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Client and Family Relations		

Preamble

Holland Bloorview’s Client and Family Relations process is responsible for collecting client and family feedback and managing concerns as well as compliments. It also supports the tracking and trending of feedback to improve the quality of care and the client and family experience at Holland Bloorview. The process aims to create a seamless, easily accessible, and impartial system that is accountable, transparent, and responsive to the needs of the clients served, while also being supportive of the staff at Holland Bloorview.

Policy Statement

The Client and Family Relations process is in full alignment with the requirements for a patient relations process, as set out of by the Excellent Care for All Act which became law in June 2010 (statements below). Holland Bloorview’s robust Client and Family Relations process supports issue resolution and follows clear guidelines for mitigation and escalation.

Legislation: Patient Relations Process

(1) Every health care organization shall have a patient relations process and shall make information about that process available to the public. 2010, c. 14, s. 6 (1).

Must reflect values

(2) The health care organization shall ensure that the patient relations process reflects the content of its patient declaration of values. 2010, c. 14, s. 6 (2).

Patient Relations at Holland Bloorview

Holland Bloorview promotes the Client and Family Relations process through several Mechanisms:

- a) Postcards available throughout the hospital with contact information for the Client and Family Relations Facilitator and feedback sections
- b) Corporate website, outlining the feedback process and contact information for the Client and Family Relations Facilitator if a client/family has a concern and/or compliment to share
- c) Staff refer families directly to the Client and Family Relations Facilitator
- d) Corporate feedback survey, providing the contact information for the Client and Family Relations Facilitator
- e) Internal staff education and training sessions, describing the process and providing information to staff relating to consultation with the Client and Family Relations Facilitator on appropriate mitigation/conflict resolution strategies.


Legislation: Patient declaration of values

Every health care organization that does not already have a publicly available patient declaration of values produced after consultation with the public shall,

- (a) within six months of becoming subject to this section, consult with the public concerning a draft patient declaration of values; and
- (b) within 12 months of becoming subject to this section, finalize the patient declaration of values and make it available to the public. 2010, c. 14, s. 7 (1).


The Patient Declaration of Values: Holland Bloorview

The Patient Declaration of Values was developed in partnership with client and family

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stakeholders and was instituted on June 8, 2011 in accordance with the Excellent Care for All Act (ECFAA). The Family Advisory Committee and the Youth Advisory Committee reviewed and revised this declaration, finalizing it in June 2013. This declaration is at the core of the Client and Family Relations process, reflecting the values and expectations of our clients and families.

Amendment
(2) A health care organization may amend its patient declaration of values after consulting with the public, and shall make every amended declaration available to the public. 2010, c. 14, s. 7 (2).

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Procedure:

All staff must comply with the legislation.

Holland Bloorview Issue Management and Timelines

The Client and Family Relations Facilitator will follow the process roadmap for issue resolution (Appendix 1). Deviations from this process will be documented (including rationale).

For issues at the local/program level, the Operations Manager will inform the Client and Family Relations Facilitator of the Case Review Team.

The Client and Family Relations Facilitator will ensure that the issue is being reviewed under the guidance of the following timelines:

- 1) Initial contact / return call: within 2 business days (or sooner);
- 2) Ongoing contact: every 5 business days (or on an alternate timetable as decided by the client and/or family in conjunction with the Client and Family Relations Facilitator).


Operations Managers and (Senior) Directors will be accountable for supporting resolution under the above-mentioned timelines. The inability to meet these timelines will be documented, including reasons for non-compliance, to support process review.

It is the role of management, not the Client and Family Relations Facilitator, to investigate complaints: i.e., conduct frontline staff interviews, review clients’ electronic health records, and perform other fact-finding functions.

Risk / Quality

Contact information for Client and Family Relations should be given to clients/families when the issue is related to risk, i.e.:

- 1) Safety/Harm;
- 2) Legal Implications (* In cases of a privacy breach, contact the Manager of Risk and Privacy);
- 3) Media or Corporate Issues causing potential harm to Holland Bloorview’s reputation; and
- 4) Escalated or Volatile Situations (* In cases of extreme aggression, Security should be contacted first (ext. 5555), followed by Client and Family Relations).

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For the above mentioned issues, Client and Family Relations will liaise with the Manager of Risk and Privacy. The Manager of Risk and Privacy will immediately assume the leadership role in case management of the investigation. The Manager of Risk and Privacy will determine appropriate stakeholder engagement, establish an initial Case Review Team in consultation with the relevant (Senior) Director, and coordinate all meetings necessary with both internal staff and external agencies (e.g., CAS, Police Services, etc.).

The Client and Family Relations Facilitator will provide ongoing support and facilitation as required and will ensure that the client and/or family are provided with regular updates.

Reporting

Ontario Regulation 188/15 (“Patient Relations Process”) under ECFAA requires that: “The patient relations delegate shall also, at least twice a year, present aggregate data relating to the patient relations process at meetings of the organization’s quality committee...”

The Client and Family Relations Facilitator will ensure that aggregate feedback data is summarized in quarterly reports and submitted to the following:

- 1.) Organizational Quality & Risk Committee
- 2.) Programs & Services Management
- 3.) Quality Committee of the Board

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External Link(s) - Click on the title(s) below to open the link.

[CFRP Flow Chart](#)

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Policy Lead	Issued Date
Aman Sium	Sep 09, 2013
Committee Chair	Review Date
	-
Committee Member(s)	Review Date
	-
Authorizer	Review Date
Diane Savage	Sep 27, 2017
Authorizer's Signature	