

PS-HSW-02: Complaints

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| Policy: | Complaints | | Number: | PS-HSW-02 |
| Approved Date: | May 4, 2022 | | Revision: | 1.0 |
| Effective Date: | May 9, 2022 | CEO's Signature: |  | |

POLICY

The Alzheimer Society of Niagara Region and the Alzheimer Society Niagara Foundation (the “Organization”) strives to achieve and maintain the highest possible degree of quality in its programs, services, communications, public relations, and fund development activities. As such, it welcomes feedback from clients, volunteers, donors, funders, and or anyone else who has dealings with the Organization. All persons who deal with the Organization will be provided with an opportunity to discuss concerns and to have their concerns thoroughly reviewed and investigated in a timely manner by the Organization.

Clients and the members of the community are made aware of their right to provide feedback at the Organization. This information may be provided on the Organization website, client handbook and in client orientation.

An individual has several options for bringing a complaint to the attention of the Organization. A complaint may be made through a client survey, contact via the Organization’s website, speaking directly with a staff member either over the phone, in person or over email, and/or arranging a phone call/meeting with the Director of Programs and Services and/or CEO. The initial response to the person making the complaint will occur in a timely fashion, within 3 working days.

The responsibility for handling complaints, feedback or allegations shall rest with the Director of Programs and Services. Details regarding the concerns should be elicited by the staff person involved and fully documented using the [HR-HSW-01-Accident, Incident and Complaint Report Form](#).

The Director of Programs and Services will make every effort to resolve the matter to the satisfaction of the complainant by:

- notifying the appropriate staff involved that a complaint has been made
- ensuring the concern is well documented in the client’s file, as appropriate, i.e.: a change in client care process
- investigating the circumstances surrounding the complaint with every effort to involve appropriate staff and client in a resolution process
- reporting to both the client and any staff involved within a reasonable period
- determining if any follow up or further investigation is required, based on level of risk assessment, and notifying the appropriate college or agency as required

If the complaint is concerning the CEO, the complainant may bring the issue to the attention of the Board President or designate who will make every effort to resolve the matter to the satisfaction of the complainant by:

- notifying the CEO that a complaint has been made
- investigating the circumstances surrounding the complaint
- reporting to both the complainant and Executive Director a recommended course of action
- completing the process within a reasonable period

Incidents of serious professional misconduct will be reported to the CEO and dealt with accordingly.

When a client provides notice, oral or written, of an intention to commence a lawsuit against the Organization or any of its staff, the CEO will be informed immediately. The CEO will provide written notice to the Organization's insurer of the claim or claim. Other regulated professionals may be asked to contact the legal departments of their respective College Associations. All staff members shall cooperate fully in providing statements and any other information to the Organization's insurer, its adjusters and its lawyers in respect of a claim.

SCOPE

All Organization personnel, this includes but is not limited to, staff, students, volunteers, and board of directors.

DEFINITION(S)

Complaints and appeals are written or verbally expressed concerns given to the Organization about decisions, activities, and behaviours concerning issues such as:

- non-eligibility for a program
- exclusion from a program
- transition of a client out of a specific program or service
- termination of service to a client
- specific action(s) or inaction(s) taken by Organization staff
- quality of a service provided by the Organization to a client
- alleged violation by the Organization of any of the client's rights as set out in the Client Bill of Rights
- other matters

GUIDELINES

To address concerns and complaints the following steps will be taken:

Receive and Classify

| Priority Level | Definition | Action Required |
|-----------------------|---|---|
| All complaints | Expression of a negative experience with the Organization | <ol style="list-style-type: none"> 1. Staff member who receives the complaint will immediately: <ol style="list-style-type: none"> a. acknowledge receipt of complaint to complainant b. Notify department Director/Manager 2. Director/Manager will escalate to the Director of Programs and Services – if the complaint involves the Director of Programs and Services, the complaint will be escalated to the CEO; If the complaint involves the CEO, the complaint should be escalated to the Board. 3. The Director of Programs and Services will determine the priority level of the complaint and next steps |
| Level 1 | <p>Major issues are a risk to safety, wellbeing, privacy, or reputation.</p> <p>Major issues that are a risk negatively impact the Organization’s reputation.</p> <p><i>Ex. allegations of abuse by staff, notice of legal action, threats to public profile, service offerings and imminent media outreach</i></p> | <ol style="list-style-type: none"> 1. Once the complaint is deemed level 1 by the Director of Programs and Services the complaint is to be escalated to the CEO. 2. The CEO and Director of Programs and Services will create an action plan and further investigate the complaint 3. The CEO will issue an acknowledgement and proposed complaint resolution within <u>3 working days</u> 4. All level 1 complaints are reported to the CEO and the Board of Directors |
| Level 2 | <p>Risks that interfere with the care, service or support individuals receive from the Organization.</p> <p>Lower impact on the organization, applicable for most complaints</p> | <ol style="list-style-type: none"> 1. Once the complaint is deemed level 2 by the Director of Programs and Services, appropriate next steps including the investigation will be determined 2. The Director of Programs and Services or designate will issue a response to the complainant within <u>2 working weeks</u> |

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| <p>Complaints involving the CEO</p> | <p>Complaints of any level received that involve the CEO</p> | <ol style="list-style-type: none"> 1. All complaints that involve the CEO are considered level 1 complaints 2. Complaints involving the CEO shall be made directly to the Board of Directors to investigate. 3. Complaint is to be acknowledged within <u>3 working days</u> |
| <p>Organization Exceptions</p> | <p>Exceptions for not following the actions required for handling complaints</p> | <ol style="list-style-type: none"> 1. If any staff feels uncomfortable disclosing a complaint to their immediate supervisor, they should report to the CEO or another Director/ Manager 2. The Whistleblower policy allows employees to report impropriety without escalation to a manager through the Compliance Officer (CEO) 3. Reporting directly to the ASNR Board should only be used in extreme scenarios and if the complaint is against the CEO. |

Acknowledge

All complainants, regardless of priority level, will receive an acknowledgement on the day of receipt by the person directly receiving the complaint in the manner in which the complaint was received (phone, email, in writing). Beyond the initial acknowledgement by the staff who received the complaint, the complaint will be reported to the Director of Programs and Services to further investigate.

Investigation

- The person receiving the complaint will fill out the [HR-HSW-01-Accident, Incident and Complaint Report Form](#)
- All areas of interaction and communication should be established (who, what, when, where and why) and documented.
- Received complaints along with the [HR-HSW-01-Accident, Incident and Complaint Report Form](#) will be escalated to the Director of Programs and Services
- The Director of Programs and Services and/or CEO will determine the priority level of the complaint and next steps
- The priority of the complaint will drive the timeframe for completion as well as who is in charge of acknowledging the complaint. See [Guideline Receive and Classify](#).

Resolve and Confirm

- An action plan will be developed using the [HR-HSW-01-Accident, Incident and Complaint Report Form](#).

- The Director of Programs and Services will ensure that the proposed resolution does not prejudice the Organization in any legal or financial manner.
- The designate will reflect on the proposed resolution from both an organization and complainant's viewpoint to ensure fairness and clarity.
- If approval is required, designates will document the proposed action and review, and seek approval appropriately.
- The review is to include recognition and documentation of any underlying issues that have contributed to the complaint and include recommendations for future quality improvement considerations.

Respond to Complainant

- A detailed account of findings and proposed resolution should be clearly explained (written or verbal) to the complainant – within the recommended timeframe.
- If this cannot be completed within the established timeframe, the complainant is to be informed of current standings and advised that further time will be required.
- While responding to the complainant, the complainant should have the opportunity to respond:
 - Is the complainant satisfied with the response?
 - Did they feel their complaint was properly and fairly handled?
- Negative responses to these questions should be referred to the CEO for action and direct follow-up with complainants.

Appeals Process

The Organization shall make every effort to settle issues when they first arise. Clients who wish to appeal a provision of service decision will be referred to the CEO. If the matter still cannot be resolved to the client's satisfaction, it will be directed to the President of the Board of Directors who will address the matter at the next scheduled board meeting. An emergency board meeting may be called should the situation warrant such urgency. The President will provide a written response to the client following the meeting to inform them of the final decision.

Health Services Appeal and Review Board (HSARB): Clients who have complaints about Ministry of Health and Long-Term Care (MOHLTC) funded services may further appeal to the HSARB if they are not satisfied with the decision made by the Organization.

Contact information for the HSARB is as follows:

Health Services Appeal and Review Board

151 Bloor St. W., 9th Floor

Toronto, ON M5S 2T5

Telephone: 416-327-8512

Toll Free: 866-282-2179

Fax: 416-327-8524

Email: hsarb@moh.gov.on.ca

Quality Improvement and Conclusion

- Key points about complaints will be reported to the Board of Directors by the CEO as deemed appropriate.
- Any complaints where action can be taken to avoid recurrences must be acted upon and raised with the appropriate management personnel.
- Ensure documentation as appropriate within the client’s record.
- All documented complaints will be held confidentially
- All complaints are maintained in a confidential space either in the office and/or in a locked electronic file in the Organization’s shared drive.
- Complaint reports will be reviewed quarterly by management for ongoing quality improvements.

POLICY REVIEW

The CEO and Management will review this Policy every 2 years and will present required revisions to staff. If there are legislated changes required, these changes will be made as close as possible to the effective date of the legislative change.

REVISION HISTORY

| Number | Effective Date | Author | Comment |
|---------------|-----------------------|---------------|----------------|
| 1.0 | May 9, 2022 | Teena Kindt | New Document |
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