Northern Neighbours Nurse Practitioner-Led Clinic

Clinique dirigée par du personnel infirmier practicien Northern Neighbours

Patient Complaints: POLICY AND PROCEDURE

PURPOSE

The Northern Neighbours Nurse Practitioner-Led Clinic (NNNPLC) believes that current as well as former patients or anyone who is affected by the services provided by NNNPLC may register a complaint. Anonymous complaints shall not be considered. This policy and procedure will be available at all times and a copy shall be provided to any individual, if requested. Any individual who registers a complaint shall be advised of the existence of this policy and provided with a copy.

POLICY

Complaints may include but are not limited to:

- a termination or denial of clinic services; and/or
- the quality of clinic services; and/or
- quality of treatment, including failure to reasonably accommodate; and/or
- discriminatory conduct against them by a member of the staff.

Complaints may be made verbally, in writing, or by the complainant's substitute decision maker or representative. Only complaints made in writing will be responded to in writing.

Complaints must be made within one year after the subject matter of the complaint coming to the attention of the complainant or the NNNPLC.

A Complaints Sub-Committee composed of three members from the Board of Directors will be established as required.

PROCEDURE

It is expected that no stage of the process shall exceed thirty days. If the Clinic Administrator is to be away from the clinic for more than five days after the complaint is made, the initial steps shall be taken by the Lead Nurse Practitioner in the absence of the Clinic Administrator.

If the complaint is about the Clinic Administrator or the Lead Nurse Practitioner, it shall be referred directly to the Board Chair who shall implement the process in accordance with this policy. The Board Chair can be contacted c/o NNNPLC and correspondence should be marked "Personal and Confidential".

Stage 1

Complaints shall be directed to the Clinic Administrator and/or the Lead Nurse Practitioner, including verbal complaints first made to a staff member. The complainant will be contacted promptly (normally within 3 business days) unless the complainant has indicated to the staff member that they do not wish to be contacted and/or pursue the matter any further.

The Clinic Administrator and/or the Lead Nurse Practitioner shall endeavour to resolve the complaint within 10 business days.

The Clinic Administrator and/or the Lead Nurse Practitioner shall explain the complaints procedure and offer to forward a copy of this policy as well as a list of Rights to the complainant.

If the complaint is resolved at this stage, it shall be reported to the Board of Directors at the next meeting, without revealing the patient's identity or any other confidential information. The Board will be advised of the nature of the complaint and actions to be taken to resolve the problem or prevent its recurrence.

Stage 2

If the complainant wishes to make a formal complaint, the Clinic Administrator shall prepare a written report for the Board of Director's review and consideration. The report shall set out the nature of the complaint. The complainant's written complaint shall be attached to the report along with a written statement, if any, of any staff member against whom the complaint is made.

A copy of this report shall also be forwarded to the complainant. If the complainant feels the documentation provided is inaccurate or requires clarification, they may provide an updated letter.

No confidential information shall be disclosed to the Board of Directors or Complaints Sub-Committee without the written authorization of the complainant. The Clinic Administrator or the Lead Nurse Practitioner will forward an *authorization to release confidential information* form to the complainant, if required.

Stage 3

If the complaint is regarding:

- a termination or denial of clinic services; and/or
- the quality of clinic services; and/or
- quality of treatment, including failure to reasonably accommodate; and/or
- discriminatory conduct against them by a member of the staff.

the complaint shall be reviewed and considered by the Board of Directors who will in turn determine the necessity of establishing a Complaints Sub-Committee for further evaluation.

Where a complaint results in the formation of a Complaints Sub-Committee, a meeting shall be held within two weeks, for the purpose of reviewing the complaint.

If they wish, the complainant may attend the Complaints Sub-committee meeting to discuss the complaint in person or alternatively, may only forward their written comments. If attending in person, the complainant shall be accorded sufficient time to address the sub-committee and or has the right to have a representative speak on their behalf.

If the complainant attends the meeting in person, the staff member (or the either member of the Executive Team) against whom the complaint is made, shall not be present.

The staff member or either member of the Executive Team will be given a separate opportunity to respond to the allegations of the complainant, in the absence of the complainant, and shall also be provided with sufficient time to address the sub-committee.

Before rendering its final decision with respect to a complaint, the NNNPLC Board, at its discretion, may request advice from their legal counsel.

The Complaints Sub-Committee will provide their report and recommendations to the NNNPLC Board of Directors for final approval and review. The written decision will outline whether the complaint has been accepted. If the complaint has been accepted, the NNNPLC Board of Directors may provide recommendations for addressing the complaint.

The NNNPLC Board of Directors written report and any recommendations shall be provided to the complainant, any other affected person(s), including any staff member (or member of the Executive Team) who is the subject of the complaint.

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Reporting

A summary of any complaints reviewed by the Complaints Sub-committee as well as any Board of Directors final reports and recommendations pertaining to complaints shall be maintained by the Board Secretary.

Rights of Complainant

A complainant who wishes to pursue a formal complaint shall be provided with a copy of this policy and procedure. The complainant's rights during the complaints process include:

- The right to make a complaint in writing, if the complaint was initially made verbally. A representative, substitute decision-maker or representative may assist the complainant with their complaint;
- · The right to privacy/confidentiality;
- The right to meet with members of a Complaints Sub-Committee if dissatisfied with the resolution at clinic level, in accordance with the Patient Complaints Policy and the need to sign an authorization to release information in order for the sub-committee to fully investigate the complaint; and
- The right to receive a copy of the final report and recommendations relating to the complaint prepared by the NNNPLC Board of Directors, after the Complaints Sub-Committee has provided their report for the Board to review.

Exemptions or deviations from any aspect of this policy are at the discretion of the Executive Team and/or Board Chair of the NNNPLC Board of Directors.

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Complaint Investigation Form

Date:	
Report Author:	
Complaint Details	.,
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