

Guidance on how to develop a Patient Relations Process

The ECFAA requires that all Ontario hospitals have a patient relations process, and make information about that process available to the public. Hospitals also need to ensure that their patient relations process reflects the content of their patient declaration of values. For information on how to develop a declaration of values, please see the [guidance material](https://ecfaa.ca/excellentcare) on the ecfaa.ca/excellentcare website.

In addition, hospitals need to consider patient relations in the development of their quality improvement plans (QIP). The ECFAA requires that the QIP be developed having regard to data relating to the patient relations process.

Why patient relations is important:

A well-established patient relations structure and process, supported by the right personnel, is key to identifying gaps between patient expectations and experiences of care, and managing perceptions of patient expectations and quality of care (Gilly et al, 1991).

An impartial, confidential, easily accessible and robust patient relations process will ensure that patients and their family members have a clearly identified process and mechanism to raise concerns about their experiences and provide feedback.

As well, the patient relations process will provide hospitals with a way of tracking the quality of their patients' experience, and identify opportunities for process and system improvements that meet the needs and expectations of patients. Organizations should take advantage of the valuable insights provided through patient engagement, use this information to identify common failure points, capture service excellence, and identify opportunities for improvement.

The patient relations process should be the responsibility of all staff and physicians in the hospital, and wherever possible the concerns of patients and their families should be addressed at the point of communication.

Best practice recommendations for designing a patient relations process:

The following best practices have been identified to help guide hospitals in the development of a patient relations process:

1. Role

- Hospitals should (where possible) have a dedicated patient relations role. Some hospitals may be constricted due to size and thus, in the absence of a dedicated role, there must be a clearly defined patient relations process.
- Responsibilities should include:
 - coordination of patient and family feedback
 - consultation with staff, physicians and leadership

- Facilitation, mediation and conflict resolution of patient and family concerns
- Reporting of patient relations processes and outcomes (metrics, trends, etc)
- Coaching staff and physicians on communication styles and stakeholder perspectives, mediation, conflict resolution
- Educating patients/families, visitors on current policies, protocols, rights and responsibilities
- Advising on quality improvement opportunities and system changes.

2. Process

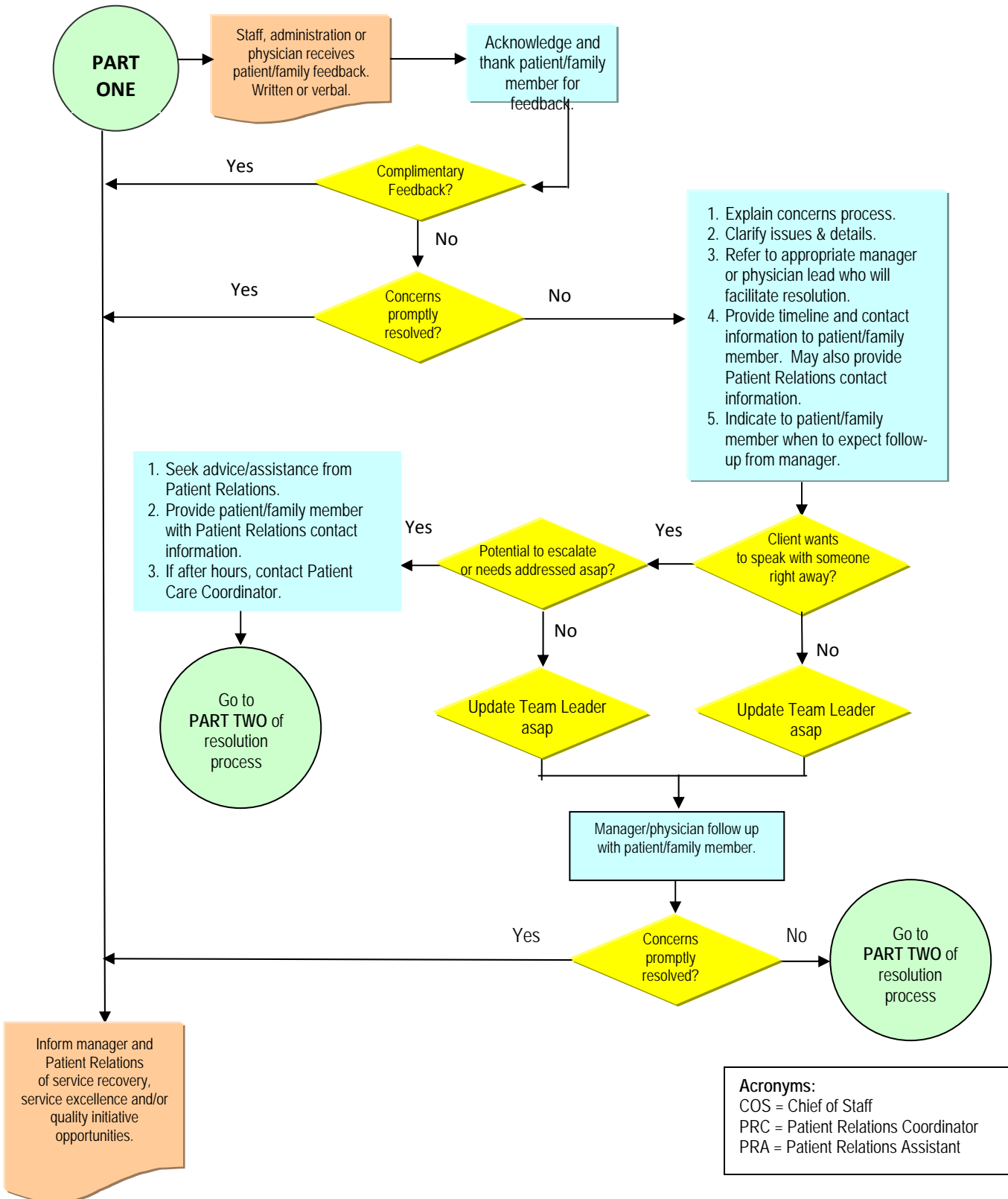
- Patient relations must be supported by senior leadership
- Patient relations person or process should regularly report to senior leadership and clinical leadership
- Patient relations person or process should link to quality committee through the senior leadership
- Patient relations should have a strong link to departments responsible for patient satisfaction surveys, risk management, ethics, and quality improvement
- A well documented and communicated policy and procedure should be developed (see example below)
- Patient concern resolution process should contain consistent core elements reflecting best practice
- Process should reflect the content of the Patient Declaration of Values
- Standardized process and tool to collect information should be developed
- Mechanism to monitor the status of concerns should be implemented

3. Measurement and Evaluation

- Minimum data set for patient relations should be developed that is simple and well defined. Suggestions:
 - Method feedback was received
 - Types of feedback (including # inquiries, concerns, compliments, requests for support from staff)
 - Feedback aligned with program, service and staff group involved
 - Total # concerns (by type and severity)
 - Resolution summary (outcome)
 - Resolution time/ response time.
- Develop methods to evaluate effectiveness of process
- Report regularly to senior leadership and board quality committee on metrics, trends, critical incidents, pt. stories, recommendations, etc
- Develop timely process and methods (written, verbal) for responding to patients/families

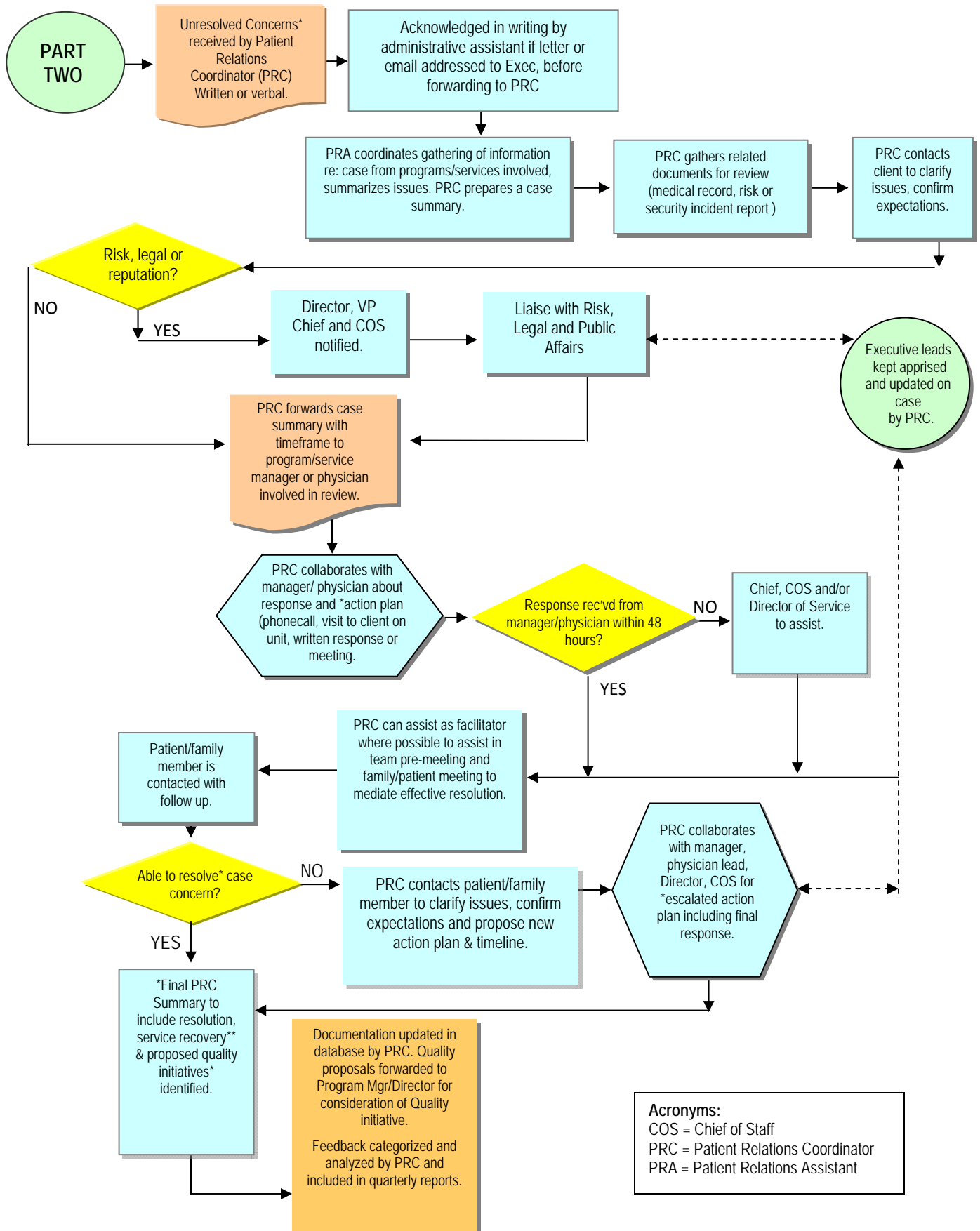
An example of a patient relations policy:

Patient / Family Feedback Process PART ONE – Resolution within 24 – 48 hours



Patient / Family Feedback Process for All Staff and Physicians

PART TWO



Acronyms:
 COS = Chief of Staff
 PRC = Patient Relations Coordinator
 PRA = Patient Relations Assistant