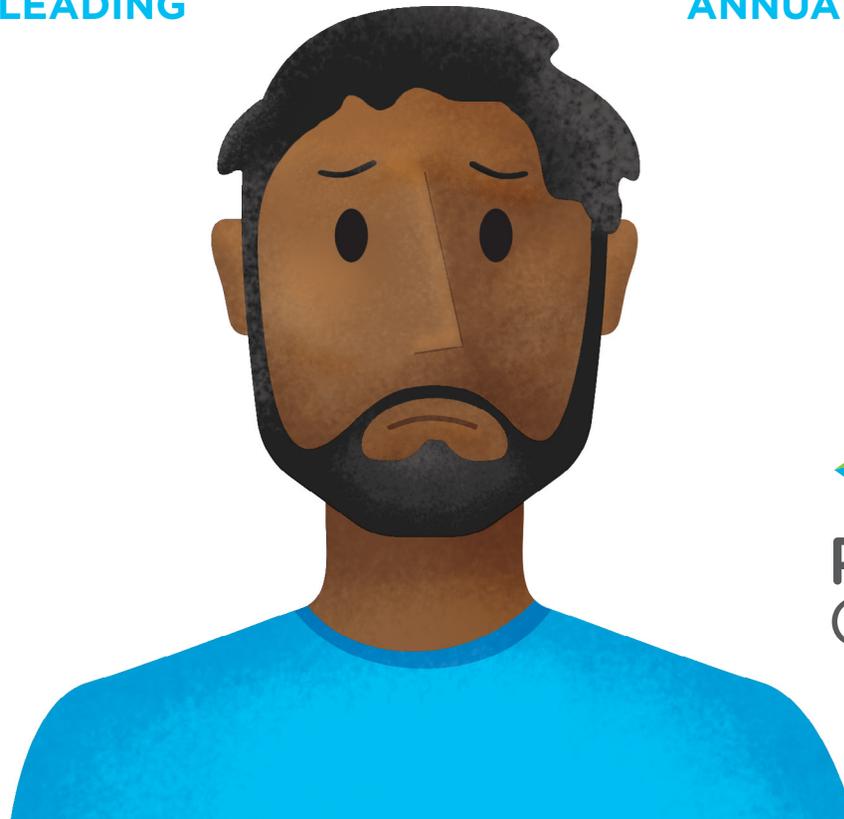


fearless

LISTENING, LEARNING, LEADING

ANNUAL REPORT 2016/17



Patient
Ombudsman

Fearless about change

Many people have already heard me say that I see my role as Ontario's first Patient Ombudsman as an exciting opportunity to collaborate with health sector organizations and bring forward the patient voice to inspire the right changes in healthcare that can work for everyone. With this focus in mind, I am proud to report on our office's first full year of operations.

As Ontario's transformation agenda takes hold, with the promise of a more coordinated patient and caregiver experience across our healthcare system, my hope is that our office will evolve in the same positive ways. We aim to be fearless in pursuing quality improvement and constructive change, proving time and time again that every experience matters.

Yet, no matter how powerful the concept is of helping drive positive systemic change, we can never lose sight of our most important priority – the patients and their caregivers who call us every day because they need our help. Every person is different so every complaint is different. Some complaints are simple and can be resolved quickly and others are incredibly complex and take longer.

We started taking complaints on July 4, 2016 and, just one year into our work, we're still learning and evolving our processes – and encouraging people to tell us if they think we can do better. I believe our small, hard-working, committed team has been very successful so far. This report is our first opportunity to share our results and insights with others.

One very important thing we've learned over the past year is that some patients are very effective in speaking for themselves and others are more uncomfortable voicing complaints and sharing difficult experiences. In fact, we've heard that many people fear reprisal and that their healthcare or the care of their family member will suffer if complaints are brought forward. We want people to know that our office is a safe place to bring their concerns and share stories.

We realize that part of our work is to encourage health sector organizations to have less fear of feedback, no matter how challenging it can be to hear that things went wrong. Failure forces us to learn from our mistakes. We can then take this new knowledge and try to do better next time.

Our goal is to work collaboratively with patients and health sector organizations without taking sides, listen to all perspectives, get the facts and help problem solve in ways that maybe people hadn't thought of before – think outside the box, make connections and help bridge healthcare and communication gaps.

We are asking patients and caregivers to continue to be fearless in bringing their complaints to our office, and for health sector organizations to be fearless in working with us to resolve patient complaints and make suggestions for healthcare improvements. For our part, we will be fearless in being the conduit for the patient voice in healthcare and making recommendations that need to be made to focus on what matters most in healthcare – the patient.

We look forward to working with you to achieve this goal.

Sincerely,



Christine Elliott







“It is really important to meet people where they live and let them know about our services. It’s also important to understand local healthcare needs and priorities – which, as everyone knows, vary widely across the province. For this reason, our office needs to be as inclusive and as accessible as possible.”

– Patient Ombudsman

About the Patient Ombudsman

On December 10, 2015, Christine Elliott was appointed as Ontario’s first Patient Ombudsman. Six months later, on July 4, 2016, the Patient Ombudsman’s office opened for business.

The Patient Ombudsman’s authority is set out in the *Excellent Care for All Act, 2010*. Our role is to receive, respond to and help resolve complaints from current or former patients or their caregivers about their care or experiences with health sector organizations. Our jurisdiction currently includes public hospitals, long-term care homes and Local Health Integration Network (LHIN) home and community care services (formerly Community Care Access Centres (CCACs)). As an impartial office of last resort, we can help when patients and caregivers have not been able to resolve their complaint directly through the internal complaints process with their health service organization. There is no charge for anyone to file a complaint with our office.

The Patient Ombudsman can also undertake investigations into complaints or other matters on her own initiative related to patient care or experiences and make recommendations to healthcare organizations based on the findings of these investigations.

The Patient Ombudsman’s office champions fairness in healthcare. We take the time to listen to patients and health sector organizations, get all the facts and then take the appropriate steps from there. We recognize there are urgent matters where time can be a central issue for people to get the care they need. We also realize that some circumstances will require the patient and the health sector organization complained about to have an ongoing relationship. Our job, whenever possible, is to work with patients or their caregivers and health sector organizations to achieve a resolution.

We cannot offer direct help if the complaint is about, for example, a regulated healthcare professional (such as a physician or nurse), a retirement home or if the complaint is part of a court proceeding. However, we can and do act as a navigator and guide people to someone who can help.

We have been receiving many complicated complaints, some involving multiple health sector organizations and others that are decades old. It takes a broad range of skill sets to unpack these sometimes very difficult patient experiences and help find the right and often very creative solutions. For this reason, our team of fifteen people includes three investigators and four early resolution specialists who are nurses, lawyers, social workers – even staff with medical and dental backgrounds. They are skilled, experienced negotiators and facilitators, including several who are multi-lingual.

History of the Patient Ombudsman



2010
Excellent Care for All Act



2014
Bill 8, the *Public Sector and MPP Accountability and Transparency Act* amends the *Excellent Care for All Act* to create the role of the Patient Ombudsman



December 2015
Christine Elliott appointed as first Patient Ombudsman



Spring 2016
Consultations across Ontario



July 2016
The Patient Ombudsman's office opens



September 2016
More than 400 complaints received



July 2017
One full year of operations completed July to July



“As a new organization, we have a lot to learn and we’ll evolve over time. We held consultations with patients and caregivers across Ontario. Their valuable insights have contributed to everything from our corporate mark to our vision, mission and values statements.”

**– Manager,
Communications and Engagement**

What we heard from Ontarians

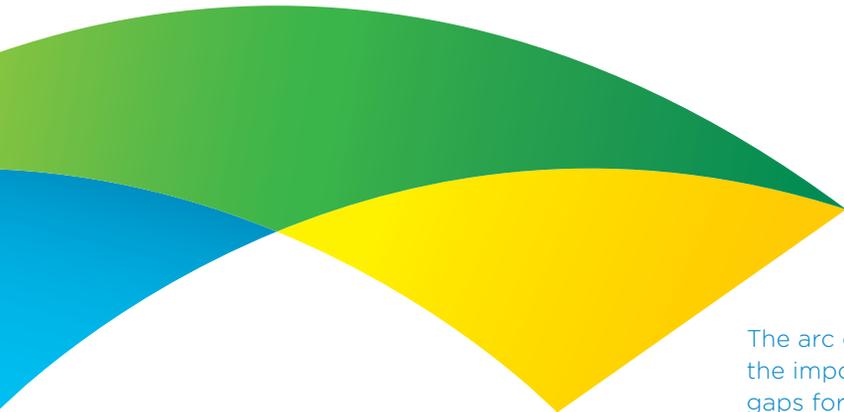
In the spring of 2016, prior to the office opening, we began a series of consultations with patients and caregivers and issued a survey across the healthcare system, including health sector organizations. We received more than 600 responses to a wide variety of questions, including what people expected from our office, how they wanted to interact with us and what an appropriate resolution of their complaint would look like.

We consulted with patients across the province in Ottawa, Toronto, London and Thunder Bay and they told us that our work is important to people.

In terms of their expectations, patients were clear that they wanted speak with someone on the phone who would not only listen to the details but would also be committed to doing something about their complaint. In terms of a resolution, the vast majority – more than 80 per cent – said the most important outcome was to ensure no other person would have a similar negative patient experience.

In the stories we heard, people really do worry about reprisal and that their healthcare will be impacted if they speak up. In these circumstances, people have told us that they want us to be the conduit for their voices.

These insights informed the way we set up our office, from the development and design of the website to the establishment



The arc of the bridge in our logo represents the importance of transitions and bridging gaps for patients and caregivers

of our vision, mission and values, and even the manner in which our early resolution specialists interact with patients.

Our outreach to patients and health system stakeholders is ongoing. Since our office opened, the Patient Ombudsman has met with or made presentations to over 115 patient and stakeholder groups in over 30 cities across the province. The Patient Ombudsman has visited all 14 LHINs, meeting with patients, patient and family organizations, LHIN officials, hospitals, long-term care homes and home and community care organizations. Provincial webcasts were also carried out in English and French tailored to what patients, caregivers and health system stakeholders need to know about how we can help. Patients and health service providers were able to participate in the live webcasts or access them later on the Patient Ombudsman's website.

Ontarians told us that they wanted the Patient Ombudsman's office to act as a bridge between health sector organizations and the patients and – in collaboration – drive positive change. Our logo is therefore designed to be the arc of a bridge, which is also meant to represent patient and caregiver concerns around transitions in and between care settings and the importance of bridging gaps in healthcare delivery.

We are committed to reaching out to all Ontarians and letting them know about our work. We hope that health sector organizations, patients and caregivers alike will help us spread the word and over time will pave the way for growing trust and credibility.

Collaboration in action: Patient relations

The caregiver of a patient requiring frequent out-patient hospital visits complained that the hospital's patient relations process was unclear and difficult to use.

Experience

Resolution

After discussing these concerns with Patient Ombudsman, the hospital agreed to revise its patient relations process and make information more accessible to the public to assist future patients.



What we stand for

Vision

To be a trusted champion for fairness and to influence positive change in Ontario's healthcare system.

Mission

We facilitate resolutions and investigate complaints involving health sector organizations, without taking sides, and make recommendations to improve experiences for all Ontarians.

Values

We are respectful: We are considerate of the dignity, privacy and diversity of every person.

We listen: We take the time to listen closely and carefully, acknowledging all experiences and perspectives.

We communicate: We communicate clearly and promptly so that every person knows what to expect. We do so in a professional, courteous way that respects all audiences, languages and abilities.

We are fair: Everyone deserves to be treated fairly. That's why we look at every issue impartially, listening to all sides to achieve clarity and understanding.

We are empathetic: We acknowledge that every experience is unique and respond to every person with openness and compassion.

We are trustworthy: We are accountable to the people we serve and strive to provide high-quality service that adapts and improves as we learn.



Our first year at a glance

Outreach

Provincial survey with

600

responses from patients and caregivers

Consultation sessions in
**Ottawa, Toronto,
London and Thunder Bay**

115 individual outreach activities in 30 Ontario communities

Visited all **14** LHIN areas

Webcasts in French and English tailored to patients and caregivers and health sector organizations

Telephone Intake

1,431 complaints received by phone

The vast majority of telephone intakes were resolved within one to two days

Almost **700**

referrals to other complaints bodies or services

52 people made multiple complaints by phone

187

people made first contact by phone and later sent a written complaint

Written Complaints

553

written complaints were received

39

people complained about more than one health service organization

31

people sent more than one written complaint

Early Resolution of Written Complaints

398

complaints resolved and four partially resolved as of June 30, 2017

38

calendar days, on average, to achieve resolution, 75% resolved within 49 days

More than **300**

additional referrals to other bodies or services

2 investigations have been launched

How we work to make every experience matter

We received almost

2,000

 complaints

Of the 553 written complaints received:



53%

Mail



30%

Online



10%

Fax



7%

Others

Many complaints are comprised of multiple complex issues that can fall under various jurisdictions. We work collaboratively across Ontario's healthcare sector to ensure every issue is considered and every experience matters.



Intake and Triage

Listening and Guiding

Within our jurisdiction

We can help resolve complaints, provided in writing, that have already been voiced at a public hospital, long-term care home and/or home and community care delivered by LHINs.



Premature complaints

If a complaint has not yet been voiced at the public hospital, long-term care home or LHIN, we will help refer it back to complete this important first step. Many of the written complaints we received were premature. We helped people connect or reconnect with their healthcare organization to resolve their concerns.



Out of our jurisdiction

We cannot help if, for example, a complaint is about a regulated healthcare professional, such as a physician, registered nurse or physiotherapist, about a retirement home or part of a court proceeding. We made more than 1,000 referrals last year to other organizations and complaints bodies and services.



Year 1

In our first year, we worked together with patients, caregivers and health sector organizations and established a strong foundation to receive, review and attempt to resolve complaints. As we evolve, we build on the momentum to strengthen relationships, uncover further insights and ultimately help to improve the patient experience for generations to come.



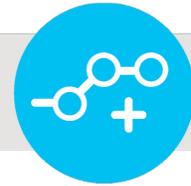
Early Resolution

Finding Creative Solutions



Investigation

Finding the Facts, Fairly



Own Motions

Influencing Positive Change

75% of the written complaints we received in our first year were resolved in the early resolution phase

Of the complaints we received, many focused on these issues:

- Inappropriate discharge
- Lack of communication
- Policies/procedures
- Access to care and services
- Poor care
- Attitude and behaviour
- Inadequate patient relations process
- Patient safety
- Competency of staff
- Lack of consent

More complex complaints can take more time

If we can't achieve early resolution, we may decide to conduct a formal investigation. This will highlight key problems and help prevent the same issues from recurring.

Over time, deeper trends and patterns emerge

The Patient Ombudsman may decide to launch a special investigation to look deeper into system-wide issues and make recommendations to influence positive change.



Year 2

As we continue to hear from Ontarians about their patient experiences, we will start to gain more in-depth knowledge and insights that will help inform and guide quality of care improvement initiatives.

Year 3

Down the road, we'll start to see clear patterns emerging from our resolutions and our investigations. Then we'll be able to make broader recommendations based on evidence to improve care for all.



“When it comes to our healthcare system, patients and healthcare providers alike are struggling with the fact that there are more questions than answers. We can be relentless when it comes to making connections between the right people and the right information. Even if we can’t help directly, we do our best for a warm hand-off.”

- Early Resolution Specialist

How we work to make every experience matter

The Patient Ombudsman’s office received almost 2,000 complaints from patients and caregivers since we opened our office on July 4, 2016. This number includes 1,431 complaints from patients and caregivers that contacted us by phone, and 553 written complaints.

Our efforts to achieve resolution start at the first point of contact and with active listening. For many people, these discussions were their first opportunity to tell the whole story of their experiences with the healthcare system. Our early resolution specialists worked with them to identify the issues that contributed to their experiences and formulate potential solutions. Often, this involved connecting patients back to the right person, usually a patient relations lead, in their healthcare organizations to ensure these organizations had the opportunity to address the concerns. When the complaints or elements of the complaints fell within the mandate of other complaint bodies, we facilitated those connections. Sometimes research and outreach were required to find the right connection. We heard from patients that having a plan in writing made it easier for them, so when appropriate, we followed up in writing with a summary of the discussion and information about the options explored. Following these discussions and actions, only 187 of the people who initially contacted us

Navigating patients and caregivers to other complaints bodies and services (Top Five)

Information and Privacy Commissioner

49

Health Services Appeal and Review Board

59

364

College of Physicians and Surgeons of Ontario

108

88

College of Nurses of Ontario

Ontario Ombudsman

by phone later followed up with a written complaint. Of the 1,431 complaints that came to us by phone, almost all were resolved within one to two days.

In our first year, we received 553 complaints in writing by mail, fax or through our on-line complaint form, including the 187 people who initially contacted us by phone. Most of the written complaints were sent by a caregiver, substitute decision-maker or other person writing on the patient's behalf. When someone complains to us on behalf of the patient we seek the patient's consent in order to share patient information with the health service organization. If the patient lacks capacity to consent, we obtain consent from the patient's substitute decision-maker.

Our on-line web form was launched in January 2017 to make it easier for people to send us their complaints. While submissions through the web form made up 30 per cent of written complaints over the full year, by June 2017 60 per cent of complaints were coming

in to the Patient Ombudsman using the on-line form. In a small number of situations, patients may not be able to write about their complaint. We accommodate these patients by making an audio recording of their concerns and then preparing a written transcript of their complaints. We are compliant with the standards under the *Accessibility for Ontarians with Disabilities Act, 2005*.

Many of the complaints we received were from patients or caregivers who had not yet attempted to resolve their concerns with the patient relations staff or department at their healthcare organization. Some were worried about reprisals for complaining and others didn't know how to bring their concern forward. Many discussions with our office focused on the challenge of maintaining a relationship with a health service provider for needed care, while pursuing a complaint about a care experience. In many cases, our office was able to connect or reconnect the patient to their health service organization to have their concerns addressed.

Who sends us written complaints?

37% Patients

29% Substitute decision-makers

23% Caregivers

6% Family members

5% Others

Collaboration in action: Assault response

At the time of an involuntary admission to hospital under the Mental Health Act, a patient reported having been assaulted. The patient later complained that the hospital had failed to adequately respond to the reported assault.

Experience

Resolution

Patient Ombudsman determined that although the hospital had recorded the patient's declaration, there was no evidence in the medical records that the hospital had followed its internal policy in responding to the patient's alleged assault. As a result, the hospital apologized and updated its internal policies to prevent a similar incident from occurring in future.



Written complaints by type of health service organization:

70.1% Public
Hospitals

19.2% Home and
Community Care

10.7% Long-term
Care Homes

We received more than 400 calls and 50 written complaints about services or organizations that are not within our jurisdiction. In addition, many of the complaints that involved hospitals, long-term care homes or home and community care also involved related issues that were outside of our mandate. We help people to make connections with other complaints processes (e.g. the professional colleges that are responsible for regulated health professionals) and services including mental health and disability services, access to financial, housing and legal resources and access to health benefits programs. Overall, more than 1,000 connections were made to other complaints bodies or services in our first year. The vast majority of complaints with non-jurisdictional issues were related in some way to medical care, including primary care, and the largest number of referrals were made to the College of Physicians and Surgeons of Ontario.

If you look at how many written complaints we've received so far about the health sector organizations within our jurisdiction over two-thirds were about Ontario's public hospitals, about 20 per cent were about home and community care services and approximately 11 per cent about long-term care homes.

These results make sense for several reasons, most notably, that Ontario's public hospitals serve many more patients each year than the other two sectors. For example, in 2014/15 there were more than six million visits to emergency departments across the province; hospitals performed 1.2 million outpatient surgeries and 350,000 inpatient surgeries¹. The volume of acute care episodes is very different compared to the approximately 750,000 connections home care² makes annually or the 78,000 long-term care home residents³ across the province.

¹ Quick Facts: Ontario's Public Hospitals, Ontario Hospital Association.

² Fact and Figures for Community Care Access Centres (CCACs) in 2015-2016, Home Care Ontario.

³ Ontario Developing 300 Long-Term Care Homes, Ministry of Health and Long-Term Care Health Bulletins, February 6, 2015.

“My goal is to find creative ways to settle the issues in a patient or caregiver’s complaint, no matter how complex, without the need for a formal investigation. To me, that’s the definition of success, that’s the definition of a resolution.”

- Early Resolution Specialist

People also have more options in terms of complaints processes in the long-term care homes and home and community care service sectors, including taking their concerns directly to the Ministry of Health and Long-Term Care, including the LTC Action Line, or the Health Services Appeal and Review Board.

Finally, the relationship between patients and home and community care and long-term care are often ongoing, compared to the episodic nature of hospital care. Patients and caregivers may be more reluctant to complain about services that they need over the long-term out of fear of damaging relationships or losing services. This is a significant concern raised by many members of long-term care home family councils.

The nature of the concerns raised by patients and caregivers varied by the type of health service organization.

The majority of complaints about home and community care related to service delays and service decisions that limited access to care.

Under the Home Care and Community Services Act, 1994, the Health Services Appeal and Review Board (HSARB) has jurisdiction to hear appeals about home and community care service decisions, so many of these patients and caregivers were referred to HSARB. Over one quarter of the complaints about home and community care involved wait times or policies related to admission to long-term care homes.

For long-term care homes, patients and caregivers most frequently raised concerns about the quality of care. Other common concerns were about policies and procedures, often related to co-payments or the lack of compensation for lost property.

Patients and caregivers who complained about public hospitals most frequently cited concerns about discharge planning. While hospitals were identified in these complaints, it’s important to consider that discharge planning often requires communication and collaborative planning involving other health services or organizations. Lack of communication or miscommunication was also a significant concern.

In fact, poor communication is a recurring theme across all types of complaints in all sectors.

Top three complaints about:

Home and Community Care



Long-term Care Homes



Public Hospitals



What types of complaints we receive

What is a complaint?

From the Patient Ombudsman's perspective, complaints provide constructive feedback about healthcare. They offer meaningful information and insights that can help improve patient and caregiver experiences and drive quality of care improvement.

The Patient Ombudsman has the authority to receive complaints about public hospitals, long-term care homes and home and community care provided through Local Health Integration Networks (formerly Community Care Access Centres). Many of the complaints we receive also involve other health services or organizations.

The nature of the complaints we receive is wide ranging, and can involve anything from rude or insensitive communication to concerns about policies and procedures.

Why complain?

It's to be fearless about helping yourself and others – and knowing this effort will ultimately help drive positive change in Ontario's healthcare system.

Voicing complaints and working together to support health sector organizations to respond and resolve them effectively is important. This work helps identify trends and patterns and address root causes of issues to prevent them from happening again and again.

While not always the top concern, miscommunication or a perceived lack of communication was an overarching theme in almost all of the 2,000 complaints we received. This issue represents the greatest opportunity for improvement in Ontario's healthcare system.

The top five healthcare issues Ontario's patients and caregivers seem most concerned about are:

11% Inappropriate discharge

10% Miscommunication or lack of communication

10% Understanding and improving policies and procedures

9.5% Access to service

9% Poor care

Resolution is different for everyone

Complex system, complex issues

We received many complicated complaints, involving multiple issues and several health sector organizations. Most complaints came from current patients, but because we are brand new and there is no statute of limitations, a few complaints were decades old.



75%

of written complaints resolved at early resolution

What does resolution look like?

Every complaint is unique. We do everything we can to hear, understand and help resolve complaints. Even if the complaints we receive are outside our jurisdiction of public hospitals, long-term care homes and home and community care, we helped people identify the right resolution to their concern, make connections and access the information they need.

This can include:

- Sharing the patient or caregiver perspective with a health service provider
- Getting the right information to make a decision
- Connecting to the right person who can help
- Raising awareness of the issue
- Getting a policy or a procedure changed for the better
- Helping to prevent someone else from going through a similar experience
- Getting an apology or formal acknowledgment of the concern

Our first year: At a glance

Most complaints were resolved in the early resolution phase. Analysis of the nature and pattern of these complaints will help to inform our investigative work going forward.

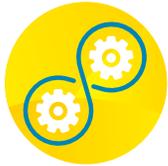
75% addressed at early resolution by the end of our first year

160 open complaints with early resolution activities underway

2 investigations have been launched

Of the resolved written complaints:

- **25%** of complaints were addressed by the health service organization with facilitated communication from our office
- Another **4%** of complaints were paused to give the health service organization the opportunity to resolve the complaint once a relationship had been re-established with the support of our office
- A formal apology or acknowledgment was provided by the health service organization in response to **8%** of the complaints
- Almost **70%** of complaints required at least one referral to another complaint body or service for matters that were outside of the Patient Ombudsman's jurisdiction



Collaboration in action



We always seek to resolve complaints informally first before they go into formal investigations. Early resolutions are the lion's share of our work and the most frequent result. Here are the highlights of our collaborative efforts across Ontario's healthcare system.

Experiences

A resident of a long-term care home complained that new staff needed more orientation and training in order to facilitate better continuity of care for residents. She also requested more courtesy, specifically that new staff introduce themselves before starting care.

Resolutions

Patient Ombudsman mediated a discussion between the resident and the long-term care home administration. The home agreed to review their onboarding policy and confirmed that every new staff member must complete an orientation and that all current staff receive mandatory on-line training. The administration also agreed to consider initiating the "Hello my name is" campaign to encourage and remind staff about the importance of introducing themselves before starting care.

A man had a stroke which resulted in significant physical and medical challenges. Initially, he was taken to one hospital by ambulance for specialized treatment and then, once stable, transferred to his local hospital. Later, because he had long-term care needs that were too complex for a long-term care home, he was transferred again to a complex continuing care hospital – far from his caregiver's home. His caregiver did not drive and had several chronic conditions herself. The caregiver did not understand why her husband needed to be moved to another hospital, especially one so far from her home.

Patient Ombudsman helped facilitate communication between the hospital and the caregiver to help her better understand the reason for the transfer and also helped facilitate the transfer of the patient to another complex continuing care hospital that was more accessible to the caregiver.

A woman who lived independently at home with dementia was no longer able to shop for herself or prepare her own meals. She was receiving some home and community care services, such as Meals on Wheels and personal support services to help her take medication correctly. Increasingly, she refused to allow people into her home and, as result, didn't seem to be receiving enough help with her care needs. Her caregiver was concerned about her overall nutrition and noticed she had lost a significant amount of weight.

Patient Ombudsman worked with the health sector organization to schedule times when the caregiver and the service providers were in the patient's home at the same time to ensure they could meet the woman's care needs.



After a medical procedure, a patient with no additional health insurance requested a ward room in a hospital. Because none were available, the patient was put into a semi-private room and advised by hospital employees that the semi-private co-payment would not be charged. Upon discharge, the patient was billed at the semi-private room rate.

Patient Ombudsman reviewed the patient's concerns with the hospital and it was agreed there was a perceived lack of communication. The hospital agreed to review its policy on billing for patient accommodation and more effectively communicate the policy to patients. The hospital also reimbursed the patient for the full amount of the semi-private room.

A patient with no informal support system was in a lot of pain and required out-patient surgery at a local hospital as soon as possible. The hospital policy required that day surgery patients needed to be accompanied home upon discharge. The patient tried to explain that no one was available to assist. The hospital, based on its policy, cancelled the surgery.

Patient Ombudsman worked as a facilitator between the hospital and the patient to achieve a resolution that resulted in the re-scheduling of the surgery and an agreement that the hospital would keep the patient overnight as an in-patient.

A resident of a long-term care home changed her power of attorney. Due to the complex nature of the resident's care plan and the circumstances, the long-term care home's administration was concerned about recognizing the new power of attorney. This response eroded the trust between family members and the long-term care home. The family, worried about reprisal because the resident was still living under the care of the home's employees, felt obligated not to force the issue further.

Patient Ombudsman facilitated communication between the family and the long-term care home. Eventually, the new power of attorney was recognized. The discussion also resulted in a revised care plan and clarification as to how care decisions should be communicated in the future.



“We’ve heard a lot about the issues and challenges Ontario’s patients and health sector organizations face every day. We’re still learning about what we can do to help and recognize that solutions won’t come from working in isolation. We need to share insights and resources in order to really make a difference.”

- Executive Director

Themes and lessons

In reflecting on the complaints we received over our first year, a number of themes emerged that provide opportunities to improve healthcare and the experience of patients and caregivers.

Improving communication

The early insights we are gathering from our first year of operations are particularly interesting to us because they align with the results of our consultations completed before our office opened. During our consultations, 66.5 per cent of people we surveyed told us that improving communications from health sector organizations to patients and caregivers was the most important issue they hoped we could help address. This point has also been borne out through our travels and our complaint resolutions so far.

Overall, patients want to be treated with greater compassion and dignity and to be seen as a whole person, not just as a disease or condition. They mentioned that small things can make all the difference. This includes having healthcare providers introduce themselves, explain in simple terms what is happening, describe clearly the options available and their impact on patient care and give the patient and caregivers the opportunity to ask questions. They told us that they want to receive information, whenever possible, in writing so they can refer back to it later.

People have told us they often feel that they haven’t been given the information and time needed to make fully informed decisions and they feel pressured to make decisions before they are ready. It is essential that people, whenever possible, feel in control of their own decisions and are fully informed of their options.

“Communicating effectively is key to facilitating a successful resolution. It’s my job to help ensure that by the end of what is often a series of difficult conversations, everyone involved has a full understanding of the facts and how best to collaborate around next steps.”

- Early Resolution Specialist

Another issue related to communication that patients and caregivers have raised with us is the fear of speaking up about their care, or the care of a loved one, in case there is reprisal. We’ve learned that this fear of reprisal is most intense in rural and northern communities, where there are fewer options for care. Health service organizations can help to reduce this concern by ensuring that patients and caregivers are given information about how to raise a concern and be assured that their feedback is welcome to help improve care for everyone. Many health sector organizations have embraced a commitment to improving the experience of their patients and their families and have developed effective patient relations processes. Others are just starting this journey.

We recognize that there are no quick answers but, based on the results and insights we’ve collected so far, we can offer the following observations. Patients and caregivers are eager to participate in their own care plans and want to contribute to improving the healthcare system for others. At the same time, they don’t know what they don’t know. They need to be informed about what is going on, understand their choices and feel empowered to make decisions for themselves based on clear and factual information. Being open and transparent and involving patients and caregivers as much as possible, from hiring staff to strategic planning to technology, results in shaping a health sector organization that focuses on what really matters – the patient.

Collaboration in action: **Finding a place**

A long-term care (LTC) home resident with dementia was transitioned to a hospital because of agitation and anxiety. Although, the resident wasn’t hurting anyone, staff at the LTC home found meeting the needs very challenging. In hospital, the patient’s behaviour improved, resulting in a discharge. However, the LTC home wouldn’t accept the patient back.

Experience

Resolution

Patient Ombudsman facilitated discussions that resulted in the return of the resident to the LTC home and connected the caregiver to the Ministry of Health and Long-Term Care’s Action Line to raise additional issues of compliance with the Long-term care Homes Act.

“As Ontario works towards a more coordinated patient and caregiver experience across our healthcare system, our hope is that the ways in which people can access complaint services will evolve in the same positive ways.”

- Executive Director

We are committed to finding ways to share our results and insights with health sector organizations in order to help them continue to strengthen patient relations processes.

Strengthening patient relations processes across the province

Health sector organizations receive feedback and complaints from patients, their families and other members of the public and generally have patient relations processes in place to review and attempt to resolve these complaints as expeditiously as possible. As an independent body of last resort, we can only get involved if this internal process has been completed first. These important first steps are appropriate as the most effective place to resolve a complaint is at the point of care. However, we are finding that many of the complaints we've received over the past year have not been raised with the appropriate health sector organization first. Patients and caregivers may not know how to engage in the process or if the process has actually been completed or not.

We are committed to finding ways to share our results and insights with health sector organizations in order to help them continue to strengthen patient relations processes and to generate awareness for our collective efforts and the important roles we play in the healthcare system. Collaborating to ensure that complaints and appeals are handled in a consistent manner with patient and caregiver perspectives at the centre of the experience will go a long way in building trust and in supporting more positive relationships overall.

As we look ahead, we will work with the Ministry of Health and Long-Term Care and Health Quality Ontario, bringing our first year insights to bear on the ongoing efforts to improve patient relations processes for everyone.

Streamlining the experience for patients with complex complaints

As we've noted throughout the report, the complaints we receive are often complex and involve matters that are both within and outside our jurisdiction. In addition to our own efforts to achieve a resolution, over 1,000 connections were made between patients and caregivers and other complaint bodies or services. To address the range of issues included in a complaint, some people needed up to four outside referrals. Just to provide some context, a single complaint could involve concerns about the health service organization, individual healthcare professionals involved in a person's care as well as matters that are within the jurisdiction of the Ministry of Health and Long-Term Care and the Health Services Appeal and Review Board.

Providing a seamless complaint experience for a patient or caregiver can be as challenging as providing seamless healthcare. While our office works with people to help them navigate this complex web, we believe there are opportunities to improve the process. We will be reaching out to the colleges governing healthcare professions, the Ontario Ombudsman and other complaint bodies to explore opportunities to provide a more seamless experience for patients and caregivers with complaints about their healthcare.



“It is important to have relevant and timely information available to patients and caregivers about their transitions across care settings. This issue is system-wide and capacity planning needs to become a priority for all of us.”

- Patient Ombudsman

“By working together and aligning our processes as much as possible, we’ll be more effective in ensuring every patient and caregiver experience leads to better quality of care for everyone.”

- Early Resolution Specialist

Improving planning for discharge

Planning for discharge is a complex process that can involve communication and collaboration across many health service organizations. Ensuring the capacity for patients to access the right services when they need them is an ongoing challenge for the healthcare system at all levels. For the health sector organizations within the Patient Ombudsman’s jurisdiction, the challenges are many. Hospitals in particular feel pressure to discharge patients that no longer require acute care to free up capacity for other patients. At the same time, there can be long wait times for long-term care homes and a need to provide care for residents with increasingly complex needs. The home and community care sector is also under pressure to provide more care to more patients, often with complex needs. For patients with highly complex care needs, the services that they need may simply not exist.

Solving these problems is well beyond the mandate or power of the Patient Ombudsman; however, based on what we’ve heard from patients there are significant opportunities to improve the quality of patients’ experiences as they prepare for discharge and transitions across healthcare settings. Accurate, timely communication and the engagement of patients and their caregivers in planning are key.

We receive complaints from people who are eligible and appropriate for long-term care but are being told that they must move from hospital to a retirement home that they cannot afford or a long-term care home that they did not choose. Along these same lines, people tell us that they are being advised that they cannot be placed directly to a long-term care home from the hospital and then worry they won’t be provided with

sufficient services to wait at home. Patients and caregivers often reported that they were unsure about the plan for care after discharge and did not have information they needed to make informed decisions. Given that information is often provided at a time of stress, patients and caregivers have commented that receiving information in writing would help them understand the plan and make better decisions.

Financial and operational performance in our first year

The Patient Ombudsman receives all of its funding from the Ministry of Health and Long-Term Care. While this report focuses on activities and results achieved in the year since we opened our office in July 2016, our funding is approved and managed based on the Government of Ontario's fiscal year (April 1 to March 31). Our office is committed to prudent fiscal management, and we ended our fiscal year on March 31, 2017 with a surplus of \$388,525 based on an 2016-17 approved budget of \$4.3 million.

Included in our budget is funding to purchase back office support from Health Quality Ontario. This arrangement provides value for Ontarians by streamlining the Patient Ombudsman's administrative costs, while ensuring the human resources, financial and technology support necessary for our work.

A great deal was accomplished in our first year to support the opening of our office and the launch of our services.

Our accomplishments include:

- Completion of an organizational branding initiative, including province-wide patient and stakeholder consultations which resulted in the design of our logo, development of our vision, mission, values and the launch of the website, online form and our brochure, in both official languages
- Staff recruitment to build our diverse and skilled team
- Establishment of our office and the infrastructure needed to support our work
- Procurement and customization of state of the art case management and telephone systems.

Now in our second year, we are engaged in a strategic planning initiative that will set out our priorities and goals for the next three years. We are continuing to refine our business processes and are developing better ways to receive ongoing feedback on our own work from patients, caregivers and health service organizations so that we can continue to improve our services and effectiveness in influencing positive change.

Financial statements for the Patient Ombudsman can be downloaded at:

patientombudsman.ca/About-Us/Accountability-and-Transparency/Corporate-Documents



Collaboration in action: Home care services

After moving to a retirement home, a resident became concerned about the lack of consistency in home care service delivery since the relocation.

Experience

Resolution

Patient Ombudsman facilitated communication between the resident and the providers of home and community care services in her region. As a result of this discussion, the resident's service schedule became more consistent and better aligned with the retirement home's schedule, enabling the resident to participate more fully in activities, including regular meals.

Final thoughts

In our first year we've focused on listening and learning from patients and caregivers, healthcare providers and our own team. We've identified opportunities to increase public awareness of our office and improve our internal processes to provide a better experience for the people who contact us.

We're continuing to refine our information and communication so that we can tell patient and caregiver stories more effectively and provide evidence to drive healthcare system improvements. We're building the relationships with healthcare providers, planners, funders and policy-makers that will help turn stories and evidence into better patient experiences.

In our second year, we're using the information and evidence gathered in our first year to identify issues and situations that would benefit from more in-depth investigations. We are also reaching out to health system partners to share what we've learned and act as a catalyst to drive improvement efforts. We know that we need to continue to build awareness of what we do, as well as confidence that a thoughtful, impartial examination of negative experiences can help to make things better in the future.

The work of building this new organization has only just begun and we are committed to fulfilling our promise to the people who fearlessly come forward and share their perspectives and stories with us - to make every experience matter.

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