

## KAPUSKASING AND AREA FAMILY HEALTH TEAM PUBLIC CONCERN RESOLUTION PROCESS

### Why Raise a Concern?

Kapuskasing and Area Family Health Team is committed to listening, learning and responding to your concerns as we strive to provide the highest quality of healthcare in a welcome and supportive environment. We are here for you and we want you to be satisfied. Raising a concern may also lead to improvements for all our patients. We value your concerns. In raising them you will not be compromising future access to care. Concerns raised by you do not become part of your clinical record.

### Do you have a concern that you wish to raise?

We want it to be easy for you to raise a concern. You can talk to anyone on the Kapuskasing and Area Family Health Team. You can do it in person or give us a call. If you prefer, you can send us something in writing and if you like, use our Concern Form available: on our website (<http://www.kapfht.ca/>), in our reception area and from every member of our Team. We are happy to assist you in any way we can. Please do not hesitate to ask us for help.

### What's the process?

**Step 1:** If you have a concern, we encourage you to raise it directly with our team members at the time the concern first arises. We understand that sometimes concerns are not immediate. If a concern comes to you after the circumstances giving rise to it have passed, please let us know and we will coordinate a meeting or telephone conference at the earliest opportunity with the relevant team members. No matter what, our team members will listen to you, they will consider your position carefully and make every effort to resolve your concern.

**Step 2:** If you are not satisfied after raising your concern directly with involved Kapuskasing and Area Family Health Team members or if you do not feel comfortable dealing directly with them, another member of our team will be available to help you – just contact anyone with whom you feel comfortable dealing. At this point in the process we will use one of our Concern Forms. You can fill it out on your own or we can help. It's available: on our website (<http://www.kapfht.ca/>), in our reception area and from every member of our Team.

**Step 3:** All completed Concern Forms are forwarded to our Executive Director. You can e-mail it, drop it off or post it to the following address:

Kapuskasing and Area Family Health Team  
105 Progress Crescent, Suite #6  
Kapuskasing, Ontario, Canada  
P5N 3J4

**Attention: Melanie Lawrence, Executive Director**

**E-mail: [mlawrence@kapfht.ca](mailto:mlawrence@kapfht.ca)**

The Executive Director will either directly or through one of our neutral Team members thoroughly investigate your concern and bring to bear whatever resources are thought appropriate to provide proper resolution. If your concern involves the Executive Director then our Board President will carry out this step.

**Step 4:** You will hear from us within 10 business days of receiving your completed Concern Form. Hopefully by that time we will have had an opportunity to thoroughly investigate your concern and can provide you with a response but if not, we will give you a status report and thereafter keep you posted until the matter is resolved as best we can.

**- THANK YOU -**

## Concern Form

The KAPFHT appreciates feedback on our services. Please note that complaints about medical treatment offered/initiated/stopped by a regulated health care professional should be filed with the individual's professional college or licensing body in accordance with their complaints process.

Name: \_\_\_\_\_

Date of incident/ concern: \_\_\_\_\_

Does this involve a ☐ person ☐ process/procedure ☐ facility

If a person is involved who are they? \_\_\_\_\_

I have tried to resolve this issue directly with the staff person(s) involved. ☐ Yes ☐ No ☐ N/A

### Details:

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### Consent:

- ☐ I agree to allow the executive director of the KAPFHT to access my patient record for relevant notes or details that are related to my concern.
- ☐ I do not grant access to the executive director to review my patient record for the purpose of investigating this concern.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)