

**GUIDELINE TO DEVELOP A FACILITY SPESIFIC
STANDARD OPERATING PROCEDURE
FOR THE MANAGEMENT OF COMPLAINT, COMPLIMENTS AND SUGGESTIONS
IN PRIMARY HEALTH CARE FACILITIES**

This is a guideline to assist health facilities to develop their own Standard Operating Procedure (SOP) to manage complaints, compliments and suggestions that is in line with the National Complaint Management Protocol for the Public Health Sector of South Africa.

Health facilities should use this document as a guideline to develop their own facility specific SOP by amending or choosing from the options in the sections as indicated in the guideline.

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health

Department:
Health
REPUBLIC OF SOUTH AFRICA

**STANDARD OPERATING PROCEDURE (SOP)
FOR THE MANAGEMENT OF COMPLAINTS, COMPLIMENTS AND SUGGESTIONS**

FOR

**..... CLINIC/COMMUNITY HEALTH CENTRE/
COMMUNITY DAY CENTRE (fill in facility's name)**



Mr/Ms.....

Chief Executive Officer

Date approved

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Date for next review:

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1. Introduction

This procedure describes the steps to be taken in managing patient and other customer complaints as well as compliments and suggestions about the services provided atclinic/community health centre (CDC)/ Community Day Centre (CHC) (fill in facility's name). Complaints, compliments and suggestions must be managed appropriately so that problems may be identified quickly and corrected to the patient's or customer's satisfaction.

2. Complaints

2.1 Procedure for lodging complaints

- The Facility Manager/ Complaints/Help Desk Officer will be the staff member who is responsible for receiving complaints (select the appropriate person for your facility)
- The public can lodge their complaints :
 - Verbally by calling or speaking to the person responsible for dealing with complaints who will complete a complaint, compliment or suggestion form, see Annexure A. This official must always be available to assist vulnerable groups such as illiterate people by listening to their complaints and writing it down on the official complaint compliment or suggestion form. In cases where the complainant does not speak the local language, an interpreter must be sought to assist the complainant to lodge a complaint.
 - In writing by:
 - ✓ Filling in the complaint, compliment or suggestion form and giving it to the Complaints/Help Desk Officer or placing it in the complaint, compliment and suggestion Box. Complaint, compliment and suggestion boxes are situated at..... (name the service areas)
 - ✓ E-mailing the complaint
 - ✓ Faxing the complaint
 - ✓ Posting the complaint
- The Notice to inform patients how to complain must be displayed on patient notice boards, at the complaints/Help Desk and at the entrances and exits of the clinic. The notice must also be placed next to all complaint, compliment and suggestion boxes. The notice must also be available in the local language. See Annexure B, printed in A1 size (change as applicable).
- Pamphlets on the complaints procedure (see Annexure B, print in A5 size) is placed at the Help desk/Complaints Office and service areas. Reception staff will issue the pamphlets and explain the procedure to new patients enrolling at the clinic.
- To ensure children's participation in the complaints process the parents/guardians of the children must be informed that they must request their children to report any complaints to their parents/guardians. Once a child has reported a complaint the parents/guardians must then follow the complaints procedure as set out above and lodge the complaint on behalf of the child.
- To ensure that patients who are disabled, elderly or mentally ill participate in the complaints procedure the person escorting the patient must be requested to report any complaints to their escort. Once the patients has reported a complaint the escort must then follow the complaints procedure as set out above and lodge the complaint on behalf of the patient.

2.2 Acknowledging complaints

- The Facility Manager must acknowledge complaints in writing or telephonically (date and time must be recorded) within 5 working days after receipt of a complaint in cases where the complaint was not handed directly to the responsible staff member.

- When a complaint is acknowledged, the complainant must be informed of
 - The reference number allocated to the complaint.
 - The estimated time it will take to resolve the complaint.

2.3 Recording and Investigating complaints

- a) Opening of complaint, compliment and suggestion boxes
 - Complaint, compliment and suggestion boxes must be opened on a weekly basis (change if frequency is different) by a member of the Community Health Forum and the Facility member or representative. A notice of the schedule for opening of boxes must be displayed on to or next to the box
- b) Recording of complaints
 - All complaints received must be read and the details thereof recorded in the Complaints Register, see Annexure C or captured on the web-based/stand alone software for managing complaints (choose one applicable to your facility). A completed register for each month must be printed and filed in the complaints file at the end of each month.
- c) Action to be taken according to priority
 - The complaint must be assessed immediately upon receipt to identify the severity/risk and the appropriate course of action that needs to be taken.
 - A risk rating of high and medium will be used. Complaints that fall within the criteria set for Adverse Events will be risk rated as high and all other complaints will be risk rated as medium (change according to the risk rating system that the facility uses).
 - Priority will be given to resolving issues that have a high risk and which must be escalated to the Facility Manager with immediate effect. The Facility Manager will then intern escalate it to the District office if necessary.
- d) Investigation plan
 - Each complaint must be investigated. All allegation(s) contained in a complaint must be written down to ensure that all aspects are investigated. It determines the specific issue(s) to be investigated as well as the facts that needs to be obtained to determine the outcome.
 - A short plan on how to go about to investigate the complaint must be recorded. The plan should include:
 - who will be responsible to investigate each allegation,
 - who should be interviewed,
 - what records should be reviewed,
 - what questions should be asked.
- e) Identify system failures
 - Using Annexure D, every complaint will be categorised on key National Core Standards to identify the most commonly occurring system failure (Note: the National Protocol stipulates that: "From the list of 26 categories, provincial offices should select categories according to those priority areas that still need improvement in their province. It is recommended that not less than 10 categories are selected." Therefore change Annexure D according to the 10 selected categories for your province).
 - Annexure D must be completed at the end of every month or the report on categories must be generated from the web-based/stand alone software for managing complaints, compliments and suggestions. (choose one applicable to your facility).
 - The data on Annexure D will be used to identify significant system failures. The identified system failures will be analysed to determine the root cause by making use of one of the quality improvement tools as set out in the National Quality Improvement Guideline, page 17. Once problems and gaps have been identified, a Quality Improvement Plan must be developed and implemented.

2.4 Resolving and Redress of complaints

- The complaint will be resolved and the final outcome of the investigation conveyed to the complainant within a target time frame of 25 working days from the date the complaint was received.
- If the complexity of the investigation requires an extension of the 25 days period, the complainant will be provided with a progress report within 25 working days and an estimated date for final response.
- The complainant will be given redress by:
 - Inviting the complainant to a redress meeting. A letter/ report/minutes of the meeting will be provided to the complainant.
 - Sending a written letter to the complainant.
- Redress should include the following:
 - An apology, explanation and acknowledgement of responsibility
 - Remedial action, which may include review or changing a decision on the service given to an individual; revising published material; revising procedures to prevent the same thing happening again; training or supervising staff; or any combination of these
- A complaint will be viewed as resolved under the following circumstances:
 - Patient satisfied/Redress done: The complainant indicates that he/she accepts the facility's response regarding the complaint. If a complaint cannot be resolved to the satisfaction of the complainant, his/her reasons will be carefully documented as well as the attempts that were made to resolve the complaint.
 - Litigation: A complainant indicates during a redress attempt by the facility that he/she is not satisfied with the resolution and is going to take legal action against the facility.
 - Serious Adverse Event: It becomes apparent during the investigation that the complaint concerns an adverse event which will then be further managed through the adverse event management process. Where a complaint is identified as an adverse event, the reference number assigned to it in the Adverse Event Register will also be recorded in the Complaints Register.
 - Complainant/patient cannot be traced: If additional information is required in order to investigate the complaint or to give redress, and the complainant/patient was contacted once a week for three consecutive weeks without success, the complaint will be seen as resolved. The dates and the methods used to contact the complainant/patient will be documented as such.
- The form to log the processing of the complaint (Annexure E) must be completed or the data must be captured on the web-based/stand alone software for managing complaints, compliments and suggestions (choose one applicable to your facility) once the investigation and redress has been finalized in order to have a summary on the management of the complaint.

2.5 Monitoring and Statistical data on complaints

- The forum for reviewing complaints, compliments and suggestions will consist of the following members: (Also indicate who the chairperson will be. Usually it is the manager who is responsible for managing complaints. If different, the manager responsible for managing complaints must also be indicated)
 - The Facility Manager
 - Complaints/ Helpdesk Officer/ Public Relations Officer
 - One other staff member from any category
 - One community member serving on the Community Health Forum (change to apply to the facility's setup)
- The terms of reference (TOR) for the forum will be:
 - To ensure that the facilities' complaints are investigated according to this procedure are adhered to.
 - To review all complaints received at the clinic as well as to follow-up on unresolved complaints.
 - To monitor response timelines. All complaints received must be acknowledged within 5 working days and complaints must be resolved within 25 working days.

- To give recommendations in cases where the Complaints procedure were not followed.
- To record the minutes of all meetings held.
- To review statistical data on complaints and act on it accordingly. This review must include a Quality improvement plan for addressing the gaps as identified in the report on the categories of complaints that showed a high prevalence (refer to section 4 (e)).
- The forum will meet every week. (change if frequency differs)
- All documents relating to each complaint (including original complaint letter and other correspondence) will be filed in the Complaints File together with a summary of the complaint (as captured on annexure A and E or as generated from the web-based/stand alone software for managing complaints, compliments and suggestions) on top of the documentation.
- Annexure D and F must be completed at the end of every month and submitted to the District Office or the reports must be generated from the web-based/stand alone software (must submit manually to District Office when using stand alone software) for managing complaints, compliments and suggestions. (choose one applicable to your facility).
- The complaint register as set out in section 4b must be filed together with the monthly statistical complaints' forms.
- See annexure G that contains a flow diagram that explains the SOP for managing complaints as set out in sections 1 to 6

3. Compliments and Suggestions

3.1 Procedure for giving compliments and making suggestions

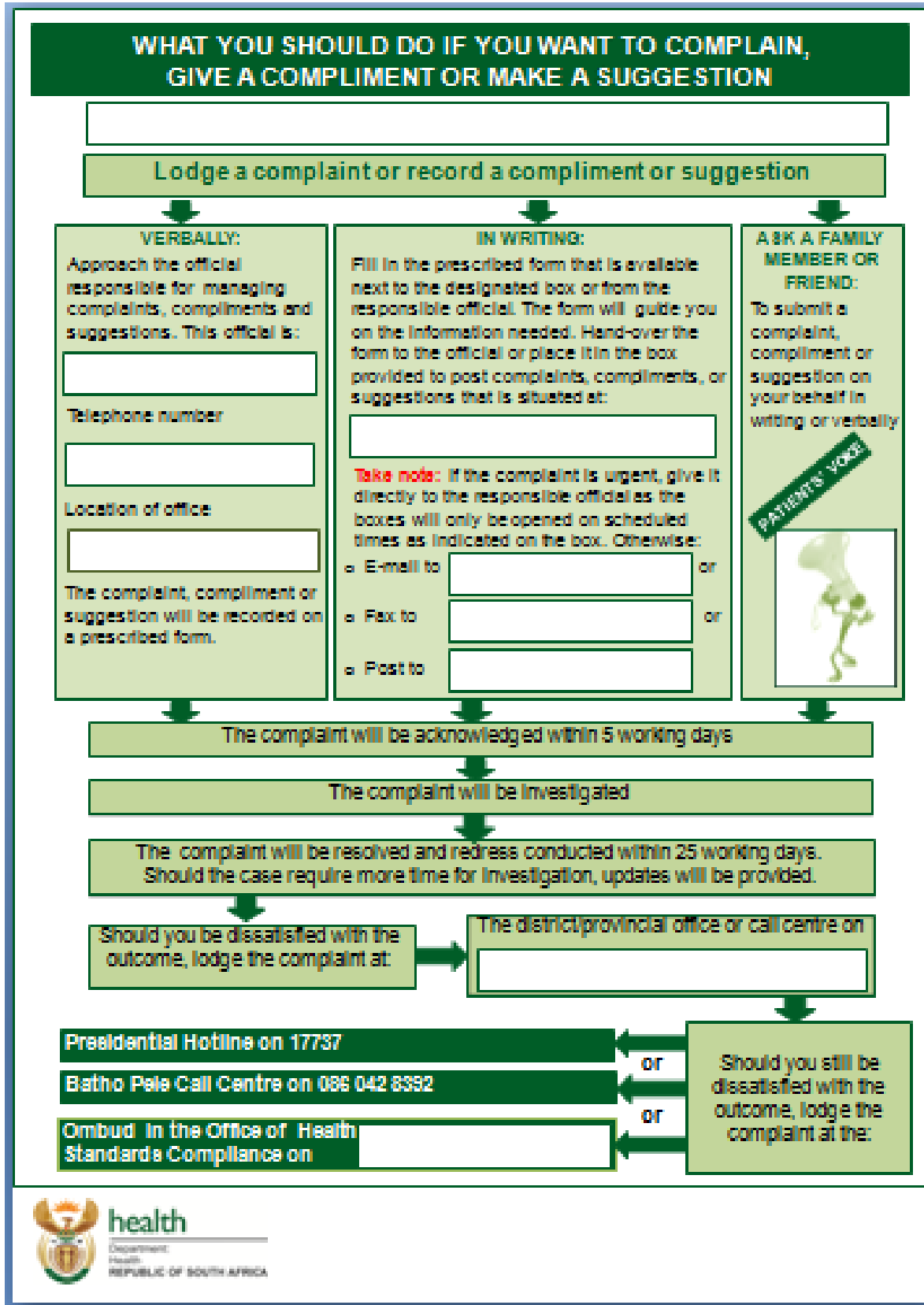
- The public can record a compliment or make a suggestion:
 - Verbally by calling or speaking to the person responsible for dealing with complaint, compliments and suggestions. This official will complete a complaint, compliment or suggestion form, see Annexure A.
 - In writing by:
 - ✓ Filling in the complaint, compliments, suggestion form and giving it to the Complaint/Help Desk Officer or placing it in the complaint, compliment and suggestion Box. These boxes are situated at..... (name the service areas)
 - ✓ E-mailing the complaint
 - ✓ Faxing the complaint
 - ✓ Posting the complaint
- The Notice to inform patients how to record a compliment or suggestion must be displayed on patient notice boards, at the complaints/Help Desk and at the entrances and exits of the hospital. The notice must also be placed next to all complaint, compliment, suggestion boxes. The notice must also be available in the local language. See Annexure B, printed in A1 size (change as applicable).
- Pamphlets on the procedure (see Annexure B, print in A5 size) is placed at the Help desk/Complaints Office and service areas. Reception staff will issue the pamphlets and explain the procedure to new patients admitted to the hospital.

3.2 Recording of compliments and suggestions

- All compliments must be recorded in the register for compliments (Annexure H) and suggestions in the register for suggestions (Annexure I) or captured on the web-based/stand alone software for managing complaints, compliments and suggestions. (choose one applicable to your facility).

3.3 Monitoring and statistical data on compliments and suggestions

- Appropriate action taken on all compliments and suggestions must be recorded clearly in the applicable column in the registers.
- Statistical data on compliments and suggestions must be collected using Annexure J or the report on statistical data must be generated and filed from the software. (choose one applicable to your facility).
- The registers and statistical data on compliments and suggestions data must be presented for analysis at the forum for reviewing complaints, compliments and suggestions on a monthly basis.
- In cases where gaps in service delivery were identified in the analysis of the suggestion registers, a QIP must be developed to ensure that the identified gaps are addressed.




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COMPLAINTS REGISTER

ANNEXURE C

ESTABLISHMENT NAME: _____

MONTH/YEAR: _____

Ref No. (Column A)	Date Received	Complainant's Name & Surname	Patient's Name & Surname	Summary description of the Complaint	Information on i.) Action taken, ii) Outcome, iii) Remedial action	Category of Complaint (NCS Sub- domain)	Severity of Complaint (Risk Rating)	Type of Resolution	Date Resolved (Column B)	Number of working days to resolve Complaint (Column D)

ANNEXURE D

Categories for Complaints according to the Sub-domains and Standards of the NCSs

Establishment Name/Province:	Financial Year:													
Sub-domain	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	TOT	%*
1.1 Respect and dignity														
1.2 Access to information for patients														
1.3 Physical access														
1.4 Continuity of care														
1.5.1 Waiting times and queues are managed														
1.5.2 Waiting lists for operations are kept short														
1.6 Emergency care														
1.8 Complaints management														
2.1 Patient care														
2.2 Clinical management of priority health conditions														
2.4.2 Pregnant mothers, children, mentally ill & elderly pt's receives special attention														
2.4.3 Patients undergoing high risk procedures are protected														
2.6 Infection prevention and control														
3.1.2 Medicines and medical supplies are in stock														
3.1.4 Medicines correctly prescribed/patients educated														
3.2 Diagnostic services														
3.3 Therapeutic and support services														
3.4 Health technology														
3.7 Clinical Efficiency Management														
6.7 Medical Records														
7.1 Buildings and grounds														
7.3 Safe and secure environment														
7.4 Hygiene and cleanliness														
7.6 Linen and laundry														
7.7 Food services														
8. Other														
GRAND TOTAL														

* Calculate: (Number received per category/Grand Total)*100 (e.g. 20 complaints categorised under Respect and dignity. Grand Total for number of complaints received is 40: 20/40*100= 50%)

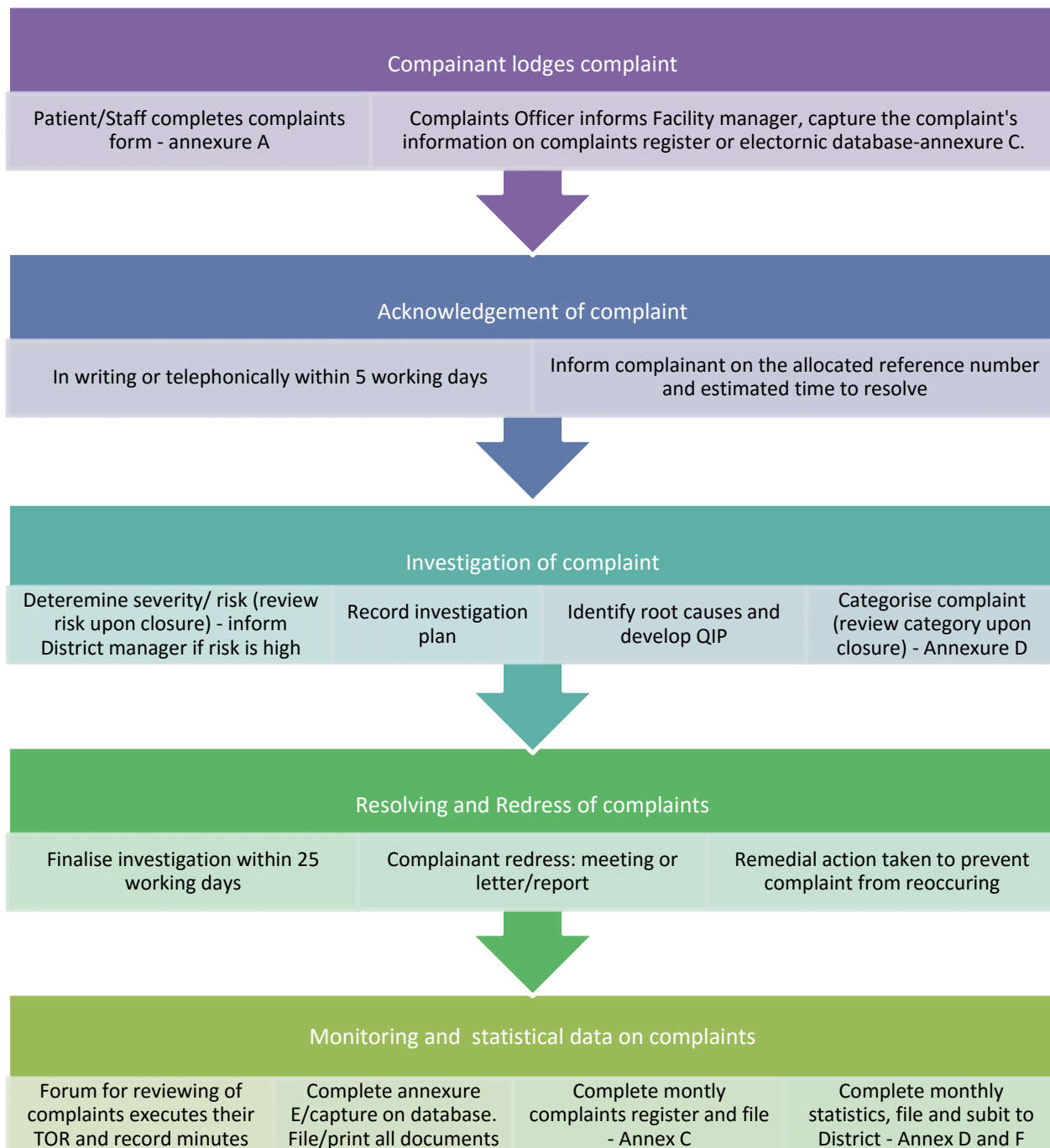
STATISTICAL DATA ON INDICATORS FOR COMPLAINTS

Name of Facility/Province: _____

Financial Year: _____

Column Name	A	B	C	D	E
Month:	# Complaints Received	# Complaints Resolved	% Complaints Resolved (Column B/ Column A)	# Complaints resolved within 25 Working days	% Complaints resolved within 25 working days (Column D/ Column B)
April					
May					
June					
July					
Aug					
Sept					
Oct					
Nov					
Dec					
Jan					
Feb					
March					
TOTAL/AVG					

Flow diagram of the SOP to manage complaints



REGISTER FOR COMPLIMENTS

FACILITY NAME: _____

MONTH/YEAR: _____

Ref No.	Date Received	Name & Surname of person recording compliment	Name & Surname of patient	Manner in which it was recorded (verbally/ written)	Summary description of the compliment	Action taken

REGISTER FOR SUGGESTIONS

FACILITY NAME: _____

MONTH/YEAR: _____

Ref No.	Date Received	Name & Surname of person giving suggestion	Manner in which it was recorded (verbally/ written)	Summary description of the suggestion	Action taken

STATISTICAL DATA ON COMPLIMENTS AND SUGGESTIONS

Name of Facility/Province: _____

Financial Year: _____

Column Name	A	C
Month:	# Compliments	# Suggestions
April		
May		
June		
July		
Aug		
Sept		
Oct		
Nov		
Dec		
Jan		
Feb		
March		
TOTAL/AVG		