

## POLICY & PROCEDURE ON HANDLING AND INVESTIGATING COMPLAINTS

<b>Policy no</b>	<b>MAN/012 – Version 5</b>
<b>Committee approving policy</b>	<b>Executive Management Team</b>
<b>Date of approval</b>	<b>22/06/2015</b>
<b>Next review date</b>	<b>22/06/2018</b>

### POLICY STATEMENT

**ACCOUNTABLE DIRECTOR:** General Manager (Anastasios Bokaris)

**POLICY AUTHOR:** Clinical Governance & Quality Management Systems Manager (George Zachariades)

### POLICY ISSUES COVERED

- Introduction
- Policy
- Roles and Responsibilities
- Procedure
- Storage of correspondence
- Legislation



## **1. INTRODUCTION**

YGIA Polyclinic Private Hospital recognises that there will be occasions when the patient, next-of kin to patient or any customer of the hospital may be dissatisfied with the quality of care and service provided. This may occur either as an out-patient being serviced by the Diagnostic Laboratories and Accident & Emergency Department or while in the hospital as an in-patient on a ward.

The Board of Directors and management of YGIA Polyclinic Private Hospital seek to deal with any such issues in a fair, timely and effective way to promote quality improvement and at the same time reduce the risk of escalation by finding a satisfactory resolution.

The Board of Directors and management of YGIA Polyclinic Private Hospital recognise the importance of handling complaints within their responsibilities for upholding and supporting corporate and clinical governance.

Furthermore the Board of Directors and management of YGIA Polyclinic Private Hospital recognise that complaints can be useful in improving standards of care and service provided. This is due to the fact that a complaint may contain recommendations or constructive criticism which may be considered in the interests of improving the quality of care and service provided.

## **2. POLICY**

The aim of this policy is to ensure a consistent approach to the reporting, handling, investigation and response to complaints in a timely and open manner. Here it should be stressed that all efforts of the management of YGIA Polyclinic Private Hospital is to ensure that a thorough and honest approach is maintained, upholding confidentiality at all times.

The policy also documents the procedures that are in place for handling complaints.

This policy applies to all complaints received either in a verbal interview with the person filing the complaint, in writing on the document (see Appendix A) available for this specific purpose or in writing either by email or otherwise. In some cases, patients may make a complaint on the patient satisfaction survey questionnaire in the field designated for other comments. These questionnaires are found in the suggestion box and registered as complaints by the Clinical Governance & Quality Management Systems Manager.

In the context of the contract entered into by YGIA Polyclinic Private Hospital with the British Forces in Cyprus, complaints or concerns are raised through S.E.R.s (Significant Event Reports). All such complaints are in writing on a form (see appendix B) used throughout the bases which are then sent to YGIA Polyclinic Private Hospital via their Patient Safety Manager.

This policy does not cover complaints made by members of staff who should refer to the Whistleblowing Policy, or Policy for dealing with employee concerns regarding patient care, fraud and maladministration (ref. MAN/016).

Furthermore, since the Clinical Governance & Quality Management Systems Manager is the management representative on the Health & Safety Committee, she is in constant communication with the Health & Safety Officer so that the management of YGIA Polyclinic Private Hospital is made aware of any patient safety incidents. Any patient safety incidents are recorded on the hospital Incident Report Form (see Appendix D) as per the Incident Report and Management Policy and Procedures (ref ADM/HS/002 v2)

### **3. ROLES AND RESPONSIBILITIES**

The roles and responsibilities of all involved in the process of handling and investigating complaints in YGIA Polyclinic Private Hospital are outlined below:

#### **General Manager**

- Overall accountability for corporate governance issues
- Responsible to ensure that an appropriate Executive Team member has been delegated the responsibility for handling complaints
- Consults with the delegated Executive Team member on the nature of the complaints and approves the response letters prior to their release.

#### **Clinical Governance & Quality Management Systems Manager**

- The Executive Team member responsible for handling of complaints.
- Responsible for maintaining the complaints register.
- Represents the hospital at the BFC Governance meetings where significant event reports (S.E.R.s) are discussed.
- Member of the Clinical Governance Committee where complaints of a medical nature are discussed.
- Provide a fair, unbiased consideration of the complaint throughout the investigation of the complaint.
- Responsible for receiving and distributing complaints to the appropriate Executive Team member.
- Responsible to co-ordinate or facilitate any clinical audits triggered by a complaint in co-operation with the Advisor for Clinical Quality and the Clinical Records Officer
- Responsible to collect all information necessary to complete the investigation of complaints in collaboration with other staff members where needed.
- Responsible for preparing the response letters to persons that have filed complaints.

#### **Executive Management Team Members**

Responsible for implementation of a fair and transparent procedure for dealing with complaints

#### **Nurse Managers and Departmental Heads**

Responsible for ensuring that high quality level of service is provided to patients

## **4. PROCEDURE**

### **How a complaint is filed**

A complaint is filed either in writing or email or on the designated document for this purpose. A hard copy of the complaints designated document can be found at the reception and the electronic form in our website. There are cases where the complaint is given verbally during an interview with a manager, whereby the complaint form will be completed during the interview. The patient, patient's relative or carer can be assisted by front-line staff on using the complaints procedure when asked.

In case of patients served under the contract of the British Forces, the complaint is made on the S.E.R. (Significant Event Report) and this is handled through correspondence and meetings with the Patient Safety Manager and Commander Med.

### **Registration of complaint and investigation**

The complaint will be registered and then forwarded to the appropriate manager for their input on the response by the Clinical Governance & Quality Management Systems Manager. The complaint registry contains information such as the nature of complaint and is graded for its severity. Also the Clinical Governance & Quality Management Systems Manager will send a letter within 10 working days acknowledging that the complaint has been received. If the complaint is of a medical nature, then the Advisor for Clinical Quality will be involved in the investigation of the complaint parallel to the other procedure of investigation. This is to uphold Clinical Governance issues and to improve clinical practice. The result of the investigation is discussed at the Clinical Governance Committee before a response is sent to the complainant.

If the complaint is not of a medical nature, the manager will initiate an investigation regarding the actual events pertaining to the complaint in a fair and timely manner, upholding confidentiality at all times.

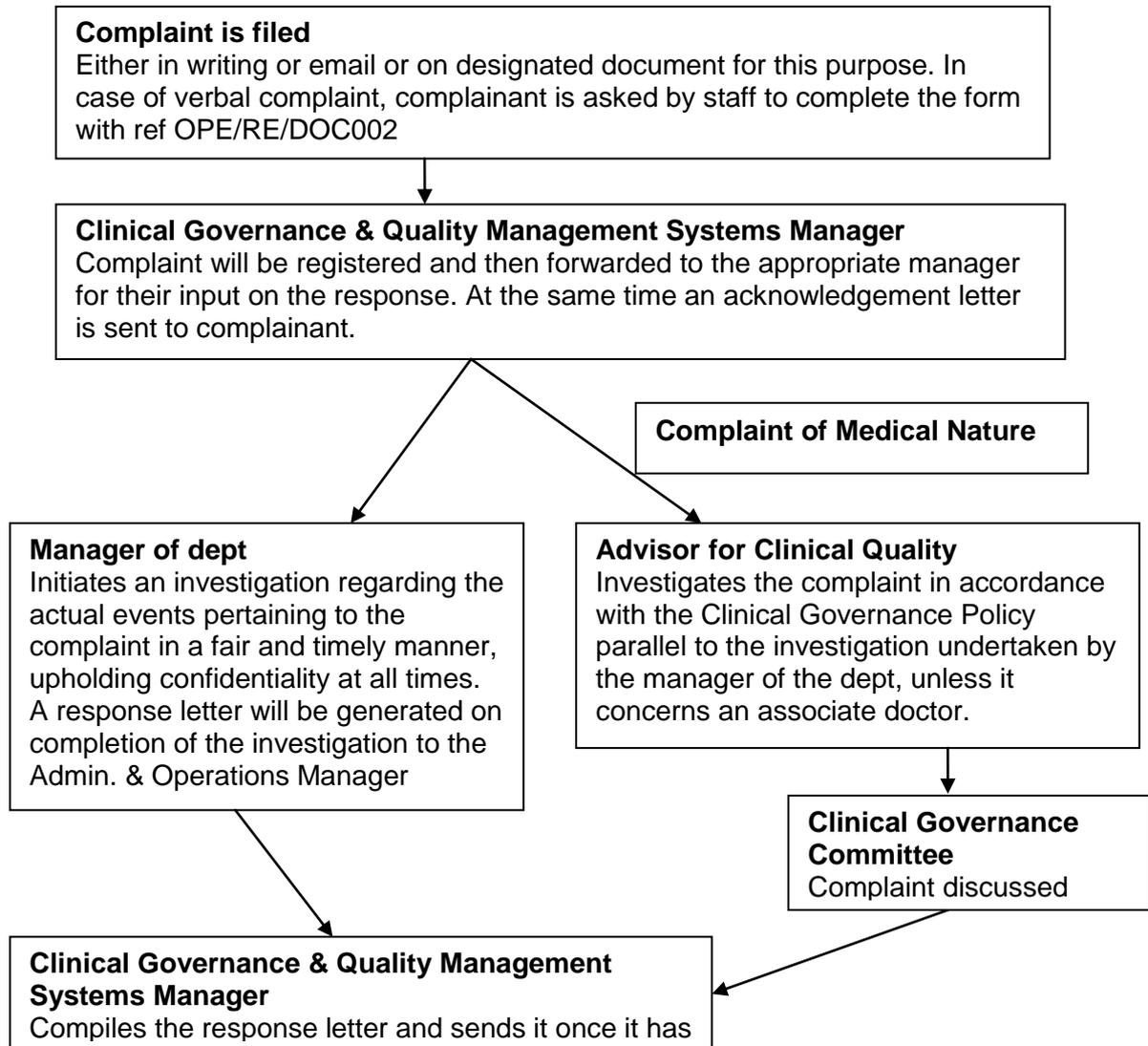
A response letter will be generated on completion of the investigation addressed to the Clinical Governance & Quality Management Systems Manager. The aim is to reply as soon as possible to the complainant, however depending on the investigation of the complaint this may vary in timescale. The target is for the reply to be sent within twenty working days. If due to unforeseen circumstances or due to the nature of the complaint, it is not possible to reply within the targeted timescale, the complainant will be informed either verbally or in writing of the progress of the investigation before the lapse of the target timescale.

### **Response to complainant**

The Clinical Governance & Quality Management Systems Manager will compile the response letter for approval by the General Manager prior to sending it.

## How complaints are handled

Flowchart illustrating the procedure



## **5. STORAGE OF COMPLAINT RELATED CORRESPONDENCE**

All relative correspondence regarding complaints will be archived for maximum 7 years. It is a requirement that complaint related correspondence should not under any circumstances be kept in the patient medical records, as these records are relative to the patient's medical condition only. Furthermore as the patient may be allowed access to his/her medical records, it would be inappropriate to find such correspondence contained in the medical records.

## **6. LEGISLATION REGARDING PATIENT RIGHTS TO REFER COMPLAINT IF NOT SATISFIED WITH THE OUTCOME AND RESPONSE FROM YGIA POLYCLINIC**

According to the legislation regarding patient rights, a patient or his/her next-of-kin have the right to make a complaint directly to the Patient Rights Commission which has been appointed by the Ministry of Health. This right can be executed even if when the complaints procedure of the hospital has not met his/her expectations.

YGIA Polyclinic is obliged to exhibit the contact details of the persons participating in this committee in an area which is easily accessible by all in the reception area.

## **7. DEVELOPMENT AND CONSULTATION PROCESS**

This policy and procedure has been developed by the Clinical Governance & Quality Management Systems Manager in consultation with the Executive Management Team.

## **8. REFERENCE DOCUMENTS**

Law no 1 (1) 2005 on the protection of the Rights of Patients and related issues

## **9. BIBLIOGRAPHY**

No documents used

## **10. GLOSSARY**

No glossary terms

**Appendix A - Complaint Form**



**ΠΟΛΥΚΛΙΝΙΚΗ ΥΓΕΙΑ**  
Ιδιωτικό Νοσοκομείο

**COMPLAINT FORM**

OPE/RE/DOC002

**A. Patient details**

*Name:* .....

*Address:* .....

.....

*Tel:* .....

**B. Date of hospitalisation/ Visit to ER:** .....

**Γ. Description of complaint:**

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

*Name:* ..... *Date.:* .....

*Complainant is :* *Patient*  *Patient escort*

*Signature:* .....

\* You will receive a reply in writing from YGIA POLYCLINIC after your complaint has been investigated.

*YGIA POLYCLINIC cannot accept liability for the complaint without investigating it and coming to a conclusion which will be made known to you.*

**Για Υπηρεσιακή Χρήση / For Official Use:**

**Κατηγοριοποίηση:**

**Αφορά:**

*Νοσηλευτικό Προσωπικό*

*Εργαστηριακούς Ιατρούς*

*Εσωτερικούς Ιατρούς*

*Συνεργάτες Ιατρούς*

*Άλλο Προσωπικό*

-----

*Άτομο που επιλαμβάνεται του θέματος:* -----

*Πόρισμα:* -----

-----

-----

-----

-----

-----

*Υπογραφή:* -----

*Ημερομηνία:* -----

**Appendix B - SER Form**

**ANNEX C TO CHAPTER 3**



**DEFENCE MEDICAL SERVICES SIGNIFICANT EVENT REPORT FORM**

**Significant Event Unique Number:**.....

**Unit:** .....

**This form consists of 4 parts and is to be completed as follows:**

**Part 1-** To be completed by the individual reporting the incident.

**Part 2 –** To be completed by the Unit HG Officer/HG Lead.

**Part 3 –** To be completed by the PJHQ only unless authorised.

**Part 4 –** To be completed by HQ SG only (Not Included)

**Part 1**

**Where did the incident take place?:** .....

**When did the incident take place?:** .....

**What do you consider the main category of this incident (tick one box only):**

Med Admin/ Comms	<input checked="" type="checkbox"/>	Medication/IV Fluids	<input type="checkbox"/>
Patients Documents	<input checked="" type="checkbox"/>	Nutrition	<input type="checkbox"/>
Clinical Procedures	<input type="checkbox"/>	Hydration	<input type="checkbox"/>
Patient/Other Person Behaviour	<input type="checkbox"/>	Equipment	<input type="checkbox"/>
Patient/Staff Accidents	<input type="checkbox"/>	Resources	<input type="checkbox"/>
Building/Infrastructure	<input type="checkbox"/>	Other (Please Specify)	<input type="checkbox"/>

What happened:

DMICP: .....

YPC:.....

What did you do:

**Part 2 (Analysis and Investigation)**

**SIGNIFICANT EVENT ANALYSIS REPORT FORM [INSERT NAME OF UNIT]**

**Name of Medical Unit/Facility:**  **SE Unique No:**

**Occurrence of Event:** **Date:**  **Time:**

**Initial Event Report Received:** **Date:**  **Time:**

**Summary Description of Event (Including Dates)**

**Grade of Incident Confirmation:<sup>1</sup>**

Purple  Grey  Red  Amber  Yellow  Green

**Numeric Grading:**

5  4  3  2  1  0

**Potential Grade of Incident Confirmation:<sup>2</sup>**

Red  Amber  Yellow  Green

**Potential Numeric Grading:**

5  4  3  2  1  0

**Sentinel Event Initially Notified to HQ:**  **Date:**  **Time:**

**Details of Individual Notified at HQ:**

**Patient Safety Incident Category (double click in appropriate box to place X, more than one box may be ticked but this needs to be reflected in the Contributory Classification of Issue):**

<input type="checkbox"/> Clinical Administration	<input checked="" type="checkbox"/> Documentation
<input type="checkbox"/> Clinical Process/Procedure	<input type="checkbox"/> Healthcare Associated Infection
<input type="checkbox"/> Blood/ Blood Products	<input type="checkbox"/> Nutrition
<input type="checkbox"/> Hydration	<input type="checkbox"/> Oxygen/Gas/Vapour
<input type="checkbox"/> Behaviour	<input type="checkbox"/> Patient Accident
<input type="checkbox"/> Infrastructure/Building/Fixtures	<input type="checkbox"/> Resources/Organisational Management
<input type="checkbox"/> Medical Device/Equipment	<input type="checkbox"/> Medication/IV Fluids

**Equipment Failure.** EFR Report Number (to be included in all cases of equipment failure):

**Medication:** Where appropriate confirm the submission of Yellow card.

Submitted  Not submitted  N/A

**CGO Red Card Report Raised:**  YES (attached)  NO  N/A

<sup>1</sup> Enter grade of incident.

<sup>2</sup> If you consider that the incident but for intervention action could have resulted in a higher grade then enter this in the potential (this includes any 'near miss'.

**Human factor involvement (double click in appropriate box to place X, more than one box may be ticked):**

Yes  No

**If Yes, Due to :**

- |   |  |
|---|--|
| <input type="checkbox"/> Lack of Perception/Understanding                                     | <input type="checkbox"/> Lack of Knowledge                         |
| <input type="checkbox"/> Fatigue <input type="checkbox"/> Misapplication of SOP/PGDs          | <input type="checkbox"/> Technical Error due to lack of Skill Base |
| <input type="checkbox"/> Inattention <input type="checkbox"/> Over Confidence                 | <input type="checkbox"/> Under Confidence                          |
| <input type="checkbox"/> Language Difficulties <input type="checkbox"/> Communication Factors | <input type="checkbox"/> Rank Issues                               |
| <input type="checkbox"/> Other (please specify in comments)                                   |  |

**Comments:**

**Confirmation of Main Classification of Issue<sup>3</sup>:**

Domain	Category	Subcategory

**Contributory Classification of Issue (if applicable):**

Domain	Category	Subcategory

**Key Issue(s) Arising From the Unit Investigation:**

--

**Positive Point(s):**

--

**Key Area(s) Of Concern:**

--

**Action(s) Identified to Prevent Recurrence**

Action <sup>4</sup>	By Whom	By When

**Verification that Actions have produced Intended Effect**

Effect	Verification Method	Verified Date/By Whom?

**Date Incident Closed:** \_\_\_\_\_ **HQ Informed:**  Yes  No

**Form Completed By:**

Name:  
 Position:

<sup>3</sup> In accordance with Patient Data Set Categories.

<sup>4</sup> Action Plan to include feedback to individuals involved and action completed dates

**Part 3 – PJHQ Analysis**

**SIGNIFICANT EVENT REPORT FORM**

**Name of Medical Facility:**  **SE Unique No:**

**Notification Received:**  **Date:**  **Time:**

<b>SE Acknowledged:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name and Contact Details of POC:</b>
<b>Sent to Another HQ for Analysis:</b> <input type="checkbox"/> NCHQ <input type="checkbox"/> HQLF <input type="checkbox"/> APHCS <input type="checkbox"/> HQ Air <input type="checkbox"/> JMC <input type="checkbox"/> DDS <input type="checkbox"/> DSF	
<b>Is the SE Subject to a Service Inquiry or Non-Statutory Inquiry<sup>5</sup>?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known at this time	
<b>Is/did the SE:</b>	
Likely to affect operational capability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Due to failure of equipment or a medical device that might, if replicated elsewhere cause a further incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Considered to be of special interest and which needs immediate investigation or urgent remedial action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A second or subsequent incident to a patient during a course of treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Involve VIPs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Resulted in harm to a civilian or enemy combatant, detainee or insurgent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Likely to arouse public or Service interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Significant Event Category Confirmed:**  Yes  No

**Confirmation of Main Classification of Issue<sup>6</sup>:**

Domain	Category	Sub Category

**Contributory Classification of Issue (if applicable):**

Domain	Category	Sub Category

**Incident Grading Confirmed:**  Purple  Grey  Red  Amber  Yellow  Green

**Numeric Grading Confirmed:**  5  4  3  2  1  0

**Potential Grading Confirmed:**  Red  Amber  Yellow  Green

**Potential Numeric Grading Confirmed:**  5  4  3  2  1  0

**Action Taken as a Result of Root Cause Analysis:**

- No Action Taken
- Information/reiteration of policy to CoC
- Education/trg: Local (Tactical)  Pre-Deployment (Tactical/Strategic)
- Change in Policy:  Tactical  Operational  Strategic
- Other (provide details):

**DCA/SME Comments**

**PJHQ J4 Med Final Summary**

<sup>5</sup> In accordance with JSP 832 or single Service guidance (RN QRRN Chapter 57 and the Yellow Guide (Guide to Ship's Investigations), Army LF Standing Order 3207, RAF P1 Policy letter 04/08).

<sup>6</sup> In accordance with DMS Patient Data Set Categories.



## Appendix C - Patient Satisfaction Survey Questionnaire



**YGIA POLYCLINIC  
 PRIVATE HOSPITAL**

Admission  
 Month /Year:

### INPATIENT SATISFACTION QUESTIONNAIRE

We kindly ask you to express your opinion regarding our hospital's services, marking with a ✓ on each box of the following questionnaire. After its completion please insert it in a sealed envelop. The questionnaire is anonymous and the information given below will enable us to improve our services.

**PATIENT'S DETAILS:**

You were hospitalised in floor:

Departments:

Internal Medicine

Surgery

Obstetrics / Gynaecology

Pediatrics

Cardiac Catheterisation Dept

Intensive Care Unit (I.C.U)

Oncology

Other

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**PLEASE EVALUATE THE FOLLOWING:**

	Excell ent	Very Good	Good	Average	Poor
<b>RECEPTION AND ACCOMMODATION:</b>					
• Personnel behaviour during admission procedure	<input type="checkbox"/>				
• Rooms neatness and cleanliness	<input type="checkbox"/>				
• Quality of food	<input type="checkbox"/>				
• Functionality of auxiliary appliances: bell, tele- phone, lighting, TV, etc.	<input type="checkbox"/>				
<b>MEDICAL ATTENDANCE - LABORATORY                  EXAMINATIONS:</b>					
• Briefing on your condition and answering your questions by your physician	<input type="checkbox"/>				
• House Doctors' behaviour	<input type="checkbox"/>				
• Consulting Doctors' behaviour	<input type="checkbox"/>				
• Waiting time for the Chemical Laboratory, X-Ray, M.R.I & CT Scan	<input type="checkbox"/>				
• Personnel behaviour during these examinations	<input type="checkbox"/>				
<b>NURSING CARE:</b>					
• Nurses' behaviour	<input type="checkbox"/>				
• Quality of nursing care	<input type="checkbox"/>				
<b>GENERAL SERVICE:</b>					
• Behaviour towards your visitors or escorts	<input type="checkbox"/>				
• Instructions for your treatment after discharge	<input type="checkbox"/>				

**SUGGESTIONS - PROPOSALS:**


Ygia Polyclinic would like to thank you for the time you spent for the completion of this questionnaire. We would like to assure you that you have contributed to our effort for the improvement of our hospital services.

Date of Approval: January 2013  
 Date of Next Review: January 2014  
 MED/ MA/ DOC003/ V1

**Appendix D- Incident Reporting Form**

 <b>ΠΟΛΥΚΛΙΝΙΚΗ ΥΓΕΙΑ</b> (Private Hospital) <b>YGIA POLYCLINIC</b> (Private Hospital)		
<b>ΑΝΑΦΟΡΑ ΣΥΜΒΑΝΤΟΣ Ή ΑΤΥΧΗΜΑΤΟΣ</b> <b>REPORT OF AN INCIDENT OR DANGEROUS OCCURRENCE</b>		
<b>Περιγραφή Συμβάντος - Description of Incident</b>		
<b>Τύπος τραυματισμού - Injury by:</b>		
<input type="checkbox"/> Πέσιμο ή προσκρούση αντικειμένου Missing or falling object	<input type="checkbox"/> Πυρκαγιά Exposed to fire	<input type="checkbox"/> Τραυματισμός από αντικείμενο ή σωματίδιο Physically assaulted by a person
<input type="checkbox"/> Τύπη ή σπυρίδα Slips, trips	<input type="checkbox"/> Ηλεκτροπληξία Contact with electricity	<input type="checkbox"/> Δυσάρεστο φάρμακο Exposed to a harmful substance
<input type="checkbox"/> Βελόνα Needle/stick injury	<input type="checkbox"/> Έκρηξη Exposed to explosion	<input type="checkbox"/> _____ _____
<input type="checkbox"/> Σφάλμα δόσεων φαρμάκων ή παρελκόμενων* Medication / equipment / patient / lead		
Το συμβάν αφορά τον/την: _____ The incident relates to:		
Περιγραφή: _____ Description:		
_____ _____		
<b>ΤΟΠΟΣ - ΧΡΟΝΟΣ - ΣΤΟΙΧΕΙΑ ΜΑΡΤΥΡΩΝ - ΣΤΟΙΧΕΙΑ ΑΝΑΦΕΡΟΝΤΟΣ</b> <b>TIME - PLACE - WITNESSES - PERSON REPORTING INCIDENT</b>		
Όπου: _____ Floor:	Τμήμα: _____ Department:	Ημέρα: _____ Date:
Όπου: _____ Ward:	Δομή: _____ Room:	Ώρα: _____ Time:

**ΣΤΟΙΧΕΙΑ ΜΑΡΤΥΡΩΝ / DETAILS OF WITNESSES** 050

1. Ονοματεπώνυμο: \_\_\_\_\_ Οδός: \_\_\_\_\_ Τηλ. \_\_\_\_\_  
 Full name: \_\_\_\_\_ Reporting Job title: \_\_\_\_\_ Tel: \_\_\_\_\_

2. Ονοματεπώνυμο: \_\_\_\_\_ Οδός: \_\_\_\_\_ Τηλ. \_\_\_\_\_  
 Full name: \_\_\_\_\_ Reporting Job title: \_\_\_\_\_ Tel: \_\_\_\_\_

3. Ονοματεπώνυμο: \_\_\_\_\_ Οδός: \_\_\_\_\_ Τηλ. \_\_\_\_\_  
 Full name: \_\_\_\_\_ Reporting Job title: \_\_\_\_\_ Tel: \_\_\_\_\_

**ΣΤΟΙΧΕΙΑ ΑΝΑΦΕΡΟΝΤΟΣ**  
**DETAILS OF PERSON REPORTING INCIDENT**

Ονοματεπώνυμο: \_\_\_\_\_ Οδός: \_\_\_\_\_  
 Full name: \_\_\_\_\_ Reporting Job title: \_\_\_\_\_

Ημέρα: \_\_\_\_\_ Ώρα: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_

**ΑΝΤΙΜΕΤΩΠΙΣΗ ΣΥΜΒΑΝΤΟΣ ΚΑΙ ΕΝΗΜΕΡΩΣΗ ΥΠΕΥΘΥΝΩΝ**  
**DETAILS OF HOW INCIDENT WAS MANAGED AND PERSONS INFORMED**

Αντιμετώπιση: / Management of incident:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Παραληφθέντα άτομα: / Persons informed:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Υπογραφή αναφερόντος:  
 Signature of person reporting incident: