

POLICY

CONSUMER/PATIENT COMPLAINTS MANAGEMENT POLICY	
Applicable To: Whanganui District Health Board	Authorised By: Chief Executive
	Contact Person: Centre for Patient Safety & Service Quality

1. PURPOSE

To effectively manage complaints received by patients or their representatives about the services provided by the Whanganui District Health Board (WDHB).

2. POLICY

Patients have certain rights when they are using a health or disability service. These rights are set out in the Code of Health and Disability Services Consumers' Rights (in this policy called the Code of Rights). We have a duty to uphold these rights. When a patient feels that we have breached one or more of these rights, or they are unhappy about any aspect of our service, they can make a complaint.

Complaints may be made verbally, (in person or by telephone) or in writing (by letter or email).

Our complaints process complies with the Code of Health and Disability Services Consumers' Rights (1994), and the rules about health information as set out in the Privacy Act and the Health Information Privacy Code (1994).

3. SCOPE

This policy applies to all WDHB employees (permanent, temporary and casual), visiting Medical Officers, and other partners in care, contractors and contracted providers, consultants and volunteers.

4. DEFINITIONS

A complaint is any expression of dissatisfaction by a patient or their representative regarding health or disability services provided by Whanganui District Health Board or by external providers funded by the WDHB, or about issues relating to patient health information. The complaint can be made in any form that the patient feels comfortable with, including in written or verbal form.

A patient is defined as any person using services funded by or provided by Whanganui District Health Board.

The complainant is the person making the complaint. They may be the patient themselves or a representative of the patient.

A representative is defined to mean:

- § A person to which the patient has given their permission to make a complaint on their behalf
- § Where the patient is under 16, the parent or guardian (refer procedures section 2.1 Application of the Health Information code of the Privacy Act)
- § Where the patient is deceased, the executor or administrator of the estate

§ Where the patient is alive, over 16 and is unable to give consent, a person 'appearing to be lawfully acting on the patient's behalf' (this could be someone nominated by the patient or a family member or friend)

5. PRINCIPLES

- 5.1 Complaints about our services and/or patient health records will be managed in a professional, effective and understanding manner and patients will have their complaints dealt with honestly, thoroughly and promptly.
- 5.2 Whanganui District Health Board views complaints as an opportunity to improve the quality of services provided to consumers/patients. Patient complaints help us to understand how patients feel about our services and bring to our attention areas that could be improved on.
- 5.3 Staff will welcome and appreciate feedback from patients (and their family/whanau, support persons or appointed spokesperson), on the services we fund or provide. We will actively encourage patients to give us feedback and make a complaint when they are not happy with our services.
- 5.4 Making a complaint will not negatively affect how the patient is treated.
- 5.5 While we are looking into the complaint we will involve and talk to the people who were involved in the situation that led to the complaint. Our focus will be on understanding what went wrong and why it went wrong, not on blaming individuals.
- 5.6 Every complaint will be treated seriously and the complainant will be treated with courtesy and respect.
- 5.7 We will be open and honest with the complainant and keep them informed throughout the complaint investigation process.
- 5.8 Investigations will be conducted in a way that upholds the rights of the patient and the staff involved.
- 5.9 Our response to a complaint, both verbally and in writing, will be honest and acknowledge the complainant's perspective, offer an apology if we did something wrong and say what we are going to do to prevent the same thing from happening again. Our response will not be defensive or make excuses for what happened.
- 5.10 All staff are responsible for patients' and families perceptions of the WDHB.
- 5.11 When a complaint relates to health information we will apply the Health Information Privacy Code. We will not release health information in any form to the complainant unless the complainant is the patient, or the complainant has the express consent of the patient, or the complainant is the patient's representative as defined above.
- 5.12 If the complainant is not satisfied with what we have done about their complaint, and we don't feel there is any more that we can do, then we will advise them about who they can refer their complaint to.
- 5.13 Appropriate cultural support will be offered to complainants, including language interpreters.
- 5.14 Employees named in a complaint will support the investigation and resolution process.
- 5.15 Employees named in a complaint will be supported throughout the process.

6. ROLES AND RESPONSIBILITIES

The following roles and responsibilities apply with respect to the Consumer/Patient Complaints Management process.

Role	Responsibilities/Accountabilities	Criteria
Chief Executive	Accountable for the effective management of consumer/patient complaints	<p>Endorse policy/procedure</p> <p>Commission RCA investigations in respect of SAC1 events leading to a complaint and endorse recommendations</p> <p>Sign formal response letter to complainant</p> <p>Respond to complaints from external agencies such as HDC, Privacy Commissioner, Ombudsmen's Office and comply with those agency's timeframes</p> <p>Notify MOH of reportable events</p> <p>Comply with national Health and Disability Standards</p>
Customer Relations and Complaints Co-ordinator	<p>Receive, log in Riskman and rate severity of complaint</p> <p>Notify SAC 1 and 2 complaints immediately to Director of Nursing Patient Safety and Quality</p> <p>Acknowledge complaint and maintains contact, through 2 weekly updates, with complainant</p> <p>Refer SAC3 and 4 complaints to relevant business or nurse manager, or HOD for investigation</p> <p>Review the draft response and investigation material prior to sending to CEO</p> <p>Report on trends to Risk and Audit Committee, GMs, Directors as required</p> <p>Manage complaints received from external agencies such as HDC, Privacy Commissioner, Ombudsmen's Office</p>	<p>Comply with Code of Rights, Consumer/Patient Complaints policy and procedure, and WDHB Incident Management procedure</p> <p>Comply with external agency response timeframes</p>

<p>Director of Nursing, Patient Safety and Quality</p>	<p>Review severity rating of SAC 1 and SAC 2 complaints</p> <p>Initiate and oversee investigation into SAC 1 and 2 complaints</p> <p>Oversee management of complaints received from external agencies such as HDC, Privacy Commissioner, Ombudsmen's Office</p> <p>Report up SAC 1 and 2 complaints to the relevant committees, MOH, Board as applicable</p>	<p>Comply with Consumer/Patient Complaints policy and procedure, and WDHB Incident Management procedure</p> <p>Comply with external agency response timeframes</p>
<p>General Manager Service and Business Planning</p>	<p>Manage complaints about non-DHB providers. Serious complaints managed in conjunction with MOH</p> <p>Report on non-DHB provider complaints to MOH</p>	<p>Comply with Consumer/Patient Complaints policy and procedure, and WDHB Incident Management procedure</p>
<p>Patient Safety Officer</p>	<p>Review all complaints received and severity assessment codes allocated</p> <p>Take lead role in RCAs and CSAs as required</p>	<p>Comply with WDHB Incident Management procedure</p>
<p>Nurse and Business Manager/HOD</p>	<p>Review severity rating of complaints received</p> <p>Lead investigation into SAC 3 and 4 complaints</p> <p>Report any delays in the investigation and provide updates to Customer Relations and Complaints Co-ordinator</p> <p>Seek approval from relevant GM or Director if investigation is to take longer than 20 working days</p> <p>Meet with or telephone complainants to discuss findings</p> <p>Draft written response</p> <p>Ensure corrective actions identified by investigation are completed</p>	<p>Comply with Consumer/Patient Complaints policy and procedure, and WDHB Incident Management procedure</p>
<p>All staff</p>	<p>Be cognisant of Code of Rights and Consumer/Patient Complaints Management policy and procedure</p>	<p>Comply with Code of Rights, Consumer/Patient Complaints policy and procedure, and WDHB Incident Management procedure</p>

	<p>Advise patients about Code of Rights and Advocacy Service</p> <p>Receive and record patient complaints</p> <p>Notify direct line manager about complaint or clinical incident that might lead to complaint as soon as possible during shift</p> <p>Refer formal complaints to Customer Relations and Complaints Co-ordinator within 24 hours</p>	
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7. AUDIT

The Centre for Patient Safety and Service Quality will monitor the management of complaints against the following criteria and include results in monthly reporting:

- Reporting compliance
- The thoroughness of investigations
- The quality of replies to the complainant
- Whether remedial action to rectify the complaint has been taken

The Centre will also undertake regular analysis of complaints to identify trouble spots or trends.

An independent, external audit of the complaints policy and procedures should occur at the time of the review of the same.

8. MEDIA INVOLVEMENT IN A COMPLAINT

Any requests from the media for comment on any complaint should be directed to the Chief Executive Officer and the Senior Communications Advisor. Any responses to media interest in a complaint are to be directed through the Chief Executive Officer.

9. REFERENCES

Code of Health and Disability Services Consumers' Rights (1994)
 Health Information Privacy Code (1994)
 New Zealand Incident Management System

10. RELATED WDHB DOCUMENTS

WDHB Incident Management Policy
 WDHB Clinical Incident Management Procedure

11. KEY WORDS

complaints incidents