

ARAMOHO HEALTH CENTRE

Complaints Policy and Procedure

1. PURPOSE

To ensure that Aramoho Health Centre (AHC) facilitates the fair, simple, speedy and efficient resolution of complaints in accordance with Right 10 of the NZ Code of Health and Disability Services Consumers' Rights.

2. SCOPE

This policy applies to all general practitioners, employees, contractors, locums, trainees and students working at AHC.

3. RESPONSIBILITIES

AHC

- Provides staff training on the Health and Disability Code of Rights in accordance with AHC Consumer Rights and Open Disclosure Policy.
- Provides specific instruction and training to all staff on dealing with complaints and referring complainants to advocacy services, during their orientation to AHC.
- Complies with all requests from the Health and Disability Commissioner's (HDC) office.
- Designates the Practice Manager as the Complaints Officer.
- Undertakes review of complaints at team meetings, highlighting any service failings that need to be fixed, and/or revealing problems and trends that should be acted on.

The Complaints Officer

As delegated by AHC:

- Accepts and acknowledges complaints, providing assistance as required.
- Coordinates the investigation into the complaint.
- Ensures the practice complies with the legally assigned time frames and documentation.
- Maintains register of complaints received, including outcomes and changes to services or work practices that have resulted from the investigation of each consumer complaint.
- Provides an explanation and the resolution to the complainant.
- Provides a report on the status of complaints received, with any trends identified.
- Participates in complaint review with WRHN if required.

All staff:

- Familiarise themselves with the Health and Disability Code of Rights.
- Maintain a positive and proactive culture when dealing with complaints.

4. POLICY

Experiencing a problem can be distressing for patients, their families and affected members of the practice team. All complaints received at AHC must be investigated so that the rights of both the complainant and staff members involved are respected throughout the investigation process.

All complaints will be handled confidentially. In resolving a complaint any remedy decided should be fair and reasonable. Resolution may be facilitated by:

- Acknowledging what has happened
- Providing an explanation
- Providing an apology
- Taking action if there has been a delay
- Reconsidering or changing a decision
- Changing policies, procedures, or practices.

Complaints can be important indicators of problems with clinical care or processes, especially where it is determined that the complaint is not an isolated incident. All complaints received will be recorded in the AHC Complaints Register. The register provides a mechanism to ensure adherence to procedure and to identify trends or patterns relating to complaints received.

Information and knowledge acquired from the receipt, investigation and resolution of complaints will be used as a source of improvement opportunities within AHC. Clinicians will routinely use complaints information as part of clinical governance, quality improvement planning, and to inform staff training and professional development.

5. PROCEDURE

Responding appropriately to complaints is an important way of restoring trust in a service and preventing a minor grievance escalating into a major incident.

Patients are informed of the AHC Complaints Policy and Procedures through the following means:

- 'How to Complain' posters are clearly displayed in the waiting room(s).
- Advocacy Services information is provided, available and easily accessible.
- AHC staff
- Practice information sheets
- Information provided on Consumer Surveys. The survey provides for complaints to be made anonymously.
- Website and social media

5.1 Receiving complaints

Staff Involved in receiving complaints are encouraged to:

- Listen
- Give no excuses or argument
- Advise complainant that you will refer them or their call to the Complaints Officer (or if unavailable, apologise and take their details and reassure him/her that will be contacted as soon as possible). If the complainant is extremely agitated or wants to make the complaint

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immediately, take details of the complaint, ensuring that the complainant's contact details are accurately recorded.

On receipt of complaints either verbal or written, the Complaints Officer will:

- Enter details into the Complaints Register.
- Establish and maintain a confidential hard copy file for each complaint received
- Date written complaints with the date of receipt
- Transcribe verbal complaints immediately
- Advise the staff member(s) involved of the complaint and outcome
- Advise serious complaints to the AHC Board without delay.

A letter of acknowledgement will be sent to the complainant within five days. The letter will:

- Confirm receipt of the complaint
- Provide details of who will investigate the complaint and that persons contact details
- Offer the complainant an opportunity to meet and discuss the issue further, either with or without the staff member involved. The complainant must be advised of their right to bring a support person or their advocate to all meetings
- Advise the complainant of the process that will be followed including legal timeframes
- Advise the complainant that they will receive a progress report within twenty days or will be given written updates at intervals of not more than one month if the process takes longer than twenty working days until the investigation into the complaint has been completed and the outcome has been advised to them
- Provide clear details on how to contact local advocacy services and /or the Health and Disability Commissioner's Office, either if they prefer to, or if they are unhappy with the outcome
- If resolved within the five days the complaint resolution must be documented
- In the event of a verbal complaint a copy of the transcribed complaint and a return addressed envelope will be enclosed with the acknowledgement letter. This is to ensure accuracy and to provide the complainant with the opportunity to request change(s) to be made or to provide additional information.

Where AHC requires more time to consider whether to accept a complaint the complainant must be notified what has been decided and why within ten working days of acknowledging receipt of the complaint.

In the event of an enquiry from the Health and Disability Commissioner's Office, the Complaints Officer will:

- Advise AHC Board and the health practitioners involved
- Enter details into the Complaints Register.
- Determine who will respond to the HDC
- Establish and maintain a confidential file
- Ensure the response includes all requested information and meets specified timeframes.

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5.2 Complaints investigation

When investigating a complaint, AHC seeks to establish the events that occurred, to identify the underlying causes or contributing factors, and to recommend preventative strategies. Investigations of complaints will be complete and based on facts, using relevant information and/or documentation provided by complainants, clinicians, or other staff directly involved in the complaint.

A joint problem-solving approach will be taken to complaints management. This involves dialogue with consumers about their concerns and the outcomes they are seeking. The most commonly sought-after outcomes from a complaint to a health care service are an explanation, an apology, a request for the health care provider to show they care, and reassurance to prevent the same thing happening to other people.

The practice will inform complainants and staff of the outcomes of investigations and provides reasons for its decision in writing.

6. REFERENCES

HDC: Complaints Management Guide for General Practice

7. LEGISLATIVE REQUIREMENTS

Code of Health and Disability Consumers Rights 1996
Health and Disability Commissioner Act 1994
Health Information Privacy Code 2020
Human Rights Act 1993
Injury Prevention, Accident and Compensation Act 2001
Mental Health Compulsory Assessment and Treatment Act 1992
Protection of Personal and Property Rights Act 1988
Public Health and Disability Act 2000
Treaty of Waitangi Act 1992

8. ASSOCIATED DOCUMENTS

AHC Consumer Rights and Open Disclosure Policy
Privacy Policy and Procedure
AHC Access and Disclosure Policy
AHC Consumer Review Policy
AHC Code of Conduct
AHC Complaints Register

9. APPENDICES

Appendix One: HDC Right to Complain
Appendix Two: Sample Complaints Register
Appendix Three: Complaints Officer Role Description

Any breach of AHC policy by employees will be treated as an Human Resources issue. Serious breaches will be dealt with immediately.

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RIGHT 10: Right to Complain



1. Every consumer has the right to complain about a provider in any form appropriate to the consumer.
2. Every consumer may make a complaint to -
 - a) the individual or individuals who provided the services complained of; and
 - b) any person authorised to receive complaints about that provider; and
 - c) any other appropriate person, including -
 - i. an independent advocate provided under the Health and Disability Commissioner Act 1994; and
 - ii. the Health and Disability Commissioner.
3. Every provider must facilitate the fair, simple, speedy, and efficient resolution of complaints.
4. Every provider must inform a consumer about progress on the consumer's complaint at intervals of not more than 1 month.
5. Every provider must comply with all the other relevant rights in this Code when dealing with complaints.
6. Every provider, unless an employee of a provider, must have a complaints procedure that ensures that -
 - a) the complaint is acknowledged in writing within 5 working days of receipt, unless it has been resolved to the satisfaction of the consumer within that period; and
 - b) the consumer is informed of any relevant internal and external complaints procedures, including the availability of -
 - i. independent advocates provided under the Health and Disability Commissioner Act 1994; and
 - ii. the Health and Disability Commissioner; and
 - c) the consumer's complaint and the actions of the provider regarding that complaint are documented; and
 - d) the consumer receives all information held by the provider that is or may be relevant to the complaint.
7. Within 10 working days of giving written acknowledgement of a complaint, the provider must, -
 - a) decide whether the provider -
 - i. accepts that the complaint is justified; or
 - ii. does not accept that the complaint is justified; or
 - b) if it decides that more time is needed to investigate the complaint, -
 - i. determine how much additional time is needed; and
 - ii. if that additional time is more than 20 working days, inform the consumer of that determination and of the reasons for it.
8. As soon as practicable after a provider decides whether or not it accepts that a complaint is justified, the provider must inform the consumer of -
 - a) the reasons for the decision; and
 - b) any actions the provider proposes to take; and
 - c) any appeal procedure the provider has in place.

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APPENDIX THREE – Roles and responsibilities of the Complaints Officer

The Complaints Officer is responsible for:

- Responding on behalf of AHC to any complaints received in accordance with this policy and procedure.
- Responding appropriately on behalf of AHC to any requests for information received from the Health and Disability Commissioner or Privacy Commissioner; and actioning any recommendations that the Health and Disability Commissioner or Privacy Commissioner makes following an investigation.
- Explaining and educating the practice team on the Complaints Policy and Procedure.

If the complaint involves the Complaints Officer, AHC will appoint an alternative Complaints Officer to be responsible for that specific case.

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