



AHCS Complaints Policy and Procedure

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Atikokan Health and Community Services

Complaints Policy and Procedure

Purpose

Atikokan Health and Community Services (AHCS) remains committed to our values of Empowerment, Teamwork, Trust, Optimism, Professionalism, Respect and Integrity. This includes having clear policies and procedures on receiving, addressing, and learning from complaints.

For the purposes of this policy, Complaints refer to informal or formal submission of negative experiences while accessing services or dealing with AHCS employees that require resolution.

Definition

- Urgent complaints – include cases of harm, neglect or danger to patients / residents.
- Non-urgent complaints – include less serious complaints related to diet, activities, or provisions of care.

Note: All complaints related to a resident of Long-Term Care that include alleged harm or risk of harm to one or more residents, including but not limited to physical harm, must be immediately reported to the Nurse Manager or the Charge Nurse who will then determine if it needs to be reported to the Ministry of Long-Term Care using the Critical Incident System (CIS) or by calling the after-hours number (1-866-434-0144).

Policy

- AHCS ensures that multiple ways of providing complaints are available to staff, partners, patients, families, and general members of the public.
- Information on how to file a complaint will be posted in common patient / client / resident areas (ER, Acute Care, Laboratory, Diagnostic Imaging, Rehabilitation, Mental Health and Addictions, Extended Care (LTC), Telemedicine, Main Lobby, Waiting Areas)
- Information on how to file a complaint includes contact information for the ministry’s Long-Term Care Family Support and Action Line and for the Patient Ombudsman (for Long-Term Care – **Appendix B**)
- General Complaints – **Appendix C** - are directed to the Executive Assistant who is the PFAC liaison with the exception of staff, who are advised to direct their concerns to their immediate supervisors first.
- Complaints from Staff procedure can be found on **Appendix D**
- All complaints can go into QRM and they will automatically go directly to the Executive Assistant electronically.

Written by:		Approved by (sign.):	
Reviewed by:		Approved by (name):	
Reviewed on:		Approved on:	
Renewed by:	Jennifer Learning	Revision Date:	2026-01-31
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- is committed to providing **initial response to complaints no later than 5 business days.**
- Complainants are reassured that there is zero tolerance for retaliation of any kind due to the complaint submitted.
- AHCS adheres to the Privacy and Confidentiality policy when managing complaints.

Roles and Responsibilities

A. Staff's Responsibilities

- If staff received complaints directly while at work, ensure that the complaints form is completed or a complaint form is filled out in Surge Learning's QRM electronic platform. Paper forms are available via website and via OMNI. Forms can also be printed and made available in departments.
- If staff received complaints, while not at work, ensure that complainant is advised of multiple options to send the complaint. Otherwise, staff can ask for the contact information to be passed on to the Executive Assistant.

B. Executive Assistant's Role in Addressing Complaints

- Receives complaints and notifies the Department Manager and other pertinent roles necessary to address the complaint. Managers can also receive complaints directly and the expectation is to coordinate with the Executive Assistant.
- The Department Manager conducts fact-finding / follow-up interviews in coordination with the Executive Assistant.
- Ensures the Department Manager provides initial response to the person making the complaint within five business days.
- Assist appropriate staff / department in investigating, resolving, and providing resolution to the complaint.
- Ensures timely follow-up communication with complainant.
- Ensures that complaints are resolved and resolution is communicated to parties involved within thirty (30) business days.
- Ensures that parties involved are aware of additional time needed to complete the investigation / follow-up, if needed.
- Tracks, documents, reports the complaints and subsequent resolution to the CEO, to be reported to the Board under Quality Improvement and Risk Management
- The Executive Assistant ensures all complaints are put into the Surge Learning QRM system as this ensures that the CEO receives all complaints and can comment on the final resolution of each complaint.

C. Department Managers

- Are responsible for addressing complaints from staff. Staff complaints that are HR-related or work-related are not required to be reported to the Executive Assistant.
- General complaints received by any manager must be reported through QRM. Managers can receive complaints and conduct preliminary assessments as needed prior to involving the Executive Assistant but they must enter the complaint information into QRM so the Executive Assistant is automatically notified of the complaint.
- Work with Executive Assistant in investigating and resolving complaints from the general public.

Chief Executive Officer

- Ensures that the organizational culture is such that complaints are embraced as opportunities to encourage, improve, and learn from.
- Ensures that a robust and transparent system is in place that makes submitting complaints accessible to all, complaints are addressed timely, documented, reported, and ingrained in the overall Quality Improvement and Risk Management plan at AHCS.
- Ensures that the Patient Family Advisory Committee (PFAC) approves of the way in which complaints are handled and accepts feedback from the committee when improvements to the process need to take place.
- Fills in the Part 3 in the QRM for each complaint so the system is a closed loop and the CEO is aware that the complaint was resolved.
- Reports formal complaints and resolutions to the Board.

Procedure

A. How Complaints are Submitted

- Verbal
 - Complaints can be shared verbally. Be culturally aware as some cultures prefer oral communication over written communication so they may only wish to provide feedback verbally.
 - The complainant is advised that the verbal complaint is being documented to ensure that appropriate follow-up can be made.
 - The receiver of the complaint is responsible for taking notes, ideally using QRM and putting the complaint in electronically but they can also use the paper AHCS Complaint Form which is available in OMNI (**see Appendix A**).
- Written

Complaints can be submitted in writing by:

 - Completing the electronic form through the AHCS website. This goes directly to the Executive Assistant.
 - Requesting for a paper copy of the form to be mailed out or picked up
 - Submitting a complaint via electronic mail or letter mail with the information outlined in the section below (“Information Required from Complainant”).

B. Information Required from Complainant

- Basic identifying information: name and contact information
- Nature of the complaint
- Witnesses / People involved
- Date / Timeline of Events
- Resolution Requested

Note that:

- Complaints submitted will require identifying information for verification, follow-up investigation, and updates but sharing of identifying information of complainant is dependent on nature of complaint / ensuing investigation.
- If complainant chooses to not provide identifying information during intake, AHCS may be unable to provide timely and appropriate feedback to the complainant but this should not impact the organization’s obligation to follow-up.

- If complaints involve the CEO, please refer to the Governance Policy – Managing Complaints.

C. Complaint Resolution Timeline

- AHCS is expected to acknowledge complaints within 5 business days.
- AHCS is expected to conclude investigations and provide written responses within 30 business days. Should the investigation require extension beyond the 30 days, AHCS is to notify the parties involved that an extension is needed and set a new target date to conclude the investigation process and to provide the final resolution.
- If AHCS believes there is no further investigation required, an explanation will be provided to the complainant.
- If the complaint is related to the Long-Term Care Unit – the complainant will be provided with the telephone number of the Long-Term Care Family Support and Action Line for making complaints and the Patient Ombudsman (**Appendix B**).

D. Complaint Closure - once the complaint has been investigated, the Department Manager is responsible for:

- Advising the Complainant in writing of the general outcome of the investigation.
- Depending on the nature of the complaint and the extent of involvement outside the staff / department and complainant, implement a staff or public communication plan with the CEO.
- Ensure that lessons learned from the complaint is incorporated in AHCS operations / practices.
- All complaints will be reviewed for trends at least twice a year. The resulting review and analysis will inform decisions about improvements required for AHCS.

E. Related Documents

Privacy Policy

Conflict in the Workplace

Governance: Managing Complaints

APPENDIX A:

Complaints Form – Members of the Public

Please complete all of this form. You will receive a verbal or written response within five (5) days of the Atikokan Health and Community Services having received the complaint.

Your Name	
Patient's / Resident's Name <i>(if you are not the patient or resident)</i>	
Your email	
Your Phone #	

Date of Incident	
Time of Incident	
<p>Please describe what happened & who was involved. Please provide any information, which you think, will help us resolve the situation.</p>	
<p>Please tell us what you would like to see happen in order to resolve the situation</p>	
Date & Time Complaint Received	
Complaint Form Received by <i>(name of manager / supervisor)</i>	

AHCS FOLLOW UP ACTIONS	
Date & Time of Initial Response to Complainant	
AHCS Staff Initial Response by <i>(name of manager / supervisor)</i>	
Action / Investigation Notes:	
Date & Time Complaint Resolved / Closed	
Manager Signature	

APPENDIX B:**Long-Term Care Complaints Process****Types of Complaints**

The way you make your complaint depends on the type of complaint. There are two types:

1. **Urgent complaints** – these include cases of harm, abuse, neglect or danger to residents.
2. **Non-urgent complaints** – these include less serious complaints related to activities of care.

Report an Urgent Complaint

- Report immediately to the Long-Term Care Coordinator or the Charge Nurse; or
- Call the Long-Term Care Family Support and Action Line:
1-866-434-0144 - Hours of operation: 8:30am – 7:00pm, 7 days a week

Include the following information in your complaint:

- A description of what happened (is the concern an ongoing problem?)
 - For a specific event: when and where it happened (for example, outside or inside the home)
 - Who was involved
 - What you would like the home to do to resolve your complaint
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Report a Non-Urgent Complaint

There are many ways to report a non-urgent complaint:

1. Report your concern to the Long-Term Care Coordinator / designate in the following ways:

- a. Complete the “Complaints Form – Members of the Public” and submit to the Long-Term Care Coordinator
- b. In writing sent through email, letter mail, or hand delivery
(larocquek@aghospital.on.ca)
- c. Verbally by phone or in-person (807-597-4215 ext. 403) or leave a message on the feedback line by dialing 807-597-4215 ext.348.

You will be contacted within 10 days of your complaint being submitted to update you on what is being done to resolve your complaint / when you can expect the complaint to be resolved.

2. Call the Ministry

Call the Long-Term Care Family Support and Action Line:

Toll free 1-866-434-0144

Hours of operation: 8:30a.m. – 7:00p.m., 7 days a week

The complainant will hear back within two business days.

3. Write to the Ministry

Send a written letter, by mail, to:

Director
Long-Term Care Inspections Branch
Long-Term Care Operations Division
119 King St. W. 11th Floor
Hamilton, ON. L8P 4Y7

*You will receive a reply to let you know that the ministry has received your complaint.
The director will pass your complaint on to an inspector who will look into the matter.*

4. Contact the Patient Ombudsman

If you have already contacted the home directly and the Long-Term Care Family Support and Action Line and were unable to reach a satisfactory resolution, you can contact Patient Ombudsman:

- Online:
- By calling: 1-888-321-0339 (toll free) or 416-597-0339 (in Toronto)
- TTY: 416-597-5371

The Patient Ombudsman strives to achieve a level of fairness in the resolution process for everyone involved as they review complaints.

APPENDIX C:**Instructions for General Complaints – Members of the Public****Who Can Submit Complaints or Concerns?**

Any member of the public can submit complaints or concerns to Atikokan Health and Community Services regarding services that the organization provides.

Any complaint related to any form of resident / patient / client abuse, please refer to Appendix B.

How do I Submit Complaints?

Complaints can be made using multiple avenues such as:

- Call the main line at 807-597-4215 and press #7 when given an option to provide feedback or you can dial extension 348 or you can press 0 and ask to speak with somebody regarding a complaint (you will be directed to our Executive Assistant);
- Request a form to be mailed or faxed by calling the general number at 807-597-4215;
- Complete the complaints form from the website at <https://aghospital.on.ca/feedback/>
- E-mail your feedback or complaints at feedback@aghospital.on.ca
- Pick-up a hard copy of the form at any AHCS location

What Information Should I Give?

- Name and contact information
(Please note that those submitting complaints without a name or contact information may not receive a response. Investigating complaints may be challenging without these basic information)
- Nature of the complaint
- Witnesses / People involved
- Date / Timeline of Events
- Resolution Requested

What Happens After I Submit a Complaint?

- AHCS has five (5) business days to acknowledge your complaints.
- AHCS has thirty (30) business days to investigate and send you a written, formal response.
- We will let you know if we need more than 30 days and we will set a target date to complete the investigation and to share with you the final resolution.

We respect and appreciate all feedback that we receive. Please know that we will address your concerns respectfully and that we would never condone any form of retaliation to any complainant.

APPENDIX D:**Complaints from Staff****For Unionized Employees**

- Complaints / Grievances must follow the steps laid out in the applicable collective agreements.
- General complaints are directed to the staff's immediate supervisor. If at all possible, if complaint is against a co-worker, staff are encouraged to address concerns with each other first and resolve the issue.
- If the complaint is about the supervisor, staff are to direct their concerns to the supervisor's Manager or Director.
- Once a general complaint is received, managers are expected to provide an initial response within 5 business days.
- Managers are to use existing processes, committees, documentation, and reporting systems to ensure that concerns are addressed.

For Non-Union Employees

- Complaints are directed to the staff's immediate supervisor. If at all possible, if complaint is against a co-worker, staff are encouraged to address concerns with each other first and resolve the issue.
- If the complaint is about the supervisor, staff are to direct their concerns to the supervisor's Manager or Director.
- Once a general complaint is received, managers are expected to provide an initial response within 5 business days.
- Managers are to use existing processes, committees, documentation, and reporting systems to ensure that concerns are addressed.
- If employee is not satisfied with the immediate Supervisor/Department Head's response, they may bring the complaint to the appropriate Senior Team Member (Chief Nursing Officer (CNO), Chief Finance Officer (CFO), or Directors). Senior Team Members are expected to provide an initial response to the employee within 5 business days.
- If employee is not satisfied with the Senior Team's response, complaints can be sent to the Chief Executive Officer. The CEO is expected to provide an initial response to the employee within 5 business days.
- If employee is not satisfied with the CEO's response, complaints can be sent to the Board. Please refer to the ***Governance – Managing Complaints*** policy that can be found in OMNI.
- Time limits for a response at any of the steps may be extended upon agreement of both parties.
- Management is required to provide a written response / resolution to the complaints.