

SAHTU HEALTH & SOCIAL SERVICES AUTHORITY

Policy

ADMINISTRATION

CLIENT COMPLAINTS & CONCERNS

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POLICY STATEMENT:

The Sahtu Health & Social Services Authority (referred to in this policy as “The Authority”) will investigate and resolve all complaints about services delivered by The Authority using a fair, objective, and transparent process. Results of these investigations will be communicated in a timely manner.

RATIONALE:

As a Health & Social Services Authority, we are committed to providing effective and quality services to all individuals residing in the Sahtu region. Appropriate review and response to complaints, monitoring trends with respect to the nature of complaints; then planning and implementing solutions is an integral part of Quality Improvement. This policy will allow us to improve our services by learning from the experiences of our clients. To maximize this opportunity, it is imperative to track complaints, assess trends and ensure that the data is used to make appropriate changes to services and service delivery. Complaints assist us in pinpointing areas of care, service, or education that must be refined, improved or monitored. The analysis of these trends supports us in developing strategies for resolving the problems or misunderstandings at the root of many complaints,

INTRODUCTION:

Complaints are generally about:

- access to services,
- sufficiency of care,
- access to information,
- a perceived infringement of rights,
- quality of clinical care,
- communication with staff,
- attitude of staff,
- administration of services,
- abuse – harassment or assault.

Corrective action in response to complaints may include remedial, educational, or disciplinary action. Some complaints are referred to an external professional body or mediator. The investigation into some complaints may determine that they were frivolous or not justified.

General Guidelines:

- A complaint is an expression of dissatisfaction when an expectation is not met;
- All complaints or queries must be treated seriously;
- SHSSA will only consider complaints from a client that has received direct care in the context of the complaint, unless the client is under the age of 18. If the client is 14 or older, but under 18 then a parent or legal guardian can act on the client’s behalf with signed consent from the client. If the client is under the age of 14 no consent of the legal guardian or parent is required.
- Anonymous complaints will not be entertained.

- All complaints must be dealt with respectfully and in a timely manner;
- Lodging a complaint is a client's right. The Authority has an obligation to assist clients through the complaint process;
- All Authority employees are responsible for client satisfaction. With this in mind, we shall attempt to resolve any simple client complaint as soon as it is brought to our attention.
- The Authority will comply with the formal appeal process as prescribed by existing legislation (i.e. Mental Health Act, Safety Act, Nursing Professions Act, Child & Family Services Act, etc.)
- The release of any information related to the investigation of a complaint will be subject to the Access to Information, and Protection of Privacy (ATIPP) Act
- Photocopies are kept to a minimum. Complaints will be entered into Risk MonitorPro as an incident as a complaint. All documentation is to be attached to the incident electronically.
- Documentation of a complaint is **NOT** placed on a chart.
- Any potential concerns/complaints or high-risk and unresolved concerns/complaints that may result in media involvement are brought to the attention of the appropriate Program Director, and/or the Chief Executive Officer (CEO) immediately.

GUIDING PRINCIPLES:

In addition to the vision, mission and values of the organization the following guiding principles should be used:

Consistency: The same principles apply across the Region, and an accessible process in place everywhere.

Accessibility and Transparency: The complaints process must not present any administrative or systemic barriers. Information describing the complaints process, how to access it and the name of the manager responsible in each community must be widely available. Information must accommodate all the Region's dialects, people with different cultures, and people with disabilities.

Right to Advocacy and Support: Complainants have the right to be guided at all stages in the complaints process by an advocate or support person. In most cases, this will be the appropriate Program Manager. Advocacy is recognized and supported as a means to assist individuals and lead the process towards enhanced communication and informal resolution.

Local Resolution Preferred: Staff and complainants should be encouraged and be given the opportunity to resolve complaints locally before proceeding to a more formal stage in the process.

Timeliness: All complaints will be dealt with in a timely manner recognizing the uniqueness of each complaint.

Approved by: _____


Chad Fehr, CEO