What to Expect from Ontario's Patient Ombudsman: For Health Sector Organizations - March 01, 2017

Good morning, 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 entitled What to Expect When a Complaint Is Made to Ontario's Patient Ombudsman.

In this session, we will be talking about how we handle 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 also available for archive programming upon request.

This session will run for about an hour-- approximately 45 minutes for the presentation, and then we will respond to questions from registered participants for an additional 15 minutes. Please submit your questions at any time by clicking the Ask a Question button located at the top right corner of the web player. We'll compile them and read them out during the question and answer period at the end of the presentation.

You can converse with other participants by clicking the live chat button, also in the top right corner of your screen. If at any point you would like to minimize or close the chat feature, click the x button.

Our presenters today are Ontario's Patient Ombudsman Christine Elliott, and Manager of Complaint Services Gail Crossman. Please let me introduce them to you. Prior to being appointed Ontario's first Patient Ombudsman, Christine Elliott was elected as the MPP for Whitby-Ajax in a by-election, and then subsequently re-elected as the MPP for Whitby-Oshawa in 2007, 2011, and 2014.

Miss Elliott has been an advocate for vulnerable people for decades, and has served as a volunteer for many community organizations. She is the co-founder and director of the Abilities Center, which is a sports, recreation, and arts facility for people of all abilities located in Whitby. She is a graduate of the University of Western Ontario Law School.

Miss 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.

Ombudsman des patients

Thank you, Gabriella, and good morning 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 are also going to explain step by step what to do with a complaint when it is received, how you as health sector organizations might become involved in the resolution or investigation of that complaint, and the types of complaints we have been receiving since our doors opened on July 4, 2016.

To start, I want to provide some context setting and walk you through with the brief history of my office. In 2010, the province established the Excellent Care for All Act, which 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 or 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. These complaints must relate to the action or inaction of a health sector organization, relating to the care and health care experience of a patient or former patient-- with some caveats that we will discuss in more detail in the next presentation.

In December of 2015, I was appointed as Ontario's first Patient Ombudsman. In the spring of 2016, prior to my office opening, we began a series of consultations with patients and caregivers and issued a survey to health sector organizations which significantly informed the way we set up our office, the development and design of our new 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 Governor and Council, and my office was officially opened to the public.

As a 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 received. My office can receive complaints from patients, former patients, caregivers, and substitute decision makers. Caregiver is defined by regulation to mean any individual who provides or has provided care or support to a patient or former patient. There is no charge for anyone to file a complaint with my office. There is also no time period as to when the action occurred. There is no statute of limitations.

As of March 1, 2017, we have received more than 1,300 complaints, and have been able to resolve 80% of them in the early resolution phase of our process. Our success so far, I believe, is strong evidence that the relationship between patients, my office, and health sector organizations is meant to be collaborative and not adversarial. Based on hands on experience, health care professionals know what works and what doesn't. We are continuing to work together to find solutions for patients.

Our inpatient consultations were conducted in Ottawa, Toronto, London, and Thunder Bay. In addition, we circulated an online survey to health sector organizations and received more than 600 responses to a variety of questions, including what people expected of her office, how they wanted to interact with us, and what an appropriate 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 would be able to do something about their complaint. In terms of a resolution, the vast majority-- over 80% of people-- told us the most important thing to them in registering a complaint with our office was to make sure that no other person would have a similar negative experience.

Around this same time, I started traveling around the province to speak directly to patients, caregivers, and health sector organizations. My goal is to get to all 14 [INAUDIBLE] areas by fiscal year end on March 31. It's really important to me to meet people where they live and let people know about our services. It's also really important to understand local health care needs and priorities-- which, as you know, vary widely across the province. We want our office to be as accessible and 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 find solutions and drive positive change. We are here to work with 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 the time to listen closely to all experiences and perspectives 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.

Patients and caregivers expect our office to act as a conduit to bring their issues and their concerns 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 health care experiences for all Ontarians.

Currently, the Patient Ombudsman's Office has jurisdiction over health sector organizations defined as public hospitals, long term care homes, and community care access centers or CCACs. As you are aware, the CCACs will transition into the [INAUDIBLE] shortly with the passage of Bill 41, the Patients First Act. And my office will retain its jurisdiction over the home and community care aspects of the [INAUDIBLE] operations.

However, there are also several scenarios that are outside of our jurisdiction. For example, when we receive a complaint about a health sector organization, we are required to facilitate a resolution unless one of the following happens. One, the complaint relates to a matter that is within the jurisdiction of another person or body, or is a subject of a proceeding; the subject matter of the complaint is trivial; the complaint is frivolous or vexatious; the complaint is not made in good faith; the patient has not solved to resolve the complaint directly with the health sector organization; or the patient does not have sufficient personal interest in the subject matter of the complaint.

Based on this list, we cannot deal with complaints, for example, about the conduct of a regulated health professional. We would refer the patient to the appropriate regulatory college. If a patient or caregiver has not yet raised his concern with a health sector organization, we will refer them back. In this way, we often act as a navigator for patients to the various entities that comprise the provincial complaint process. As navigators, if we are unable to help with a specific complaint, we will explain why and, when possible, refer individuals to an organization or individual who can help.

We try to resolve complaints fairly. I'll give you a quick summary of the way we work and the issues we have identified so far. Then, Gail will go into more detail with the next slide.

For the most part, our process follows the same pathway whether the 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 the complainant has come to the right place. Number two, we receive the complaint in writing. Number three, we review the complaint. Number four, we listen to all sides and try to resolve the complaint. Number five, we may conduct an investigation if necessary. And finally, number six, we will share our decision with both the health sector organization as well as with the complainant.

Ombudsman des patients

I can also investigate complaints and issues on my own initiative. This means we do not need a specific complaint to commence such an investigation. Generally, these investigations will deal with systemic issues that may come to my attention from a variety of sources, including what's happening in the media or at the legislative assembly.

The outer circle represents our work with systemic 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 are looking at complaints like data points that can 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 to us about should not come as a surprise to anyone. One of the most common issues represents about two thirds of the individual complaints that we've received so far. And that is the issue of communication or perceived lack of communication.

This issue seems to be the opportunity, however, for the greatest improvement in health care. Overall, people want to be treated with greater compassion, to be seen as a whole person and not just as a disease or a condition. We've also heard that small things can make all the difference in health care. Another theme in this area is fear of reprisal. A 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 general lack of equity in the way that services are delivered across the province. This, of course, 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 health care system transformation, then we will not be successful. We need to keep these issues in mind as we develop a truly patient centered system of health.

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 care without taking sides. When we receive a complaint from a patient or caregiver, we listen to everyone involved. When we make recommendations, we need to hear what the patients want, as what all of you as health care professionals will

recommend. We know that you work on the front lines and you know what works and what doesn't work.

The goal-- a strong, responsive, patient centered system of health care-- will require all of us to work together. And I look forward to working with you and playing my part in achieving that goal. Now, I'd like to turn it over to Gail so she can walk you through our complaint process in greater detail. Gail?

Thank you, Christine.

Now I will walk you through our step by step process and what to expect when we make a complaint. Now, my job today is to provide some detailed answers to two of our most common questions. When a complaint is within our jurisdiction, and appeals with the health sector organization have been exhausted, the questions that we are asked is one, what happens next? And how long does it take?

And the first step is, can we help with the complaint? As the office of last resort, we can only look into complaints that have already been raised with a health sector organization, which is the public hospitals, long term care homes, and the CCACs. Sometimes we do not wait for all appeals to be exhausted. The complainant must at least first attempt to resolve the matter through the internal patient relations process at the health sector organization.

We cannot help if the complaint is about, for example, a regulated health professional such as a physician, a nurse, or even a physiotherapist. We cannot assist with a complaint about a retirement home, or if the complaint is part of a court proceedings. However, we will be-- when possible-- act as a navigator and point people to the right entity or to somebody who can help. Some complaints are closed without us requiring a large amount of follow up with the health sector organization.

Step two. The vast majority of our complaints are received by our Early Resolution Team. And they will respond to a complaint within 24 to 48 hours. In fact, we are mandated to try to resolve a complaint before it goes into a formal investigation. Once we have their written complaint, we will ensure we have all the information that we need, including a signed consent from the patient or the former patient. Or, if the complainant is a caregiver, then we require the consent of the patient or the patient substitute.

We require a consent so that the Patient Ombudsman and the health sector organization can share personal and personal health information of the complaint and/or the patient, with the intent that we will use this information to work together to resolve the complaint.

The Freedom of Information and Protection of Privacy Act applies to the Patient Ombudsman. Unlike the health sector organization, the Patient Ombudsman is not a health information custodian under the Personal Health Information Act. Our authority to act, to collect, use, and disclose personal health information is set out in our Excellent Care for All Act, 2010. We cannot collect, use, or disclose information unless we have consent. And it's also important that we have restrictions that, if we can resolve a complaint with other information besides personal health information, we are obligated to do so. We also cannot disclose or collect personal health information until it is reasonably necessary for the purpose of resolving the complaint.

Privacy is very important to us. We keep all personal and personal health information confidential. And we have physical and electronic safeguards in place to protect this highly sensitive information. Our complaints are triaged and prioritized daily. High priority complaints may require verbal consent in order to allow us to alert the health sector organization more quickly of complaint details.

Subsequent to the verbal consent, we would proceed with-- in the normal course-- of getting a written consent.

If people need to be accommodated to provide a complaint, we will help in many different ways including providing translation services. And we have a TTY line.

Step three. We review the complaint. Normally, the complaints identify multiple issues. We review the complaint to determine which issues are within our jurisdiction. And we direct the complainant to the appropriate body, person, for non-jurisdictional matters.

Once we have consent, we will contact the health sector organization to speak to those involved and gather the information. We will work with the health sector organizations to make the process as simple as possible, so that those involved know exactly what to expect along the way. The steps in our approach to that should be clear and should not come as a surprise.

Step four. Listening and, obviously, gathering the facts. We will consider the information from the patient, 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 many are saved to our case management system. This rigor allows us to ensure we have accurate and complete information.

We are an impartial, fact finding body. When we determine that a complaint is resolved, this means that it is resolved to the point that we as an oversight agency are satisfied that everything

possible has been done to help the situation. When we request information from the health sector organization, the timelines for response can be on a case by case basis, which can be negotiated between our office and the health sector organization. However, generally the request-- if it's straightforward and simple-- we expect a response within 10 business days or less. We will try to resolve fairly straightforward complaints within 30 business days.

Now, if we are unable to resolve a complaint, it can move into an investigation. As mentioned earlier, there are two components to dealing with a complaint. The first one is facilitating a resolution. And the second is investigating.

Even though the focus is on resolving complaints using alternative conflict resolution strategies, we may be unable to resolve a complaint, and may decide to conduct a formal investigation. If this is the case, we will serve written notice to the health sector organization and the complainant to let them know that an investigation is going to take place. And we will also indicate what we are investigating. Again, there should be no surprises.

The officers, directors, employees, shareholders, and any other member of the 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 our 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 once again determined 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 determine that changes are needed and we'll make recommendations following an investigation. The greatest power of the Patient Ombudsman is moral suasion and a persistent commitment to generate awareness of the issues. In other words, we cannot compel anyone to do anything. However, we hope, through momentum and encouragement, most of our recommendations will be considered and accepted.

Whatever the outcome, it will be communicated to the complainant-- which may be the patient, caregiver, or substitute decision maker. And of course, the health sector organization will be notified of the outcome as well. We are required to report on our work to the minister of health and long term care on an annual basis.

Ombudsman des patients

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 of public hospitals have no restrictions except for over specific clinical decisions, including the conduct and the competence of regulated health professionals. These issues will be directed to the appropriate regulatory body.

Next is the community care access centers. The Patient Ombudsman has oversight and can proceed with complaints that relate to the quality of community service, and any allegations of violations of the Bill of Rights that is set out in Section 3-1 of the Home Care and Community Service Act. For example, the right to be dealt with in a courteous and respectful manner, and the right to information.

However, our office does not have jurisdiction over decisions made by the CCAC related to the following-- ineligibility to receive a particular community service, the exclusion of a particular community service, the amount of specific service, and finally, determination of a service. In these situations, the Health Services Appeal and Review Board is the appropriate forum. However, there may be situations when the Patient Ombudsman may informally facilitate a resolution with a complainant and the CCAC to determine if a resolution is possible before proceeding to the Health Services Appeal and Review Board.

Finally, long term care homes. The first step in the process of resolving a complaint from a long term care resident, the substitute decision maker, or a caregiver of a resident is to determine if the complaint was raised internally with the administrator or staff representative of the home. Some of the type of complaints are perception of poor communication, lack of continuity of care, and the restriction on visitations.

In some situations, a complainant may raise issues that require a mandatory report to the director. This is pursuant to Section 24-1 of the Long Term Care Home Act. If a complainant reported harm or risk of harm to a resident, abuse, misuse of resident's money, we are required to notify the information and report this information to the director. If we believe that there is reasonable grounds to suspect that any of the situations that I've previously outlined occurred or may occur, we will notify the caller or the complainant of this requirement to notify the ministry and the director.

Then, after 30 days, the complainant is contacted by our office to determine if the situation was addressed. If not addressed, we would commence an attempt to facilitate a resolution of the complaint if it is otherwise within our jurisdiction.

Ombudsman des patients

Our Team and How to Contact us. As a new office, we had to make some assumptions about how to set up our operations. Some of the assumptions included how many complaints that we would receive in the first year, the amount of time that would be required of staff to address those complaints, and from those assumptions we have a total staff level of 17 employees. Since July 4, we have been receiving many complicated complaints-- more than 1,300 complaints to date-- and some complaints are at least 10 years old.

Because of this, it takes a broad 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, a social worker, and we even have a physician and a dentist. All of these individuals are skilled and experienced negotiators, facilitators, investigators, including several who are multi-lingual. Our staff complement also includes legal counsel, a records management and privacy specialist, and an executive director.

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. We have an online complaint form on our new website, which is patientombudsman.ca. We can also, of course, receive a complaint through mail and fax. We try to be accessible and as inclusive as possible, and accommodate everyone's need as required. We would really appreciate too if you could let us know how we're doing to date.

And finally, questions. We're going to take some questions now. And because of the large number of questions we receive, we may not be able to respond to every one. Some of them maybe have-- hopefully-- actually been answered through the course of this presentation. So I'll turn this over to Gabriella, our Communication Manager, who's going to facilitate the question and answer session today. Thank you.

Thank you very much, Gail and Christine, for your presentations. We're going to go through the questions fairly quickly, although we're making really good time. So we should be able to cover off most of them. So that's fantastic.

So anyway, we'll go ahead now. Thank you.

Thank you, Gabriella. Our first question is, how are complaints determined to be trivial, frivolous, or vexatious?

Gail, would you like to answer that one?

Ombudsman des patients

Well, it depends. If somebody is complaining, for example, that somebody that was at the hospital was a neighbor and they didn't like how their fence was on their property, we would deem that to be trivial. But having said that, I would find to date that we have not had any complaints that we have not proceeded with on the basis of it being trivial.

What about vexatious?

Vexatious, once again, we have not had any complaints that at this point we have deemed to be vexatious.

But what would a vexatious look like, Gail?

If somebody was complaining and it was just-- the intent was a reprisal against a colleague, and that there wasn't really an intent to improve the health care in Ontario, would be an example.

Thank you. That's great. Next question.

If the concerns are not subject to a statute of limitations, are there limitations to what can be investigated?

Would you like to take that one as well, Gail?

Yes. That's true. Because it would be difficult in some cases that their evidence would not be there. So we would probably have some limitations on what we could actually investigate. But it would be on a case by case basis to determine what the issues are. And is there a need for witnesses, and are the witnesses still around? If the medical record had been destroyed-- those type of things that would create limitations on us moving forward.

If specific information is requested from the health care sector organization, is the request made in writing?

Yes. We would identify specifically what we require. And if there was any questions, then we would anticipate that we would get a call from the health sector organization to clarify. As I said earlier, we are required only to get relevant information, because personal health information-- there may not be a requirement to receive the entire chart. So we would ask in writing for specific sections of the chart, for example.

When the Ombudsman Office calls patient relations personnel at a hospital, are those calls recorded?

The early resolution staff-- yes, they would-- any calls in or out are recorded. Yes.

If a complaint is submitted and resolved by an early resolution specialist, is the organization notified?

Absolutely. The health sector organization would be notified of the details of the complaint, and we would ask the health sector organization for their input on recommending what they believe would be a reasonable resolution. And we would go back to the complainant and determine if that was satisfactory.

But the outcome would be, once again, in writing that the hospital would be notified that the complaint has been resolved, and what the resolution was. And that would be in writing.

Can you provide an example of a complaint or situation where the Ombudsman may get involved before the hospital patient relations process is complete?

There's an expectation that the complainant has to at least attempt to resolve it through patient relations. However, if there is a concern about the patient relations response or the delay in responding, then we would proceed with that complaint. Because part of the complaint may be there's a concern about the internal patient relations process. But there are situations where, in speaking with a complainant, if there has been, for example, a meeting scheduled with the organization-- the health sector organization-- we would encourage that complainant to proceed with that meeting. And then we would ask them to notify us of the outcome of the meeting, because the meeting may be enough to resolve the complaint internally.

Who does Ombudsman communicate with around a complaint? Would it be the board, senior management, patient relations of the organization?

It can be all of the above. Our first position would be to notify the patient relations of that health sector organization. And oftentimes it can be dealt with just with that particular person. But if we believe that part of the resolution we need to chat to other people in the organization, then we will do so, so that we can get some factual basis of resolving the complaint. So it's just not isolated to information from the patient relations departments.

Are documents that you receive from the hospital as part of the investigation given directly to the patient?

There are-- yes. There would be situations where, if the hospital, for example, responded to the complaint, then we would review it with the complainant because our intent is to be as

transparent as possible, because we would want to know from the complainant the accuracy of the information from their perspective.

Can you give an example of some of the recommendations and resolutions provided in response to complaints? Example, an apology or change in process.

Well at this point, we have not completed an investigation. And the investigations are what's reserved for recommendations. But some of the resolutions that we've been able to achieve includes recommending an education for staff with respect to appropriate communication. We've had resolutions that include the person receiving the service that was initially denied. So there can be other examples where there is a communication issue within the organization. So we've had mediation sessions where the two parties actually meet, and we outline resolutions about a central person is responsible for dealing with the actual complainant on a regular basis. So those are some of the examples.

How are the concerns prioritized?

The concerns would be prioritized on the basis of risk. As I indicated in my presentation, when the complaints come in, they are prioritized on high, medium, and low. So obviously, we would go and attempt to resolve the high priority issues first, because often what we have are multiple complaints where, if you deal with the higher priority issues, the other ones tend to fall away.

Do you share the complainant's written complaint?

What we do is, because what we have found is-- as I indicated earlier-- there are multiple issues. In some cases, we've had-- the documents include about 50 pages of issues. So what we do is to-- what I indicate-- is that we particularize the issues so that the health sector organization will know what the issues are. Because one of the functions of the early resolution staff is to understand what the issues are, because oftentimes we get very, very emotional complaints. So we have to narrow what the issues are so the health sector organization would know what the issues are, and so that we can specifically deal with-- this is the issue, and this is what we're recommending as a resolution.

What happens if the resolution to my original complaint does not last, and the initial problem reoccurs? Do I need to go through patient relations again?

Yes, because once again we are the office of last resort. So the expectation is, if it didn't work out, then we would have to have another written complaint. However, having said that, in some of our resolutions-- mediation sessions-- we have decided as an office that we will look at the

issue, say, for example, in a month. So the case will stay open, and then we will go back and find out from the organization and from the complainant if things have been resolved. Because sometimes it takes some period of time before the health sector organization can implement the recommendations or the suggestions through the resolution process.

Why do I have to submit my complaint in writing, and not by email?

Well, we do get them through email because that's still in a written format. Under our legislation, it requires that the complaints have to be in writing. We do not encourage the use of email, because it's not a secure platform. However, having said that, we do get complaints through email.

What percentage of complaints are not considered within the jurisdiction of the Patient Ombudsman? What happens in those cases?

The actual percentage? My guesstimate would be maybe around 25%. Now having said that, there are usually multiple issues in a complaint. So we have to tease out what is our jurisdiction and what is not. So we still have the complaint, but what we would do is, we notify the complainant specifically what is not in our jurisdiction and where they can go to deal with that situation.

So to give you an example, if they're complaining about numerous issues which include physicians, we will indicate to the complainant and that we can deal with all of the issues except the physician concern. And then we will direct them to go to the College of Physicians and Surgeons, who has oversight over physician complaints.

How many active complaints in your office managing right now, on average, per year?

Well, we haven't had the year yet. What we currently have as open cases-- I would say it's around 80 active complaints.

Have any investigations been initiated?

Yes. I can't get into details because of the privacy requirement under investigations, but yes. We are embarking on investigations.

What does the Patient Ombudsman Office do with complaints received about community health centers and community support service agencies?

Ombudsman des patients

What we have to do is, under the legislation, is direct the complainant to the appropriate agency that would have oversight over these entities that we don't have authority over. And sometimes, that takes a fair bit of research by the Early Resolution Team to determine who and where they should go. And as I indicated in my presentation, a lot of the work that the early resolution staff do is to navigate-- to assist the complainant in navigating the health care system, which many of you know is very difficult.

After your investigation, you said you share the decision with the health care organization. That organization is not compelled to do anything with the decision, but we hope is morally compelled to act on any recommendations or decisions. Who receives that decision recommendation? Is it only the patient relations person, or is it also sent at the same time to the health care organization's board and CEO?

Did you want to address that?

Yes. It would go, potentially, to both, because when we do issue a notice of an investigation we do let the CEO know as well as the Chair of the Board. Because again, in the interest of openness, transparency, we want to make sure that everyone is informed about what's happening.

Thank you, Christine. I think that brings us to the end of our session, What to Expect When a Complaint Is Made to Ontario's Patient Ombudsman. This webcast will be archived and posted on our web site in about two weeks' time. So definitely come back and check for updates. Our web site, once again, is patientombudsman.ca. And if you have any more questions, please feel free to contact us at any time.

Thank you again for joining us today. We look forward to seeing you again soon.