

## SECTION 1 – Complaints

### 1.01 Patient and Other Stakeholder Complaints

#### Policy

Taddle Creek Family Health Team (TC FHT) is committed to responding to complaints about TC FHT services, provided by TC FHT staff, in a timely and respectful way.

*Note: This Policy/Procedure does not apply to TC FHO Physicians. Complainants, complaining about TC FHO Physicians, should be directed to Policy/Procedure 1.02 Complaints & Allegations Against Regulated Professions.*

#### Procedure

As patients and other stakeholders come into contact with TC FHT, there will be occasions when they wish to make a complaint about some aspect of our service, our facilities or our systems. This procedures has been put in place to ensure:

- Complainant(s) and other stakeholders have a clear process to follow in these circumstances;
- Complaints are responded to in a clear, timely, appropriate and respectful way;
- Individuals feel able to raise issues of importance & see the FHT responding to their concerns.

NOTE: The procedure for complainant(s) to raise a formal complaint to a Regulated Professionals College, relating to the clinical care they received, is set out in 3.02 Complaints & Allegations Against Regulated Professionals Protocol.

The following steps will be followed when a complaint is made,

1. The first staff contacted by the complainant(s) should attempt to talk with the individual(s) in a confidential location to gather pertinent information, provided there are no concerns about physical safety. The staff will record the complainant(s)' name, telephone number and the general nature of the concern. The complainant(s) should then be told that this information will be passed on to the Executive Director and/or Lead Physician.
2. The staff must pass the complainant(s)' information to the Executive Director and/or Lead Physician immediately. Where the Executive Director identifies that the complaint relates to discrimination, Policy & Procedure 6.03 Human Rights will be followed.
3. The Executive Director and or Lead Physician will review the information provided and will conduct an investigation,

#### Investigation Process

- Interview staff involved prior to discussing the issue with the complainant(s)
- Interview the complainant(s); determine if the complainant(s) has attempted to discuss the concern with the staff member, if not, encourage complainant(s) to contact the staff member
- If, after the complainant(s) contacts the staff member and no satisfaction is achieved, the Executive Director becomes involved (if the complainant(s) prefers, the Executive Director may become involved immediately)
- Once the Executive Director becomes involved, the staff member should be notified that a complaint has been made about them and ask for comments regarding the issue
- Investigation continues by interviewing/discussing with other appropriate people and by reviewing the medical record enabling the Executive Director and/or Lead Physician to develop a full understanding of the complaint(s) and how to resolve

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- Resolutions include: No further action staff members actions were appropriate, warnings, education programs, suspension, report to Regulated Professionals College and termination

Note: If a complaint is received in writing, the letter will be forwarded to the staff member who will be requested to respond within 2 working days. A letter of acknowledgement shall be sent to the complainant(s), by registered mail, within 48 hours. The Executive and or Lead Physician shall inform the complainant(s), in writing, of the staff member's response. If the issue is not resolved, the Executive Director and or Lead Physician shall follow the procedure described above.

4. If the issue is not resolved to the complainant(s)'s satisfaction, the Executive Director and/or Lead Physician will inform the complainant(s) of their option to refer their complaint to a sub group of the Board or to make a formal complaint to the staff member's college (see 3.02 Complaints and Allegations Against Regulated Professionals Protocol).
5. Where the Executive Director and/or Lead Physician and the complainant(s) agree that a complaint has been remedied in a mutually satisfactory manner, the resolution of the complaint will be documented and sent to the complainant(s). If no remedy is found, the complaint will be forwarded to a sub group of the Board.
6. The sub group of the Board will repeat the process in 3 above in an attempt to remedy the complaint. If a remedy is found, the resolution of the complaint will be documented and sent to the complainant(s). If no remedy is found, the complaint will be forwarded to the Board of Directors.
7. The Board of Directors will determine a resolution of the complaint after reviewing all information it deems relevant. The resolution of the complaint will be documented and the complainant(s) will be informed of the Board's decision by the Board Chair or designate. This decision is final.
8. The Board of Directors may also seek the assistance of a third party outside the FHT. In this case, the Board of Directors will take care to preserve the confidentiality of the staff member and complainant(s) when working with third party. Based on this review, a decision will be reached regarding the complaint and this will be documented and the complainant(s) will be informed of the Board's decision by the Board Chair or designate. This decision is final.

Board reviews of complaints will also be undertaken if (i) either the Executive Director and/or Lead Physician were involved in the conduct complained of; or (ii) feels it is appropriate to refer the matter to a sub group of the Board. In either case, the Executive Director and/or Lead Physician will refer the complaint, in writing together with all relevant documentation to the Board of Directors, by placing the complaint on the agenda of the next possible meeting of the Board of Directors.

All complaints resolved by the Executive Director and/or Lead Physician and/or sub group of the Board will also be presented in aggregate and anonymous form to the Board of Directors.

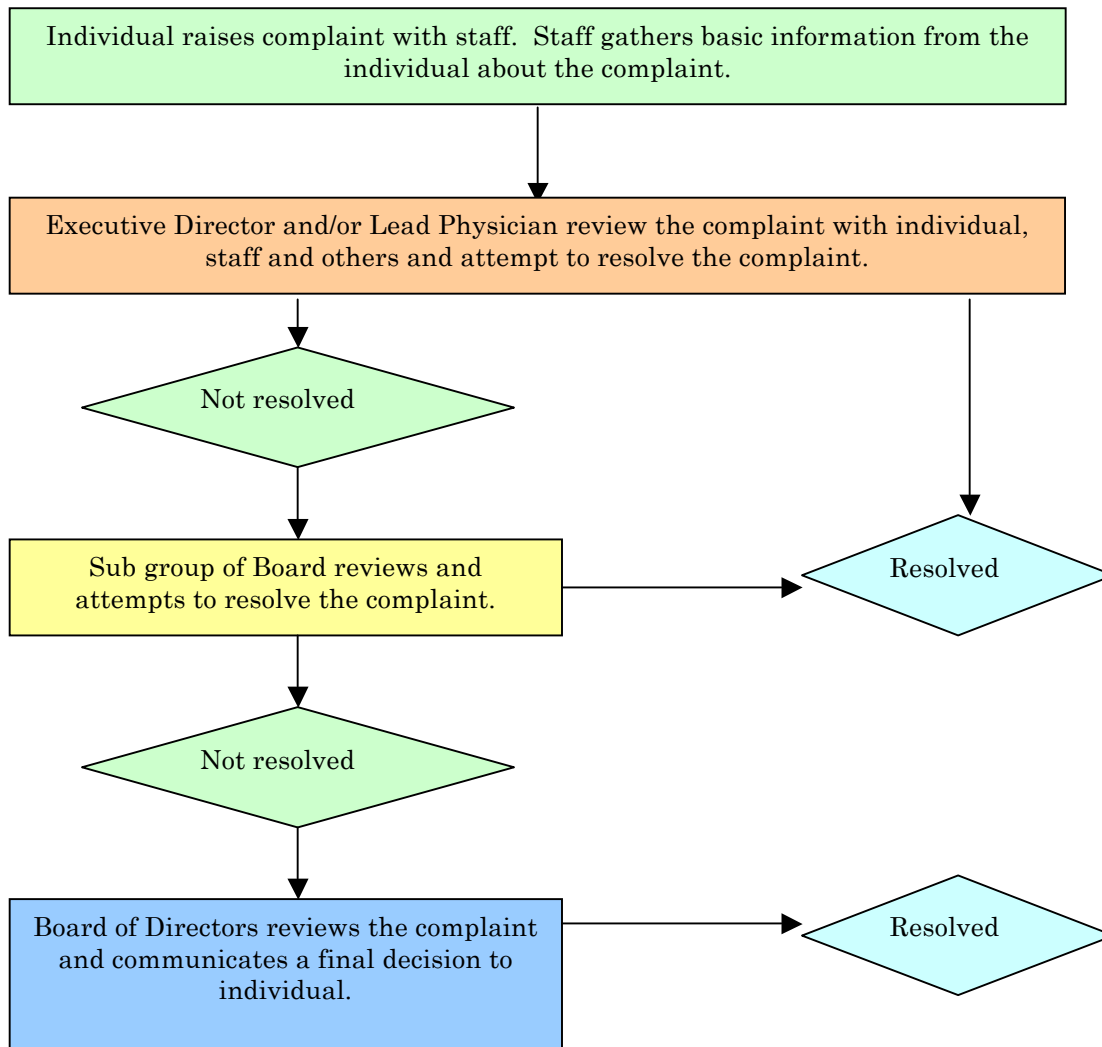
Individuals making complaints should be encouraged to use the step procedure above. In some circumstances, this step procedure is not possible or appropriate. When a complainant is unwilling to use the steps in this procedure and requests a meeting with the Board immediately, the Executive Director and/or Lead Physician will inform the Board and where possible, an investigation of the complaint will be done jointly otherwise the complainant will be provided with information from our Bylaws relating to the process for addressing the Board at a Board meeting.

Approved By: Executive  
Approved On: April 28, 2009

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### Complainant(s) Complaint Procedure

Taddle Creek Family Health Team is committed to responding to any complaints you might have about the service you receive at the Family Health Team in a timely and respectful way. The following diagram outlines the procedure, however if you wish a copy of our full procedure, please request from the front desk.



*When Executive Director and/or Lead Physician and/or Sub group of Board are able to remedy the complaint, the resolution of the complaint will be reported to the Board of Directors. If the complaint is regarding the conduct of both the Executive Director and Lead Physician, it will be forwarded to the Board of Directors for resolution.*