



COMPLAINTS POLICY

Purpose

Tararua Health Group Ltd (THG) encourages feedback on its services. THG is committed to ensuring that people using its services are able to voice their opinions without prejudice, have their opinions treated with respect and their complaints dealt with in a systematic, timely and objective manner.

It is expected that THG staff will manage consumer (patient/whanau/client/support person etc) concerns as they arise on a day to day basis.

Where a concern or complaint falls within the definition of a “complaint” THG staff will be guided by the following policy.

Scope

All THG staff and contractors.

Definitions

Complaint -	Any expression of dissatisfaction by a consumer regarding any aspect of the service offered or provided by THG where a formal response to the expressed dissatisfaction is required.
Resolution -	Is when the complaint has been resolved to the satisfaction of all parties involved.
THG -	Tararua Health Group
CEO -	Chief Executive Officer
NHI -	National Health Index Number
HDC -	Health and Disability Commissioner
GP -	General Practitioner

Policy

- To provide a consumer complaints service that facilitates in a respectful manner, the simple, fair, speedy and efficient resolution of complaints.
- To ensure that all consumer complaints received by THG are managed and responded to in accordance with the:
 - Code of Health and Disability Services Consumers’ Rights 1996, Right 10, The Right to Complain.
 - Health and Disability Services (Safety) Act 2001.
 - Privacy Act 1993.
 - Health Information Privacy Code 1994.
 - Principles of the Treaty of Waitangi.
- To inform consumers of their right to complain, and assist them to understand the process for making complaints.
- To ensure that all complaints are systematically reviewed in order to contribute towards improvement in the quality of services provided to consumers.

Roles and Responsibilities

The Complaints Officer is a designated member of staff for each site or scope of practice:

- At each site the Senior Administrator will be the Complaints Officer in the first instance



- For complaints of a clinical nature the GP Director (at each site) or the Director of Nursing /Allied Health will be a Complaints Officer
- For complaints involving performance issues of staff or where an HDC complaint has been raised the CEO will be the Complaints Officer.

THG Staff will;

- Be aware of the processes to be followed in responding to a complaint.
- Ensure all complaints are forwarded to the appropriate Complaints Officer.

The Complaints Officers will;

- Ensure an appropriate investigation to the complaint occurs.
- Communicate and maintain close links with relevant parties throughout the management of the complaint.
- Facilitate meetings where applicable between staff/complainant and their families.
- Ensure response to the complaint is appropriate and meets requirements.
- Coordinate complaints in consultation with CEO as indicated.
- Take lead role in investigation of complaint in areas of responsibility.
- Timeframes are monitored and met. (See flowchart Appendix 1)
- Areas for improvement, identified through the investigation, are implemented and monitored.
- Monitor the overall effectiveness of the complaints system, statutory timeframes and obligations to consumers.

The CEO will;

- Provide support and advice where issues are significant and far reaching.
- Report to the THG Board and delegated committees on significant complaints which may pose insurance risks to the organisation.

Procedure

Submission of a complaint

- Any person can make a complaint orally or in writing to any employee of THG or to the identified Complaints Officer at each site
Tararua Health Group
PO Box 275
Dannevirke
4942

Receipt of Oral Complaints

The person taking the complaint will ensure the following information is recorded and communicated;

- Complainant's name, address, phone number and if the complainant is the consumer, NHI or date of birth.
- If the complaint relates to another person, that person's name and date of birth or NHI.
- The concerns raised.
- Whether the complainant wishes the complaint to be pursued through the complaints procedure (which will be explained to the complainant).
- Complainants expected outcomes and summary of issues.
- The THG Complaints Form (THG1200) can be used to document the verbal complaint.

Receipt of Written Complaints received via the Health and Disability Commissioner's office

- For complaints that have been received via HDC, Taranua Health Group will comply with the instructions and time frames set by HDC. The responsibility for this lies with the THG CEO.

Receipt of Written Complaints received directly from the patient and / or family / whanau

- Written complaints will be date stamped on receipt.
- A letter acknowledging the complaint or a letter acknowledging and resolving the complaint is to be sent to the complainant within five working days.
- If the issue is not resolved, the acknowledgement letter will state to whom the complaint has been referred for investigation.
- The acknowledgement letter will be accompanied by a leaflet that includes the timeframes, as in Right 10 of the Code of Health and Disability Services Consumers' Rights 1996.
- Complaints should be resolved within **15 working days** of first receiving the complaint. If this is not achievable then the complainant must be advised in writing the reason for the delay.
- The Complaints Officer is responsible for ensuring that thereafter every **20 working days**, a letter must go to the complainant specifying why additional time is required until a resolution is achieved.

Management of Complaints

- The Complaints Officer at each site is responsible for ensuring all complaints are entered into the complaints register (THG form 1202) and a Complaints Investigation sheet (THG form 1021) is commenced.
- All complaints identified as significant will be notified immediately to the Chief Executive Officer as appropriate.

Responsibility for Complaints

- A copy of the complainant's letter will be accompanied by the Complaint Investigation sheet.
- Every effort is to be made to ensure that all complaints are resolved within 15 working days of first receiving the complaint. However, it is recognised that some complaints are complex in nature and may take longer to resolve. If the resolution timeframe is prolonged, complainants must be informed as per timeframe outlined in the flowchart. (See [Appendix 1.](#))

Investigations of Complaints

All complaints will be investigated according to the following:-

- Advise person(s) about which the complaint is being made, as appropriate.
- Advise the Director of Nursing /Allied Health or the GP Director of complaint if it involves standards of clinical practice.
- Contact and/or meet to discuss the issues with the complainant if appropriate.
- Investigate the complaint in a way that:-
 - Is fair and thorough
 - Respects rights to privacy
 - Checks accuracy of information
 - Reviews all documentation
 - Consults with all those involved
 - Identifies recommendations for improvement
 - Makes every attempt to resolve issue
 - Creates key learning points if appropriate



- The completed investigation sheet including the response letter will be filed in the Complaints folder, located at each site, and will be documented on the Complaints Register
- The Complaints Officer at each site is responsible for ensuring that all relevant staff are notified of the outcome of the investigation.
- It is expected that any identified risks, recommendations or improvements will be forwarded to the appropriate forum for management. The appropriate forum will be defined dependent on the nature of the complaint.
- For complaints of a serious nature where there is potential significant risk to the organisation, relevant insurance companies and the THG Board will be notified.
- A flow chart of the procedure is attached (Appendix One).

Resolution Letter to Complainant

The resolution letter will:-

- Address all the complainant's questions and issues.
- Indicate all the outcomes of the investigation.
- Identify any actions that have or will be taken.
- Include regret or apology.
- Identify the complainant's right to complain through the Health and Disability Commissioner process.

Appeal Process

Any complainant, who is dissatisfied with THG's response to their complaint, may contact the: Nationwide Health and Disability Advocacy Service or the Health and Disability Commissioner:

The Nationwide Health and Disability Advocacy Service

PO Box 1004,
155 Grey Street
Palmerston North
Phone: 06 353 7236
Phone: 0800 55 50 50
Email: advocacy@hdc.org.nz
Website: www.hdc.org.nz

The Health and Disability Commissioner

PO Box 1791
Auckland 1140
Phone 0800 11 22 33
Fax 09 373 1061
Website: www.hdc.org.nz

Retention of Complaints Information

Complaint files will be retained for no less than 10 years after the last date of correspondence.

Measurement Criteria

Significant complaints are reported to the Clinical Excellence Group and the THG Board



Appendices

Appendix 1: Complaints Flow Chart.

Supporting Documentation

THG Complaints Form - THG1200

THG Complaints Investigation Sheet - THG1021

THG Complaints Register – THG1202

MCDHB Complaints Policy

Health and Disability Service Standards NZS: 8134.2008

Privacy Act 1993

Code of Health and Disability Services Consumers' Rights 1996, Right 10, The Right to Complain.

Health and Disability Services (Safety) Act 2001.

Health Information Privacy Code 1994.

Principles of the Treaty of Waitangi.



APPENDIX ONE

Complaints Procedure Flow Chart

