POLICY TITLE
QUALITY IMPROVEMENT AND PATIENT SAFETY
COMPLAINTS MANAGEMENT POLICY

AUTHORIZATION
Vice President, Quality and Patient Safety

DATE APPROVED
March 2005

DATE REVISED

PREAMBLE
Based on our value of client-focused care, Fraser Health welcomes and values all types and sources of feedback about care and services including compliments, complaints and ideas for improvement. Feedback is viewed as an important source of evaluation in measuring how well we are achieving our mission to provide quality care and service to the clients (patients, residents, family members) of Fraser Health and to continually improve. While compliments are valued as an indicator of what Fraser Health does well from the client’s perspective, complaints are an indicator of the client’s perception of opportunities to improve. Effective complaints management is essential to demonstrating to those we serve that we value their feedback and our relationship with them.

POLICY
It is the policy of Fraser Health that there be:

- an effective complaints management process at all levels and across the organization to respond to, document and monitor complaints follow-up for effective resolution as close to point of service as possible.
- a complaints management process which is known and easily accessible to patients, residents and the public at large.
- comprehensive monitoring, analysis and reporting of complaints management activities and resulting improvements at all levels of the organization.

RELATED DOCUMENTS

- Complaints Management Process
- Complaints Management Flowchart
- Complaints Management Documentation Tools
QUALITY IMPROVEMENT AND PATIENT SAFETY

COMPLAINTS MANAGEMENT PROCESS

PRINCIPLES AND STANDARDS

- Complaints are considered confidential and are managed according to Fraser Health confidentiality policies and applicable legislation.
- **Complaints received through any avenue by Fraser Health will be:**
  - Acknowledged (within 3 business days of receipt);
  - Assessed for severity and impact to both the complainant and the organization;
  - Addressed in a timely manner by the most appropriate representatives of Fraser Health, *as close to point-of service* as possible.
- All complaints not resolved at time of complaint are documented and forwarded to the appropriate lead person within 24 hours of receipt to begin a review process.
- Resolution of complaints not requiring a formal investigation will be sought within a 30 day timeframe.
- Resolution of complaints requiring formal investigation will be sought within a 60 day timeframe.
- Complainants are kept apprised of progress towards resolution at regular intervals throughout the follow-up process.
- In the event that a complaint cannot be resolved to the satisfaction of the complainant through internal mechanisms, the complainant is provided with alternate avenues to appeal their complaint.

SCOPE

- The complaints management policy and processes are focused on clients, patients, residents, family members and the communities served by Fraser Health (see Feedback Complaint Management- Investigation Form Guidelines).
- This process does not address staff and or inter-professional complaints.
- Complaints which include claims for compensation constitute a moderate or high-severity complaint and as such as referred to the Consultant, Insurance and Corporate Claims through the local Quality Improvement and Patient Safety Consultant.
DEFINITION

Complaint

"Is an expression of dissatisfaction when an expectation is not met. Although it may appear trivial from a health organization’s perspective, it is a very real problem to the complainant and should be taken seriously. Complaining is a patient/resident/client/customer’s right and the health care organization has the responsibility to inform its customers how to complain”.

Health Association of B.C.

ACCESS TO AVENUES FOR EXPRESSING COMPLAINTS

- People served by Fraser Health are invited to express their complaints either verbally and or in writing.
- Complainants are encouraged to seek resolution of their concerns at the time and place they occur. Should they fail to find satisfaction at that level, they are then encouraged to express their concerns to the next level of responsibility.
- People served by Fraser Health are made aware of the Fraser Health Complaint management process in the following ways:
  - Verbal information from staff, physicians, volunteers and students
  - Signage in care delivery areas across Fraser Health
  - Toll Free Number (‘hotline’) where the public can communicate to Fraser Health any concern or complaint.
  - Fraser Health Website
  - Patient education materials
  - Satisfaction surveys
  - Focus groups
  - Brochures or other written or audio-visual materials in languages representative of the population served
  - Government Ministries [MLA’s offices, Coroner’s Office, Ombudsman Office, etc.]. These offices may contact various levels / areas within Fraser Health directly.
COMPLAINTS MANAGEMENT PROCESS  (See Flow Chart)

Initial Receipt of Complaint - Recipient of Complaint

- Upon receipt of a complaint, the complaint is acknowledged and the complainant is thanked for their feedback (immediately if in person or by telephone or within 3 business days in writing or through other channels).
- If the complaint can be resolved immediately at the point-of-service, no further steps are required other than follow-up as appropriate on an opportunity for improvement identified through the complaint.

**NOTE:** Whenever possible the complaint is to be resolved as close to the point of service as possible.

Unresolved Complaint Follow-Up

Initial Recipient of Complaint

- In the event that a complaint cannot be resolved at point-of-service the complaint handler is responsible for:
  - Documenting the issues from the complainant’s perspective and the complainant’s expected outcome.
  - Using the online tool and/or the appropriate forms for documentation.

**Assuring the Complainant that:**

- The complaint will be forwarded to the most appropriate lead person based on the nature of the complaint for follow up.
- Identifying that complainant will be contacted again as the investigation is carried out.

Designated Lead Person Responding to Complaint

The Lead Person is responsible for:

- Addressing, investigating and responding to a received complaint.
- Acknowledging receipt of the complaint within 3 business days.
- Re-affirming the perceived issues and expected outcome with the complainant.
- Assessing the severity of the complaint.
- Involving the Manager of a program or service, Health Services Director, Medical Director, Executive Director or Senior Executive depending on the severity and type of complaint.
- Coordinating the investigation at the point of occurrence.
- Making contact with the complainant on a regular basis as appropriate during the process.
- Keeping the Medical Director(s) and Health Service Director(s) in their respective areas of responsibility appraised of the complaint follow up if not directly involved as appropriate.
- Thanking the complainant again for bringing their concerns forward when follow-up with the complainant is complete.
- Development of the response to complainant involving stakeholders as appropriate.

**Assess the Complaint Severity**

Assess the severity rating according to the attached rating scale. Assessment of the complaint is an ongoing process throughout the stages of resolution.

- At any time during the process of a complaint if the severity rating is assessed as a level 2 (moderate) or level 3 (high), based on severity ratings scale, the following will need to be contacted:
  - The Quality Improvement Consultant who will inform the Health Care Protection Program of any potential liability issues or claims as appropriate as well as the Consultant, Insurance and Corporate Claims.
  - Health Services Manager, Director, Executive Director and/or Medical Director or Senior Executive as required.
  - After hours or on the weekend, the Administrator on Call is notified in order that appropriate follow-up can be commenced as required.
  - Communications immediately upon recognition of and/or potential to result in media involvement.
  - Senior Advisor, Government and Community Relations if any complaint is received on behalf of a client from an MLA, other government official, the Ombudsman and/or if the complainant has contacted a government official or Ombudsman in addition to Fraser Health.

**Complaint Substantiation**  (Evaluation)

- An evaluation of the complaint, based on the outcomes of the evidence-based examination of facts and the verification of complainant perception, will be documented for each complaint category as Substantiated, Unsubstantiated or Unable to Substantiate.
**Final Response to Complainant**

- The lead follow-up person, in discussion with all appropriate stakeholders, decides on the best approach in developing a response to the complaint. The response may be provided in person, by telephone or letter depending upon the situation.
- Follow up and resolution of a complaint that is not of high severity is to be completed within 30 days including final communication with complainant.
- Follow up and resolution of a complaint needing an inter-disciplinary quality review is to be completed within 60 days including final communication with complainant.

**FOLLOW-UP FOR IMPROVEMENT**

- The appropriate staff/program/service reviews the outcome and ensures that recommendations are implemented and subsequently monitored to evaluate quality improvement.
- The Local Quality Review Committee reviews potential for and follow-up of improvement opportunities at the local health service delivery level.
- Local recommendations and improvement activities with system-level improvement potential are reported through the Local Quality Review Committee to the Fraser Health Quality Council for appropriate follow-up.

**DOCUMENTATION**

- Documentation regarding complaints is kept in a designated secure location within the Health Service Area and is handled in accordance with Fraser Health confidentiality policies.
- No feedback documentation is kept on the health record of the clients/patients/residents.
- Confidential information will only be shared as appropriate and limited in content via e-mails, consistent with Fraser Health policies regarding emails and sharing of information.
- Complaint forms are completed and forwarded to the assigned Administrative Assistant to be entered into the client feedback database. Electronic documentation will be done where access is available and appropriate.
- Electronic databases will be used to track progress towards resolution and enable analysis and reporting, ensuring protected access to confidential complaints management documentation.
- Reports are produced quarterly and as required.
• Trend reports are forwarded to the Local Quality Review Committee to ensure effective complaints management and follow-up on improvement opportunities, and for reporting to Fraser Health Quality Council as applicable.

COMPLAINTS UNABLE TO BE RESOLVED BY FRASER HEALTH

• Unresolved complaints are reviewed after 60 days by the local leadership team to ensure all internal avenues of resolution have been undertaken and to determine appropriate course of action.
• In cases whereby a complaint cannot be resolved to the individual’s satisfaction, other avenues may be suggested to the complainant such as the Ombudsman, Ministry of Health or the applicable Professional Association.

LOCAL RESOURCE TEAM KEY ROLES and RESPONSIBILITIES

Program/Site Administrative Assistant
• Acknowledges receipt of complaint to the local Health Service Administration within 3 business days as appropriate and in coordination with Lead Person.
• Forwards complaint to appropriate lead person if known. If necessary, obtains clarification of lead person from the Team Leaders, Managers, Health Services Director, Executive Director and/or Advisor, Client Relations.
• Assigned Administrative Assistant manages local database for tracking progress and outcomes of complaints received within the Health Service Community.
• Flags complaints outstanding at 60 days for review by local leadership team.
• Provides reports as needed for submission to Local Quality Review Committee for quality improvement purposes.

Executive Director/Medical Director
• Ensures the complaint policy is known by all staff, physicians, volunteers and other service providers and that the process is applied to management of complaints according to Fraser Health policy.
• Ensures all care and service providers are provided with appropriate education and access to the process and tools to fulfill their role in complaints management.
• Ensures documentation and monitoring of all complaints received according to standard categories to enable effective follow-up, analysis and reporting.

Staff, Physicians, Volunteers and Students
• Responds to concerns expressed by complainant by listening and helping the complainant articulate how they might be resolved.
• Responds to complaints in a positive, objective, confidential and respectful manner. Seeking to be proactive in resolving issues whenever possible, at the source.
• If the complaint cannot be resolved at point-of-service, advise the complainant of how to bring their concerns to the next level of responsibility and, with the complainant’s consent, forward the complaint for follow-up within 24 hours by that individual.
• Participate in complaint investigations as requested.
• Participate in resulting improvement activities as appropriate.

**Advisor, Client Relations**
(Available in some Fraser Health communities. Alternate Resource – Contact the Quality Improvement and Patient Safety Consultant)

• Supports the most responsible manager in assessment of complaint severity and follow-up of high-severity, complex and/or inter-disciplinary complaints with the aim of facilitating a positive outcome to the complaint.
• May provide direct response to complex/sensitive complaints that may involve more than one care delivery area as determined by and in consultation with the Health Service Leadership Team.
• Ensures process undertaken for quality review as required (facilitated by Quality Improvement and Patient Safety Consultant) and that potential or actual liability claims are reported to insurer (HCPP) and referred to the Consultant, Insurance and Corporate Claims for follow-up.

**Senior Managing Consultant, Client Relations**

**Local Level Complaints Management**

• Supports the follow-up of complex and/or inter-disciplinary complaints by local Leadership Teams in communities where an Advisor, Client Relations or alternate is not available.
• Supports review of unresolved complaints outstanding at 60 days with local leadership team to determine appropriate course of action.

**Fraser Health System-Level Complaints Management**

• In consultation with the Director, Quality Improvement and Patient Safety and Senior Fraser Health staff may provide direct response to complex/sensitive complaints that may involve more than one Health Service Community.
• Ensures systems, processes and tools are in place at all levels and across the organization for effective complaints management, monitoring and reporting and access by Fraser Health clients, families and public.
• Provides leadership in monitoring the effectiveness of all aspects of the complaints management system for Fraser Health.
FRASER HEALTH RESOURCE TEAM KEY ROLES AND RESPONSIBILITIES

Executive Team
- Ensures a complaints management policy and process are in place and readily available to all services and staff under its mandate.
- Ensures the process is implemented and systems are in place at all levels and across the organization to respond to, document and monitor complaints follow-up for effective resolution.
- Ensures that the complaints management process is known and easily accessible to patients, residents and the public at large.
- Ensures systems are in place for comprehensive monitoring, analysis and reporting of complaints management activities and resulting improvements at all levels of the organization.

Director, Quality Improvement and Patient Safety
- Upon receipt of complaint through the Executive Offices or other organization-level avenue, supports the Managing Consultant, Client Relations and others to ensure timely, comprehensive follow-up.
- Provides support for resolution of complaints, analysis and reporting, and resulting improvement activities through the Quality Improvement and Risk Management team.

Chief Executive Officer (CEO)/Senior Executive
- Upon receipt of a complaint by the Office of the CEO or other member of the Senior Executive, an acknowledgement of the concern is provided directly to the complainant within 3 business days to communicate how complaint is being addressed.
- The complaint is forwarded to the most appropriate area(s) to be addressed and begin complaint follow up.
- The complaint will be sent for the purpose of information and/or follow up as appropriate to the Director, Quality Improvement and Patient Safety and/or Vice-President, Quality and Patient Safety

Senior Advisor, Government and Community Relations (Communications)
- Serves as a liaison between Fraser Health and elected officials and other opinion leaders in the community by facilitating appropriate two-way information exchange and appropriate response to complaints received from these sources and/or when the complainant has communicated to these sources as well as Fraser Health.
- Acknowledges receipt of complaint brought through these channels directly within 3 business days and forwards the complaint to the operational leadership of the appropriate area(s) and copies to the Director, Quality Improvement and Patient Safety for follow-up as appropriate.

**Feedback Web Contact** (Communications)
- Reviews all web communication.
- Provides initial response to the complainant and forwards the e-mail complaint and initial response to the appropriate contact at each site for further follow up and resolution.

**REFERENCES**
- Vancouver Island Health Authority - Client Relations Office; August 2003
- Vancouver Coastal Health Authority - Complaint Management Policy; May 2003
- Complaint Management Guidelines for BC Health Authorities; HABC; 1998
- Cochrane Report; December 2004
Feed Back – Complaint Management
Investigation Form Guidelines

The Complaint Management Investigation Form is a tool to assist you in collecting and documenting the correct information to complete an investigation of a complaint and also to provide the information needed to allow for trending and the identification of opportunities for improvement.

1. **Contact/ Subject Info**
   - The Contact/ Subject Info page is for use by the person taking the complaint information from the complainant.
   - This initial information will be entered into the CLIFF database. (*Please follow the Complaint Management Process at your site to ensure this info is entered into CLIFF)*
   - An electronic version of the information is generated from CLIFF and sent to the Lead Investigator of the Complaint. This information has been reviewed and meets the FOI guidelines.

2. **Action/ Final Outcome**
   - The Action/Outcome page is sent to the lead(s) via an email, as an attachment. Information on this form is to be completed by the lead(s) and returned to the designated person accompanied by any additional documentation. (*Please follow the Complaint Management Process at your site to ensure this info is sent to the appropriate person. i.e. Client Relations Advisor, Administration Assistant)*
   
   **Please ensure that all sections/questions have been completed**
   - Was the Patient satisfied with the actions taken and final outcome?
   - Severity rating - Did it change during the course of the investigation once more information was obtained?
   - Was the complaint substantiated? (*Identify for all categories within the complaint*)
     - Substantiated - The facts identified in the complaint were verified
     - Unsubstantiated - The facts were not verified. The correct procedure/process was followed according to standards/policy
     - Unable to Substantiate – unable to verify conflicting, often subjective information (usually an issue regarding communication)
   - If other Categories of a complaint are identified please indicate this in the documentation for the investigation.
   - What recommendations (improvement opportunities) have been identified as a result of the investigation of this complaint?

3. **The Severity Rating and Feedback Categories**
   - The Severity Rating and Feedback Categories information is a laminated document that is to be kept by each manager and/or designate for reference when assessing/reassessing the complaint. (*Contact your administration office for a copy*)
## Feedback - Complaint Management Investigation

### Contact/Subject Information

<table>
<thead>
<tr>
<th>Client Information</th>
<th>Date</th>
<th>Cliff Log ID.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr ☐ Mrs ☐ Ms ☐ First Name</td>
<td>YY/MM/DD</td>
<td>Type: (In Person/Letter/Etc.):</td>
</tr>
<tr>
<td>Last Name</td>
<td>YY/MM/DD</td>
<td>Action Required; (Follow-up/Investigation/Info):</td>
</tr>
<tr>
<td>Address</td>
<td>YY/MM/DD</td>
<td>Office:</td>
</tr>
<tr>
<td>City</td>
<td>YY/MM/DD</td>
<td>Signed by:</td>
</tr>
<tr>
<td>Province</td>
<td>YY/MM/DD</td>
<td>Entered by:</td>
</tr>
<tr>
<td>Postal Code</td>
<td>YY/MM/DD</td>
<td>File #: (chart)</td>
</tr>
<tr>
<td>PHN</td>
<td>YY/MM/DD</td>
<td></td>
</tr>
<tr>
<td>D.O.B YY/MM/DD</td>
<td>YY/MM/DD</td>
<td></td>
</tr>
</tbody>
</table>

### Severity

1 ☐ 2 ☐ 3 ☐

### Also Referred to: Manager/Director

<table>
<thead>
<tr>
<th>Date Referred: YY/MM/DD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Referred: YY/MM/DD</td>
</tr>
</tbody>
</table>

### Description of the complaint: Clarify Who, What, Why, When, Where, and How

Document Attached: ☐

### What is the expected Outcome

<table>
<thead>
<tr>
<th>Does the client expect to be contacted regarding follow up action? Yes ☐ No ☐</th>
<th>Document Attached: ☐</th>
</tr>
</thead>
</table>
Feedback - Complaint Management Investigation
Action/Final Outcome

Log ID#

NOTE: Please do not email this information. Fax or use site mail to forward this information.


<table>
<thead>
<tr>
<th>Final Outcome of Complaint:</th>
<th>Date Closed:</th>
</tr>
</thead>
</table>

Satisfaction with follow up?
Yes [square] No [square] Uncertain [square]

Final Severity Rating assessment?
1 [square] 2 [square] 3 [square]

Was the complaint Substantiated? (were facts and perception of the person verified?)
Yes [square] No [square] Unable [square]

Describe Recommendations: (identify ways to improve or modify the system to prevent or reduce a similar occurrence) Please attach any letter(s) you plan to send to the person providing feedback:

Signature:__________________________ Title:__________________________ Date:__________________________
# Feedback - Complaint Management Investigation

## SEVERITY RATING GUIDE

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Listening and follow up as appropriate. Appropriate areas may require involvement to review, investigate, and provide follow up recommendations.</td>
</tr>
<tr>
<td>2</td>
<td>Investigation is required related to impact on client’s health/safety, and/or altered hospital stay, and/or requiring additional treatment or other health care services, and or financial reimbursement. Communications department may be involved with media.</td>
</tr>
<tr>
<td>3</td>
<td>Request for reimbursement with claim of injury, and or financial reimbursement ($1000-$5000) and/or threat of legal action regardless of circumstances, and/or required additional emergency intervention for client’s health/safety, and/or formal legal investigation and/or Communications department is involved with media.</td>
</tr>
</tbody>
</table>

## FEEDBACK CATEGORIES

<table>
<thead>
<tr>
<th>Category</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>QI-Compliment</td>
<td>QI-E16 Smoking</td>
</tr>
<tr>
<td>QI-Miscellaneous</td>
<td>QI-E17 Spills/Emissions</td>
</tr>
<tr>
<td>QI-Rights, infringement of</td>
<td>QI-E18 Temperature</td>
</tr>
<tr>
<td>A Access to Care</td>
<td>QI-E19 Water</td>
</tr>
<tr>
<td>QI-A01 Access to Information</td>
<td>F Finance</td>
</tr>
<tr>
<td>QI-A02 Admission Denied</td>
<td>QI-F01 Ambulance Charges</td>
</tr>
<tr>
<td>QI-A03 Different Levels of Care Placement</td>
<td>QI-F02 Billing</td>
</tr>
<tr>
<td>QI-A04 Surgery Cancel</td>
<td>QI-F03 Lack of Resources</td>
</tr>
<tr>
<td>QI-A05 Treatment Denied</td>
<td>QI-F04 Missing Articles</td>
</tr>
<tr>
<td>QI-A06 Wait List</td>
<td>QI-F05 Ministry Funding/ Hospital billing</td>
</tr>
<tr>
<td>QI-A07 Wait time</td>
<td>QI-F06 User Fees</td>
</tr>
<tr>
<td>B Barriers to Care</td>
<td>QI-F07 Supplies (availability, etc</td>
</tr>
<tr>
<td>QI-B01 Age/Gender</td>
<td>O Other Services</td>
</tr>
<tr>
<td>QI-B02 Culture</td>
<td>QI-O01 Access To Amenities e.g. phones</td>
</tr>
<tr>
<td>QI-B03 Language</td>
<td>QI-O02 Activities</td>
</tr>
<tr>
<td>QI-B04 Sexual Orientation</td>
<td>QI-O03 Housekeeping</td>
</tr>
<tr>
<td>QI-B05 Special Conditions eg Mental Health</td>
<td>QI-O04 Food Service</td>
</tr>
<tr>
<td>QI-B06 Street Drugs /Alcohol</td>
<td>QI-O05 Security issues</td>
</tr>
<tr>
<td>C Communication</td>
<td>P Policies</td>
</tr>
<tr>
<td>QI-C01 Inappropriate Info provided</td>
<td>QI-P01 Policies-Administrative</td>
</tr>
<tr>
<td>QI-C02 Lack of Communication</td>
<td>QI-P02 Policies-Other</td>
</tr>
<tr>
<td>QI-C03 Confidentiality (breach of)</td>
<td>QI-P03 Administrative Fairness</td>
</tr>
<tr>
<td>QI-C04 Consent Issues</td>
<td>Q Quality of Care</td>
</tr>
<tr>
<td>QI-C05 Document Issues</td>
<td>QI-Q01Deficiencies in Care</td>
</tr>
<tr>
<td>QI-C06 Coordination of care and services</td>
<td>QI-Q02 Education/Training</td>
</tr>
<tr>
<td>D Discharge</td>
<td>QI-Q03 Emotional Support</td>
</tr>
<tr>
<td>QI-D01 Disagree with Plan</td>
<td>QI-Q04 Inadequate Assessment</td>
</tr>
<tr>
<td>QI-D02 Lack Continuity</td>
<td>QI-Q05 Inappropriate Use of Restraint-Chemical/Physical</td>
</tr>
<tr>
<td>QI-D03 No Follow Through Plan</td>
<td>QI-Q06 Lack of Continuity</td>
</tr>
<tr>
<td>QI-D04 No Plan</td>
<td>QI-Q07 Medication Related</td>
</tr>
<tr>
<td>QI-D05 Teaching/Education</td>
<td>QI-Q08 Misdiagnosis</td>
</tr>
<tr>
<td>E Environment</td>
<td>QI-Q09 Pain Management</td>
</tr>
<tr>
<td>QI- E01 Communicable Disease Investigation</td>
<td>QI-Q10 Patient Safety</td>
</tr>
<tr>
<td>QI- E02 Garbage</td>
<td>QI-Q11 Proper Test Not Done</td>
</tr>
<tr>
<td>QI- E03 Housing/Community</td>
<td>QI-Q12 Service Unavailable</td>
</tr>
<tr>
<td>QI- E04 In/Outdoor Air</td>
<td>QI-Q13 Untimely Service/Care</td>
</tr>
<tr>
<td>QI- E05 Noise</td>
<td>S Safety</td>
</tr>
<tr>
<td>QI-E06 Sanitation</td>
<td>QI- S01 Safety Property loss/ Theft</td>
</tr>
<tr>
<td>QI-E07 Other Risk Assessment</td>
<td>QI – S02 Safety-Personal Injury/ Accident</td>
</tr>
<tr>
<td>QI-E08 Parking</td>
<td>S Staff</td>
</tr>
<tr>
<td>QI-E09 Pesticides/Chemicals</td>
<td>QI-S01 Staff-Abusive Behavior-Verbal/Physical/Emotional</td>
</tr>
<tr>
<td>QI-E10 Pests</td>
<td>QI- S02 Staff-Lack of Caring</td>
</tr>
<tr>
<td>QI-E11 Physical Access</td>
<td>QI-S03 Staff-Conduct</td>
</tr>
<tr>
<td>QI-E12 Public Safety</td>
<td>V Visitors</td>
</tr>
<tr>
<td>QI-E13 Recreation Water</td>
<td>QI-V01 Visitors, Number of</td>
</tr>
<tr>
<td>QI-E14 Rodents</td>
<td>QI-V02 Visitors, Disrupt Care</td>
</tr>
<tr>
<td>QI-E15 Sewage</td>
<td>QI- V03 Visitors, Other</td>
</tr>
</tbody>
</table>