ACE
Advocacy Centre for the Elderly

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BY E-MAIL: ECFAA@ontario.ca

Ministry of Health and Long-Term Care
9, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 1R3

Dear Sir/Madam:

Re: Comments on the Recruitment of Ontario's first Patient Ombudsman

We are writing this letter as a response to the consultation on the Patient Ombudsman of Ontario conducted by the Ministry of Health and Long-Term Care. We thank you for the opportunity to provide our submissions in this regard.

About the Advocacy Centre for the Elderly

The Advocacy Centre for the Elderly (ACE) is a specialty community legal clinic, funded by Legal Aid Ontario, which was established to provide a range of legal services to low income older adults in Ontario. The legal services include individual and group client advice and representation, public legal education, community development, and law reform activities. ACE has been operating since 1984 in Toronto, and is the first and oldest legal clinic in Canada with expertise in legal issues of the older population.

On average, ACE receives over 3000 calls from older adults, families of older adults and health and social service providers annually. Over 65% of the intakes and client cases that ACE assists with are in the area of health law. Most of the telephone inquiries come from the Greater Toronto Area with approximately 20% originating from other areas of the province. From time to time, ACE also receives inquiries from outside of Ontario.

We would like to take this opportunity to summarize some of ACE's work in health law to highlight the issues that are of importance to our clients and stakeholders:

- ACE assists older adults and their family members in navigating the long-term care and home care systems in Ontario. We get calls very frequently from older adults in hospital seeking assistance in communicating with hospital administrators and the Community Care Access Centre (CCAC) staff in respect to their rights in the

hospital discharge process and applications to long-term care, and admission to rehabilitation and complex continuing care facilities;

- ACE has participated on the Ontario Medical Association President's Advisory Committee on Palliative Care and Advance Care Planning;
- ACE is currently participating on the Advisory Committee for the Law Commission of Ontario Project on Legal Capacity, Decision-Making and Guardianship and co-authored a report entitled *Health Care Consent and Advance Care Planning in Ontario*.
- ACE is a member of the Long-Term Care Quality Inspection Program Advisory Committee to the Ministry of Health and Long-Term Care (Ministry) which meets regularly to advise the Ministry on issues regarding the inspection and enforcement of the *Long-Term Care Homes Act*, 2007 (*LTCHA*) and its regulations;
- ACE co-authored the training materials for health professionals that were produced as part of two of the Alzheimer Society of Ontario Initiatives (# 2 and #7) on Physicians' Education and Advance Directives on Care Choices;
- ACE has engaged for the past three years in a number of education initiatives for health care practitioners on health care consent and advance care planning. These include initiatives in the Erie-St Clair Local Health Integration Network (LHIN), Central East LHIN, Hamilton Niagara Haldimand Brant (HNHB) LHIN, and Northwest LHIN. These initiatives have involved interactive, detailed training sessions as well as production of an online training course on health care consent and advance care planning that is also a requirement of the Long-Term Care Home Service Accountability Agreements in the HNHB LHIN;
- ACE is working with the Advance Care Planning Education Program - Waterloo Wellington at Hospice Waterloo to provide education on informed consent, advance care planning, and patients' rights in nine sessions directed to the general public, to long term care and community care providers, to hospital staff and administration, to local lawyers and investment counsellors, and to a roundtable of leadership in various health organizations and seniors' organizations in that region; and,
- ACE has consulted with the Ministry on developments that will impact older adults living in Ontario, such as the development and implementation of a Personal Support Worker (PSW) Registry.

Given ACE's experience over the years of working on patient advocacy and on health law and policy issues that impact older adults in Ontario and across Canada, we trust that our submissions concerning the Patient Ombudsman will be of assistance.

Background

As indicated in the preamble to the *Excellent Care for All Act, 2010,* the role of the Patient Ombudsman is integral to ensuring that the health care system maintains a high level of quality and remains accountable to the public in order to preserve their trust.[1]

The Patient Ombudsman is expected:

> (a) to receive and respond to complaints from patients and former patients of a health sector organization and their caregivers, and from any other prescribed persons;
>
> (b) to facilitate the resolution of complaints made by patients and former patients of a health sector organization and their caregivers, and by any other prescribed persons;
>
> (c) to undertake investigations of complaints made by patients and former patients of a health sector organization and their caregivers, and by any other prescribed persons, and to undertake investigations of health sector organizations on the patient ombudsman's own initiative;
>
> (d) to make recommendations to health sector organizations following the conclusion of investigations; and
>
> (e) to do anything else provided for in the regulations.[2]

We understand that new regulations under the *Excellent Care for All Act, 2010,* will be enacted on September 1, 2015.[3] It is unclear whether the definition of health sector organizations will be expanded in these or other new regulations. At present, the definition of health sector organization includes public hospitals, long-term care homes and CCACs.

If a patient, client, resident or another related person (complainant) wishes to make complaints that relate to their care and health experience, the following avenues are available:

- ***Public Hospitals:*** A complainant may contact and provide feedback through the hospital's internal complaints mechanism.

  However, from ACE's experience, these procedures are not seen by complainants as independent or neutral. The hospital's ombudsman or patient advocate does not tend to challenge the policies of the hospital. For example, ACE receives frequent calls about patients awaiting placement in long-term care being discharged from hospital. This is based on hospital policies which ignore the

[1] *Excellent Care for All Act, 2010,* S.O. 2010, c. 14, Preamble
[2] *Ibid.,* s.13.1(2)
[3] See "Backgrounder: Ontario's First Patient Ombudsman", *Ministry of Health and Long-Term Care* (July 7, 2015), available at: http://news.ontario.ca/mohltc/en/2015/07/ontarios-first-patient-ombudsman.html

LTCHA and the regulations to the *Health Insurance Act.* The legislation requires consent to admission to long-term care. The regulations specifically contemplate that patients designated by the physician as "Alternate Level of Care" [4] awaiting placement will have to remain in hospital until a long-term care home bed is available. In some cases, these types of patients may be threatened with significant fees, over and above the co-payment rate, which is illegal under the *Health Insurance Act*.[5] In ACE's experience, these illegal policies have not been contested by the internal hospital Advocate/Ombudsman. This may be because these posts are not filled by lawyers; the hospital Advocate/Ombudsman may not be aware of the law in Ontario; and the Advocate/Ombudsman is not independent as they are an employee of the hospital.

An internal hospital Advocate/Ombudsmen will also not dispute ingrained practices in health care. For example, ACE is aware of situations in which health providers are not obtaining consent for treatment, including powerful anti-psychotic medication or Do-Not-Resuscitate (DNR) orders, from a patient, or the patient's substitute decision-maker if the patient is not mentally capable. It is the law in Ontario that informed consent must be obtained prior to treatment. Callers have advised ACE that internal hospital Advocates/Ombudsmen have not been of assistance in these circumstances, although the law in Ontario is quite clear.

If a complainant is dissatisfied with the internal complaints mechanism, there is no alternative other than to seek damages through a civil proceeding. While this remedy may be pursued for allegations of negligence, this is usually not the goal of the complainants who contact ACE. Rather, they are seeking an improvement in their care or the care of their loved one. They want fair treatment in the health system and their rights respected. At present, there are no clear remedies for such issues other than the type of legal assistance and patient advocacy that ACE and other groups may provide.

- ***Long-Term Care Homes:*** The complaints procedure is extensively detailed in the *LTCHA* and on the Ministry website. A complainant may complain in writing to the Director of the Performance Improvement and Compliance Branch of the Ministry, or contact the Ministry by calling the toll-free Long-Term Care Action Line at 1-866-434-0144, open 7 days a week from 8:30 a.m. to 7:00 p.m. The complainant's information is taken and triaged, and in most cases, assigned to an Inspector. A complaint **must** be assigned to an Inspector to conduct an inspection or to make inquiries to ensure compliance with the legislation, if the allegations address any of the following:

    1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident;
    2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident;

[4] Please see the MHLTC's definition of Alternate Level of Care, available at: http://www.health.gov.on.ca/en/pro/programs/waittimes/edrs/alc_definition.aspx
[5] *Health Insurance Act*, RRO Reg. 552, section 10

3. Unlawful conduct that resulted in harm or a risk of harm to a resident;
4. A violation of the whistle blowing protections;
5. Misuse or misappropriation of a resident's money;
6. Misuse or misappropriation of funding provided to a licensee;
7. A failure to comply with a requirement under the legislation; or
8. Any other matter provided for in the regulations.[6]

If it is suspected that any of the first four situations has occurred and have resulted in serious harm or a risk of serious harm to any resident, or if prescribed by the regulations, an inspection must take place immediately.[7] If circumstances that do not fit into the above grounds arise, but may cause harm to the resident, the Ministry must conduct an inspection.[8] If a person is unsatisfied with the way in which the complaint was dealt with by the Ministry, a complaint can be made to the Ombudsman of Ontario.

Despite this robust investigation procedure, callers to ACE have criticized the Ministry for not actively interacting with the complainant. For example, the Ministry does not provide the complainant with a response to their complaint unless specifically requested. Further, the chief concern of the Ministry is compliance with the legislation rather than conflict resolution. While the Ministry may find that the home did not comply with the legislation, this does not mean that the complainant's issues have been resolved. In most cases of non-compliance, a "Written Notice" or "Voluntary Plan of Correction" is left with the home: neither of these ensures that the complainant's issues are resolved, and are not followed up by the Ministry to ensure compliance.

Further, ACE's experience is that certain systemic issues are not addressed by the Ministry. For example, ACE receives calls about residents being given medication where no consent has been provided by the capable resident or an incapable resident's substitute decision-maker. In some situations, family members are approached for consent where a resident is capable. The law in Ontario provides that where a resident is capable, the resident themselves must provide consent. In other cases, where a resident is incapable, they are not advised of the finding or the right to contest this finding before the Consent and Capacity Board.

In many cases, informed consent is not obtained from their substitute decision-maker. These actions are contrary to the law on health care consent in Ontario[9] as well as to the requirements of the *LTCHA.*[10] However, ACE has found that the Ministry is reticent to address this issue, stating that this is an issue that the various health professional colleges should investigate. While we agree that there is a role for the health professional colleges, this issue is also part of the long-term

[6] *Long-Term Care Homes Act*, 2007, SO 2007, c 8, s. 25(1)
[7] *Ibid.,* s. 25(2)
[8] *Ibid.,* s. 25(3)
[9] See *Health Care Consent Act, 1996,* SO 1996, c. 2, Sched. A
[10] *LTCHA* s. 3(1)11.

care legislation. While the Ministry cannot punish the individuals involved, it can cite the home for failing to comply with the legislation.

- ***CCACs:*** As with public hospitals, CCACs have their own internal complaints mechanisms. While some CCACs publish their complaints process on their websites, this is not easily accessible to all their clients. Many of the callers to ACE are not aware of, nor do they understand, the CCACs' complaints mechanism. Where they are aware, callers have raised some concerns about the independence of these mechanisms. The person receiving the complaint can be the care-coordinator, who may even be the subject of the complaint. In other cases, the CCAC may have an internal Ombudsman who, as is the case with hospitals, is often unaware of the law regarding long-term care home placement or home care issues.

  If complainants are dissatisfied with the internal complaints mechanism, they may contact the Ministry's Long-Term Care Action Line. They will then be put through to an Independent Complaints Facilitator.[11] Many callers to ACE are not aware of the Independent Complaints Facilitator. ACE is unclear about the function of Independent Complaints Facilitator, or the training or qualifications of the facilitators as there is limited information about this office.

  If dissatisfied with the internal complaints procedure or the Ministry's Independent Complaints Facilitator, the complainant may complain to the Ombudsman of Ontario. ACE's experience has been that complaints to the Ombudsman of Ontario in this regard can be quite effective. While complainants can also appeal to the Health Services Appeals and Review Board about ineligibility for a service, exclusion of a particular service from a plan of service, the amount of service to be received or termination of a service, complainants cannot appeal issues relating to quality of a service or violations of a client's rights under the *Home Care and Community Services Act* Bill of Rights.[12] Callers to ACE have not appeared to be aware of their remedies if they are unhappy with the internal complaints procedure.

The hope is that the Office of the Patient Ombudsman will improve on these existing mechanisms without taking away from what works well, and lead to greater accountability in the health care system.

Our submissions in relation to the recruitment of the Patient Ombudsman will primarily address the following:

1. The form of the consultation itself;

2. The skills and competencies of the future Patient Ombudsman; and,

3. Concerns relating to the jurisdiction of the Patient Ombudsman.

[11] "Community Care Access Centres: Long-Term Care ACTION Line", *Ministry of Health and Long-Term Care,* available at: http://www.health.gov.on.ca/en/public/contact/ccac/ltc_actionline.aspx
[12] *Home Care and Community Services Act,* 1994, S.O. 1994, c. 26, ss. 3(1), 39 and 40(1)

1. The Form of the Consultation

The participation of patients, residents, clients and other related persons in the recruitment of the Patient Ombudsman is necessary to ensure that these persons feel committed to using the Patient Ombudsman's services. However, public consultation is being conducted in a way that is limiting to public participation. It does not appear from the materials provided by the Ministry that persons can participate in the survey in any form other than online.

While an online survey may be accessible to some patients or caregivers, it is key that anyone who wishes to participate can do so offline. Many older adults are technologically savvy. However, ACE submits that a large proportion still rely on using the telephone or letter writing to provide their opinions. Furthermore, since much of the information about the Patient Ombudsman is only available online, persons who do not have Internet access cannot keep themselves informed about what could potentially be a significant change to their lives. Certainly, this is the case for many older adults living in congregate settings such as chronic care facilities, group homes, retirement homes and long-term care homes. Many of these residents do not readily have access to a telephone, let alone a computer with an Internet connection. These are populations that are most likely to require the assistance of the Patient Ombudsman and the services this institution would provide and therefore, their input is extremely valuable.

ACE recommends that the Ministry take steps to ensure that adults in congregate settings are informed of this process by attending at these settings to inform them about the recruitment of the Patient Ombudsman. ACE further recommends that the Ministry consult with these patients in their own congregate settings, and establish an accessible telephone line or teletype where persons who wish to participate in the survey can provide their opinions.

The process of consultation should be ongoing. From the Ministry's press releases, it is not evident that the public will be able to provide any comments about the Ombudsman's processes or changes to the complaints mechanisms outlined above, beyond providing opinions about the necessary qualities, skills and competencies of the future Patient Ombudsman. ACE recommends that the public be permitted to comment once the role and the processes of the Patient Ombudsman are more fleshed out.

2. The Quality, Skills and Competence of the future Patient Ombudsman

i. Independence

While we agree that empathy, integrity, compassion and courtesy are vital to this role, we submit that independence is an equally important quality for the Patient Ombudsman to display. Both the ability to be open and fair minded and the appearance of open and fair mindedness are essential to the operation of any Ombudsman's office.

This is particularly significant in the context of the Ontario Patient Ombudsman. As indicated in the background section of our submission, ACE has heard many complaints regarding the fairness of the internal complaints processes of hospitals, long-term care homes and CCACs. Many of these concerns arise from the perception that there is a built-in lack of independence within these processes. It is vitally important to ensure that the Patient Ombudsman is seen as being independent, to ensure trust in the institution.

The Office of the Ontario Patient Ombudsman has already been criticized as being "insular"[13] by Michael Hurley, president of the Ontario Council of Hospital Unions of the Canadian Union of Public Employees. Andre Marin has pointed out that unlike his role as the Ontario Ombudsman, the Patient Ombudsman will not be "an independent officer of the Legislature".[14] The Patient Ombudsman is an employee of Health Quality Ontario.[15]

The Ontario Patient Ombudsman is also a unique institution. Ontario is the only province where the Provincial Ombudsman does not have some oversight over public hospitals. The Patient Ombudsman will therefore be subject to some scrutiny. It is essential that the Patient Ombudsman be someone who is perceived to be independent and unbiased.

Moreover, one of the key functions of the Ontario Patient Ombudsman is to undertake investigations of hospitals, long-term care homes and CCACs on their own initiative. This person has to be seen to be willing to instigate those investigations in order to make important recommendations to the Ministry and to drive systemic change.

ii. Dispute Resolution Skills

The Patient Ombudsman should demonstrate a variety of dispute-resolution skills. In order to facilitate the resolution of complaints, the Patient Ombudsman must be able to listen to the parties and propose creative solutions to problems. Moreover, the candidate for the role of Patient Ombudsman should possess strong investigative and analytical skills coupled with expertise in health regulation. These skills are essential to fact-finding in relation to complaints or initiating investigations of health sector organizations.

iii. Legal training

It is ACE's position that many of the issues around the complaints processes outlined in the Background section above arise from a lack of awareness of, or compliance with, the law in Ontario. The examples provided regarding illegal hospital discharge, fee charging policies or ingrained practices in hospitals and long-term care homes in relation to consent to treatment demonstrate that it is vital for the Patient Ombudsman to have legal

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[13] "New patient ombudsman legislation an insult to Ontario hospital patients and long-term care residents, families", Canadian Union of Public Employees (April 1, 2014), available at: http://cupe.ca/new-patient-ombudsman-legislation-insult-ontario-hospital-patients-and-long-term-care-residents

[14] McGrath, John. "Patients need a 'Cadillac' ombudsman, but get a 'Chevette': Marin (QP Briefing)", *Ontario Ombudsman,* available at: <https://ombudsman.on.ca/Newsroom/Ombudsman-in-the-News/2014/Patients-need-a-%E2%80%98Cadillac%E2%80%99-ombudsman,-but-get-a-%E2%80%98C.aspx>

[15] *Excellent Care for All Act, supra,* note 1, s. 13(1)(3)

training in health law. Health care professionals lack the requisite knowledge and training, and may also be perceived as being biased towards the institutions against which complaints are being made.

The role of Patient Ombudsman is, at its core, about protecting the rights and ensuring accountability to patients. This necessitates looking at these health sector organizations through a legal lens. Moreover, legal training involves training a person to fearlessly raise issues. While the Patient Ombudsman may have lawyers on staff, it is important that the Patient Ombudsman herself/himself has this legal training. The Patient Ombudsman has the power to initiate investigations of her/his own volition, without a complaint, and should not hesitate to use this power. The Patient Ombudsman will have to also advocate for the Ministry to implement the systemic recommendations she/he has made.[16] Legal training is necessary to ensure compliance with all of these requirements.

iv. Accessibility

Accessibility is a critical part of the Patient Ombudsman's role. While this is not a necessity for the Ombudsman herself/himself *per se*, the Office of the Patient Ombudsman should be accessible. While the *Excellent Care for All Act, 2010,* provides that complaints should be made in writing,[17] other modes of communication, such as by telephone or teletype, similar to the Long-Term Care Action Line, should be made available to anyone who is unable to utilise this mode of communication. This could include persons who are institutionalized and unable to access postal services in private, persons who have a disability or persons who are illiterate or not literate in English/French.

ACE recommends that the Ministry recruit a Patient Ombudsman who is both independent and seen to be independent, is legally trained, and can demonstrate a range of dispute-resolution skills. ACE further recommends that the Office of the Patient Ombudsman be accessible and create a mechanism to receive complaints by telephone or teletype as well as in writing.

3. Concerns relating to the jurisdiction of the Patient Ombudsman

ACE has serious concerns about the jurisdiction of the Patient Ombudsman.

The Patient Ombudsman must work with the complainant to facilitate a resolution to a complaint unless, in the opinion of the Patient Ombudsman "the complaint relates to a matter that is within the jurisdiction of another person or body or is the subject of a proceeding."[18] The Patient Ombudsman must not commence an investigation on her/his own initiative if the matter is the subject of a "proceeding".[19]

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[16] *Ibid.,* s. 13.5(1)
[17] *Ibid.,* s. 13.2(1)
[18] *Excellent Care for All Act*, supra, note 1, s. 13.2(2)
[19] *Ibid.,* s. 13.3(4)

Proceedings are defined as including:

> proceeding held in, before or under the rules of a court, a tribunal, a commission, a justice of the peace, a coroner, a committee of a College within the meaning of the *Regulated Health Professions Act, 1991*, a committee of the Board of Regents continued under the Drugless Practitioners Act, a committee of the Ontario College of Social Workers and Social Service Workers under the Social Work and Social Service Work Act, 1998, an arbitrator or a mediator.[20]

It is vital that the Patient Ombudsman does not interpret her/his jurisdiction too restrictively by excluding complaints merely because the complainant is engaged in a concurrent proceeding. There are often many facets to concerns raised by complainants in relation to health care organizations. For example, complaints to the professional colleges should not automatically preclude a complaint to the Ombudsman. While there may be some overlapping facts, the subject (health care professional vs. health sector organization) and the purposes of each dispute resolution mechanism are quite different. For example, a complaint to the College of Physicians and Surgeons regarding a physician treating a patient without consent may take many months to be heard. The College proceedings also relate to regulating a physician's behaviour rather than obtaining a personal remedy. The Patient Ombudsman could potentially resolve this issue between the patient and the physician very quickly and address any systemic issues within the health sector organization.

The Supreme Court of Canada in *Penner v. Niagara (Regional Police Services Board)*[21] and the Ontario Divisional Court in *Ontario (Community Safety and Correctional Services) v. De Lottinville,*[22]indicated that where there are different legislative schemes and widely divergent purposes and/or financial stakes, pursuing one avenue should not preclude someone from proceeding in another. As the Court stated in *De Lottinville,* "if bringing a proceeding before one tribunal bars a proceeding before another, the goal of one may be undermined at the expense of the other."[23]

There should be a process of review to determine the subject and the purpose of the "proceeding", instead of simply refusing to act at the outset. The Patient Ombudsman should not decline to hear a complaint merely because there is an existing complaint in another forum. To do so may lead to a denial of access to justice.

It is also unclear at this stage where the Patient Ombudsman will fit in relation to long-term care homes and CCACs. While the Ministry is legislatively mandated to conduct inspections in respect of circumstances outlined in the Background section above, this should not preclude the Patient Ombudsman from resolving a complaint in the context of long-term care homes. After all, as noted above, the Ministry's role in this context is to ensure compliance with the legislation and regulations. The Ministry is not looking to resolve specific disputes between the residents and the long-term care homes or improve

[20] *Ibid.,* s. 13.2(5)
[21] 2013 SCC 19
[22] 2015 ONSC 3085
[23] *Ibid.* at para. 86

their relationship. Owing to these divergent purposes, the Ministry and the Ombudsman should be able to operate in tandem. In this regard, it is important that the whistleblowing protection provided in the *LTCHA* is extended to Patient Ombudsman complaints.[24]

The Ministry should also clarify whether the Long-term care ACTION Line will continue to trigger inspections under the *LTCHA* or review by the CCAC Independent Complaints Facilitator. Moreover, it is unclear whether the Independent Complaints Facilitator or the Ombudsman of Ontario will continue to have a role in respect of CCACs or whether the Patient Ombudsman will be replacing or supplementing these roles and if so, in what context.

Finally, making the use of internal dispute-resolution mechanisms a prerequisite to complaining to the Patient Ombudsman will encourage complainants to resolve issues with the organization itself and enhance the organization's experience in dispute resolution. However, in some cases, the complainant may feel that a complaint should be made directly to the Patient Ombudsman. Accommodations should be made for such special circumstances, especially where complainants feel that making reports to the internal grievance mechanisms will place them at risk of harm.

Recommendations:

The creation of the Patient Ombudsman has the potential to make a tremendous impact on the lives of older adults. As such, ACE makes the following recommendations:

- The Ministry should undertake to inform adults in congregate settings such as chronic care facilities, group homes, retirement homes and long-term care homes by attending at these settings to inform older adults about the recruitment of the Patient Ombudsman;
- The Ministry should seek to consult with these persons in their own congregate settings and establish a telephone line where persons who wish to participate in the survey can provide their opinions;
- The Ministry should conduct ongoing consultations on the role and processes of the Patient Ombudsman;
- The Ministry should recruit a Patient Ombudsman who is independent, is seen to be independent, can demonstrate a range of dispute-resolution skills and is legally trained;
- The Office of the Patient Ombudsman must promote accessibility by receiving complaints through other modes of communication such as telephone or teletype as well as in writing;
- The Patient Ombudsman should not decline to exercise jurisdiction where the purposes of the legal remedies pursued are divergent or the parties are not the same without a review of the other remedies;

[24] *Long-Term Care Homes Act, supra* note 6, s. 26(1)

- Making a complaint to the Ministry of Health and Long-Term Care in accordance with the *LTCHA* should not preclude a complaint to the Patient Ombudsman;
- The whistleblowing protection under the *LTCHA* should be extended to Patient Ombudsman complaints;
- There must be greater clarity about how the Patient Ombudsman will fit into the current grievance mechanisms; and,
- In certain circumstances, the complainant should be able to make complaints directly to the Patient Ombudsman rather than first having to use the health sector organization's internal complaints process.

We thank you for the opportunity to respond to the consultation and are available to discuss this letter if requested.

Yours very truly,

Advocacy Centre for the Elderly

Per:

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