

Patient Complaints/Concerns	
Manual: Administration	
Section:	Subsection:
Original Date: Jan 14, 2019	Reviewed/Last Modified Date: Jan 19, 2019
Approved By: CEO	
<i>A printed copy of this document may not reflect the current, electronic version of the MEDICAL ASSOCIATES OF PORT PERRY/NORTH DURHAM FAMILY HEALTH TEAM (NDFHT) Policy & Procedure. Any copies of this document appearing in paper form should ALWAYS be checked against the electronic version prior to use.</i>	

Principle:

The North Durham Family Health Team/Medical Associates of Port Perry are committed to providing the best possible services to the individuals, groups and communities it serves and operates from a client-centered model of service delivery. The North Durham Family Health Team/Medical Associates of Port Perry believe that organizational improvement can be best achieved by encouraging patient feedback. Then ensuring that this feedback is utilized for the purpose of continuous quality improvement.

Every effort will be made to respond to patient concerns as soon as an issue is raised and the goal will be to find immediate resolution. When this is not possible, the procedures for addressing a concern/complaint are clearly articulated by the organization and the steps outlined in the procedures will be followed in an expedient manner.

Policy:

Ensure that a process is in place to address patient/client concerns and complaints in a systematic and responsive fashion. Seek to quickly and effectively investigate and address the patient's concern/complaint and include team members in establishing steps in resolving the concern/complaint.

Procedures:		
<i>Responsibility</i>	<i>Steps</i>	<i>Actions</i>
AGS Operations Supervisor will distribute to: FHT Op. Mgr GH CEO	1.	Receives formal complaint.
	2.	Acknowledges and discusses written complaint with patient/client (ideally within 5 business days)
	3.	Explains the complaints resolution process to patient/client
	4.	Attempts to facilitate a fair, speedy and efficient resolution of the concern/complaint
	5.	Meet with the team member(s) involved.
	6.	If unable to resolve or deems it necessary, the complaint will be presented to the: i) Operations Committee to investigate if clinical or ii) CEO to investigate if non-clinical
Operations Committee (Clinical) or CEO (non-clinical)	7.	Review any internal documentation related to the clinical complaint/concern. Meet with the team member(s) involved, if appropriate.
	8.	Strategize a Solution/Response
	9.	Make recommendations to the Operations Supervisor
Operations Supervisor	10.	Informs patient/client of the results of the investigation of the Operations Committee or CEO
	11.	Presents Anonymized Case Review as a learning opportunity at Quality Improvement meetings

Cross Reference:

Relevant Forms/Guidelines:

Endnotes: