Making connections

Supporting a better health system for everyone

Patient Ombudsman Annual Report 2021/22

Patient Ombudsman

Table of Contents

Land Acknowledgement

We pay respect to the diverse First Nations, Inuit, Métis and Urban Indigenous peoples who live, work, and contribute to communities across Ontario. We acknowledge that our work and the work of our stakeholders takes place on the traditional territories of many nations, and we are grateful to the Mississaugas of the Credit, the Anishinaabe, the Haudenosaunee and the Wendat peoples for hosting us on the land where our Toronto office is located. Our acknowledgement recognizes the enduring presence of Indigenous people across Turtle Island and supports the spirit of truth and reconciliation. Patient Ombudsman is committed to providing a safer space for Indigenous patients and caregivers to raise their concerns and is working towards building sustainable resolutions.

Ce rapport est également disponible en français.

Patient Ombudsman's message

I am pleased to be sharing my second annual report as Patient Ombudsman and highlighting the dedication and hard work my office engages in to ensure fairness in the delivery of health care in Ontario.

As the office that receives and helps resolve complaints about Ontario's public hospitals, long-term care homes, and home and community care services, Patient Ombudsman saw a substantial increase in complaints following the start of the COVID-19 pandemic in 2020. Like many, we hoped there would be an eventual "return to normal," but as we entered 2021-22, the effects the pandemic brought about are still being felt throughout the health care system and continue to be reflected in the complaints we receive.

An Exhausted System

Like many of you, we are seeing signs of strain, stress and a system doing its very best to persevere in the face of ongoing challenges. While complaints about COVID-19 itself represent fewer of our total complaints in 2021-22 than in recent years, the pandemic has exposed existing vulnerabilities in our health system that are seen in the rising number of complaints that touch on lack of access to care, lack of adequate staffing, and a general sense of fatigue. The complaints we received last year demonstrated the strain that everyone – both patients and care providers – is under. More and more we are seeing complaints that touch on issues of sensitivity, caring, courtesy and respect.

Many health organizations continue to report staffing shortages due in part to illness, which results in longer wait times in hospital and delays in accessing home care, as well as restrictions to visitation due to illness and outbreaks in long-term care homes.

This secondary strain COVID-19 is placing on the health care system presents in other ways as well. Studies carried out during the first wave of the pandemic showed COVID-19 increased the use of psychiatric drugs (such as sleeping pills or antidepressants) in long-term care homes to help manage residents when the home is short staffed, or due to increased distress in long-term care residents due to social isolation and loneliness. We know from our own COVID special reports that long-term care home residents and their caregivers noted a decline in resident health and well-being and that a lack of visitation due to COVID-19 contributed to significant stress and decline.

Moving Forward

Our sixth year in operation was busy, not only due to an increase in complaints, but also the release of our second and third special COVID reports, which looked at the later waves of the pandemic and experiences from long term-care home residents and their caregivers; the completion of our investigation into fair and transparent billing practices; as well as significant work on our first systemic investigation into long-term care homes during the first wave of the pandemic.

Patient Ombudsman continues to adapt to changes to the health care system, including changes that were made to the home and community care services regulation in spring 2022 that expand our jurisdiction effective September 1, 2022.

Resilience and Reassurance

Though our health care system continues to face challenges, I feel there is always opportunity to make connections and work for positive change.

Throughout 2021-22, I was able to meet with key stakeholders, including patients, residents, caregivers and staff of health sector

organizations, to talk about the role Patient Ombudsman plays bringing together everyone who has a stake in our health care system and demonstrating how complaints are an opportunity for improvement. While many health organizations are under immense stress, they are still eager to learn how they can proactively address patient, resident, and caregiver concerns to make health care experiences more positive.

My team is equally dedicated to continuing its important work as an agent of positive change in our health system. I know many of our frontline staff are buoyed when they know they were able to help achieve a fair resolution, or when a resolution can't be reached, that they were able to lend a supportive ear and talk patients and caregivers through some of the most difficult times of their lives.

Bringing forward concerns about a negative health care experience takes courage. We are grateful to the patients, residents, staff and caregivers who have reached out to us to discuss these concerns as it benefits us all. For our part, we continue to listen to and learn from Ontarians and work for fairness in health care.

Sincerely,

Craig Thompson
Ontario's Patient Ombudsman

Feedback from a patient

"Whatever the outcome, you are the first person who has shown any true concern in getting some accountability for the horrific medical nightmares I've had to endure … Just want to say thanks for your huge part in making this happen."

A patient reported that their credit score was affected by a hospital bill that had been sent to a collection agency. The patient had paid the bill with their credit card but was not aware that the transaction was declined and only learned of it and the impact on their credit rating when they were making a rental application. The patient followed up with the hospital and learned that the hospital sent several notifications of the outstanding debt, but the address in the patient's file was incorrect. When the patient returned to the hospital and cleared the debt, they were assured that the file would be closed, and the collection agency would be informed. When the patient contacted Patient Ombudsman, their credit rating had not been adjusted. Patient Ombudsman followed up with the hospital and was informed that an invoice had been provided to the patient at the hospital and that the collections agency had been informed that the debt had been cleared. Even after a payment is made, a person's credit rating can continue to be negatively affected impacted for several years unless the hospital specifically requests an adjustment. The hospital agreed to contact the collection agency and provided confirmation to Patient Ombudsman.

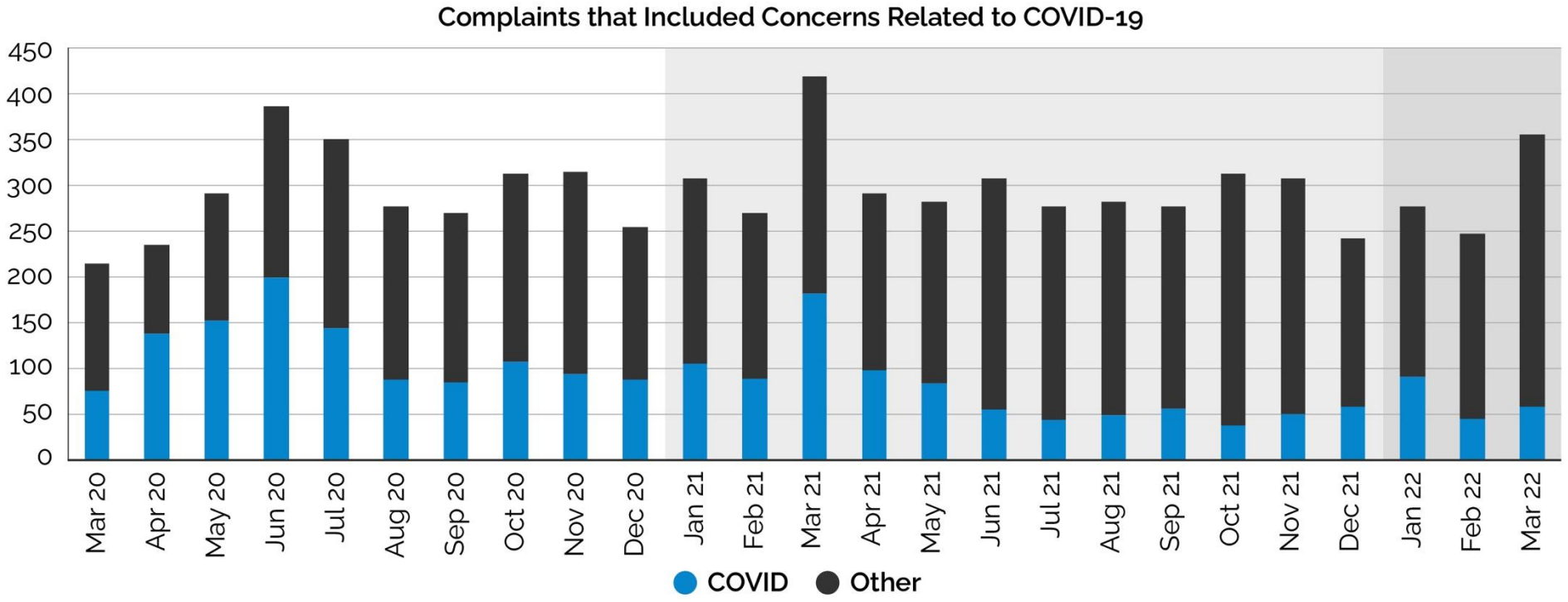
Introduction

Patient Ombudsman's sixth year of operation was a time of growth, change and new challenges.

While much of Patient Ombudsman's first five years were spent promoting awareness of our services and ensuring patients, caregivers and health sector organizations understood how we could help address concerns, our sixth year marked the beginning of a new chapter in our work.

As we grow and evolve as an office, Patient Ombudsman has started to collect a body of work – including data, reports, and recommendations – of patient and caregiver experiences that allows us to better shine a light on issues that continue to challenge and strain our health care system.

The COVID-19 pandemic had a dramatic effect on both the volume and focus of the complaints Patient Ombudsman received in 2020/21. While the number of new complaints remained high in 2021/22 – and continues to grow – the nature of the complaints changed. Patient Ombudsman continued to receive complaints about challenges with restrictions on visiting in hospitals and long-term care homes, vaccination, testing and infection control but in lower volumes. The pandemic, however, continued to be an important factor, exposing and aggravating long-standing stresses on the health care system that affect patients' and caregivers' experiences.



This annual report provides an overview of the work Patient Ombudsman engaged in throughout 2021/22, and shares patient stories that touch on important issues, such as increased use of hospital security; safely discharging vulnerable patients from hospital to long-term care; and the stresses to the health care system seen in our emergency rooms. The report also provides an update on two issues examined in previous reports – concerns related to sexual assaults and lost property – and looks at how Patient Ombudsman explored formal mediation as a method to resolve complaints.

Our second and third special COVID-19 reports were released in August and December 2021, respectively, and provided important context to patient, caregiver, and long-term care home residents' experiences due to the pandemic.

Putting patient and resident experiences at the centre of these reports helped highlight the ways in which the pandemic affected care and increased loneliness, depression, and decline. In those reports, our office made recommendations regarding the essential role of caregivers, the need for clear communication in a crisis, necessary supports for the health care workforce, and considerations that health organizations should make when implementing restrictions to visitation.

Patient Ombudsman also finalized an investigation into fair billing practices, which included recommendations to protect patients from financial abuse.

What we do

Our Vision

To be a trusted champion for fairness and to influence positive change in Ontario's health care system.

Our Mission

We facilitate resolutions and investigate complaints involving HSOs, without taking sides, and make recommendations to improve experiences for all Ontarians.

As set out in the *Excellent Care for All Act, 2010*, Patient Ombudsman's role is to receive, respond to and help resolve complaints from current or former patients or their caregivers about their care or experiences with public hospitals, long-term care homes and home and community care support services organizations. We work with all sides to try and find a fair resolution.

Patient Ombudsman believes that resolutions are best achieved at the point of care. As an impartial office of last resort, Patient Ombudsman can help when patients and caregivers have not been able to resolve their complaint directly through the internal complaints process with the health care organizations.

Some matters may be outside of Patient Ombudsman's jurisdiction. We cannot offer direct help if the complaint is about the treatment decisions of health care professionals (such as a doctor or nurse), an organization outside our jurisdiction (such as a walk-in clinic or retirement home) or if the complaint is part of another proceeding (such as, a lawsuit or coroner's inquest). When the complaint is outside our jurisdiction, we can navigate patients and caregivers to someone who can help.

Patient Ombudsman Team

The office of the Patient Ombudsman is made up of a team of approximately 20 individuals with a diverse set of skills and backgrounds. The core frontline team includes Early Resolution Specialists and Investigators who are skilled at listening, analyzing and applying the principles of fairness to concerns. The frontline team is also knowledgeable about the health care system and the options available to patients and caregivers when their concerns fall outside our mandate.

What do we mean by fairness

Many ombuds offices use the principles of fairness when looking at the issues and circumstances that make up a complaint or concern. When working to resolve a complaint, Patient Ombudsman tries to ensure that the resolution process itself is fair for everyone involved.

Our Fairness Triangle outlines a set of principles or considerations that Patient Ombudsman uses when analyzing a complaint and testing if a resolution is fair. Our Fairness Triangle is based on a tool developed by Ombudsman Saskatchewan and was developed in close consultation with our frontline complaints team as well as patients, caregivers, health care patient relations specialists and others to address our unique role in resolving and investigating complaints. This tool has been helpful in providing transparency to health care organizations about how Patient Ombudsman approaches complaints and what we are looking for in the organization's responses.

2021/22 at a Glance

New Complaints to Patient Ombudsman in 2021/22

3,306
total complaints were received from **3,062** unique complainants involving **4,282** concerns

2,456 complaints to the call centre involving **2,591** health sector organizations or other services

850 written complaints involving **925** health sector organizations or other services

Helping patients and caregivers navigate a confusing system

870
complaints included health programs or services that are outside Patient Ombudsman's jurisdiction

511 complaints included matters within the jurisdiction of other bodies or subject to other proceedings

1,835 referrals were made to help patients and caregivers navigate to other complaint bodies or services

Concerns not yet ready for Patient Ombudsman's involvement

1,157
of new complaints involved issues that had not yet been fully reviewed by the health sector organization

1,256 people were referred to patient relations professionals at the health sector organization, including over **200** courtesy calls to facilitate warm hand-offs or clarify the status of a complaint

Resolving complaints

3,291
complaints were resolved in 2021/22, including complaints carried over from the previous year

This includes **2,502** complaints to the call centre and **789** written complaints resolved in 2021/22

379 of the complaints received in 2021/22 were still in the resolution process at the end of the year

A caregiver contacted Patient Ombudsman to express concern that their parent's long-term care home was requiring all essential caregivers and visitors to be vaccinated against COVID-19. The caregiver reported that they were unvaccinated and would be prevented from visiting. Patient Ombudsman reviewed the long-term care home's policy, which included a procedure for caregivers and visitors that had valid vaccine exemptions. In addition, the home provided an education program on vaccination, provided information on vaccine clinic locations and assisted caregivers to access the vaccine. Patient Ombudsman determined that the policy was fair and reasonable.

A complainant was concerned that their mother's long-term care home had not taken appropriate actions to address their mother's disruptive behaviour, and as a result their mother was moved within the home to a floor for residents with advanced dementia. The complainant was concerned that the move was based on other residents' needs and did not consider their mother's best interests. The complainant wished to have their mother returned to the original floor in the home with a more appropriate care plan.

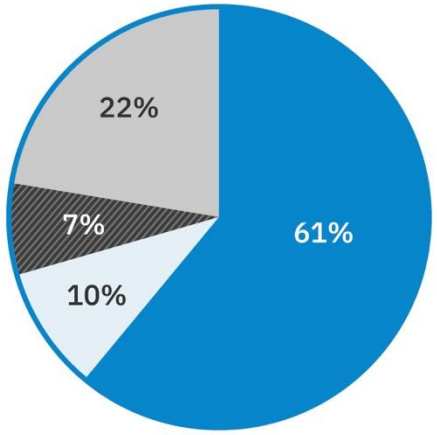
Patient Ombudsman facilitated a conference call with the home's leadership and the mother's care team. The care team reported that they had received many complaints from other residents about the mother's disruptive behaviour. The care team described the steps taken to address the mother's behaviours, including consultations with internal and external psychogeriatric specialists and providing one-on-one support to help with the transition to the new floor. The home confirmed that they have a responsibility to consider the safety and well-being of all residents, and the impact of the mother's disruptive behaviour on other residents was a consideration in the move. After reviewing the homes actions and confirming its ongoing efforts to address the complainant's concerns, Patient Ombudsman concluded that the home had acted fairly and reasonably. Patient Ombudsman provided a referral to the Alzheimer Society's support group for family members of people with dementia.

Complaints to Patient Ombudsman in 2021/22

Patient Ombudsman received 3,306 complaints in 2021/22, including 2,456 received through the call centre and 850 written complaints. Six per cent of the complaints described concerns with more than one health care organization or provider, and complaints frequently involved multiple issues. Some people submitted multiple complaints over the year, including 184 who initially contacted the call centre and later followed up with a written complaint.

As shown in the chart below, most of the complaints (61%) involved concerns about patients' and caregivers' experiences with public hospitals. Since significantly more people receive care from hospitals than from the other health sector organizations, this is not surprising nor is it a reflection on the relative quality of care in hospitals. Ten per cent (329) of complaints involved long-term care homes, significantly fewer than the 858 complaints received about long-term care homes in 2020/21. The easing of visitation restrictions in long-term care homes and the impact that widespread COVID-19 vaccination had on the level of serious illness contributed to the lower level of complaints. The smallest group of complaints involved home and community care (7%). More than 20% of complaints involved health services that are outside of Patient Ombudsman's defined jurisdiction. As discussed later in the report, some of these complaints could be referred to a regulatory college or other complaints body that had jurisdiction over the issues described. However, for many of these complaints there is no body providing independent oversight of patients' care or experiences.

Complaints by Health Sector



- 61% Hospitals
- 10% Long-term Care Homes
- 7% Home and Community Care
- 22% Other Health Care

Hospitals: 61% of complaints

Top Complaints	
1 Quality of Care	17%
2 Diagnosis/Treatment	13%
3 Discharge/Transfer/Transition	11%
4 Visitation	10%
5 Access or Delay	8%

Complaints about sensitivity, caring, courtesy and respect increased by **43%** over 2020/21.

Long-term care homes: 10% of complaints

Top Complaints	
1 Quality of Care	24%
2 Visitation	19%
3 Communication	12%
4 Personal Security/Safety	6%
5 Finance/Cost	6%

Home and Community Care: 7% of complaints

Top Complaints	
1 Access or Delay	25%
2 Staffing/Resources	20%
3 Cordination/Continuity of Care	16%
4 Quality of Care	12%
5 Communication	10%

19% of complaints about home and community care were about long-term care home placement processes, which is managed by Home and Community Care Support Services.

The nature of complaints varied by health sector, and the themes have remained relatively stable over the past six years.

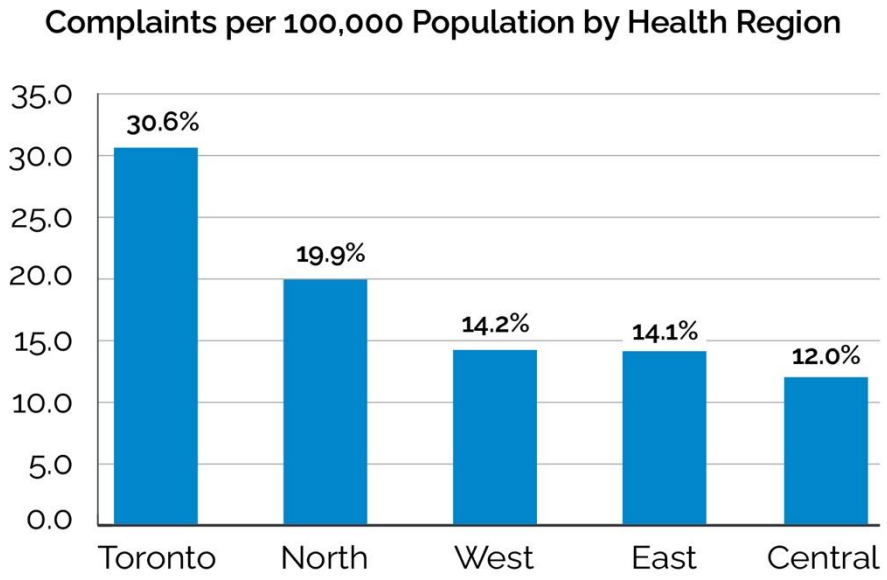
Patients and caregivers most frequently complained about overall quality of care, diagnosis and treatment in hospitals. More than one in 10 patients or caregivers expressed concerns about premature, unsafe or poorly planned discharges or transitions between care settings. Other frequent complaints involved visitation restrictions and wait times for care. As with long-term care homes, complaints about visitation often involved disputes about vaccination requirements. In 2021/22, there was a 43% increase in the number of patients and caregivers who reported that they were treated with a lack of sensitivity, caring, courtesy or respect at hospitals, particularly in emergency departments.

As in past years, overall quality of care was the most frequent concern raised about long-term care homes. Complaints about visitor restrictions continued through 2021/22 despite provincial policy guidance that encouraged homes to consider residents' emotional well-being and the negative impact of social isolation. The nature of complaints changed over the year, and more frequently involved disputes about vaccination requirements rather than absolute visitor bans. The other most frequent complaints were about poor communication, safety concerns often related to the risk of falls, and disputes about fees.

Complaints about home and community care most frequently involved concerns about delays and access, specifically that the level of service provided was insufficient. Patients and caregivers often noted they were aware that resources and worker shortages were the underlying cause of the limited access to services, mostly personal support services. Patients and caregivers also described problems with coordination and continuity, specifically that home and community care was unable to fulfill all the approved hours of care, visits were missed, or there were frequent changes in care providers.

Complaints about quality of care and lack of communication were also common. In addition to providing home care, home and community care support services organizations are also responsible for managing placement into long-term care homes. About one in five of the complaints about home and community care involved concerns about the long-term care home placement process, both from the community and from hospitals.

While complaints were received from across the province, patients and caregivers in the Toronto region were the most likely to contact Patient Ombudsman, followed by patients and caregivers in the north. It's possible that the concentration of provincial health services, including academic teaching hospitals, in Toronto is a contributing factor. The data will be used to help inform Patient Ombudsman's outreach and engagement activities to ensure that patients and caregivers in all regions are aware of our services.



Most Frequent Non-Jurisdictional Complaints

In 2021/22 Patient Ombudsman received 879 complaints that involved concerns about health services or organizations that fall outside of our jurisdiction. These complaints made up about one in five of all complaints received. This is the highest proportion of total complaints since Patient Ombudsman's first year of operations.

Over half of these complaints were about physicians, the majority about primary care providers. These complaints are separate from complaints Patient Ombudsman received about physician care in hospitals and long-term care homes, organizations within Patient Ombudsman's mandate. Most of these complaints involved concerns about access to care or delays.

In many cases, Patient Ombudsman was able to help patients and caregivers with referrals to other oversight bodies such as health professions regulatory colleges or the Ontario Ombudsman. However, many of these services, including community mental health and addictions services and public health, have no independent ombuds oversight.

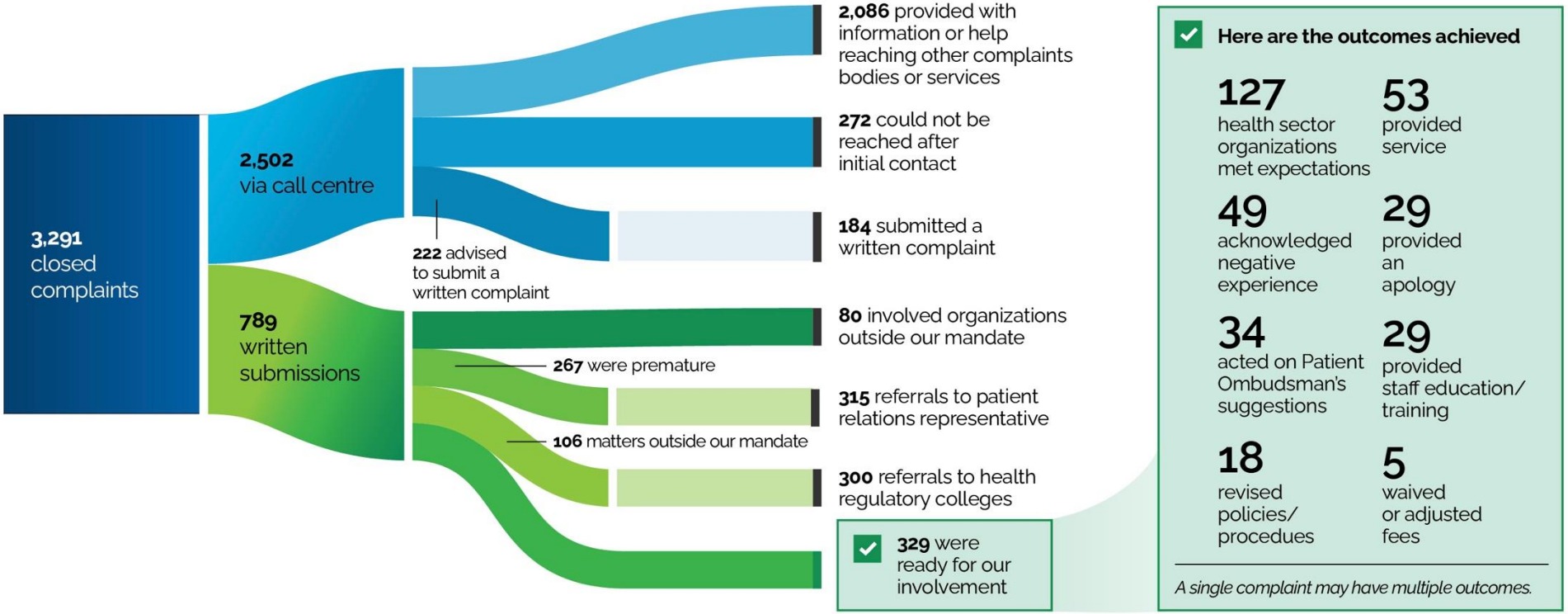
Complaints involving programs and services outside of Patient Ombudsman's jurisdiction		
Medical Care	**376**	
Primary care		**260**
Specialist care		**90**
Not specified		**26**
Private hospitals, independent health facilities, laboratory or diagnostic services	**91**	
Ministry of Health (OHIP, drug benefits, assistive devices, etc.)	**73**	
Public Health	**57**	
Program or service funded by another ministry	**52**	
Ontario Health-funded community services	**34**	
Community support services		**22**
Community mental health and addiction services		**12**
Private clinic	**20**	
Regulatory college	**15**	
Ministry of Long-Term Care (Inspections program, LTC Action Line)	**10**	
Emergency medical services/medical transportation	**8**	

A family member contacted Patient Ombudsman after being refused permission to accompany the patient to a hospital oncology appointment to discuss the patient's treatment plan. The patient, who suffered from severe anxiety, had been diagnosed with late-stage cancer and wanted the family member with them for comfort and support. The hospital oncology department was not allowing visitors because of COVID-19 and would only permit the family member to participate by phone.

The family member was asking that the hospital adjust its policy to permit exceptions on compassionate grounds, in this case based on the patient's severe anxiety. Patient Ombudsman's contacted the hospital to explore if an exception could be granted, given the patient's circumstances. The hospital agreed that an exception was warranted, and that the family member would be able to accompany the patient whenever there was an in-person consultation with physicians.

Complaint Decisions in 2021/22

Patient Ombudsman closed 3,291 complaints in 2021/22, including 206 complaints that were open at the end of 2020/21. At the end of the fiscal year, 379 complaints remained open, some pending assignment because of the rapid growth in complaints over the past two years. The outcomes achieved in the written complaints resolved in 2021/22 are described in the table below. A single complaint can have multiple outcomes.



Most frequent referrals

Complaints about health care experiences tend to be complex. A single complaint can involve multiple health care organizations or providers, and many issues, some within and others beyond Patient Ombudsman's mandate. Of the 3,291 resolutions completed in 2021/22, 1,318 involved referrals to the patient relations leads in health sector organizations when it was determined that the organization had not yet had the opportunity to attempt to resolve a complaint or aspects of a complaint. Patient Ombudsman made 227 courtesy calls to help patients and caregivers connect with patient relations leads. In addition, 1,985 referrals were made to other organizations for matters outside of Patient Ombudsman's jurisdiction. The most frequent referrals are listed below:

Most frequent referrals	Total number of referrals
College of Physicians and Surgeons of Ontario	**768**
Information and Privacy Commissioner of Ontario	**119**
Ontario Ombudsman	**113**
College of Nurses of Ontario	**112**
Ministry of Health	**98**
Member of Provincial Parliament	**94**
Legal Services	**74**
Public Health Agencies	**70**
Other Health Professions Regulatory College	**69**
Ministry of Long-Term Care	**59**
Board or Senior Management of Agency or Organization	**41**

Patient Ombudsman also made 16 mandatory reports to the Ministry of Long-Term Care for reports about abuse, neglect or risk of harm in long-term care homes.

Investigations

Patient Ombudsman's authority to conduct investigations is outlined in the *Excellent Care for All Act, 2010*. Investigations generally occur when an early resolution to a complaint cannot be achieved, there are disputes about the facts or there is a wider public interest in an issue and Patient Ombudsman wants to make formal recommendations. In these instances, an Investigator will create an investigative plan, gather evidence, conduct interviews and inspections, analyze evidence and prepare thorough and objective reports that include recommendations to health sector organizations.

Patient Ombudsman's investigative authority includes the power to compel health sector organizations to provide information or documents, to carry out witness examinations under oath and, when necessary, to obtain a warrant to enter the health sector organization.

Patient Ombudsman can also initiate an own motion investigation. An own motion investigation can happen without a complaint from a patient or caregiver. This type of investigation is generally about a systemic issue or a serious problem that comes to our attention as the result of trends in complaints or a matter of high public interest.

In June 2020, Patient Ombudsman launched its first large systemic investigation into the experiences of residents and caregivers in long-term care homes that managed a COVID-19 outbreak in the first wave of the pandemic. Patient Ombudsman gathered evidence and drafted a report but has held on releasing its findings pending the decision of a judicial review initiated in December 2020.

In conjunction with the COVID-19 investigation, Patient Ombudsman produced three special reports. The first special report was released in October 2020 and focused on complaints about long-term care homes in the first wave of the COVID-19 pandemic. Two additional reports were released in 2021/22. In August 2021, Patient Ombudsman published *Honouring Voices and Experiences: Reflections from Waves 2 and 3 of the Pandemic*, which looked more broadly at complaints received about public hospitals, long-term care homes and home and community care. In December 2021, the third report *Honouring Voices and Experiences: Long-Term Care Home Survey* reported the results of a public survey about the impact of COVID-19 on the experiences of long-term care home residents, caregivers and staff members.

In November 2021, Patient Ombudsman also released a report on a complaint investigation that examined a hospital's policies and processes for collecting the chronic care co-payment from a vulnerable, elderly patient who was waiting for an alternate level of care. Although the investigation found no malicious or exploitive conduct, it revealed some weakness in the hospital's policies and procedures for collecting fees that created the opportunity for vulnerable patients to be exploited by hospital staff or family and friends. Patient Ombudsman also found gaps in the hospital's process for tracking and managing complaints. Patient Ombudsman made the following recommendations to the hospital:

Ensuring fair and transparent billing policies and practices - Recommendations

1. Formalize policies and procedures for communicating a patient's alternate level of care status and chronic care copayment; financial transactions and protecting patients from financial abuse; and complaints management/patient relations.
2. Ensure the policies provide staff with guidance in how to communicate a patient's alternative level of care and care destination status and the associated chronic care copayment, including who should be included in these conversations and how conversations should be documented. The policy should explicitly address procedures when there are concerns that a patient may lack capacity.
3. Ensure the policies include measures to protect patients from potential financial exploitation and shield the hospital from allegations of financial abuse by hospital staff.
4. Ensure the policies include measures to protect patients from potential financial exploitation/abuse by external parties.
5. Develop a more comprehensive patient relations process. This should include a mechanism that enables patient relations and/or the director of quality and clinical practice to track open (ongoing) and resolved complaints in real time to ensure that comprehensive information is available to the quality committee and that complaints are not lost.

Patient Ombudsman continues to develop its capacity to conduct investigations. The increasing volume and complexity of complaints is translating into a growing number of complaints that are candidates for investigations and themes for systemic investigations are emerging. To help manage these growing number complex cases, the team has shifted its process to dedicate more time to investigations.

Improving our services

Patient Ombudsman believes that complaints provide important information about opportunities to improve services as well as patient and caregiver experiences. That applies to the services that we provide, in addition to the complaints we receive about health sector organizations. Patient Ombudsman assesses the complaints received about our services to ensure that our process was free of bias, administratively fair and that the outcomes were within the reasonable range of outcomes for the specific complaint. Most concerns can be addressed by the case owner. Complaints that cannot be addressed by the case owner are escalated to management for review and are documented and monitored in Patient Ombudsman's complaint management system.

In 2021/22 Patient Ombudsman received 11 complaints about our services that were assessed as requiring management review. As shown below, delays and dissatisfaction with resolutions were the most frequent concerns. Patient Ombudsman apologized to seven people and provided staff feedback and/or coaching in one case. Other actions included a review of the complaints waiting to be assigned.

Nature of complaints about us*		Outcome of Management Review		Actions Taken by Patient Ombudsman*	
Delay	**7**	Fully upheld	**4**	Apology	**7**
Dissatisfaction with resolution	**5**	Partially upheld	**2**	Other action	**3**
Communication	**4**	No evidence of service failure	**4**	No action required	**3**
Dissatisfaction with service	**2**	Under active review	**1**	Staff feedback	**1**
				Under active review	**1**

* Complaints can involve more than one issue and more than one action taken.

To address the feedback, Patient Ombudsman has improved its communication with patients and caregivers and revised our complaint management processes for better efficiency. Some processes were automated, and a clearer process was put in place to escalate concerns when health sector organizations were slow to respond to our inquiries.

Spotlight Issues

Spotlight issue 1 - Hospital security interventions with patients and caregivers

A patient who was voluntarily admitted to a hospital mental health unit reported they had been held on the ground by hospital staff and security guards as restraints were applied. The patient described having their arm bent behind them and being held down with a knee on their back. The patient reported telling security that they were having difficulty breathing. The patient also reported being partially disrobed in the presence of security guards of the opposite gender to enable the injection of medication by a nurse. The patient complained to the hospital's patient relations department but was not satisfied with the response.

In addition to speaking with the patient and the patient relations representative, Patient Ombudsman reviewed the hospital's file on the complaint, the incident report and the hospital's policy on use of restraints. The incident had been characterized as a "security assist" rather than a "code white" so the hospital had not carried out a rigorous review. The security video had not been reviewed when the complaint was made to patient relations, and it had not been saved.

After reviewing the records, Patient Ombudsman met with managers of the mental health unit and security, as well as a representative from the third-party security agency that provided the security guards. The hospital acknowledged that it had not followed its policy on use of restraints. The hospital had not met with the patient following the incident to discuss what had happened and had not determined which staff members and security guards were involved. The security agency told Patient Ombudsman that its guards receive training in managing aggressive behavior, de-escalation techniques and use of force. Security staff who work in health care settings such as hospitals also receive specialized training that includes the risk of suffocation in certain positions and how to avoid putting people in a compromised position that cause harm. The hospital confirmed that using pressure on joints or using bones as leverage is unacceptable and the hospital had worked to prevent security staff from using those techniques. The hospital agreed to carry out a thorough review and confirmed that the hospital and the security agency are exploring the use of body-worn cameras by security guards. Patient Ombudsman will be following up to understand the final decision on body-worn cameras. The hospital also agreed to assign gender-matched security guards, when possible, to avoid further trauma to patients.

The COVID-19 pandemic continues to widen the cracks in Ontario's health care system. Staffing shortages, COVID restrictions and service delays, together with the fatigue and trauma arising from the pandemic, have contributed to increased tension, frustration and occasionally violence in health care settings. Patient Ombudsman has seen an increase in the number of complaints describing negative interactions between health care providers, patients and their caregivers.

A recent poll of more than 2,000 health care workers by the Canadian Union of Public Employees[1] revealed that more than half had either experienced or witnessed an increase in violence since the beginning of the pandemic. Sixty-three per cent of respondents reported they had experienced physical violence at their workplaces and 18% reported an increase in the number of incidents involving weapons since March 2020.

In its last annual report, *Courage , Compassion, Clarity: Informing change in a time of crisis*, Patient Ombudsman highlighted the growing number of patients and caregivers reporting the involvement and use of force by hospital security guards. Patient Ombudsman identified this as an area needing more attention and suggested that, at a minimum, health sector organizations should:

- Have a use of force policy that is sensitive to the patient populations and cultures served.
- Ensure all security personnel receive de-escalation training and recognize that use of force is a last resort.
- Ensure policies, procedures and training for security encompasses unconscious bias and supports the needs of diverse persons using the hospital.
- Document and review all incidents that involve the use of force against patients and visitors to ensure that policies and procedures were followed and identify opportunities for improvement.
- Optimize the use of technology in reviewing use of force incidents, for example, security video or implementing body-worn cameras.

In 2021/22, 98 of the 2,005 complaints about public hospitals included descriptions of negative interactions with hospital security as an element of the complaint – 5% of complaints involving hospitals. Twenty-two of the complaints alleged assaults or physical harm. Several complainants reported being restrained in an unsafe manner that is inconsistent with the standard training for security guards (for example, with a security guard's knee on their neck or back), that could cause severe injury or death. Most interactions with security occurred in emergency departments, on mental health units and at screening points for entry to hospitals.

[1] Ontario hospital staff subjected to a disturbing pandemic surge in physical and sexual violence; new CUPE poll finds | Canadian Union of Public Employees, July 5, 2022

Patient Ombudsman has identified several additional concerns in reviewing complaints about aggressive interventions by security. These include:

- Patient relations representatives often defer to hospital security and do not take an active role in reviewing these complaints.
- Health sector organizations often lack a clear, standardized process for investigating incidents involving hospital security guards. Organizations often failed to review or retain security video, and documentation sometimes needed to be reconstructed for the purpose of Patient Ombudsman's review.
- Hospitals were sometimes reluctant to share information with patients or their caregivers about who was involved in the incident.
- Complaints about the conduct of individual security guards were not routinely shared with the Ministry of the Solicitor General, the licensing body for security guards, for review.
- Patients reported being traumatized by these incidents and expressed discomfort when security guards were present or assisted when the patient's clothing was removed.

Patient Ombudsman was encouraged that some hospitals undertook comprehensive reviews of incidents involving security and were implementing policy and process improvements. A few hospitals were actively considering a requirement for security guards to wear body cameras.

Building on the suggestions from the last annual report, Patient Ombudsman makes the following additional suggestions for incidents involving hospital security:

- Ensure there are comprehensive policies and procedures for reviewing incidents involving hospital security, particularly when force is used to restrain or evict patients, caregivers or visitors. The policies and procedures should define the role of patient relations in reviewing the complaints.
- Ensure all incidents are fully documented and preserve relevant evidence, including security video.
- Concerns about the conduct of individual security guards should be referred to the licensing body, the Ministry of the Solicitor General, for review.
- If health sector organizations cannot or will not provide the name of a security guard when requested by patients or caregivers, it is suggested that they provide the guard's license number, which is sufficient for the patient or caregiver to make a complaint to the Ministry of the Solicitor General.
- When possible, health sector organizations should make efforts to gender match security guards with patients and offer referrals to victim assistance organizations when patients report feeling traumatized.

Patient Ombudsman was contacted about concerns with hospital security guards' behaviour when a patient was discharged from a hospital emergency department. The family member described that the patient, who is Indigenous, was escorted out of the hospital by security in the middle of the night during a winter snowstorm. Hospital security would not allow the patient to retrieve their hat and gloves, and the patient suffered frost bite to their fingers. As a result of this negative experience, the patient was reluctant to return to the hospital for assessment by a plastic surgeon.

Ultimately, several of the patient's fingers were amputated. Because the hospital's patient relations office had not yet completed its review of the incident Patient Ombudsman referred the complainant to the patient relations representative and asked that the hospital save the security video recording of the incident. Patient Ombudsman will re-open the complaint if they are not satisfied with the outcome of the hospital's review.

A patient was taken to the emergency department with a suspected overdose. The patient reported being verbally abused by a nurse and forced to undress in front of security guard of the opposite gender, which was very traumatic given the religious and cultural importance

of modesty to the patient. The patient was still working with the patient relations representative at the hospital and was advised that they could return to Patient Ombudsman if they were not satisfied with the result.

Spotlight Issue 2 - Safe discharges of vulnerable patients requiring long-term care

A patient suffered complications from surgery in a hospital that was more than 350 kilometers away from the community where their family lived. While in hospital, the patient was assessed to require long-term care home placement and the family wanted them to be placed in a long-term care home close to family so that they could support the patient's ongoing care needs. A family member told Patient Ombudsman that the patient was forced to accept a placement in the community where the hospital was located. The patient had been waiting for more than a year to be transferred to a long-term care home closer to family. The complainant was referred to the home and community care support services organizations in both communities to attempt to resolve their concerns and was advised that they could reconnect with Patient Ombudsman after working with home and community care.

Complaints about premature or uncoordinated discharges from hospital to home or other care settings have consistently been in the top three complaints to Patient Ombudsman since the office opened in 2016.

In 2021/22, 11% of complaints about hospitals were about discharges and care transitions. In addition, 19% of the complaints about home and community care were about long-term care home placement, including placements planned in hospitals. Patients and caregivers frequently report concerns about poor communication, inconsistent information, pressure to rush important decisions and coercive messages.

For many years, hospitals have been experiencing capacity pressures and challenges with managing the discharge of patients who require ongoing care but no longer require acute hospital care. Discharge planning for patients who require long-term care and cannot go home safely to wait for a bed can pose a particular challenge given the long waitlists for long-term care homes. It is widely accepted that acute care hospitals are not optimal settings for elderly patients waiting for long-term care. In addition to reducing acute care capacity, patients waiting for long-term care are at risk for hospital-acquired infections and hospitals are not equipped to meet the social, recreational and physical activity needs of frail seniors.

The COVID-19 pandemic has added to these challenges. Human resource shortages, outbreaks and higher demand have increased pressures on hospitals to discharge patients as quickly as possible. At the same time, the massive outbreaks and high rates of resident death in long-term care homes early in the pandemic have decreased confidence in the long-term care home system for many and have made families more cautious about their selection of homes.

The pandemic has also highlighted the important role families and friends play in supporting patients in hospitals and residents in long-term care. As highlighted in Patient Ombudsman's special reports on COVID-19, restrictions on visitation and the resulting isolation and lack of stimulation have had an impact on the health and well-being of patients and residents. Family and friends of patients and residents have shared the trauma of not being present to support loved ones or lost opportunities to say goodbye before a loved one dies. The ability to visit is a key consideration in families' selection of care settings, including long-term care homes.

To ensure safe, fair and successful discharges and care transitions for patients, Patient Ombudsman suggest the following considerations:

- Engage patients, substitute decision-makers and family members early and often in discharge planning discussions. Ensure they have the opportunity to express their views and preferences, and that their views and preferences are considered and documented.
- Provide clear and consistent information, including in writing, to help inform decisions and ensure the information provided is aligned with provincial legislation, regulation and policy.
- Give patients and substitute decision-makers a reasonable time frame to make decisions.
- Ensure processes are flexible and consider patients' individual needs and circumstances, including their social, cultural, and religious needs and any needs for special accommodation, such as the need for interpreter services.
- Recognize the stress and life-changing nature of long-term care home placement decisions and ensure that patients and their families are treated with courtesy and respect.
- Ensure patients and substitute decision-makers know who to contact if they have questions or disagree with the proposed options or decisions.

A patient in their late 90s was admitted to the hospital with a serious infection. After several weeks in hospital, the family was told the patient was ready for discharge. The family was concerned that the patient was still very frail, needed constant care and the patient's home was not suitable to support their care. The unit manager informed a family member that it wasn't 'their problem' and referred the family member to patient relations. The family member contacted patient relations and other members of the care team, and a safe discharge plan was developed. An assessment for admission to a retirement home was arranged for the following week with the goal of transferring the patient two days later. Three days before the planned assessment, the family member found a letter in the patient's room indicating that they would be discharged the next day, and if the patient didn't leave the hospital, they would be charged the full daily fee for their remaining time in the hospital. When the family questioned the decision, they were told to arrange for a hotel room until the patient could be moved to the retirement home. The case is still open with Patient Ombudsman.

The complainant's parent fell at home following a stroke and was hospitalized for several months. It was quickly determined that they would be unable to return home. The family was informed on multiple occasions that they could not apply for long-term care home placement while in hospital. They were told the patient had to move to a transitional care setting before the long-term care application process could begin. After two transitional care settings refused to admit the patient, the hospital and home and community care organization agreed that the family could start the application process for long-term care in the hospital. The family was concerned that half a year had passed during which time, the patient could have been on the waitlist for a home of their choice. Several days after the application for long-term care was submitted, the hospital contacted the family to inform them that the patient would be moved to another hospital in another community to wait for placement. Transportation had been arranged to take place shortly after the phone call. This quick turnaround meant the family could not be present during the transition to support the patient. The family reported the decision had been made without consultation or discussion, and that no one asked if they had any concerns. After the transfer, the patient became confused and began to exhibit challenging behaviour, including refusing to take medication to prevent another stroke.

The family was informed if they did not accept the first available long-term care bed (whether it was one of their choices or not) they would have to pay the full hospital daily fee, not just the chronic co-payment. This was not supported by law at that time. Patient Ombudsman contacted the hospital and home and community care to request their policies related to hospital discharge and long-term care home placement from hospital. Patient Ombudsman identified concerns with the hospital's policies, including a requirement for patients to choose the maximum number of homes and include homes with short wait lists. The hospital changed its policy to align with legislation and regulation.

Spotlight Issue 3 - Care in emergency departments – a focus on communication

The complainant's elderly family member was taken to the hospital by ambulance. The complainant understood that the hospital needed to manage risks related to COVID-19 and that the pandemic had increased stress on the health care system but was concerned about the communication by staff in the emergency department. They reported that hospital staff discouraged the patient from seeking treatment based on risks related to COVID-19, leaving the family fearful. The family was told that no one could enter the emergency department with the patient, even though the patient did not speak English. The assessment in the emergency department revealed that the patient was failing rapidly and would likely not survive. The family was informed that they could visit once the patient was admitted to a room. After two days, the patient died in the emergency department and the family never had the opportunity to say goodbye. The family was not informed until several hours after the patient's death. The complainant expressed sorrow that the patient's last words to the family were about their fear of being abandoned. The Patient Ombudsman Early Resolution Specialist expressed condolences, facilitated a referral to the hospitals patient relations department and invited them to return to Patient Ombudsman if issues remained after the hospital's investigation and response.

Hospital emergency departments have become the crucible where many of the pressures on the health care system ignite. In 2021/22 Patient Ombudsman received more than 300 complaints about the experiences of patients and caregivers in emergency departments.

In addition to frustration with wait times, patients and caregivers reported poor communication, a lack of caring, sensitivity, courtesy and respect, feeling dismissed and being prematurely discharged. Caregivers reported concerns with their inability to stay with vulnerable, elderly family members, despite visitor policies that supported their presence. Of particular concern was the number of patients who reported they would be reluctant to return to hospital, even for emergency care, given their experiences.

Some complainants also acknowledged that their own behaviour, in response to their frustrations, had led to consequences including security interventions and loss of access.

Many of these complaints to Patient Ombudsman had not yet been reviewed by hospital patient relations departments or are still open and undergoing resolution. Some of these complaints reflect concerns with clinical conduct and decision-making and may ultimately fall primarily under the jurisdiction of the health professional regulatory colleges. However, the stories illustrate the challenges being experienced in emergency departments.

The pressures on emergency departments are unlikely to lessen in the near future. Emergency department physicians and staff have been at the forefront of these pressures for more than two years, and the level of fatigue combined with ongoing staffing shortages, capacity issues and frustrated patients and caregivers make the work even more challenging. Despite these pressures, the complaints received by Patient Ombudsman highlight the importance of communication with patients and caregivers, including:

- Providing as much information as possible about expected wait times.

- Letting patients know what to do if they have urgent questions or their condition changes while they are waiting.
- Having information available for patients about alternatives to emergency department care for non-urgent needs.
- Explaining the hospital's policy about the ability for a family member or caregiver to enter and remain in the emergency department with vulnerable patients and ensuring family members know who to contact if they are not permitted to stay.
- Listening to patients and family members with a caring and courteous manner.

An elderly patient came to the emergency department by ambulance with blood in their urine. The patient's daughter reported that the patient was in the emergency department for nine hours and received no communication about their condition or wait times. The patient was ultimately told the bleeding had stopped and they were discharged home with an antibiotic. The bleeding returned days later, but the patient refused to go back to hospital because of their previous experience. The patient's daughter noted that the patient was scared and alone and no one cared. Patient Ombudsman determined that the hospital had not yet had an opportunity to address the concerns and provided a referral to the hospital's patient relations department.

A patient visited the emergency department with a high fever and shortness of breath. When the patient's COVID-19 test came back positive, the physician shared the test results in a loud voice in the crowded emergency room, causing other patients to panic. After being left alone overnight in a cubical in the emergency department, treated rudely by the attending nurse and denied medication to treat their fever, the patient left and went to another hospital. At the second hospital, the patient was assessed, admitted, and ultimately spent more than a week in the intensive care unit. The patient expressed concern that they could have died if they had not made the decision to leave and go to another hospital.

Spotlight Issue 4 – Patient Ombudsman using mediation to resolve complaints

Patient Ombudsman's resolution process varies based on the nature of the complaint, the patient or caregiver's expectations, and the willingness of all parties to engage actively in the resolution process. Some patients or caregivers are seeking an opportunity to be heard fully, have their concerns acknowledged and receive explanations for what has occurred.

Sometimes people are seeking to highlight issues and make positive changes so that others don't have similar experiences. In other cases, patients are still receiving active care from the health sector organization and need help to improve communication, restore trust and improve the delivery of their day-to-day care.

Many of Patient Ombudsman's Early Resolution Specialists have specific training and expertise in mediation and alternate dispute resolution. In 2021/22, Patient Ombudsman facilitated and/or participated in 54 meetings involving patients, caregivers and health sector organizations to help resolve complaints, including conducting three formal mediations. Mediation is a collaborative and voluntary process where Patient Ombudsman assists the parties with a structured conversation to resolve their concerns. This joint meeting has the potential to help everyone involved explore and reach mutually agreeable solutions to their specific situation.

Based on the success of the three mediations conducted in 2021/22, Patient Ombudsman is exploring ways to include conflict management and restorative justice principles in our work, including mediation, facilitation, and restorative circles.

A patient who was receiving chronic care in a hospital complained that their care plan was not being followed and they sometimes waited for more than a half hour for a response after using the call bell for urgent assistance. They reported feeling unsafe and uncomfortable with the care provided by some members of the care team and was seeking assurance that these care providers would be permanently removed from their care team. The patient did not feel their concerns were being addressed by management. Since the patient required ongoing care in the hospital, Patient Ombudsman felt it was important that there was trust and open communication between the patient and their care providers. Patient Ombudsman offered to facilitate two meetings that would permit all parties to share their perspectives and mutually agree on a plan to address the patient's concerns. The patient and members of the hospital management and care team agreed to participate. The meetings gave the patient an opportunity to share their concerns and feel heard by hospital management. The hospital participants were able to express empathy for the patient and propose a plan to address all concerns. The plan included a documented commitment that certain staff members would be permanently removed from their care team, a new call bell response process, and a checklist to confirm that the care plan had been carried out. The patient and hospital participants also agreed on a process to address future concerns. A third meeting was scheduled six months later to ensure that the plan was addressing the patient's needs.

Follow-up on issues spotlighted in past reports

Complaints about Sexual Assaults

Reviewing reports of sexual assault in hospitals

A patient described being sexually assaulted by hospital staff during an admission to the mental health unit. The patient told Patient Ombudsman that they reported the assault, but hospital staff refused to carry out a sexual assault examination and that security video footage of the incident and other evidence had not been retained. The patient made a complaint to patient relations, but they denied the patient's account of what happened. The patient believes the sexual assault, lack of sensitive care and lack of follow up were because they are an Indigenous person. The patient believes that there are other Indigenous patients who have had similar experiences. The patient decided to pursue another process and withdrew the complaint to Patient Ombudsman. Patient Ombudsman advised the patient that they could reconnect if, after the other process, there are remaining issues that fall within Patient Ombudsman's mandate.

In its last annual report, Patient Ombudsman highlighted a cluster of complaints involving reports of sexual assault and insensitive care for patients with past sexual trauma. Patient Ombudsman identified the importance of trauma-informed care and described serious concerns with hospitals' responses to several of these complaints, including:

- Failure to conduct investigations following reports of sexual assault or insensitive care.
- Lack of policies and procedures to ensure appropriate follow-up on reports of sexual assault.
- Minimizing or ignoring complaints based on patients' mental health status.
- Lack of engagement with patients and limited transparency about the hospital's response.
- Insensitive communication, including blaming patients or thanking them for their feedback.
- Threatened or actual retaliation against patients who reported sexual assaults or complained to a health professions regulatory college.

In 2021/22, Patient Ombudsman received 34 complaints related to sexual assaults, and we continue to have concerns about how these complaints are addressed by health sector organizations. The new complaints included 13 complaints about sexual assaults in hospitals, two complaints about sexual assaults in other care settings and 19 complaints about insensitive care for patients that have experienced sexual assaults. Patient Ombudsman believes that sexual assaults are avoidable and health sector organizations should take every reasonable precaution to provide safe and secure environments for their patients, staff, and visitors.

- All reports of sexual assault should be taken seriously and undergo an appropriate investigation by health sector organizations.

- Health sector organizations ought to have clear, trauma-informed guidelines or policies to ensure that those who report sexual assault are treated with dignity and respect. These guidelines/policies should outline the steps staff need to take to ensure evidence is collected and protected so that a thorough investigation is possible.
- Internal complaints processes should include a communication plan appropriate for the sensitive nature of these concerns, transparent sharing of information about the process and outcome with the complainant. When warranted, a transparent, meaningful apology should be offered to the patient.
- Policies should also provide guidelines about reports to health professions regulatory college when appropriate.
- A patient/complainant's mental health status is not a reason to approach a report of sexual assault differently than for any other patient. Most of the complaints related to sexual assault that Patient Ombudsman receives come from patients or caregivers of patients admitted to a mental health unit.
- When receiving a report, it is important to recognize that it's not up to a staff member or physician to believe or disbelieve a report of sexual assault or threat, but to follow a respectful and sensitive approach to receiving the information, an objective process for investigating what transpired, and to assess the safety of the care setting.

Patient Ombudsman received several complaints in 2021/22 about problems with access for forensic sexual assault examinations. Sexual assault examinations are carried out by nurses with special training in trauma-informed care and the administration of sexual assault evidence kits. Proper evidence collection is essential should sexual assault victims choose to move ahead with police investigations.

While it may not be possible for all hospitals to have trained sexual assault nurse examiners available, all hospitals should have protocols to ensure safe, supportive care for victims of sexual assault. This includes providing a safe place to wait for care, procedures and resources to ensure safe, supported transportation to care settings where examinations can be carried out, and ensuring a trauma-informed approach to care.

Sexual assault examinations in hospitals

The patient came to small rural hospital following a sexual assault. The hospital did not have sexual assault kits or trained sexual assault nurse examiners, so arrangements were made to transfer the patient to another hospital. The patient was transported alone in a taxi in the middle of the night with a male driver, which added to the trauma the patient had already experienced. Patient Ombudsman contacted the hospital and learned that the hospital had already developed a new policy and procedure to ensure that future patients did not have a similar experience. While the hospital was too small to have a sexual assault nurse examiner available, the updated policy and procedure ensured that patients were always appropriately supported when they were transferred to a larger hospital that was able to provide sexual assault examinations.

A patient went to a clinic following a sexual assault and was referred to the local hospital for examination. The local hospital did not have sexual assault kits or trained sexual assault examiners. The patient was referred to a larger regional hospital, which was some distance away. The patient was able to get to the second hospital but was concerned that others may not be able to make the drive and would not have access to services to address sexual assaults.

Complaints about lost or damaged personal property

In 2018, Patient Ombudsman reported on an investigation into a complaint about an elderly patient whose dentures were lost while they were a patient in a public hospital. The hospital's policy was that patients and their families were solely responsible for keeping patients' property safe. Patients were encouraged to send their personal property home, and no distinction was made for property, like dentures or hearing aids, that are necessary for a patient's health and well-being while in hospital. Patient Ombudsman made several recommendations based on the investigation, including:

- Recognize not all personal property is the same. For their health and well-being, patients need to keep items like dentures, glasses and hearing aids while in hospital.
- Provide patients with information, when feasible, about steps that they can take to reduce the risk of loss (e.g., labelling).
- Ensure appropriate monitoring and documentation of personal property for patients who need help, including procedures for times when the risk of loss is highest (e.g., removal of food trays)
- Establish criteria for reimbursement for lost property when appropriate.
- Include a protocol to ensure clear, timely communication and coordination about lost property when there are multiple providers.

A family member contacted Patient Ombudsman after their mother's purse, wallet, personal papers and other valuables were lost during her stay in hospital. The family was unable to remove their mother's personal property during the hospitalization because of COVID-19 restrictions. The mother died in hospital and neither the hospital nor the funeral home was able to locate the belongings. The family member was seeking changes to the hospital's policies on documenting and safeguarding personal property and reimbursement for the items lost.

Patient Ombudsman reviewed documentation and discussed the family member's concerns with hospital staff. Patient Ombudsman noted that while there was clear documentation that the hospital had taken possession of the purse when the patient was admitted, there was no evidence that the contents had been itemized or properly secured, either during the hospitalization or before transfer to the funeral home. The hospital acknowledged that accurate documentation was not completed during the mother's transfers within and from the hospital and that during this time a process had not been established to give family members the opportunity to collect a patient's valuable belongings because of visitor restrictions due to COVID-19. The hospital had already begun a review of its policies and procedures for documenting and safeguarding patients' belongings and had set up a process to transfer valuable items to loved ones despite COVID visitation restrictions. The hospital also agreed to review a claim for the lost valuables.

Patient Ombudsman received 46 complaints in 2021/22 about lost or damaged personal property, 41 involving hospitals and five involving long-term care homes. Fourteen complaints involved lost dentures, eyeglasses, hearing aids or other personal assistive devices. The remainder were about lost jewelry, clothing, purses, wallets and other personal property.

The reviews of these complaints suggest that some health sector organizations have amended their policies, and now recognize the difference between personal property that patients need to see, hear, talk and eat while in hospital versus other valuables, and have protocols to guide decisions about reimbursement. However, the COVID-19 pandemic has resulted in new challenges with respect to patients' personal property. Visitation restrictions has meant that family members could not always collect patients' valuables to take them home. Patients and caregivers reported more frequent moves within and between facilities, increasing the opportunities for property to be lost, and patients were more reliant on their personal electronic devices to help them communicate with loved ones or provide entertainment to pass the time.

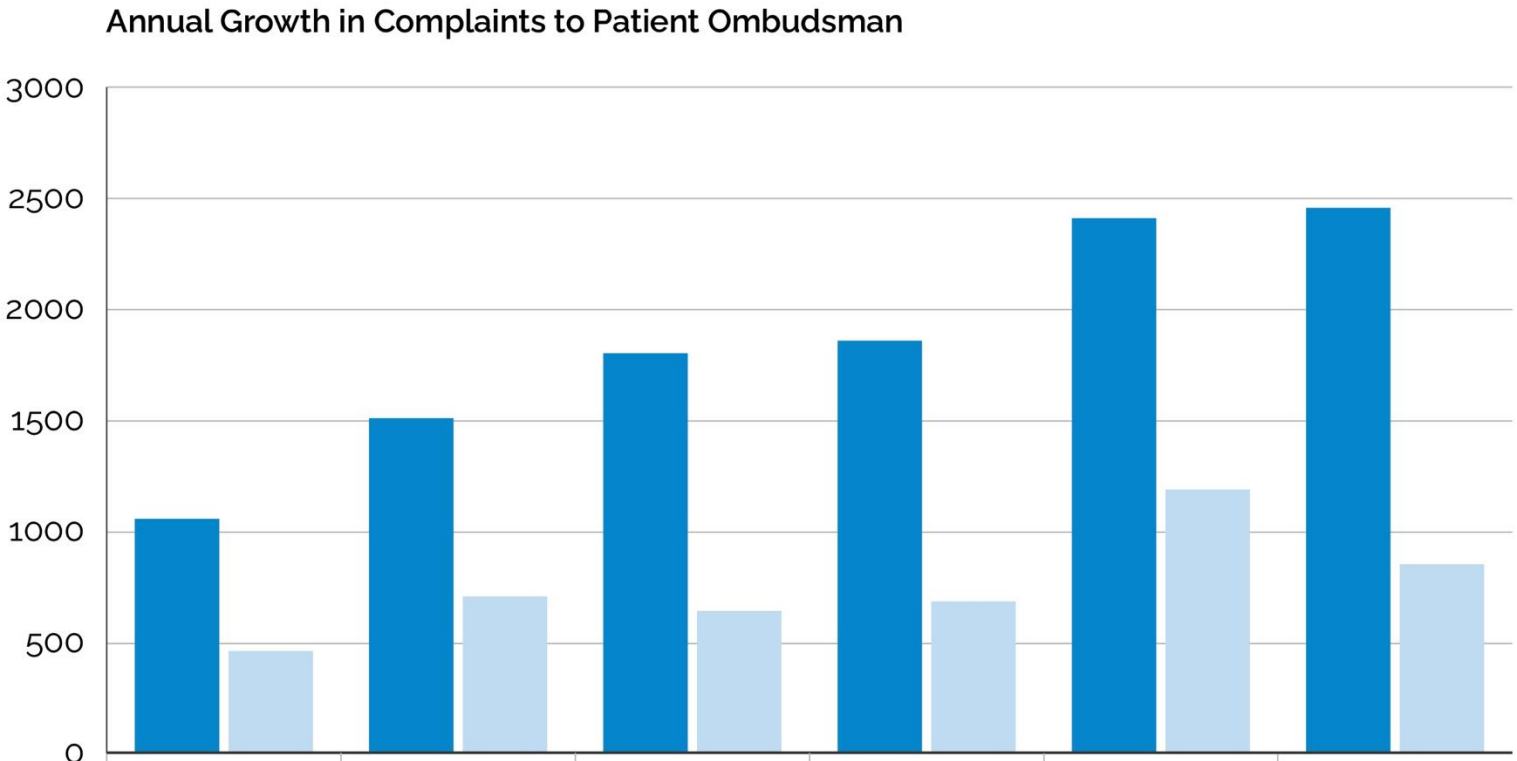
The most recent complaints suggest the recommendations from the 2018 investigation are still valid. The new complaints in 2021/22 reinforce the importance of hospitals and long-term care homes having policies and procedures for documenting, monitoring and safeguarding patients' property and valuables, particularly at points of transfer between rooms and facilities. Patient Ombudsman also suggests that hospitals and long-term care homes should consider developing safe practices to allow family to collect property and valuables that patients don't need during their admission. Patient Ombudsman will continue to monitor these concerns and will determine if further measures need to be taken.

A patient's eyeglasses were lost following an admission to hospital for emergency surgery. The patient told Patient Ombudsman that the hospital took possession of their clothing and glasses prior to surgery, but when the possessions were later returned the glasses were missing. Initially the hospital denied responsibility for the loss and refused to reimburse the patient for the replacement cost citing a lack of evidence that the patient had glasses when admitted. Patient Ombudsman reviewed documentation related to the patient's admission and noted that the hospital had not followed its own policies in documenting and safeguarding the patient's possessions. The hospital apologized to the patient and agreed to reimburse the patient for the replacement costs.

Financial and operational performance

Funding and growth

As shown in the chart below, the volume of complaints to Patient Ombudsman has continued to grow over the past six years with a significant spike in complaints in 2020/21 due largely to the impact of the COVID-19 pandemic on the experiences of patients and caregivers. While the total number of complaints received in 2021/22 was slightly lower than 2020/21, the number of complaints received in 2021/22 was significantly higher than prior years, and the growth in complaint volumes is continuing.



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Call Centre Complaints	1054	1508	1801	1857	2409	2456
Written Complaints	458	705	639	682	1186	850

Patient Ombudsman's financial performance is reported in Schedule 2 of Ontario Health's audited financial statement for 2021/22.

Schedule 2 Patient Ombudsman

As of March 31, 2022
(in thousands of dollars)

Operating expenses by object	Planned Funding 2022	Actual 2022	Actual 2021
Salaries and benefits	3,526	2,828	2,518
Occupancy costs	264	221	199
Purchased services	282	197	152
Information technology support and maintenance	79	109	49
Other operating expenses	129	144	59
Amortization	–	–	39
Total	**4,280**	**3,499**	**3,016**

Governance

In December 2019, Ontario Health assumed responsibility for providing back office and operational support to Patient Ombudsman, including human resources, finance, procurement and information technology support. A formal charter was developed and approved in February 2022 to guide the relationship between Health Quality Ontario and Patient Ombudsman. In addition to outlining the responsibilities and accountabilities of each party, the charter safeguards Patient Ombudsman's ability to operate as an independent, impartial office established by the provincial government that acts to receive, respond to and help resolve complaints from patients or caregivers about their care experiences with public hospitals, long-term care homes, and home and community care.

Supporting the Patient Ombudsman team

To ensure staff continued to have opportunities to learn and grow, Patient Ombudsman took advantage of online and virtual learning sessions offered by Ontario Health, including sessions focused on health equity and Indigenous experience. Patient Ombudsman also continued its "Ask the Ombuds" series holding lunch and learn sessions with the Public Service Ombudsman for Wales, the Manitoba Ombudsman and Ombudsman for British Columbia. The session with the Ombudsman and staff from British Columbia focused on the office's outreach to Indigenous communities. Patient Ombudsman team members also offered staff engagement sessions including laughter yoga, mindfulness, French lessons and mid-week stretches. These sessions helped bridge the gap of virtual work and supported the team.

Patient Ombudsman is a member of the Forum of Canadian Ombudsman and participates at the membership and board levels in activities aimed at learning, sharing ideas, finding innovations and best practices and developing professional standards.

In March 2022, Patient Ombudsman applied for membership in the International Ombudsman Institute. The International Ombudsman Institute in an independent global organization that champions the role of independent ombud offices in promoting public accountability and protecting people from unfair decisions, maladministration and abuse of their rights. The institute supports collaboration among more than 200 ombuds organizations globally and focuses on training and research. The educational resources offered through the institute will further enhance Patient Ombudsman's access staff development opportunities. Patient Ombudsman's membership was approved in June 2022.

Engagement and outreach

Outreach to patients, caregivers and health system stakeholders is an important part of Patient Ombudsman's role. Patient Ombudsman met with and presented to numerous stakeholders in 2021/22, including:

AdvantAge	Home and Community Care Support Services	Ontario Community Support Association
Canadian Cancer Society	Home Care Ontario	Ontario Hospital Association
Family Councils Ontario	London Health Sciences Centre	Ontario Long-Term Care Association
Health Services Appeal and Review Board	Mon Sheong Family Council	Ontario Patient Relations Association
Health Professionals Appeal and Review Board	Ontario Association of Resident Councils	Peel Long-Term Care (Region of Peel)
Heron Terrace Family Council	Ontario Caregiver Network	

Feedback from a patient

"I thank you and am grateful for showing me the most compassion I have seen in the last 14 years."

Summary

As shown throughout this report, the COVID-19 pandemic continues to place stresses on the health care system and has widened the cracks exposing long-standing vulnerabilities. Rather than a rapid return to "normal," it's likely that these stresses will continue for some time while efforts are made to address human resource shortages, wait times, access issues and backlogs in surgeries and other procedures. Perhaps of most concern is the evidence of fatigue and frustration that has increased reports of violence against health care providers and insensitive care for patients and caregivers. As noted in previous reports, the importance of listening and clear, sensitive communication cannot be underestimated.

Patient Ombudsman continues to work to advance a formal investigation into the impact of COVID-19 on the care and health care experiences of long-term care residents, as well as completing new investigations based on complex, unresolved complaints.

In March 2022, the Government of Ontario passed a regulation under the *Excellent Care for All Act, 2010* that expands the definition of home and community care services within Patient Ombudsman's jurisdiction to include Ontario Health Teams and other service providers that offer professional home care services, personal support services and related homemaking. The new regulation came into force on September 1, 2022. Patient Ombudsman has been preparing for this expansion of its mandate and communicating the changes to patients, caregivers and health sector organizations.

Looking ahead, Patient Ombudsman is also planning to complete a refresh of its strategic plan and continue progress on reducing delays in our service. Patient Ombudsman is also planning to expand outreach and engagement with Indigenous and other communities that experience discrimination and challenges accessing health care.