

Investigation Summary

Culturally safe and trauma-informed complaints management

This investigation summary allows Patient Ombudsman to publicly share the outcome of a formal investigation to raise awareness of important issues and specific circumstances negatively impacting health care experiences in Ontario. More importantly, the resulting recommendations are intended to be a catalyst for systemic change and improvement.

Patient Ombudsman has decided not to share identifying information so that the focus remains on the complaint, the issues, and the resulting recommendations. Only those individuals and organizations directly involved with the investigation were provided with the full investigation report. Patient Ombudsman continues to follow-up with the health sector organization on its efforts to implement these recommendations.

Complaint

Patient Ombudsman received a complaint from an Indigenous patient about how a hospital managed its investigation into the patient's report that they were subjected to unwanted touching by a personal support worker (PSW) while care was being provided.

The patient complained about the lack of a trauma-informed and culturally safe complaints process at the hospital as well as expressed their belief that the hospital manipulated the patient's placement on the long-term care wait list so that the hospital could "be rid of me" and their complaint.

Investigation

Patient Ombudsman's investigation is related to administrative fairness and differs from a criminal investigation. Criminal conviction requires proof beyond a reasonable doubt, and this differs from how Patient Ombudsman assesses situations, which is "what is more likely to have happened in a situation." Patient Ombudsman's investigation examined the following issues:

- What process was followed to investigate the complaint?
- Was the outcome of the internal complaints process fair?

Patient Ombudsman conducted interviews with the complainant, the hospital leadership team, frontline managers, and staff as well as representatives from the local Indigenous health authority.

Patient Ombudsman reviewed documents from the hospital and the complainant along with information our office collected during the early resolution stage of our complaint process. The documents included:

- the complainant's notes regarding what they describe as unwanted touching by a PSW;
- the complainant's email communications with the hospital;
- policies and procedures concerned with the hospital's internal complaints process;
- policies and procedures related to skin and wound management;
- documentation of the hospital's internal investigation;
- local news articles related to this case; and
- a video recording of the complainant's presentation to Indigenous community leaders regarding their hospital experience.

Patient Ombudsman recognizes that the hospital approached the management of this complaint with the best of intentions and a strong desire to meet the complainant's expectations. Despite these good intentions, the hospital's management of this complaint did not meet the needs of the patient in a culturally safe and trauma-informed manner.

The complainant and the hospital demonstrated great courage in their participation in our process.

Findings

Patient Ombudsman found the following:

Policy and procedures

- There is an opportunity to enhance trauma-informed care through the Skin and Wound Care Policy in Long-Term Care as the hospital does not expressly reference a trauma-informed approach to care in their policy.
- The hospital does not have a policy or process exclusively for responding to allegations of sexual abuse/assault.
- The policies Patient Relations/Feedback Process and Patient Relations Process do not contain sufficient content and specific direction to help staff complete a review that is culturally safe, and trauma informed.

The hospital's investigation

- Although initiated in a timely manner, the hospital's intake interview with the patient was inconsistent with trauma-informed practice with respect to sexual assaults.
- The hospital investigation was not compliant with the Patient Relations/Feedback Process and the Patient Relations Process policies.
- While we recognize that an Anishinaabe traditional approach to resolving disputes is face-to-face meetings without note taking, the hospital's complaint and investigation documentation was not consistent with hospital policy.
- The Violence and Harassment Prevention policy does not provide sufficient detail/guidance on how to weigh the various options when considering whether to place staff on paid leave when there is a high-risk allegation involving patient safety.

The hospital's response to the complainant

- Communication with the complainant about the findings of the hospital investigation lacked detail, was not sensitive to the complainant's experience and was primarily in reaction to the complainant's actions or requests for information.
- The hospital did not manipulate the complainant's placement on the long-term care home waiting list.

Staff training on cultural safety and trauma-informed care

- All staff are required to participate in cultural safety training.
- Not all staff and clinicians are trained in trauma-informed care.
- Long-term agency contracts are a challenge in ensuring agency staff are trained in cultural safety and trauma-informed care.

Recommendations

Based on the findings of this investigation, Patient Ombudsman makes the following nine recommendations:

1. Patient Ombudsman recommends that the hospital's internal complaints policy and process be enhanced to incorporate a complaint management model that is both culturally safe and trauma informed. Patient Ombudsman suggests that the complainant be invited to provide input into the new policies and procedures, and that the hospital consider that input. The hospital should further consider engaging in broader community consultation to ensure that the policies and procedures meet the needs of all stakeholders.
2. Patient Ombudsman recommends that the hospital develop and implement a policy and procedure specifically for the management and investigation of reports of sexual assault, sexual abuse, and other similar allegations.
3. Patient Ombudsman recommends that the hospital provide additional trauma-informed guidance for staff with specific instructions for trauma-informed care at the bedside.
4. Patient Ombudsman recommends that hospital leaders and managers who are accountable for leading workplace investigations be provided with training in how to complete an investigation/objective fact-finding in a culturally safe and trauma-informed way.
5. Patient Ombudsman recommends that the hospital make its trauma-informed care education mandatory for all staff and clinicians. The hospital should consider enhancing this training by offering opportunities for staff to discuss their learnings and how to apply it practically in their day-to-day work.
6. Patient Ombudsman recommends that the hospital also provide training in cultural safety and trauma-informed care to long-term/repeat contract agency staff (nurses and/or PSWs).

7. Patient Ombudsman recommends that the hospital ensure that complaint data be documented in sufficient detail to ensure compliance with the Regulation 188/15 (Patient Relations Process) under the *Excellent Care for All Act, 2010*, which requires formal reporting on aggregate complaint data.
8. Patient Ombudsman recommends that the hospital's complaint data be sufficiently documented to identify trends and themes for quality improvement purposes as well as track complaints about particular areas of care or staff for risk management purposes.
9. Patient Ombudsman recommends that the complainant and hospital representatives meet to review the recommendations Patient Ombudsman has made to discuss the hospital's implementation plan moving forward.

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