


<b>Title: Complaints</b>	<input checked="" type="checkbox"/> Policy	<input checked="" type="checkbox"/> Procedure	<input type="checkbox"/> SOP
<b>Category:</b> Quality Management <b>Dept/Prog/Service:</b> Base Hospital Program	<b>Distribution:</b> NW Region Ambulance Operators & Paramedics		
Approved: Program Medical Director & Program Manager  <b>Signature:</b> 	<b>Approval Date:</b> July 1999		<b>Reviewed/Revised Date:</b> April 2017

CROSS REFERENCES: *Inquiries and Complaints (HIS-48); Privacy and Personal Health Information (HIS-06); Privacy principles of Personal health Information (HIS-06) & Maintenance of Certification Criteria (CERT-100).*

## 1. PURPOSE

This policy will clarify how the NW Region Base Hospital Program will receive and manage complaints or concerns brought to our attention by any individual or department.

### References

MOH Performance Agreement  
MOH ALS Patient Care Standards  
Service Operator Agreement(s) MOU

## 2. POLICY STATEMENT

For the purpose of this policy, a complaint is defined as a statement of dissatisfaction with the service provided by either a member of the Base Hospital Program staff or patient care by a land ambulance paramedic in the NW Region catchment area.

## 3. PROCEDURE

### Verbal or written complaints will be received as follows:

- Complaints with regard to program staff or a Paramedic should be directed to the Manager of the Base Hospital Program.
- Complaints with regard to the actions of the Manager of the Base Hospital Program should be directed to the Director of Trauma & Emergency Services.
- Complaints with regard to the Program Medical Director should be directed to the Program Medical Director, Trauma Program, Critical Care & Emergency Services

### Land Ambulance Patient Care Complaints

1. Investigation of a complaint concerning Advanced Life Support (ALS) patient care or performance of any Delegated Medical Act will be coordinated and reviewed jointly by the Manager of the Base Hospital Program and Program Medical Director or their designates.

2. It is expected that the complainant will provide their identity (name) and contact information for the purposes of the review. The Manager of Base Hospital Program will acknowledge receipt of the complaint within 14 days, by telephone or in writing, when provided contact information.

3. The Manager of Base Hospital Program and the Program Medical Director will make improvements where necessary to prevent a future concern of a similar nature.

4. The following types of complaints will be re-directed within 24 hours:
  - Complaints related to paramedic conduct alone will be directed to the Employer of the involved Paramedic(s)
  - Complaints related to Basic Life Support (BLS) patient care alone will be directed to the relevant EMS employer of the involved Paramedic(s).
5. The Emergency Health Services Branch Field Office will be advised of all patient care related complaints received by the NW Region Base Hospital.

#### **Base Hospital Program Staff Complaint (non management)**

A complaint received concerning non management program staff will be coordinated and reviewed by the Manager of the Base Hospital Program or designate and forwarded to the Director, Trauma Program, Critical Care & Emergency Services and Manager of Human Resources. The complaint process will be guided by Thunder Bay Regional HSC policy.

#### **Base Hospital Program Manager and Program Medical Director Complaint**

A complaint concerning the Manager or Program Medical Director of the Base Hospital Program should be forwarded to the Director, Trauma Program, Critical Care & Emergency Services. The complaint process will be guided by Thunder Bay Regional HSC policy.

#### **4. RELATED PRACTICES AND/OR LEGISLATIONS**

- i. *Ambulance Act (Ontario) and Ontario Regulation 257/00*

#### **5. REFERENCES**

- i. EHSB MOHLTC and Thunder Bay Regional Health Sciences Centre (TBRHSC) Performance Agreement, 2008
- ii. EHSB MOHLTC BLS & ALS Patient Care Standards