



POLICY #	POLICY	SECTION	SUB-SECTION	APPROV AL DATE	REVIEW DATE	REVIEW FREQUE NCY
CC-CE-PP-001	CareHop Client Feedback & Complaints Policy and Procedure	Client Care & Safety	Client Engagement, Feedback & Complaints	July 2012	January 2025	Every 3 years

### 1. Policy Statement

CareHop values open communication with clients and families. We recognize that client feedback, including complaints, is an important source of information for improving the quality and safety of services. CareHop is committed to responding promptly, respectfully, and effectively to all complaints and concerns.

### 2. Purpose

To:

- Promote a culture of listening and responsiveness.
- Ensure timely and transparent complaint resolution.
- Use feedback to inform continuous improvement.
- Meet regulatory expectations as outlined in Ontario Regulation 187/22.

### 3. Scope

This policy applies to:

- All CareHop staff and contractors.
- All clients, caregivers, families, and substitute decision-makers (SDMs).

Complaints include concerns about service quality, staff behaviour, safety, communication, and rights.

### 4. Definitions

- **Complaint:** An expression of dissatisfaction requiring a response.
- **Feedback:** General comments, compliments, or suggestions.
- **Concern:** An issue raised that may not escalate to a formal complaint.
- **Client:** Includes clients, families, caregivers, and SDMs.



## 5. Responsibilities

- **All Staff:** Must forward complaints or concerns to the appropriate supervisor or manager.
- **Care Manager or Clinical Practice Leader:** Investigates and resolves client-related complaints.
- **CEO or designate:** Oversees complaint trends, high-risk issues, and regulatory reporting.
- **Administrative Assistant:** Logs and tracks complaints for monitoring.

## 6. Procedure for Receiving Feedback

Clients may submit feedback or complaints through:

- Phone call, email, or in-person to any staff member
- Client satisfaction surveys
- AlayaCare Client Portal or mobile app
- External referrals from HCCSS/Ontario Health atHome or other parties

Staff must:

- Thank the client for the feedback
- Clarify details without arguing or defending
- Forward the concern within 24 hours to the Care Manager or Clinical Practice Leader
- Acknowledge receipt of a complaint **within two (2) business days**.

## 7. Documentation & Investigation

- Complaints are entered into the internal feedback tracking system.
- An assigned manager will investigate and document findings promptly.
- The process may include reviewing documentation, speaking with involved parties, and proposing resolution.
- Investigation outcomes are communicated to the client or SDM.

## 8. Resolution & Follow-Up

- Provide a resolution or status update with a reasonable estimated timeline for resolution to the Client **within 10 business days**.
- Complex complaints may take longer with updates provided.
- Corrective actions may include retraining, service changes, or apology.
- Clients are advised of outcomes and appeal options.



## **9. Learning and Quality Improvement**

- Complaints are reviewed monthly by the Quality Improvement team.
- Trends are reviewed quarterly to identify systemic issues.
- Lessons learned are integrated into staff education, protocols, and service redesign.

## **10. Confidentiality and Non-Retaliation**

- Clients and staff are protected from retaliation.
- Complaints are handled with sensitivity and confidentiality.
- Anonymous complaints will be investigated to the extent possible.

## **11. Monitoring and Evaluation**

- Quarterly reports are reviewed by the executive leadership team.
- Indicators such as complaint response time and resolution rate are tracked.
- Policy is reviewed every 3 years or following significant trends or regulatory change.

## **12. Related Policies and References**

- CareHop Incident Reporting & Management Policy
- CareHop Risk Management Policy
- Client Rights & Responsibilities Policy
- Ontario Regulation 187/22 under the Connecting Care Act, 2019
- Accreditation Canada Standards

## **13. Review Cycle: Every 3 years or as needed**

### **Policy Approval**

Approved by: \_\_\_\_\_

**Chief Executive Officer**