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**05 Program and Service Operation** 

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**Policy Number:** 

05-7-1

## Subject

Client Complaint Resolution – Grocer-Ease

#### **PURPOSE**

Banyan values feedback from clients. Banyan has developed a Grocer-Ease Client Complaint Resolution Procedure to handle client complaints fairly and expeditiously.

The Complaint Resolution Process facilitates the resolution of specific client complaints, and provides feedback to appropriate staff.

#### A. DEFINITIONS:

- 1. **Concern** an issue with the service provided by Banyan Community Services that can be resolved by front line staff and does not put the client well-being at risk.
- 2. **Complaint-** negative feedback with the service provided by Banyan Community Services that cannot be resolved by front line staff and/or may place the client's well-being at risk and requires a response by management.

### **B. PROCEDURES:**

- 1. At intake the Grocer-Ease client will sign an agreement to follow **05-6 Client Complaint Resolution procedure** for dealing with concerns and complaints
- 2. Complaints generally relate to one of three points in the service delivery continuum: eligibility and acceptance into the program, service delivery, and termination from the program.
- 3. Regularly thereafter, all clients will be informed by the Grocer-Ease staff of their right to voice concerns or complaints regarding the services they are receiving.
- 4. Clients are encouraged to work out disagreements with the Grocer-Ease staff in the course of their regular service contacts
- 5. The staff member should take the H.E.A.T. as follows:

H - hear them out

E – empathize

A – apologize

T-take responsibility for action

- 6. Prompt action by the staff member to correct the concern if at all possible is important. The staff member and the client should work together towards a resolution.
- 7. If the client is not satisfied with the outcome, or the issue has been identified as a complaint, staff will inform the client of their option to make a formal complaint to Banyan as per 05-6 Client Complaint Resolution Process.
- 8. Client Complaint Resolution Process
  - 8.1. Community Support Services Administrator responsibilities
    - **8.1.1.** Complete an Incident Report
    - 8.1.2. Respond to the client or resident within two business days of receipt of the complaint
    - 8.1.3. Verbally discuss the issues with the complainant by phone or in person
    - 8.1.4. Investigate the complaint and implement actions to resolve the identified issues

- 8.1.5. The Community Support Services Administrator may need to meet with other members of the team involved in a client case including Banyan staff, the client's family or caregiver in order to develop an action plan to resolve the complaint
- 8.1.6. Document the complaint in the Banyan Incident Database
- 8.2. If the client or resident is *not* satisfied with the outcome presented by the manager, the complaint will be brought to the attention of the appropriate Director who will:
  - 8.2.1. Review the details of the investigation as documented in the Banyan Incident Database.
  - 8.2.2. Investigate the concerns and implement actions to resolve the issues identified by the complainant.
  - 8.2.3. If the complaint poses a risk to the organization, the Director must bring it to the attention of the Chief Executive Officer.
- 9. Continuous Quality Improvement
  - 9.1. All formal complaints will be entered on the Banyan Incident Database
  - 9.2. Complaints will be tracked using the Balanced Scorecard
  - 9.3. Complaints will be a standing agenda item on the Quality and Risk management Committee.

    The committee will be responsible for reviewing patterns and themes of the complaints, and monitoring the outcomes each quarter.
  - 9.4. A summary of the frequency and patterns of formal (written) complaints is included in the Quality and Risk Management Report to the Board of Directors.

# **C. REFERENCE SOURCES:**

### D. CROSS REFERENCE:

- 1. 05-07 Complaint Resolution Policy
- 2. Balance Score Card
- 3. Quality Improvement Plan (Grocer-Ease)
- **E. REVIEW DATE:** This policy is to be reviewed every 3 years. The next review date is August, 2018.

Endorsed by	Date
Program Management	August 2015
Approved by	Date
Senior Management Team	October 7, 2015