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## **What to Expect from Ontario's Patient Ombudsman: For Patients - March 01, 2017**

Hello everyone. My name is Gabriella Skubincan. I'm the manager of communications and engagement at Patient Ombudsman. Thank you for joining us for our complimentary webcast today, entitled What to Expect from Ontario's Patient Ombudsman.

In this session we will be talking about how we handle your complaints related to health sector organizations in Ontario-- specifically public hospitals, long-term care homes, and community care access centers. This live webcast will be archived and accessible as an on-demand recorded version in approximately two weeks, so you can share it or watch it again at your convenience. Closed captioning is available for archive programming upon request.

This session will run for approximately one hour, 45 minutes for the presentation and then we'll respond to your questions for an additional 15 minutes. Please submit your questions at any time during the presentation by clicking the ask a question button located on the top-right corner of your web player. We'll compile them and read them out during the question and answer period at the end of our presentation. Also, you can converse with other participants by clicking the live chat button, also in the top-right corner of the screen. At any point, if you would like to minimize or closed the chat feature, click the X button.

Our presentation today is going to be provided by Ontario's Patient Ombudsman Christine Elliott and Manager Complaint Services Gail Crossman. Please let me introduce them to you. Prior to being appointed Ontario's first patient ombudsman, Christine Elliott was elected MPP for Witby-Ajax in a by-election and then subsequently re-elected as the MPP for Witby-Oshawa in 2007, 2011, and 2014. Miss Elliott has been an advocate for vulnerable people for decades and has served as a volunteer with many community organizations. She is the co-founder and a director of the Abilities Centre, a sports recreation and arts facility for people of all abilities, located in Whitby. She is a graduate of the University of Western Ontario's law school.

Gail Crossman has extensive experience in health care as both a nurse manager and a lawyer. She has a nursing degree from the University of Victoria in British Columbia and a law degree from the University of Western Ontario.

Thank you and welcome to you both.

Thank you very much, Gabriella. And good afternoon to everyone online. It's a pleasure to join you for this session and share a bit about our journey at Patient Ombudsman so far. Today our



main focus is to introduce you to the mandate of our office and the powers that we have under our enabling legislation. We're also going to explain step-by-step what we do with your complaint when we receive it and highlight the types of complaints we've been receiving since our doors opened on July 4, 2016.

So to start with, I'll walk you through a brief history of my office. In 2010 the province established the Excellent Care for All Act which-- among other things-- expanded the jurisdiction of Health Quality Ontario. In 2014 Bill 8-- the Public Sector and MPP Accountability and Transparency Act-- amended the Excellent Care for All Act to create the role of the patient ombudsman to deal with complaints against health sector organizations-- specifically public hospitals, long-term care homes, and Community Care Access Centers-- also known as CCACs. This act sets out the scope of our authority. We can deal with complaints that have been made in writing and people can access an easy-to-use online complaint form on our new website to assist in this process. As a champion for fairness, we try to facilitate resolutions and investigate complaints about patient care and experiences.

In December of 2015, I was selected as Ontario's first patient ombudsman. In the spring of 2016-- prior to my office opening-- we began a series of consultations with patients of caregivers and a survey of health sector organizations, which significantly informed the way we set up our office, the development and design of our website, and our operations. Then on July 1, 2016, the sections of the act pertaining to the patient ombudsman came into force. I was appointed the patient ombudsman by the lieutenant government council and my office was officially opened to the public.

As the patient ombudsman, I have delegated my authority to staff so that they may receive and respond to complaints, facilitate the resolution of complaints, and investigate complaints. My office can receive complaints from patients, former patients, caregivers, and substitute decision-makers. Caregiver is defined-- for our purposes-- as any person who provides or who has provided care to a patient or former patient.

There is no charge for you to file a complaint with our office. There is also no statute of limitations for your complaint. As of March 1, 2017, we have received over 1,300 complaints and have been able to resolve 80% of them so far. Our success so far is, I believe, strong evidence that the relationship between patients, my office, and health sector organizations is meant to be collaborative, not adversarial. We're committed to working together to find solutions for patients.

Our in-person consultations were conducted in Toronto, Ottawa, London, and Thunder Bay. In addition, we circulated an online survey to more than 600 health sector organizations and



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received those responses, including what people expected of our office, how they wanted to interact with us, and what a resolution of their complaint would look like. In terms of their expectations, people were very clear with us that by the time they got to our office, they wanted to speak to someone on the phone who could try to do something about their complaint. In terms of a resolution, the vast majority-- in fact over 80% of people-- told us the most important thing they wanted to see done when they made a complaint to our office was to make sure that no other person had to go through the same negative experience that they had had.

Around this same time, I started traveling around the province to speak directly to patients, caregivers, and health sector organizations. It's really important to me to meet people where they are and to let them know about our services. It's also really important to understand local health care needs and priorities, which-- as you may know-- can vary widely across the province. It's also very important for our office to be as accessible and as inclusive as possible. Through these consultations and early meetings, our role became clear-- patients and health sector organizations expect the patient ombudsman to act as a bridge, collaborating with everyone to resolve individual complaints, find solutions, and drive positive change. We're here to work with patients and health sector organizations to improve care for everyone.

These consultations also helped us define our vision, mission, and values. People told us that they expect us to be respectful, trustworthy, empathetic, and fair. We strive to achieve these values every day in our work. That's why we take time to listen closely to the experiences of patients and caregivers, without taking sides. For us, every experience matters. And voicing complaints can help identify bigger issues so they don't keep happening again and again. It's clear that patients and caregivers expect our office to act as a conduit for their voices, bringing their issues to the attention of policy and decision makers.

Our vision is to be a trusted champion for fairness and to influence positive change in Ontario's health care system. Our mission is to facilitate resolutions and investigate complaints involving health sector organizations without taking sides, and make recommendations to improve experiences for all Ontarians.

Currently the Patient Ombudsman's office has jurisdiction over public hospitals, long-term care homes, and Community Care Access Centers-- CCACs. As you may be aware, in the near future the CCACs will transition into the LHINs, pursuant to the provisions of Bill 41-- the Patients First act. My office will still retain its jurisdiction over the home and community care aspect of the LHINs operations.

However, there are also several scenarios that are outside our jurisdiction. We cannot deal with complaints, for example, about the conduct of a regulated health care professional such as a



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doctor, nurse, or physiotherapist. We would refer you instead to the appropriate regulatory college. If you have not yet raised your concern with the health sector organization, we will connect you with their patient relations team. In this way, we often act as navigator for patients to the various entities that comprise the provincial complaint process. As navigators, if we are unable to help with this specific complaint, we will explain why and, where possible, refer you to an individual or an organization who can help you.

We try to resolve complaints fairly. I'll give you a quick summary of the way we work and the issues we've identified so far, then Gail will go into more detail with the next slide. For the most part, our processes follow the same pathway whether your complaint involves a public hospital, a long-term care home, or a CCaC. Briefly, in the diagram shown the inner circle illustrates the steps we take to try to resolve individual complaints. The steps are as follows-- number one, we make sure that you've come to the right place. Number two, we receive your complaint in writing. Number three, we review your complaint. Number four, we listen to all sides and try to resolve your complaint. Number five, we may conduct an investigation. And then, number six, we will share our decision with both you and the health sector organization.

I can also investigate issues on my own initiative. This means we do not need a specific complaint to start an investigation. Generally speaking, these investigations will deal with health care system-wide issues that may come to the attention of my office through a variety of sources, including what's happening in the media and the issues that are presented through the legislative assembly.

The outer circle represents our work with health care system-wide issues. These investigations will be more serious in nature, higher profile, and affect a larger number of people. With systemic issues, we are looking at trends and patterns of complaints. We're looking at complaints like data points to be analyzed and used to influence positive change in Ontario's health care system. These types of investigations will be more formal and will likely result in recommendations and public reports.

To date, the kinds of issues that people have been complaining about shouldn't come as any surprise. One of the most common issues-- that represents about 2/3 of the complaints we've received so far-- is communication or perceived lack of communication. However, this issue seems to be the one that has the greatest opportunity for improvement in health care. Overall, patients want to be treated with greater compassion and not just be seen as a disease or a condition. We've also heard that small things can make all the difference for people.

Another theme in this area is the fear that if patients speak up their care or the care of their loved one may be jeopardized. Another significant theme that is emerging is access to care. There is a



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general lack of equity in the way that services are delivered across the province. Of course, this is a complex issue with no easy answers. Everyone we have spoken with so far-- patients and health sector organizations alike-- agree that technology can and should be used to greater advantage, especially in small rural and northern communities.

Before leaving this issue, I should also mention the social determinants of health. The point has been well made to us that at least 50% of health care delivery is affected by the social determinants of health and that if these issues are not tackled as part of the system wide transformation, then we will not be successful. We need to keep these issues in mind as we work to help develop a truly patient-centered system of health care.

My last comment is to reinforce the fact that I am an ombudsman and not a patient advocate, which means I seek fairness in health without taking sides. When we receive a complaint from a patient or a caregiver we listen to everyone involved. When we make recommendations we need to hear what patients want as well as what health care professionals will recommend. The goal-- a strong, responsive, patient-centered system of health in Ontario-- will require all of us to work together. This effort will lead to better care for everyone. And now I'll turn it over to Gail so she can walk you through our complaint process in more detail. Gail?

Thank you, Christine. Now I will walk you through our step-by-step process and what to expect when you make a complaint. My job today is to provide detailed answers to our two most common questions. When we receive a complaint that's within our jurisdiction and the process within the health sector organization has been exhausted, then our questions that we get are one, what happens next, and how long does it take?

The first step is, can we help you? Our first step is to confirm we are the right organization to help you. As an office of last resort, we can only look into complaints that have already been raised with the public hospitals, the long-term care home, or the CCaC. For example, we are not able to help you if your complaint is about a regulated health care professional such as a physician, nurse, or even a physiotherapist, or about a retirement home, or if that complaint is part of a court proceedings. When possible, we will act as a navigator and point you in the right direction, including connecting you with patient relations at the public hospital, long-term care home, or CCaC.

Second step-- we receive your written complaint. The vast majority of the complaints are received by our early resolution team, who will respond to you within 24 to 48 hours. In fact, we are mandated to try to resolve a complaint before it goes into the formal investigation phase. Once we have your written complaint we will ensure that we have all the information that we need to move forward, including a signed consent form.



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A complaint can come from a patient a former patient, a caregiver, or the patient substitute decision-maker. If you are the caregiver, we will also need the consent of the patient or the former patient to proceed. We require the consent so that the Patient Ombudsman office and the health sector organization can share your personal and personal health information while working together to resolve your complaint. Our complaints are triaged and prioritize daily. High priority complaints may require verbal consent in order that we can alert the health sector organizations more quickly of your complaint details, which would include what happened, who was involved, what about your experience felt unfair, and what would put things right for you. Subsequent to your verbal consent, we will follow up with and get a written complaint. If people need help to provide us with a written complaint we can help in many ways. Which include providing translation and a TTY line.

Step 3-- we review your complaint. Normally complaints identify multiple issues, so we will review your complaint to determine which issues we can help you with and which ones will need to go to another organization. Once we have your consent to proceed we will contact the health sector organization to speak to those involved and gather information. We will work with you and the health sector organizations, without taking sides, to ensure that the process is as simple as possible, so that those involved know exactly what to expect along the way. The steps in our process should be clear and should not be a surprise.

Step four-- listening and getting the facts. We will consider the information from you, the health sector organization, and others, collaborating to achieve a fair outcome. As a champion for fairness we will listen with courtesy and respect to both sides. The early resolution team also conducts research and may contact other organizations to gather additional information. All of our intake calls are audio recorded and maybe saved to our case management system. This rigor allows us to ensure that we have accurate and complete information.

We are an impartial, fact-finding gathering body. When we determine that a complaint is resolved, this means that it has been resolved to the point that we, as the oversight agency, are satisfied that everything possible has been done to help with the situation. When we request specific information from the health sector organization, the time frame for response can be negotiated case-by-case. However, generally if the request is straightforward and simple, we expect them to respond within 10 business days or less. We try to resolve fairly straight-forward complaints within 30 business days.

Step five-- if we are unable to resolve a complaint, it may move into an investigation. As mentioned earlier, there are two components to dealing with a complaint. The first one is to facilitate a resolution and the second phase is investigating. Even though the focus is always to resolve complaints using alternative dispute resolution strategies, we may be unable to resolve a



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complaint and may decide to conduct a formal investigation. If this is the case, we will serve a written notice to you and the health sector organization to let you know that an investigation is going to take place and what we are investigating. Again, there should be no surprises.

The officers, directors, employees, shareholders, and any other members of a health sector organization, as well as any person who provides services through or on behalf of the organization are required to cooperate with our request and provide information and documentation relevant to an investigation. If necessary we can issue a summons to take information under oath. Health sector employees are permitted to provide personal and personal health information and, as some investigations are more complex than others, the timelines to assist are determined once again on a case-by-case basis.

Step six-- we share our decision. We may determine that the health sector organization acted appropriately, or we may decide that changes are needed and will make recommendations following an investigation. Whatever the outcome, it will be communicated to both you and the health sector organization. The greatest power of the patient ombudsman is moral suasion and a permanent commitment to generate awareness of the issues. In other words, we cannot compel anyone to do anything. However, we hope through the momentum and encouragement most of our recommendations will be considered and accepted. We are required to report our work to the minister of health and long-term care annually.

How we work jurisdiction by jurisdiction-- although our process-- as previously outlined step-by-step-- is fairly standard across the different health sector organizations over which we have oversight, there are few variances. Here is a quick overview of how we work jurisdiction by jurisdiction.

First, the public hospitals-- our oversight over the public hospitals has no restrictions except for over specific clinical decisions, including the conduct and competence of regulated health care professionals such as physicians, nurses, or physiotherapists. These issues will be directed to the appropriate regulatory body. The next is Community Care Access Centers-- it is important for you to know that our office does not have oversight over the decisions made by the CCAC related to the following-- your eligibility to receive a particular community service, the exclusion of a particular community service, the number of hours that you receive, and/or the termination of a particular service. In these situations, the Health Services Appeal and Review Board is the appropriate forum. However, there are maybe situations where the patient ombudsman may informally facilitate a resolution with you and the CCaC to determine if we can help before you have to go to the Health Services and Review Board.



And finally, the long-term care homes-- the first step in the process of resolving a complaint from a long-term care resident, a substitute decision-maker, or a caregiver of the resident is to determine if you have raised the complaint internally with the administrator and/or the staff representative at the home. Some examples of the type of complaints include the perception of poor communication, the lack of continuity of care, and restrictions on visitations.

In some situations you may have raised an issue that requires a mandatory report to the director, such as if there has been harm or risk of harm to a resident, abuse, misuse of residents money-- then we are required to report this information to the director. In that case, we will notify you of this requirement, then notify the Ministry of Health and long-term care, plus the director. However, after 30 days we will contact you again to see if your situation was addressed. If not addressed, we will commence with attempting to facilitate a resolution of your complaint if the issue is within our jurisdiction.

Finally, our team and how to contact us-- since July the 4th, we've been receiving many very, very complicated complaints and more than 3,500 complaints, and some of the complaints are more than 10 years old. It takes a range of skill sets to unpack these sometimes very difficult patient experiences. For this reason, our team of 17 people include three investigators, four early-resolution specialists-- who are nurses, lawyers, and social workers, even a physician and a dentist. All of these individuals are skilled and experienced in investigations, facilitation, negotiations, and some of them are multi-lingual. Our staff complement also includes legal counsel, records management and privacy specialists, and an executive director.

Although we need to receive complaints in writing, our early-resolution team can be contacted through telephone, including a toll free number, and a TTY line. Our online complaint form is on our new website at [patientombudsman.ca](http://patientombudsman.ca), and of course the complaints can be mailed and/or faxed to us. We try to be accessible and inclusive as possible and accommodate everyone's needs as required. Please let us know how you think we are doing.

And finally, we have questions, and we would like to take some questions now but because of the large number of questions we receive, we may not be able to respond to everyone. Some of them may hopefully have been answered through this presentation. Gabriella, our Manager of Communication, is going to facilitate our Q&A session today.

Thank you very much, Gail and Christine, for your presentation this afternoon. We're just going to go through the questions fairly quickly, but we're doing really well for time so please, if you have any, let us know. That's what we're here to do, is respond to anything that we may have missed that you're still wondering about. Do we have any questions yet that have come through?



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Thanks, Gabriella. Yes, we do have a question. And the first one is-- what percentage of complaints are not considered within the jurisdiction of the Patient Ombudsman? What happens in those cases?

As I indicated earlier, a lot of our complaints have multiple issues and what we have to do is identify which ones are not within our jurisdiction. And when that happens, the complainant is notified that no, we can't deal with that particular complaint but we will actually refer them to the appropriate body that can address that particular issue. And I would say approximately 20% we would have to refer off to an appropriate body.

Does the patient ombudsman have the power to impose a resolution on a health sector organization? What does office of last resort mean?

Well, we don't have the ability to compel anyone to do anything. Our only weapon, I guess, in this is moral suasion. And we're hoping that because we are taking very much a collaborative approach to working with both patients and health sector organizations, that there will be a voluntary willingness to make the changes that we have recommended. So we're very hopeful that over time we're going to be able to build up that goodwill and that when we make recommendations that everyone has participated in, that they will be put into action.

In terms of your question, what an office of last resort is, it means that in order to be able to come with your complaint to our office, you will have had to have exhausted any internal means of appeal. So in the case of a hospital, you would start with the patient relations officer in the hospital, and then if you're not able to resolve your complaint satisfactorily there and it's come to the end of the line, then you will be able to bring your complaint to our office. Sometimes people don't know whether they've reached the end of the complaint process internally and so we often make inquiries on your behalf to make sure that that process has been completed. If it has, then we are able to continue on with your complaint. If it has not, then we'll ask you to go back to the patient relations office and try to resolve it at that early stage.

Can a health center organization refused to cooperate with the patient Ombudsman?

They can try to refuse to cooperate. That's certainly not our wish, we want to be collaborative with everyone and we do want to hear what everyone has to say about a particular complaint, from the perspective of the patient as well as the health sector organization. I think that's the only way that we can truly find a resolution to a complaint. If it should happen, and I have to say that has not happened yet, but if it should happen that we were met with an outright refusal to answer our questions, we do have the ability to compel witnesses to answer those questions. But that



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would only be done in an extreme situation and we're very hopeful that we won't need to use those powers.

So it seems like there are no other questions. We'll give you one last opportunity to let us know what you're thinking. Otherwise that brings us to the end of our session this afternoon, the session entitled What to Expect from Ontario's Patient Ombudsman. This webcast will be archived and posted on our website in about two weeks time. So please check in and check out our website, which is [patientombudsman.ca](http://patientombudsman.ca). And certainly if you haven't had a chance to bring your question forward right now, then we will monitor any questions that you have moving forward and you can certainly contact us at any--