



RC-09-01-04

Complaints and Customer Service

LAST REVIEWED: April 2022

APPENDICES:

- Appendix 1 – Complaint Investigation Form
- Appendix 2 – Investigation Observation and Response Form
- Appendix 3 – Investigation Interview Form
- Appendix 4 – Complaints Contact Form
- Appendix 5 – Complaint Log

REQUIRED DOCUMENTS:

- NATIONAL WORKPLACE INVESTIGATION TOOLKIT, Human Resources – May be used as a guide when investigating and documenting an incident.

RELATED AND SUPPLEMENTAL POLICIES:

- RC-02-01-01, Zero Tolerance of Resident Abuse and Neglect Program, Resident Care Manual
- RC-02-01-02, Zero Tolerance of Resident Abuse and Neglect: Response and Reporting, RCM
- RC-02-01-03, Zero Tolerance of Resident Abuse and Neglect: Investigation and Consequences, RCM
- Whistleblower Policy, National Policies
- RC-09-01-05, Critical Incident Reporting (AB, MB, SK), Resident Care Manual
- RC-09-01-06, Critical Incident Reporting (ON), Resident Care Manual
- RC-02-01-04, Commitment to Resident-Centred Care and Resident Rights, Resident Care Manual
- OP-02-01-15, CQI Committee, Operations Manual
- OP-02-01-16, Family Council, Operations Manual
- OP-02-01-17, Residents' Council, Operations Manual
- RC-11-01-02, Breach of Privacy, Resident Care Manual
- RC-10-01-02, Confidentiality, Resident Care Manual

POLICY

The home will proactively address and resolve concerns/complaints in a timely manner, in keeping with principles of customer service, quality improvement and risk management.

Where necessary, concerns/complaints will be elevated to ensure the issue is addressed in a manner that balances the rights of the parties involved.

The home will provide all residents, substitute decision-makers (SDMs), families, staff and other stakeholders with its written processes for obtaining information, raising concerns and lodging complaints regarding the home and its services. These processes will also be posted within the home.

The home will also provide residents, families, SDMs, resident and family councils, staff and other stakeholders with information on external complaints and concerns resolution processes where

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applicable (e.g., Provincial Ombudsman, Protection for Persons in Care office, Ontario Long-Term Care Action Line).

The home will comply with relevant regulatory requirements or provincial, regional, local health and other authority written directives regarding concerns/complaints. The management and resolution of issues will ensure that residents, families, SDMs and other stakeholders receive a response within required legislative timeframes and the addressed concerns are documented.

BACKGROUND

Extendicare welcomes feedback from residents, families and other stakeholders. Homes will proactively identify opportunities to improve customer satisfaction; track and resolve concerns and complaints in a fair and timely manner; and take steps to address root causes and contributing factors in order to prevent reoccurrence.

PROCEDURES

- ADMINISTRATOR / DESIGNATE
1. Ensure that timelines for responding to verbal/written complaint are followed and that the documentation is forwarded to provincial, regional, local health and/or other authorities, as required.
 2. Inform the Regional Director (RD) of contentious issues and/or situations that result in a Critical Incident Report, and keep RD apprised on the investigation/outcome. Where appropriate, contact the Communications Department.

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- ADMINISTRATOR / DESIGNATE
- INVESTIGATION**
1. Initiate an investigation into the circumstances leading to the complaint within 24 hours. Investigation may include the following:
 - a. Interviewing all staff who may have information related to the complaint;
 - b. Interviewing the resident and other residents or persons, as appropriate who may have knowledge about the complaint;
 - c. Physically assessing the resident;
 - d. Contacting the resident's physician, when applicable;
 - e. Reviewing the resident chart including documentation around the time of the complaint and other relevant documentation as appropriate;
 - f. Interviewing other residents who may have knowledge about the complaint;
 - g. Reviewing security cameras if installed in the home;
- DEPARTMENT MANAGER / DESIGNATE

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- h. Contacting and interviewing any other person who has been identified during the event; and
- i. Conducting a re-enactment of the event.

Note: In Ontario, where a written complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation shall be commenced immediately.

2. Use the Workplace Investigation Toolkit provided by Extendicare's Human Resources department, where appropriate.
3. Consult with Regional Director and Human Resources/Labour Relations as required.
4. If required, contact the author of the complaint to obtain further details.
5. Take notes of all interview questions, observations, responses and other actions related to the investigation. See *Investigation Observation and Response Form, Appendix 2*.
6. When possible, witness questions and statements should be written by the witness, dated and signed. See *Investigation Interview Form, Appendix 3*.
7. Each contact with the complainant should be recorded on the Contact Log by the person making the contact. See *Complaints Contact Form, Appendix 4*.
8. Keep all materials related to the investigation together in one file for future retrieval and quality improvement auditing purposes e.g., home shared folder.
9. Complete the investigation within 10 days. If the investigation is not completed within 10 days, contact the complainant to indicate the investigation is ongoing and provide an estimated date of completion. Provide regular updates on the process until investigation is complete.
10. Provide written response at conclusion of investigation. Review draft with RD, and Communications where appropriate, prior to release. The written response will include:
 - a. What the home has done to resolve the complaint. This will be shared with the complainant/resident/SDM/family/staff or any other individuals involved.
 - b. Depending on the severity of the complaint, a disclosure meeting may be required and the written response can be provided to the complainant at the meeting.
 - c. The reasons why this conclusion was reached if the complaint is unfounded.

IN ONTARIO ONLY:

- d. The Ministry's toll-free telephone number for making complaints about homes and its hours of service (the Long-Term Care Family Support and

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Action Line: toll-free 1-866-434-0144; Hours of operation: 8:30 a.m.-7:00 p.m., 7 days a week) and,

- e. Contact information for the Patient Ombudsman (on the internet: <https://patientombudsman.ca/Complaints/Make-a-complaint/Submit-Complaint> OR mail: Patient Ombudsman, Box 130, 77 Wellesley Street West, Toronto, Ontario M7A 1N3),
- f. Confirmation the home immediately forwarded the complaint to the ministry in instances where a written complaint alleges harm or risk of harm including, but not limited to, physical harm to one or more residents.

Note: *In Ontario, complaints/concerns brought forward must be investigated, resolved (where possible), and a written response (signed by the Administrator) provided to the complainant within 10 business days of receipt.*

11. If concern has not been resolved to the complainant's satisfaction, inform the complainant of their right to contact the provincial ombudsman, region advocate, or other resource as appropriate.
12. Where required by provincial, regional, local health and/or other authorities, forward a copy of the written complaint and response to the appropriate regulatory body.
13. Where required by provincial, regional, local health and/or other authorities, submit an incident report within required timeframes.
14. Refer to policies, *Critical Incident Reporting (AB, MB, SK), RC-09-01-05 or Critical Incident Reporting (ON), RC-09-01-06* depending on your region, and *Zero Tolerance of Resident Abuse and Neglect: Response and Reporting, RC-02-01-02*.

CONTINUOUS QUALITY IMPROVEMENT

1. Maintain a record of all complaints and actions taken in the Complaint Log. See *Complaint Log, Appendix 5*.
2. Retain written investigation records and keep them in one location.
3. Monitor the resolution of concerns/complaints monthly to identify trends and opportunities for quality improvement.
4. Review trends and actions taken at Resident Care or CQI Committee. Revise action plan as needed. Forward suggestions for policy or process improvement to Quality, Risk and Innovation Department.
5. Review concerns/complaints management process with resident council and family council, where applicable. Document concerns and recommendations and report back as appropriate.

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6. Follow applicable provincial or other authority reporting requirements.
Note: In Ontario, homes must forward a copy of the written complaint immediately to the Ministry of Health and Long-Term Care.
7. Ensure brochures and posting of information outlining the processes to lodge a concern/complaint are available, visible and accessible.
8. Ensure comprehensive educational resources are available to residents, and families upon admission and reviewed annually thereafter.
9. Ensure all current staff and new hires receive concern/complaint policy education and comply with reporting requirements of various provincial and regional health authorities.

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- INTERDISCIPLINARY TEAM
/ ALL STAFF
1. Respond to all verbal or written concerns/complaints about the care of a resident or operation of the home.
 2. Attempt to resolve the issue and provide assurance that there will be no retaliation for raising concerns or reporting complaints.
 3. Encourage open dialogue with residents and families. Attempt to resolve emerging issues using the L.A.S.T. approach.
 4. Respond to all initial verbal and written concerns/complaints within 24 hours.
 5. Respond immediately when a complaint identifies a resident safety or risk of harm issue/potential.
 6. Inform the Administrator/Department Manager when a complaint has been received.
 7. Follow up to acknowledge the complaint; inform complainant that an investigation has been initiated/conducted and assure the complainant that a written response will be provided within 10 days or sooner (if urgent). Provide a written response where required by provincial legislation.
 8. Complete a concern/complaint investigation form in detail if the complaint cannot be resolved within 24hrs, and forward to the Administrator/department manager. See *Complaint Investigation Form, Appendix 1*.
 9. Report on unresolved concerns/complaints at shift report and daily clinical meeting.
 10. Implement corrective action(s) as appropriate post-investigation.

VERBAL COMPLAINTS

1. Obtain as many details as possible regarding the complaint.
2. Attempt to resolve the issue using the L.A.S.T. approach.

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3. Initiate an investigation immediately where possible (i.e., complaints about missing laundry, missing glasses, etc.).
4. Notify reporting manager if the concerns/complaints are not within scope to resolve.
5. If the verbal complaint can be resolved within 24 hours, the person receiving the complaint (or the department manager) will verbally respond to the complainant with the outcome/resolution.
6. If the investigation cannot be initiated immediately and/or resolution cannot be obtained within 24 hours, forward the complaint to the department manager for follow-up.



- Verbal complaints that can be resolved within 24 hours do not require a written investigation report. Where complaints cannot be resolved within 24 hours, a written record of the complaint as well as the investigation of the outcome will be retained by the home. All complaints should be tracked for internal quality improvement purposes.
- Whistleblowing protections are intended to give anyone the confidence to bring forward anything about an LTC home, including the care of a resident, without fear of retaliation. If a complaint is received under the banner of “whistleblower”, refer to Extencicare’s National Whistleblower Policy.



COMPLAINT

A verbal or written expression of grievance or dissatisfaction.

WRITTEN COMPLAINTS

Written complaints include written notification in any format, including anything handwritten such as letters, notes, correspondence, e-mails, facsimile documents and text messages.

L.A.S.T. APPROACH

L = Listen A = Apologize S = Solve T = Thank

CQI COMMITTEE

Refers to the Continuous Quality Improvement Committee within the home.



Advocacy Centre for the Elderly, Complaints in Long Term Care Homes

http://www.advocacycentreelderly.org/appimages/file/Complaints_in_LTC_-_2010.pdf

Communicating with CARE

http://www.Impartnership.org/sites/default/files/communicating_care.pdf

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Concerned Friends Family Councils of Ontario
<http://www.concernedfriends.ca>

Sorry Works! Making Disclosure a Reality for Healthcare Organizations
<http://www.sorryworks.net/>

Ontario Association of Residents' Councils
<http://www.ontarc.com>

A Guide to the Long-Term Care Homes Act, 2007 and Regulation 79/10
http://www.health.gov.on.ca/en/public/programs/ltc/docs/ltcha_guide_phase1.pdf

Ontario Fixing Long-Term Care Act, 2021
<https://www.ontario.ca/laws/statute/21f39>

Ontario Regulation 246/22 made under the Fixing Long-Term Care Act, 2021
<https://www.ontario.ca/laws/regulation/r22246>

Alberta Ombudsman's Office
<https://www.ombudsman.ab.ca/>

Alberta Health, Supportive Living Accommodation Standards, Forms and Publications
https://www.alberta.ca/continuing-care.aspx?utm_source=redirector

Alberta Nursing Homes Act, 2000
<http://www.qp.alberta.ca/documents/Acts/N07.pdf>

Alberta Nursing Homes Operation Regulation 258/1985, 2017
http://www.qp.alberta.ca/documents/Regs/1985_258.pdf

Alberta Continuing Care Accommodation and Health Service Standards
<https://www.alberta.ca/continuing-care-accommodation-and-health-service-standards.aspx>

Manitoba Ombudsman's Office
<http://www.ombudsman.mb.ca>

Manitoba Health Services Insurance Act, RSM 1987, c. H35
<https://web2.gov.mb.ca/laws/statutes/ccsm/h035e.php>

Manitoba Personal Care Homes Standards Regulation, 2005
https://web2.gov.mb.ca/laws/regs/current/_pdf-regs.php?reg=30/2005

Excellent Care for All Act, 2010, S.O. 2010, c. 14
<https://www.ontario.ca/laws/statute/10e14>

Extendicare's Intranet is the official source of current approved policies, procedures, best practices and directives.