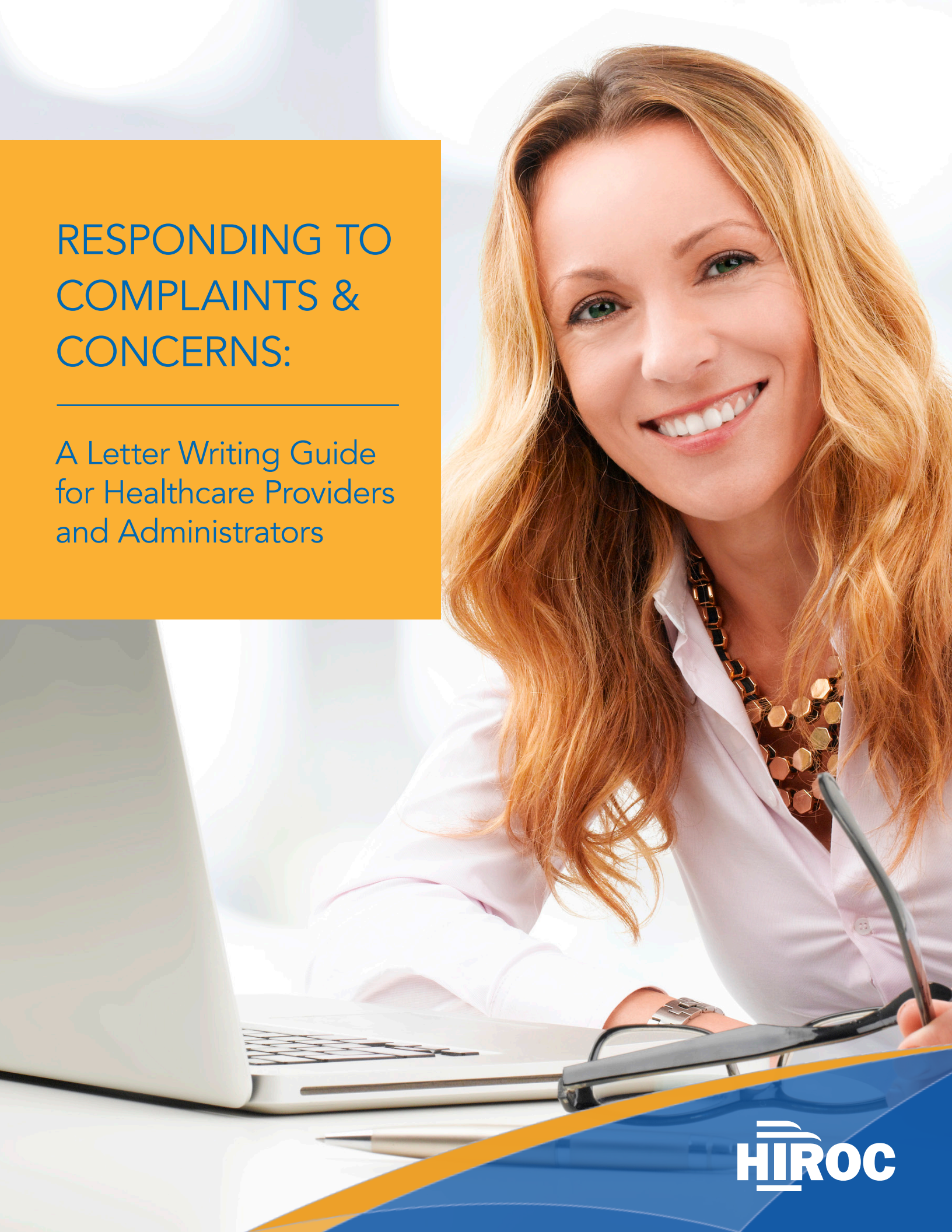


RESPONDING TO COMPLAINTS & CONCERNS:

A Letter Writing Guide
for Healthcare Providers
and Administrators



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Foreword from HIROC

For the majority of healthcare recipients, their experience of the care and service you provide is positive and appreciated. But when things go wrong and dissatisfaction or unmet expectations result, how people and organizations respond determines not just how the individual will feel, but says a lot about your organization's culture. Responding to complaints and concerns is an opportunity to acknowledge the incident and learn from what went wrong.

This guide is written for all types and sizes of healthcare organizations and provides useful and practical information about writing effective response letters. Taking steps to improve how your organization responds in writing to complaints shows patients/clients, families and staff that you are always open to feedback and improvement.

Please bear in mind as you read this guide that it is important to comply with any applicable privacy legislation throughout the process of considering and responding to a complaint.

Introduction

We know your organization does more things right than wrong. But when things do go wrong and there are misunderstandings, a response is required. From our work with providers of healthcare, we know how important listening and learning is to safe, considerate and appropriate care. It is also a critical way to avoid future problems.

Ideally, the best scenario is to meet with the person who has a complaint, but that is not always possible or practical. With that in mind, we have created this guide to help you and your staff compose written responses to the concerns of individuals. The information and tips will assist you in writing letters that are not just perfunctory responses to complaints, but an indication of how your organization cultivates a culture of openness and feedback. We hope you will find this information useful.

We encourage the early involvement of your organization's risk management personnel in this process. HIROC's Healthcare Risk Management Department is also available to provide assistance.


Written responses to complaints are producible in legal proceedings. They should be drafted with the assumption they could appear in a courtroom, be posted on social media or appear on the front page of the newspaper.

Please note references to "individual(s)" in this document encompass anyone who receives health services across the continuum of care (e.g. client, patient, family and resident).

When things go wrong

Jennifer White's story relays the importance of thoughtful and empathetic written responses to complaints. Having written a complaint letter to the hospital about what she described as "attitude" from some of the nursing staff during her post-operative stay, Jennifer was extremely disappointed and dissatisfied with the dismissive tone of the hospital's response letter. There was neither an explanation nor an apology mentioned leaving Jennifer with an unsettled feeling that perhaps this type of behaviour was condoned at the hospital. A friend of Jennifer's shared a similar experience chalking it up to the overall culture of the organization.

Davis Bannon's experience was completely different from Jennifer's when he complained to the community care agency about difficulties he and his wife had encountered getting consistent service providers in to care for his ventilator-dependant daughter. After several months of frustration, Davis felt compelled to write a letter of complaint to the agency. The response letter Davis received back was apologetic and caring, leaving Davis with an immediate sense of relief. The letter offered several solutions to alleviate the problem with clear timelines for implementation. Davis was left with the sense that he had been acknowledged and respected.

A healthcare professional in blue scrubs is attending to a patient in a hospital bed. The patient is wearing a green oxygen mask. Another healthcare professional in blue scrubs is visible in the background, holding a metal pole. The scene is set in a hospital room with a white wall and a window in the background.

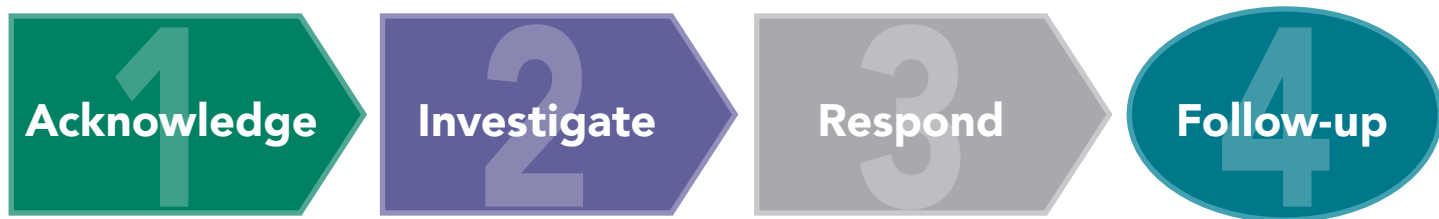
Why individuals complain

There are many reasons why individuals complain to healthcare organizations. They may:

- be seeking information about and/or an apology for a negative or unexpected outcome.
- want reassurance that action will be taken to reduce the likelihood that a similar incident will happen again.
- want someone to be held accountable for what happened.
- want compensation for the perceived harm.

No matter what the cause, unmet expectations, poor communication and a level of dissatisfaction are often at the root of these complaints.

Four easy steps to putting things right when a complaint letter is received:



1. Acknowledge the complaint as quickly as possible. Adhere to a response timeframe (as outlined in an organizational policy or guideline) and communicate when the individual(s) can expect to receive a reply. Be mindful of legislated response-time requirements if these exist in your province or territory. Prolonging a reply to a verbal or written complaint/concern, may erode trust and antagonize the individual. A timely response informs the individual the organization has received the information and takes it seriously. If for any reason, a delay in responding is anticipated, let the individual know when he/she is most likely to receive a reply.

2. Investigate. Investigate to obtain facts related to the subject matter of the complaint using documentation (such as the health record/incident report) and/or discussing with pertinent staff. And do it quickly – memories fade and people forget crucial details. The scope of the investigation will vary depending on the particulars of the complaint. Remember as you conduct the investigation and prepare a response that personal health information can only be disclosed in accordance with applicable privacy law.

3. Respond in person or writing. Wherever possible, invite the individual who brought the complaint/concern forward to have a conversation. Writing a letter is not a replacement for the face-to-face meeting. While not always practical, this is optimal. In a face-to-face meeting, you can quickly establish what the individual or family is feeling and what they see as a suitable outcome, giving you the opportunity to appropriately respond to the situation. If a face-to-face meeting is not possible – or desired by the aggrieved party – a written response is essential. In fact, many people will not let the matter rest until they receive a written response.

4. Always follow-up whether in person or in writing. If the matter can be resolved immediately in-person or over the phone, a written response should be sent as a follow-up to summarize and expand upon your prior discussion and confirm any agreed-upon actions. Following up makes individuals feel appreciated rather than ignored and that you are interested in what they had to say.

If a written response has been sent in lieu of a face-to-face meeting (not possible/desired by the aggrieved party), further follow-up in writing is not indicated.

Early acknowledgement is pivotal in preventing a minor concern from escalating into a formal complaint.

The complaint response letter layout



Keep these tips in mind as you compose your letter

- ❑ Be aware of privacy and confidentiality issues.
- ❑ Acknowledge receipt of the complaint (whether it is by letter, email or phone) and address the chief concern(s) stated by the individual.
- ❑ If there is a request for compensation, consider consulting HIROC or your organization's legal counsel.
- ❑ Ensure each care theme identified in the complaint letter is addressed in the apology letter. If you do not have an answer, let them know you will get back to them when you do have the answer. Do not offer excuses. Be sincere, non-adversarial and collaborative.
- ❑ Avoid taking an explicit position that everything was handled correctly. This is clearly not the complainant's experience.
- ❑ Avoid referencing situations and/or care themes not addressed in the complaint letter.
- ❑ Use clear, concise and understandable language. Avoid medical terms or put layman's terms in parentheses if necessary.
- ❑ Do not use defensive language/phrasing – it defeats the effort to ensure the complainant feels valued and listened to. Avoid confrontation or retort. Maintain a professional tone.
- ❑ Acknowledge the writer's distress.
- ❑ Avoid long words, long sentences and long paragraphs.
- ❑ Do not patronize, minimize, negate or attempt to correct the complainant's experiences ("Your letter indicated the nurse on call did not listen to you when you mentioned that your mother was experiencing a new type of stomach pain. Our investigation does not substantiate this occurrence.").
- ❑ If you are going to apologize, apologize upfront. As per Canadian Patient Safety Institute (2011), "An apology is a genuine expression of being sorry for what has happened." Make it personal – use words such as "we" or "I".
- ❑ Do not comment on whether the standard of care was breached or there was a lack of compliance with healthcare organization policy/procedure/guideline.
- ❑ Do not address or include practitioner performance issues in the written response. This is a Professional Practice/Human Resource issue and has no place in your response.
- ❑ State that the complaints are being taken seriously.
- ❑ Re-establish trust – offer the results of a review.
- ❑ Do not make promises that you may not keep. Only address actions that have already or will be taken to make improvements.
- ❑ When discussing corrective measures/mitigation strategies, stay at the system level versus individual practitioner level.
- ❑ Do not use policies and procedures as an excuse.

Certain confidentiality protections must be respected depending on the type of review conducted. But, sharing "lessons learned" and what measures the organization intends to take to prevent future incidents is generally acceptable.

Sample statements for the complaint/concern response letter

1 Salutation

- ☐ Thank you for your letter of...regarding/ concerning/in connection with...
- ☐ We refer to your letter of...about/relating to...
- ☐ We appreciate your having taken the time to voice your concerns...
- ☐ We appreciate your raising your concerns with us...

2 Offer an apology (if appropriate) early in the letter

- ☐ We must apologize for...
- ☐ We sincerely apologize for...
- ☐ Please accept my/our apologies for...
- ☐ We would like to apologize for...

When a loss has occurred:

- ☐ We would like to offer my/our condolences to you and/or your family on the loss of...
- ☐ Please accept our condolences on the loss of...
- ☐ We appreciate that this is a difficult time for you/your family...

3 Accept the complaint/concern

- ☐ We agree our usual high standard of service was not met in this instance...
- ☐ We clearly did not meet your expectations...
- ☐ We take these concerns very seriously...
- ☐ We try to learn from these types of situations and we thank you for your feedback...or your feedback will help us improve...

4 Indicate what you have learned from your review

- ☐ As a result of our review, we found that...
- ☐ The problem was the result of.../resulted from...
- ☐ The cause of/reason for the situation was...
- ☐ As a result...
- ☐ This led to...
- ☐ Consequently...

When the review has not been completed:

- ☐ We are conducting a review...
- ☐ Our review of this matter is underway...
- ☐ When our review is complete...

5 If you make changes because of the situation that prompted the complaint, offer solutions

- ☐ We have modified/changed our...
- ☐ We have implemented a system to...
- ☐ To prevent this from happening again we have set up/implemented a...

6 Express regret for complaints expressed

- ☐ We sincerely regret this happened to you...
- ☐ We are very sorry...
- ☐ We truly regret the unfortunate circumstances of your stay...
- ☐ We understand how disappointing it can be when your expectations are not met...

7 Conclude the letter and provide future contact with coordinates

- ☐ Please do not hesitate to contact me/us...
- ☐ We are available at...
- ☐ We can be reached at...

Get feedback

Expedient complaint/concern handling may ultimately decrease the risk of legal action. But before sending the response, ask a colleague to read your letter and provide constructive feedback. Engage risk management or legal counsel in reviewing responses to individuals, especially for sensitive cases including those that may become a legal claim. And remember, HIROC is always available to review and provide feedback on response letters.

A second pair of eyes on the letter will mitigate the risk of having the right intention but saying it the wrong way.



Writing the complaint/concern response letter

SAMPLE 1 – Letter of complaint/concern

Rebecca White presented to the emergency department of her community hospital with acute back pain of unknown origin. After triage and registration, she was directed to sit in the waiting room and told the doctor was busy with a trauma patient and it would take a while for her to be seen as she was a lower priority than others ahead of her. On several occasions Mrs. White approached the reception desk growing increasingly frustrated that she was having to wait. When she requested pain medication from the triage nurse, she was directed back to the waiting room and told she would receive the medication when the nurse could get to it. Four hours had passed before she was finally attended to by the doctor.

May 10, 2016

Lisa McDonald
Director, Patient/Family Relations

Dear Ms. McDonald:

re: recent visit to Emergency Department

I feel compelled to write this letter following my recent experience as a patient in the Emergency Department on May 7th, 2016. I have had many positive visits to the hospital previously, but this time, was appalled at being made to wait for 4 hours before being seen by a doctor. The Triage Nurse was rude to me and told me that it was a very busy night and I was “not the priority”. At that time, I was experiencing a lot of discomfort in my back and having to sit for that length of time made it even worse. When I approached the front desk to ask about getting something for the pain, I was told to sit down and the nurse would “get to it” when she had time.

You advertise your organization as being caring and patient/family-centred but this is obviously not the case in your Emergency Department.

I would most certainly appreciate an explanation in writing, of why things went so wrong and what you plan to do about it.

Thank you and I wait to hear from you.

Mrs. R.W. White

SAMPLE 1 – Suggested response format

SAMPLE 1 – How not to respond



June 20, 2016

Dear Mrs. White:

re: recent visit to Emergency Department

Thank you for your complaints about our emergency department. First of all, a four hour wait in our emergency department is not unusual. As you may be aware, wait times in our province are a real problem yet to be resolved. There are many hospitals that struggle with the same issue.

When I spoke to the nurse about being rude to you, she said that she wasn't and further indicated:

- It was a very busy night so she doesn't really remember you that well
- You were over-anxious about your pain
- From her assessment she felt you could wait to get your pain medication

Once again, thank you for writing to us but we are a very caring and patient/family-centred hospital. I guess it wasn't a good experience for you. That is too bad.

Sincerely,

Lisa McDonald
Director, Patient/Family Relations

May 20, 2016

Dear Mrs. White:

re: recent visit to Emergency Department

Thank you for your letter of May 10, 2016 regarding your recent experience in our Emergency Department. Clearly our care did not meet your expectations with a prolonged wait, lack of courtesy and lack of pain control for your back pain. For all for this I do sincerely apologize.

I am very sorry to learn of your experience and can understand how upsetting this has been for you.

I also want to assure you that we take these concerns very seriously and this is not the patient/family experience we strive for. We have reviewed your concerns and have conducted interviews with the staff who took care of you. I have been advised there were several patients waiting for care that evening, some with life-threatening conditions. Your prolonged wait to see the doctor related to that patient volume and acuity on that particular shift. Reducing wait times for all patients/families in our emergency department is a high priority at our hospital. We anticipate improvements in future as we continue to address this concern.

When the Emergency Department nurse manager spoke with the nurse about her response to you, the nurse indicated she was regretful of her tone with you and extends her sincere apologies for not addressing your pain sooner.

If you have any further concerns about this and would like to discuss this in-person with myself or the nurse manager, please contact me at the number below and I will be happy to arrange a meeting for you. I am available throughout the day and am happy to schedule a meeting with you.

Sincerely,

Lisa McDonald
Director, Patient/Family Relations
(Insert contact information)

Writing the complaint/concern response letter

SAMPLE 2 – Letter of complaint/concern

Edith Wilson was admitted to a medical floor and diagnosed with sepsis and pneumonia. Suffering bouts of confusion and restlessness, she was often incontinent. Fall precautions were put in place by the nursing staff. Unfortunately, Mrs. Wilson still managed to fall out of her bed, suffering a catastrophic brain injury. She subsequently passed away at the hospital.

This example assumes that the son is authorized to receive personal health information about his mother. Before writing responses, always consider privacy issues and whether patient information can be shared with the complainant.

September 23, 2016

To Whom It May Concern,

I am writing on behalf of the family of our 79-year-old mother, Edith Wilson who passed away at your hospital on August 22nd, 2016 after a short illness.

She was admitted to the medical floor on July 30th, 2016 with high blood sugars, a fever and complaints of shortness of breath. Subsequently, she was diagnosed with sepsis and pneumonia. In the weeks following her admission, she seemed to be getting better, but she was quite confused and restless at times. More than once when Sarah B. was looking after her, we found her in a urine-soaked diaper which undoubtedly caused a rash. Our biggest fear was that she would fall out of bed because she had to use the bathroom, but we were assured she was in good hands and would be kept safe. To add insult to injury, her dentures were misplaced.

On August 1st, 2016 we received a call at 2 in the morning to tell us our mother had suffered a fall and hit her head. She was transferred to the ICU for the rest of the night but discharged back to the floor the next day. We were told at that time she was not likely to recover and we should prepare ourselves for that.

What I need to understand, is why my mother fell given your staff was well aware of her confusion and restlessness. Your job was to keep her safe and clearly you failed to do so. I would like an explanation as to why this happened.

Mr. B. Wilson,
Edith Wilson's son

SAMPLE 2 – How not to respond



September 30, 2016

Dear Mr. Wilson

re: complaints about your mother

Thanks for writing your letter about your mother. I am sorry she passed away at our hospital. I am following up on the complaints you expressed in your letter.

First of all I agree that Sarah B. was not doing her job by letting your mother sit in a soaked diaper for a prolonged period of time. The rash shouldn't have happened either. I have already spoken to Sarah B. and she now has a warning letter on her file. If she doesn't improve, she may well lose her job.

I looked into the fall – this probably could have been prevented from what I read in the incident report. I have spoken with the staff about this and discussed where they went wrong. They clearly did not do a good job. They are probably going to be reviewing their falls assessment protocols and making sure that this does not happen to other patients/families.

As for the dentures, it is unfortunate that those were lost. When I spoke to Tanya L. about leaving the dentures on the tray, she denied she did that. She said that she thinks that Mary R. left them on the tray even though she knows what happens - the dentures go to the kitchen, and then they get thrown in the garbage if they don't notice. Last year it happened all the time.

Thanks again,

If you want to talk to me about this, I am available.

Janet Brown
Director, Medical/Surgical Services

SAMPLE 2 – Suggested response format



September 30, 2016

Dear Mr. Wilson

re: Edith Wilson's care

Thank you for your letter of September 23, 2016. I appreciate the time you have taken to express all of your concerns. I am very sorry to hear of the loss of your mother, Edith Wilson and appreciate this must be a very difficult time for you and your family members. Please accept my sincere condolences.

At (INSERT ORGANIZATION) we strive to deliver the best care to all of our patients all the time and regret that this was not your experience.

I deeply apologize for our not having met your expectations of care at our organization and I fully acknowledge how distressing this must have been for you.

A review of your concerns regarding your mother's nursing care has now been completed.

Your mother fell during the change of shift when fewer staff was available to monitor your mother's activity. The staff explained it was likely related to her wanting to use the bathroom. Since your mother's fall, making more staff available to monitor the patients during shift change has been fully implemented and it seems to already be making a difference. We have also scheduled refresher training for all of our staff on falls prevention with a particular focus on toileting protocols. We are making every effort to ensure the occurrence of falls decreases at (insert organization name) and that patient safety remains a top priority.

I hope that I have been able to answer your concerns. If you have any further questions, please contact me at:

Janet Brown
Director, Medical/Surgical Services
(Insert contact information).

Writing the complaint/concern response letter

SAMPLE 3 – Letter of complaint/concern

James Munroe was discharged to his son's home following a lengthy stay in hospital for congestive heart failure. During the hospitalization, as an insulin-dependent diabetic, his blood glucose levels had been difficult to stabilize. He also developed a significant pressure ulcer on his right hip. Mr. Munroe was eager to return home but because he lived independently, and was going to require more monitoring, his son offered to have him stay with him until he adequately recuperated. Sent home with homecare nursing visits for wound care, Mr. Munroe's condition worsened and he was readmitted to hospital three weeks later with a wound infection.

November 30, 2016

To: Teresa Harrison, Care Coordinator, Community Care

After a lengthy stay in the hospital, my elderly father, James Munroe was discharged to my home on September 2nd, 2016. Aside from other medical problems, including diabetes, he had a deep pressure ulcer on his right hip which required follow up home care visits for dressing changes. It was subsequently arranged that my father would have nurses visit daily so the wound packing could be changed.

After 3 weeks, and many conversations in-between, it was clear to me the wound was not healing and in fact, it looked worse. The drainage seemed to be increasing and there was a very foul smell coming from the wound. The nurses I spoke to told me that this was pretty normal. I got the sense from them I was not to worry about it. When my father developed a high fever, I knew something was definitely not right. This is what prompted my call to his doctor and subsequently landed him back in hospital. It was there a retained piece of packing was found in the wound.

My Dad has had to spend another 4 weeks in hospital for antibiotic therapy and more aggressive wound management. During this time, his blood sugars have been very hard to control. He has been frequently disoriented and I was just approached about considering his placement in a nursing home.

If he does come back home, I need to know I can rely on your nursing services to take good care of my father. Surely, taking care of a pressure ulcer is not out of the ordinary. It seems to me the retained packing caused his deterioration and frankly this should not have happened. Looking back on this experience, had I not advocated on my father's behalf, I'm not convinced any of your staff would have done so.

Any insights that you can shed on this, I would certainly appreciate.

Regards,

David Munroe

SAMPLE 3 – Suggested response format

SAMPLE 3 – How not to respond



December 7, 2016

Dear Mr. Munroe:

re: James Munroe

It's really unfortunate your father's wound worsened during our watch. We generally have a pretty solid record when it comes to wound care and it is a rare occurrence for packing to be retained. But, it happened and you are probably right about the fact that the staff was not paying attention.

I hope your father is doing better and please let him know we will do a better job when he comes home. The nursing staff responsible for this will not be visiting him in the future. In fact, they are going through some refresher training as we speak and will be expected to pass a wound care certification so that no one else gets harmed in the future.

Don't judge us on this one experience. We will look after your father when he comes home and you can expect our care to be superb! I will be making sure of that!

Regards,

Teresa Harrison,
Care Coordinator, Community Care



December 7, 2016

Dear Mr. Munroe:

re: James Munroe

I am following up about your letter of November 20th, 2016 and our subsequent conversation about your father's care on November 21st, 2016. At that time you stated you would like a reply in writing to your concerns raised.

I would like to reiterate our deep regret that your father was re-hospitalized due to the wound infection. I do realize what a stressful time this has been for him as well as you. I also agree that our usual high standard of service was not met in this instance. We have spent considerable time discussing the circumstances to clearly understand what led to the retained packing and why your concerns were not acted upon.

Upon review I have learned that the nurses were not consistently recording the packing removed or inserted in the wound. We have subsequently reviewed our expectations in respect to this and have implemented a revised protocol for wound care. Subsequent wound care refresher training has now been completed by our staff.

In respect to the several opportunities to react sooner to your father's deteriorating wound, I assure you the staff is regretful they were not more attentive to your concerns and for that we are truly sorry. We are doubling our efforts to improve communication with our patients and families. I anticipate improved responses in future.

I understand your confidence in our service has been eroded but do hope this provides you with some reassurance that we will continue to strive to do better in the provision of care to your father upon his return to your home. Should you need to contact me further, I can be reached at 476-432-7732 or at tharrison@cc.com.

With respect,

Teresa Harrison,
Care Coordinator,
Community Care

Writing a complaint/concern response letter to a challenging individual

A careful response is required when dealing with an aggressive, prolonged or intractable complaint. Consider concisely addressing the following:

- complaints/concerns raised;
- complaints/concerns investigated and explanations for any that were not;
- decisions/outcomes reached;
- the nature and/or number of interactions between the individual and the organization;
- example(s) of the unreasonable behaviour engaged in by the individual;
- a statement and explanation about how further communications relating to the complaint will be dealt with.

Furthermore, ensuring the response letter is signed by someone in a position of authority (preferably the CEO) will clarify that the complaints/concerns have been escalated and considered at the highest level of the organization. (Barbour, 2012)

Final Thoughts

Responding to complaints/concerns is more of an art than a science. The letter presents an opportunity to provide acknowledgement to an individual and for the organization to learn from what went wrong. It requires adequate time, patience and attention to ensure a concerned and measured approach so that individuals feel they have been heard and listened to.

The useful and practical information within this guide is intended to enhance your letter-writing skill and strengthen your responses and ultimately, to meet the needs of individuals who have taken the time to share their experience with you. The hoped-for result is delivering the intended message in a manner reflective of a caring and professional organization.



Additional Resources

1. Beacham J. (2015). [How to deal with patient/family complaints](#). *Hospital Care, Workplace Issues*.
2. Barbour B. (2012). [Managing unreasonable complainant conduct: A manual for frontline staff, supervisors and senior managers](#) (2nd Ed.). *Practice Manual*.
3. Canadian Patient Safety Institute. (2011). [Canadian disclosure guidelines: Being open with patients and families](#).
4. [Excellent Care for All Act](#), Statutes of Ontario. (2010, c.14).
5. Montini A, Noble A, Stelfox H T. (2008). [Content analysis of patient/family complaints](#). *Int J Qual Health Care*. 20(6): 412–420.
6. Roberts R. (2007). [The art of apology: When and how to seek forgiveness](#). *Fam Prac Manag*. 14(7): 44-49.
7. Southern Health NHS Foundation Trust. (2010). [An informal guide to: Writing complaint responses](#).
8. Treanor J. (2014). [How to Develop Better Practice in Response to Patient Complaints](#). *Nurs Manag*. 21(1): 22-27.
9. Yoder-Wise P S. (2015). [Patient/family complaints: Not ours to own, but ours to fix](#). *J Contin Educ Nurs*. 46(12): 531-532.



HIROC is Canada's leading provider of healthcare liability insurance. As a not-for-profit, we partner with our subscribers to provide innovative insurance and risk management solutions that help them reduce risk, prevent losses and improve patient safety.

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