

# Percentage of complaints acknowledged to the individual who made a complaint within 10 business days (Retired)

## Alternate Name\*

Percentage of complaints acknowledged to the individual who made a complaint within 10 business days

## INDICATOR DESCRIPTION

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### Description\*

This indicator measures the percentage of complaints received by a long-term care home, that were acknowledged to the individual who made a complaint. This indicator is calculated based on the number of complaints received within the reporting period.

### Indicator Status\*

Active

### HQO Reporting tool/product

Quality Improvement Plans (QIPs)

### Dimension\*

Patient-centred

### Type\*

Outcome

## DEFINITION AND SOURCE INFORMATION

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### Unit of Measurement\*

Percentage

### Calculation Methods\*

Numerator / denominator x 100%

Percent Acknowledged within 10 business days= Number of complaints acknowledged within 10 business days divided by the total number of complaints received in the reporting period.

To ensure a standardized approach to measurement, long-term care homes will now be asked to provide their numerator and denominator in the QIP Workplan; QIP Navigator will calculate the rate.

#### Numerator including inclusion/exclusion\*

Number of complaints that received a formal acknowledgement within 10 business days

#### Denominator including inclusion/exclusion\*

All complaints received by the long-term care home within the reporting period

##### *Inclusions:*

- Complaints received within the reporting period, but acknowledged and closed in the first 60 days of the following reporting period
  - The day and time of complaint should be recorded
- Complaints received on and between the first and last day of the reporting period, including non-business days and after hours
- Repeated complaints on the same issue from the same individual or by a different individual on behalf of the same patient/resident are counted as a single complaint
- One complaint may include numerous issues, but should be counted as a single complaint
- Complaints included must be documented through the established complaints process
- Oral complaints made in person or by phone call
- Written complaints made by letter, email, fax, text, etc.

##### *Exclusions:*

- The complaint is not documented through the established complaints process.

For example:

- Complaints that were acknowledged and resolved immediately after the complaint was received (e.g. changing the temperature in a resident's room)
- The complaint needed no additional intervention

#### Data Source

Local data collection

## Data provided to HQO by

Local data collection

## OTHER RELEVANT INFORMATION

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### Comments Detailed

\*\* This indicator is retired for QIP 2020/21\*\* This is a priority indicator for QIP 2019/20. Current performance reporting period: most recent 12-month period. By regulation, long-term care homes are required to have complaints acknowledged and actioned within 10 business days. Complaints received by the home need to be formally acknowledged to the individual who made the complaint. The acknowledgement is to confirm to that the issue has been received by the complaints representative / office and the investigative process has been initiated. This indicator measures resident-centredness and responsiveness in the complaints process. For more information about the Patient Relations Guidance Tools for Quality Improvement, please link here. Other indicators to consider can be found here.

## TAGS

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### TAGS\*

Long Term Care  
Outcome  
Patient Relations  
Patient-centred  
Local data collection

## PUBLISH

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### PUBLISH DATETIME\*

20/12/2019 15:30:00