

Service Recipient Complaints

Policy Name:	Client Complaints
Policy Number:	
Originating:	
Approval Authority:	Board of Directors
Date of Approval of Original Policy:	September 20, 2011
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Mandatory Revision Date:	May 2020
Contact:	Chief Executive Officer

Purpose:

The policy sets out the position of Hope Place Centres (HPC) with respect to providing service recipients with a mechanism to bring forward their concerns and/or have issues resolved.

By developing this policy HPC is:

- Committed to a process of resolving issues through discussion up to and including filing a formal complaint.
- Ensuring service recipients that their concern will be dealt with in a timely, fair and respectful manner until the issue is resolved.
- Committed to making the complaint resolution process accessible, open and transparent; as well as providing individuals with a mechanism to use that is simple and clear.
- Ensuring the Board of Directors has a mechanism for monitoring service recipient complaints.

Policy:

HPC strives to provide excellent service through continuous quality improvement and by identifying potential risks for its service recipients. Therefore HPC believes that part of improving the quality of care may include resolving complaints from individuals about any dissatisfactory aspect of their experience with HPC. HPC is committed to resolving concerns and complaints about service provision.

Procedures:

HPC prefers that, whenever possible, a service recipient will choose to express their concern and/or resolve their issue *informally* before finding it necessary to initiate the formal complaint procedure. Service recipients may proceed with any of the following *informal* options:

- a) Speak directly to the Team Member who is involved in the situation.
- b) Speak with another Team Member, a Team Leader or the Chief Executive Officer.
- c) Request a facilitated meeting (prior to “Preliminary Inquiry” stage that is detailed in formal complaint process) with involved persons. The individual making the complaint has the right to bring a family member, friend or other representative to any meetings or discussions.

1. How to file a formal complaint

- 1.1. Where the concern and/or issue has not been resolved during the *informal* process or in cases where the individual is not comfortable proceeding *informally*, a Complaint Form shall be completed (please see Appendix A) to initiate the formal process.
 - 1.1.1. The completed Complaint Form should include all details of the concern and/or issue, including: Date(s) and time(s) when incident(s) that gave rise to the concern and/or issue occurred; brief description of the concern and/or issue; any person(s) involved or witnesses; and the specific resolution the complainant is seeking.
- 1.2. The service recipient can leave the Complaint Form with another Team Member to be handed to a Team Leader or Chief Executive Officer. If the service recipient is uncomfortable leaving the Complaint Form with another Team Member, they can hand it directly to the Team Leader or Chief Executive Officer or they may leave it in the “Suggestions/Complaints” box, which is clearly marked and available in a common area at each HPC site.
- 1.3. All Complaint Forms received by the Team Leader or Chief Executive Officer shall be initially responded to within two (2) business days.

2. Complaint Resolution

2.1. *Preliminary Inquiry:*

- 2.1.1. The Team Leader or Chief Executive Officer will review the Complaint Form and initially respond to the complainant within two (2) business days, acknowledging that complaint has been received and is under review.
- 2.1.2. The Team Leader or Chief Executive Officer will speak with the complainant about the concern and/or issue as required to clarify the facts detailed on the Complaint Form.
- 2.1.3. The Team Leader or Chief Executive Officer will speak with all those involved in the concern and/or issue described on the Complaint Form to gather information.
- 2.1.4. Once the preliminary inquiry is complete, the Team Leader or Chief Executive Officer will determine a process to best achieve the resolution requested by the complainant; which could require further investigation.
- 2.1.5. Whenever possible and/or appropriate, HPC prefers for all persons involved to be engaged in the resolution process through structured face-to-face discussions, facilitated by the Team Leader or Chief Executive Officer.

2.2. Investigation:

- 2.2.1. HPC may choose to conduct an investigation at any point, including during the *informal* process. Whenever an investigation is required in order to respond to a Complaint Form, the concern and/or issue that gave rise to the complaint must have occurred within the three (3) months immediately preceding the date the Complaint Form was received by the Team Leader or Chief Executive Officer.
- 2.2.2. The Team Leader or Chief Executive Officer will review the Complaint Form, and if appropriate, order an investigation - including determining who will be assigned to complete the investigation. The investigation will begin no later than five (5) business days after the Team Leader or Chief Executive Officer has made the order.
- 2.2.3. The investigation will be conducted by one of the following: The Team Leader or Chief Executive Officer or designate from the Board of Directors. The investigator will be selected on the basis of individuals identified as parties to the complaint, for example; complaints involving a Team Member will typically be investigated by the Team Leader, complaints involving the Team Leader will typically be investigated by the Chief Executive Officer, and complaints involving the Chief Executive Officer will typically be investigated by a designate from the Board of Directors.
- 2.2.4. The investigator will meet separately with all parties involved and will keep detailed documentation of each interview.
- 2.2.5. The investigator will prepare a summary and validate it with interviewees to confirm accuracy. Once the summary is confirmed as accurate, a detailed report of the complaint, the response and any additional relevant information will be submitted for review.
- 2.2.6. The Team Leader, Chief Executive Officer or designate from the Board of Directors will review the information submitted by the investigator and determine the follow-up action required, which may include but is not limited to; dismissal of the complaint, action to achieve resolution requested by complainant, and further mediation.
- 2.2.7. If the Team Leader or Chief Executive Officer is unable to achieve resolution that is satisfactory to the complainant, the complaint shall be referred to the designate from the Board of Directors.
- 2.2.8. The designate from the Board of Directors will review the information contained in the report prepared by the investigator and the disposition recommended by the Team Leader or Chief Executive Officer. The designate from the Board of Directors will then decide what further action, if any, is required and will inform the complainant of this decision in writing. It is the responsibility of HPC staff to implement the decision of the designate from the Board of Directors.

2.3. Mediation:

- 2.3.1. If mediation is required, the intention would be to allow the opportunity for all parties to communicate face-to-face, in a structured meeting, to discuss the concerns and/or issues in an effort to come to an agreement.
 - 2.3.1.1. Each party may be accompanied at the mediation meeting by another individual who is neutral to the complaint but who they wish to have support them through the process.
- 2.3.2. If an understanding, apology, or other form of resolution is achieved through mediation the agreement will be put in writing and will be signed by all parties. The Team Leader or Chief Executive Officer will keep this documentation in a secure file.
- 2.3.3. If resolution is not achieved between all parties, the Mediator will outline the next steps in the process which may include the complaint and all proceedings up to this point being referred to the designate from the Board of Directors.
- 2.3.4. The designate from the Board of Directors will then decide what further action, if any, is required and will inform the complainant of this decision in writing. It is the responsibility of HPC staff to implement the decision of the designate from the Board of Directors.

3. Appeal Process:

- 3.1. If the complainant is still not satisfied with the outcome following the decision of the designate from the Board of Directors, he/she can appeal the decision to the Local Health Integration Network (LHIN), which provides funding to HPC. A LHIN representative will consider whether or not due process was followed.
 - 3.1.1. This will not necessarily change the final outcome.
- 3.2. If the complaint is specifically related to a Ministry of Health funded program and not resolved, the individual can appeal to the Health Service Appeal and Review Board (HSARB).
- 3.3. Contact information for the Team Leader, Chief Executive Officer, designate from the Board of Directors, LHIN representative and HSARB representative will be provided without reasonable delay, to any service recipient upon request.

4. Reporting to the Board of Directors:

- 4.1. The Chief Executive Officer shall be responsible for reporting any formal complaints received by service recipients: Orally to the Board of Directors at their next regularly scheduled meeting if within thirty (30) days of complaint being received; or electronically to the Board Chair within thirty (30) days of complaint being received; and in writing to the Board of Directors at their next regularly scheduled meeting wherein 'Balanced Scorecard' document is required for quarterly reporting submission.
- 4.2. The Board of Directors Designate shall be responsible for reporting any informal or formal complaints received by service recipients: In writing to the Board of Directors at their next regularly scheduled meeting if within thirty (30) days of complaint being received; or electronically to the Board of Directors within thirty (30) days of complaint being received; and in writing to the Board of Directors at their next regularly scheduled meeting; and responsible for ensuring the complaint is recorded on 'Balanced Scorecard' document required for quarterly reporting submission.