

# Client and Family Relations Annual Report (2013 – 2014)



**Client and Family Relations: Annual Report (2013 – 2014) at a glance...**

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| <b>Compliments Data</b>  |  |
| <ul style="list-style-type: none"> <li>The Spotlight Award Program provides clients, and families with an opportunity to recognize Holland Bloorview employees for exemplifying the organization’s values. Client and Family Relations tracks the client and family initiated compliments.</li> <li><i>What’s next:</i> Client and Family Centered Care Champion pin launched in Fall 2014. This is awarded to all employees who receive a client and family compliment initiated through this program.</li> </ul>   | <ul style="list-style-type: none"> <li>242 client and family-initiated Spotlight Awards</li> <li>Top area of recognition: quality of care</li> </ul>                             |
| <b>Staff Consultations Data</b>  |  |
| <ul style="list-style-type: none"> <li>The Client and Family Relations Facilitator supports employees seeking guidance by partnering and consulting on how to build stronger relationships with clients and families</li> <li><i>What’s next:</i> Relationship building and de-escalation resource developed and circulated in Fall 2014</li> </ul>  | <ul style="list-style-type: none"> <li>92 individual staff/team consults</li> </ul>  |
| <b>Complaints Data</b>   |  |
| <ul style="list-style-type: none"> <li>The Client and Family Relations facilitator works with individual clients and families to address their concerns, and collects and interprets client and family feedback that helps to inform hospital-wide quality improvement initiatives</li> <li><i>What’s next:</i> Complaint severity ratings (i.e. straight-forward, moderate, high, and critical) and resolution time tracking introduced for 2014-2015</li> </ul>  | <ul style="list-style-type: none"> <li>187 clients/families filed complaints</li> <li>Top area of concern: communication</li> </ul>  |
| <b>Quality Improvements</b>  |  |
| <ul style="list-style-type: none"> <li>Examples of feedback-driven changes: weekly shuttle services to local shops for inpatient families; free shuttle to flu clinic for inpatient families; inpatient family washroom renovations; swim times added for inpatient families to promote recreation and physical activity; accessible hot water station in cafeteria; inpatient family badge revised to include title “Partner in Care;” etc.</li> <li><i>What’s next:</i> New Quality Improvement Plan indicator (i.e. to resolve at least 70% of straight-forward complaints within 14 days) established for 2014-2015</li> </ul> | <ul style="list-style-type: none"> <li>Quality Improvement Plan target (respond to 80 per cent of complaints within two days) exceeded (i.e. 100 per cent compliance)</li> </ul> |
| <b>For more information</b>  |  |
| <ul style="list-style-type: none"> <li>Contact Client and Family Relations: 416-753-6084   <a href="mailto:feedback@hollandbloorview.ca">feedback@hollandbloorview.ca</a></li> <li>Visit us in the Grocery Foundation Resource Centre (1st Fl.) or online: <a href="http://hollandbloorview.ca/ClientFamilyResources/TellUsWhatYouThink">http://hollandbloorview.ca/ClientFamilyResources/TellUsWhatYouThink</a></li> </ul>  |  |

## **Client and Family Relations: Annual Report (2013 – 2014)**

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## **1.0 Introduction to Client and Family Relations Annual Report**

In April 2012, Holland Bloorview Kids Rehabilitation Hospital launched a new and exciting Client and Family Relations program. This program was created in partnership with clients and families to ensure it would be a meaningful, authentic and responsive process.

As you will see from the attached report, the program has exceeded our expectations over the past two years. We received widespread feedback and have created new knowledge in our hospital about the client and family experience. As a result, we have been able to make direct changes to the quality of care we provide in ways we would never have previously been aware. Several families who had concerns later joined our family leadership program, advising on hospital policies and programs, sharing their health-care story and providing peer support to other families.

The success of the Client and Family Relations program can be attributed to the employees, clients and families who are committed to creating an inspired world of possibility for children with disabilities and their families. Together we can make a difference.

Let's keep talking!

Sincerely,

A handwritten signature in black ink, appearing to read "L. Williams", followed by a horizontal line.

Laura Williams, MSW, RSW  
Director, Client and Family Integrated Care

## **2.0 Overview: Client and Family Relations Process**

Through the Client and Family Relations program, the hospital:

- collects client and family feedback;
- responds to client and family concerns; and
- tracks and monitors trends in feedback.

The goals of the Client and Family Relations program are to:

- improve the quality of care we provide;
- improve the client and family experience at the hospital;
- create a system that is accountable and transparent to clients and families; and
- support staff at Holland Bloorview.

### **2.1 Client and Family Relations Role**

The Client and Family Relations facilitator:

- works with individual clients and families to address their concerns;
- supports staff members seeking guidance by providing them with consultations on how to build stronger relationships with clients and families;
- collects and interprets client and family feedback that helps to inform hospital-wide quality improvement initiatives; and
- provides staff education to help develop effective conflict resolution skills.

The Client and Family Relations program strengthens communication between clients, families, and staff by:

- responding to concerns and ideas in a timely and transparent manner;
- educating staff, clients and families on how to manage concerns at the point of care/service;
- collecting and analyzing data related to feedback; and
- working with other teams on improving care.

## 2.2 Accessing Client and Family Relations



Information on Client and Family Relations is available to clients and families through:

- Holland Bloorview's Information Booklet;
- Holland Bloorview's website;
- the Client and Family Relations feedback postcards; and
- regular visits by the Client and Family Relations facilitator to the in-patient units.

*Clients and families* are encouraged to first speak to a member of their health-care team about their concern(s) as soon as they arise. If this is not possible, they can approach the program manager. If they prefer to speak with the Client and Family Relations facilitator about their feedback, they can:

- contact the Client and Family Relations facilitator directly in person, through telephone or by email (no referral is required);
- ask a staff member to refer them;
- fill out a Client and Family Relations green feedback postcard; and
- fill out the online Spotlight Award form.

*Staff* may contact Client and Family Relations for any of the following reasons:

- when clients/families have a concern or suggestion;
- when clients/families want to share compliments;
- to flag an issue that might require Client and Family Relations involvement; and
- to get a(n) individual/team consultation, including general information, education and support around working with specific clients/families.

## 2.3 Issue Management and Timelines

For issues at the program level, the Client and Family Relations facilitator will determine the best team to review the case. The issue resolution process is as follows:

- 1) First contact with client/family: within two business days;
- 2) Ongoing contact: every five business days (or on a timetable as decided by the client and/or family and the Client and Family Relations facilitator).

### 3.0 Patient Declaration of Values



The Patient Declaration of Values outlines the values and expectations of our clients and families. It is at the core of the Client and Family Relations process. The declaration was developed in partnership with client and family stakeholders. It was introduced on June 8, 2011 in accordance with the *Excellent Care for All Act*; and revised by the Family Advisory Committee and the Youth Advisory Committee in June 2013.

The values are:

#### **Quality of Care**

Care is safe and based on the most current evidence available. Staff are friendly and on time. We know who to contact if we need help and are involved in care planning at the level we choose.

#### **Respect**

We have a say and are heard. Our hopes, fears and concerns are taken seriously, our privacy is protected, and our differences and choices are respected.

#### **Information-sharing**

Information is shared with us as soon as possible, and questions are answered honestly and clearly. We are informed of choices, risks and benefits of decisions, and when we have concerns, we are free to express these and will be attentively listened to.

#### **Partnership**

We know the names and roles of the members of our health care team, and they work together to support us while in care, through transitions and through difficult situations. We are equal partners of our health-care team, and our unique knowledge, expertise and opinions are valued.

The Patient Declaration of Values is built into the Client and Family Relations process in the following ways:

- The process uses client and family driven feedback to provide evidence-based *quality of care* which will inform quality improvement initiatives.

- *Respect* is given at all levels of care. This ensures that client and family privacy are protected, and that the process is free of discrimination, stigma and judgment. All feedback is reviewed and documented.
- The system encourages *information-sharing* and promotes participation in decision-making. It includes ways to keep clients and families up-to-date on the progress of investigating and addressing their concern(s).

The underlying aim of the program is to help support a strong *partnership* between clients, families, and health-care providers. This partnership is encouraged through communication and best practices review. The Client and Family Relations facilitator also supports staff with difficult concerns.

#### 4.0 Compliments Data

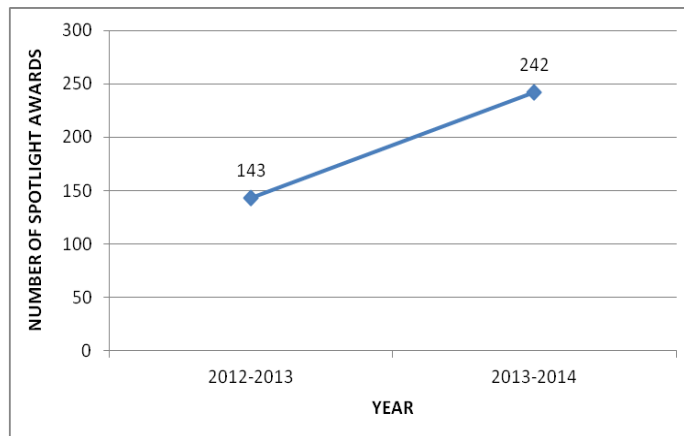
In 2010, Holland Bloorview introduced the Spotlight Award Program. Recognized as a Leading Practice by Accreditation Canada, this program provides employees, clients, and families with an opportunity to recognize Holland Bloorview employees for exemplifying the organization’s values.

Clients and families can recognize staff for demonstrating quality of care, respect, information-sharing, and partnership by:

- filling out a Client and Family Relations green feedback postcard;
- filling out a Client and Family Relations Spotlight Award form, downloadable from Holland Bloorview’s website; or
- contacting Client and Family Relations via email, phone, or in person.

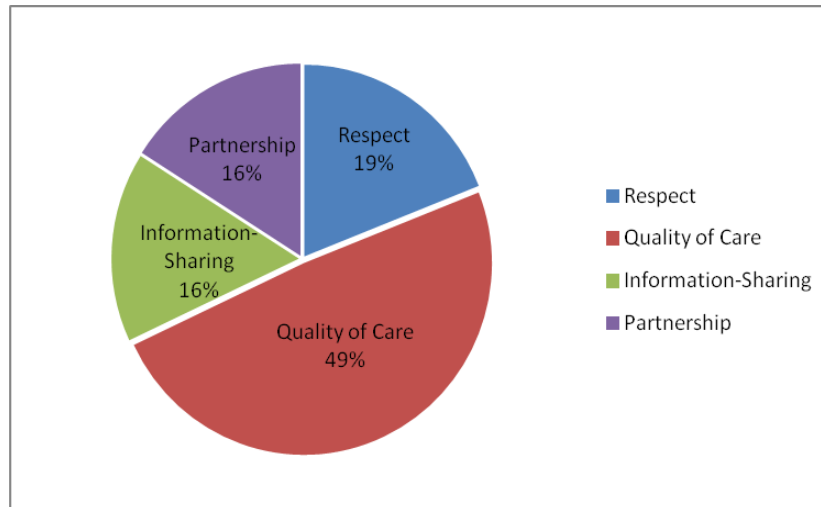
In 2013-2014, 242 client and family-initiated Spotlight Awards were given to staff, which is up 69 per cent from last year.

#### 242 client/family nominated-Spotlight Awards were issued in 2013-2014





The graph below shows the number of Spotlight Awards issued by client and family relations, recognizing each of the behaviors described in the Patient Declaration of Values.



“Quality of care” was once again the top area of recognition for 2013-2014, accounting for 49 per cent of the positive feedback received.

### ***What did clients and families say?***

Clients and families provided many reasons for giving Spotlight Awards to staff, including to thank them for being responsive to their questions, communicating openly and clearly, providing support, and being personable, friendly, and compassionate.

This recognition is a testament to the fact that we have client and family centered care champions at all levels of our organization, cutting across departments and health disciplines, including clinicians, administrative staff, management, students, and environmental services.

In this regard, every staff member at Holland Bloorview has the opportunity, in every encounter, to have a positive impact on our clients and families. Congratulations to our hard-working, dedicated and caring staff for a job well done!

### ***What's next?***

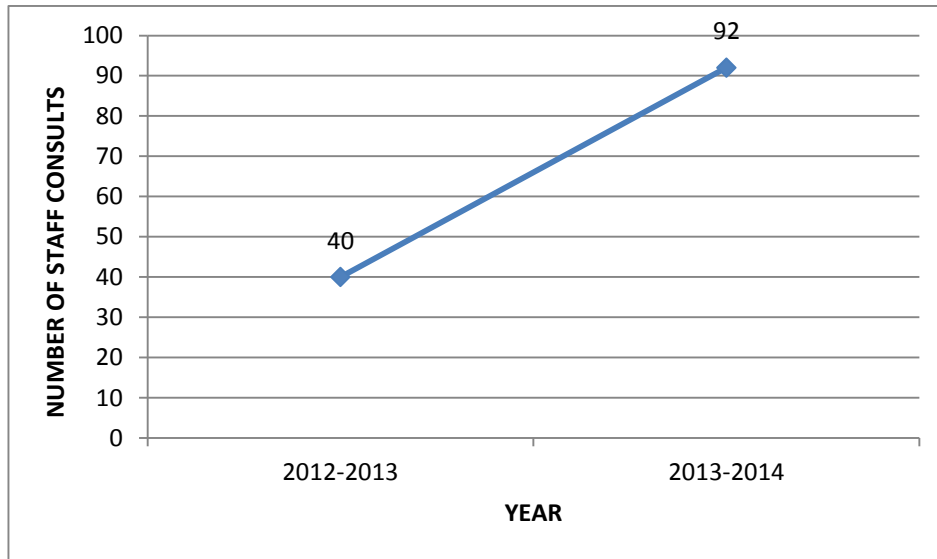
In partnership with the Family Advisory Committee and Holland Bloorview’s Awards & Recognition Committee, Client and Family Relations will be presenting employees with a special recognition pin upon receipt of a Client/Family Spotlight Award. This initiative,

launched in Fall 2014, allows us to identify, congratulate, and celebrate these staff members who consistently live out our Patient Declaration of Values.

### 5.0 Staff Consultations Data

Client and Family Relations conducted 92 individual/team consultations in 2013-2014. This number has more than doubled from last year.

#### Client and Family Relations conducted 92 staff consultations in 2013-2014



This increase in staff consultations reflects:

- staff awareness of Client and Family Relations;
- staff trust in the Client and Family Relations program and the benefits of the support provided;
- staff willingness to collaboratively engage in issue resolution; and
- staff being proactive in handling difficult concerns, before they escalate into formal complaints.

The chart below indicates the spectrum of issues which were brought forward during staff consultations in 2012-2013 and 2013-2014.

| <b>Issues</b>                            | <b>2012 - 2013</b> | <b>2013 - 2014</b> |
|--|--------------------|--------------------|
| Equity                                   | ✓                  | ✓                  |
| Privacy                                  | ✓                  | ✓                  |
| Discharge                                | ✓                  | ✓                  |
| Access to Care/Services                  | ✓                  | ✓                  |
| Respect                                  | ✓                  | ✓                  |
| Quality of Care & Safety                 | ✓                  | ✓                  |
| Client & Family-Centred Care/Partnership | ✓                  | ✓                  |
| Communication & Information-Sharing      | ✓                  | ✓                  |
| Food                                     |                    | ✓                  |
| Facilities                               |                    | ✓                  |
| Financial Issues                         |                    | ✓                  |
| Coordination of Care                     |                    | ✓                  |

While the kinds of issues discussed during consultations were generally consistent with the types of concerns raised by staff last year, some new ones emerged (including food, facilities, financial issues, and coordination of care).

***What's next?***

In response to the above consultations, the Client and Family Relations facilitator developed a process flowchart which includes suggested scripted language for de-escalating conflict.

This document will serve two purposes:

- 1) to provide a useful and supportive communication resource for staff; and
- 2) to enhance client and family centred care at Holland Bloorview.

A review team of frontline (non-)clinical staff from across the organization was pulled together to provide their feedback about this resource. This group was chosen with managerial support, based on their excellent relationship-building skills and commitment to modelling respectful behavior with our clients/families. Furthermore, this team possessed a mix of diverse experience, unique insight, knowledge and training. Operations managers were also consulted to review this document.

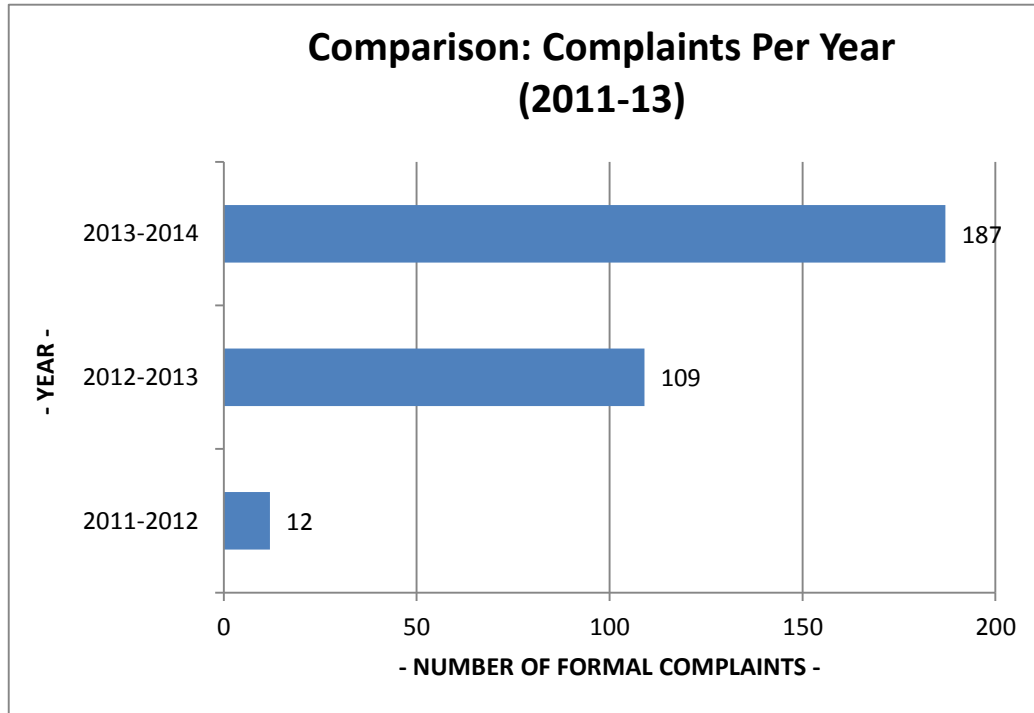
The de-escalation process flowchart was finalized and made available to all staff in October 2014. Staff training to build conflict resolution capacity will be developed and rolled out at a later date.

## **6.0 Complaints Data**

The Client and Family Relations facilitator uses a supportive approach to address concerns, including the following strategies:

- Apology given;
- Assistance provided;
- Care plan developed;
- Discussion/facilitation/mediation;
- Perception of issue clarified/resolved;
- Process/policy changed;
- Quality improvement initiated;
- Suggestion implemented;
- Staff educated/counseled; and/or
- Supporting listening/counseling.

From April 2013 to March 2014, 187 clients/families filed formal complaints with Client and Family Relations. The graph below shows that the number of client/family-initiated complaints has significantly increased since introducing the Client and Family Relations program in 2012.



Rather than representing a sudden decline in the quality of health-care services and/or the client and family experience at Holland Bloorview, this increase is more likely reflective of other contributing factors.

There has been focused effort between the Client and Family Integrated Care team and management to build awareness about the Client and Family Relations program so that:

- (1) staff may proactively encourage clients and families to come forward with their feedback; and
- (2) clients and families know about our Client and Family Relations service and trust that their issues will be resolved in a supportive manner.

For example:

- all-staff education about this program and the role of the Client and Family Relations facilitator was provided, including presentations at team and practice council meetings;
- staff completed an e-learning module on the Client and Family Relations process;
- a postcard campaign continued to support understanding of how clients and families can submit feedback;
- routine visits by the Client and Family Relations facilitator to the in-patient units and Parent Talk sessions to inquire about the client and family experience, distribute feedback postcards, and promote the Client and Family Relations program; and

- the “Tell Us What You Think!” survey invites all clients and families are invited to contact the Client and Family Relations facilitator to provide feedback about their experience upon discharge.

This increase in awareness about Client and Family Relations among staff, clients and families has likely contributed to both the number of staff referrals to Client and Family Relations as well as the increase in feedback received.

The fact that more of our clients and families are coming forward to express their concerns is consistent with a new way of understanding the role of the client and his/her family in health care.

Clients are no longer expected to be passive recipients of health-care service. The move in the health-care sector is that the client and his/her family are active partners and advocates in health-care decision-making.

Providing client and family centred care is an organizational value which is embedded throughout our policies and practices. At Holland Bloorview, client and family centred care is about providing respectful, compassionate, culturally responsive care that meets the needs, preferences, values, cultural backgrounds and beliefs of diverse clients and their family members by partnering with them. In pediatrics, client and family centred care is based on the understanding that the family is the child’s primary source of strength and support.

Furthermore, Ontario’s *Excellent Care for All Act* was driven by the government’s commitment to deliver high quality care that is focused on clients and motivated by improving outcomes and satisfaction for those clients. Accordingly, this new way of understanding the role of the client and family in health care *coupled with* our commitment to client and family centred care, has provided the support and motivation clients and families need to voice their dissatisfaction and suggestions about their health-care experience at Holland Bloorview.

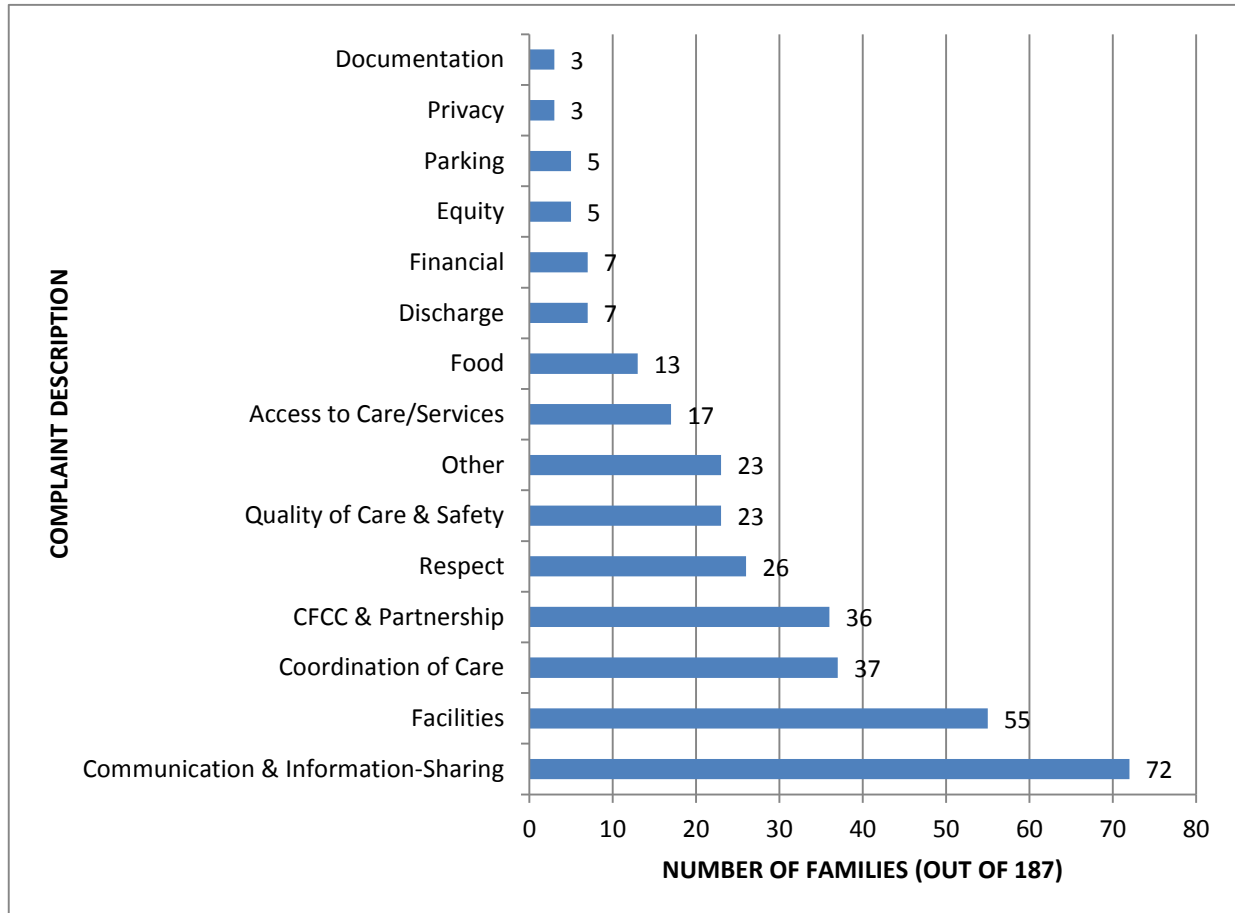
Given that Holland Bloorview’s commitment to excellence inspires us to strive for continuous quality improvement, the goal of Client and Family Relations is *not* to lower the number of complaints filed by our clients and families. While reoccurring concerns are flagged as perhaps indicative of a larger systemic problem, we also understand each complaint as an opportunity to partner with our clients and families to better their experience of our healthcare.

When clients and families come forward with their concerns, they are telling us that, despite being disappointed with some aspect of their experience at Holland Bloorview, they still trust the organization and the Client and Family Relations process. They have faith that we care, that their experience matters, that the issue(s) will be appropriately addressed and that their feedback will make difference, thus benefitting other clients and families. In this regard, *not* hearing from them is not necessarily a reflection of a “great news” situation.

Our objective is to seek out this important voice, rather than to quiet it, because we want to create a culture in which client and family feedback is genuinely welcomed and appreciated. Fostering such an environment helps us to meet the wants and needs of the people we serve, thus guiding quality improvements and enhancing care.

The following graph shows areas of complaint which our clients and families brought forward to Client and Family Relations from April 2013 – March 2014.

### 187 clients and families filed complaints with Client and Family Relations



In 2013-2014, clients and families once again expressed the most concerns about communication and information-sharing, which generally echoes the data collected by other patient relations offices across Ontario hospitals.

In addition to the de-escalation process flowchart described above, Client and Family Relations has developed targeted strategies aimed at improving communication and information-sharing amongst our staff, as discussed later in this report.

## 7. Quality Improvements

In 2013 - 2014, we successfully met our following Quality Improvement Plan indicator for this area:

- Respond to client/family complaints within two days (target = 80%).

In fact, we met this goal 100% of the time, thus exceeding our target.

### ***What's next?***

Recognizing that timely resolution of concerns improves the client and family experience, our partners have challenged us to better understand the length of time to resolution.

Starting in April 2014, the Client and Family Relations facilitator categorizes issues raised in client/family complaints according to the following severity ratings:

- Critical: complaint which may result in death or near death; critical concern for patient safety, potential media or legal attention
- High: complaint which could result in incident if not addressed; potential concern for patient safety, potential media or legal attention
- Moderate: complaint which provides opportunity for system or process improvement/advocacy
- Straight-forward: complaint which may require supportive listening, education, clarification, and/or apology to resolve

The resolution time to resolve complaints for each severity rating will also be tracked. In this regard, we have set a new indicator on our Quality Improvement Plan for 2014-15: to resolve at least 70 per cent of straight-forward complaints within 14 days. The opportunity to establish indicators for the other severity categories are currently being explored.

### **Examples of client and family-driven quality improvements:**

- Free and accessible WiFi introduced;
- Public smoking area moved away from main building entrance;
- Weekly shuttle services to local shopping areas for inpatient families, including grocery stores;
- Meal vouchers introduced to expand food options for inpatient families;



- Swim times added for inpatient families to promote recreation and physical activity;
- Separate fridges added for inpatient clients on a ketogenic diet;
- Inpatient family badge revised to include title "Partner in Care and a "lanyard legend" to help families identify who are employees, students or volunteers based on the colour of their lanyards;"
- Hot water station in cafeteria renovated to be wheelchair accessible;
- Age-related signage posted in front of pool change rooms;
- Inpatient family washroom renovations;
- Free shuttle to flu clinic for inpatient families;
- After-hours appointment reminder process revised;
- Enhanced communication and relationship-building between clients/families and management to address concerns on a case-by-case basis, as well as to identify opportunities to review and improve organizational processes;
- Increased partnership between client and family relations and the inpatient clinical resource leaders to support issue resolution on the inpatient units;
- Clients and families are joining working groups to participate in the creation of standards of practice; and
- Education sessions (including simulation) on communication styles and health literacy were developed. Beginning in April 2014, four simulation scenarios were introduced at interprofessional orientation to allow new and existing staff and students to experientially learn how to practice using the principles of client and family centred care. This work is being done in partnership with the Teaching and Learning Institute to address the high number of complaints around communication and information-sharing.

We continue to welcome your input on improvements to our Client and Family Relations process, as well as your feedback about how we can enhance the client and family experience at Holland Bloorview!