



Complaints Policy

Approving Authority: Board of Directors

Approval Date: February 7, 2024

Effective Date: March 23, 2022

Supersedes: May 16th, 2018

Last Editorial Change: N/A

Mandated Review: February 2025

Background

- 1) University Hospitals Kingston Foundation (UHKF) adheres to the highest standards of personal and professional conduct. There may however, from time to time be concerns or complaints about or related to the Foundation or its related healthcare organizations. The right to express concerns and complaints is an inherent right of stakeholders and the Foundation is committed to a process which is timely, fair and respectful.

Purpose

- 2) The purpose of this policy is to create a transparent and fair method of receiving and responding to complaints and concerns from public stakeholders in a prompt and respectful manner.

Definitions

- 3) A **complaint** is an expression of dissatisfaction about the service, actions, or lack of action by University Hospitals Kingston Foundation as an organization or a staff member or volunteer acting on behalf of the Foundation. Examples of complaints include, but are not limited to:
 - perceived failure to do something agreed upon;
 - failure to observe policy or procedures;
 - error made by a staff member/volunteer, intended or unintended; or
 - unfair or discourteous actions/statements by staff member/volunteer.
- 4) **Related healthcare organizations** include the Kingston Health Sciences Centre and Providence Care Centre and their related sites and programs.

Scope

- 5) This policy applies to complaints from public stakeholders in relation to the Foundation's compliance to its policies and procedures.
- 6) This policy does not apply to complaints generated by staff or board members. Internal complaints should be reported through Management or under the Foundation's Whistleblower Policy, as appropriate.

Policy

Guiding Principles

- 7) UHKF strives to maintain an atmosphere of mutual respect where the needs of patients, donors and the public are recognized, and met. Complaints will be addressed in a timely and courteous manner, and appropriate corrective action will be taken where necessary. Implementation of this policy will be guided by the following principles:
 - 7.1) All complaints are to be dealt with promptly and resolved as quickly as possible.
 - 7.2) Complaints will be reviewed and dealt with in a manner that is fair, impartial and respectful to all parties.
 - 7.3) Complainants will be provided with clear and understandable reasons for decisions relating to their complaints and complainants will be provided with interim updates if their complaint cannot be resolved in a timely manner.
 - 7.4) Complaints will be perceived as an opportunity to assist in improving services, policies and procedures.

Procedure

- 8) The Foundation shall respond to all complaints and make every reasonable effort to respond as soon as possible. Complaints received verbally will be acknowledged immediately and those received in writing should be acknowledged within two (2) business days. The Foundation will attempt to investigate, if necessary, and resolve complaints within 10 business days.
- 9) A complaint may be received verbally (by phone or in person) or in writing (by mail, email). An employee or volunteer who receives a complaint should first determine the proper person to handle it. It is the responsibility of the person who receives the complaint to either resolve it or transfer it to another person who can resolve it. If the complaint is transferred, the recipient must acknowledge to the transferor that the complaint has been received and will be acted upon.
- 10) The person who initially receives the complaint should acknowledge to the complainant that the complaint has been received and will be acted on. If a timeframe for action can be

determined, that should be included in the acknowledgement. Basic contact information including name, phone number and email address should immediately be recorded.

- 11) The majority of complaints or concerns received by the Foundation will be administrative matters that staff are in a position to address immediately and to the complainant's satisfaction using existing systems and procedures. These may include a request to limit the number of solicitations annually, to discontinue solicitations, to correct an address or other contact information, to not be solicited by telephone or mail, to request information, or to inquire as to the status of a receipt. The staff person handling the complaint will ensure that the necessary procedures are followed to address these complaints. When the procedure calls for it, these issues will be recorded in the constituent relationship management (CRM) system (currently Raiser's Edge).
- 12) Where a complaint cannot be easily resolved, it should be escalated to the relevant Program Director. If the Director cannot resolve the complaint, it will be escalated to the President & CEO. If the complaint is about the President & CEO, it will be handled by the Chair of the Board. Complainants should be kept informed of the status of their complaint. Every attempt should be made to resolve escalated complaints within the same 10 business days. If it will take longer than 10 business days to resolve a complaint the complainant will be advised of the status of the complaint and the expected resolution date within 10 business days of having received the complaint.

Anonymous Allegations

- 13) Thorough investigation often depends on an ability to gather additional information. The Foundation encourages complainants to put their names to their inquiries. The Foundation will explore anonymous inquiries to the extent possible, but will weigh the prudence of continuing an investigation against the likelihood of confirming the alleged facts or circumstances from attributable sources.

Documentation

- 14) Any complaint that cannot be resolved on the day it is received, complaints that need to be raised to the attention of a program Director, the President & CEO and/or the Chair of the Board, any complaint that involves a dispute over money, and any recurring complaint will be documented. Information to be documented includes a description of the complaint, the name and contact information of the complainant, who handled the complaint, what was done to resolve the complaint, timeframe, and a description of the resolution. The person resolving or transferring the complaint will submit this information to the UHKF Chief Financial and Administrative Officer who will maintain a ledger and copies of the relevant documentation.
- 15) The complaints ledger will be reviewed, not less than annually, by the Chief Financial and Administrative Officer and the President and CEO to determine whether there are recurring or patterns of complaints. If necessary, further action shall be taken to determine whether there are systemic or process issues with a view to addressing and eliminating such recurring complaints.

Reporting

- 16) The Board of Directors will receive, not less than annually, a report of all documented complaints and their outcomes including, where appropriate, changes to systems or procedures taken to reduce the incidence of similar complaints in the future.

Complaints About the Related Healthcare Organizations

- 17) It is not uncommon for UHKF to receive complaints or concerns about its related health care organizations. These can include concerns from patients or patients' families about the care they receive or complaints from vendors and contractors about purchasing or contracting practices.
- 18) UHKF recognizes that public goodwill is affected by health care experiences and business relationships with its related healthcare organizations and that many view the Foundation as a timely and accessible source of information about them. Whether the originator of the complaint or concern is a donor or not, the person receiving the complaint will show empathy, but inform the complainant that the complaint will have to be directed to the appropriate healthcare organization.
- 19) Complaints received by the Foundation relating to Kingston Health Sciences and/or Providence Care will be documented and referred to the Patient Relations or other appropriate department depending on the nature of the complaint for attention and/or resolution. Depending on the nature of the complaint UHKF may also notify the President & CEO or appropriate executive member of the healthcare organization concerned.
- 20) The complainant will also be provided with information as to the appropriate channel to lodge the complaint or concern. UHKF does not, in any instance, attempt to influence clinical and/or procurement decisions of its related healthcare organizations.

Attachments

Appendix A – Complaints Ledger

Related Documents

UHKF Code of Conduct

Privacy Policy

Whistleblower Policy



Appendix A - UHKF Complaints Ledger

Date Complaint Received	Complaint Received By: (Name)	Complaint Received By: (Email, Phone, Etc.)	Description Of Complaint	Action Taken	Date Complaint Closed