

# Complaint Management Policy

Aiming for Excellence 2016 Standard 1.3.1

Foundation Standard 1.3.1

## Purpose

The purpose of this policy is to outline the processes to follow in the management of complaints received within the practice.

This policy has been developed to align to the ProCare Contracted Provider Agreement 2014, (Back to Back Agreement) and associated Protocol for Clauses 12.2 and 12.3 and the Health and Disability Services Consumer's Code of Rights, Right 10.

## Scope of the Policy

This policy applies to patients, contractors, visitors, family and whanau, employees, DHB, Health and Disability Commissioner and other agencies that may formalise a complaint to the practice.

## Complaints Management Process

Refer to the 'Complaint Management Flow Diagram'.

## Consumer Complaints

A consumer complaint is any expression of dissatisfaction received from a client, patient, visitor, family member, or a member of the community regarding an event that has occurred, a system or process within the practice **or** a staff member.

Complaints may be either:

- Written - letter, email , via website or fax
- Verbal - telephone or face-to-face

## Accountability

It is the responsibility of staff to ensure consumers are aware of how to make a complaint, written or verbal. It is the responsibility of staff to ensure consumers are aware of the services available to assist them to make a complaint if unable to do so.

<b>Title: Complaints Policy</b>	Date Developed/revised: 19/07/2021	Approved by: Marion Blundell Amy Brockbank	Review Date: 19/07/2022
Reviewed Date:	Approved:	Reviewed Date:	Approved:

## **Complaints Officer**

The designated Complaints Officer is Marion Blundell

If the Complaints Officer is the person that the complaint has been lodged against, the complaint needs to be handed by another person in the practice who is capable to manage a complaint if appropriate or seek an independent person to manage the complaint.

## **Role of the Complaints Officer**

- Having the skills to be able to act with sensitivity as well as be objective and impartial;
- Have knowledge of, and be able to advise on, all aspects of the practice's internal complaint procedures and be trained to receive, investigate and deal with complaints about the practice services;
- Have access to rooms with adequate privacy to ensure the complainant's confidentiality is maintained and appropriate information technology equipment, with access to the practice's complaint handling database and reference material;
- Ensure that they are not directly involved in the subject matter of the complaint, and raise the matter with a superior should such an issue arise;
- Be able to assist in the formulation of a written complaint for complainants who require additional assistance;
- Have access to staff at all levels of the practice so that complaints can be resolved quickly;
- Have clearly defined power to act and provide redress to complainants or to refer the matter to someone who has this power; and
- Maintain a Complaints Register recording all complaints, decision and actions

## **Reporting of Complaints to PHO**

As per the Contracted Provider Agreement (Back-to-Back Agreement), Clause 12 requires Contracted Providers to inform ProCare (Primary Health Organisation) of complaints, such as the following:

- Complaints identified that may result in significant risks or issues which could potentially affect the relationship between ProCare and the Provider providing services, and their respective abilities to meet the obligations.
- Complaints involving the Health and Disability Commissioner
- Complaints that Under Clause 12.2 Providers have an obligation to notify ProCare of events which are 'serious' or which could bring 'discredit' upon the DHB, ProCare Network or the profession.

- The practice and/or the Contracted Provider is to notify ProCare of all complaints that arise from an Incident Severity Assessment Criteria (SAC) Level 1 or 2.

Clause 12.3 provides that upon notification ProCare and the Provider will work together to minimise the impact or potential impact of any of these events. The intent of Clause 12.3 is for ProCare and the Provider to work collegially together.

All complaints meeting the criteria as set out in the 'Protocol for Clause 12 of ProCare's Contracted Provider Agreement' are to be reported to ProCare as per the protocol.

### **Categorising of Complaints**

Complaints are to be categorised according to the following:

1	Customer Service	2	Clinical Care/Treatment	3	Communication
4	Delays / Waiting times	5	Environment	6	Cultural Competency
7	Other				

### **Complaints Register**

The practice complaints register is securely located **in the red Incident folder in the admin office.**

The Complaints Officer is responsible for the management of the register. The register will be kept up to date by the Complaints Officer. The record will show the nature and background to the complaint and the process by which it was addressed and resolved including any patient input. Sensitive complaints are to be kept confidential at all times- by way of recording and by way of filing.

### **Verbal Complaints**

- Verbal complaints are to be documented, either by the complainant or by the person receiving the complaint, and to be managed in the same manner as a written complaint.
- Effort must be made to resolve the complaint immediately where possible. Often through communication with the complainant at the time of lodging the complaint, resolution of a verbal complaint is often made.

### **Written Complaints**

- Written complaints, either through email, letter or via a website or those written on consumer feedback forms are to be attached to the complaints form for action. This is to be done by the end of the day on which the complaint is made.
- A consumer may instead, or in addition, involve the Health Advocacy Service, and/or lay a complaint with the Health and Disability Commissioner and/or the Privacy Commissioner.

### **Acknowledgment and Response Times**

- All complaints where the complainant wishes to identify themselves are to be acknowledged within 5 working days of receipt. If the complaint is resolved within 5 days, only a letter of response is required.
- Where appropriate, meetings with relevant staff may be arranged immediately on receipt of the complaint.
- All complaints will be investigated within 10 working days of acknowledgement to decide whether the complaint is justified/ substantiated.
- If more than 10 working days is required to investigate the complaint, the complainant is notified that additional time is required. If the additional time is more than 20 working days, the complainant is informed and advised of the reasons why.
- The complainant will be updated on the progress of their complaint at intervals of not more than one month.







### **Staff Named in a Complaint**

- If a staff member is named in or associated with a complaint, they are advised prior to any investigation commencing, and will not be involved in the investigation.
- Staff however, may be asked to meet with the complainant to assist in complaint resolution.

### **Privacy/Consent**

- Complaints are confidential information and are to be stored securely at all times.
- All complaints correspondence is kept in a central file with the Complaints Officer.
- If a complaint is received from someone other than a client, and information in the response is related to the client's care and treatment, signed consent must be obtained from the client (or parent/guardian) before the outcome of the investigation can be released.
- If the complaint comes from a third party and the patient has died, the trustees and executors of the estate are to be asked for consent before the complaint is investigated. Evidence of the

authenticity of the trustees or executors consent is a copy of the Grant of Probate of the will of the deceased patient.

COMPLAINT MANAGEMENT FLOW DIAGRAM		
PROCESS	STANDARD /TASK	WHO
<p><b>Complaint Received</b> <b>Refer to Complaints Officer</b></p> 	<p><b>Written</b> - Letter, Complaint Form, Email, Website <b>Verbal</b> - Via phone or in person. Invite the person to document their complaint and send to the Complaints Officer. If they do not wish to do that, take the complaint details using the practice <b>Complaint Form</b> Inform the person lodging the complaint what the process will be regarding the complaint.</p>	<p>Refer to the practice Complaints Officer. If Complaint Officer not available, take complainant details and inform person that the Complaints Officer will contact them.</p>
<p><b>If the complaint is managed via the first contact with the complainant and is able to be Closed– endeavor to do so and acknowledge the closure in writing to the complainant. Document in Complaints Register</b> <b>If not, proceed to Formal Complaint Process</b></p>		
<p><b>Formal Complaint</b> <b>Refer to Complaints Officer</b></p> 	<p>Follow Complaint Management Policy and Process Respond to complainant and notify them of the process and timeframe.</p> <p style="text-align: center;"><b>Aim to resolve complaint early.</b> <b>If unable to resolve, escalate early</b></p>	<p>Complaints Officer</p>
<p><b>Register Complaint</b> <b>And Start Process</b></p> 	<p>Register complaint – complaints to be given a sequential number and category and logged into Complaints Register  Complaints Officer or delegate investigates the complaint.</p>	<p>Complaints Officer</p>
<p><b>If complaint is as a result of an incident, follow Incident Management Policy process, concurrently with the Complaint process</b></p>		
<p><b>Report complaint to PHO as per requirements of the Complaint Management Policy –</b> <b>See ‘Reporting of Complaints to PHO’ Send to secure email: <a href="mailto:complaints@procare.co.nz">complaints@procare.co.nz</a></b></p>		
<p><b>Within 5 working days</b> <b>Acknowledge Complaint in Writing</b></p> 	<p>Acknowledge the complaint in writing unless it has been resolved to the consumer’s satisfaction.</p>	<p>Complaints Officer</p>
<p><b>Within 15 working days</b> <b>Inform consumer on progress</b></p> 	<p>Investigate whether the complaint is justified or not. Assess how much extra time is needed. If &gt;20 days, inform the consumer and the reasons for it.</p>	<p>Complaints Officer</p>
<p><b>Report/Recommendations</b> <b>made/letter sent to complainant</b> <b>and relevant persons</b></p> 	<p>Notify complainant of outcome Records filed / Register updated Ensure recommendations are actioned</p>	<p>Complaints Officer</p>
<p><b>Continuous Quality Improvement</b></p> <p style="text-align: center;"><b>Disseminate Learnings</b></p>	<p>Complete the CQI process- Reduce the risk. Review and update procedures as necessary Provide education and specific training. Develop indicators, make measurements as necessary. Review improvements, audit as necessary. Discuss at staff meetings as appropriate</p>	<p>Complaints Officer</p>

**Related practice policies**

Te Puna Waiora

Open Disclosure

HDC Implementing the Code of Rights

Privacy Policy

### **References/Websites**

ProCare *ProCare Contracted Providers Agreement and Protocol for Clauses 12.2 and 12.3*

Office of the Privacy Commissioner [Privacy Commissioner](#)

Health Information Privacy Code (2020)

<https://www.privacy.org.nz/privacy-act-2020/codes-of-practice/hipc2020/>

Office of the Health and Disability Commissioner <http://www.hdc.org.nz/>

(HDC) Code of Rights <https://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/>

HDC *Complaints Management Guide for General Practice 2015*

<https://www.hdc.org.nz/news-resources/search-resources/leaflets/complaints-management-guide-for-general-practice/>

HDC *Learning from Complaints*

<https://www.hdc.org.nz/news-resources/search-resources/leaflets/learning-from-complaints/>

Advocacy Services <https://advocacy.org.nz/>

Office of the Ombudsman Te Tari o te Kaitiaki Mana Tangata

*Effective Complaint Handling*

<https://www.ombudsman.parliament.nz/resources/effective-complaint-handling>

Hill A. The role of the Health and Disability Commissioner and the Code of Rights. In: Morris KA, editor. *Cole's Medical Practice in New Zealand*, 13th ed. Wellington: Medical Council of New Zealand; 2017.

<https://www.mcnz.org.nz/assets/standards/da3a9995b9/Coles-Medical-Practice-in-New-Zealand.pdf>

[Medical Council of NZ the Complaint Process](#)

[Health Quality and Safety Commission of New Zealand](#)

[Health Practitioners Competence Assurance Act \(2013\)](#)