

Complaints Procedure

Introduction

Complaints are opportunities for Columba to evaluate and improve the quality of care and services delivered. Columba is committed to dealing with complaints promptly and fairly, in a manner that is respectful and supportive to the complainant. A systematic and consistent approach to complaint management will support this commitment.

Purpose

The purpose of this document is to describe Columba's policy and procedures to manage complaints in accordance with the Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996, Right 10.

This document defines what is considered a complaint and outlines the complaint management process. Clear actions and accountabilities at each stage of the process are also described to empower staff to manage and resolve complaints in a timely, fair and non-defensive way.

Scope

A complaint is 'an expression of dissatisfaction made to an organisation, either written or spoken, and whether justified or not, which requires a response.' Complaints may be made in several ways such as in-person, on the phone, by email, or within the patient survey.

Complaints that relate to a patient or visitor interaction with Columba is covered under this policy. This covers clinical, customer support, estimating, accounts and all other areas where the patient and/or visitor may perceive they are dealing with Columba. Queries or enquiries (particularly relating to invoicing) are not included, but they may escalate to complaints. They are then covered by this policy.

Complaint Management Process

Complaints, if can be simply resolved, should be resolved quickly at the lowest level before they get worse.

Where the complainant (either patient or whānau) is present and complaint escalation is appropriate, employees receiving complaints must notify a member of the Leadership Team. The leadership team member must visit the complainant to ascertain their concerns and deescalate within an hour of the complaint escalation. If the complaint cannot be resolved, it is then escalated to the General Manager. The complainant may after this discussion wish to make a Formal Complaint.

The Formal Complaint Process is as follows:

Lodging a complaint

No patient, or any other person involved in the investigation and resolution of a concern or complaint will receive unfair treatment as a result of raising a complaint or on the grounds of age, race, colour, ethnic or national origin, religious or equivalent belief system, political beliefs, gender, marital or partnership status, sexual orientation, disability, gender reassignment, pregnancy/maternity status, or any other condition or requirement which cannot be justified and which causes disadvantage.

Appropriate support such as access to an interpreter or an advocate must be provided to complainants facing difficulty formulating their complaint or in accessing Columba's complaint service.

Receiving a formal complaint

When a formal complaint is received by the General Manager, they will send the complainant an acknowledgement of the complaint in writing **within 3 working days of receipt**. The General Manager will clarify the complainant's concerns and confirm their intent to formally investigate the complaint. They will confirm the complaints process and the response timeframes.

Consent to Investigate

It is not necessary to obtain a patient's express consent to use his/her personal information to investigate a complaint, except when contacting another organisation for comment. In such circumstances, written consent will be requested and received.

A written consent is also required if the complainant is not the patient, and the complaint relates to treatment received by the patient.

If the patient lacks capacity to consent to the complaint, the complaint should be brought, where possible, by the patient's personal representative in law, such as lasting power of attorney for welfare or court appointed deputy.

Proof of identity as next of kin/personal representative will be required if the complaint is made on behalf of a deceased patient.

Investigating a complaint

The investigation will be led by the General Manager, with the support of the Clinical Manager if relevant to the nature of the complaint. The aim of the investigation is to establish the events that occurred. This may include a review of relevant documentation, discussions with and statements from staff directly involved in the complaint. Individuals involved in the investigation should be given access to the relevant information necessary for the investigation. The investigation, where possible, must identify the underlying causes of the complaint and/or contributing factors, and recommend preventative strategies (e.g., changes in policies, procedures or practices).

Only those investigating the issues should access a patient's personal information.

Responding and resolving a complaint

Columba will respond to the complainant in writing within 15 working days since the acknowledgement of the complaint. If the complaint is not responded to within the timeframes set out by the Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulation 1996 (Right 10), Columba will communicate with the complainant and request for more time. If additional time is more than 20 days since the acknowledgement of the complaint, the coordinator will inform the complainant and provide reasons why.

Complaint resolution may be facilitated by acknowledging what has occurred, providing an explanation and apology for the event, reassuring the complainant of specific measures taken to prevent the reoccurrence of the event, and/or any remedy offered to the complainant.