



CATEGORY: Human Resources/Effective Governance                      POLICY NO.: 2014-013  
SUBJECT: **PATIENT/PUBLIC COMPLAINTS AND DISPUTE RESOLUTION**  
PAGE(s): 3  
APPROVED BY:                      Rev. Date: Mar 28, 2019  
Executive Director: Mary-Jane Rodgers                      Review On: Mar 28, 2020

---

## **INTRODUCTION**

Appropriate policies and procedures for responding to and resolving complaints and disputes are essential to discharging the Aurora-Newmarket Family Health Team's (ANFHT) responsibilities to its patients and other stakeholders. It is also a requirement set out in the ANFHT's agreement with the Ministry of Health and Long-Term Care.

## **POLICY**

The ANFHT is committed to responding to patient complaints about the ANFHT's services, as provided by the ANFHT's employee, in fair, timely and respectful manner, and without fear of discrimination, retaliation, or unreasonable interruption of care or treatment of services.

## **PROCEDURES**

From time to time, patients and other stakeholders may have a complaint about some aspect of the ANFHT's services, facilities or systems. The procedures in this policy have been put in place to ensure that:

1. Complainants and employees of the ANFHT have clear procedures to follow in such circumstances;
2. Complainants are responded to in a fair, timely, and respectful manner; and
3. Complainants feel able to raise issues of importance and see the ANFHT responding to their concerns.

When a complaint is made, the following procedures shall be followed:

1. The first(ANFHT)employee contacted by the complainant(s) should endeavor to resolve the complaint promptly and informally, wherever possible. For example. Relatively minor complaints such as; a change in room temperature or housekeeping, may be resolved quickly and without a formal response.
2. If the complaint cannot be resolved informally or if the complainant is dissatisfied with the outcome of the complaint, the employee contacted by the complainant should attempt to talk with the complainant in a confidential location to gather pertinent information. The employee shall record the complainant's name, telephone number and the general nature of the complaint. The complainant should be informed that this information will be passed on to the Executive Director.

3. The employee shall forward the complainant's complaint and information to the Executive Director as soon as reasonably possible.
4. The Executive Director shall review the complainant's complaint and information and shall:
  - a. Prior to contacting the complainant, speak to the subject of the complaint to inform them that a complaint has been made about them and to ask for their comments regarding the complaint;
  - b. Contact the complainant to acknowledge receipt of the complaint and determine if the complainant has attempted to discuss the concern with the employee;
  - c. If the complainant has discussed the concern with the employee, the Executive Director shall provide the complainant with information about how the complaint will be managed;
  - d. Endeavour to resolve the complaint informally with the complainant, if possible;
  - e. If the complaint cannot resolve informally by the Executive Director, then the Executive Director shall initiate an investigation and co-ordinate the investigation of the complaint with at least one other person, who may be the Lead Physician, who will participate in the resolution process, as appropriate.
5. If a complaint is received in writing, the complaint shall be provided to the employee. The Executive Director shall inform the complainant of the employee's response. If the issue is not resolved, the Executive Director shall initiate an investigation. Investigations under this Policy may include interviews and/or consultations with other appropriate members, a review of the complainant's medical records, and/or consultation with legal counsel, if required.
6. The Executive Director may complete an Incident Report (see [Tab 11](#) in the Human Resources Procedure guide) and deliver a resolution to the Lead Physician and/or other appropriate employee members for resolution action and/or a plan to prevent recurrence of similar complaints.
7. Resolutions may include: No further action/employee's actions were appropriate; warnings; education programs; suspension; report to a professional college; and/or termination.
8. Upon final resolution of the complaint, the Executive Director will contact the complainant informing him/her of the resolution steps taken by the Executive Director.
9. If the complaint involves or relates to the Executive Director and/or Lead Physician, the complaint shall be referred to the Board Chair, or delegate, together with all relevant documentation. The Board Chair, or delegate, may seek the assistance of a third party outside of the ANFHT to assist with the management and/or resolution of the complaint. The procedures set out above shall be followed in any Board Chair reviews of complaints. If the Complainant is dissatisfied with the resolution of the complaint, the complainant will have the opportunity to "appeal" directly to the Board Chair.

## Timelines and Reports

1. All complaints shall be responded to and/or resolved as quickly as reasonably possible under the circumstances. Ordinarily, complaints that cannot be resolved informally should not take more than ten (10) business days to be resolved, although more complex complaints may take up to thirty (30) days to resolve.
2. Complaints about situations that endanger the patient, such as neglect or abuse, shall be reviewed immediately, given the seriousness of the allegations and the potential harm to patients and/or to the public.
3. Complainants shall be kept informed of relevant procedures, status of their complaint, and the disposition of their complaint.
4. The ANFHT will apply what it learns from the complaint/grievance process as part of its continuous quality improvement activities.
5. If a patient complaint/grievance is related to the “Freedom of Information and Protection of Privacy Act” and/or “Personal Health Information Protection Act”, the person receiving the complaint/grievance will notify the Executive Director of the Family Health Team as soon as possible. The Executive Director will take the appropriate action to resolve the complaint/grievances as required by the Privacy regulations.
6. If a minor patient (under the age 18 years) wishes to make a complaint, the parent or legal guardian of the minor patient must file the complaint on behalf of the minor patient. The ANFHT’s response regarding such complaints must be provided to the patient and to the parent or legal guardian. The parent or legal guardian must be present during any questioning of the minor patient.
7. Complaints received in a language other than English require formal translation of all written communications, and interpreter services shall be provided for oral communications with the complainant.
8. The Executive Director shall present quarterly, confidential reports to the Board of Directors on the types of patient complaints, categories of complainants, volumes, turn-around time, procedural changes, and recurring incidents, if needed.