

## CLIENT/STAFF/VOLUNTEER FEEDBACK POLICY

Policy No.	PP-IQI-3003-v2	Date Approved	July 2015
Prepared by	VP Community Health & Chief of Professional Practice	Date Implemented	January 2015
Approved by		Date Reviewed	July 2015
		Date(s) Revised	July 2015
		Scheduled Review Date	July 2018
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### INTRODUCTION

Scarborough Centre for Healthy Communities (SCHC) endeavors to provide the best possible care for our clients and community and to be a fair and equitable workplace. We recognize, however, that concerns sometimes arise.

### PURPOSE

The purpose of this policy is to ensure that staff, volunteers, and students are aware of the process of addressing feedback received in a fair and timely manner and in accordance to policy and legislative requirements.

### POLICY

Clients, community members, volunteers, students and staff have the right to express concerns, privacy matters and suggestions without fear of interference, coercion, discrimination or reprisal. Feedback will be promptly reviewed, and resolved as appropriate.

Any respondents that provide feedback to SCHC have the right to be informed of allegations without undue delay, to respond to them, and to have the validity of the feedback justly assessed.

SCHC will treat all feedback received according to our privacy policy.

### RESPONSIBILITIES

The role of SCHC management and/or Board who implement this process is to ensure that the views of the person providing the feedback are fully heard and, wherever possible, that a resolution acceptable to both the respondent and to SCHC be implemented.

### PROCEDURE

#### Resolution and Escalation Process

Individuals providing feedback are encouraged to discuss their feedback directly with any other person involved. Many issues can be successfully resolved by discussing the situation collaboratively and identifying strategies to address. If this is unsuccessful or inappropriate to the situation, the individual providing feedback may escalate the situation as outlined below.

If the situation is unresolved, it moves on to the next step. At each step the current status of the resolution is documented in Comply Track.

If at any time during an investigation, evidence exists to indicate possible staff misconduct, incompetence, incapacity or breach of privacy, the Director and CEO will be immediately informed and appropriate steps will be taken.

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### Step 1:

The person who receives the feedback is to complete the Client or Staff Feedback form in Comply Track. Clients may provide feedback via the SCHC website and will be directly entered into Comply Track.

### Step 2:

Manager Human Resources will review Feedback in Comply Track and forward to appropriate Manager.

### Step 3:

The Manager will contact the person providing the feedback and/or receive consent to speak to the person if the person providing the feedback is not the client or staff within forty eight hours. The manager will acknowledge receipt of the feedback and will seek further clarification or information as needed from the person sharing the feedback at that time.

The manager will review the feedback, consult with other SCHC staff as needed, and provide, at minimum, an initial response as to how the situation will be resolved to the person who provided the feedback within ten working days.

Ways that SCHC may respond after reviewing feedback include:

- providing an explanation;
- offering a service;
- changing a decision;
- confirming an existing decision;
- changing a practice to prevent a recurrence;
- changing a policy; and
- providing additional training to staff or volunteers.

These are examples of some responses that may be appropriate. There are other possible outcomes that may be more suitable in some situations.

### Step 4:

If the issue has not been resolved to the respondent's satisfaction, the investigation findings will immediately be forwarded to Director. The Director will review all materials related to the feedback received, the investigation and gather any additional information required, and seek the advice of other SCHC staff or external experts, as appropriate. The Director will make a decision about resolution which will be communicated to the person providing the feedback within 10 working days of the initiation of Step 4.

### Step 5:

If the issue has not been resolved to the respondent's satisfaction, the investigation findings will immediately be forwarded to the CEO. The CEO (or designate) will review all materials related to the feedback received, the investigation and gather any additional information required, and seek the advice of other SCHC staff or external experts, as appropriate. The CEO will make a decision about resolution which will be communicated to the person providing the feedback within 10 working days of the initiation of Step 5.

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### Step 6:

If the issue has not been resolved to satisfaction in Step 5, it will be escalated to the SCHC Board of Directors. The chairperson of the Board of Directors may address the person providing the feedback directly or strike a Board committee. The chairperson and/or committee will review all materials related to the feedback received and investigation, gather any additional information required, and seek the advice of other SCHC staff or Board members, as appropriate. The Board of Directors will make a decision about resolution of the feedback within two months of the initiation of Step 6 and communicate it to the person providing the feedback.

### **Reporting Professional Misconduct**

Please refer to SCHC Reporting a Colleague policy.

### **Procedure for Monitoring Feedback**

The Manager/Director will be responsible for the quarterly review of all feedback received as it relates to their departments.

The Senior Leadership Team will be responsible for the quarterly review of all feedback received.

The CEO will report annually to the Board of Directors an analysis of all feedback and any actions taken.

### **RELATED DOCUMENTS**

Complaints and Concerns Resolution Policy<sup>1</sup>

Client Feedback Form

Staff/Volunteer/Student Feedback Form

Reporting a Colleague Policy

### **AUTHORIZATION**

Jeanie Joaquin, CEO

July 2015

Scarborough Centre for Healthy Communities

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<sup>1</sup> This policy replaces the Complaints Resolution Policy

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### APPENDIX A –FEEDBACK WORKFLOW PROCESS

