 Acclaim Health	CLIENT SERVICES MANUAL
SECTION 5	DEPARTMENT
Incident Management	Organization
POLICY NAME	POLICY #
Complaints	CSP 05-04-15

Purpose

To ensure that Acclaim Health staff, students and volunteers understand their roles and responsibilities in reporting complaints from clients, families, donors or service providers.

Definition

“Complaint” refers to a statement that a situation is unsatisfactory or unacceptable. Complaints may involve but are not limited to dissatisfaction with service, errors/omissions made, failure to comply with policy or procedure, or unfair actions by staff/volunteers.

“Supervisor” means all staff with a direct report. This includes Chief Executive Officer, Senior Director, Directors, Managers, Supervisors, Case Managers and Coordinators.

Scope

This policy applies to all staff, students and volunteers.

Policy

Acclaim Health is committed to providing quality care to its clients. It is the intent of Acclaim Health that staff, students and volunteers adhere to all policies and procedures.


If any client, family, donor or service provider reasonably believes that an Acclaim Health policy, practice, or activity is unsatisfactory or unacceptable, they have a right to voice a complaint to the organization.

To ensure convenience and accessibility for our stakeholders, Acclaim Health provides clients, families and donors with the opportunity to complain or provide input across a variety of platforms and media.

It is the responsibility of that staff, student or volunteer to report the complaint to his/her supervisor immediately.

Acclaim Health does not retaliate against any client, family, donor or service provider who in good faith brings forward such concerns.

Acclaim Health acknowledges, responds to, thoroughly investigates and resolves complaints on a fair, transparent, timely and consistent manner, and implements corrective action, if required. The complainant with whom the concern originated is kept informed of the outcome(s) of the investigation to the extent allowed by privacy law.

 Acclaim Health	CLIENT SERVICES MANUAL
SECTION 5	DEPARTMENT
Incident Management	Organization
POLICY NAME	POLICY #
Complaints	CSP 05-04-15

Acclaim Health uses the information obtained during the investigation to improve services, policies and procedures. The Client and Family Service Advisory Committee provides input and feedback on the complaints process for clients and families.

Consequences

All staff, students and volunteers are accountable for reporting and documenting a complaint within the timelines established. Failure to do so results in progressive disciplinary action up to and including termination of employment.


Procedure

1.0 Reporting of Complaints

- 1.1 All clients and their family members/caregivers have to right to lodge a complaint about their care or service. Clients and family members are informed of this upon admission to service via the Client/Patient Safety Handbook (appendix A).
- 1.2 Information is also available on Acclaim Health's website to direct clients and the family members/caregivers to lodge a complaint.
- 1.3 The Community Engagement department monitors the website for feedback and complaints.
- 1.4 The employee/student/volunteer reports the complaint to their direct supervisor or on-call supervisor **within 4 hours** of receipt.
- 1.5 Staff utilize the Complaints Escalation Process to ensure timely escalation of serious complaints.
- 1.6 The supervisor contacts the complainant **within one business day** to acknowledge receipt of their concern and to inform them that an investigation is taking place.

2.0 Investigation of Complaints

- 2.1 The supervisor speaks with the complainant and document the details using the Client Safety Incident Report form.
- 2.2 During the complaints investigation, the supervisor considers the need to arrange for a different service provider, where applicable.
- 2.3 The supervisor investigates the complaint using root cause analysis within the context of the PDSA framework as follows: **Code 3 within 1 business day; Code 2 within 3**


 Acclaim Health	CLIENT SERVICES MANUAL
SECTION 5	DEPARTMENT
Incident Management	Organization
POLICY NAME	POLICY #
Complaints	CSP 05-04-15

business days; Code 1 within 5 business days. A preliminary action plan is developed for the staff, student or volunteer where appropriate.

- 2.4 The initial disclosure of the Code 3 or Code 2 events is made by telephone by the Supervisor and staff, student or volunteer, if appropriate, with the client and/or caregiver. A face-to-face meeting is arranged at the request of the client or caregiver. A Code 1 event disclosure is done at the discretion of the Supervisor and or Director/Manager. There may be situations where the initial disclosure occurs face-to-face at the time of the event. (*Refer to Disclosure of Client Incidents policy*).
- 2.5 Further documentation may be required in Event Management System for the Local Health Integration Networks at the discretion of the Director Home Care Services, once the investigation has been reviewed and the risk level has been identified.
- 2.6 Further disclosure can be made with the client and/or caregiver once the investigation has been completed, as needed.
- 2.7 The supervisor is responsible for updating the Client Safety Incident Report form once the investigation and disclosure is completed.
- 2.8 The response by the complainant/family is documented in the Client Safety Incident Report form.
- 2.9 The supervisor and Director/Manager arranges a face-to-face meeting with the staff, student or volunteer as per the timelines in the action plan to provide support and ensure that all action plan items have been addressed, where applicable.
- 2.10 The supervisor communicates the action plan to other staff if applicable.
- 2.11 The Director of Quality and Risk is responsible for ensuring that all complaints are investigated appropriately within the established framework.

3.0 Outcome Measurement

- 3.1 The Director Quality and Risk/designate inform the Quality Council and Leadership team monthly of the types of complaints, root cause(s) and action plans and bring forth any recommendations.
- 3.2 The Chief Executive Officer presents a summary of all complaints received to the Board of Directors at each Board Meeting.
- 3.3 The Director Quality and Risk reviews the status of recommendations and action plans with the Board Quality Committee on a quarterly basis.

 Acclaim Health	CLIENT SERVICES MANUAL
SECTION 5	DEPARTMENT
Incident Management	Organization
POLICY NAME	POLICY #
Complaints	CSP 05-04-15


- 3.4 Director Quality and Risk/designate and Quality Council evaluates the effectiveness of the complaints reporting system on an annual basis and solicits feedback from clients where applicable.

Adopted: July 2005

Reviewed: July 2011, January 2016

Revised: February 2007, June 2007, February 2008, April 2008, May 2010, September 2013, March 2014, June 2014, February 2015, September 2015, December 2016, December 2017, February 2019, March 2020, February 2021

References: Accreditation Canada, QMentum Program: Home Care & Home Support Services Standards. Ontario Health Quality Council, Quality Improvement Guide, 2009, Sentinel Events. Client Incident Reporting and Investigation Policy, Disclosure of Client Incidents Policy. Acclaim Health External Communications Plan, Whistle Blower policy
The Canadian Client Safety Institute, Canadian Root Cause Analysis Framework, March 2006. The Canadian Client Safety Institute, Canadian Disclosure Guidelines, May 2008. World Health Organization, WHO Guidelines for Adverse Event Reporting and Learning Systems, 2005, Imagine Canada Standards Program, Accessibility for Ontarians with Disabilities Act. HIROC Risk Assessment Checklists
Compliment, Complaints and Concerns Notice, Complaints Escalation Process

Approved by	Signature	Date
Lynn Johnston Chair, Board of Directors		April 6, 2021