



MINISTRY OF HEALTH

CLIENT COMPLAINT MECHANISM CONSULTATION

MOH CLIENT COMPLAINT MECHANISM (2008)

What is a complaint?

An aggrieved client's perception regarding the following:

- › Any matter related to the alleged unsatisfactory delivery of health care in a public or private health facility
- › Any matter which involves adverse impact on the health of the environment or other public health related issues
- › Any matter related to the conduct of Ministry of Health personnel

Classification of Complaints

- I. Clinical - Any complaint relating to the provision of health care services
 - a. Critical - Threatening to life and safety, comprises, professional competence and may be likely to have legal implications
 - b. Major - Threatening to life and safety, comprises professional competence and may or may not have legal implications
 - c. Minor - Legal implications unlikely and may or may not be threatening to health and safety
- II. Non-clinical - Any complaint relating to performance of administrative functions
 - a. Critical - Any action or failure to act which threatens the integrity and stability of the Ministry as a whole. Legal action would result in significant financial consequences

- b. Major - Any incident affecting achievements of the objective and goals of a Unit/Department
- c. Minor - Any incident involving an individual that may affect performance and requires some degree of investigation

Processing Complaints:

Level 1 - (Institutional Level)

- a. First Receiver receives complaint routes to Complaints Receivable Officer
- b. CRO submits complaint to CEO/HOD/Administrator
- c. Acknowledgement of Complaint
- d. Investigate Complaint
- e. Inform complainant of the outcome of investigation, attempt to resolve complaint, provide redress

Notes:

- > Opens complaint file
- > Very Urgent complaint – submit to the CEO
- > Urgent complaints – submit to the HOD/Administrator
- > Administrator classify complaint
- > Interview complainant
- > Keep complainant abreast of developments
- > Document findings of investigation
- > Document recommendations
- > Documents action taken to resolve complaint
- > Overall complaint to be acknowledged within one (1) week
- > Critical complaints within 48 hours
- > RD & MOH to be notified of potentially litigious complaint
- > If complainant satisfied with redress offered - Complaint resolved

- > If complainant not satisfied at departmental level, CEO to review and make further attempt at resolution
- > If still unresolved proceed to level 2

Level 2 - (Parish Manager)

- a. Complaint file submitted to Parish Manager
- b. Complainant satisfied – matter resolved
Complainant not satisfied – proceed to level 3

Notes:

- > Conducts further investigation
- > Attempts to resolve complaint
- > If possible legal implications: inform Regional Director (RD), MOH (Legal Services)
- > Communicates with complainant on action taken/to be taken
- > Prepares report

Level 3 - (Regional Level)

- a. Complaints file submitted to Regional director
- b. Complainant satisfied – matter resolved
Complainant not satisfied – proceed to level 4

Notes:

- > RD to contact complainant indicating steps taken to date/to be taken
- > RD to inform Board
- > RD to seek legal counsel if possible legal implications
- > RD liaises with institution
- > Decide on method of conciliation/resolution

- > Decide on corrective measures
- > RD to write to complainant outlining detailed explanation and corrective measures to be taken

Level 4 - (Complaints Review Panel)

- a. Complainant may submit written appeal to Complaint Review Panel
- b. Complainant satisfied – matter resolved

Notes:

- > Complaint file submitted to Complaint Review Panel
- > Panel appointed by Regional Health Authority
- > Communicate with complainant
- > Conduct further investigations and aim to reach amicable resolution
- > Prepare report

Medical Review Panel

For claims dealing with clinical management, these may be submitted to Medical Review Panel. Complaint file should be submitted to Medical Review Panel by the Regional Health Authority.

Responsibility of the Medical Review Panel

- > Advisory Panel established to provide independent review and investigation of clinical complaints pertaining to clinical management- negligence, incorrect treatment, delayed treatment, complications, side effects of drugs, dissatisfaction with personal treatment/service
- > Determines validity of complaint
- > Reviews and assesses complaint
- > Recommends course of action
- > Provides a report

If the complainant is not resolved, inform the MOH - Investigation and Enforcement Division Legal Services Dept in order to seek legal advice. If necessary forward complaint to Attorney General Chambers.

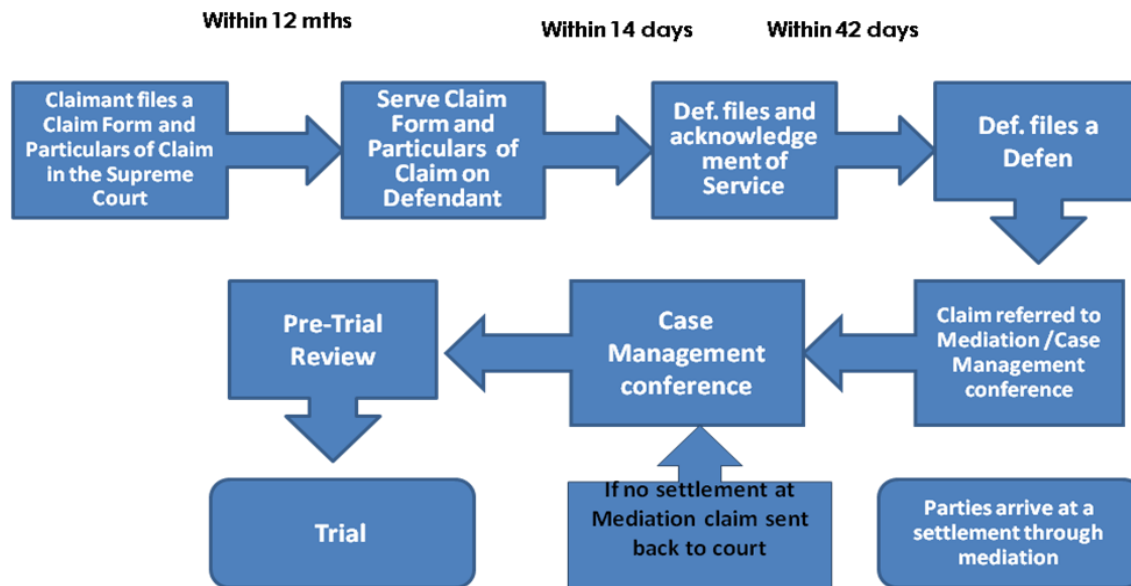
Proper Investigation of Complaints

- a. What should be provided? What was expected
- b. What was provided? What actually happened?
- c. Is there a diff. between 1 and 2?
- d. If yes, why? If no, why does complainant think otherwise?
- e. What was the impact?
- f. What are the standards concerning 1 and 2?
- g. What can be done to resolve and provide redress?
- h. What should be done to avoid a recurrence?
- i. Is there any wider institutional learning?

Tips for Conducting Investigations

- > Properly plan an investigation
- > Ensure clear objectives
- > Be impartial
- > Do not rely on unsubstantiated evidence/unproven assumptions
- > Obtain all relevant evidence
- > Proper analysis
- > Proper document and date management
- > Effective and continuous communication with staff and complainant
- > Present clear conclusions
- > Make realistic recommendations
- > Keep proper records – all action taken, all correspondence, minutes of meetings etc

Court Process



Terminologies

- > Claimant
- > Defendant
- > Claim Form
- > Particulars of Claim
- > Particulars of Negligence
- > Default Judgment

Failure to file an acknowledgement of service/defence within the prescribed time entitles claimant to apply for default judgment. If obtained matter proceeds directly to an assessment of damages hearing

No trial is held, may be set aside at discretion of the court if the defendant gives good reason for delay and shows that he has a good defence.

Allegations by the claimant of the defendant's breach of duty of care:

- > Failure to take any proper or effective measures whether by way of examination, test, surgery or otherwise to ensure that the claimants would be safe and healthy;

- > Failure to give urgent and/or continuous attention to the claimants including preparing;
- > There was a failure to properly monitor claimant's condition;
- > Leaving claimant unattended for an unreasonable period of time;
- > There was a failure to effect necessary and required medical treatment

Proper Statement Writing

Introduction

State the following:

- > name and address
- > position and qualifications
- > capacity
- > Normal place of work
- > Current post
- > Post held at the time of incident
- > Whether reporting from recollection or from notes available
- > Date
- > Identify the patient using their name and date of birth

Format

The statement should:

- > Have numbered paragraphs, chronologically dealing with each aspect
- > Clearly identify documents (if any) referenced to in the notes by using dates and parties of letters
- > Have each page numbered
- > It is preferred that statements be typed however if handwritten they should be legible and written using blue/blank ink

Content

What should be included in the statement:

- > Use clear straightforward words dealing with events in chronological order, i.e. simply relate the story
- > Include material facts only that are within the person making the statement direct knowledge. It should be made clear what is being written from memory, what is written from the notes/medical docket and what is written from recollection of the individuals standard of practice at that time
- > Aim to respond to specific areas of concern if they are known
- > The statement should be as simple as possible, explaining any medical terms or abbreviations used so that it may be read by non-medical persons
- > Use the first person singular ('I examined Mr. Brown') rather than ('Mr. Brown was examined') as this minimizes ambiguity
- > Refer to policies/procedures/guidelines in use (if appropriate) and explain the reasons for deviating from these guidelines
- > Identify other staff involved

The following should not be included in a statement:

- > Statements of opinion on the care given or action taken by other staff
- > Ambiguous statements
- > Speculative statements on what other persons were doing or thinking
- > Petulant comments, criticism of colleagues or other departments
- > A verbatim regurgitation of the entries in the medical docket, as the statement is designed to 'flesh out' the information contained therein
- > Report on things/facts of which the person writing the statement has no experience or knowledge of or that was not witnessed by that person
- > Anticipation evidence of someone else or questions that the person writing the statement has not been asked.

Concluding the Statement

- > Read through the statement carefully with a view to correcting any typographical errors and to ensure clarity of thought.

- > Statements must be signed and dated by the person giving the same after the following statement has been added: *'the contents of this statement are true to the best of my knowledge and belief'*.