

Leamington Mennonite Home
Long Term Care

**QUALITY & RISK MANAGEMENT
POLICY AND PROCEDURE**

CATEGORY: Complaints Management Program	SUBJECT: Complaints Management Program	SECTION: E POLICY: 1
DATE: July 12, 2022	Administrator's Signature: _____	

COMPLAINTS MANAGEMENT PROGRAM

POLICY:

Any complaint (verbal, written, telephone, email, or text) received at the Home or at support services office from residents, families, visitors, and staff shall be investigated, and actions shall be taken for resolution.

PROCEDURE:

If a complaint is received at Support Services Office or by the CEO:

The Recipient of the complaint will:

- 1) Forward the complaint to the associated Vice President Regional Operations.
NOTE: The Executive Vice President, Operations, is also to be notified if the complaint is received by the CEO.

The Vice President Regional Operations or designate will:

- 1) Upon receiving notification of the complaint, inform the Home's QRM Lead.
- 2) Contact the complainant, acknowledging receipt of the complaint, noting that an investigation will commence, and advise that the VPRO or designate will follow up within 10 business days.
- 3) Add any additional information to the Complaints section of the Community Operating Report (CORE) if applicable.
- 4) Upon completion of the investigation, contact the complainant to summarize the investigation and actions that have taken place, and to ensure a final resolution of the complaint.

The QRM Lead will:

- 1) Upon receipt of notification from the VPRO, commence an internal investigation following the same process below (as though the complaint was received at the Home).
- 2) Log the concern/complaint on the Home's CORE Complaints section. In the event of a written complaint related to a resident's care or the operations of the Home, immediately forward a copy of the complaint to the MLTC Critical Incident and Triage Team (CIATT) as per Ministry regulations and follow the procedure in the written complaint section.

- 3) Log any additional information on the CORE Complaint section to identify the type or category of complaint.
- 4) Ensure the VPRO is kept informed throughout the investigation of the actions taken and the outcomes of the investigation.

If a complaint is received at the Home:

The QRM Lead or designate will:

- 1) Ensure all staff are advised during orientation that if they receive a complaint from any source, they must report it to a departmental manager or supervisor immediately, including the requirement to immediately report to the MLTC (Director) any alleged or suspected abuse.
- 2) Inform all residents and their families of the complaint procedure through the move in process, including the requirement to immediately report to the MLTC (Director) any alleged or suspected abuse.
- 3) Inform the MLTC Critical Incident and Triage Team (CIATT) of all written complaints as per Ministry regulations.

Verbal Complaints that can be resolved within 24 hours:

The QRM Lead or designate will:

- 1) Contact or arrange to meet with the complainant to obtain information about the area(s) of concern.
- 2) Identify the complaint and document the investigation and follow up actions on the CORE.
- 3) Contact complainant and communicate actions taken to resolve the complaint.
- 4) Ensure departmental manager's report and follow up on verbal complaints from any source within their department and complete a Complaint Record within one business day of receiving a verbal complaint.
- 5) Update the Complaints section of the CORE with any additional follow up actions.

Verbal complaints that require more than 24 hours for resolution and/or written Complaints:

The QRM Lead or designate will:

- 1) Immediately forward all written complaints to the MLTC Critical Incident and Triage Team (CIATT) as per Ministry Regulations.
- 2) Within 3 days, contact or arrange to meet with the complainant to obtain information about the area(s) of concern.
NOTE: An initial acknowledgment letter can be sent to the complainant while the investigation is in process.
- 3) Include in the response:
 - the Ministry's toll-free number for making complaints and its hours of service;
 - the contact information for the Patient Ombudsman; and
 - whether the complaint is required to be reported to the Director and if so confirmation that it was reported.
- 4) Conduct and document an internal investigation using the Complaint Record Form. Ensure documentation includes:
 - Nature of the written complaint

- Date complaint was received
 - Type of action taken to resolve complaint, including date of action, timeframes for actions, and any follow-up action required
 - Final resolutions
 - Every date on which any response was provided to the complainant and description of response
 - Any response made by complainant
- 5) File all written complaint investigations in the Complaints Management binder.
 - 6) Provide a written response to the complainant within 10 business days of receipt
 - cc the MLTC Critical incident and Triage Team (CIATT) as per Ministry regulation (s23s2)
 - cc the Vice President Regional Operations
- 5) Log written complaint and actions on the CORE Complaints section.

All Complaints:

The QRM Lead or designate will:

- 1) In the event a complaint cannot be resolved within 10 business days, provide an acknowledgment of receipt within 10 business days to the complainant, including the date by which the complainant can expect a resolution and follow-up response. The investigation must be concluded in 21 days; if this is not possible due to circumstances beyond the control of the Home, document the reason for the delay in the investigation notes.
- 2) Advise the VPRO whenever any serious written or verbal complaint is received and note all complaints on the CORE Complaints section.
- 3) Draft response to the complainant and document on the CORE Complaints section.
- 4) File the complaint information, complaint record, and any other investigation notes in a Complaints Management Binder (all complaints must be logged on the CORE Complaints section and any follow up noted).

The Home's Leadership & Quality Committee will:

- 1) On a quarterly basis, review, analyze, and trend all complaints; and will:
 - a. Ensure the results of the review and analysis are used in determining what improvements may be required.
 - b. As appropriate, forward issues/trends/analysis to other committees (i.e. Resident Safety, JHSC).
 - c. Ensure a copy of concerns, investigation notes, action plans, outcomes, and improvements for each concern/complaint are filed and maintained.