

Policy Applies to:

- All Mercy Hospital Staff.
- Compliance with this policy for Credentialed Specialists and Allied Health Personnel will be facilitated by Mercy Hospital staff.

Related Standards:

- EQuIP criterion 2.1.4 Health care feedback, including complaints, is managed to ensure improvements to the systems of care
- Standard 1.13 of the Health & Disability Sector Standards
- Standard 2.4 of the Health & Disability Sector Standards
- Code of Health & Disability Services Consumers' Rights 1996

Right ten requires that Mercy Hospital ensures consumers:

- Are able to make a complaint in any form appropriate to them;
- Are advised of Mercy Hospital's complaints process;
- Are kept informed about the progress and outcome of their complaint;
- Be advised of the availability of advocates and the Health and Disability Commissioner to assist with their complaint;
- Are not adversely prejudiced or affected by making a complaint.

Rationale:

Mercy Hospital staff are committed to treating complaints seriously and dealing with them promptly and fairly. Every complaint is an opportunity to improve the quality of our service.

Definitions:

A complaint exists when a consumer draws to attention either, verbally or in writing an action or outcome related to the activities of the hospital and its staff which the consumer wishes to have investigated or reviewed.

Objectives:

- A clearly documented process is implemented for the identification and management of kiritaki/consumers complaints;
- The complaint management process is clearly communicated to consumers and service providers;
- The complaint management process is sensitive to and respects the values and beliefs of kiritaki/consumers;
- A complainant is always informed of their right to have an independent advocate with cultural need taken into account;
- The complaint management process is linked to the quality and risk management system to facilitate feedback and improvements.

Implementation:

- Information on how to make a complaint and the ability to access independent support will be displayed prominently throughout the hospital
- Education on the complaint process is provided within new staff orientation and for all other staff as scheduled at the mandatory training day. Policy documentation is available via SharePoint
- All complaints, both written and verbal will be maintained within the Complaint Register
- Tracking and management of complaints will be co-ordinated by the Administration Assistant who will document a complaint on the Complaint Register and escalate to the appropriate Manager/Executive team member
- The Administration Assistant will assign responsibility for managing a complaint to a named individual
- Timeframes will be included in all complaint documentation
- Support for those with special needs will be sought where relevant
- Access to Maori advocates will be facilitated where relevant.

Evaluation:

- Numbers of complaints, issues regarding complaints, actions and outcomes are reported to Quality and Risk Advisory Committee (Q&RAC) meetings monthly
- Numbers of complaints are reported to Board of Directors monthly
- Current complaints, actions and outcomes are available to all staff on noticeboards in the LGF staff café, Theatre tearoom and Manaaki
- Quarterly survey of a percentage of complainants is undertaken to review complainants' experience of the complaint process. The discussion includes asking about the amount of information available to enable the patient to complain, ease of making a complaint and the degree of satisfaction with complaint resolution
- Trending of types and numbers of complaints along with a summary of the quarterly survey, is included during the annual Complaints Audit. The result is reported to Q&RAC and all staff have access via F:\Mercy Shared\Audits\Global Audits\Global Audit Reports
- That more than 90% of all complaints are considered and closed within a 10 day time frame.

Associated Legislation

- Accident Compensation Act 2001 Health & Disability Commissioner Act 1994
- Health & Disability Commissioner (Code of Health & Disability Services Consumers' Rights)Regulations 1996
- Health & Disability Services (Safety)Act 2001
- Privacy Act 1993
- Health Information Privacy code 2008
- Human Rights Act 1993
- Health Practitioners Competence Assurance Act 2003

Associated Documents

- HR Policy
- Cultural Policy
- Incident Policy
- Quality and Risk TOR
- Risk Management Policy

Complaints Process

It is mandatory for all staff to familiarise themselves with the Complaints process which is an important component of Mercy Hospital's orientation and quality programmes.

Complaints can come in any form and staff must follow process for receiving, documenting, escalating and resolving complaints whether they are Verbal or Written, Formal or Informal.

All complaints are documented on the Complaints Register by the Administration Assistant or Executive Assistant.

At all times, any special needs the complainant may have must be recognised and appropriate support put in place to assist them with the complaint process e.g. access to an interpreter, Maori liaison support.

Verbal Complaint

Where a verbal complaint is received by any member of staff it will be acknowledged immediately and if able to be simply resolved, all attempts will be made to do so at the time.

If this is not appropriate the complaint must be documented and escalated to the line manager who will

- Risk score the complaint and decide whether further action should be taken.
- Pass the complaint to the Administration Assistant (AA) to ensure it is documented on the Complaint Register.

Where further action is not required

- The Complaint Register will be updated by the AA, and where appropriate, the complainant will be contacted by the Manager or Team leader to ensure the complaint has been successfully resolved
- If there is no resolution the complainant will be advised to follow the written complaint pathway.

Where further action is required

- The appropriate Executive staff member/Manager must be contacted and advised of the actions to date
- The Executive member / Manager will ensure the appropriate person is dealing with the complaint
- If actions have been appropriate and / or no further action is required the complainant will receive a written / verbal response (where appropriate), within ten working days
- If actions require more work this cycle will be repeated and the Complaint Register updated, until actions are sufficient to resolve the complaint.

At all times throughout this process independent advocacy will be offered to the complainant as an option for resolution. An independent advocacy service may be chosen or an appropriate support person contacted from the details enclosed in the H&DC pamphlet which is given / sent on first contact.

If a staff performance issue is implicated in either a verbal or written complaint, the complaint will be passed onto the appropriate manager. The manager will follow up with the staff member concerned. If necessary, the manager will elevate the complaint to the People and Capability Manager who will ensure that the appropriate performance management process is followed.

Written Complaint

Compliment / concern forms have a section on the back specifically to note a complaint.

These forms are offered to patients:

McAuley: found in the holder on the side of each locker

DSU: included with each Patient Discharge Information Form

MCC: at the 6 month point of treatment / follow up

Manaaki: at time of discharge

Suite 22: at Reception desk

Forms are available at Reception Desks, waiting rooms and on the Mercy Hospital website (Patient Information tab).

The complaint section is on the reverse side of the Compliments & Concerns Form.

All written complaints must be forwarded to the Administration Assistant or Executive Assistant as soon as possible. The Administration Assistant will in turn notify the appropriate Executive/Manager who will risk score the complaint and decide on an appropriate response.

Complaints received by any staff member other than Reception staff must be discussed with the appropriate Manager as soon as possible.

If no further action is required, the Complaints Register will be updated, the Executive/Manager will pass the information back to the Administration Assistant who will send out a template letter acknowledging receipt of complaint and apologising as appropriate (this may be a complaint where there are no specific issues to address such as an isolated incident or cool room), and the complaint will be closed.

If further action is required, the complaint will be reviewed and assigned to the appropriate person who follows up the complaint. Where the patient indicates they want to be contacted/or the complaint is particularly complex, a personal phone call will be made, in addition to the complainant receiving a letter. Where the complainant cannot be contacted by phone they will receive a letter stating that *"we have been unable to contact you in person and invite you to contact..."*

Person dealing with the complaint will;

- Risk score the complaint
- Investigate the complaint
 - Develop an action plan
 - Put into place actions to avoid a recurrence if possible
 - Ensure the Complaints Register has been updated
 - Notify Executive/Manager of actions if they are not dealing with the complaint
 - If actions are appropriate and no further action is required, the complainant will receive a written response within ten working days, from the 'no further action being required' date
 - If actions require more work, the complainant should be advised of this together with the expected timeframe. This cycle will be repeated and the Complaints Register will be updated until actions are sufficient to resolve the complaint
 - If time frames are likely to be greater than 20 days, the complainant should be informed of the progress of the complaint and reasons for any delay by the person undertaking action

- If the complainant remains unhappy with the outcome and wishes to pursue the matter further he / she should be advised to escalate the complaint to the appropriate person e.g. the H&DC.

Information on how to make a complaint and the ability to access independent support will be displayed prominently throughout the hospital.

- Patient admission information will describe the complaints process
- Patient booklet will describe the complaints process.
- Signage describing how to make a complaint is visible in DSU, McAuley, Manaaki, MCC and main Reception areas. Complaint forms are also available with this information
- The Patient compliments / concerns form, which incorporates a complaint section, is available to all patients.
- All complaint correspondence will include information on independent advocacy services
- Maori liaison person will be contacted if required.

Key performance indicators

- Number of complaints by area over time – Trend Analysis
- Percentage achieved - time from receipt of complaint to time of resolution within timeframes by area
- Number of complaints unresolved and requiring escalation at time of report
- Number of complaints unresolved by area

Figure 1

Severe	Major	Moderate	Minor	Minimal
Issues regarding serious adverse incidents, sentinel events, long-term damage, grossly sub-standard care, professional misconduct or death that require investigation.	Significant issues of standards, quality of care or denial of rights. This requires investigation.	Consumer concern, especially about communication or practice management but not causing lasting major detriment. This requires investigation.	No impact on or risk to the provision of health care or the organisation.	No injury to consumer or impact on their length of stay or level of care required.

Figure 2

Probability categories	Definition
Almost certain (frequent)	Expected to occur again, either immediately or within a short period (likely to occur most weeks or months)
Likely (probable)	Will probably occur in most circumstances (several times a year)
Possible (occasional)	Probably will recur, might occur (may happen every one to two years)
Unlikely (uncommon)	Possibly will recur (could occur in two to five years)
Rare (remote)	Unlikely to recur - may occur only in exceptional circumstances (may happen every five to 30 years)

Figure 3

Frequency categories	Severe	Major	Moderate	Minor
Almost certain (frequent)	1	1	2	3
Likely (probable)	1	1	2	3
Possible (occasional)	1	2	2	3
Unlikely (uncommon)	1	2	3	4
Rare (remote)	2	3	3	4

Figure 4

ACTION REQUIRED

- 1 = Severe risk
Immediate action required. Detailed investigation is considered appropriate.
- 2 = Major risk
Executive attention needed.
- 3 = Moderate risk
Management responsibility must be specified.
- 4 = Minor risk
Manage using routine procedures (e.g. aggregate data then undertake practice improvement project).