

Société Alzheimer Society

Programs and Services Policy

Policy: Comments, Compliments, and Complaints	Number: ORG-CUL-05
Effective Date: April 2022 Review: April 2022	Pages: 1 of 6

POLICY:

The Alzheimer Society (the “Society”) strives to create a quick and transparent process to respond respectfully and resolve comments, compliments, and complaints fairly. The Society will provide a written decision, where required.

Service users are informed about this policy through the Society web site, Client Handbook and Programs Inventory Guide and at client orientation. A comment, compliment, or complaint may be submitted under this policy regarding one or more of the following concerns:

1. The eligibility for Society programs and services.
2. The quality of Society programs and services.
3. The conduct of staff.
4. Client’s rights as set out in the Client Bill of Rights.
5. Other matters.

If accommodations are required, the service user should connect with a Society manager and state any accommodation required to make a comment, compliment, and complaint under this policy.

Compliments

Compliments are used to celebrate Society moral, share good practice, and improve services. Any compliment received is shared with relevant Society members. Staff receiving the compliment will document the compliment via email to the employee’s supervisor. The supervisor will then share the compliment with the employee and log the compliment on the *ORG-CUL-05 APPENDIX, Comments, Compliments and Complaints Log*.

Comment and Complaints

To initiate a comment/complaint, a service user should notify the Society by:

1. Informing a staff member in person, or by email,
2. Client survey,
3. Contact via the Society website,
4. Meeting with appropriate Society designate(s) and/or the CEO.

A complaint concerning:

- The eligibility for, and quality of Society programs and services; will be addressed by appropriate managers.
- Client Bill of Right.
- A staff member will be addressed by their immediate Manager; incidents of serious professional misconduct will be reported to Human Resources and dealt with accordingly.
- The Society CEO shall be referred to the Chair of the Board of Directors.
- Other matters.

The responsibility for handling comments, complaints, or allegations shall rest within the Society and/or supervisor, or appropriate designate(s). Detail regarding complaints should be elicited by the staff person and be documented using the *ORG-CUL-05 APPENDIX, Comments, Compliments and Complaints Form* and logged into the *ORG-CUL-05 APPENDIX, Comments, Compliments and Complaints Log*. Complaints or

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allegations will be acknowledged within 2 business days. If the service user is unsatisfied, and the complaint remains unresolved, it may be brought to the appropriate designate(s) and/or CEO of the Society.

The CEO will make every effort to resolve the matter to the satisfaction of the complainant by:

- Notifying the appropriate staff involved that a complaint has been made,
- Ensuring the concern is well documented in the client's file, as appropriate, i.e. a change in client care process.
- Investigating the circumstances surrounding the complaint with every effort to involve appropriate staff and client in a resolution process.
- Reporting to both the client and any staff involved within a reasonable time frame.
- Determining if any follow up or further investigation is required, based on level of risk assessment, and notify the appropriate college or agency as required.

If the complaint is concerning the CEO, the complainant may bring the issue to the attention of the Board Chair or designate who will make every effort to resolve the matter to the satisfaction of the complainant by:

- Notifying the CEO that a complaint has been made.
- Investigating the circumstances surrounding the complaint.
- Reporting to both the complainant and CEO a recommended course of action.
- Completing the process within a reasonable time frame.

Clients who wish to appeal an agency decision regarding the provision of services will be referred to the Chair of the Board of Directors who will address the matter at the next scheduled board meeting. An emergency board meeting may be called should the situation warrant such urgency. The Chair may provide a written response to the client following the meeting to inform them of the final decision.

When a client provides notice, oral or written, of an intention to commence a lawsuit against the Society or any of its staff, the CEO will be informed immediately. The CEO will provide written notice to the Society's insurer of the claim or possible claim. Other regulated professionals may be asked to contact the legal departments of their respective College Associations. All staff members shall cooperate fully in providing statements and any other information to the Society's insurer, its adjusters and its lawyers in respect of a claim.

A complaint involving the Board of Directors or a member of the Board with respect to an ethical issue or a potential conflict of interest may be directed to the attention of the Chair. A complaint against the Board Chair, may be directed to the Vice Chair and/or appropriate designate.

The Society will log and review all comments, compliments, and complaints received and report both quarterly and annually to the Board of Directors, CEO and/or appropriate designate. Complaints will be confidential except as necessary for investigations. Complaints will be stored in a confidential space either in the office and/or in a locked electronic file in the Society's drive. As a matter of fairness, the staff who is the subject of the complaint will be informed of the complaint. Client related complaints may be documented in client's electronic file.

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SCOPE:

All policy applies to all employees, client, funder, volunteers, students, and Board of Directors.

DEFINITION(S):

Comments: a remark, observation or criticism that may require immediate action but does not require a full investigation.

Compliments: any positive review about but is not limited to the organization, staff, culture and/or provisions of service.

Complaints: are registered complaints, written or verbally expressed concerns given to the Society about decisions, activities, and behaviors, concerning issues, which require an investigation.

PROCEDURE:

To address concerns and complaints the following steps will be taken:

Receive and Classify

Priority Level	Definition	Action Required
All Complaints	<i>Expression of a negative experience with the Society</i>	<ol style="list-style-type: none"> 1. Staff member who receives the complaint will immediately: <ol style="list-style-type: none"> a. Acknowledge receipt of complaint to Complainant b. Notify department manager 2. Manager will escalate to the CEO– if the complaint involves the CEO directly the complaint should be escalated to the Board. 3. Manager and CEO will determine priority level of the complaint and next steps.
Level 1	<p><i>Major issues that are a risk to safety, wellbeing, privacy or reputation</i></p> <p><i>Major issues that are a risk to negatively impact the Society's reputations.</i></p> <p><i>Ex. Risk and Safety; Racism; Code of Conduct (allegations of abuse); Financial; Whistleblower/ConfidenceLine; Privacy; Notice of Legal Action; Threats to public profile and/or service offerings; Imminent media outreach</i></p>	<ol style="list-style-type: none"> 1. Once the complaint is deemed Level 1 by Managers and/or CEO, the complaint is to remain with the CEO. 2. The CEO will create an action plan and further investigate the complaint. 3. The CEO will issue and immediately acknowledge the complaint and then have proposed a resolution within <u>3 working days</u> 4. All Level 1 complaints are reported to CEO and the Chair of the Board of Directors. <p><i>Complaints involving the CEO</i></p> <ol style="list-style-type: none"> 1. All complaints that involve the CEO are considered Level 1 complaints. 2. Complaints involving the CEO shall be given directly to the Chair of the Board of Directors to investigate. 3. Complaint is to be acknowledged within <u>3 working days</u> <p>The Board of Directors will be notified of any complaints regarding the CEO and the matter will be discussed at the next scheduled board meeting.</p>

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Level 2	<p><i>Risks that interfere with the care, service or support individuals receive from the Society.</i></p> <p><i>Lower impact to the organization, likely applicable for most complaints</i></p>	<ol style="list-style-type: none"> 1. Once Manager and/or CEO determine that the complaint is Level 2, complaint will be assigned to the responsible designate(s). 2. Designate(s) will determine appropriate next steps, including the investigation. 3. Designate(s) will issue a response to the complainant within <u>2 working weeks</u>
Level 3	<p><i>Complaints or Comments that do not relate to the provision of care/service and/or lack of sufficient detail to identify or assess risk.</i></p>	<ol style="list-style-type: none"> 1. Once Manager and/or CEO determine that the complaint is Level 3, complaint will be assigned to the responsible designate(s). 2. Designate(s) will determine appropriate next steps, including the investigation. 3. Designate(s) will issue a response to the complainant within <u>2 working weeks</u>
Society Exceptions:	<p><i>Exceptions for not following the actions required for handling complaints</i></p>	<ol style="list-style-type: none"> 1. If any staff feels uncomfortable disclosing a complaint to their Manager or CEO they are to report the complaint directly to the Board of Directors to investigate. 2. This service allows employees to report impropriety without escalation to a Manager, CEO, or Board of Directors.
Complaints involving Board Members		<p>A complaint involving the Board of Directors, or a member of the Board with respect to an ethical issue or a potential conflict of interest may be made to the attention of the Chair. A complaint against the Board Chair, may be directed to the Vice Chair and/or appropriate designate.</p>

Acknowledge

All complainants, regardless of priority level, will receive an acknowledgement on the day of receipt by the person directly receiving the complaint in the way the complaint was received (phone, email, in writing). Beyond the initial acknowledgement by the staff who received the complaint, the complaint will be reported to the appropriate designate(s) and further investigated.

Investigation

- The person receiving the complaint will fill out the *HR-HSW-01-Accident, Incident and Complaint Report Form*
- All areas of interaction and communication should be established (who, what, when, where and why) and documented.
- Received complaints along with the *HR-HSW-01-Accident, Incident and Complaint Report Form* and any other related documents will be escalated to the appropriate designate(s) e.g. an email associated with the complaint
- Designates and/or Executives will determine the priority level of the complaint and next steps
- The priority of the complaint will drive the timeframe for completion as well as who is in charge of acknowledging the complaint. *See Procedure Section 1. Receive and Classify*

Resolve and Confirm

- An action plan will be developed using the *HR-HSW-01-Accident, Incident and Complaint Report Form*.
- They will ensure that the proposed resolution does not prejudice the Society in any legal or financial manner.

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- They will reflect on the proposed resolution from both a Society and complainant’s viewpoint to ensure fairness and clarity.
- If approval is required, designates will document the proposed action, review, and seek approval appropriately.
- The review is to include recognition and documentation of any underlying issues that have contributed to the complaint and include recommendations for future quality improvement considerations.

Respond to Complainant

- A detailed account of findings and proposed resolution should be clearly explained (written or verbal) to the complainant – within the recommended timeframe.
- If this cannot be completed within the established timeframe, the complainant is to be informed of current standings and advised that further time will be required.
- While responding to the complainant, the complainant should have the opportunity to respond:
- Is the complainant satisfied with the response?
- Did they feel their complaint was properly and fairly handled?
- Negative responses to these questions should be referred to the Executive for action and direct follow-up with complainants.

Appeals Process

Appeals: Clients who wish to appeal an agency decision regarding the provision of services will be referred to the Chair of the Board of Directors who will address the matter at the next scheduled board meeting. An emergency board meeting may be called should the situation warrant such urgency. The Chair will provide a written response to the client following the meeting to inform them of the final decision.

Health Services Appeal and Review Board: Clients who have complaints about Ministry of Health and Long-Term Care (MOHLTC) funded services may further appeal to the Health Services Appeal and Review Board (HSARB) if they are not satisfied with the decision made by the Alzheimer Society Board of Directors.

Contact information for the HSARB is as follows:

Health Services Appeal and Review Board
151 Bloor St. W., 9th Floor
Toronto, ON M5S 2T5
Telephone: 416-327-8512
Toll Free: 866-282-2179
Fax: 416-327-8524
Email: hsarb@moh.gov.on.ca

Record Keeping, Quality Improvement and Conclusion

- Key points about complaints will be reported to the Board of Directors by the Executive as deemed appropriate.
 - Risk and safety
 - Racist
 - Code of conduct (Allegations of Abuse, or others)
 - Financial
 - Whistleblower/confidential line
 - Privacy breaches
- Any complaints where action can be taken to avoid recurrences must be acted upon and raised with the appropriate Executive management personnel.

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- Ensure documentation as appropriate within the client's record.
- All documented complaints will be held confidentially
- All comments, compliments and complaints will be logged and tracked
- Complaint reports will be reviewed quarterly by the Executive and/or other key designate(s) for ongoing quality improvements.

POLICY REVIEW:

The CEO will review this Policy every 2 years and will present recommended and required revisions to staff Society. If there are legislated changes required, these changes will be made as close as possible to the effective date of the legislative change.