



ADMINISTRATION MANUAL	Category: Health and Safety	Issuing authority: Board	Number: 4.10
	Topic: Public Complaints Policy	Approved by: Board	
Date of creation: March 2014	Due for revision: May 2021	Date of approval: May 28, 2018	

This policy applies to: FHT Staff FHO Staff – Powassan FHO Staff – Astorville MDs

HEALTH AND SAFETY – PUBLIC COMPLAINTS POLICY

Policy statement:

The Powassan and Area Family Health Team (PAAFHT) provides services to patients through a multidisciplinary team approach. All staff as members of the team share responsibility for the provision of service and in addressing service complaints in a proactive manner. All staff are governed by the policies and procedures of the PAAFHT.

Complaints related to the PAAFHT services and/or staff will be investigated and a response provided to the complainant.

Complaints may originate from a patient or others in the community, as well as from a fellow employee.

Purpose

- To ensure that service complaints are addressed in a timely fashion for the betterment of the client, the PAAFHT and client relations in general.
- To resolve issues between clients and the PAAFHT to foster positive relationships and limit the disruption of the day to day business.
- To address service issues in a manner that will ensure that the PAAFHT is in a continuous state of improvement.

Procedure

1. **Service complaints from a patient, community member, staff or any other party:**
 - a) Staff Member Receiving the Complaint
 - i) Collects and documents the specific details, including:
 - a. The complainant’s name and contact information
 - b. The date the complaint was submitted
 - c. The nature of the complaint, and any relevant details
 - d. The desired outcome or remedy provided by the complainant, if any;
 - ii) Follows up with the respondent of the complaint based on the assessment of the complaint;

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- iii) Once data collection is complete, it shall be provided to the Executive Director or designate for further investigation;
- iv) Where the Executive Director is the subject of the complaint, the information will be provided to the Board of Directors via the Lead Physician (or designate);
- v) An investigation will be initiated by the Executive Director or Board of Directors, within 10 working days of receiving the complaint;
- vi) Investigation will be completed within forty (40) working days of its initiation;
- vii) Following the conclusion of the investigation, the Executive Director or delegate of the Board will apprise both the complainant and the responded of the results and the actions to be taken;
- viii) Employees are directed to refer to the Code of Ethics, Conduct, and Behaviour for information regarding acceptable behaviour and professional practices when the investigation determines that employee behaviour was a contributing factor leading to the complaint;
- ix) What actions are taken to address the complaint ultimately will depend upon the nature of the infraction. Possible responses may include, but are not limited to:
 - Performance management;
 - Progressive discipline;
 - Written apology.

Note: All complaints, no matter how minor they may seem, will be followed up and investigated as appropriate. Whether the complaint is from a patient or a professional, the complaint will be treated in a consistent manner.



 Sheila Latour, Board President



 Anna Gibson-Olajos, Executive Director