ No

**Thank you for your feedback!**

Completed forms can be submitted to any member of the Runnymede Healthcare Centre Staff. Alternatively, you may choose to email your feedback directly to [patient.relations@runnymedehc.ca](mailto:patient.relations@runnymedehc.ca). Complaints will be acknowledged within one (1) business day. Please be aware that anonymous complaints will not be investigated.

## My Experience at Runnymede Follow-up Form

1. **Date and Time Feedback Received by Patient Relations:** \_\_\_\_\_

2. **Feedback Submitted by:**

- ☐ My Experience Form   ☐ Email   ☐ Mail-in   ☐ Telephone   ☐ In-Person   ☐ Real-time surveys  
☐ Other (please specify): \_\_\_\_\_

3. **Name of Complainant(s):** \_\_\_\_\_

- ☐ Patient   ☐ Family member of a patient   ☐ Friend of a patient   ☐ Visitor/member of the public

4. **Patient Information (if applicable)**

|                      |                     |             |
|----------------------|---------------------|-------------|
| Patient's First Name | Patient's Last Name | Room Number |
|----------------------|---------------------|-------------|

5. **Date and Time of Complaint Acknowledgement:** \_\_\_\_\_

- ☐ In-Person   ☐ Telephone   ☐ Email   ☐ Voicemail

**Date and Time of Contact with Complainant:** \_\_\_\_\_

6. **Consent Obtained from Complainant for Follow-Up:**   ☐ Yes   ☐ No

7. **Details of Concern/Complaint Clarified:**

8. **Desired Resolution Discussed:**

9. **Directed to which Manager for Follow-up:**

|            |           |       |            |      |
|------------|-----------|-------|------------|------|
| First Name | Last Name | Title | Department | Date |
|------------|-----------|-------|------------|------|

**Vice President Notified:**   ☐ Yes   ☐ No

|            |           |       |            |      |
|------------|-----------|-------|------------|------|
| First Name | Last Name | Title | Department | Date |
|------------|-----------|-------|------------|------|

| Additional People Notified: |       |
|-----------------------------|-------|
| 1.                          | Date: |
| 2.                          | Date: |

10. **Immediate Actions Taken:**

|  |       |
|--|-------|
| <input type="checkbox"/> Patient/Family Member Follow-up | Date: |
|--|-------|



|  |       |
|--|-------|
| <input type="checkbox"/> Chart Review      | Date: |
| <input type="checkbox"/> Staff Interviews: |       |
| 1.   | Date: |
| 2.   | Date: |

|                          |
|--------------------------|
| <b>Additional Notes:</b> |
|                          |

**11. Analysis:**

|  |
|--|
|  |
|--|

**12. Recommendations:**

|  |
|--|
|  |
|--|

**13. Conclusion:**

|   |   |
|---|---|
|   |   |
| <b>Attempted Contact with Complainant:</b>  |   |
| <b>Attempt #1: Date/Time:</b>   | Reached: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Answering Machine <input type="checkbox"/> No Answer <input type="checkbox"/> Not Home | Spoke to:   |
| <b>Attempt #2: Date/Time:</b>   | Reached: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Answering Machine <input type="checkbox"/> No Answer <input type="checkbox"/> Not Home | Spoke to:   |
| <b>Conclusion shared with the complainant:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No         |   |

**14. Issue resolved to the complainant's satisfaction:** ☐Yes ☐No

|  |       |
|--|-------|
| <b>If not resolved, follow-up actions(s) required:</b> |       |
| 1.   | Date: |
| 2.   | Date: |

**15. All supporting documents from involved team members collected by Patient Relations:** ☐Yes ☐No

**16. Investigation Completed by:**

|  |       |
|--|-------|
|  | Date: |
|--|-------|

## iCare Experience Record Form

1. **Date Complaint Received:** \_\_\_\_\_

2. **Individual(s) Involved:**

- ☐ **Patient** (select program): ☐MC ☐LTLD ☐HTSD Patient Name: \_\_\_\_\_
- ☐ **Family Member/Partner-in-Care** Name: \_\_\_\_\_
- ☐ **Other** (please specify): \_\_\_\_\_ Name: \_\_\_\_\_

3. **Is this complaint a:**

- ☐ **New complaint**
- ☐ **Follow-up to an existing complaint**

4. **Description of Complaint:**

5. **Details of Resolution Discussed:**

6. **Patient/Family Member/Partner-in-care satisfied with the outcome:**

- ☐ **Yes** Date Resolved: \_\_\_\_\_
- ☐ **No** Has complainant been referred to Patient Relations: ☐Yes ☐No

7. **Investigation Completed by:**

First Name

Last Name

Title

Department

Date