

<b>POLICY NO.</b>	<b>POLICY TITLE:</b>
<b>ADMIN-002-1</b>	<b>CLIENT COMPLIMENTS AND COMPLAINTS</b>

**Disclaimer:** Any PRINTED version of this document is only accurate up to the date of printing. Always refer to the Policies, Procedures and Processes on the Shared drive for the most current versions of the documents in effect.

**See Also:**

[ADMIN-002-3: Client Compliments and Complaints Process](#)

[ADMIN-007-1: Accessibility: Customer Service Standard Policy](#)

**Policy Statement**

St. Joseph's Health Centre Guelph (SJHCG) is committed in promoting, supporting and maintaining accessible customer services for Ontarians with disabilities. This policy is consistent with promoting dignity, independence, integration and equal opportunity which are the core principles of the Accessibilities for Ontarians Disabilities Act (AODA reg. 429/07).

Client compliments and complaints are valued opportunities to continually improve St. Joseph's Health Centre Guelph (SJHCG) processes, care and accessible service. As a result SJHCG will accept compliments and complaints and deal with them in an equitable and timely manner.

**Compliments** made about care and service delivery, staff and the organization are indications of satisfaction and are an important way to acknowledge staff contributions. Verbal and written compliments are acknowledged as soon as possible and referred to the appropriate staff and/or service/department area.

SJHCG will review and respond to the **complaints** of clients, families/signification others/ Substitute Decision Markers in a timely, thorough and impartial manner. The process will respect confidentiality and be equitable for the complainant and SJHCG staff. Intermediate and major complaints will be documented on the SJHCG Complaints and Concerns documentation form # [NCL2019P](#).

All long term care residents will be made aware that they can always lodge a complaint with the provincial government by contacting:

- Ministry of Health and Long-Term Care Action Line
  - Health Services Appeal and Review Board (HSARB)
- Issues that are appealable involve situations where a person has been:
- i. deemed ineligible for service
  - ii. excluded from a particular community service
- The person has a complaint about:
- iii. the amount of service provided
  - iv. the termination of a particular service

Any client, family member, public, Substitute Decision Makers or visitor can provide feedback on the care provided, services available and/or accessibility of the provisions of goods and

services provided by SJHCG. All staff accept compliments or complaints from clients, families, the general public, Substitutes Decision Makers or visitors via telephone, face-to-face contact, card/letter, email, satisfaction surveys or other delivery methods that contain sufficient information for follow-up.

Principles by which SJHCG will receive and manage Feedback are:

- *Accessibility and Consistency* – enable ease of contact by the client or his/her advocate by ensuring:
  - i. An appropriate and consistent process, including appeal, is applied across SJHCG
  - ii. Information is readily available to the client about the process
  - iii. Education and skill development is provided to SJHCG staff about the process and their role and responsibilities.
  - iv. A mechanism to address barriers with respect to goods, services, facilities, accommodation, employment, buildings, structures and premises.
- *Accountability* – analyze and link compliments and complaint feedback with other quality improvement initiatives to promote service excellence and responsiveness. Monitor client satisfaction with the complaint management process.
- *Administrative Fairness and Justice* – respect the individual’s right to be heard by:
  - i. Reviewing client feedback in a fair and transparent manner
  - ii. Providing for an independent review of decisions stemming from a complaint
  - iii. Making available mediation and facilitation procedures (internal and external) for clients who are dissatisfied with the outcome.
- *Barrier Free* - ensure commitment to a compliments and complaints process that removes obstacles for expression and encourages ways to ensure full participation. Examples include consideration of literacy, need for oral communication, need for interpreters, need for assistive devices, need for written communication with an individual who has a learning disability, or lead time for appointments.
- *Information* – provide information in accessible formats upon request
- *Confidentiality* – ensure confidential personal and business information is protected against unauthorized disclosure in accordance with SJHCG policies and procedures.
- *Cultural Sensitivity* – acknowledge diverse cultural attitudes and traditions and seek to provide multilingual access and ensure processes and information available regarding client’s rights and responsibilities in managing complaint process.
- *Flexibility* – allow reasonable accommodation of the client in the process. For example, the ability to submit feedback compliments and complaints in a variety of ways including in person, phone, facsimile, email or through the use of an interpreter.
- *Local Resolution* – provide opportunities for clarification of concerns and expectations at the level where the concerns first arise.
- *Timeliness* – respond to complaints as quickly as possible in keeping with available SJHCG resources.
- *Transparency* – ensure the commitment to a process that is clear, simple and understandable to clients, staff and community members. Share the policy, objectives, rules, procedures and rationale used in implementing the policy, as well as any progress in achieving stated objectives.

### Definitions

*Client* – refers to patient/client/resident, family members, significant others, Substitute Decision Makers, Power of Attorney, Patient Advocate, visitor, community partners, internal or external stakeholders.

*Staff* – means all levels of staff, physicians, volunteers, students

*Recipient* – means staff or person who receives the compliment or complaint

*Compliment* – is any comment that commends an individual or the organization. Compliments may be in letter, note, card or verbal form.

*Complaints* – are defined as verbal or written expressions of dissatisfaction with care or service provided by an individual, department, clinic or organization as a whole. Complaints can be categorized as minor, intermediate or major.

*Minor Complaints* – a more distinct criticism or concern where resolution is straightforward consisting of an explanation, clarification or simple apology. Tracking of minor complaints is not necessary.

*Intermediate Complaint* – resolution requires review, documentation on the SJHCG Complaints and Concerns documentation form # [NCL2019P](#), possible investigation, discussion with family/client and other providers, minor changes to policy, procedure or process. Response may also include an explanation, clarification or simple apology.

*Major Complaint* – resolution requires extensive investigation, meetings, major policy review, reporting of events to regulatory body or authorities and documentation on the SJHCG Complaints and Concerns documentation form # [NCL2019P](#).

### **Risk**

All clients have the right to express their compliments and complaints and to have them dealt with in an organized and timely manner in a barrier free environment.

### **Responsibilities/Accountabilities**

It is the responsibility of each person who receives a client complaint to ensure that the client receives an initial acknowledgment response, whether the complaint requires review and/or investigation or not.

All compliments and complaints will be received and reviewed in accordance with SJHCG values, the Resident Bill of Rights and the Waterloo Wellington Patient Declaration of Values.

When a direct approach is not possible or the issue cannot be resolved with the front line staff, team leaders, or department manager, complaints can be made to the SJHCG Patient Relations Representative.

SJHCG will review and respond to complaints in a timely, thorough, and impartial manner. We will:

- Acknowledge the complaint within 5 business days.
- Keep complainants informed of the complaint investigation as appropriate
- Provide a written or verbal response to the complainant within 10 business days.

### **Limits**

Issues not addressed by this policy:

- Complainants who have retained legal counsel or those involving active police services or investigations should be referred immediately to the CEO
- Complaints involving a claim for financial compensation e.g. an allegation of bodily injury, reimbursement and/or reporting a significant lost/damaged article(s) should be directed to the CEO.
- Complaints initiated by SJHCG staff regarding another SJHCG staff's actions should be referred to the responsible manager of the department/services

### References

Accessibility for Ontarians with Disabilities Act (2005). Retrieved from: [http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_05a11\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_05a11_e.htm)

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Providence Care (2009). Procedure – Compliments and Complaints.

### Keywords

Complaint, Compliment, Feedback,

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