

 POLITQUES ET PROCÉDURES ADMINISTRATIVES ADMINISTRATIVE POLICIES AND PROCEDURES	NUMÉRO / NUMBER: ADMIN 02 LTC		
	SUJET / SUBJECT: PLAINTES, PRÉOCCUPATIONS ET COMPLIMENTS / COMPLAINTS, CONCERNS AND		
	EN VIGUEUR LE / EFFECTIVE DATE : 2016-11	RÉVISION ANTÉRIEURE / PAST REVIEW DATE : 2019-04; 2021-10 TR; 2022-06; 2023-05 TR	DATE DE LA RÉVISION / REVISION DATE : 2025-04 TR
	EN VIGUEUR À / APPLIES TO : SLD ÉB/ÉB LTC, SLD SL/SL LTC		
SERVICE RESPONSABLE / DEPARTMENT RESPONSIBLE : SOINS DE LONGUE DURÉE / LONG-TERM CARE	APPROUVÉ PAR / APPROVED BY : VICE-PRÉSIDENTE, PROGRAMMES ET DES SOINS RÉSIDENTIELS ET COMMUNAUTAIRES / VICE PRESIDENT, RESIDENTIAL AND COMMUNITY CARE PROGRAMS		

Technical revision 2025-04 to remove reference to the old Long-Term Care Homes Act and to update policy links.

This policy applies to ÉB LTC and SL LTC only. For other areas, refer to the following policies:

ÉBH, SVH: [ADMIN 02 Complaints and Concerns from Patients and Family.](#)

Bruyère Health Senior Living: [BRUYERE HEALTH SENIOR LIVING 04 Complaints.](#)

For definition of terms, see Section 4.0.

1.0 POLICY

- 1.1 Anyone can register a complaint, concern or compliment, including a staff, resident, family member, or representative of a resident.
- 1.2 Upon receipt of any complaint or compliment, the appropriate manager or delegate completes the appropriate form in the Complaints and Compliments application (Risk Incident Management System – RIMS), as required. As appropriate, they also submit complaints to the Ministry of Long-Term Care (Ministry). Concerns do not need to be recorded in the RIMS See definitions for more information on concerns, complaints and compliments.
- 1.3 The administrator, director of care or delegate must immediately begin the investigation and forward to the Ministry of Long-Term Care a complaint that alleges harm or risk of harm including, but not limited to, physical harm.
- 1.4 Upon receipt of a complaint, it shall be investigated and resolved where possible, and a response provided within 10 business days of the receipt of the complaint.
- 1.5 The LTC Quality Committee will review and analyze complaints records for trends at least quarterly. The results of the review and analysis are taken into account in determining what improvements are required in the home and a written record is kept of each review and of the improvements made in response. The number of complaints,

by type, are reported twice annually to the Quality Management and Mission Effectiveness Committee of the Board of Directors.

- 1.6 On admission, all residents or representatives of residents will receive this policy and procedure for bringing forward complaints, compliments, and concerns. If required, the content of the policy and procedure will be reviewed with the resident or their representative. The policy will also be posted in an accessible location in the home.

2.0 KEY ROLES AND RESPONSIBILITIES

2.1 All staff (including volunteers):

- Manage any complaints or concerns as quickly as possible and document accordingly.
- If unable to promptly resolve the complaint or concern, notify the administrator or director of care or delegate, including any information received, and follow-up as appropriate.

2.2 Director of care or delegate:

- Follow-up on all complaints, concerns and compliments, as appropriate;
- Notify Ministry of Long-Term Care Director, as appropriate for complaints that allege harm or risk of harm to a resident
- Initiate and complete the appropriate online form in the Complaints and Compliments application (RIMS);

2.3 Client relations advisor:

- Receive and hear complaints;
- Initiate and complete the appropriate form in the Complaints and Compliments application (RIMS);
- Follow-up with the complainant;
- Contact long-term care management.

3.0 PROCEDURE

3.1 Complaints, concerns and compliments are submitted or received:

- Verbally (in person or by telephone), discussing the issue with the appropriate supervisory staff member or manager;
- In writing (email or letter), directed to a supervisory staff member, manager, vice-president, or client relations advisor;
- Directly to the Ministry of Long-Term Care (see Appendix).

3.2 Addressing complaints:

- Supervisory, clinical, and other staff from all departments notify the administrator or director of care of any complaints received by them that they are not able to promptly resolve. (Off-hours: Notify the Manager, Clinical Operations After Hours).
- The director of care or delegate initiates the appropriate online form in the Complaints and Compliments application (RIMS), notifies the vice-president, and determine if the Ministry of Long-Term Care must be notified immediately (ie: if the complaint alleges harm or risk of harm to residents) or in accordance with the Critical Incident and Mandatory Reporting policy and procedure.

- Where a licensee is required to immediately forward a complaint and begin the investigation, it shall forward it during the Ministry's normal business hours, to the Director or the Director's delegate (through the CIS online system – Licensee to Forward Complaints); or outside normal business hours, using the Ministry's after-hours emergency contact method (1-888-999-6973).
- Where there are reasonable grounds to suspect that the following has or may occur; incompetent treatment or care, abuse or neglect, unlawful treatment or misuse/misappropriation of money related to one or more residents, the administrator, director of care or the Manager, Clinical Operations After Hours begin an investigation immediately and notifies the Ministry of Long-Term Care. Refer to policy [CLIN CARE 32 LTC Abuse and Neglect, Long-Term Care for details](#).
- The Complaints and Compliments application (RIMS) documentation includes the nature of each verbal or written complaint, the date the complaint was received; the type of action taken to resolve the complaint, including the date of the action; time frames for actions to be taken and any follow-up action required, the final resolution, if any; every date on which any response was provided to the complainant and a description of the response; and any response made in turn by the complainant.
- The administrator, director of care or delegate provides a written response to the person who submitted the complaint within 10 business days of receiving a complaint, when indicated. The response indicates:
 - what was done to resolve the complaint, or that Bruyère believes the complaint to be unfounded or unable to be verified, including the reasons.
 - The Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the *Excellent Care for All Act, 2010*.
 - If the licensee was required to immediately forward the complaint to the Director under clause 26 (1)(c) of the Act, confirmation that the licensee did so.
 - If a complaint **cannot be resolved within 10 business days**, the manager provides an acknowledgement of receipt of the complaint within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution and a follow-up response.
- The administrator, director of care or delegate notifies the vice-president if a resolution cannot be found.
- Complaints are addressed as per this policy whether the resident is still admitted within the home or not.

3.3 Addressing concerns:

- Supervisory, clinical, and other staff from all departments notifies the administrator or director of care of any concerns received by them that they are not able to promptly resolve. (Off-hours: Notify the Manager, Clinical Operations After Hours).

- The administrator, director of care or delegate follows up on this concern as appropriate. If it cannot be resolved within 24 hours, it will be managed as a complaint, as per this policy.

3.4 Addressing compliments:

- Supervisory, clinical, and other staff from all departments notifies the administrator or director of care or delegate of any compliments received.
- The administrator, director of care or delegate records the compliment in the appropriate online form in the Complaints and Compliments application (RIMS).
- The administrator, director of care or delegate shares relevant information with staff and long-term care management.

4.0 DEFINITIONS

Complaint: Written or spoken statement expressing dissatisfaction with resident care, services, or a staff member of the home. The Ministry of Long-Term Care will be notified at the complainant's request or if the complaint meets criteria for reporting. Complaints generally require further investigation.

Concern: Issue of an isolated matter that can be resolved within one day (24 hours) of receipt during business hours. A concern generally reflects that the complainant is not completely satisfied with certain aspects of resident care and services.

Compliment: Written or spoken expression of esteem, or a flattering remark. Can be provided for all aspects of resident care and services provided by the home, as well as for individual staff members.

Reasonable grounds: Based on reliable information. Having reasonable grounds is more than having a hunch or suspicion, but less than being able to show a balance of probabilities.

Representative of resident: Substitute decision-maker (SDM), power of attorney (POA), person of importance, volunteer.

5.0 REFERENCES

Ontario. Legislative Assembly. [*Local Health System Integration Act, 2006, S.O. 2006, c. 4.*](#)

Ontario. Legislative Assembly. [*Excellent Care for All Act, 2010, S.O. 2010, c.14.*](#)

Ontario. Legislative Assembly. [*Fixing Long-Term Care Act, 2021, S.O. 2021, c.39.*](#)

* Adapted from the Ontario Association of Non-Profit Homes & Services for Seniors document *Managing and Reporting Complaints: Policy and Procedures Package and Policy Template* (2013).

6.0 RELATED DOCUMENTS

Appendix 1: Submitting a complaint directly to the Ministry of Long-Term Care

Appendix 2: Visual algorithm for complaint process

Policies:

- [CLIN CARE 32 LTC Abuse and Neglect, Long-Term Care](#)
- [ADMIN 02 Complaints and Concerns from Patients and Family](#)
- [BRUYERE HEALTH SENIOR LIVING 04 Complaints](#)

In case of doubt, the English version of this policy takes precedence over the French.

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Appendix 1: Submitting a complaint directly to the Ministry Long-Term Care

Complaints can be submitted to the Ministry Long-Term Care in the following ways:

1) Call the toll-free Long-Term Care Family Support and Action Line at 1-866-434-0144.

The person answering the call will take your information, ask you some questions, assess the problem, and give the information to an inspector for follow-up.

The Ministry of Long-Term Care's Long-Term Care ACTION Line is open seven days a week, from 8:30 a.m. to 7 p.m.

The complainant will hear back within 2 business days.

2) Send a written letter, by mail, to:

Director
Long-Term Care Inspections Branch
Long-Term Care Operations Division
119 King St. W, 11th Floor
Hamilton, ON
L8P 4Y7

The complainant will receive a reply letting them know that the ministry has received the complaint. The complaint will be forwarded to an inspector who will look into the matter.

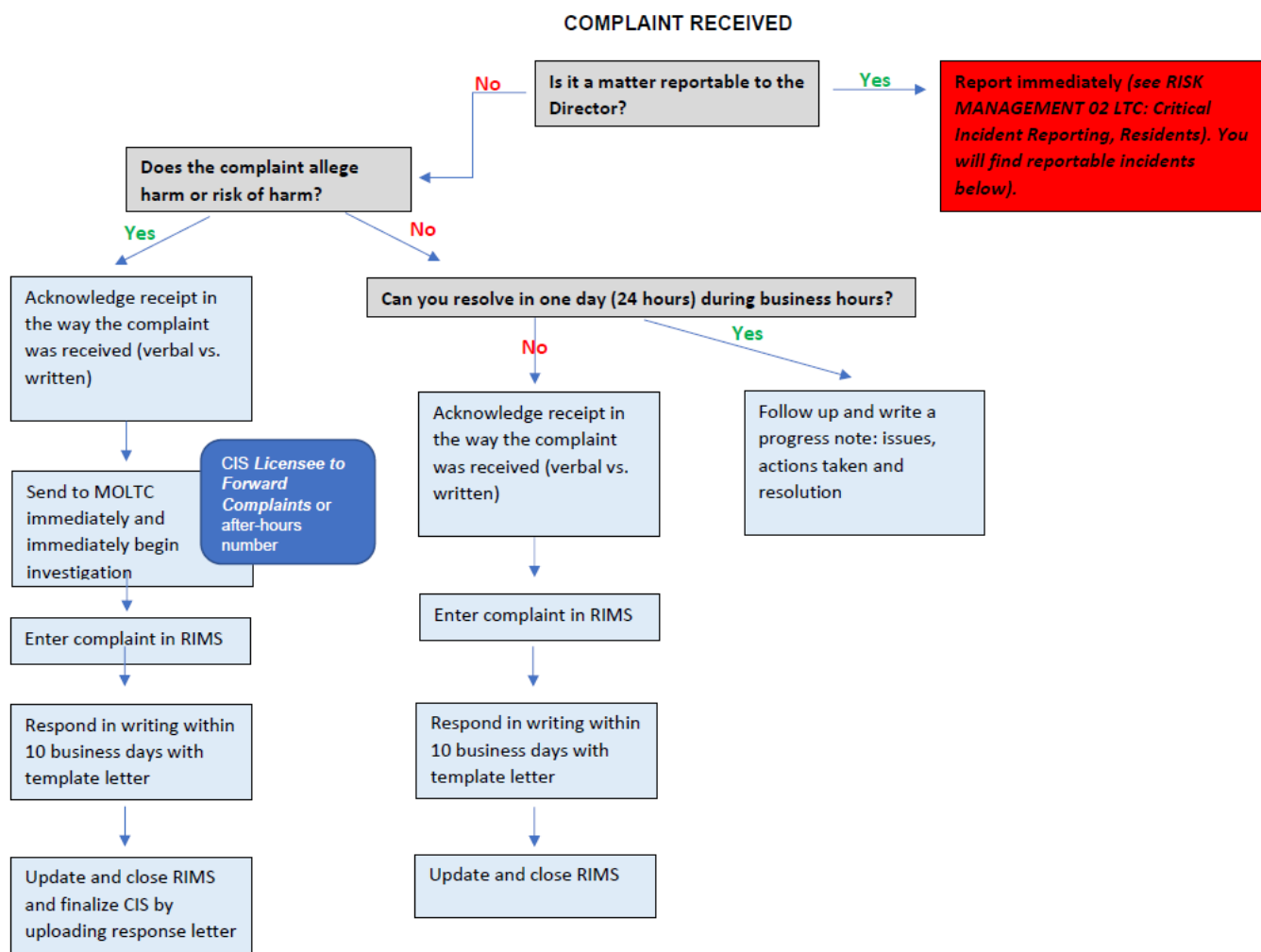
Contact the Patient Ombudsman

If the complainant has already contacted the home directly and the Long-Term Care Family Support and Action Line (toll-free at 1-866-434-0144) and was not able to reach a satisfactory resolution, they can contact the Patient Ombudsman;

- Online: <https://www.patientombudsman.ca/Complaints/Make-a-complaint/Submit-Complaint>
- By calling 1-888-321-0339 (toll free) or 416-597-0339 (in Toronto)
- TTY: 416-597-5371

Appendix 2: Visual algorithm for complaint process

For more details, see ADMIN 02 LTC: Complaints, Concerns and Compliments



Reportable incidents (as per RISK MANAGEMENT 02 LTC: Critical Incident Reporting, Residents)

A. Incident Category A:

- An emergency, fire, unplanned evacuation, intake of evacuees.
- An unexpected or sudden death, including a death resulting from an accident or suicide.
- A resident who is missing for three hours or more.
- Any missing resident who returns to the home with an injury or any adverse change in condition regardless of the length of time the resident was missing.
- An outbreak of a reportable disease or communicable disease as defined in the *Health Protection and Promotion Act*.
- Contamination of the drinking supply.
- All incidents of resident abuse or neglect (e.g., emotional, sexual, financial, physical, verbal or otherwise; see policy [CLIN CARE 32 LTC Abuse and Neglect, Long-Term Care](#)), must also be reported immediately to the MOHLTC through mandatory reporting, including:
 - o Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident;
 - o Abuse of a resident by anyone, or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident;
 - o Unlawful conduct that resulted in harm or a risk of harm to a resident;
 - o Misuse or misappropriation of a resident's money;
 - o Misuse or misappropriation of funding provided to the home.

A.1. The registered staff report the critical incident to the administrator, manager or director of care or delegate (**off-hours**: clinical nursing supervisor) **immediately**.

A.2. The administrator, manager or director of care or delegate (**off-hours**: clinical nursing supervisor, administrator on-call or registered nurse) notifies the MOHLTC **immediately**.

B. Incident Category B:

- A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition.
- An environmental hazard that affects the provision of care or the safety, security or well-being of one or more residents for a period greater than six hours, including:
 - o A breakdown or failure of the security system;
 - o A breakdown of major equipment or a system in the home;
 - o A loss of essential services, or flooding;
 - A missing or unaccounted for controlled substance (see item B.2.1);
 - An incident that causes an injury to a resident for which the resident is taken to a hospital and that results in a **significant change** in the resident's health condition (see item B.3.);
 - A medication incident or adverse drug reaction in respect of which a resident is taken to hospital;
 - A resident who is administered glucagon which results in the resident being taken to a hospital;
 - A resident who experience severe hypoglycemia or unresponsive hypoglycemia which results in the resident being taken to a hospital.