

File Number: FOI18209

**Original Request:** copies of all of the initial complaint letters received by the Patient Care Quality Office regarding the North Island Hospital Comox Valley Campus, between October 2, 2017 and April 18, 2018.

**Clarified Request:** *ISAP will create a record that will list each complaint individually in a table so that you can see the nature of the complaint and how many complaints have been received.* 

## Each row is a separate complainant

<b>Date of Complaint</b>	Nature of Complaint	De-identified Details of Complaint
2017-OCT	Signage	The signage in Emergency Room (ER) at Comox Valley Hospital (CVH) should be increased/improved so the public will know where they are allowed to be.
2017-OCT	Patient Care	Patient was discharged to drive home without food after many hours of fasting from North Island Hospital (NIH) Comox Valley.
2017-OCT	Patient Care	Services and patient care are lacking because the wait times are too long in the ER at CVH; patient needs are not attended to; and staff are not processing patients quickly enough.
2017-NOV	Signage; Patient Care	CVH Medical Imaging Department complaint patient did not know the processes or what to expect when receiving Magnetic Resonance Imaging (MRI); no signage for change rooms; technician dismissing patient input.
2017-NOV	Technology	Care from staff outstanding, but wireless internet connection frustrating.
2017-NOV	Patient Care	ER staff not triaging patients appropriately; disrespectful to patients and their accompanying caregivers. Initial physician good. Wait-time for service almost an hour without staff checking. General wait-time related complaints. Demeanour of subsequent physician was inappropriate/curt. Unprofessional behaviour from staff. General concerns regarding staff being 'callous' – request to enhance care.



<b>Date of Complaint</b>	Nature of Complaint	De-identified Details of Complaint
2017-DEC	Patient Care	Wait time of one and one half hours. Physician unpleasant questioning of the use of an ambulance. Physician was more interested in use of services than pain.
2017-DEC	Patient Care	Staff care excellent but wait time was less than ideal/ understaffed. Four hour wait time and then another two and a half hour wait time for injury. Overheard staff saying they can't take breaks and staff looks overworked.
2017-DEC	Patient Care	Admitting Staff efficient and caring. Initial doctor professional and kind. Another doctor disinterested and discourteous. Unprofessionalism by physician.
2017-DEC	Patient Care; Signage	No concerns regarding care in ER. No food was offered after surgery for thirteen to fourteen hours. No staff present in hospital in evening and no staff to support directions to recovery room. No one at information desk in evening to direct people to where to find patients. No signs to direct visitors. Security risk associated with no one available to direct visitors because no one would know I am in the hospital. Not welcoming to visitors.
2018-JAN	Patient Care	Waiting in ER for more than two days for a bed is unusual. Contact with staff positive and care positive.
2018-JAN	Facilities	Patient belongings placed on floor because there were insufficient hanging hooks available.
2018-JAN	Patient Care	Quality of patient care / assessment that patient was capable of being discharged.  Dissatisfied with whole experience. Premature release from hospital.
2017-NOV	Patient Care	Follow up visits to CVGH - nurses did not take health care concerns seriously enough and was denied access to qualified physician; personnel attitudes / quality of care received on previous visit; internal processes not followed resulting in delay in care; physician did not do specific procedure and health concerns were dismissed.



<b>Date of Complaint</b>	Nature of Complaint	De-identified Details of Complaint
2018-JAN	Facilities	Beautiful hospital and staff are amazing but entrance of hospital is offensive. People ignoring the no smoking signs and cigarette butts all over the place. No smoking is not being adequately enforced. Hospital stairs were not cleaned in four days / inadequate cleaning.
2018-JAN	Patient Care	A nurse had artificial finger nails that look very unsuitable and don't comply with infection control rules; nurse did not adequately wash hands or use alcohol sanitizer when providing care.
2018-JAN 2018-FEB 2018-MAR 2018-MAR	Facilities	<ul> <li>Staff are parking in general parking area taking parking spots from visitors to hospital. More needs to be done to convince employees to park in the right spots. In other areas, keep up the good work.</li> <li>Staff and physicians are still parking in allotted spaces at top of parkade at CVH. Users of hospital frustrated there is inadequate parking while restricted parking</li> </ul>
		<ul> <li>areas at the top of the parkade are mostly empty but not available to general public. Staff causing inconvenience for general public.</li> <li>Inadequate parking instructions and guidance.</li> </ul>
		<ul> <li>Witnessed vehicles leaving from first level of VCH parkade turning right towards exit without stopping to see if anyone was coming from the upper levels from the left. Caution or stop sign at intersection needed.</li> </ul>



<b>Date of Complaint</b>	Nature of Complaint	De-identified Details of Complaint
2018-JAN	Patient Care	Physicians trying to send patient home prematurely. Nurses are handling too many patients at a time without adequate support. Witnessed nurse having to clean a commode and wiping down a bed after patient discharged. Misallocation of nursing time to other activities. Family had to provide care because nurse was cleaning a bed and unavailable for care. Inadequate numbers of workers in the hospital even though there are adequate beds. Heard and witnessed patient waiting for three days or more to get cups, lids, straws etc. for patients to safely drink from. Inadequate quality control. Tax dollars spent on fancy areas, furniture, and big screen televisions but only witnessed one security guard using it in several weeks. Money is misallocated and should be used to hire more caregivers and open up the wards that are fully equipped but understaffed. Disagrees with banning Christmas décor due to germs and notes there are more germs from visitors. Volunteers are not allowed on the 4 <sup>th</sup> floor transition ward. Public and hospital staff are not listened to. Discontinue the practice of spending funds on items that do not help people.
2018-JAN	Patient Care	Query regarding average length of wait for procedure.
2018-JAN	Signage	Inadequate signage to navigate through the new hospital. Staff helpful but improved signage needed.
2018-JAN	Patient Care	Patient was admitted into ER overflow and put in a wheelchair in the hallway because staff needed the room patient was in. Patient not helped with daily cleanliness and meals not provided. Physician has not communicated with family. Hospital not addressing urgent medical needs of vulnerable adults.
2018-JAN	Patient Care	Patient label on prescription note was for someone else.
2018-JAN	Patient Care	Physician did not diagnose problem at hospital after a four hour encounter and then two days later patient obtained a diagnosis from a Medical Center.
2018-FEB	Patient Care	Physician care plan for acutely ill patient was to have family members care for patient in as there was a nursing shortage. Critical staffing shortages.



<b>Date of Complaint</b>	Nature of Complaint	De-identified Details of Complaint
2018-FEB	Patient Care	Inadequate number of residential care beds. Placing elderly patients with dementia into a single hospital room amounts to isolation. Planning in Courtenay is inadequate and in crisis. No plan to build new beds for people who need extended care and so the situation will not be remedied for years.
2018-FEB	Signage	Signage was inadequate and confusing.
2018-FEB	Patient Care	Excellent care received initially at CVH, but subsequent care at CVH was in overflow unit with no access to shower for days. Nursing care inconsistent and no one appeared to be in charge. Medication missed. Critical test was cancelled that had been ordered by a surgeon. Inadequate knowledge by nursing staff of care situation. Quality of care at CVH was dreadful, staff didn't know of the previous procedures completed on patient, waiting hours to see physician, sleeping on stretcher for days while recovering from surgery, not being able to shower for days, having to use a commode. Physician stated that hospital is out of control.
2018-FEB	Patient Care	Registration process uses a number of green and yellow numbers to allow new patients to register in order of arrival, but that the numbers are used and reused by patients and are not sterilized between handling. Disposable paper number system would achieve same effect without chance of infection transfer.
Undated  Date of experience  Nov/Dec 2017	Patient Care	Patient not adequately cared for by staff; not given basic care such as being washed, food, comfort and medications when patient was not able to request these items themselves. Inadequate care resulted in waiting, mix ups, discomfort causing depression. Shortage of staff. Many rooms empty that are not funded and the rooms are needed now, not down the road. ER is a bottleneck. Wait times in ER to long / inappropriate triage. Had to ask for medications instead of patient being monitored and given medications when patient was in pain. Inadequate quality of care received in regards to restraints.



<b>Date of Complaint</b>	Nature of Complaint	De-identified Details of Complaint
2018-MAR	Patient Care	On-call physician not contacted soon enough and patient's health issue continued to deteriorate as a result - was told that ER staff did not like to wake physician. Physician did eventually attend between 0600-0700 hours, but patient needlessly suffered for several hours. On-call should mean available overnight.
2018-MAR	Patient Care	Personal item lost and found later in bedding in hallway awaiting dispatch to laundry. Request for reimbursement as a replacement had to be ordered.
2018-MAR	Patient Care	Death with dignity and access to palliative program or an appropriate bed. Being in a hospital bed is not appropriate care. System is overcrowded.
2018-APR	Patient Care	Understaffing in the ER and no access to an appropriate bed.
2018-APR	Patient Care	Access to physician – waiting hours to see the ER physician.
2018-APR	Patient Care	Access to affordable post-operative physiotherapy services.