
Purpose	This document outlines the processes involved in the reporting and management of a complaint received at the Practice.
Scope	All staff, patients, contractors, visitors, family, whanau and other agencies that may formalise a complaint to the practice.
Policy	<p>The complaints management policy and process is designed to provide transparent, efficient and effective complaints handling processes. Our complaints process is patient focused.</p> <p>It is compatible with the Health and Disability Consumer complaints management requirements.</p> <p>The guiding principles will incorporate patient rights and obligations, customer satisfaction, customer focused service, and customer involvement in quality improvement.</p> <p>The Practice can demonstrate sharing of its learnings and evidence of shared reports and findings with their PHO and network.</p>
Responsibilities	<ul style="list-style-type: none">• The complaint management process applies to all complaints about the quality or timelines of a service provided, or the conduct of a service provider that directly affects a service user.• The practice has information available about our complaints process, (e.g. newsletter, noticeboard)• Complaints may be either: Written - letter, email or fax Verbal - telephone or face-to-face• The Practice Manager will appoint a Complaints Officer for the practice.• The Practice Manager is responsible to provide appropriate complaint management training for the practice team. This will be documented in the staff training record.• The Practice Manager is responsible to develop, monitor and report performance criteria for complaint handling to the practice team.• It is the responsibility of staff to ensure consumers are aware of how to make a written complaint.• It is the responsibility of staff to ensure consumers are aware of these services.• The Practice Manager is to ensure that in the event of a complaint that has arisen from a sentinel event/incident that meets Category 1 or 2, or could bring the practice or PHO into disrepute the information shall be forward to the PHO. There is evidence of reports and findings shared with the PHO/network.• All complaints and their resolution are used to look for opportunities for learning and quality improvement.• The practice has documentation of findings, improvement plans/ activities.
Complaints Officer	<p>The responsibilities of the Complaints Officer include:</p> <ul style="list-style-type: none">• Maintaining a complaints register• Having the skills to act with sensitivity as well as to be objective and impartial.• Having the necessary knowledge to be able to provide advice on all aspects of the practice's internal complaint procedure.• Ensuring that they are not directly involved in the subject matter of the complaint.

- Having access to a room with adequate privacy to ensure that the complainant confidentiality is maintained.
- Being able to assist in the written complaint for complainants who require additional assistance.
- Ensuring the practice has a clearly defined pathway to manage complaints.
- Maintaining the complaints register and the recording of all complaints, decisions and actions.

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. Best practice is to deescalate and aim to resolve the complaint. Ensure adequate privacy for the complainant’s confidentiality to be maintained. (Move to another room).

Written Complaints All written complaints are to be forwarded to the Complaints Officer. Written complaints 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 Advocates, and/or lay a complaint with the Health and Disability Commissioner and/or the Privacy Commissioner.

Acknowledgement and Response Times The Practice is responsible to acknowledge receipt of the complaint within 2 working days. If the complaint is written where the complainant wishes to identify themselves it is to be acknowledged within 5 working days of receipt. The practice is responsible to commence investigation of a complaint within 5 working days of the complaint being received. All written 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 and/or 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

Staff named in a complaint Staff named in or associated with a complaint is advised prior to any investigation commencing, and will be involved in the investigation. Staff 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 to be kept in a confidential 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.

Risk Management


Complaints may identify opportunities for systemic improvement. Practices can highlight systemic improvement to demonstrate:

- Commitment to using patient and staff feedback to change practice.
- Assess the performance of the service the practice and the team are providing.
- Change organisational practices and procedures.
- Redesign care and services.
- Identify potential problems.

Complaints Management Processes

1.	<ul style="list-style-type: none"> • Complaint is received. • Where possible complaint is resolved at the time if the appropriate person is available. • Immediate action is taken to resolve the issue where possible. • If received in writing, forward to Complaints Officer. • If verbally taken, and staff believe the issue should be discussed reception staff document details on complaints form and forward to Complaints Officer.
2.	<ul style="list-style-type: none"> • Confirm receipt of complaint with complainant providing a timeframe for complaint resolution. • Use appropriate form. • Categorise complaint data. • Collect and collate complaint data. • Record complaint data electronically. • Categorise complaint data. • Complaints Officer to send acknowledgement letter to complainant. • Document into Excel spreadsheet.
3.	<ul style="list-style-type: none"> • Follow-up/investigate situation/issues and take appropriate action. • Investigation and action taken to be documented.
4.	<ul style="list-style-type: none"> • If complaint/issue involves high resolution factors, business partners may require a meeting to discuss issues and plan of action to respond to complainant and to address follow up issues. • Sentinel 1 and 2 complaints and issues advise CEO APHO.
5.	<ul style="list-style-type: none"> • Once complaint/issues resolved letter sent to complainant outcome set for Team Meeting to discuss.

6.	<ul style="list-style-type: none"> • Outcome entered into Xcell spreadsheet. • All documentation relating to the complaint to be stapled together and filed by the Complaints Officer. • Do not file sensitive information in a public domain.
7.	<ul style="list-style-type: none"> • Trends in complaints to be monitored by the Complaints Officer. • Specific lessons learnt from complaints to be discussed and documented at quality or team meetings.
8.	<ul style="list-style-type: none"> • Where required policies and procedures to be reviewed accordingly and/or training undertaken.

Title: Complaints Policy	Section 1 Indicator 3 Version 2
 Authorised: Carol Ennis	Date: 17 th November 2016
Review Date	Signature
Review Date	Signature
Review Date:	Signature