

<b>MANAGEMENT OF PATIENT FEEDBACK</b>	<b>Quality and Learning Health Systems</b> <b>I-PH4-5501-010</b>
<b>Approver(s)</b>	<b>Dr. Patrick Parfrey, Chief Executive Officer</b> <b>Signed by Dr. Patrick Parfrey</b> <b>Dated: July 2, 2025</b>
<b>Portfolio/Program/Department of Administrative Responsibility</b>	Quality and Learning Health Systems/Patient Relations
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## Purpose

Newfoundland and Labrador Health Services (NLHS) believes that receiving Feedback is one of the best ways to improve the quality of care and services and enhance the experience of care. Anyone is encouraged to bring forward Feedback. This policy sets out expectations and guidance for NLHS in handling Patient Feedback in a timely, transparent, culturally safe, and low barrier manner. This policy also outlines the general procedure for the Care Team, supervisors, managers, leaders, and the Patient Relations Office (PRO) to follow upon receipt of Patient Feedback. Feedback will be used to support continuous quality improvement within NLHS.

## Scope

<b>This document applies to:</b>	<input checked="" type="checkbox"/> Provincial	<input type="checkbox"/> Labrador-Grenfell	<input type="checkbox"/> Western	<input type="checkbox"/> Central
	<input type="checkbox"/> Eastern Rural	<input type="checkbox"/> Eastern Urban	<input type="checkbox"/> Other (as specified below)	

Applies to all employees, physicians and Agents of the NLHS.

## Definitions & Acronyms

<b>Terms / Acronyms</b>	<b>Definitions / Descriptions</b>
<b>Agent</b>	A person, other than an employee, authorized by NLHS to act on its behalf. This term includes physicians, volunteers, pastoral care workers as well as staff of contractors and other people working within NLHS facilities or affiliated with NLHS.

<b>Care Team</b>	Any team member involved in the Patient's care or service.
<b>Complaint / Concern</b>	Any Feedback, written or verbal, related to dissatisfaction with their experience at NLHS.
<b>Complainant</b>	The person (s) who initiates a Complaint / Concern.
<b>Compliment</b>	Any Feedback, written or verbal, about their positive experience at NLHS.
<b>Consent</b>	Consent refers to permission to be granted from the Patient / family member with the Concern, to proceed with and access medical files; and/or verbal / written permission for that individual to allow another person to speak on their behalf.
<b>Feedback</b>	Patient or family member Comments, Complaints, Concerns, Compliments and/or Navigation system inquiries.
<b>Navigation</b>	Any inquiry, written or verbal, requesting support or information regarding accessing or coordinating healthcare services within NLHS.
<b>Patient</b>	Refers to client, resident and/or Patient and/or family in an acute care, long-term care or community setting who was involved in the experience of care within NLHS.
<b>Resolution</b>	The official decision has been made to solve or provide clarification to the presented Concern.
<b>Submitter</b>	A person who presents Feedback, on behalf of themselves or on behalf of the Patient.

## Policy Statements

NLHS is committed to the philosophy of Person Centred Care which welcomes Patient Feedback and recognizes this Feedback as integral to improving quality and safety, experience of care, and overall system performance.

NLHS Patient Feedback process is based on NLHS's organizational values of Innovation, Compassion, Accountability, Respect and Excellence.

If an individual provides Feedback, it will be managed in the manner set out in this policy. All Feedback will be treated seriously, investigated, and addressed for the purposes of reaching Resolution.

The PRO will work with Patients and strive for Resolution of Concerns through respectful communication and, in accordance with respectful workplace protocols.

The Care Team follows the [Personal Health Information Act NL](#) (PHIA) which includes Consent to pursue the Concern, review only the applicable personal health record and maintaining Patient confidentiality by not documenting the Patient Concerns in the Patients' medical health record, rather using a secure Feedback database. Concerns and Complaints provided by a third party relating to a Patient (not by the Patient themselves), will require Patient Consent and/or legal authorization for the release and use of the Patient's information for these purposes prior to commencement of an investigation.

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## Procedures and Accountabilities

### Reporting Feedback:

1. Where possible, Concerns should be brought forward at the point of service delivery with the staff, physicians, or other health care professionals involved in the care or service.
  - 1.1. If there are unanswered questions, or the individual is not comfortable speaking with those directly involved in the care or service, the supervisor or manager will be contacted.
  - 1.2. If a Resolution is not achieved at the service delivery level, the Patient will be referred to the PRO who will acknowledge the Feedback and conduct a comprehensive review of the Concern. Additionally, the individual can contact the PRO on their own.
2. NLHS will post its process for individuals to provide Feedback on the NLHS internet and at various locations throughout NLHS.

### Managing Feedback:

#### Care Team Members are responsible for:

1. Maintaining awareness of and compliance with the Management of Patient Feedback policy.
2. Acknowledging the Feedback upon receipt in a respectful and caring manner and either addressing it or helping them find the most appropriate team member to do so.
3. Escalating the matter to their supervisor, manager or leader if they are unable to resolve the Concern.

#### Supervisor, Manager or Leader is responsible for:

1. Ensuring Care Team members are aware of the Management of Patient Feedback policy.
2. Acknowledging the Concern upon receipt, assess and prioritize Concerns in accordance with the urgency / seriousness of the issue raised.
3. Reviewing, assist with or participate in a review as required.
4. Working toward Resolution, consulting with PRO as necessary.
5. Escalating Complaints, as appropriate.
6. If no Resolution is attained or a Patient is not satisfied with the outcome or Resolution, provide the Patient with contact information for PRO.

#### Patient Relations Office is responsible for:

1. Reviewing Feedback that comes in the following ways:
  - a. Verbally, by telephone or in person, and / or

- b. E-mail.
2. Acknowledge Feedback within 3 business days, using the same contact method unless otherwise specified, to provide information on process and timelines.
3. Assigning Feedback to the most responsible Supervisor, Manager or Leader.
4. Providing support and education to Patients and NLHS employees, physicians and Agents for Resolution of Patient Feedback.
5. Being available for consultation and facilitating communication with the Submitter/Complainant as required.
6. Following up with the Patient should there be unexpected delays.

Supervisor, Manager or Leader Assigned by PRO is responsible for:

1. Acknowledging the assignment from the PRO.
2. Completing a review, an investigation, and responding to the Patient within a **28-calendar day period** (either verbally or in writing, as deemed appropriate).
3. Updating the Feedback database throughout the review period.
4. Following up with the Patient should there be unexpected delays.

Navigation:

1. PRO will acknowledge Navigation inquiries / Feedback by contacting the Patient within 3 business days.
2. Navigation inquiries will be assigned to the most appropriate Manager or program.
3. PRO will link with the NLHS Navigators when appropriate.

Escalation of Concerns:

1. Patients have a right to request an internal secondary review of the decision / outcome related to their Complaint if they are not satisfied with the Resolution. This review will be completed by the applicable next level management, with the chief Executive Officer (CEO) having final input. In the event the Concern escalates to office of the CEO, the CEO may reply directly to the Complainant and include / inform PRO or may reply via the PRO.

Closed Files:

1. Files are considered closed by PRO when:
  - a. Notification from the assigned Manager, Supervisor, Leader and / or Complainant has been received that the Concern has gone through the Resolution process, and no further action is warranted; PRO is certain the Patient was notified of the outcome.

- b. The Manager, Supervisor, Leader or PRO is unable to reach the Patient (after two attempts) to discuss the outcome of the review (which must be documented).
- c. After two attempts, the required Patient Consent and / or legal authorization has not been received to enable the investigation to proceed.

## Referenced & Sourced Materials

- Accreditation Canada. 4.1.18 The organization reviews, investigates, and resolves Complaints in a timely and transparent manner, and analyzes Complaints to identify areas for improvement. Health Standards Organization; 2021. 103 p. Document No.: HSO A2001:2020
- Advanced Health Care Directives Act, SNL1995, c.A-4.1  
[SNL1995 Chapter A-4.1 – Advance Health Care Directives Act \(assembly.nl.ca\)](https://www.assembly.nl.ca/legislation/20th/1995/c4/c4.htm)
- Alberta Health Services Patient Concerns Resolution Process Policy: PRR-02 (2024).
- British Columbia Interior Health Client Complaints Management Policy: AK-0100 (2023).
- Management of Patient/Client/Resident Complaints: Risk Reference Sheet (2016). HIROC.
- Managing Unreasonable Complainant conduct: Practice Manual, 2<sup>nd</sup> ed. (2012). NSW Ombudsman.
- Ontario Providence Care Responding to Compliments and Complaints Policy: ADM QRM-4 (2022)
- Responding to Complaints & Concern: A Letter Writing Guide for healthcare Providers and Administrators (2017) HIROC.
- Saskatchewan Health Authority Concern and Complaint Management Policy: SHA 02-013 (2024)

## Related Resources

### Policies:

#### Central Zone

- PCD-0001 Civility and Respect
- PDC-0002 Harassment Free Workplace

#### Eastern Zone

- HR-OH-100 Harassment Free Workplace

#### Labrador-Grenfell Health

- HR-9-9 Respectful Workplace

**Western Zone**

- 2-02-20 Harassment and Discriminations Free Workplace
- 3-04-90 Respective Workplace

**Frameworks:**

- Newfoundland and Labrador Health Services Quality Learning Framework (2023).
- Newfoundland and Labrador Health Services Integrated Risk Management Framework (2023).
- Newfoundland and Labrador Health Services Health Transformation Framework (2023).
- Newfoundland and Labrador Health Services People Centered Care Engagement Framework (2024).

**Rights and Responsibilities:**

- Eastern Zone – Client Rights and Responsibilities
- Labrador-Grenfell Zone – Patient Rights and Responsibilities

**NL Statute:**

- Personal Health Information Act, SNL2008, c.P-7.01  
 SNL2008 Chapter P-7.01 – Personal Health Information Act (assembly.nl.ca)

## Cross-Reference

<b>Health Organization</b>	<b>Document Reference</b>	<b>Document Name</b>	<b>Date Rescinded / Archived / NA</b>
Central Zone	6-10	Management of Client Relations Concerns	Rescinded July 2, 2025
Eastern Zone	QRM-100	Responding to Client and Family Feedback (Client Relations)	Rescinded July 2, 2025
Labrador-Grenfell Zone	A-1-30	Client Compliment and Concerns	Rescinded July 2, 2025
Western Zone	6-04-60	Client Feedback- Compliments and Complaints	Rescinded July 2, 2025