

# Percentage of complaints acknowledged to the individual who made a complaint within 5 business days

#### Alternate Name\*

Percentage of complaints acknowledged to the individual who made a complaint within 5 business days

## INDICATOR DESCRIPTION

## **Description\***

This indicator measures the percentage of complaints received by hospitals that were acknowledged to the individual who made a complaint.

#### **Indicator Status\***

Active

## **HQO** Reporting tool/product

Quality Improvement Plans (QIPs)

## **Dimension\***

Patient-centred

## Type\*

Outcome

## **DEFINITION AND SOURCE INFORMATION**

## **Unit of Measurement\***

Percentage

# Calculation Methods\*

Numerator / denominator x 100%

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

To ensure a standardized approach to measurement, hospitals will now be asked to provide their numerator and denominator in the QIP workplan; QIP Navigator will calculate the percentage.

# Numerator including inclusion/exclusion\*



Number of complaints that received a formal acknowledgement within five business days.

# Denominator including inclusion/exclusion\*

All complaints received by the hospital within the reporting period

#### Inclusion Criteria:

- 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 nonbusiness 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.

#### Exclusion Criteria:

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 patient or 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

## **Comments Detailed**

This is a priority indicator for QIP 2019/20. Current performance reporting period: most recent 12-month period. By regulation, hospitals must acknowledge complaints within five business days. Complaints received by the facility need to be formally acknowledged to the individual who made the complaint. To review the Patient Relations Guidance Tools for Quality Improvement, please click here. Other indicators to consider can be found on Health Quality Ontario's Indicator Library

## **TAGS**

## **TAGS\***

## Acute Care/Hospital

Percentage of complaints acknowledged to the individual who made a complaint within 5 business days



Outcome

**Patient Relations** 

Patient-centred

Local data collection

# **PUBLISH**

# **PUBLISH DATETIME\***

01/02/2019 12:35:00