TITLE	Complaints	POLICY#	QLTY POL 2.2.4
VERSION	4	ISSUE DATE	2022-11-22
DEPT	Quality	PAGE	Page 1 of 2
PREPARED BY	Regional Director, Vanessa Goldrick	DATE	2022-11-21
REVIEWED BY	Quality Assurance Manager, Erin Talbot	DATE	2022-11-21
	Program Managers, Sarah Hobbs & Pamela Roberts		
APPROVED BY	Regional Director, Vanessa Goldrick	DATE	2022-11-22
PREVIOUS REVISIONS	Jul 2019; Feb 2017; Mar 2015	ORIGINAL ISSUE	March 2015

COMPLAINTS POLICY

POLICY INTENT

Access Healthcare Services Inc. (AHSI) strives to ensure clients are provided the highest quality of care at all times and that employees are afforded the opportunity to bring forward concerns. AHSI regards a complaint as an expression of dissatisfaction about the Organization, our staff, our partners, our contracted service providers or anyone else acting on our behalf. A complaint can be received verbally, by phone, by email or in writing. AHSI takes complaints seriously, handling them with urgency to ensure efficient resolution.

POLICY SCOPE

This policy applies to all staff, students, volunteers, contractors and clients of Access Healthcare Services.

POLICY GUIDELINES

AHSI has established the following framework to ensure a clear understanding for anyone wishing to make a complaint. All complaint information will be handled sensitively, informing only those who need to know. AHSI will follow any relevant information protection requirements. The AHSI goal as it relates to complaints management includes the following;

- 1. To publicize the existence of our complaints procedure so that people know how to contact us to make a complaint
- 2. To make sure all AHSI staff are aware of the steps to follow when a complaint is received
- 3. To make sure all complaints are investigated fairly and in a timely manner
- 4. To make sure that complaints are, wherever possible, resolved and that relationships are repaired
- 5. To gather information which helps us to improve what we do

Procedure

The person who receives an email/written/phone or in person complaint should:

- 1. Write down the facts of the complaint
- 2. Take the complainant's name, address and telephone number
- 3. Note down the relationship of the complainant to client
- 4. Advise the complainant that we have a complaints procedure
- 5. Advise the complainant what will happen next and how long it will take
- 6. Where appropriate, ask the complainant to provide a written account so that the complaint is recorded in the complainant's own words

Resolving Complaints

<u>Stage One</u>: The complaint will be formally acknowledged by the "Complaint Handler" within 24-48 hours and will be entered into the AHSI Event Tracker. If applicable, a CELS will also be completed. An acknowledgement will confirm who is dealing with the complaint and when the complainant can expect a reply. In many cases, a complaint is best resolved by the person responsible for the issue being complained about.

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If it has not already been resolved, an appropriately assigned person will investigate the complaint and take appropriate action within 5 working days. Depending on the seriousness or circumstances of the complaint, a suitability assigned staff member (ie Manager or Supervisor) may be required to meet the complainant in person to discuss and hopefully resolve the complaint, however in most situations the compliant can be managed via phone call and/or email. Upon conclusion of the investigation, the outcome discussion with the client should be completed within 5 business days including documentation of all action and/or follow up completed. The "Complaint Handler" must enter the outcome information into the AHSI Event Tracker and CELS (if applicable) and make a reference in the client's file ensuring adherence to all applicable privacy legislation.

Escalation Process

Stage Two: If the complainant feels that the problem has not been satisfactorily resolved at Stage One, they can request that the complaint is escalated and reviewed at the Manager or Director level (depending on who handled the complaint during Stage one). At this stage, the complaint will be passed to Program Manager, Quality Assurance Manager or Client Services Director. If the complaint is from an employee, Human Resources will be engaged if not done so already. The request for an escalated review is to be acknowledged within 48 hours of receipt. The acknowledgement will confirm who will manage the complaint and when the complainant can expect a reply. This may involve reviewing the case and speaking with the person who dealt with the complaint during Stage One. Stage two complaints should receive a definitive reply within 10 working days. If this is not possible, for instance an investigation has not been fully completed, a progress report will be sent with an indication of when a full reply will be given. The decision taken at this stage is final. If the complainant is still not satisfied with the outcome of the complaint, they may contact the Chief Executive Officer and/or Home and Community Care Support Services (HCCSS) if they have not done so already.

Continuous Improvement

<u>Stage 3</u> AHSI will monitor and review the effectiveness of our complaints handling process to ensure that this continuously improves and learnings from complaints handling are carried through the Organization. Complaints are reviewed quarterly and annually to identify any trends which may indicate a need for a quality improvement initiative.