

# Complaint Policy

## Patient, Family, Whanau

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## 1. Background

- 1.1 Peke Waihanga aims to provide a confidential and impartial patient complaint's service that facilitates in a respectful manner the simple, fair and speedy resolution of any complaint received and closure to the issue complained of.
- 1.2 Peke Waihanga is committed to enabling anyone using our service to raise any concerns about actions, services, or outcomes related to the services provided by Peke Waihanga and its employees; and finding a resolution that meets the needs of the patient and provides appropriate learning for the organisation and personnel.
- 1.3 Peke Waihanga will manage all complaints in accordance with the Peke Waihanga [Code of Conduct](#) and its obligations under the **Code of Health and Disability Services Consumers' Rights** (HDC Code of Rights), **Health Information Privacy Code** (HIP Code), and associated legislation.

## 2. Policy

- 2.1 All complaints received will be handled sensitively and with due consideration for any specific cultural or other value a complainant may have. The process will be straight forward and efficient in order to minimise stress for the complainant and the Peke Waihanga employee.
- 2.2 A patient, their family, whanau, and caregiver have a right to report a problem or lodge a complaint regarding any service provided by Peke Waihanga. This may include:
  - their treatment by any Peke Waihanga team member;
  - the provision of a specific service through a Centre;
  - the provision of an artificial limb or orthotic;
  - issues relating to how their personal or health information has been collected, used, stored or disclosed; or
  - any other matter of concern to the patient.

- 2.3 Every patient has the right to make a complaint to:
- the individual(s) who provided the services complained of;
  - any person authorised to receive complaints about Peke Waihanga;
  - any other appropriate person including:
    - i. an independent advocate provided under the Health and Disability Commissioner Act 1994;
    - ii. the Health and Disability Commissioner;
    - iii. the Privacy Commissioner.
- 2.4 When managing a complaint Peke Waihanga will:
- ensure the process set out in this Policy is followed and that it meets Peke Waihanga' legal obligations;
  - inform the complainant of the relevant bodies that they may complain to, as set out above;
  - facilitate the complainant receiving resources available from relevant external services that they may access to support them through the complaints procedure (e.g. The Health & Disability Commissioner's pamphlet of consumer rights and advocacy services);
  - ensure that the complaint is followed through to relevant changes in policy/procedures where appropriate.
- 2.5 Peke Waihanga is committed to managing complaints in a timely manner in a way that allows the complainant to feel that their grievance has been heard and is more likely to end in an outcome that is satisfactory to the complainant and Peke Waihanga without the complaint being escalated to external agencies.

### 3. Timeframe rules in the HDC Code of Rights and HIP Code

3.1 Right 10 of the HDC Code of Rights and Clause 7 of the HIP Code set out 5 timeframe rules that Peke Waihanga **must** comply with when they receive a complaint:

- (a) The complaint must be acknowledged in writing within 5 working days of receipt (Right 10(6)(a), Clause 7(2)(a)).
- (b) A decision (see points (c) and (d) below) must be made within 10 working days of giving the written acknowledgment of receipt of the complaint (Right 10(7), Clause 7(2)(b)).
- (c) If the decision is that more time is required to investigate the complaint, and that more than 20 additional working days will be required, Peke Waihanga must inform the complainant of that (with reasons) within 10 working days of giving written acknowledgment of the complaint (Right 10(7)(b)(ii), Clause 7 (2)(b)(iii)).
- (d) If the decision is that Peke Waihanga accepts the complaint is justified, or does not accept that it is justified, this decision must be communicated (with reasons, any proposed actions, and any appeal procedure) to the complainant 'as soon as practicable' after making the decision. In this case, the decision must be made within 10 working days of acknowledging the complaint, and then the decision must be communicated to the complainant as soon as practicable after it is made (Right 10(8), Clause 7 (2)(c)).
- (e) If the complaint relates to the provision of services and therefore must be managed in accordance with Rule 10 of the HDC Code of Rights, Peke Waihanga must inform the complainant about progress on the complaint at intervals of no more than one month (Rule 10(4)).

#### Definitions

**Note:** A 'working day' means any day of the week other than:

- Saturday, Sunday, Good Friday, Easter Monday, Anzac Day, Labour Day, the Sovereign's Birthday, and Waitangi Day; and
- if Waitangi Day or Anzac Day falls on a Saturday or a Sunday, the following Monday; and
- a day in the period commencing with 25 December in any year and ending with 15 January in the following year.

'Month' refers to a calendar month (i.e. 1 October - 1 November) and not four weeks or 20 working days.

What amounts to 'as soon as practicable' will depend on the circumstances, and will be different in each case.

## 4. Procedure

### Steps to resolving a complaint

- 4.1 All complaints regardless of priority/importance or method of notification; must be registered with the **Privacy and Complaints Officer** and identified with a tracking number from the 'Information Request' Smartsheet within one working day of being received. Refer to Template 1 - Registering a Complaint with Privacy and Complaints Officer – in the [Complaint Kit – Resolving a Formal Complaint](#).
- 4.2 On receipt of a complaint the Regional Manager/Team Leader (or in his/her absence a Senior Clinical Prosthetist) will discuss the matter with the complainant.
- 4.3 If the complaint is about a faulty medical device, an initial investigation to be undertaken by the Regional Manager/ Team Leader and H&S representative to determine if the fault is due to a manufacturing issue. If deemed a manufacturing fault, refer to the [Recall Procedure](#) and contact the 'Quality Representative' who will complete a Product Safety/Risk Assessment form.
- 4.4 If the complaint is about a staff member, the individual(s) who has had a complaint laid against them should be notified of the complaint as soon as practicably possible. The person will be asked to respond to the issues raised by the complaint to the Regional Manager/ Team Leader or Senior Prosthetist dealing with the complaint.
- 4.5 Under Right 7(8) a patient has the right to express a preference as to who will provide services and have that preference met where practicable. A patient can request, but not demand, a second opinion or to be seen by a different health professional. Where this occurs, this should be done in consultation with the Regional Manager/Team Leader.
- 4.6 The complainant is to be asked if they would like to try and resolve the complaint informally through a discussion or a meeting.
- 4.7 The discussion may take place in the form of:
  - a telephone conversation;
  - a meeting at a suitable mutually agreed place;
  - a meeting with the multi-disciplinary team at the Centre.
- 4.8 The Regional Manager/ Team Leader must take notes during any discussion and at the end summarise the information on the **Complaint Summary Form** located in the [Resolving a Complaint Kit](#). This should be provided to the complainant for confirmation that it records an accurate summary of what was discussed and agreed. The complainant should be asked to record on the form any matter they disagree with and sign and return the form.

**Note** If this line of redress is chosen and an outcome achieved, the discussion and outcome of the complaint must be recorded in Manaaki document manager.

- 4.9 Unless the complaint has been resolved to the satisfaction of the complainant **within 5 working days** of the complaint being received, the Regional Manager/ Team Leader **must** acknowledge the complaint in writing to the complainant. See Template 2 in the [Complaint Kit – Resolving a Formal Complaint](#) for a letter template.
- 4.10 If the patient or their family/whanau remain unhappy after the discussions/meetings have taken place and wish to take the complaint further the complainant must be informed of the Peke Waihanga procedure for managing complaints, and if they wish they can also complain to the:
- Health and Disability Commissioner**
- In relation to matters to do with the services provided to a person;
- Privacy Commissioner**
- For complaints relating to management of information or alleged breaches of the HIP code.
- 4.11 The Regional Manager/ Team Leader must investigate and fully document the complaint on the **Complaint Summary Form** located in the [Resolving a Formal Complaint Kit](#), including the actions taken regarding the complaint. The Regional Manager/ Team Leader should ensure appropriate input from relevant personnel, and make every effort to provide a solution which will satisfy the complainant(s).
- 4.12 **Peke Waihanga must decide within 10 working days** of giving written acknowledgement of a complaint, whether:
- it accepts the complaint is justified;
  - it does not accept that the complaint is justified; or
  - more time is needed to investigate the complaint.
- 4.13 If it is determined more time is required to investigate the complaint, and if the **additional time required is more than 20 working days**, Peke Waihanga must inform the complainant in writing, within the 10 working days, including the reasons why the additional time is required. See Template 3 in the [Complaint Kit – Resolving a Formal Complaint](#).
- 4.14 If Peke Waihanga decides that to determine whether the complaint is justified, or is not justified does not require further investigation, or the additional time required is not more than 20 working days, Peke Waihanga must inform the complainant **as soon as practicable, after making that decision**, of:
- what decision has been made; and
  - the reasons for that decision; and
  - any actions proposed to be taken; and
  - what appeals processes Peke Waihanga has that are available to the complainant; and

- the right to complain to the relevant external agency (depending on the nature of the complaint the Health and Disability Commissioner (HDC), or the Privacy Commissioner).

4.15 **Note** In this situation, the decision must be made within the 10 working days of giving the complainant written acknowledgment of receipt of the complaint, and this decision must then be communicated to the complainant ‘as soon as practicable’ after the decision is made – the communication with the complainant does NOT need to be within the 10-day timeframe, but must be as soon as practicable after the decision has been made. See Template 5 in the [Complaint Kit – Resolving a Formal Complaint](#).

4.16 The complainant must be kept informed of the progress on resolving their complaint. For complaints about any matter that relates to a person’s rights under the [HDC Code of Rights](#) - Right 10(4) requires Peke Waihanga to provide progress updates **at least monthly** from the date the complaint was acknowledged in writing (which must be within 5 working days of receiving the complaint). See Template 4 in the [Complaint Kit – Resolving a Formal Complaint](#) for a letter template, and paragraph 3.1 for the definition of monthly. Where the complaint is covered by the requirements of the HIP Code, rather than the HDC Code of Rights, Peke Waihanga will keep the complainant informed of the progress of the complaint on a regular basis, which in most cases will be at least monthly.

4.17 When dealing with a complaint Peke Waihanga must continue to comply with all the other relevant rights in the HDC Code of Rights and HIP Code.

4.18 Under the HDC Code of Rights Peke Waihanga must ensure that the complainant receives all information held by Peke Waihanga that is or may be relevant to the complaint (Right 10(6)(d)).

Where the complainant is **not the patient** or a person legally entitled to consent on behalf of a patient, then

- **Consent from the patient** concerned should be obtained **prior** to providing the complainant with any identifiable health information about that person.

### Communication and documentation necessary when resolving a complaint

4.19 All communications relating to a complaint in whatever form must be documented in Manaaki document manager. The Regional Manager/ Team Leader will be informed of the complaint as soon as possible.

4.20 If the complaint has not been resolved to the satisfaction of the complainant within 5 working days of receiving a complaint the Regional Manager/Team Leader must follow the actions set out above, explain the Peke Waihanga complaint process, and provide the complainant with a copy of the:

- Complaint Summary Form** located in the [Resolving a Formal Complaint Kit](#),
- [Information](#) provided by the Health and Disability Commissioner’s Office, including the [Health & Disability Commissioner’s pamphlet of consumer rights](#)

[and advocacy services](#) re Advocacy Service and list of Independent Advocates for complaints relating to the provision of services.

- 4.21 The complainant should also be told of the following resources:
- **Health and Disability Commission website** (<http://www.hdc.org.nz/resources-publications/>); or
  - **Privacy Commission website** ([privacy.org.nz/your-privacy/how-to-complain/](http://privacy.org.nz/your-privacy/how-to-complain/)).
- 4.22 The Regional Manager/ Team Leader must keep the Chief Executive Officer informed of a receipt of a complaint, and all communications and outcomes relating to a complaint.
- 4.23 The Chief Executive will provide appropriate feedback to personnel involved in the complaints process. This will include what lessons have been learnt in resolving the complaint and if any practices of the employee, and/or Peke Waihangā need to be altered.

## 5. Specific responsibilities

Party	Responsibilities
All Employees	<ul style="list-style-type: none"> <li>• Ensure all complaints are treated confidentially, recorded correctly and referred to senior management for the appropriate follow-through.</li> </ul>
Privacy & Complaints Officer	<ul style="list-style-type: none"> <li>• Maintain records of all complaints received as in section 4.1 above</li> <li>• Is familiar with current Privacy legislation and practice</li> <li>• Is available to provide Privacy guidance as required</li> </ul>
Regional Managers and Team Leaders	<ul style="list-style-type: none"> <li>• Ensure all employees are aware of and follow correct procedures with regards to dealing with complaints.</li> <li>• Manage individual complaints received unless the complaint is escalated to the CEO.</li> </ul>
Chief Executive	<ul style="list-style-type: none"> <li>• Provide a framework which allows patient complaints to be facilitated in a respectful manner which ensures a fair and speedy resolution of any complaint received and meets Peke Waihangā' legal obligations</li> </ul>

## 6. Legal compliance

- [Health and Disability Commissioner Act 1994](#)
- [Code of Health and Disability Services Consumers' Rights 1996](#)
- [Privacy Act 1993](#)
- [Health Information Privacy Code 1994](#)
- [SSC Code of Conduct](#)

## 7. Related Policies, Procedures and Forms

- [Clinical Governance](#)
- [Data Protection Policy](#)
- [Privacy Policy](#)
- [Code of Conduct Policy](#)
- [Advocacy Services Policy](#)
- [Recall Procedure](#)

### Forms

- [Complaint Kit - Templates for Resolving a Formal Complaint](#)

## 8. Revision History

Author	Version number	Version date	Description of changes
Compliance Advisor	3.7	March 2018	Policy links and references updated to reflect changes to Complaint Kit
Compliance Advisor	3.6	September 2017	References changed to encompass patients & growing scope of the organisation. Addition of Privacy & Complaints Officer responsibilities.
Compliance Advisor	3.5	May 2017	Addition of paragraph regarding second opinion for patients
Compliance Advisor	3.4	October 2016	Update reference to managers/team leader & Manaaki
Compliance Advisor/National Prosthetics Manager	3.3	February 2016	References added for complaints on faulty medical device
Compliance Advisor	3.2	January 2016	Rebranding
Compliance Advisor	3.1	July 2015	Changes as advised by Claro Law
Communications & Reporting	2.1	December 2013	Review adopted by Board and policy released