

Complaints Management Program	Policy Number: XXIII-E-10.00
Department: Administration	Current Version Review Date:
Manual Owner: Director of Care	Original Policy Date: April 17, 2023
Attachment(s): XXIII-E-10.00(a) Rights & Responsibilities of Both Parties – Complaints Management XXIII-E-10.00(b) Initial Acknowledgment Letter to Complainant (Sample) XXIII-E-10.00(c) Complaint Record XXIII-E-10.00(d) Written Response Letter (Sample) XXIII-E-10.00(e) Tips for Responding to a Written Complaint XXIII-E-10.00(f) Complaints Management Program for Posting in Font 16	Current Version Reviewed By: Executive Director

POLICY:

Any complaint (verbal, written, telephone, email, or text) received at the care community or at support services office from residents, families, visitors, and team members shall be investigated, and actions shall be taken for resolution.

PROCEDURE:

If a complaint is received directly to Humber Meadows Long Term Care Home (HMLTCH):

The Executive Director or designate will:

1. Ensure all team members are advised during orientation that if they receive a complaint from any source, they must report it to a departmental manager or supervisor immediately, including the requirement to immediately report to the MLTC (Director) any alleged or suspected abuse.
2. Inform all residents and their families of the complaint procedure through the move in process, including the requirement to immediately report to the MLTC (Director) any alleged or suspected abuse.
3. Inform the MLTC Critical Incident and Triage Team (CIATT) of all written complaints as per Ministry regulations.

Verbal Complaints that can be resolved within 24 hours:

The Executive Director or designate will:

1. Contact or arrange to meet with the complainant to obtain information about the area(s) of concern.
2. Identify the complaint and document the investigation and follow up actions on the CORE.
3. Contact complainant and communicate actions taken to resolve the complaint.
4. Ensure departmental manager's report and follow up on verbal complaints from any source within their department and complete a Complaint Record within one business day of receiving a verbal complaint.
5. Update the Complaints section of the CORE with any additional follow up actions.

Verbal complaints that require more than 24 hours for resolution and/or written Complaints:

The Executive Director or designate will:

1. Immediately forward all written complaints to the MLTC Critical Incident and Triage Team (CIATT) as per Ministry Regulations.
2. Within 3 days, contact or arrange to meet with the complainant to obtain information about the area(s) of concern.

NOTE: An initial acknowledgment letter can be sent to the complainant while the investigation is in process.

3. Include in the response:
 - the Ministry's toll-free number for making complaints and its hours of service;
 - the contact information for the Patient Ombudsman; and
 - whether the complaint is required to be reported to the Director and if so confirmation that it was reported.
4. Conduct and document an internal investigation using the Complaint Record Form. Ensure documentation includes:
 - Nature of the written complaint

- Date complaint was received
 - Type of action taken to resolve complaint, including date of action, timeframes for actions, and any follow-up action required
 - Final resolutions
 - Every date on which any response was provided to the complainant and description of response
 - Any response made by complainant
5. File all written complaint investigations in the Complaints Management binder.
 6. Provide a written response to the complainant within 10 business days of receipt
 - cc the MLTC Critical incident and Triage Team (CIATT) as per Ministry regulation (s23s2)
 7. Log written complaint and actions on the CORE Complaints section.

All Complaints:

The Executive Director or designate will:

1. In the event a complaint cannot be resolved within 10 business days, provide an acknowledgment of receipt within 10 business days to the complainant, including the date by which the complainant can expect a resolution and follow-up response. The investigation must be concluded in 21 days; if this is not possible due to circumstances beyond the control of the care community, document the reason for the delay in the investigation notes.
2. Advise the Board Chair whenever any serious written or verbal complaint is received and note all complaints in the homes risk tracking.
3. Draft response to the complainant and document in risk tracking
4. File the complaint information, complaint record, and any other investigation notes in a Complaints Management Binder (all complaints must be logged on the CORE Complaints section and any follow up noted).

The Care Community's Leadership & Quality Committee will:

1. On a quarterly basis, review, analyze, and trend all complaints; and will:

- a. Ensure the results of the review and analysis are used in determining what improvements may be required.
- b. As appropriate, forward issues/trends/analysis to other committees (i.e. Resident Safety, JHSC).
- c. Ensure a copy of concerns, investigation notes, action plans, outcomes, and improvements for each concern/complaint are filed and maintained.

Attachments:

- XXIII-E-10.00(a) Rights & Responsibilities of Both Parties – Complaints Management (ON)
- XXIII-E-10.00(b) Initial Acknowledgment Letter to Complainant (Sample) (ON)
- XXIII-E-10.00(c) Complaint Record (ON)
- XXIII-E-10.00(d) Written Response Letter (Sample) (ON)
- XXIII-E-10.00(e) Tips for Responding to a Written Complaint (ON)
- XXIII-E-10.00(f) Complaints Management Program for Posting in Font 16 (ON)