

Consumer Complaint Management

Document Type	Policy
Function	Clinical Administration, Management and Governance
Directorate(s)	All Auckland District Health Board (Auckland DHB) Directorates
Department(s) affected	All Auckland DHB Clinical departments
Applicable for which patients, clients or residents?	All Auckland DHB patients, relatives and visitors
Applicable for which staff members?	All Auckland DHB staff members, including independent practitioners contracted to provide patient care within Auckland DHB
Key words (not part of title)	Feedback, concern, suggestion, satisfaction
Author – role only	Consumer Liaison Team Leader
Owner (see ownership structure)	Owner: Chief Executive (accountable)
Edited by	Clinical Policy Facilitator
Date first published	December 1994
Date this version published	20 February 2017 – updated
Review frequency	3 yearly
Unique Identifier	PP01/PCR/004 – v04.00

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1. Purpose of policy

The purpose of this policy is to ensure that the organisation's expectations are met when a patient, relative or visitor makes a complaint about the service or care received within Auckland District Health Board (Auckland DHB).

2. Policy statements

General:

Auckland DHB is committed to an effective and fair complaints system and supports a culture of openness that places the patient at the start of the process, and a strong desire to learn from complaints. Our complaints process gives effect to, and models, our organisational values:

- Welcome-haere mai
- Respect-manaaki
- Together-tūhono
- Aim high – Angamua

Every patient must be treated with respect, sensitivity, confidentiality and without prejudice. The response to the complaint must be clear, taking into account the desired outcomes of the complainant and the needs of the patient and family/Whānua, where applicable.

To meet our legislated obligations under:

- [Health Information Privacy Code 1994](#)
- [Privacy Act 1993](#)
- [The Health and Disability Commissioner \(Code of Health & Disability Consumer Rights\) Regulations 1996](#)
- [Mental Health \(Compulsory Assessment & Treatment\) Act 1992](#)

Complaints from Māori:

Auckland DHB has a commitment to Māori health gain and the expectations of our Treaty partners. Complaints from consumers who identify as Māori are copied to the chief adviser Tikanga or a member of the Māori health team. The relevant Director(s) and General Manager(s) must take responsibility for the investigation of a complaint within their directorate.

Inviting complaints:

Auckland DHB welcomes suggestions from consumers, clinicians and staff members about the safety and quality of care provided to patients. Furthermore, consumers should be encouraged to provide feedback and Auckland DHB must facilitate this by providing a range of ways in which to do so.

Information about this policy, the Code of Health and Disability Services Consumers' Rights and the Privacy Commissioner must be made available:

- On the Auckland DHB website
- Your Rights Brochure Posters in reception areas and in the wards
- By clinicians and staff members inviting feedback and comments

- Within any letter from the Consumer Liaison department, acknowledging receipt of a complaint

Patients must be encouraged to discuss any concerns about their clinical care with the person responsible for their care in the first instance. If the issue remains unresolved (or if they prefer), they must be encouraged to write, phone or email the Auckland DHB Consumer Liaison Department via email to feedback@adhb.govt.nz or telephone 375 7048 or write to Consumer Liaison, Private Bag 92 024, Auckland 1142.

Auckland DHB clinicians and staff members are expected to provide assistance to any consumer who wants to complain or provide feedback, including those for whom English is not the first language or those that have a disability.

A consumer may choose to make a complaint on a confidential basis or anonymously, and should be assured that their identity will be protected. If the service involved can be identified, the feedback must be forwarded to the General Manager for the Directorate. Those that provide anonymous feedback will not receive a response.

Staff members may choose to make a complaint on issues as long as they do not relate to HR matters. These complaints will be investigated as above.

3. Definitions

Throughout this policy, the term “patient” or “consumer” has been used for simplicity, but the complainant may be a relative or visitor, a former patient or a staff member making a complaint on behalf of a patient.

Throughout this policy, the term “complaint” has been used for simplicity, but includes those issues described as “concerns” or any expression of dissatisfaction received within Consumer Liaison regarding an event that has occurred, a system or process or a named staff member within Auckland DHB.

4. Consumer Liaison team

The Consumer Liaison Team includes the Team Leader, Consumer Liaison Coordinators and an Assistant Consumer Liaison Coordinator. The Consumer Liaison Team is managed within the Quality Department.

The team are responsible for providing a service that assists and facilitates the investigative process of all formal complaints and consumer feedback received in Consumer Liaison that relates to Auckland DHB, in order to achieve a timely and satisfactory response. This includes correspondence via feedback forms; tell us what you think forms, surveys and social media.

The team ensures that the consumer (and any external agency acting on behalf of the consumer) is kept informed on the progress of the investigation of their complaint.

The team provide helpful, proactive, meaningful complaint information and data to internal and external staff to enhance quality improvement across the Auckland DHB. Each complaint is triaged and an acknowledgement letter is sent to the complainant.

5. Triage and acknowledgment of the complaint

Severity Rating:

Complaint management must be driven by facts and established circumstances, rather than assumptions.

All formal complaints must be triaged (reviewed) by the Team Leader Consumer Liaison (or delegated authority) and assigned a severity rating based on:

- The referral source
- Content and impact on the consumer
- Potential risk to Auckland DHB

The severity rating is not static and can change during the investigation.

The Matrix of Severity Rating below is designed to assist with the prioritisation of complaints.

6. Matrix of severity rating

Complaint Severity Grading Assessment:

The Severity Assessment Tool adopts a three-step process, which firstly categorizes the seriousness of a complaint then assesses the likelihood of recurrence of the incidents or events giving rise to the complaint. Finally, a severity level is assigned to the complaint.

STEP 1 – Seriousness:

The following table assists in determining how to categorise the seriousness of a complaint, or the subject matter of a complaint.

Category	Description
S1	Significant issues of standards, quality of care and safeguarding of or denial of rights. Complaints with clear quality assurance or risk management issues that may cause lasting problems for the organisation, and so require investigation. Possibility of litigation and adverse publicity. OR Serious issues that may cause long-term damage, such as grossly substandard care, professional misconduct or death. Will require immediate and in-depth investigation. May involve serious safety issues. A high probability of litigation and strong possibility of adverse national publicity.
S2	Service or experience below reasonable expectations in several ways, but not causing lasting problems. Has potential to impact on service provision. Some potential for litigation.
S3	Unsatisfactory service or experience not directly related to care. No impact or risk to the provision of care. OR Unsatisfactory service or experience related to care, usually a single resolvable issue. No real risk of litigation.

STEP 2 – Likelihood:

The following table assists in determining the likelihood of recurrence of the incident or circumstances giving rise to the complaint.

Likelihood	Description
Likely	Will probably occur several times a year
Possible	Happens from time to time - not frequently or regularly
Unlikely	Rare - unusual but may have happened before

STEP 3 - Severity Assessment Categorisation:

Having assessed the seriousness and likelihood categories using the table above, the severity assessment categorisation can be used to determine the severity grade that should be assigned to the complaint.

Seriousness	Likelihood of Recurrence		
	Unlikely	Possible	Likely
S3	CSA3		
		CSA2	
S2			CSAB1
S1			

(Management of Complaints, Concerns, Comments and Compliments Policy, March 2016)

7. Interim complaint process

The process below describes what currently happens from the time a complaint is received in the Consumer Liaison Department until the final response letter is sent to the complainant.

All new complaints are reviewed and triaged by the Team Leader Consumer Liaison within two working days of receipt of the complaint, or receipt of consent (if required). Triage refers to the process of review that assists in determining severity rating, consumer issues and individual directorates that are required to provide feedback.

This includes:

Clarify the content and background of the complaint

- If the complaint is by a third party, consent must be requested from the patient prior to the investigation of the complaint. Auckland DHB must be compliant with the Health Information Privacy Code (HIPC) before releasing any personal health information to a complainant who is not the patient. This is to ensure that the outcome can be released to the complainant on completion of the investigation
- Assigning a severity rating based on where it has come from, organisational risk, content and complexity (see table above)

- Identifying key issues (grouped as themes)
- Determining desired outcomes (if this is not clear, contact the consumer and clarify)
- If the complaint relates to an incident or treatment injury, search for an associated report in Risk Monitor Pro (RMPro), if these are not available, highlight this to the ACC team administrator or Clinical Effectiveness Advisor (see [associated Auckland DHB documents, ACC treatment injury policy](#))
- Review of clinic visits and/or clinical record to assist in determining the relevant directorate(s) that require(s) the complaint and identifying key people within the directorate(s)

A lead Consumer Liaison Coordinator should be assigned to each directorate although workload and/or complexity may necessitate alternative cover.

Data Entry:

The Assistant Consumer Liaison Coordinator enters the relevant data into the customer feedback management system and makes up a hard copy complaint file. The hard copy file must be stored in the Consumer Liaison office and does not form part of the patient's clinical record.

Communication with the Directorate:

Within three to five working days (depending on complexity, number of directorates involved, source of complaint etc) of receipt of the complaint/receipt of consent, the Assistant Consumer Liaison Coordinator sends an email to the General Manager of the directorate with the complaint, the name of the CL Coordinator managing the complaint and the date for feedback. The Director, Clinical Effectiveness Advisor, Nurse Director and/or Allied Health Director (if applicable) of each directorate is copied into this email.

The General Manager (GM) of each directorate takes responsibility for cascading the complaint to the appropriate parties within that directorate for feedback. The GM or delegated authority acts as the link between the services within the Directorate and CL Team. This includes assisting with feedback, communicating about potential delays, approving draft response letters and supporting the work undertaken by Consumer Liaison to provide quality, comprehensive response letters within the Auckland DHB timeframe of 20 working days.

It is recommended that the GM or delegated authority communicate and/or meet with their assigned Consumer Liaison Coordinator monthly to discuss complaints, actions taken and timeframes for their directorate.

Where complaints are complex and span more than one directorate a lead directorate will be identified to take the lead, this can be assigned by a member of the Senior Leadership Team or through mutual discussion with the Consumer Liaison Coordinator assigned to the case and the General Managers for the individual directorates.

All directorates involved in the complaint are identified in the feedback management database in Feedback Monitor Pro (FMPro) but a Lead directorate will be responsible for co-ordinating the response. This will be clearly identified and documented following discussion and agreement within the directorate.

Communication with the consumer:

A standard letter of acknowledgement is sent via email or post to the complainant within five working days from the time the complaint is received by Consumer Liaison. The acknowledgement letter must include the contact details for the Consumer Liaison Department as well as the HDC. The letter should provide a brief statement about the investigation process and the expected timeframe. The letter provides a single point of contact for the consumer and identifies the name of the coordinator managing the complaint.

Auckland DHB Advisors, Legal and/or Communication Team:

Complaints with imminent or potential risk of legal action, ministerial notification, HDC breach findings, adverse media attention and or risk to the reputation of the organisation are discussed/reviewed/directed with input from the legal and/or communication team.

The Quality Manager and members of the Senior Leadership Team must be advised of imminent or potential risks, and advice may be given by Legal Counsel, the Director of Communications and/or the Consumer Liaison team.

Complaints from external agencies:

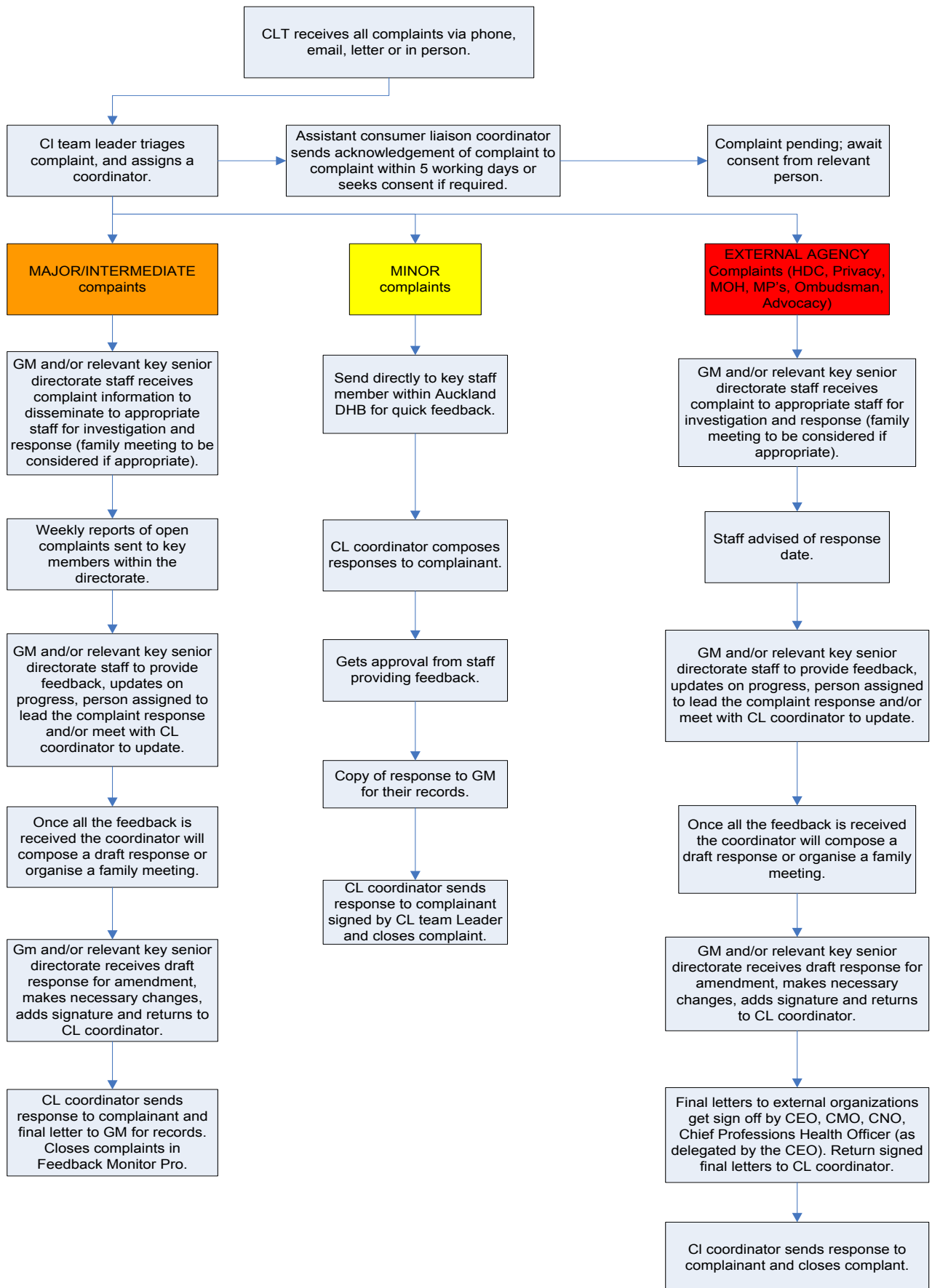
All complaints from external agencies (HDC, Privacy Commissioner) and/or received by the Chairman of the Board, Chief Executive (CE), Chief Medical Officer (CMO, Chief Nursing Officer (CNO) or Chief Health Professions Officer (CHPO), are recorded in a separate database. These complaints are tracked, discussed and provided with a weekly update at a meeting between the Chief Nursing Officer and Team Leader Consumer Liaison.

Minor Complaints:

Minor complaints or those with a quick resolution are sent directly to the relevant service for a response and copied to the directorate Director and GM. A Minor complaint is one that involves one service, is of a minor nature and is quick to answer. If the same issue is identified in multiple complaints - this will be highlighted to the directorates and will be reflected in a change in severity rating to Intermediate. Subject content may relate to things like outpatient appointments, letters, parking, Call Centre, eligibility etc. These types of complaints maybe resolved within 48 hours with a phone call, email or letter.

- Minor complaints may not receive a formal acknowledgement letter or response letter if it can be resolved quickly
- Minor complaint response letters are signed by the Consumer Liaison Team Leader and copied to the GM for their reference. Please note not all minor complaints are resolved with a formal letter
- The Consumer Liaison Coordinator allocated to the complaint: tracks, and collates feedback received into a draft letter. This is sent to the contributors for approval
- The approved final letter is copied to the GM of the directorate for their records
- File completed in FMPro, including resolution summary
- File closed
- Hard copy of complaint file stored by Consumer Liaison

8. Flowchart: Complaint process



9. Resolving the complaint at the point of service (eg within the clinical area)

Patients must be encouraged to discuss any concerns about their clinical care, in the first instance, with person responsible for their care. This would include Charge Nurse Managers and/or Team Leaders. Clinicians and staff members are expected to attempt resolution of complaints and concerns at the point of service, wherever possible and within the scope of their role and responsibility.

The process of resolving the problem must include:

- An expression of regret to the consumer or carer for any harm suffered
- An explanation or information about what is known, without speculating or blaming others
- Considering the problem and the outcome the consumer is seeking and proposing a solution
- Confirming that the consumer is satisfied with the proposed solution
- Documentation in the Clinical Record that the above has taken place

The Consumer Liaison Coordinators are available to assist ward/unit staff and may if requested visit a patient on the ward at Auckland City Hospital (ACH) or Starship. Consideration should be given to notifying the Consumer Liaison Department of any complaint that has the potential to be escalated regardless of whether it has been resolved at service level or not.

10. If unresolved at the point of service

If the complaint is not resolved at the point of service, the Auckland DHB clinician or staff member is expected to acknowledge to the patient that a formal complaint has been received (even if still only verbal) and that it will be acted on.

The clinician or staff member must (either verbally or by email) send the name of the patient, NHI and synopsis of the concerns and desired outcomes to the Consumer Liaison Department if:

- After attempting to resolve the complaint, the matter remains unresolved
- The outcome the patient is seeking is beyond the scope of their responsibilities (eg an earlier appointment can only be made by someone more senior)
- They or the patient believe the matter should be brought to the attention of someone with more authority
- After attempting to resolve the complaint, they do not feel confident in dealing with the patient

Staff members in the Consumer Liaison Department will then initiate the complaint in accordance to the usual complaint process.

11. Organisation overview for signing the response letter

COMPLAINT CLASSIFICATION	Person(s) sent the Complaint in the Directorate	Owner	Person Signing Letter
MAJOR	<ul style="list-style-type: none"> ▪ General Manager ▪ Director of the Directorate ▪ Nurse Director ▪ Allied Health Director ▪ Clinical Effectiveness Advisor 	<ul style="list-style-type: none"> ▪ Director of the Directorate 	<ul style="list-style-type: none"> ▪ CEO/CMO/CNO/CHPO Based on who the complaint was*addressed to and/or the applicable professional group ▪ Director of the Directorate ▪ If HDC have asked Auckland DHB to liaise directly with the patient (and simply copy HDC on the response) ▪ Legal Advisors ▪ *If received by the CEO or Chair of the Board then signed by CEO/Chair or delegated authority
INTERMEDIATE	<ul style="list-style-type: none"> ▪ General Manager ▪ Director of the Directorate ▪ Nurse Director ▪ Allied Health Director ▪ Clinical Effectiveness Advisor 	<ul style="list-style-type: none"> ▪ Director of the Directorate 	<ul style="list-style-type: none"> ▪ Director of the Directorate
MINOR	<ul style="list-style-type: none"> ▪ Service or Operations Manager ▪ CC to Directorate Director and GM 	<ul style="list-style-type: none"> ▪ Director of the Directorate ▪ (All final letters for minor complaints are sent to the GM for the Directorate for their records) 	<ul style="list-style-type: none"> ▪ Team Leader Consumer Liaison

12. Information for staff members

Any questions regarding the Code of Health and Disability Services Consumers' Rights, complaint process or management of complaints should be directed to Consumer Liaison at feedback@adhb.govt.nz or by calling extension 23049.

Please refer to Code of Health and Disability Services Consumers' Rights:
<http://www.hdc.org.nz/media/24833/brochure-code-white.pdf>

13. Recipients of complaints

Each complaint, allocated with a severity rating of major or intermediate is sent to the General Manager for the directorate involved. It is copied to the Director, the Clinical Effectiveness Advisor, Director Nursing and/or Director Allied Health (if appropriate).

In order to respect the privacy of the patient and the staff members involved, any further recipients should be determined by the General Manager, not the Consumer Liaison Department.

It is the responsibility of the GM within the Directorate to cascade the complaint to the appropriate recipients within their directorate.

However, a complaint that meets the criteria for "major" may **also** be copied to the following:

- Chief Executive Officer
- Chief Medical Officer
- Chief Nursing Officer
- Chief Health Professions Officer
- Legal or Communications

The General Manager should determine who would be the most appropriate individual to oversee the investigation and act as the Designated Service Complaint Investigator (DSCI).

14. Telephone call to patient if appropriate (upon receipt of the complaint)

Upon receipt, members of the Consumer Liaison Team and/or the DSCI may, if appropriate telephone the patient. This is generally done to clarify information, deescalate the situation, seek further details and/or qualify desired outcomes. They should ask the patient if they wish to resolve their concerns via a letter following an investigation, or a meeting. If they would prefer a meeting, the Consumer Liaison Coordinator will work with the service to arrange a meeting.

If the Consumer Liaison Team or the DSCI is able to resolve the complaint immediately, they should inform the General Manager that the complaint has been resolved following the phone call. These complaints will be closed with "quick resolution" in the resolution notes.

15. Investigation and response letter

The DSCI within the directorate is responsible for ensuring that the complaint is investigated. This includes identifying what happened, the underlying causes and preventative strategies.

Information should be gathered by the following methods:

- Talking to clinicians and staff members directly involved
- Acknowledging the patient's views
- Reviewing the patient's clinical record and other records as applicable
- Reviewing relevant policies, standards or guidelines

If the complaint is not likely to be resolved within 20 working days following receipt by Auckland DHB, the consumer must be provided with an update and apology for any time delays. The directorate must ensure that the Consumer Liaison Team is made aware of any potential delays.

Once the information has been gathered, a response letter is drafted by the Consumer Liaison Coordinator assigned to the complaint and includes the following:

- An apology (or an apology that their experience/care/service at Auckland DHB did not meet their expectations)
- Acknowledgement for events in which the care provided was below acceptable standards
- A statement about experience/care/service that was acceptable but there was a discrepancy between patient expectation and care given
- A factual explanation of events so both parties are clear about what is being discussed
- Acknowledgement of the patient's actual issues, particularly if multiple. For ease of reference, these should be numbered or addressed in the order in which the consumer has presented them in the original complaint. An informative description of improvements undertaken as a result of the complaint, if applicable
- Contact details in case further information is required, or if a meeting is desired by the consumer

The draft letter is sent to all contributors for comment and changes. Once comments have been incorporated into the draft a final version is sent to the GM and Director for approval. This is then signed by the Director of the directorate or by Senior Leadership for all external agencies and those sent directly to the CEO/Board/Senior Leadership team.

Note: If there is a discrepancy (about the events, communication, treatment) between the version presented by the complaint and the feedback received from staff, the Consumer Liaison Coordinator must clarify with the directorate and seek assistance. There may be occasions when the version of events differs and this should be stated this in the response.

Response Letters should include the following:

- Name and designation of the person(s) who is taking single point of accountability
- If the response was delayed beyond the target of 20 working days an apology and explanation for the delay must be included
- All issues/points raised must be addressed and include a brief explanation of what occurred
- Any error/deviation from expected practice/standards of care must have an apology

- Where there may not have been any error/deviation from standards/expected practice an apology should still be given for the distress/frustration/upset caused or experienced by the complainant/patient/client
- Outline of any corrective action(s) to be taken or areas identified for improvement

16. Named individuals

Where an individual clinician or staff member has been named in a complaint, that person must not be copied into the initial email to the GM for the directorate.

The General Manager will designate a DSCI or relevant supervisor or professional colleague who must do the following:

- Verbally inform the individual of the complaint
- Reassure the individual that they will be supported through the investigation
- Ensure no judgement is made against the individual during the investigation
- Ensure fairness and confidentiality is maintained during the investigation
- Encourage the individual to seek advice from their professional body where applicable

The individual involved may be requested to provide a factual report of the incident, identify factors and/or systems issues that may have contributed to the incident and suggest possible preventive measures.

The staff members involved must be:

- Advised of the outcome of the investigation
- Given the opportunity to review the content of the response letter being provided

The CEO and relevant clinical members of the Senior Management Team must be notified if the investigation into the complaint raises serious concerns about the ability or appropriateness of a health care professional continuing to practice. Factors to be considered are risks to the adequacy and safety of care being provided, a lack of knowledge, skill, judgement or care and inappropriate behaviour, especially criminal acts.

17. Responsibilities

The Consumer Liaison Team Leader is responsible for the following:

- Initial triage of complaints (see separate section on [triage](#) above)
- A case load of complaints (as below)
- Reporting
- Day-to-day management of the Consumer Liaison department

The Consumer Liaison Coordinator is responsible for the following:

- Managing a case load of complaints
- Following up with Auckland DHB staff to ensure a timely response to the consumer where possible

- Maintenance of a hard copy file and electronic database record for each complaint
- Tracking case load so that work is prioritised according to date of receipt
- Following up with the complainant when a response cannot be provided within the usual time frame (20 working days)
- Coordination of a response from Auckland DHB staff and drafting of Auckland DHB response letter
- Obtaining approval of Auckland DHB response from all contributors and finally the directorate's director (or Chief Medical Officer/Chief Nursing Officer/Chief Health Professions Officer if applicable)
- Providing confirmation by email to directorate GM once a case is closed (with pdf of signed letter to patient attached)

Specialist support/advise for the following:

- Complex complaints relating to the bereavement
- Privacy complaints

The Quality Manager (or delegate) is responsible for the following:

- Conducting risk assessments (in consultation with clinicians)
- Maintaining a register of complaints and other feedback
- Providing regular reports on informal and formal complaints
- Monitoring performance of the Consumer Liaison Department

The directorate teams are responsible for the following:

- A proactive approach to receiving feedback from a consumer or staff member
- Investigation and review of complaints in a timely manner once sent to the General Manager
- Identifying the lead directorate when complaints involve more than one directorate and assigning a DSCI for all complaints
- Keeping Consumer Liaison colleagues informed and involved in the complaint investigation process
- Risk management
- Identifying performance improvement initiatives as a result of complaints and implementing these

Directorate Director is responsible for the following:

- Providing approval of the final response letter (or delegated authority)
- Following up on actions taken as a result of a complaint
- Following up on recommendations for changes to policies or guidelines

The CEO and Senior Management Team are responsible for the following:

- Ensuring appropriate action is taken to resolve individual complaints
- Acting on recommendations for improvement arising from complaints
- Ensuring there is meaningful reporting on trends in complaints
- Ensuring compliance and review of this policy
- Consultation with professional registration boards, and others where necessary

18. Records and privacy

The Consumer Liaison team must maintain a complaints and consumer feedback database (FMPro) with records for all formal complaints. Personal information in individual complaints must be kept confidential and is only made available to those who need it to deal with the complaint. The patient must be given notice about how their personal information is likely to be used during the investigation of a complaint as per the standard letter for acknowledging a complaint.

Individual complaint files are kept in a secure filing cabinet in the Consumer Liaison office and in a restricted access section of the computer system's file server. A patient is only provided with access to their clinical record if in accordance with the [Privacy of Patient Information](#) policy (see [associated Auckland DHB documents](#)). Family members and others requesting access to a patient's clinical record (as part of resolving a complaint) are provided with access only if the patient has provided authorisation (again, in accordance with the [Privacy of Patient Information](#) policy).

19. Open disclosure

At the conclusion of an inquiry or investigation, the directorate is responsible for providing relevant clinicians and staff members with the learning and outcomes as a result of the complaint.

Major complaint outcomes from external agencies will be shared with Directorate Leadership for dissemination as appropriate.

20. Health and disability commissioner (HDC) involvement

Formal complaints are normally resolved by direct negotiation with the patient, but some complaints are better resolved with the assistance of an independent mediator or conciliator. In New Zealand, this can be done with the assistance of the Health and Disability Commissioner (HDC) although this is usually initiated by the patient.

The Quality Manager must consider appointing an independent mediator, or encourage the patient to take the matter up with the HDC if:

- The complaint is against a senior clinician or manager who will be responsible for investigating the complaint, resulting in a perception that there is a lack of independence,
- The complaint raises complex issues that require external expertise

If a complaint is received via HDC, the Auckland DHB response is sent directly to the HDC (unless Auckland DHB has been instructed by HDC to respond directly to the patient and send a copy of the response to HDC). The Chief Medical Officer, Chief Nursing Officer or Chief Health Professionals Officer signs these letters.

Note: For reporting purposes, once a response has been sent to HDC, the case is "closed" in FMPro, but changed back to "re-opened" if the HDC requests further information.

21. External notification

The CEO or Executive Lead for complaints Chief Health Professions Officer (CHPO) (on behalf of the CEO) must inform or consult with external agencies in the following circumstances:

Issue	External agency
If a complaint has been referred by an external agency and the patient remains unhappy with the outcome	<ul style="list-style-type: none">▪ HDC▪ District Inspector (Mental Health)▪ HDC Advocacy
Offence under privacy laws, privacy breach amounting to breach of professional standards	<ul style="list-style-type: none">▪ Privacy Commissioner
Unsafe care or inappropriate behaviour by a health practitioner	<ul style="list-style-type: none">▪ Relevant Professional Body
Reportable deaths under the Coroners Act 2006 CETU handbook, NZ Incident Management System	<ul style="list-style-type: none">▪ Office of the Coroner

22. Reporting complaint statistics and outcomes

The Consumer Liaison Team produces complaint reports from a database (FMPro) for both internal partners and external agencies.

The reports are specifically designed to provide information based on the requirements made by the requester. They should be used to assist with decision-making, service and performance improvements, changes to policies and/or guidelines and improvements for consumer and family experiences.

The Consumer Liaison Team Leader should periodically prepare case studies using de-identified individual complaints to demonstrate how complaints are resolved and followed up, for the information of staff members and for use in annual reports to inform the public about complaint management.

The clinical board, directorates and individual services should routinely discuss and share information around trends in complaints. This would include common issues identified in complaints, how complaints are resolved and opportunities for performance improvement. Consumer complaints provide valuable feedback that can be considered and discussed when looking at organisational changes and improvements.

23. Monitoring and evaluation of complaints process

In order to continually improve, each complainant should be given the opportunity to provide feedback on the complaints process itself, once their complaint has been closed.

Clinicians and managers should also be asked to review this policy at least every three years, as per the Auckland DHB '[Policies and Guidelines \(Policy\)](#)' (see [associated Auckland DHB documents](#)).

The Quality Manager must regularly review the Complaints Management System and Consumer Complaint Management policy in order to meet Auckland DHB quality indicator targets.

24. Legislation

- [Coroners Act 2006](#)
- [Health and Disability Commissioner \(Code of Health and Disability Services Consumers' Rights\) Regulations 1996](#)
- [Health Information Privacy Code 1994](#)
- [Health Practitioners Competence Assurance Act](#)
- [Human Rights Legislation](#)
- [Mental Health \(Compulsory Assessment & Treatment\) Act 1992](#)
- [Privacy Act 1993](#)
- [The Health & Disability Commissioner \(Code of Health & Disability Consumer Rights\) Regulations 1996](#)

25. Associated Auckland DHB documents

- [ACC Treatment Injury](#)
- [Code of Rights](#)
- [Deceased \(Tupapaku\) +/- Referrals to the Coroner](#)
- [Health Practitioner's & Registered Social Worker Competence & Reporting Obligations](#)
- [Informed Consent](#)
- [Policies and Guidelines \(Policy\)](#)
- [Privacy of Patient Information](#)
- [Reportable Events](#)
- [Risk Management](#)
- [Tikanga Best Practice](#)

26. Disclaimer

No policy can cover all variations required for specific circumstances. It is the responsibility of the health care practitioners using this Auckland DHB policy to adapt it for safe use within their own institution, recognise the need for specialist help, and call for it without delay, when an individual patient falls outside of the boundaries of this policy.

27. Corrections and amendments

The next scheduled review for this document is March 2017, to incorporate organisational wide new software - Datix. However, if the reader notices any errors or believes that the document should be reviewed *before* the scheduled date, they should contact the owner or the [Clinical Policy Facilitator](#) without delay.