

Compliments & Concerns Management Checklist

<p>REPORTING REQUIREMENT: All Formal Compliments/Concerns are to be acknowledged within 5 business days. Concerns are to be resolved within 28 business days.</p> <p>Compliment(s): a complimentary expression by a patient/resident/client/extended family member or member of the general public experience in which the standard of care, services or the environment was considered meeting, or exceeding, what was expected in the circumstances.</p> <p>Concern(s): an experience in healthcare or in a healthcare facility that a patient/resident/client, extended family member or member of the general public finds unsatisfactory, not meeting a standard of care, or not what was expected in the circumstances.</p> <p>ADDITIONAL EDUCATION: A (25 minute) educational video on Compliments & Concerns Management.</p>	RESPONSIBILITY				
	Staff	Direct Supervisor/Manager	Regional Patient Safety Coordinator	Regional Lead-Quality, Planning & Performance & Admin. Assistant to QPP	Data entry person
INTAKE for COMPLIMENTS					
<input type="checkbox"/> Compliments raised by a patient/resident/client, extended family or member of the general public are to be addressed at the first point of contact.	<input checked="" type="radio"/>				
<input type="checkbox"/> Complete the Compliment/Concern Form if the patient/resident/client, extended family or member of the general public would formally like the compliment documented and extended to others within the organization for sharing as deemed appropriate.	<input checked="" type="radio"/>				
<input type="checkbox"/> Share compliments with staff & forward the Compliment/Concern Form to the direct supervisor/manager for submission to the Staff Communique (monthly staff newsletter) as deemed applicable. Individual compliments may be added to staff personnel files. Sharing of compliments whether it is related to a service/program &/or individual providing that service enhances a positive workforce and working environment.	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<input type="checkbox"/> Direct Supervisor/Manager forwards the completed Compliment/Concern Form to the data entry person to input information into the Compliment/Concern log.		<input checked="" type="radio"/>			<input checked="" type="radio"/>
INTAKE & MANAGEMENT of CONCERNS					
<input type="checkbox"/> Concerns raised by a patient/resident/client, extended family or member of the general public are to be addressed at the first point of contact.	<input checked="" type="radio"/>				
<input type="checkbox"/> Complete the Compliment/Concern Form when concerns can not be resolved/addressed at the first point of contact &/or if the individual would like the concern formally documented.	<input checked="" type="radio"/>				
<input type="checkbox"/> Forward the Compliment/Concern Form to the most appropriate Direct Supervisor/Manager who has the capability to address the issue.	<input checked="" type="radio"/>				
<input type="checkbox"/> Direct Supervisor/Manager contacts the site data entry person to obtain the next available Compliment/Concern tracking ID number and adds the number to the top of the form.		<input checked="" type="radio"/>			

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	Staff	Direct Supervisor/Manager	Regional Patient Safety Coordinator	Regional Lead-Quality, Planning & Performance & Admin. Assistant to QPP	Data entry person
<input type="checkbox"/> Data entry person in collaboration with the Direct Supervisor/Manager enters as much information into the tracking log according to details on the form.		⊙			⊙
<input type="checkbox"/> Direct Supervisor/Manager then contacts the person who raised the concern ASAP within 5 business days to acknowledge/discuss/resolve the matter. NOTE: If a person has emailed personal health information (PHI) to you, do not reply to the email. Begin a new email to acknowledge the receipt of the compliment/concern. Follow the supporting guideline on “Emailing Confidential Information” ORG.1411.SG.001 for ongoing communication.		⊙			
<input type="checkbox"/> If the matter is resolved indicate actions taken and send the completed form to the data entry person at your site for final input into the tracking log.		⊙			⊙
<input type="checkbox"/> If the concern requires further investigation collaborate with other members of the healthcare team to discuss actions/next steps taken or to be taken to address the concern. Obtain facts and remember that personal health information can only be disclosed in accordance with the Southern Health-Santé Sud “Use and Disclosure of Personal Health Information”- ORG.1411.PL.502 policy.		⊙			
<input type="checkbox"/> If the individual has contacted the media regarding a concern or indicates legal action, initiate a Safety Event Report and notify the Regional Patient Safety Coordinator immediately. These types of events maybe considered a Critical Occurrence (CO) &/or may prompt a review to determine if a Critical Incident (CI) may have occurred.		⊙	⊙		
<input type="checkbox"/> When reviewing and discussing personal health information with an individual other than the patient/resident/client, consent must be first obtained from the patient/resident/client and documented on the “Consent to Disclose Personal Health Information Form” (ORG.1411.PL.502.FORM.01). If consent is not obtained/denied contact the individual that brought forward the concern to inform them that it is a requirement that SH-SS obtains consent for release of personal health information in order to proceed further with the investigation. If the patient/resident/client denied consent the review cannot proceed further. NOTE: At your discretion, you may wish to respond to the individual in the same method they used to bring the concern forward or in the method they have specified. For written communications utilize the HIROC “Responding to Complaints & Concerns: A Letter Writing Guide for Healthcare Providers and Administrators” as a resource when responding.		⊙			

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		Staff	Direct Supervisor/Manager	Regional Patient Safety Coordinator	Regional Lead-Quality, Planning & Performance & Admin. Assistant to QPP	Data entry person
<input type="checkbox"/>	For sensitive or suspected legal concerns, consult the Regional Lead-Quality, Planning & Performance for review of any written response that may require legal consultation.		⊙		⊙	
<input type="checkbox"/>	When a concern is received regarding a request for compensation contact the Regional Lead-Quality, Planning & Performance and the Administrative Assistant-Quality, Planning & Performance.		⊙		⊙	
<input type="checkbox"/>	Notify the individual of the findings and any steps taken to resolve their concern. Concerns are to be resolved within 28 business days. If a resolution/conclusion has not been reached by 28 days, contact the individual to advise them of the status of their concern.		⊙			
<input type="checkbox"/>	Send the form and any written correspondence to the site data entry person to input the remainder of information required into the tracking log.		⊙			⊙
<input type="checkbox"/>	File the Compliment/Concern Form with any applicable correspondence at the site.					⊙
FOLLOW-UP						
The Decision Support Analyst analyzes and audits the compliments/concerns tracking log on an annual basis and creates a regional report that is disseminated/posted in the Fall of each year. The reports are located on the Healthcare Provider Site (HPS) under Stats & Facts.						