

<b>Complaints Management Program</b>	<b>Policy Number: XXIII-E-10.00</b>
<b>Department: Administration</b>	<b>Current Version Review Date:</b> January 2026
<b>Manual Owner: Director of Care</b>	<b>Original Policy Date:</b> May 17, 2023
<b>Attachment(s):</b> E-10.00(a) Initial Acknowledgment Letter to Complainant (Sample) E-10.00(b) Complaint Record E-10.00(c) Written Response Letter (Sample) E-10.00(d) Tips on Complaint Management Process	Current Version Reviewed By: QI Lead & Executive Director

**POLICY:**

Any complaint (verbal, written, telephone, email, or text) received at the Humber Meadows Long Term Care Home (HMLTCH) from residents, families, visitors, and team members shall be investigated, and actions shall be taken for resolution. The responsibility to resolve complaints lies with all team members.

Any complaint that alleges harm or risk of harm, including, but not limited to, physical harm, to one or more residents, must be forwarded to the Ministry of Longterm Care (MLTC) (Director) as per Ministry regulations. If the complaint meets the criteria of a Critical Incident, it must be reported to MLTC (Director) appropriately. Please reference XXIII-D-10.40 MLTC Critical Incident Reporting (ON) for reporting timelines and definitions.

Complaints received at HMLTCH will be reviewed by the Executive Director or Designate of the home for follow-up.

If a resident, family member, or substitute decision maker gives feedback or makes a comment that can be resolved within 24 hours, the feedback or comment can be considered fully resolved and the remaining steps in the policy do not apply.

## **PROCEDURE:**

### **All complaints (verbal or written) requiring more than 24 hours to resolve:**

The Recipient of the complaint will:

1. In the event of receiving a complaint that they have the ability to resolve immediately, they may take steps to resolve the issue prior to reporting it to departmental manager/supervisor.
2. Determine which department the complaint is in reference to and inform the appropriate member of the leadership team.

Leadership Team Members will:

1. Ensure that all complaints that allege harm or risk of harm, including, but not limited to, physical harm to one or more residents, are immediately forwarded to the MLTC (Director) as per Ministry Regulations.
2. Upon receiving the complaint, consider calling the complainant to discuss the complaint and to obtain information about the area(s) of concern.
3. Review and ensure that the safety needs of the resident are met.
4. Inform the Executive Director and leadership team of the complaint.
5. Send an initial acknowledgment letter to the complainant (may complete while the investigation is in process).
6. Start a Complaint Record within one business day of receiving a complaint.
7. Keep the Complaint Record as per the home process (i.e. Complaints Management Binder). At minimum, a Complaints Management Binder must be maintained by the Home.
8. Conduct and document the internal investigation using the Complaint Record Form. Ensure documentation includes:
  - Nature of the complaint
  - Date complaint was received
  - Investigation findings (if applicable)

- Action taken to resolve complaint, including date of action, time frames 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 the complainant
9. Consider a touchpoint with the complainant to provide an update on the status of investigation.
10. Provide the Executive Director with the results of the investigation and any other relevant follow-up information.
11. Prepare the written response letter within 10 business days, and review with the Executive Director prior to sending to the complainant. Ensure the Executive Director is copied on the response letter. Written response must include:
- 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.
12. Ensure the Complaint Record and investigation notes are complete and filed in the Complaints Management Binder or the home specific filing process.
13. In the event a complaint cannot be resolved within 10 business days:
- Within 3 business days of when the delay is identified, issue a letter to the complainant to inform them of the delay and the expected date of resolution and follow up.
  - 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.

The Executive Director and/or Designate will:

1. Ensure that all complaints that allege harm or risk of harm, including, but not limited to, physical harm to one or more residents are submitted to the MLTC (Director) as per Ministry Regulations
2. Upon receipt of a complaint, determine which department the complaint is in reference to and delegate the internal investigation to Leadership team members as appropriate.

3. Support Leadership team members with or conduct the internal investigation of the complaint.
4. Ensure that there is a follow up done with the complainant that includes the communication of the action(s) taken to resolve the complaint.
5. Ensure the Leadership team member's report, including the Complaint Record and investigation notes, is complete and filed in the Complaints Management Binder.

**Additional Requirements:**

**All Leadership Team Members will:**

1. Ensure all team members are advised during orientation that if they receive a complaint from any source, they must report it to a departmental manager or supervisor immediately (NOTE: in the event a team member receives a complaint that they have the ability to resolve immediately, they may take steps to resolve the issue prior to reporting it to departmental manager/supervisor).
2. Ensure all team members are aware of the requirement to immediately report to the MLTC (Director) any alleged or suspected abuse, any potential concern re neglect or improper care and any written complaint including an email/message.
3. Inform all residents and their families during the move-in process of the complaint procedure, including the legislated requirement that the Home must immediately report to the MLTC (Director) any alleged or suspected abuse.
4. Inform the MLTC (Director) of all complaints that allege harm or risk of harm, including, but not limited to, physical harm to one or more residents as per Ministry regulations.
5. Ensure that Complaint Records are kept on file for 10 years.

**The Leadership & Quality Committee will:**

1. On a quarterly and annual basis, review, analyze, and trend all complaints; and:
  - Ensure the results of the review and analysis are used in determining what improvements may be required.
  - Share trends in the complaints analysis with all team members.

- As appropriate, forward issues/trends/analysis to other committees as required.

**Attachments:**

XXIII-E-10.00(a) Initial Acknowledgment Letter to Complainant (Sample)

XXIII-E-10.00(b) Complaint Record

XXIII-E-10.00(c) Written Response Letter (Sample)

XXIII-E-10.00(d) Tips on Complaint Management Process