



## **Patient Relations, Office of the Ombudsman Annual Report**

**April 1, 2008 - March 31, 2009**

### **1.What does Patient Relations do?**

The Patient Relations Department (Office of the Hospital Ombudsman) continues to evolve and become an increasingly proactive practice at University Health Network (UHN). It seems we are no longer just the "complaints department" but we are continually involved in pro-active patient safety, patient education, staff education, staff support and system change.

While our core activities revolve around resolving patient / family concerns, we are regularly involved with:

- Collection of complaint information
- Analyze our data in order to identify trends and patterns
- Use those trends to advocate for appropriate changes within UHN
- Education and capacity building in the organization through in-services and educational sessions to front line staff and physicians through the very popular "Patient Relations Road Show".
- Ongoing management of the "You're a star to us" and the infamous gold star to acknowledge those UHN staff and physicians who have "gone above and beyond the call of duty"
- Ongoing management of the Virtual Patient Focus Group (VPFG), an on-line virtual group of former users of UHN services who are asked via email to provide advice and suggestions on specific issues / programs / initiatives being contemplated in the hospital.

Patient Relations at UHN continues to be identified as "best practices" and has received acknowledgement provincially, nationally and internationally.

It is our hope that this report provides meaningful information to all users and we look forward to your comments and suggestions so that we might improve this report next year.

### **2. What is our process?**

By policy, all staff and physicians are encouraged to try to resolve patient / family concerns as they arise. However, if the patient / family member does not feel that their concerns have been adequately addressed or when there is a recognized need for additional conflict resolution support, accessing the Patient Relations Department is encouraged.

It is somewhat discouraging to know that despite over 25 different strategies developed to advertise the existence of the Patient Relations department to patients / family members, staff and physicians, we are continually hearing that there are segments of our UHN community who are unaware of the existence and role of Patient Relations. Feedback from the UHN community to increase awareness is encouraged...if you have an idea please share with us!

### **3. Activity Indicators**

### 3.1. Number of Telephone Calls Received in this office by fiscal year:

April 2008 - March 2009      April 2007 - March 2008

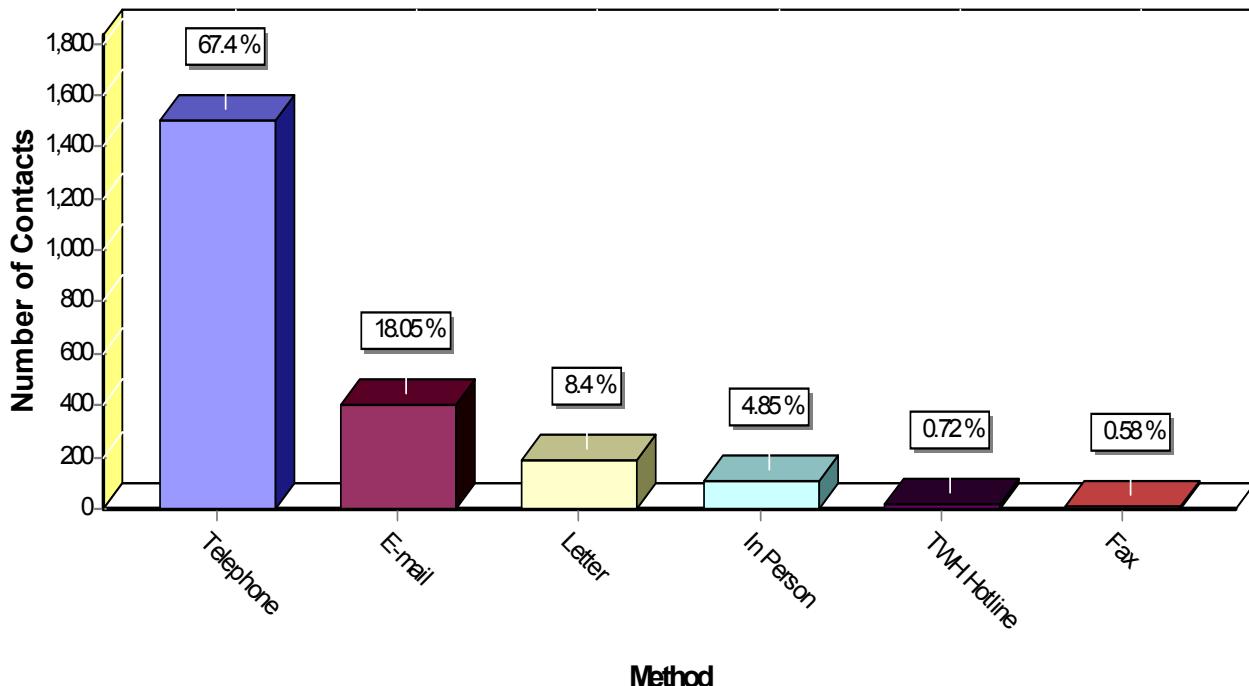
	April 2008 - March 2009	April 2007 - March 2008
<b>Calls received per year</b>	<b>6000</b>	<b>5930</b>
<b>Monthly average</b>	<b>500</b>	<b>495</b>
<b>Daily average *</b>	<b>25</b>	<b>24</b>

(on average 20 working days per month).

#### Analysis:

The number of calls received in 2008/2009 has increased slightly over the previous year. However, Patient Relations staff report that the intensity of each call and the time required for each call has increased. This pattern is experienced in other Patient Relations department across the province (Ontario Patient Representatives Association, Statistis,2008/2009).

### 3.2 How did patients/ family members contact the Patient Relations office in 2008-2009?



**Analysis:**

As in the past, most contact with the Patient Relations office is made by telephone. However, for the first time since 1993, and not surprisingly, communication by email (internet) has surpassed letter writing as the mode of contact.

**3.3. Number of calls by staff to Patient Relations as “heads up” or for support:**

As part of this department’s educative / mentoring objectives, staff are encouraged to contact the Patient Relations Department for advice, coaching or mentoring.

	April 2008 – March 2009	April 2007 – March 2008
<b>Pre-emptive (Heads up) and Staff Support/ Inquiry Calls</b>	<b>575</b>	<b>138</b>

**Analysis:**

This year, there was an enormous increase (over 400 percent!) compared to last year, in the number of contacts made by physicians and hospital staff to the Patient Relations office. Staff tell us that they are **re** increasingly aware of the positive outcomes of the Patient Relations Department and they value our advice and recommendation. Twenty six percent of calls from physicians and staff are prefaced by the phrase “I am calling to get your advice / guidance on how to manage this situation....”

Clearly we are becoming valued internal consultants to the UHN community.

**3.4. Number of Complaints requiring Administrative Review:**

While the Patient Relations office received 6000 telephone calls this year, the number of files that were opened for administrative review was substantially smaller, as identified below (nearly fourteen percent).

This again confirms that while many people call ‘to complain’ their concerns are effectively managed through supportive listening, counseling, education and option building.

	April 2008 – March 2009	April 2007 – March 2008
<b>Pre-emptive (Heads up) and Staff Support/ Inquiry Calls</b>	<b>575</b>	<b>138</b>

**Analysis:**

There is a slight increase in the number of files / administrative reviews over the last fiscal year although we do not see this as a concerning increase.

### 3.5. Total Number of Compliments:

The receipt and acknowledgment of compliments has traditionally been part of this department's employee recognition programs.

	April 2008 – March 2009	April 2007 – March 2008
Number of Compliments processed	<b>187</b>	<b>212</b>

#### Analysis:

This year we continue to see a decrease in the number of compliments received. Fifty-eight percent fewer compliments were received in 2006 / 2007 over 2005 / 2006 and thirty-nine percent fewer compliments were received in 2005 / 2006 over 2004 / 2005. This downward trend prompts the department to reconsider ending this program despite the positive way with which it is received by staff.

The declining trend is likely due to two main factors:

Patients / families compliment staff and physicians directly

The adoption of the "Star Program" by the Toronto General / Toronto Western Hospital Foundation has redirected compliments to that program.

### 3.6. How many days does it take to resolve a complaint?

	April 2008-March 2009	April 2007-March 2008
<b>Average number of days for TGH</b>	<b>12</b>	<b>16</b>
<b>Average number of days for TWH</b>	<b>11</b>	<b>14</b>
<b>Average number of days for PMH</b>	<b>9</b>	<b>18</b>
<b>Average across UHN</b>	<b>10.7</b>	<b>16</b>

The average number of days required to resolve concerns (from receipt of concern to resolution of concern) varies across UHN by site.

#### Analysis:

The above statistics suggest that despite the increased complexity of concerns, resolution is occurring faster. This is likely due to a number of factors:

1. Management and physicians recognize that a comprehensive and speedy response to a patient/ family complaint is the one of the most effective ways by which to resolve and bring closure to that complaint.
2. Management and physicians are increasingly comfortable in reviewing concerns and providing patient relations with answers. It is particularly gratifying that CMPA has supported the work of Patient Relations when they have discussions with UHN physicians. It is also satisfying to hear that physicians who have appointments at other hospitals have provided

very positive feedback to UHN Patient Relations about our processes and our credibility.

#### **How Many Days it took to resolve complaints at each site**

0-3 Days      4-7 Days      Over 8 Days

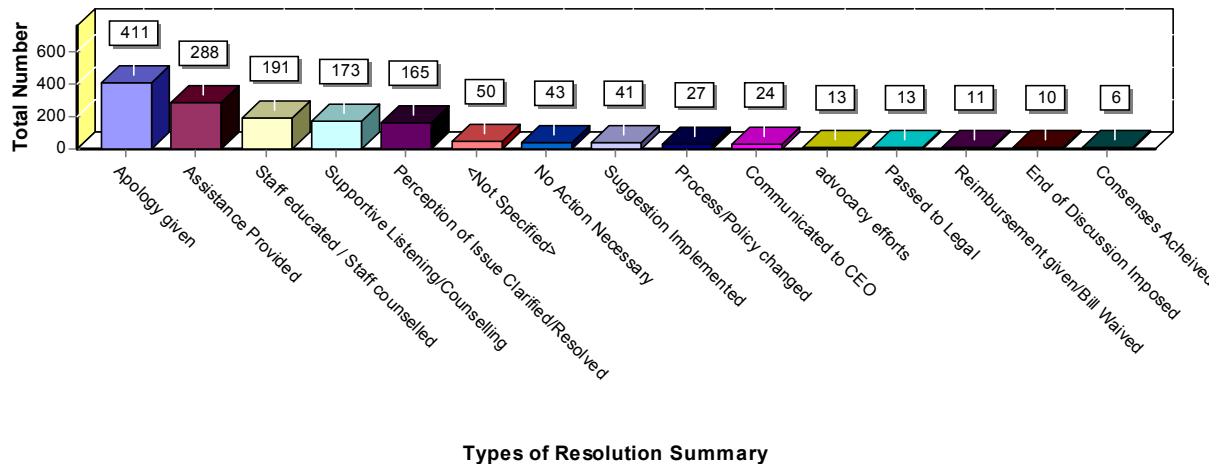
	0-3 Days	4-7 Days	Over 8 Days
TGH (out of 264 complaints)	40%	25%	35%
TWH (out of 420 complaints)	43%	23%	34%
PMH (out of 115 complaints)	47%	26%	27%
Corporate - UHN (out of 15 complaints)	40%	20%	40%
TOTAL AVERAGE (Out of 814 complaints)	42.5%	23.5%	34%

#### **Analysis:**

Forty-two percent of all complaints are resolved in three days or less. An additional twenty-four percent of complaints are resolved within seven calendar days. Only thirty four percent of files take more than eight days to resolve and extreme outliers taking much longer than fourteen business days significantly impact this number.

#### **3.7. Outcomes of complaints:**

Each administrative review is evaluated at completion to determine what outcomes have been achieved. \*Often more than one outcome has been identified in each case as illustrated below.



#### 4. Major Initiatives undertaken and Accomplishments in 2008-2009

**4.1. The Patient Relations Road Show** was launched in December 2006. This program was created as a result of the success of the Patient Relations Rotation program, along with requests from staff regarding how to better handle challenging patient / visitor encounters. At this point in time, nearly **2000 staff members and volunteers** (almost twenty percent of all staff) from all three sites have attended this program. The results of this program have been consistently positive. The Patient Relations team has written an article summarizing the results of the Road Show, which will be published in Healthcare Quarterly this year. Given the success of this program and the unremitting number of requests for this program, a DVD is being developed for purchase by individual departments.

**4.2.** In October 2006, the **Virtual Patient Focus Group (VPFG)** was created. Currently there are over 250 individuals listed as members and the number keeps growing. The VPFG is a group made up of former patient relations customers who we engage bi-monthly via email to get their views on ongoing hospital initiatives. Several departments and programs at UHN have used our VPFG in order to obtain immediate patient feedback on new strategies in their areas.

#### 4.3. Articles published

*Virtual Patient Focus Group An Innovative and creative approach to soliciting patient feedback* Canadian Journal of Nursing Informatics, Vol. 2 No 3, 2007

*Ombudsman for a day: A job rotation opportunity at the University Health Network,* Healthcare Quarterly Winter 2007

*University Health Network's Virtual Patient Focus Group* Hospital News February 2007

*Benchmarking Patient Complaints Data across Ontario Hospitals: University Health Network Invites Collaboration* Healthcare Quarterly March 2005

*Why Can't I visit? The ethics of visitation restrictions – lessons learned from SARS Critical Care* October 2004

*Visitation Restriction in the Post – SARS Hospital Environment: A Policy Approach*  
Longwoods Review October 2004

*Mixed Gender Wards: What Does the Evidence Indicate?* Hospital Quarterly Winter 2001/2002

**4.4.** Continued support of “**you’re a star to us**” and the “**random act of kindness**” employee recognition programs and annual celebratory teas. Over **800 staff members and volunteers** were nominated and received stars in 2008/2009.

## **5. Corporate committee involvement - Tabling the Patient’s viewpoint**

Patient Relations department members are expected to participate in a hospital committee each year. Participation in committees is important since we are able to table our observations about the patient experience based on the complaints that we receive. Internal advocacy through committee involvement has been exceedingly effective to all departments and assists Patient Relations staff in being able to provide comprehensive background information to patients / family members who lodge complaints.

This year we participated in the following committees:

- Quality Committee of the Board of Trustees
- TMT/ IST Committee
- Clinical Quality of Care Committee
- Medical Advisory Committee
- Wireless Guest Communication Committee
- TGH Operations
- Workplace Violence
- Signage Committee
- Nutrition Tasting Panel Group
- Accessibility workgroup
- LGBT Patient Group
- Recognition Committee
- Positive Deviance Committee
- Patient Education Television Committee
- Patient Information Newsletter Committee
- UHN Health Equity Plan Task Force

Patient Relations has continued membership this year with:

- Ontario Patient Representative Association (OPRA)
- Society of Healthcare Consumer Advocacy (SHCA)

## **6.**

## Our Observations about UHN

### 6.1. Major Issues Identified after Administrative Review:

	April 2008 – March 2009	April 2007 – Mar 2008
<b>Attitude</b>	<b>231</b>	<b>187</b>
<b>Communication</b>	<b>217</b>	<b>236</b>
<b>Care</b>	<b>214</b>	<b>224</b>
<b>Coordination of Care</b>	<b>127</b>	<b>131</b>
<b>Service Accessibility</b>	<b>95</b>	<b>81</b>
<b>OR scheduling</b>	<b>44</b>	<b>24</b>
<b>Patient Information</b>	<b>29</b>	<b>34</b>
<b>Discharge Issue</b>	<b>28</b>	<b>28</b>
<b>Financial Issues</b>	<b>25</b>	<b>24</b>
<b>Facilities</b>	<b>24</b>	<b>29</b>
<b>Others</b>	<b>177</b>	<b>171</b>
<b>Total</b>	<b>1211</b>	<b>1199</b>

**N.B.** Each complaint logged may involve more than one category; therefore, total numbers for these issues exceed our total number of complaints.

#### Analysis:

This year, attitude is the number one issue of concern for patients / family members, followed closely by communication and perception of care. The actual standing is not that critical to us here in Patient Relations since we see these three factors consistently being the top three factors AND consistently being inter-related to one another.

#### Issues by Professional discipline:

Group Involved	April 2008 – March 2009	April 2007- March 2008
<b>Physician</b>	<b>117</b>	<b>80</b>
<b>Nurse</b>	<b>36</b>	<b>37</b>
<b>Unit / Clinic Clerk</b>	<b>35</b>	<b>19</b>
<b>Physician's office – Surgical</b>	<b>29</b>	<b>23</b>
<b>Physician's office- Medical</b>	<b>24</b>	<b>6</b>
<b>Secretary</b>	<b>22</b>	<b>30</b>
<b>Resident</b>	<b>13</b>	<b>13</b>

### 6.2i Types of concerns received for Physicians:

Type of Concern      April 2008-March 2009      April 2007 –March 2008

<b>Communication</b>	<b>61</b>	<b>52</b>
<b>Care</b>	<b>58</b>	<b>51</b>
<b>Attitude</b>	<b>50</b>	<b>29</b>
<b>Coordination of care/ services</b>	<b>42</b>	<b>22</b>
<b>Service accessibility or availability</b>	<b>31</b>	<b>13</b>
<b>OR scheduling</b>	<b>15</b>	<b>6</b>
<b>Patient Information</b>	<b>13</b>	<b>7</b>
<b>Pain Management</b>	<b>6</b>	<b>1</b>
<b>Others</b>	<b>20</b>	<b>12</b>
<b>Total</b>	<b>296</b>	<b>193</b>

### 6.2ii Types of Concerns received for Nursing:

Type of Concern      April 2008 – March 2009      April 2007- March 2008

<b>Attitude</b>	<b>26</b>	<b>23</b>
<b>Care</b>	<b>16</b>	<b>16</b>
<b>Coordination of Care/ services</b>	<b>3</b>	<b>3</b>
<b>Visiting Issues</b>	<b>2</b>	<b>0</b>
<b>Communication</b>	<b>2</b>	<b>9</b>
<b>Abuse</b>	<b>2</b>	<b>4</b>
<b>Safety</b>	<b>1</b>	<b>2</b>
<b>Pain management</b>	<b>1</b>	<b>2</b>
<b>Accommodation</b>	<b>1</b>	<b>0</b>
<b>Others</b>	<b>N/A</b>	<b>4</b>
<b>Total</b>	<b>54</b>	<b>63</b>

#### Analysis:

The pattern of the types of concerns by the two main professional groups at UHN has remained remarkably consistent over the last several years. This is not a new trend or an unexpected trend. Ongoing efforts in patient-centered care continue to impact positively on both attitude and communication and UHN is encouraged to continue efforts in this regard.

### 6.3. Hot Spots – Top 5 departments we receive complaints about

TGH	TWH	PMH
<b>Emergency – 15.5%</b>	<b>Emergency – 12.8%</b>	<b>Hematology Oncology 15.38-%</b>
<b>General Internal Medicine – 7.41%</b>	<b>Orthopedics – 11.21%</b>	<b>Gynecology Oncology 11.97– %</b>
<b>General Surgery – 4.44%</b>	<b>Neurosurgery – 8.24%</b>	<b>Mammography – 5.13%</b>
<b>Psychiatry – 4.07%</b>	<b>General Internal Medicine – 5.26%</b>	<b>Chemo Day Care – 5.13 %</b>
<b>Blood Collection Centre – 3.35%</b>	<b>Family Health Clinic – 4.35%</b>	<b>Medical/ Radiation Oncology Unit – 5.13%</b>

Analysis out of the **264 complaints received for the Toronto General Hospital** and **the 420 complaints for the Toronto Western Hospital**, the Emergency Department is the area about which we receive the most complaints. From the **115 complaints we received from Princess Margaret Hospital**, the department of Hematology/ Oncology received the most.

These data do not surprise us given the number of patients who seek care in all of these areas.

### 6.4. Feedback broken down by Site

#### 6.4i TGH Breakdown

Please see **Appendix 2** for breakdown of the total feedback received for TGH along with the type of complaints.

#### 6.4ii TWH Breakdown

Please see **Appendix 3** for breakdown of the total feedback received for TWH along with the type of complaints.

#### 6.4iii PMH Breakdown

Please see **Appendix 4** for breakdown of the total feedback received for PMH along with the type of complaints.

## 7. Summary of Hospital issues / trends

At the hospital level, several system issues continue to be problematic issues for the public. These are:

- Concern with reductions in staff and budget
- Communication and attitude of health care team
- Cancellation / re-scheduling of O.R. times
- Waiting time in the ER for an admission bed
- General system changes
- Waiting times for appointments and waiting-time in clinics
- Appointment mix-ups
- Medical record related issues
- Disagreement with discharge policies
- Reduction in services and being billed for services, which have been free up until now

## 8. Observations that may minimize conflict in the future

### 8.1. Rising Frustration:

Patients / family members appear to be increasingly frightened about changes to the health care system. Furthermore, they are experiencing increased levels of frustration by what they perceive to be a decline in the service and quality of health care. Often both of these sentiments are exacerbated by unrealistic expectations of what individual care providers or the hospital can provide. Furthermore, there is an increased level of anger / frustration, in part, prompted and heightened, by media reports. The culmination of these factors result in conflicts between the patient / family and the members of the health care team. Recognizing the existence of a constant level of frustration may alter some of our own approaches to the patient / family.

### 8.2. Early Identification/ Early Access of Patient Relations Services:

The Patient Relations department has found that early identification of problem situation and early accessing of the Patient Relations service has been extremely helpful in pre-empting conflicts. Too often, Patient Relations is asked to facilitate resolution of conflict-laden situations, which have been developing for weeks and it is very difficult to achieve successful resolution at that time. Physicians and UHN staff are encouraged to call Patient Relations early on.

### 8.3. Communication:

The issue of communication is a complex complaint. Sometimes, patient and family members have not been well enough informed about what is happening and what they are to expect and they truly need more information. At other times, they have been well informed but for a variety of different reasons they do not really "hear" or "understand". This can be frustrating for all parties.

We have found that often patients / family members have questions about issues, which have little or no substantive clinical importance, but the questions are important to them.

Finally, while we operate on the notion of the capable patient getting the information and making decisions about their care, the complexities and variation that come from the presence of diverse ethnic populations (with different rules and values) is the cause for conflict.

#### **8.4. Patient / family knowledge of the healthcare system:**

While it is true that many patients / family members are more interested in knowing about their illness and the system and they do more research than any generation before, many patients only know of the system based on their favorite medical television show. Unfortunately, the difference between television and reality is quite shocking for some. Patients / family members should use the excellent resources of the Patient Education centres as much as possible.

#### **Conclusion:**

As in previous years, the Patient Relations department will be sharing this report broadly, in hard copy and via the UHN intranet. We look forward to a positive reception to this open and transparent approach since we believe it represents the highest ideals of transparency and accountability. We look forward to your suggestions and feedback.

Respectfully submitted,

Sharon Rogers  
Hospital Ombudsman  
Director, Patient Relations

Vasiliki Bakas  
Coordinator, Patient Relations  
Office of the Ombudsman

At this time we make special recognition of the wonderful staff in the Patient Relations office: Mrs. Terry Gordon and Ms. Erika Sedge.



