

COMPLAINTS POLICY AND PROCEDURE

1. Purpose

The purpose of this policy is to provide clear, consistent direction for processing complaints received by 911 Nurses GTA regarding our services, staff, programs, or operations.

This policy ensures that all complaints are handled promptly, fairly, and respectfully, in alignment with:

- **Patient Safety Act SNL2017** and provincial health authority expectations
 - **Occupational Health and Safety Acts** in each province
 - **Accreditation Canada Qmentum Primer** standards
 - **PIPEDA** and privacy obligations
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2. Definition of a Complaint

A complaint is any **expression of dissatisfaction** about:

- The quality or safety of care delivered
- Service delays, scheduling errors, or communication breakdowns
- Failure to follow a policy, procedure, or contract terms
- Unfair, discourteous, or unsafe actions by staff or representatives
- Lack of action or response where one was reasonably expected
- Invoice concerns

Examples include:

- Missed or delayed shift coverage
 - Perceived failure to follow infection control or safety procedures
 - Inappropriate behavior, harassment, or unprofessional conduct
 - Errors in billing, timesheet processing, or payroll
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3. Guiding Principles

- **Prompt Resolution:** Complaints are acknowledged within **1-2 hrs** and resolved as quickly as possible.
- **Fairness and Impartiality:** All complaints are investigated objectively, ensuring both sides are heard.

COMPLAINTS POLICY AND PROCEDURE

- **Transparency:** Complainants are updated on the status of their complaint throughout the process.
- **Escalation Options:** Complainants are informed of their right to escalate if unsatisfied with the resolution.
- **Confidentiality:** Complaints are handled with strict confidentiality and shared on a need-to-know basis only.
- **Learning Culture:** Complaints are used to drive systemic improvements and feed into our Quality Improvement Plan (QIP).
- **Safety First:** Immediate risks are mitigated before investigation proceeds.

4. Reporting and Receipt of Complaints

How to Report

Anyone personally affected can submit a complaint through:

- **Email:** manager@911nursesgta.com
- **Phone:** 647-204-7233 (urgent situations)
- **Online:** Feedback Form
- **Verbal:** Directly to a supervisor, charge nurse, or Operations Manager

Initial Handling

- The person receiving the complaint must **acknowledge receipt** and record the complainant's name, contact details, and nature of the complaint.
- If the receiver cannot resolve the complaint immediately, they must escalate it to the appropriate manager or department lead.
- Complaints involving **imminent safety risk** must trigger immediate intervention (removal from unsafe environment, facility notification, or calling emergency services).

5. Resolution Process

Stage	Action & Timeframe
Acknowledgement	Confirm receipt within 1-2 business days with expected timeline for resolution.
Immediate Safety Measures	If risk is present, take steps to protect staff, patients, or property right away.

COMPLAINTS POLICY AND PROCEDURE

Stage	Action & Timeframe
Investigation	Gather facts (witness statements, facility reports, timesheets, communications). Begin within 5 business days of receiving complaint.
Analysis	Conduct Root Cause Analysis (RCA) using Five Whys or Fishbone methodology to identify systemic issues.
Corrective Action Plan	Develop resolution (training, schedule changes, process updates) and implement within 10 business days where possible.
Communication	Provide written outcome to complainant with rationale.
Escalation	If unresolved, escalate to Operations Manager → Co-President. If complaint involves Co-President, escalate to the Board Chair.
Closure	Aim to fully resolve complaints within 30 days , or maximum 90 days for complex cases.

6. Escalation Pathways

- **In-Office Staff:**
TL → Operations Manager → Co-President → HR Peninsula (external)
- **Clinical Staff at Client Facilities:**
Charge Nurse → Scheduler → Operations Manager → Co-President → Facility Leadership
- **Home Support Staff:**
Home Support Coordinator → Operations Manager → Co-President

Escalation to external bodies (CNO, Ministry of Labour, WSIB, Accreditation Canada) will be made where legally required or if resolution is not reached internally.

7. Documentation and Reporting

- **Complaint Tracking Register** maintained in secure agency system
- Record must include:
 - Date complaint received
 - Complainant details
 - Description of issue
 - Steps taken, timeframes, resolution
 - Escalation path (if used)
- Trends reported **quarterly** to Leadership Team and included in QIP review
- Significant complaints involving patient safety are escalated to health authorities as per duty to report

8. Non-Retaliation Statement

911 Nurses GTA strictly prohibits retaliation against anyone who, in good faith, submits a complaint or participates in an investigation. Any retaliation will result in disciplinary action up to and including termination.

9. Training and Communication

- All staff review this policy at **onboarding** and sign acknowledgment.
 - Refresher training is completed **annually** through our Education Portal.
 - Key points are posted in the **Education Portal, office bulletin boards, and hard copies at facilities** where applicable.
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10. Quality Improvement Linkage

Complaints data is trended and analyzed during quarterly **QIP meetings**. This process drives:

- Policy and procedure revisions
- Focused staff education
- Preventive and corrective actions

COMPLAINTS POLICY AND PROCEDURE

Appendix A

911 Nurses GTA – Complaints Quick-Reference Guide

For In-Office, Home Support, and Clinical Staff

Step 1: Receive Complaint

- **Listen actively** and remain calm.
- Collect **basic details**: name, contact info, date/time, location, description of issue.
- If verbal, **repeat back** to confirm accuracy.

Step 2: Acknowledge & Record

- **Acknowledge within 2 business days** (phone, email, or in person).
- Log complaint in **Complaint Tracking Register** (ClickUp or internal form).
- If safety risk is present → **remove from harm, notify facility, call 911 if needed.**

Step 3: Initial Resolution Attempt

- If issue is simple (e.g., schedule mix-up, missing timesheet), **resolve immediately.**
- If not resolved, **escalate** according to staff type:

Group	Escalation Path
In-Office Staff	TL → Operations Manager → Co-President → HR Peninsula
Home Support Staff	Home Support Coordinator → Operations Manager → Co-President
Clinical Staff at Facility	Charge Nurse → Scheduler → Operations Manager → Co-President → Facility Leadership

COMPLAINTS POLICY AND PROCEDURE

Step 4: Investigation & Analysis

- Gather statements, documentation, and evidence.
 - Begin **within 5 business days**.
 - Conduct **Root Cause Analysis** to determine contributing factors.
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Step 5: Corrective Action & Communication

- Create action plan (training, workflow adjustment, policy update).
 - **Communicate resolution** and rationale in writing.
 - Provide complainant option to **escalate further** if unsatisfied.
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Step 6: Close & Follow Up

- Aim for full resolution **within 30 days** (max 90 days for complex cases).
 - Document all steps, outcomes, and follow-up activities.
 - Feed trends into **Quarterly Quality Improvement Plan (QIP)**.
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Key Reminders

- ✓ **No Retaliation:** Reporting complaints is protected.
- ✓ **Confidentiality:** Share only with those who need to know.
- ✓ **Use the Feedback Form:** 911nursesgta.com/client%2Fstaff-feedback
- ✓ **Safety First:** Stop unsafe work, escalate immediately, protect staff and clients.

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Revision History

Date	Version	Author	Summary of Changes
Sept 05 2025		Rhea Stoddart	Aligned the document with Accreditation Canada standards and integrated all programs. Extracted, refined, and standardized the complaints policy to make it more comprehensive, streamlined, and easily accessible for all staff and stakeholders.

COMPLAINTS POLICY AND PROCEDURE

