

KATERI MEMORIAL HOSPITAL CENTRE
ADMINISTRATIVE POLICY AND PROCEDURES

PREPARED BY: QI Coordinator and Senior Management	POLICY Administration	EFFECTIVE DATE: June 30, 1999
APPROVED BY: KMHC Board of Directors	TITLE: Examination of User Complaints Policy 13.0 (Flow sheet Appendix F)	REVIEW DATE: <u>November 24, 2004</u>

13.1 PREAMBLE:

The administration and employees of Kateri Memorial Hospital Centre understand that users requiring services are the reason for the very existence of those services and, believe that users are entitled to be treated with respect for their rights and freedoms as well as to some recourse if these rights and freedoms are not respected.

As an institution serving the community of Kahnawake, the hospital therefore has the responsibility for establishing and maintaining an appropriate user complaint examination procedure.

13.2 DEFINITIONS:

User:

A person to whom the institution or an attached intermediate resource has provided or is currently providing health care or social services and whose documents remain in active use.

User Representative:

A person authorized by law to act on behalf of a user. These include:

1. the holder of parental authority of a user who is a minor or the user's tutor;
2. the curator, tutor, spouse or close relative of a user of full age under legal incapacity;
3. an authorized person mandated by the incapable user of full age before his incapacity;
4. a person proving that he has a special interest in the user of full age under legal incapacity.

Complaint:

A verbal or written expression of dissatisfaction by the user concerning services that he/she received; ought to have received or is receiving from the institution or from an outside resource providing services on behalf of the institution.

Note: A request for information or clarification of user's rights does not constitute in and of itself a complaint.

Intervening Party:

Any personnel member of the institution, intern or volunteer working in the institution and any physician, dentist, pharmacist or resident called upon to intervene on behalf of the user while exercising his functions or profession.

Complainant:

The individual making a complaint.

Outside Resource:

An intermediary or family-type resource or any other organization, partnership or person to which or whom the institution has recourse by special agreement.

Positions/Committees Required to Execute the Process (in accordance with the Act Respecting Health & Social Services)

Local Commissioner – An individual appointed by the Board of Directors on the recommendation of the Executive Director. The Executive Director assumes these role responsibilities at KMHC.

Medical Examiner: a physician named by the Board of Directors to handle complaints regarding the conduct of physicians, dentists and pharmacists The Director of Professional Services assumes these role responsibilities at KMHC.

Onkwa'takaritahtshera – a community health agency that is responsible for planning, maintaining and improving health and social services for the well being of all Kahnawa'kehró:non.

Review Committee: a standing committee established by the Board of Directors to review the handling of complaints by the DPS / ED if the complainant wishes to exercise his/her right to this recourse. (See further details in Appendix C)

Disciplinary Committee of the CPDP: an ad hoc committee established by the executive committee of the CPDP when complaints regarding physicians, dentists and pharmacists could entail disciplinary action. (See further details in Appendix D)

Disciplinary Committee for Employees: an ad hoc committee initiated by the Executive Director or a Director of a specific department to handle complaints against an employee. (See further details in Appendix E)

PURPOSE:

1. To resolve complaints fairly and without bias in accordance with the law respecting health and social services and in accordance with the values of Kateri Memorial Hospital Centre.
2. To make mechanisms for the examination of complaints more transparent, credible and efficient
3. To foster mechanisms for assisting users.

13.3 RIGHTS OF USERS

1. Each user has the right to responsible, confidential and diligent examination of his/her complaint.

2. Any user who exercises the individual rights outlined in this procedure, or any intervening party, is not to be the object of any retribution and is not to be made to fear reprisal. In the event of such cases, the Executive Director, the Director of Professional Services or the Review Committee must intervene immediately.
3. Each user has the right to be made aware of the complaint procedure respecting his/her rights and to be informed of legal protection afforded to any person who cooperates with the examination of a complaint.
4. A user, a user's representative or an intervening party may file a complaint.
5. A user has the right to receive assistance/support from any person of his/her choice in the formulation of a complaint or with any other step related to the complaint.
6. If the Executive Director or Director of Professional Services fail to communicate the outcome of the complaint examination within 45 days of receiving a complaint, the user may exercise his/her right of recourse to a Review Committee.
7. A user who disagrees with the conclusions transmitted by the Executive Director or the Director of Professional Services has the right to request that the conclusions be reviewed by a Review Committee.

13.4. FORMULATION AND RECEIPT OF COMPLAINTS

1. Complaints may be made verbally or in writing and forwarded to the Executive Director by a user or intervening party. Complaints concerning the Executive Director will be made to the Board of Directors.

2. Verbal complaints are to be converted to written complaints. The KMHC Complaint Form is to be used (See Appendix A (1) - Complaint Form & A (2). Record of Verbal Complaint).

3. Valid complaint

A complaint is valid if it is formulated by a user and pertains to services offered by the institution or by an outside resource to which the institution has recourse for the provision of those services.

4. Invalid Complaint

A complaint is invalid if it is considered to be frivolous, vexatious or made in bad faith. This decision is made by the Executive Director or by the Director of Professional Services and a written notice to this effect is sent to the user. A copy is put in the user's complaint record.

5. Responsibilities of Each Employee / Intervening Party

- a) When it is deemed that a user intends to formulate a complaint, he/she is to be referred to the Executive Director and is to be provided with information that will allow him/her to rapidly access the services of the Executive Director.

- b) Depending on the circumstances (an emergency or state of the user), an intervening party may formulate the user's complaint by completing the KMHC Complaint Form/s (Appendix A (1) and sending it to the Executive Director promptly.
- c) Anyone who receives a written complaint from a user is to send it to the Executive Director promptly.

6. Responsibilities of the Executive Director

- a) takes the necessary means to ensure that information regarding formulation and handling of complaints are known within the institution;
- b) assists or ensures that assistance is provided to the user in formulating the complaint or with any other steps taken related to the complaint, including with the Review Committee;
- c) informs the user of assistance and support available within the community;
- d) provides, on the user's request, any information concerning the application of the complaint examination procedure;
- e) informs the user regarding the legal protection afforded to any person who cooperates in the examination of a complaint;
- f) on receipt of the complaint, records the date of receipt on the form provided (KMHC Complaint Form, Appendix A) and opens a complaint record;
- g) informs the complainant in writing, *within 5 days of receipt of a complaint*, that the complaint was received and provides information as specified in Appendix B – Notice of Receipt;
- h) sends a copy of the complaint to the individual against whom a complaint is made;
- i) deals with complaints when they pertain to administrative or organizational problems involving medical, dental or pharmaceutical services except when these complaints concern one or more physicians, dentists, pharmacists or residents. If this is the case they are transferred to the DPS along with related documentation.
- j) informs the authority concerned when there is a complaint regarding services dispensed by an outside resource to which the institution has recourse for the provision of services. (The ED must judge that there will be no prejudice caused to the user by doing this); If the complaint is in writing, he/she sends a written notice to the authority. If the complaint is verbal, the authority concerned is to be informed verbally; and when deemed appropriate by the ED, a written confirmation will be sent.

7. Responsibilities of the Director of Professional Services

The Director of Professional Services receives and reviews user complaints concerning physicians, dentists and pharmacists. However, when a user makes a complaint regarding administrative or organizational problems involving medical, dental or pharmaceutical services, the complaint shall be examined by the ED. If the ED, after consulting with the DPS, is of the opinion that one or more physicians, dentists or pharmacists, or residents, are the subject of the complaint, the complaint will be handled by the DPS.

Note: If the DPS is in a position of conflict, the complaint will be forwarded to the chairperson of the CPDP.

13.5 HANDLING OF COMPLAINTS

1. Handling of Complaints by The Executive Director

The Executive Director:

- a) informs the appropriate competent authority when a complaint is not within the jurisdiction of KMHC. The consent of the user is required;
- b) promptly sends a written notice to the user of his/her decision to examine a complaint. If applicable, it is also sent to the highest authority of the outside resource being considered by the user. The notice must state that each party may present his /her observations and set out the modalities that best allow the parties to do so;
- c) may call any person to a meeting and request such a person to provide any information that he/she considers would be useful to the examination of the complaint. Employees or other professionals practicing in the institution must comply with the Executive Director's request;
- d) has access to the user's medical record and to any information or document it contains;
- e) may consult any person whose expertise is considered useful. Outside experts may be consulted if authorized by the Board of Directors;
- f) acts as a mediator, proposing solutions and recommending steps to improve and prevent circumstances leading to complaints;
- g) informs the manager responsible for the area (or an outside resource, if appropriate) when there are questions of a disciplinary nature;
- h) initiates or delegates initiation of a Disciplinary Committee when practice or conduct of personnel may require more than a written warning; (See Disciplinary Committee for Non-CPDP Members, Appendix E.)

- i) informs the complainant in writing of conclusions of the examination before the expiry of forty-five (45) days giving reasons upon which they are based. The complainant is also informed of the right of recourse that he/she may exercise before a Review Committee and how to do so;

Note: If the Executive Director fails to respect the time limit, conclusions may be considered to be negative and the user may exercise his/her right of recourse to the above resource.

- j) provides assistance or ensures that assistance is given to any person requesting to have conclusions reviewed by the Review Committee by helping him/her formulate the request.
- k) forwards applications for review to the Review Committee within 5 days;
- l) transmits to the Board of Directors any report or recommendations pertaining to service quality improvements, user satisfaction and respect of user rights;

Note: When a manager or the highest authority of an outside source does not intend to act upon pertinent recommendations, the board is also notified.

- m) If the gravity of a complaint so justifies, may inform the Board of Directors at any time;
- n) notifies the user in writing when a decision is taken by the Board of Directors to inform a professional corporation regarding a complaint against an employee;
- o) must inform the Board of Directors when he/she is informed that a disciplinary measure has been taken regarding a personnel member of the institution;
- p) must inform the professional order and the user in writing when disciplinary measures are taken against a professional.

Note: This is done when there has been a breach in the code of ethics of a professional order.

Handling of Complaints by the Director of Professional Services

Note: If the DPS is in a position of conflict, the chairperson of the CPDP will handle the complaint.

The Director of Professional Services:

- a) proceeds with the preliminary evaluation of the complaint as soon as possible after the complaint is brought to his/her attention in order to determine the most appropriate method of handling the complaint;
- b) decides, after preliminary evaluation, whether to proceed with his/her own examination or whether to redirect the complaint to the Executive Committee of the CPDP if, in his/her opinion, it could entail disciplinary sanctions; the decision to redirect a complaint may also be made at a later date during the course of examination based on more information;

- c) notifies the Executive Director in writing of his/her decision to redirect a complaint and sends a written notice to this effect to the complainant and person against whom a complaint is launched.
- d) sends a copy of the complaint to the professional concerned
- e) carries out a complete investigation into the complaint and may call any person to a meeting and request any person to provide information that, in his/her opinion, would be useful for the examination of the complaint; At this time each party is also notified that he/she may present his/her observations. A framework appropriate to the complaint is included for gathering and presenting observations. The notice sent to the professional against whom a complaint is made informs this person of his/her right to access the user's complaint record and directors are given for doing this;
- f) has access to the user's record and to any information or document in the record;
- g) may consult any person whose expertise is considered useful. An outside resource may be consulted with authorization from the Board of Directors;
- h) communicates conclusions of the examination to the complainant no later than forty five (45) days following the date on which the complaint was transferred to him/her by the Executive Director. At this time the user is informed of his right of recourse before a Review Committee and is given direction as to how to proceed. (See Review Committee Appendix C). If the time limit is not respected the conclusions may be judged as negative and the complainant may then exercise his recourse to a Review Committee.
- i) informs the complainant, in writing, regarding the progress of the investigations being done by a disciplinary committee. This is to be done within 60 days (or every 60 days) from the date on which the complainant was informed of the referral to a disciplinary committee.

13.6 Role of the Executive Committee of the CPDP

- a) The Executive Committee of the CPDP reviews complaints directed to it by the DPS and decides whether to form a Disciplinary Committee to examine the complaint further according to the bylaws of the CPDP. (See Disciplinary Committee of the CPDP, Appendix –D)
- b) The decision to form a disciplinary committee is to be reached by consensus. If consensus cannot be reached after two meetings, a majority vote will be the deciding factor. To prevent a tie, five (5) voting members would be preferable.
- c) The Executive Committee of the CPDP submits its recommendations regarding disciplinary action to the Board of Directors for further consideration.

13.7 Role of the Board

The Board:

- a) examines recommendations or reports from the Executive Director pertaining to service quality improvement, user satisfaction and respect of the user's rights and makes decisions it considers appropriate;
- b) if, in the opinion of the Board of Directors, the gravity of a complaint against an employee of the institution who belongs to a professional order so warrants, the board shall transmit the complaint to the professional order concerned and notify the Executive Director;

Note: the complaint must pertain to a breach in ethics of a professional order.

- c) before imposing any disciplinary measure informs the persons involved and permits them to be heard;

Note: The board members who took part at the Disciplinary Committee level will not take part in the decision at the board level.

- d) ensures that the DPS, having regard to the other functions he/she may exercise for the institution, is not in a conflict of interest situation in the exercise of his/her functions;
- e) decides on the term of appointment and operating rules of the Review Committees;
- f) decides on a date for submission of annual reports from the Executive Director, the DPS and the Review Committees.

13.8 USER'S COMPLAINT RECORD

- a) A complaint record is to be created and held by the Executive Director or, if applicable, by the Director of Professional Services.
- b) The Executive Director must transmit a complete copy of the complaint record to the Onkwatakarithatshera within 5 days of receiving written communication from this source.
- c) The user's complaint record is confidential and shall not be accessed except in accordance with the law.

Note: a copy may be forwarded to the Disciplinary Committee of the CPDP; the Review Committees may have access and; a professional who is the subject of a complaint may also have access during the examination of a complaint.

- d) The user's complaint record must include any documents pertaining to the complaint that are produced or received by the Executive Director, and if applicable, by the DPS or a Review Committee.

- e) Documents in the user's complaint record are not to be placed in the record of a personnel member or of a CPDP member of the institution. However, conclusions and recommendations may be placed in the record of a member of the CPDP.
- f) Following its closure, the complaint record shall be kept for the period stipulated in the by-laws of KMHC. At the end of this period, the Executive Director shall see to its destruction.

13.9 Annual Reporting Concerning the Application of the Complaint Examination Procedure and Service Quality Improvement

The following annual reports are to be submitted no later than a date set by the board of directors.

Annual Report of the Executive Director

This annual report shall include:

- a) the number of and reasons for the complaints received;
- b) the number of complaints dismissed on summary examination, examined or abandoned
- c) the time taken for the examination of complaints
- d) the follow-ups carried out
- e) the number of complaints that gave rise to assistance from the Onkwatarakaritahtshera and the reasons for those complaints
- f) recommendations of the Executive Director for improving quality of care and services and any other recommendations considered appropriate

Annual Report of the DPS

The DPS is to transmit to the Board of Directors and, if applicable, to the Council of Physicians, Dentists and Pharmacists an annual report describing:

- a) the number of complaints transferred to him/her
- b) the number of transfers dismissed on summary examination
- c) the number of complaints directed to the CPDP
- d) reasons for the complaints examined
- e) recommendations for improving quality of care and services
- f) other recommendations considered appropriate.

Annual Report of Review Committees

Review Committees are to transmit to the Board of Directors, and, if applicable, to the CPDP, annual reports describing:

- a) the number of requests they receive
- b) the reasons for such requests
- c) the decisions rendered
- d) the time taken to examine the requests for review
- e) recommendations for improving quality of care
- f) any other recommendations considered appropriate.

**KATERI MEMORIAL HOSPITAL CENTRE
COMPLAINT FORM**

DATE: _____

Complete the following; attach a brief statement of the complaint and; send to the Executive Director.

Client

Name: _____ **First Name:** _____

Room No. _____ (if applicable)

Complete Address: _____

Telephone: (H) _____ (W) _____

Optional Information (this may be useful to us, complete only if you wish to do so)

Birthdate: _____ **Language Spoken:** _____

Client's Representative (if applicable)

(If a complaint is filed on behalf of a minor or an adult who is incapable, the identification of that person is required)

Name: _____ **First Name:** _____

Complete Address: _____

Telephone: (H) _____ (W) _____

Reason for representation: _____

Person or organization helping the client (if applicable)

(If a client is aided in the complaint procedure, the identification of the person or organization is required)

Name: _____ **First Name:** _____

Organization: _____

Complete Address: _____

RESERVED FOR ADMINISTRATION – DO NOT COMPLETE

Date complaint received: _____

Date of transfer to the DPS (if applicable): _____

Complaint File #: _____

Client File #: _____

RECORD OF VERBAL COMPLAINT

If a verbal complaint is made complete the following.

Note: *A letter of complaint from a user may be substituted for the information requested below. However, if the letter is unclear or missing some of the information, it may be necessary to add it here.*

REASON FOR THE COMPLAINT (PERSON OR PERSONS INVOLVED)

SUMMARY OF THE FACTS

EXPECTED OUTCOMES

Documented by: _____

NOTICE OF RECEIPT

Information to be provided to the Complainant within 5 days following the date that the complaint is received:

The notice must indicate:

- the date of receipt of the complaint;
- where the complaint concerns a physician, dentist, pharmacist or resident, the date of its transfer to the DPS;
- the time limits prescribed by law for examining the complaint, that is, 45 calendar days following the date of receipt of the complaint or, if applicable, the date of the transfer to the DPS;
- that if the Executive Director /DPS fail to communicate the outcome of the complaint examination within 45 days, the user shall have a right of recourse to a Review Committee.;
- in all cases, the recourses available to the user who disagrees with the conclusions of the Executive Director or, if applicable, the DPS.

REVIEW COMMITTEE

Mandate:

Upon request by the user, a Review Committee examines whether complaints were examined properly, diligently and equitably by the DPS/ ED and whether the conclusions, if any, are based on the enforcement of rights and or compliance with standards of practice.

Responsibilities:

- 1) The committee examines written complaints from complainants who do not receive a response from the DPS / ED within the allotted 45 day period or who disagree with the conclusions.

Note:

- *Review applications must be in writing and are to be accompanied with the conclusions of the DPS / ED, if applicable.*
- *Review applications are to be filed within 60 days after receipt of the DPS's / ED's conclusions unless the complainant is able to prove to the Review Committee that it was impossible for him/her to act sooner.*
- *A request for review cannot pertain to dismissal of a complaint or to the DPS's / ED's decision to forward the complaint for disciplinary review. Complaints that were invalid by the ED or DPS do not have recourse to the Review Committee.*

- 2) The Chair of the Review Committee is responsible for sending a written notice to the person requesting the review.

The response is to state:

- a) the date that the request was received,
- b) that each party may present his/her observations and
- c) the modalities according to which observations will be gathered.

A copy of this notice is sent to the DPS / ED and the person who is the object of the complaint.

- 3) In the course of exercising its function, the committee;

- has access to the user's complaint record and must acquaint itself with the entire record;
- must allow the user, the professional/staff concerned and the DPS/ED to present their observations
- may call any other person to a meeting and request any information it considers useful to the examination of the complaint; (Note: personnel of the institution must comply with these requests).
- must make one of the following decisions:
- confirm the conclusions of the DPS /ED;

- require the DPS / ED to make an additional examination within a time limit prescribed by the committee and transmit his/her conclusions to all the parties concerned;
 - recommend to the DPS/ ED or, if applicable, to the parties themselves, any reconciliatory measure;
 - forward review applications to the disciplinary committee of the CPDP when complaints against physicians, dentists and pharmacists appear to warrant disciplinary action;
 - forward review applications to the disciplinary committee for non-CPD members when complaints against employees appear to warrant disciplinary action.
- 4) The committee must reach a decision and give reasons, which may include a dissenting opinion, within 60 days following receipt of the request for review
- 5) The committee communicates its opinion and reasons in writing to the parties concerned and to the Executive Director.

Note: The decision concerning CPDP members is final and not subject to review.

- 6) The committee must submit an annual report to the Board of Directors, a copy of which is sent to the CPDP and the Executive Director (See 13.9 Annual Reporting #3)

Membership of the Review Committee for Handling Complaints against Physicians, Dentists and Pharmacists

The following three members are appointed by the Board of Directors:

- the Chair appointed from among the members of the Board of Directors
- two members appointed from among the physicians, dentists and pharmacists on recommendation of the CPDP.

The Board of Directors shall decide on the term of appointment and determine its operating rules

Membership of the Review Committee for Handling Complaints against Employees

The following three members are appointed by the Board of Directors:

- The Chair, appointed from among the members of the Board of Directors, 1 other Board member, 1 Senior Manager

DISCIPLINARY COMMITTEE OF THE CPDP

Mandate

To investigate complaints directed to it by the Executive Committee of the CPDP or by the Review Committee.

Responsibilities:

The disciplinary committee

1. considers the complaint file; studies relevant documents and; hears any testimony it considers useful. The user and professional must be allowed to present their views. The professional may be represented by counsel and the user may be assisted by the person of his/ her choice;
2. may have outside advisors and/or consultants participate in disciplinary reviews;
3. keeps the DPS informed of the progress of the investigation on a regular basis or at the least on completion of each of the key stages of the investigation.

Note: The frequency should allow the DPS to fulfill his/her obligation to inform the user in writing every 60 days regarding the progress of the investigation until it is completed;

4. if disciplinary measures are called for, communicates conclusions, including reasons, to the professional concerned and to the Executive Committee of the CPDP or the Review Committee depending on which was the source of referral.

Membership

Three (3) active members of the CPDP who are not members of the CPDP Executive Committee, two Board members

DISCIPLINARY COMMITTEE FOR EMPLOYEES

A disciplinary committee is initiated, following investigation by the ED or his/her delegate, when practice or conduct of personnel requires more than a verbal or written warning.

Mandate:

To assist in decision-making regarding disciplinary action.

Responsibilities:

The disciplinary committee for employees:

1. reviews background information and recommendations;
2. deliberates and makes decisions regarding disciplinary measures;
3. may seek legal advice regarding disciplinary measures proposed;
4. documents and communicates its conclusions, including reasons, to the Executive Director.

Membership:

2 Directors

1 Manager (the relevant manager)