



## Statement of Policy and Procedure – April 1, 2016

Subject:	Comments and Complaints
Location:	G:\Orientation\ALL STAFF\Policies and Procedures\Human Resources Manual
Folder:	All Staff Orientation
Subject:	Comments and Complaints
Scope:	All Staff, Providers and Volunteers
Date Effective:	April 1, 2016
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Approved by:	Senior Management Team
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### 1. PURPOSE

- 1.1 Sherbourne Health (Sherbourne) is committed to providing safe, high quality, client- centred care and services. We believe that feedback (compliments, complaints and suggestions) from our clients helps us improve the quality of our programs and services.
- 1.2 This policy provides guidelines for reviewing, managing, documenting and responding to feedback from clients about their experience receiving care and services at Sherbourne.
- 1.3 The policy ensures compliance with the Accessibility for Ontarians with Disabilities Act (2005), by providing a process to receive feedback regarding accessibility of information and services. It also articulates a patient relations process, in accordance with the Excellent Care for All Act (2010).

### 2. POLICY STATEMENT

- 2.1 Sherbourne will respond to all feedback in a professional, respectful, and timely manner.
- 2.2 While we believe that most complaints can be effectively resolved between the complainant and their provider directly, we also recognize the need for a process for issues that cannot be resolved in this manner.
- 2.3 Complaints can be submitted anonymously, and will be taken seriously, with the understanding that in such cases there will be no opportunity for the complainant to provide additional information that may be necessary to assist in the matter, or to be informed of any process or outcome resulting from the complaint.



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- 2.4 We will maintain confidentiality to the fullest extent possible under the law to investigate a complaint. There are several procedures in place to respond to feedback depending on the nature of the matter and the expectations regarding outcomes (as outlined below).
- 2.5 Complaints that are deemed by the recipient to be clearly frivolous, vindictive and/or vexatious will not be investigated. However, complaints made in good faith, even if not substantiated by an investigation, will not result in reprisal and acts of reprisal will not be tolerated.

### 3. DEFINITIONS:

- 3.1 **Complaint:** For the purpose of this policy, an expression of disappointment, discontent or fault relating to an experience at Sherbourne. A complaint is actionable. i.e. X occurred, which led to Y consequences, therefore I request that Z be put in place.
- 3.2 **Complainant:** The person making the complaint. This may include clients, clients; substitute decision-makers, caregivers, volunteers, supporters, community members and/or visitors.
- 3.3 **Recipient:** The person receiving the comment or complaint. This may include a program manager/director, or the Director of Corporate Affairs.



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## 4. PROCEDURE:

### Compliments and Suggestions

Any client or community member may use the Feedback Form to submit a compliment or suggestion about Sherbourne programs and services. They will be shared with the individuals involved and their direct supervisors, or where appropriate with teams, departments or working groups for the purposes of staff recognition and quality improvement (unless the writer requests otherwise).

#### 4.1 Individual Complaints

These include circumstances when a complainant perceives their experience at SH was:

- Not of high quality;
- Not safe;
- Not consistent with Sherbourne's values, or the Client Rights Statement;
- Contravened a professional practice standard; or
- Any other good faith issue that Sherbourne can investigate and act upon.

4.1.1 As a first step the complainant is generally encouraged to discuss the matter with the individual involved. That person will document the discussion in the client's record, along with the outcome of the discussion. An outcome may include a resolution agreed by the parties, or the complainant wishing to use another channel to complain.



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- 4.1.2 Clients are encouraged to complete and submit a Feedback Form if:
- There is not a satisfactory resolution of the matter with involved parties
  - They are not comfortable discussing the matter with the individual involved
  - They do not know who to discuss their complaint with.
- 4.1.3 Where a third party makes a complaint on behalf of a Sherbourne client, Sherbourne requires the client's (or an appropriate substitute decision-maker's) written consent to proceed.
- 4.1.4 The recipient of the Feedback Form may speak with the complainant to get specific details about the concern, collect any additional information by interviewing the person(s) involved (including the person about whom the complaint has been made). The recipient will also provide an update on the status of the complaint to the Complainant within five days of receiving it, and advise the Complainant when the issue is resolved.
- 4.1.5 Where there is evidence to validate the complaint, appropriate measures will be taken, which may include educational/ remedial activities, or disciplinary action.
- 4.1.6 Where the issue is severe, repeated and/or intentional, or is part of a pattern of complaints, disciplinary action may be implemented, or the offending person may be released from SH.



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### 4.2 Complaint about a service/program and general complaints

- 4.2.1 Any client or community member can complete a Feedback Form to outline a complaint about Sherbourne. Such complaints may include the way a program is delivered, e.g. the program does not provide the services it claims to, the hours of service do not meet the client's needs, or there are barriers to accessing the service or program. Complaints may also cover general issues about Sherbourne, such as hygiene, catering, maintenance, or general customer service standards.
- 4.2.2 The recipient will review the Feedback Form and will contact a complainant who requests follow up.
- 4.2.3 Serious concerns, such as potential health and safety risks, will be documented by the supervisor to ensure that any hazard or risk is addressed.

### 4.3 Learning and Reporting

- 4.3.1 Where an issue is deemed an 'Adverse Event', 'Critical Incident' or 'Near Miss' for the purposes of quality, health and safety reporting, it will be recorded and reported accordingly.
- 4.3.2 Feedback and Incident Forms (without identifying information) will be reviewed by either the Joint Health and Safety Committee, Management Team, Quality of Care Committee and/or the Board of Directors, as appropriate. The results will be made available to all staff.
- 4.3.3 Aggregate data about the client feedback process will be reported to the Board of Directors on a quarterly basis.



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### 4.4 Fundraising

As a registered charity, Sherbourne raises funds to support programming and services. Fundraising is guided by the Association of Fundraising Professionals (Canada) Code of Ethical Principles and Standards. Concerns about fundraising, can be submitted using the Feedback Form.

### 4.5 Role of Corporate Affairs

For the purpose of this policy, the role of Sherbourne Corporate Affairs is similar to what other health care organizations may call Patient Representatives, or Patient Relations Process Delegates.

Corporate Affairs will receive any feedback that is not specifically addressed to an individual at Sherbourne. They will establish to whom the feedback should be directed. Depending on the nature of the feedback, it may be appropriate for them to establish an investigation, or to coordinate/advise the parties toward an appropriate resolution.

## 5. OPTIONS AVAILABLE

The Feedback Form may be emailed to [feedback@sherbourne.on.ca](mailto:feedback@sherbourne.on.ca)<sup>\*</sup>, sealed in an envelope and dropped into the Suggestion Boxes<sup>\*</sup> throughout the Centre or mailed, marked 'Confidential' to:

Director, Corporate Affairs  
Sherbourne Health Centre  
333 Sherbourne Street,  
Toronto, M5A 2S5



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\*We cannot guarantee confidentiality through these channels. If a complaint includes personal health information or any other sensitive information, we strongly recommend that it is mailed. Suggestion boxes are checked twice per week.

**ADMINISTRATION:** Director, Corporate Communications

## 5. RELATED REFERENCES:

### 5.1 Harassment Complaints

Complaints related to alleged harassment should be made using the Feedback Form and will be addressed in accordance with the Harassment Policy.

### 5.2 Privacy Complaints

Complaints related to privacy should be made in writing to the Privacy Officer. The Privacy Officer will investigate and address the complaint, with communication to the complainant within thirty (30) working days. Please refer to the 'Privacy of Client Information Policy' for detailed information.

### 5.3 Accessibility Feedback

Comments, suggestions and other feedback regarding accessibility can be made over the telephone, or submitted using the Feedback Form. The form may be submitted using any of the methods described, or any other reasonable method.

**FORMS/PAPERWORK:** Feedback Form



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### Feedback Form

Name (Optional) \_\_\_\_\_

Phone Number (Optional) Home \_\_\_\_\_

Work \_\_\_\_\_

Email\* \_\_\_\_\_

Date \_\_\_\_\_

Compliment

Suggestion

Complaint

Tell us what you liked, or didn't like about the service you received at SH (*Attach another sheet if necessary*):

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### Feedback Form

What would have made your experience better?

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May we contact you using the details you have provided above\*?      Yes       No

*\*This lets us get in touch with you to help us understand your feedback, and to let you know what we do about your comments. We cannot guarantee the confidentiality of email, therefore we strongly recommend that you do not include health information over email. If you choose to include health information, we may contact you in another way for confidentiality reasons.*