



Title: Client Relations Policy	
Type of Policy: Client Relations	
Category: Organizational	
Policy Number: O - 002	
Applicable to: All Staff and Volunteers	
Originator(s): Chief Nursing Executive, Director of Clinical Programs	
Approved by: Quality Committee	Original approval date: March 2011
Date of last approval: November 2016	Date of next review: November 2018
Consulted: Excellent Care for All Act (2010) Mt. Sinai, Humber River Regional, Sunnybrook and St. Joseph's Client Relations Policy Statements and Procedures	

POLICY

Casey House is committed to a comprehensive *Client Relations* process which empowers individuals or groups to provide insight into the care experience and Casey House to act on this feedback in a timely manner for continuous quality improvement. Clients and their networks of family, supports and providers will be offered frequent opportunities to provide ongoing input and feedback to enhance quality client-centred HIV/AIDS care at Casey House. Casey House will address concerns, complaints, and requests. In addition, Casey House will answer questions or forward suggestions and compliments to the appropriate person or department.

Casey House acknowledges that challenges and barriers may exist for some individuals or groups to provide constructive feedback to care providers. To reduce these concerns a variety of feedback opportunities including one-on-one interviews and anonymous surveys are offered, to ensure that everyone has meaningful opportunities to express their opinions and suggestions for improving care.

Background

Increasingly health care organizations, providers and clients have emphasized 'quality care' within their mandates, missions and visions. The pursuit of excellence in client care involves an integration of system organization and accountability, policy, processes, and clinical practices informed by evidence and research. Ontario's Ministry of Health and Long Term Care through the Excellent Care for All Act (2010) emphasized a strategy in which:

- "The patient is at the centre of the health care system
- Decisions about patient care are based on the best evidence and standards
- The health care system is focused on the quality of care and best use of resources
- The main goal of the health care system is to get better and better at what it does"

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Excellent Care for All has resulted in a number of changes, additions and accountabilities that focus organizations, senior executives and public reporting on quality as a priority. This Act requires health care organizations, currently defined as hospitals, to:

- Develop and post annual quality improvement plans
- Implement patient and employee satisfaction surveys and a patient relations process
- Link executive compensation to achievement of quality plan performance improvement targets
- Develop declarations of values after public consultation
- Create quality committees to report to each hospital board on quality related issues

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In keeping with the values and mission of Casey House, the health care team and support services and structures recognizes and values the voices, opinions, and contributions of the clients we serve, their families and support networks, our partners, and our communities. This input from all stakeholders is used to promote continuous quality improvement in the care experience. Casey House is committed to delivering exemplary care. Our annual Quality Improvement Plan demonstrates an inter-professional and intra-organizational commitment to enhancing the quality of care, service delivery and fiscal accountability.

Casey House welcomes feedback and input from the clients, families, friends, community providers and partners we serve to better inform our care going forward. We invite our Casey House community to use any of the multiple avenues for feedback and share their experiences so we can continue to evolve and change to meet their needs.

Casey House will report all complaints/compliments to the Quality Committee at each meeting for each reporting period and at year end in an anonymous manner. Quality Committee reporting will include:

1. the number of complaints / compliments
2. nature of complaint / compliment
3. for complaints:
 - safety and risk issues
 - mitigation interventions
 - follow-up and action strategies

PROCEDURES

Current opportunities to provide feedback at Casey House include:

1. **Direct Communication** – Casey House is committed to open, transparent and respectful communication and we encourage all clients, family members, supports, community providers and organizations to approach any staff / volunteer at Casey House to share their thoughts, opinions, suggestions, concerns or questions.
2. **Residential Roundtable** – Is a weekly facilitated meeting for all clients admitted in the inpatient unit to identify immediate issues, concerns, requests, ideas and kudos regarding the care team, support staff, client community, visitors or the environment. The focus is on empowering clients to identify strategies and suggestions, problem solve and identify to whom and how this feedback is provided.
3. **Client Engagement Sessions** – Once a month in-patient and community clients are invited to participate in a group discussion related to client services and/or quality improvement initiatives. Each session has a specific topic for which clients can provide feedback, informed by their care experiences, to inform the care and services at Casey House. These sessions are not designed for the sharing of individual care interactions or concerns but for engaging clients to draw on their experiences of care to inform quality improvement activities.

4. Client Experience Interviews/Surveys – Casey House offers to all clients uses in-person interviews, to gather feedback on services and the client experience to:
- i. All clients while admitted to the Residential Program and when discharged
 - ii. All clients discharged from the Community Program
 - iii. Families or supports of clients who have passed away at Casey House

These interviews are conducted by a staff member with no other clinical responsibilities at Casey House. Feedback is collected and recorded to ensure client anonymity by reporting back the combined feedback of many clients' experience to Casey House Quality Committee twice per year. Clients not interested or unable to participate in an interview are offered the opportunity to share their feedback via an anonymous survey.

5. Community Advisory Committee – The Community Advisory Committee is an active committee at Casey House with PHA (people with lived HIV experience) and Community Provider representatives. Feedback regarding services can be forwarded to this committee via its members for review and recommendations.
6. Complaint Process – Casey House will work to resolve any concern or complaint in a timely manner through a number of options:
- i) Discussing the issue with the staff / volunteer member directly; this direct communication may allow for quick resolution of any issue to focus on your needs. If the issue is unresolved then the issue will be forwarded to the Manager / Supervisor / Coordinator for resolution.
 - ii) Contacting the Manager / Supervisor / Coordinator of the staff / volunteer directly involved:
 - by phone at 416 962 7600
 - by fax at 416 929 8849
 - by email at clientrelations@caseyhouse.ca
 - iii) Any complaint or concern that is forwarded to the Manager / Supervisor / Coordinator will result in:
 - receiving and acknowledging the concern / complaint
 - obtaining information from the complainant about their concern / complaint
 - explaining the client feedback process (including the need for complainant confidentiality as circumstances prescribe) and identifying the next steps to the complainant
 - assisting with coordination and communication of the client feedback process with the staff, physicians, and management
 - acting as an ongoing contact for the complainant, including updates to the resolution process
 - all complaints will be logged for formal reporting (Form # O-002; Appendix A) and tracked by the Chief Nursing Executive/ Director of Clinical Programs
 - documentation of the process and outcome of the concern (Form HR 003)

If resolution is not achieved with the Manager / Supervisor / Coordinator, the complaint / concern will be forwarded to the Chief Nursing Executive / Director of Clinical Programs for follow up. The complainant is also encouraged to contact the Chief Nursing Executive / Director of Clinical Programs directly:

by phone at 416 962 7600 ext 5102
 by fax at 416 929 8849
 by email at clientrelations@caseyhouse.ca

7. Compliment / Kudos Process – Casey House is pleased to hear positive feedback from clients, their families and friends and community providers regarding their care and service. You can give

compliments / kudos through any or all of the following options:

- i) Compliment the staff / volunteer member directly - we encourage you to share your thoughts, feelings and experiences with us directly
- ii) Give positive feedback in your satisfaction survey interview
- iii) Contact the Manager / Supervisor / Coordinator of the Staff member / volunteer involved by phone, mail or email*
- iv) Complete a Client Relations Form (attached and on the web site) and forward to the Client Relations Officer at Casey House*

* The compliment / kudos you provide to the Manager / Supervisor / Coordinator or Client Relations Officer will be shared with staff member (s) directly, without disclosing the name of the client.

REFERENCES

Excellent Care for All Act, 2010, S.O. 2010, CHAPTER 14, Ministry of Health and Long Term Care – Ontario.

<http://www.hrh.ca/WereListening>

<http://www.mountsinai.on.ca/patients/your-hospital-stay/patient-relations>

<http://www.stjoe.on.ca/patients/relations.php>

http://sunnybrook.ca/content/?page=Care_Stay_Comp



CLIENT RELATIONS FORM

as per Client Relations Policy O - 002

Appendix A

Information	
Name of Person Complaining/Complimenting:	
Contact Number:	Email:
Date of Complaint/Compliment: _____ dd/mm/yyyy	Date(s) of Event (s): _____ dd/mm/yyyy
Name of Manager / Supervisor / Coordinator Informed:	Date of contact with Manager / Supervisor / Coordinator: _____ dd/mm/yyyy

Nature of Complaint / Compliment
<input type="checkbox"/> Complaint <input type="checkbox"/> Compliment <input type="checkbox"/> Other: _____ <input type="checkbox"/> Client Care <input type="checkbox"/> Food <input type="checkbox"/> Programming <input type="checkbox"/> Client <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Visitors <input type="checkbox"/> Environmental <input type="checkbox"/> Other (specify): _____

Details of Event(s)
<p>Details of Event(s): <i>Please describe the circumstances and all contributing behaviours, actions or verbalizations identified as contributing to this event. Please add additional pages as necessary.</i></p>

Resolution and Response

Collateral Information obtained from staff, volunteers or clients involved in event:

Communications with Person offering Complaint / Compliment: (Include dates and content of follow up to compliment / complaint)

Signature of Manager / Director receiving complaint / compliment

Date dd/mm/yyyy

This form must be completed by the Manager / Supervisor / Coordinator or Director.