

National Guideline to Manage Complaints, Compliments and Suggestions in the Health Sector of South Africa

Version 2
2022



health

Department:
Health
REPUBLIC OF SOUTH AFRICA




Foreword

As enshrined in the national Patients' Rights Charter, everyone in South Africa has the right to complain about the healthcare they receive, to have such complaint investigated, and to receive a full response on such investigation. This is enforced by Section 18 and 78 of the National Health Act, 2003 (Act 61 of 2003) as amended.

The Norms and Standards Regulations applicable to different categories of health establishments were published in 2018. These standards were developed to measure the efficiency and effectiveness of health establishments to manage complaints, compliments, and suggestions to ensure that the right of patients and/or their families/support persons to complain is upheld. To this end, the national Department of Health (NDoH) developed the *first National Guideline to Manage Complaints, Compliments and Suggestions* in 2017 to assist health establishments to comply with the standards. After three years of implementation there was a need to revise the Guideline, specifically the categories for complaints, to enable meaningful analysis of the data collected to identify gaps in service delivery.

The Guideline further serves as a contribution towards upholding the right to complain and use the complaints to inform strategies to improve the quality of health services. It is aimed at readily providing information to the public on how to complain, give a compliment or suggestion within the health sector, and what to expect in the event of complaining. It also provides guidance to the health sector on how to manage complaints in view of resolving them as quickly as possible, particularly through immediate informal responses by frontline health workers, or through subsequent investigation and conciliation by staff empowered to deal with complaints as they arise. Furthermore, it guides a process whereby valuable information is gathered from which the health system could learn and to which it can positively respond by bringing about the required change.



Director-General for Health
Dr SSS Buthelezi
Date: 15.12.2021

Acknowledgments

This Guideline was preceded by several other Guidelines and a Protocol. The first National Guideline was published by the NDOH in April 2003. Since this first release of the Guideline, it has been revised and released twice, i.e. in August 2006 and November 2009. The Guideline was then revised and published as a National Protocol in August 2014. A decision to revise the Protocol in 2017 to become a National Guideline was triggered by reports from the Auditor-General, the Department of Public Service Administration (DPSA), the Department of Planning, Monitoring and Evaluation (DPME) and the Office of Health Standards Compliance (OHSC) in 2015 that reported poor performance of health establishments on the management of complaints, compliments, and suggestions. The revision of Version 1 of the Guideline, specifically the categories, was prompted by the 2020/2021 National Annual Complaints Report.

Thank you to Ronel Steinhöbel for coordinating the development of the Guideline within the Directorate: Quality Assurance, as well as colleagues in provincial quality assurance and customer care units that made continuous contributions throughout the development of the various guidelines and protocol, including the latest version 2.

A vote of thanks to the Board of the OHSC that gave inputs and approved the National Complaints Management Protocol that formed the basis from which this Guideline was developed.

A special thank you to the members of the National Strategic Planning Committee, the DPSA and the DPME for the valuable contributions to the Guideline.

Lastly, great appreciation to the Technical Committee of the National Health Council for their guidance throughout the process of the development and approval of the Version 1 of this Guideline.

This Guideline will be reviewed as the need arise.

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1. INTRODUCTION

As enshrined in the national Patients' Rights Charter, everyone in South Africa has the right to complain about the healthcare they receive, to have such complaint investigated and to receive a full response on such investigation. This is enforced by Section 18 and 78 of the National Health Act, 2003 (Act 61 of 2003) as amended.

The Norms and Standards Regulations applicable to different categories of health establishments were published in 2018. These standards were developed to measure the efficiency and effectiveness of health establishments to manage complaints, compliments, and suggestions to ensure that the right of patients and/or their families/support persons to complain is upheld. The Regulations stipulates that health establishments must provide users with information relating to complaints, compliments, and suggestion management system. This Guideline provides guidance on how to setup an effective and efficient complaint compliments, and suggestion management system.

The first *National guideline to manage complaints, compliments and suggestion* was implemented on 1 April 2018. A national web-based information system was developed and rolled out at the same time to assist health facilities to implement the National Guideline. The revision of the Guideline, specifically the categories, was prompted by the 2020/2021 *National Annual Complaints Report*.

The proposed revised categories for complaints were outlined in the *National Annual Complaints Report* and shared with Provincial Heads of Health with a request for inputs. The inputs received were reviewed and amendments were made to the classifications and shared with Provincial Quality Assurance Managers and National Programme Managers for inputs before finalising the categories. To minimise the use of the category for 'Other', three categories were added, i.e. food, linen and missing patient records. The relevant Appendices, i.e. the complaints, compliments and suggestions categories, form and registers were updated accordingly to include the additional categories. Other revisions included adding details on the content to be provided in redress reports/letters (page 19) and adding a column for the acknowledgment date as well as the number of working days to acknowledge a complaint on the complaints register.

2. PURPOSE

The purpose of the *National Guideline to Manage Complaints, Compliments and Suggestions* is to provide direction to the health sector of South Africa regarding the management of complaints, compliments, and suggestions by ensuring that standards and measures as set out by the Norms and Standards Regulations applicable to different categories of health establishments are adhered to.

This Guideline gives direction to ensure that the right of patients and/or their families/support persons to complain is upheld. This is achieved by setting out processes to ensure that patients/families and support persons are informed on how to lodge a complaint or record a compliment or suggestion and what to subsequently expect.

Furthermore, it guides a process whereby valuable information is gathered from which the health system could learn and to which it can positively respond by bringing about the required change to improve quality.

In setting up a Guideline to manage complaints, compliments and suggestions, the perspective of the patient or their families/supporting persons and the health sector has been considered, i.e. the health sector should be clear on why it needs a guideline, and it should be understood why patients or their families/supporting persons make their grievances known.

2.1 The key objectives of the health sector

The health sector would like to attain the following key objectives through this Guideline:

- ***To respect the patient's right to complain or give compliments/suggestions:*** Rights are the cornerstone of any democracy. Constitutionally, all South Africans have the right to healthcare services and legally they may complain or give compliments/suggestions about the manner in which these services are provided to them. The health sector should therefore respect, protect, promote, and fulfil this right to complain or give compliments/suggestions, and not resort to any form of victimisation.
- ***To resolve problems and satisfy the concerns of the patients or their families/supporting persons:*** Concerns of patients or their families/supporting persons should always be taken seriously. The actions needed to address a complaint should always be geared towards resolving the problem.
- ***To provide a simple complaints, compliments and suggestions procedure that everybody can understand:*** All the steps of the procedure should be clearly documented and made known to the public through various means of communication, for example, pamphlets, brochures, and posters in the appropriate languages.
- ***To provide health service managers with a means to extract lessons on quality and to subsequently improve services for patients:*** Complaints and compliments/suggestions should be recorded and classified in such a manner that they can be easily analysed, trends identified, and lessons drawn from the information at hand.

- **To ensure fairness for staff and patients alike:** When complaints are investigated, the views, opinions, experiences, and observations of all concerned should be objectively obtained and assessed without any prejudice.
- **To strive for honesty and thoroughness:** Investigatory processes when instituted should promote thoroughness and not protect the health establishment or staff's own interest at the expense of the patient's autonomy and interest.
- **To avoid unnecessary litigation:** Long delays in resolving complaints often lead to great frustration and to subsequent litigation. Unnecessary litigation to resolve a complaint is not cost-effective, thus innovative ways of avoiding such cases should at all times be sought.
- **To build staff moral:** Compliments encourage staff to perform better and give recognition to staff that excel in their work environment.

2.2 The key objectives of patients or their families/supporting persons

Patients or their families/supporting persons may have a variety of objectives when making their grievances known. These objectives need to be at least partially met during redress if the patient or their family/supporting person is to be satisfied with the response he or she receives. These objectives can be one or more of the following:

- **To get acknowledgement:** The patients or their families/supporting persons' views should be taken seriously. The mere fact that they had reason to complain or give a suggestion should be acknowledged.
- **To receive an apology:** As a simple apology can be a very important objective for patients or their families/supporting persons that lodged a complaint. Such an apology, if warranted, should be given without too long a delay.
- **To receive an explanation:** Information on what happened and why it happened needs to be provided to the patient or their family/supporting person once a complaint is lodged. This should be done in a language he/she understands. The explanation should not deny the patient or their families/supporting persons' experience of events and it should not degenerate into a form of making excuses.
- **To prevent recurrence:** People often complain and make suggestions in an altruistic manner to ensure something is done to prevent their (bad) experience happening to others as well. Getting a commitment to action in this regard becomes the main objective. This commitment should be given and conveyed to the patients or their families/supporting persons, and all actions committed to should be carried through.

- **To ask for compensation or special consideration:** Often patients or their families/supporting persons that lodge a complaint want action to take place that has a more direct bearing on either their own care or the care received by the patients on whose behalf they are complaining. This may include preferential or additional treatment, or even financial compensation.
- **To seek retribution:** Although seeking retribution is rather the exception than the rule, in some cases the patients or their families/supporting persons do want steps to be taken against individual health workers/health establishments for their 'alleged' wrongful actions or where they feel there is a cover-up of mistakes.
- **To give recognition to staff that provided excellent service:** The patients or their families/supporting persons want to convey their gratitude to staff that provided a good service by giving them a compliment to show their appreciation for the care that was provided.

3. SCOPE

This Guideline is applicable to all staff working in healthcare establishments in South Africa.

The Guideline:

- applies to all complaints, compliments and suggestions that are lodged in health establishments of South Africa,
- is applicable to clinical staff and non-clinical staff,
- describes roles and responsibilities in the process of managing complaints, compliments, and suggestions,
- defines the timeframes within which complaints and the results of the investigation of these complaints, are to be reported and redress provided to patients and/or their families/support persons, and
- identifies the facility/district/provincial and national level processes for aggregation, analysis, learning and action on complaints, compliments, and suggestions.

4. DEFINITIONS

Complaint

A complaint is defined as the dissatisfaction, displeasure, disapproval, or discontent expressed verbally or in writing by any person about the specific health services being rendered and or care being provided within the health sector.

The complaints procedure as described in this Guideline has not been designed to address the following:

- staff-specific grievances that is codified within labour relations legislation and can thus be addressed through labour relations processes,
- complaints that relate more to broad national health policies, for example, the placement and building of new health facilities, the drug regimens for the treatment of specific diseases or disapprovals expressed towards legislation falling under the Portfolio Responsibilities of the Minister of Health, e.g. the Choice on Termination of Pregnancy Act, 1996 (Act 92 of 1996) and the Tobacco Products Control Amendment Act, 2015 (Bill 14 of 2015) and
- complaints that relate to corruption which should be referred to the National Anti- Corruption Hotline (NACH).

Compliment

A compliment is any expression of praise, commendation or admiration given by any person on health services being rendered and or care being provided within the health sector.

Suggestion

A suggestion is any proposal made or an idea that has been put forth by any person to improve the health services being rendered and or care being provided within the health sector.

5. LEGAL AND POLICY FRAMEWORK

The constitutional, legislative and policy framework for the Guideline is as follows:

5.1 The Constitution of the Republic of South Africa, 1996 (Act 108 of 1996)

Chapter 2 of the Constitution¹, i.e. the Bill of Rights, bestow citizens *inter alia* the right to have their dignity respected and protected, to take action against the State if they believe their constitutional rights have been infringed, and to have access to information held by the State which they need in order to be able to take action.

5.2 The National Health Act, 2003 (Act 61 of 2003 as amended)

Section 18 of the National Health Act² states that, (i) any person may lay a complaint about the manner in which he or she was treated at a health establishment and have the complaint investigated, (ii) the relevant

¹Constitution of the Republic of South Africa, Government of the Republic of South Africa. Act 108 of 1996

²National Health Act, Act 61 of 2003

Member of the Executive Council [MEC] and every municipal council should establish a procedure for the laying of complaints within those areas of the national health system for which they are responsible, and (iii) in laying the complaint, the person or user referred to above should follow the procedure established by the relevant MEC or the relevant municipal council, as the case may be. Section 18 also states that the procedure for laying complaints should, (a) be displayed by all health establishments in a manner that is visible for any person entering the establishment and the procedure should be communicated to users on a regular basis, (b) include provisions for the acceptance and acknowledgement of every complaint directed to a health establishment, whether or not it falls within the jurisdiction or authority of that establishment, and (c) allow for the referral of any complaint that is not within the jurisdiction or authority of the health establishment to the appropriate body or authority.

Section 78 of the National Health Amendment Act, 2013 (Act 12 of 2013)³ states that the objectives of the Office of Health Standards Compliance are to protect and promote the health and safety of users of health services by *inter alia* ensuring consideration, investigation and disposal of complaints relating to non-compliance with prescribes norms and standards in a procedurally fair, economical, and expeditious manner. The Norms and Standards Regulations applicable to different categories of health establishments were published in 2018 to realise this objective. The said Act also states in Section 81A (1) that the Ombud (*within the said Office*) may, on receipt of a written or verbal complaint relating to norms and standards, on his or her own initiative, consider, investigate, and dispose of the complaint in a fair, economical, and expeditious manner.

5.3 The White Paper on Transforming Public Service Delivery

The White Paper on Transforming Public Service Delivery⁴ (the *Batho Pele* White Paper) states it unequivocally as a principle that if a promised standard of service is not delivered, citizens should be offered an apology, a full explanation, and a speedy and effective remedy. Furthermore, when complaints are made, citizens should receive a sympathetic, positive response. In section 4.7 of the White Paper clear guidance on remedying mistakes and failures are provided to national and provincial departments.

5.4 Public Service Legislative Framework

In terms of the Public Service Regulations, 2001 (based on the Public Service Act, 1994 as amended), an executive authority shall establish and sustain a service delivery improvement programme (SDIP) for her or his department. One of the key elements of the service delivery improvement programme (as per the regulations), is that it should stipulate a system or mechanism for (managing) complaints and compliments.

³The National Health Amendment Act, Act 12 of 2013

⁴The White Paper on Transforming Public Service Delivery, Department of Public Service and Administration Notice 1459 of 1997

To assist departments in developing their complaints/compliments management systems, the Department of Public Service and Administration (DPSA) developed the *Citizen Complaints and Compliments Management Framework in March 2013*.⁵

5.5 Ethical rules for health providers

All health professionals are bound by ethical rules in their specific professional practice. As the gist of these rules has to do with the protection of their patients and the public at large, health professionals are thus held accountable for their professional acts and omissions. The ethical rules guide judgment against unethical practices of health professionals. Public health workers are subject to the *Code of Conduct for Public Servants* in which the expected relationship of the employee with the public is clearly defined.

5.6 The National Patients' Rights Charter

One of the key objectives of the *Patients' Rights Charter*⁶ is to empower users of health services to contribute towards improving the services. The right to complain as enshrined in the *Patients' Rights Charter* provides citizens one way of contributing towards improving service delivery.

6. SITUATIONAL ANALYSIS

The 2020/2021 National annual complaints report sets out the analysis of complaints reported on the national web-based information system since its inception in 2018. The Compliance Report generated from the web-based information system is used as a proxy to measure progress made with implementation of the national complaints, compliments and suggestion guideline. For South Africa, the compliance rate for PSIs has increased from 47% since inception of the Guideline (2018/2019) to 63% at the end of the 2020/2021 financial year. While some provinces have improved much, others have not.

There was an increase in the number of the complaints nationally as well as provincially from the first year of implementation (22 993) to the second year of implementation (25 733). In the third year of implementation, the number of complaints decreased (16 138). A possible explanation for the decrease is the outbreak of the COVID-19 pandemic that might have resulted in fewer patients utilising health facilities.

⁵Citizen Complaints and Compliments Management Framework, Department of Public Service and Administration (DPSA), March 2013, p9

⁶The National Patients' Rights Charter, DOH 1999

Nationally, the complaints indicators for resolution rate (93%) and the resolution rate within 25 working days (95%) was high. A similar trend is seen in all provinces.

For South Africa, the top three categories of complaints logged for the 2020/2021 financial year is patient care (33%), staff attitude (29%) and waiting times (21%). These categories remained the same since the implementation of the Guideline in 2018. The trend is similar in the nine provinces. Provinces should review the categorisation of complaints as the category for 'Other' should be less than 10%. Some provinces classified up to 20% of complaints under the category for 'Other'. Analysis of the data indicated that most complaints logged under the category for 'Other' were misclassified as there were either an existing category under which it could have been categorised or it did not fall within the definition of a complaint as defined in the National Guideline. Complaints about corruption and staff grievances were also reported that do not fall within the definition of complaints. To minimise the use of the category for 'Other', a recommendation is made to add three categories, i.e. food, linen and missing patient records.

7. GUIDING PRINCIPLES

All health establishments should have an effective system in place to manage complaints, compliments and suggestions in accordance with the following principles:

7.1 Customer focus

The health establishment should be committed to effective complaint, compliment and suggestion management and value the feedback received from users through these mechanisms.

7.2 Visibility

Information about how and where to complain or give a compliment or suggestion should be well publicised to patients, their families and supporting persons.

7.3 Accessibility

It should be made as easy as possible for users to lodge a complaint or give a compliment or make a suggestion. The patients or their families/supporting persons should be encouraged to complain or give a compliment or make a suggestion at the point of service. All attempts should therefore be made to reduce potential barriers to access such as race, language, literacy, attitude, etc. An easy-to-understand complaints, compliments and suggestions procedure is desirable because it is then likely to be more accessible for vulnerable groups such as blind, deaf, and illiterate people, as well as being easier to use by those managing it.

7.4 Responsiveness

Complaints are acknowledged promptly, addressed according to urgency, and the patient, family or supporting person is kept informed throughout the process. This can help prevent dissatisfaction growing or further complaints arising about delays. Where a delay is unavoidable, the patient or their family/supporting person should be kept informed of progress and told when an outcome can be expected.

7.5 Objectivity and fairness

Once a complaint is made, the procedure should ensure that different points of view from the patient or their family/supporting person, and that of the respondent are listened to and investigated without prejudice. All investigations should also be conducted in an open and non-defensive way.

7.6 Confidentiality

The patient or their family/supporting person's right to confidentiality of all information pertaining to his/her complaint should always be respected. The patient's expressed consent is not needed if his/her personal information is required to investigate a complaint. However, care should be taken throughout the complaints management procedure to ensure that any information disclosed about the patient is confined to that which is relevant to the investigation of the complaint and only disclosed to those people who have a demonstrable need to know it for the purpose of investigating the complaint.

7.7 Remedy

The health establishment should provide a remedy to the patient or their family/supporting person who have lodged a complaint in cases where the investigation report indicated that a remedy is required. Effective communication during the entire redress process is essential.

7.8 Review

The complaint management system should offer opportunities for internal and external review and/or appeal about the establishment's response to the complaint. Patients or their families/supporting persons should be informed about these reviews and/or appeal mechanisms.

7.9 Accountability

Accountabilities for complaint management are clearly established, and complaints and the responses to them are monitored and reported to management and other stakeholders.

7.10 Continuous improvement

Complaints, compliments, and suggestions are a source to trigger improvement within health establishments.

Principles 7.1, 7.2, 7.3 and 7.10 apply to complaints, compliments and suggestions. The remainder of the principles applies to complaints only.

8. COMPLAINTS MANAGEMENT

8.1 Clinical governance, complaints management, and patient safety incident management

It is important to know that managing complaints forms an integral part of clinical governance which is aimed at ensuring patients receive safe, accountable, and effective care that will culminate in the best possible patient experience. Clinical governance is defined as: “A systematic and integrated approach to assurance and review of clinical responsibility and accountability that improves quality and safety resulting in optimal patient outcomes”, and it is described using four key pillars⁷ as set out in **Figure 1**.

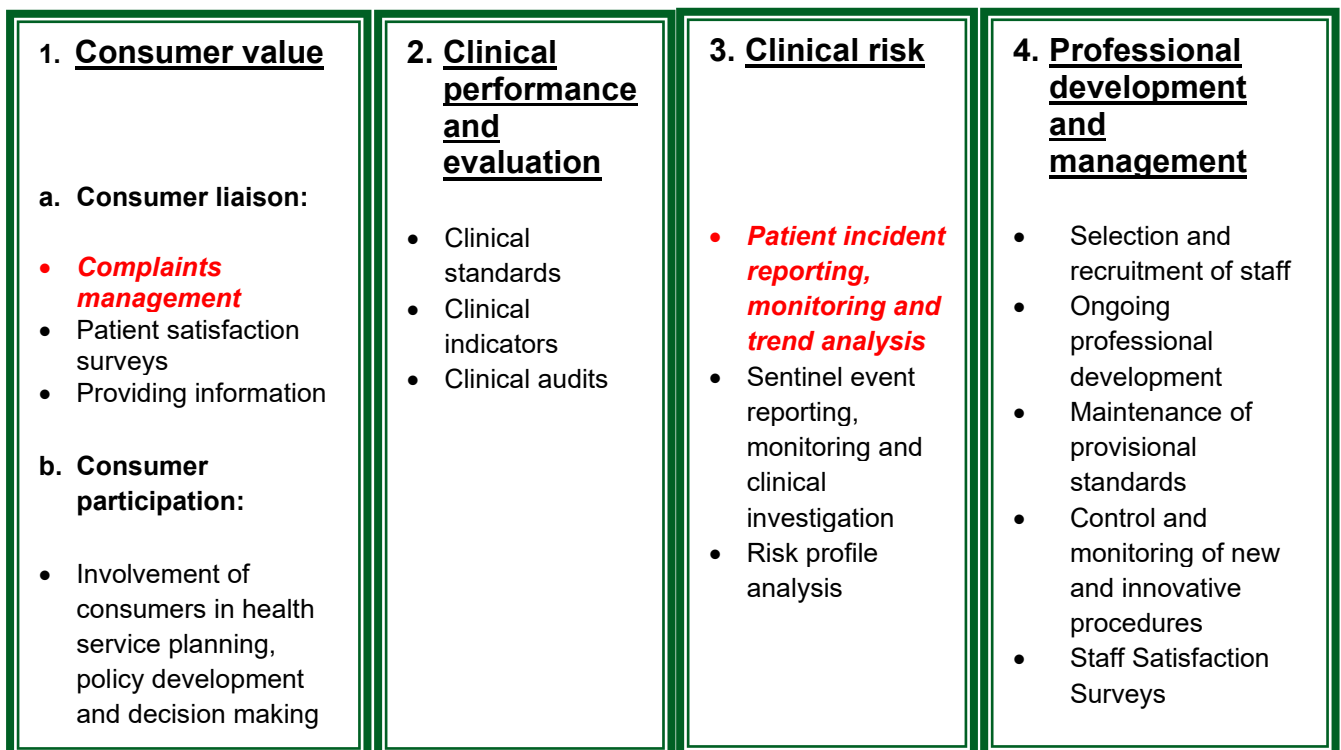


Figure 1: Four key pillars of clinical governance

From **Figure 1**, pillar one, it is apparent that a complaints management system creates a platform through which the user of health services can positively influence (add value) to the healthcare he/she will receive.

⁷Western Australia Clinical Governance Guidelines, Health Reform Implementation Taskforce, 2005, p2

Many serious patient safety incidents (PSI), i.e. an event or circumstance that could have resulted, or did result, in unnecessary harm to a patient, are often firstly brought to the fore as a complaint and thus managed accordingly. This highlights the importance of having an effective complaints management system in place. The effectiveness of such system is demonstrated by its ability to, (a) easily identify the severity of the incident described by the complainant, (b) classifying it as being a PSI or not, and (c) avoid the complaint from developing into a case of litigation.

Once a complaint has been classified as a PSI or a complaint has turned into a case of litigation, further management thereof (e.g. investigation and resolution) will be done through procedures as set out in the *National Guideline for Patient Safety Incident Reporting and Learning* and structures set up at provincial level to manage cases of litigation respectively. Should the latter be the case, further investigation of the complaint as a complaint will cease immediately, because any report emanating from such investigation could lead to the use thereof as evidence in a court of law, thus the case becomes *sub-judice*.

8.2 System to lodge and manage complaints

In **Figure 2**, a three-stage system for managing complaints is set out. Every stage represents a level of authority where certain steps need to be taken to ensure a complaint is successfully managed. It should be noted that the users of health services have the right to lodge a complaint at any level they wish, though they may at any stage be referred back to the relevant level of authority when applying the principle of encouraging users to complain at the point of service.

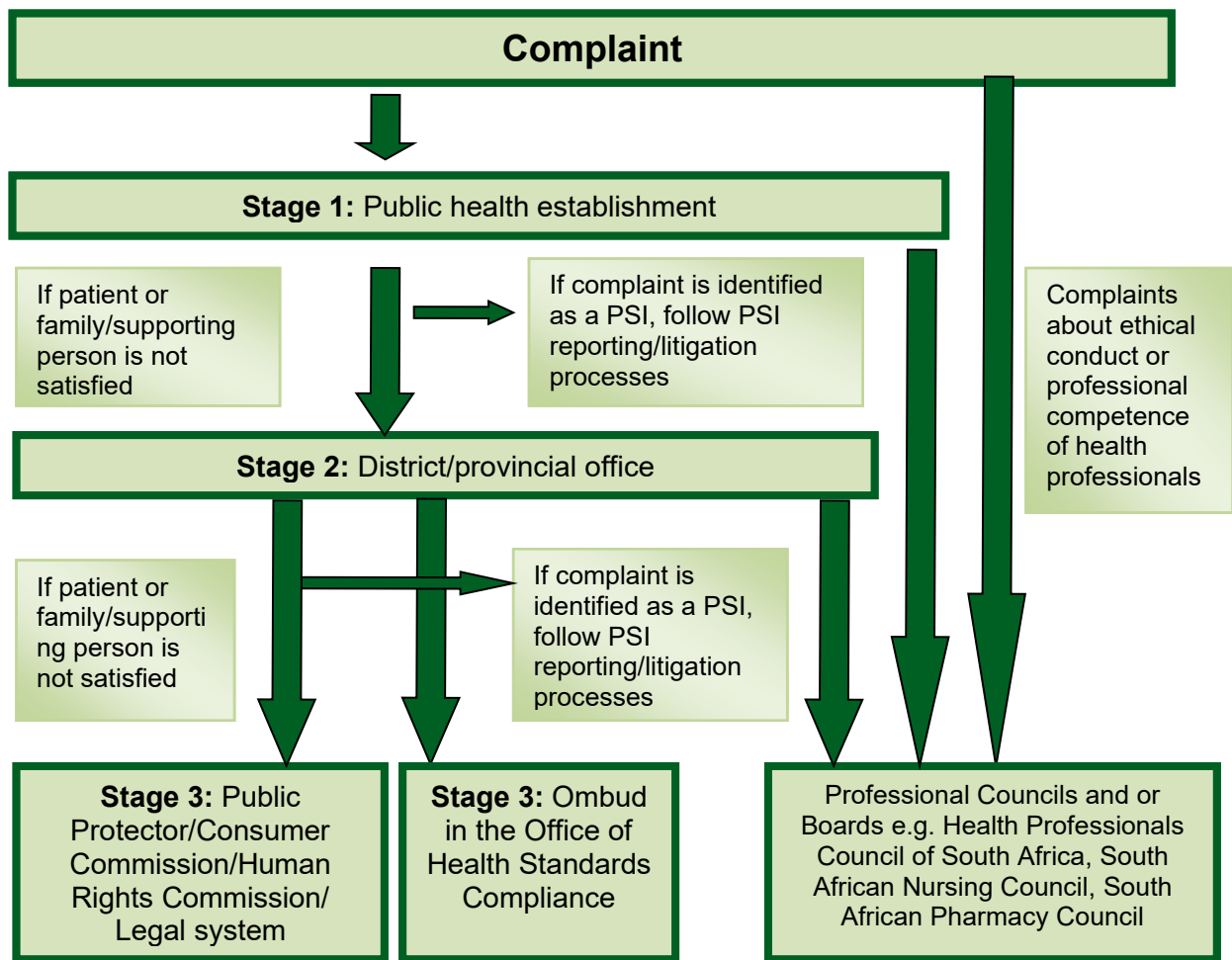


Figure 2: Flow diagram of a three-stage system to manage complaints

Stage 1: Aims to resolve the complaint at the health establishment, i.e. at the point of service and as quickly and amicably as possible. This stage also ensures that complaints that cannot be resolved by the health establishments within the specified time frame as determined by the provincial head of health are escalated.

- As soon as a complaint gets lodged, providers should resolve it as quickly as possible. Immediate investigation/conciliation is instituted which involves an oral and first line response.
- If the complaint cannot be resolved on the spot, it will be referred to the head of the establishment concerned.
- The head of the health establishment or his/her appointee should be the complaints manager of the health establishment that will investigate the complaint.
- To ensure that the timeframe for resolution is within 25 working days, it is the responsibility of the provincial office to set the number of days that is allocated for health establishments to resolve complaints. The number of days allocated to health establishments to resolve complaints should be less than 25 working days to allow for the escalation of complaints to district or provincial office. For example, 15 working days can be allocated to health establishments to investigate and resolve

complaints, but if the establishment is not able to resolve the complaint within the 15-day period, it will have to escalate the complaint to the district/ provincial office who will then have 10 working days to assist the health establishment to investigate and resolve the complaint, see **Figure 3**.⁹

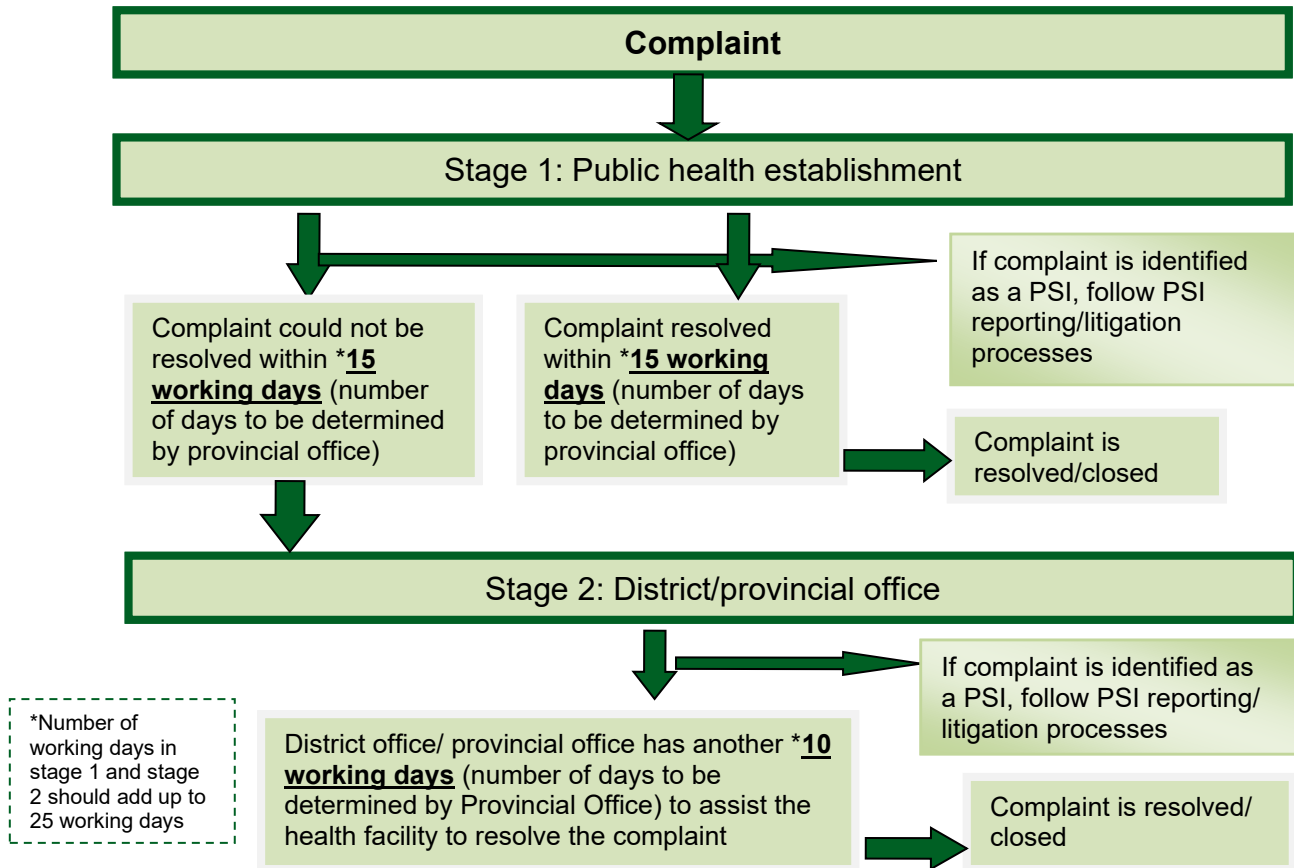


Figure 3: Flow diagram to illustrate the allocation of the number of days to resolve complaints at establishment and district/provincial level.

Stage 2: Aims at reviewing and investigating complaints that were not resolved to the satisfaction of the patient or their family/supporting person during Stage 1. This stage ensures that the district manager or provincial head of health heeds complaints.

- In case of no response or dissatisfaction with how the complaint was managed during Stage 1, the patient or their family/supporting person has the right to take the matter to the provincial head of health or the district manager.
- The provincial head of health or district manager will review and investigate the complaints he/ she receives.
- Any complaint received by the Minister of Health, Director-General of Health or national Department of Health about provincial health services, may be referred to the relevant provincial head of health

⁹Citizen Complaints and Compliments Management Framework, Department of Public Service (DPSA), March 2013, p17)

for his/her further investigation and feedback to the patient or their families/supporting persons or to the institutions listed in Stage 3.

Stage 3: Aims at reviewing and investigating complaints that were not resolved to the satisfaction of the patient or their family/supporting person during Stages 1 and 2 that warrant the attention/intervention of other institutions. Once the time frame for resolving complaints has lapsed, the patient or their family/supporting person becomes entitled to approach other institutions.

- If the complaint is not resolved to the satisfaction of the patient or their family/supporting person during stages 1 and 2, or time frames for resolution have lapsed, the patient or their families/supporting persons has the right to take recourse to the following institutions:
 - the Health Ombud situated in the Office of Health Standards Compliance
 - the Public Protector, Public Service Commission, Human Rights Commission and Consumer Commission that serve to protect the public from mal-administration and impropriety
- Lodging a complaint with one of the above-mentioned institutions will be with the head of the said institution.
- Each institution will manage complaints in accordance with the appropriate regulations pertaining to their relevant complaints management and disciplinary processes promulgated in terms of their respective Acts.
- The complainant may take recourse to the South African private legal system or approach the High Court for relief in instances where he/she is aggrieved by the outcome of the investigations conducted by the different levels of authority/ institutions during stage 1, 2, and 3.¹⁰

Complaints that directly relate to the professional conduct of health professionals

- Complaints made by the public that directly relate to the professional conduct of a health professional can be -
 - lodged directly at the relevant professional council and/or professional board
 - referred to the professional council/board by the relevant health establishment/health authority/institution during stage 1, 2, or 3.
- The complaint should be lodged with the registrar of the relevant professional council and/or professional board who in turn could oblige an establishment/health authority/institution to provide documents related to the complaint.
- Each professional council and/or board will manage complaints in accordance with the appropriate regulations pertaining to their relevant complaints management and disciplinary processes promulgated in terms of their respective acts.

¹⁰ Citizen Complaints and Compliments Management Framework, Department of Public Service and Administration (DPSA), March 2013, p16

- Where the complainant remains dissatisfied with the outcome of his/her complaint, he/she can take the matter on appeal to an appeals committee appointed by the relevant council.

8.3 Steps to effectively manage complaints

The manager of a health establishment will be responsible and held accountable for ensuring complaints are managed according to the guideline and that there is adherence to the principles as set out in the guideline.

Key features of an effective complaint management system can be organised according to the ten principles (refer to Section 5, guiding principles) for good practice. These principles form the three steps of complaint management, see **Figure 4**.¹¹

- Step 1: Enabling complaints – arrangements that enable people to lodge complaints to health establishments;
- Step 2: Responding to complaints – ensuring that complaints are dealt with in a prompt, objective, caring and confidential manner; and
- Step 3: Accountability and learning – using complaints to demonstrate accountability and stimulate organisational improvement.

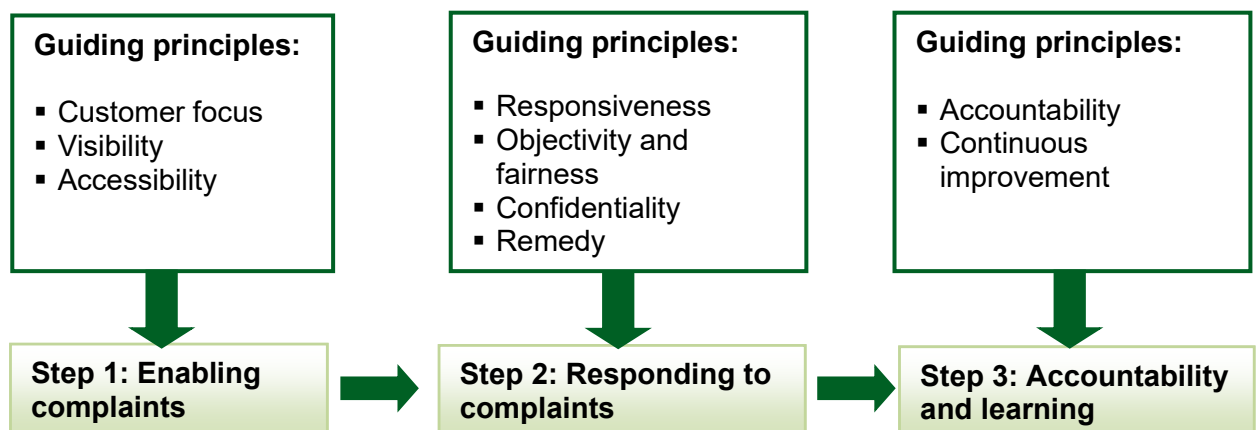


Figure 4: Flow diagram to illustrate how the guiding principles of complaints management forms the three steps for managing complaints effectively

8.3.1 Step 1: Enabling complaints

- Health establishments should encourage patients and their families/supporting persons to lodge a complaint and make it easy for them to complain in any manner they wish to. Therefore, the necessary forms should be readily available as well as staff that can assist them to complete it.
- A standardised *complaints/compliments/suggestions form* (see **Appendix A** as an example) is to be

¹¹ Guidelines for the principles of effective complaint handling. Ombudsman Western Australia, November 2010

completed by every person that wishes to lodge a complaint in person at a health establishment. Verbal complaints which are dealt with directly with the complainant at the point of dissatisfaction and resolved immediately do not need to be recorded as this type of low-risk complaints do not require an investigation process and redress is done immediately.

- In cases where health establishments receive complaints via fax, post or per e-mail, there is no need to complete **Appendix A** because these written complaints (usually) carry the relevant details that are needed to conduct a meaningful investigation. In cases where the written complaint does not contain all the information needed to investigate the complaint, the patient or family/supporting person should be contacted, and the information should be requested. It is recommended that **Appendix A** is used in these instances.
- Staff members responsible for managing complaints should complete the form for patients or families/supporting persons that wish to lodge a complaint with the establishment telephonically.
- Health establishments will avail staff members to assist those patients or families/supporting persons in need, to fill in the complaint form. If a user cannot write, the complaint should be written down *verbatim*.
- Health establishments should have complaints/compliments/suggestions boxes (see **Appendix B** as an example of a specification for a box. Note, the box should be lockable) in designated areas where patients or families/supporting persons can drop their completed complaint forms. The process to lodge a complaint should be made available in the form of posters or pamphlets in the official language(s) posted next to the box, see **Appendix C**. These boxes should be opened daily. If it is not feasible for health facilities to check the boxes daily, a notice should be placed next to or onto the box stating the times when the boxes are opened, e.g. opened every Monday.

8.3.2 Step 2: Responding to complaints

Acknowledgement

- A written complaint should be acknowledged within five working days after receipt by the relevant health establishment.
- Acknowledgement can be done in writing (by means of posting, e-mailing, or faxing the acknowledgment letter to the complainant) or telephonically (date on which acknowledgment is done should be recorded).
- Patients or families/supporting persons should be informed on how long they can expect to wait to receive a response.
- The reference number allocated to the complaint (taken from complaints form) should also be conveyed to the patient or family/supporting person when acknowledging his/her complaint.

Taking appropriate action according to the severity of the complaint

- All formal complaints should upon receipt, be assessed immediately to identify the severity/risk and the appropriate course of action that needs to be taken.
- The purpose of risk assessment is to identify high risk complaints that raise significant safety, legal or regulatory issues, which need to be dealt with by senior management immediately after they have been notified, or through systems other than the complaints management system (refer to Section 6.2).
- There are two categories for risk: i.e. medium and high.
- Complaints that fall within the definition of a patient safety incident are rated as high risk
- All other complaints should be rated as medium.
- Priority should be given to resolving issues that have a high risk rating and should be escalated to the manager of the health establishment with immediate effect.

Investigating a complaint

- No single strategy applies to all investigations of a complaint. Strategies should be specifically tailored to the situation each investigation requires.
- The critical first step in investigating is writing down the allegation(s) contained in a complaint. It determines the specific issue(s) to be investigated as well as the facts that needs to be determined/obtained.
- Good planning is the key to a good investigation. An investigative plan may be simple or complex. It provides a strategy that focuses on determining/obtaining only the essential information required that will ultimately resolve the complaint.
- The investigative plan should amongst others include who should be interviewed, what records should be reviewed, what questions should be asked and what the most effective strategy for conducting the investigation would be.
- It is important to interview everyone who has knowledge of and direct interest in the event(s) that is being investigated. It is also important to identify and scrutinise all relevant documentation or records that may contain information that could help the investigating officer determine all the facts¹².

Resolution of complaints

Redress of patient or family/supporting person

¹² Guide for Ombudsman institutions – how to conduct investigations, United Nations Development Programme, 2006, p61-63

- Once the investigation of a complaint has been concluded the patients or families/supporting persons should be redressed. The aim of such redress is to reach a fair and reasonable resolution in an amicable manner.
- Redress refers to a range of appropriate responses that can be provided to a patients or families/supporting persons by a health establishment. Such responses or remedies can include one or more of the following:
 - an apology, explanation or an acknowledgement of responsibility
 - remedial action that may include: (i) the review or changing of a decision on the service or care provided to an individual patient, (ii) revising published material, (iii) revising a procedure to prevent the recurrence of a wrong event/ incident, and (iv) the training of staff members or strengthening of their supervision, or any combination of the above.
- A written letter/report on the outcome of the investigation should be provided to the patient or family/supporting person. The letter/report should provide appropriate details, and include:
 - the issues that were identified from the complaint
 - explanation of the process undertaken to investigate the complaint
 - outcome of the complaint investigation
 - the reason for any decisions made (where indicated)
 - identify the action/s which could be taken by the department to resolve the complaint
 - include the reasons for the proposed resolution action/s (where indicated)
 - further options for review that are available (where indicated)
- If a redress meeting is being held, the patients or families/supporting persons should also be provided with a report on such meeting. In cases where the patients or families/supporting persons do not honour an appointment that was made for a redress meeting, a letter on the outcome of the investigation should be sent via post or e-mail. If the patient or family/supporting person and the staff of the establishment cannot come to an agreement/conclusion during the meeting the chairperson of the meeting can then request that the meeting be adjourned. The patient or family/supporting person should then be informed on the various stages to lodge a complaint as described in Section 8.2. The contact details of the authority where the patient or family/supporting person are referred to should also be provided to them. A letter should be sent to the patient or family/supporting person on the contents of the meeting that was held. A copy of the letter should also be sent to the authority that the complaint is escalated to.

Time frames for resolving complaints

All complaints should be resolved as soon as possible. The timeframe for resolving complaints also depends on the risk rating assigned to the complaint (refer to Step 2, 'Taking appropriate action according to the severity of the complaint'). *Where a ministerial directive on the time frame to resolve complaints for specific national programmes has been issued, the time frame as directed by the Minister*

of Health takes precedence over the time frame for resolving complaints as set out in this Guideline.

Once the investigation is finalised, the final outcome of the investigation should be conveyed to the patients or families/supporting persons as soon as possible, not exceeding the target time of 25 working days. However, should the complexity of the investigation require an extension of this 25-day period the complainant will be provided with a progress report within the said 25 working days.¹³

Types of resolution

A complaint is viewed as having been resolved under the following circumstances:

Patient is satisfied/redress done: The patient or family/supporting person indicates that he/she accepts the establishment's response regarding the complaint and/or any redress meeting with the patient or family/supporting person concludes that the complaint is now resolved. In some instances, it does happen that complaints cannot be resolved to the satisfaction of the patient or family/supporting person. Should this happen, the reasons need to be carefully documented as to why the patient or family/supporting person is still dissatisfied and what attempts were made to resolve the complaint.

Litigation: The patient or family/supporting person indicates at any stage of the complaint management process that he/she is dissatisfied with the way in which his/her complaint has been managed and has therefore taken legal action against the establishment (i.e. when a complaint proceeds to litigation).

Patient safety incident: It becomes apparent at any stage of the complaint management process that the complaint is a PSI which requires to be managed as such, i.e. through PSI management processes. Should the latter be the case, the reference number assigned to it in the PSI register should also be recorded in the Complaints Register.

Patient or family/supporting person cannot be traced: When additional information is required from the patient or family/supporting person to enable further investigation of the complaint, the patient or family/supporting person should be contacted to obtain the information. In instances where the patient or family/supporting person could not be reached on the first attempt, he/ she should be contacted at least twice thereafter for two consecutive weeks. If the patient or family/supporting person could still not be traced, the complaint can be seen as resolved (closed). In such circumstance the dates and the methods used to contact the patient or family/supporting person should be documented. The same applies when a patient or family/supporting person cannot be traced to conduct redress.

¹³ Citizen Complaints and Compliments Management Framework, Department of Public Service (DPSA), March 2013, p16)

For the purpose of this guideline and considering the definition of “resolved” as applied by auditors when auditing the two national *Annual Performance Plan* (APP) indicators related to complaints management, a “resolved” complaint is viewed as “closed” and a “closed” complaint as being “resolved”.

Complaints register

Each health establishment should log all their complaints in a register. The register is a written record that contains information on complaints. The register can be in the form of a book or separate pages kept in a file that is clearly marked that it contains complaint registers. The entries in the register can be either hand written or printed in cases where an electronic system is in used to register complaints. The complaints register should contain the following information (see **Appendix D**):

- reference number of the complaint
- date the complaint was received
- acknowledgment date
- number of working days to acknowledge
- surname and name of the patient or family/supporting person who lodged the complaint
- surname and name of the patient
- service area where complaint was lodged
- a short summary describing the essence of the complaint
- action taken to resolve the complaint, including the outcome of the complaint (level of satisfaction of the patient or family/supporting person) as well as the remedial action taken to prevent a recurrence of the same incident
- category of the complaint (assessed when logged and reassessed once the complaint has been resolved)
- severity of the complaint (determined when logged and reassessed once the complaint has been resolved)
- type of resolution
- date the complaint was resolved
- number of working days it took to resolve the complaint

A manageable filing system should be developed and implemented to ensure all documents relating to complaints are filed and a paper trail of each individual complaint is developed. Once the complaint has been resolved a form that summarises all the information on the complaints should be completed. Refer to **Appendix E** for an example. This can be filed together with **Appendix A** the *complaints/compliments/suggestions form* and all other documents pertaining to the specific complaint collected during the investigation.

All statistical data that is submitted, letters of complaints and investigative reports should tally with the

number of complaints registered in the complaints register.

8.3.3 Step 3: Accountability and learning

Identifying system failures (categorisation)

- All formal complaints should be categorised according to the categories as set out in **Appendix F**.
- More than one category can be assigned to a single complaint in cases where the patient or family/supporting person complains about more than one service issue e.g., staff attitude and long waiting times.
- It is important that health establishments follow trends of the types of complaints received, because in so doing they are able to identify the most common system failures and whether these failures become worse or improve over time as a result of improvements.
- Once a significant system failure has been identified the root cause should be identified and addressed in order to improve the quality of care.
- Health establishments should report on these categories to the provincial office per reporting period. Where a web-based application is used by provinces, hospitals, community health centres, sub-district and district offices do not need to submit reports as the provincial office will be able to generate reports from the web-based application.

Reporting on complaints: Indicators and categories

There are two indicators to monitor the management of complaints: (i) complaints resolution rate and (ii) complaints resolution within 25 working days rate. The data for these indicators should be collected from the complaints registers that should be completed monthly. The calculation of the indicators is set out in **Table 1**.

Health establishments should on a quarterly basis submit reports to their district/provincial office, on all the complaints they have received and resolved. Where a web-based application is used by provinces, hospitals community health centres, sub district and district offices do not need to submit reports as the provincial office will be able to generate reports from the web-based application. Provincial offices should submit reports quarterly to the national office. The data for the prescribed reporting templates can be submitted manually or electronically in cases where a web-based application is available. The report should contain the following information relating to complaints:

- complaints resolution rate
- complaints resolution within 25 working days rate
- number of complaints received per category (see **Appendix G**).

The reports should be analysed and discussed to ensure learning and improvement.

Indicator name	Calculation of Indicator	
Complaint resolution rate	Number of complaints resolved in the reporting month	X 100
	Number of complaints received in the reporting month	
Complaints resolution within 25 working days rate	Number of complaints resolved within 25 working days in the reporting month	X 100
	Number of complaints resolved in the reporting month	

Table 1: Calculation of indicators for complaints

In conclusion, **Figure 5** sets out the sequence of processes to follow to ensure the effective management of complaints.

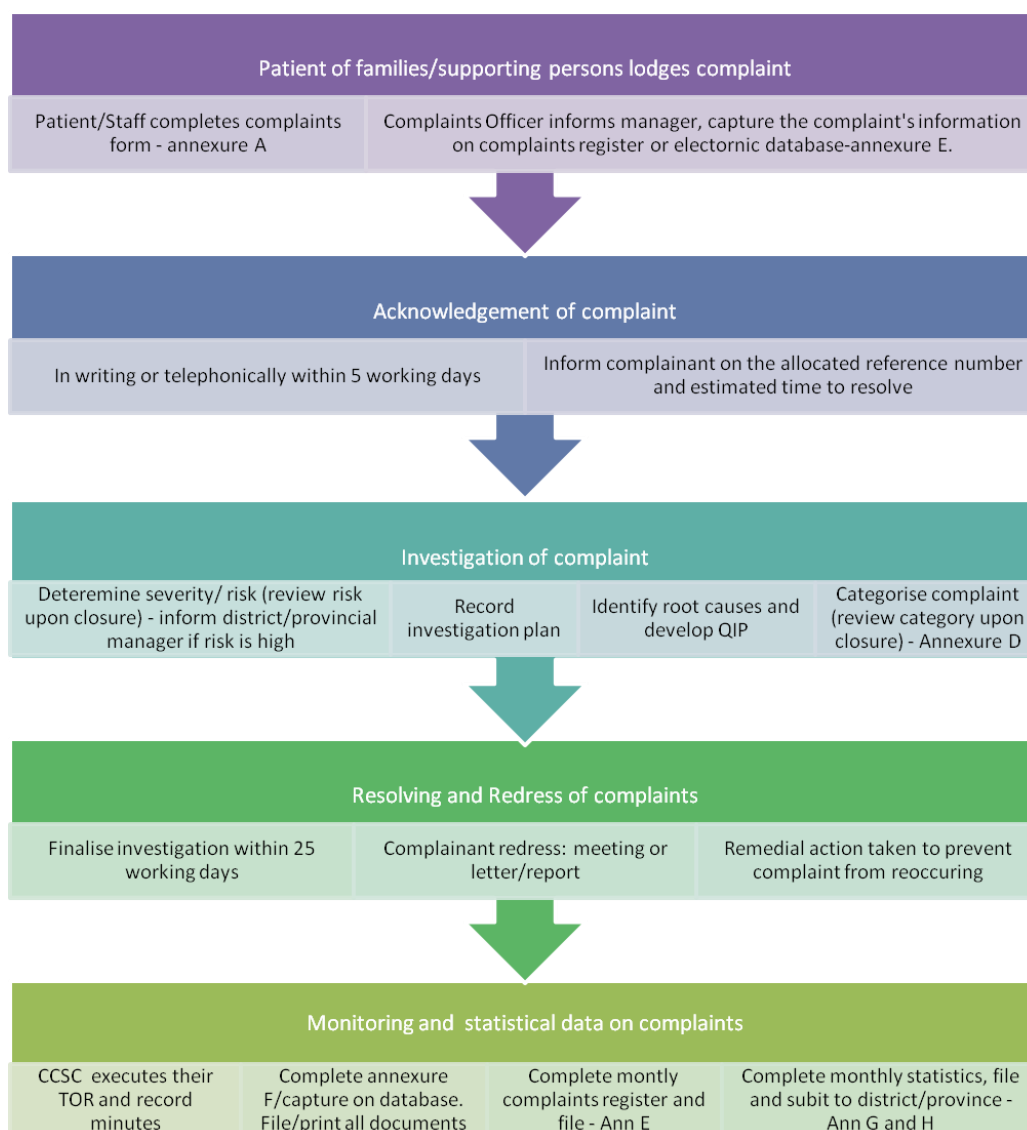


Figure 5: Flow diagram of complaint management process

9. COMPLIMENTS AND SUGGESTIONS MANAGEMENT

The manager of a health establishment will be responsible and held accountable for ensuring compliments and suggestions are managed according to the guideline and that there is adherence to the principles as set out in the guideline.

The following actions should be taken to ensure compliance:

9.1 Recording a compliment or suggestion

- Health establishments should encourage patients and their families/supporting persons to record a compliment or make a suggestion by making it easy for them to record such verbally or in writing. Therefore, the necessary forms should be readily available and staff should be in a position to assist them in completing them.
- A standardised *complaint/compliment/suggestion form* (See **Appendix A**) should be completed by every person that wishes to record a compliment or suggestion.
- Health establishments should have complaint/compliment/suggestion boxes in designated areas where complainants/patients can drop their completed forms. The procedure to record a compliment or suggestion should be made available in the form of posters or pamphlets in the official language(s) posted next to or nearby the box, see **Appendix C**.

9.2 Identifying good practices and system failures (categorisation)

- All compliments and suggestions should be categorised according to the categories as set out in **Appendix F**.
- It is important for health establishments to follow trends of the types of compliments and suggestions they receive, because in so doing they are able to identify the most common system failures as well as good practices.
- Once good practices are identified through compliments, such should be rolled out to other areas in the facility as well as other facilities.
- Once a significant system failure has been identified through suggestions, the root cause should be identified and addressed in order to improve the quality of care.

9.3 Compliments and suggestions register

Each health establishment should log all their compliments (see **Appendix H**) and suggestions (see **Appendix I**) in separate registers. The register is a written record that contains information on compliments and suggestions. The register can be in the form of a book or separate pages kept in a file, clearly marked that it contains compliment/suggestion registers. The registers should contain the following information:

- reference number of the compliment/suggestion
- date the compliment/suggestion was received
- surname and name of the person who recorded the compliment/suggestion

- service area where compliment/suggestion originated from
- manner in which it was recorded
- short summary describing the essence of the compliment/suggestion
- action taken
- category of the compliment/suggestion

A manageable filing system should be developed and implemented to ensure all documents relating to compliments and suggestions are filed and a paper trail of each individual compliment and suggestion is developed.

All statistical data submitted, letters of compliments and suggestions should tally with the number of compliments and suggestions registered in the compliment/suggestion register.

9.4 Reporting on compliments and suggestions

Health establishments should on a quarterly basis submit data on compliments and complaints to their provincial/district office. The data for the prescribed reporting templates can be submitted manually or electronically in cases where a web-based application is available. Where web-based application is used by provinces; hospitals, community health centres, sub-district and district offices do not need to submit reports as the provincial office will be able to generate reports from the web-based application. The report should contain the following information relating to compliments and suggestions:

- number of compliments received
- number of compliments received per category (see **Appendix J**)
- number of suggestions received
- number of suggestions received per category (see **Appendix K**)

The reports should be analysed and discussed on a monthly basis.

10. REQUIREMENTS FOR A WRITTEN STANDARD OPERATING PROCEDURE TO MANAGE COMPLAINTS, COMPLIMENTS AND SUGGESTIONS

All hospitals and district offices should have a written standard operating procedure (SOP) for the management of complaints, compliments and suggestion. The SOP should include the following:

10.1 Complaints:

- procedure for lodging a complaint (including telephonic complaints)
- procedure for acknowledgement of a complaint
- procedure for investigating a complaint
- procedure for determining the required action to be taken according to the severity of the complaint (risk rating)
- procedure for identifying patterns in system failures (categorisation)
- procedure for redress
- timelines to be adhered to
- procedure around recording of statistical data on complaints including the indicators for complaints
- monitoring mechanisms and their response timelines
- mechanism to ensure children’s participation in the complaints process
- mechanism to ensure that vulnerable groups such as disabled people, the elderly, mentally ill people, illiterate people and people speaking foreign languages can easily participate in the complaints process

10.2 Compliments and suggestions

- procedure for lodging compliments and suggestions
- procedure for identifying patterns in system failures/good practices (categorisation)
- procedure around recording statistical data on compliments and suggestions

11. IMPLEMENTATION BY COMPLAINTS, COMPLIMENTS AND SUGGESTIONS COMMITTEES

All health establishments, district offices, provincial offices and the national office should have a Complaints, Compliments and Suggestions Committee (CCSC). The Committee's main objective is to oversee the effective management of complaints, compliments, and suggestions. **The CCSCs do not need to be stand-alone committees but can form part of other committees that deal with quality improvement.** The terms of reference of such combined committees should indicate in detail the functions the committee will be performing in regard to the management of complaints, compliments, and suggestions. This Guide gives direction on the terms of reference of the committees as well as who the members of the committees can be, but it remains the relevant authority's prerogative to decide on the terms of reference as well as who the members should be.

11.1 Complaints, Compliments and Suggestions Committees for health establishments

11.1.1 Terms of reference

- The hospital's committee responsible for complaints, compliments and suggestions management should develop a SOP to manage complaints, compliments and suggestions, see Section 8 that is in line with the National Guideline.
- The Primary Healthcare establishment's committee responsible for complaints, compliments and suggestions management should ensure adherence to the procedures as set out in the district office's SOP to manage complaints, compliments, and suggestions.
- Every health establishment's committee should identify a designated complaints, compliments and suggestions staff member for their establishment.
- Monitor the health establishment's adherence to the SOP for the management of complaints, compliments and suggestions.
- Ensure the process whereby a complaint is lodged, a compliment is recorded, or suggestion is made, is available in the health establishment in the form of posters or pamphlets in the official language(s) commonly understood by the communities that are served by the health establishment and the procedure is explained to all first-time users.
- Ensure the health establishment has visible signposting leading the patients or their families/supporting persons to the point where complaints should physically be lodged, or compliments and suggestions can be recorded.
- Ensure that complaint investigations are conducted, and redress provided within 25 working days.
- Conduct monthly meetings of which the minutes should be recorded.
- Compile and analyse statistical reports to identify trends.
- Submit monthly statistical reports to the respective district or provincial office. Where a web-based application is used by provinces, hospitals community health centres, sub-district and district offices

do not need to submit reports as the provincial office will be able to generate reports from the web-based application.

- Make recommendations to prevent similar future trends as identified in statistical reports.
- Disseminate lessons learned.
- Ensure that regular training of staff on the management of complaints, compliments and suggestions takes place.

11.1.2 Designation of members for community healthcare centres, community day centres and clinics

Members of the CCSC Committee can be constituted by, but not limited to, staff members with the following designations:

- facility manager (chairperson)
- complaints/helpdesk officer/public relations officer
- one other staff member from any category
- one community member serving on the Community Health Forum can attend on an *ad hoc* basis. In the event that the CCSCs is not a stand-alone committee, but forms part of other committees that deal with quality improvement, complaints should be put as the first agenda point so that members of the Community Health Forum can be excused once the agenda point has been discussed. The monthly or quarterly report that is submitted to the Community Health Forum should include a section on the management of complaints.

11.1.3 Designation of members for hospital CCSCs

Members of the CCSC Committee can be constituted by, but not limited to, staff members with the following designations:

- CEO
- clinical manager (chairperson)
- complaints/helpdesk officer/public relations officer
- quality assurance manager
- nursing manager
- one staff member from allied services
- one member of the Hospital Board. In the event that the CCSCs is not a stand-alone committee but forms part of other committees that deal with quality improvement, complaints should be put as the first agenda point so that members of the hospital board can be excused once the agenda point has been discussed. The monthly or quarterly report that is submitted to the hospital board should include a section on the management of complaints.

11.2 Sub-district/ district Complaint, Compliment and Suggestion Committees

11.2.1 Terms of reference

- Develop a SOP to manage complaints, compliments and suggestions, see Section 8, for the facilities within their district that is in line with the National Guideline.
- Monitor that Primary Healthcare establishments and district hospitals adhere to the district's SOP for managing complaints, compliments and suggestions.
- Monitor that complaint investigations are conducted, and redress provided within 25 working days.
- Provide training to staff responsible for the management of complaints, compliments, and suggestions.
- Investigate all complaints referred to or lodged with the sub-district/district office.
- Conduct at least quarterly meetings of which the minutes should be recorded. *Ad hoc* meetings can be scheduled as needed.
- Compile and analyse district statistical reports to identify trends.
- Implement system-wide district initiatives to in future prevent similar negative trends as identified in statistical reports.
- Submit quarterly statistical reports to the provincial office. Where a web-based application is used by provinces, hospitals community health centres, sub district and district offices do not need to submit reports as the provincial office will be able to generate reports from the web-based application.
- Ensure that the knowledge obtained through the statistical analysis of complaints, compliments and suggestions inform existing as well as future guidelines and SOPs.

11.2.2 Designation of members

Members of the CCSC Committee can be constituted by, but not limited to, staff members with the following designations:

- district quality assurance manager (Chairperson)
- district manager
- staff responsible for coordinating complaints, compliment, and suggestion management
- representative of the labour relations division (on *ad hoc* basis)
- managers of programmes
- district clinical specialist team member

11.3 Provincial Complaints, Compliments and Suggestions Committees

11.3.1 Terms of reference

- Develop a provincial protocol to manage complaints, compliments, and suggestions.
- Monitor that hospitals and district offices adhere to the provincial complaint, compliment, and suggestion protocol.
- Monitor that complaint investigations are conducted, and redress provided within 25 working days.
- Assess on a regular basis the functionality of the provincial Complaints, Compliments and Suggestions System to determine its effectiveness and efficiency.
- Publicise complaints, compliments and suggestions procedures throughout the organisation and provide training to all staff members.
- Investigate all complaints referred to or lodged with the provincial department of health.
- Refer complaints to the relevant professional council and/ or board, if so required.
- Advise complainants on the process to follow to lodge a complaint at the Office of the Health Ombud, should they remain dissatisfied with the outcome of the province's initial investigation and/or disagree with the actions taken by the province in dealing with the complaint.
- Conduct at least quarterly meetings of which the minutes should be recorded. *Ad hoc* meetings can be scheduled when needed.
- Compile and analyse provincial statistical reports to identify trends.
- Implement system-wide provincial initiatives to in future prevent similar negative trends as identified in statistical report.
- Submit quarterly statistical reports to the national office.
- Ensure that the knowledge obtained through the statistical analysis of complaints, compliments and suggestions inform existing as well as future guidelines and SOPs.

11.3.2 Designation of members

Members of the CCSC Committee can be constituted by, but not limited to, staff members with the following designations:

- head of quality assurance division/ and or designated person (Chairperson)
- staff members responsible for coordinating the management of complaints, compliments, and suggestions
- clinical specialists to be co-opted according to expertise required
- representative from the Labour Relations division (on ad hoc basis)

The Committee can co-opt members as required based on the need.

11.4 National Complaints, Compliments and Suggestions Committee

11.4.1 Terms of reference

- Develop and review the *National Guideline to Manage Complaints, Compliments and Suggestions*.
- Conduct quarterly meetings of which the minutes should be recorded.
- Monitor provincial adherence to the *National Guideline to Manage Complaints, Compliments and Suggestions*.
- Compile and analyse quarterly national statistical reports.
- Implement system-wide national initiatives to prevent similar complaints.
- Provide advice to the Minister of Health on issues of public concern and media or public attention.

11.4.2 Designation of members

Members of the CCSC Committee can be constituted by, but not limited to, staff members with the following designations:

- Chief Director or Director for Hospital services
- Chief Director or Director for Primary Healthcare
- Chief Director or Director for Quality Assurance (chairperson)
- Chief Director or Director for Monitoring and Evaluation
- Chief Director or Director for Policy Coordination and Integrated Planning

The committee can co-opt members as required based on the need.

Appendix A: Form to lodge a complaint or record a compliment or suggestion

FORM TO LODGE A COMPLAINT OR RECORD A COMPLIMENT OR SUGGESTION

Date completed		Ref no	(office use)
-----------------------	--	---------------	--------------

Do you want to: Complain Give a compliment Make a suggestion

Details of the person lodging a complaint or recording a compliment or suggestion	
Surname	
First name	
Contact details	Cell number
	Postal address
	Physical address
	E-mail address
Service area (e.g. ward no, reception, pharmacy)	
Hospital or clinic file number	

If you are submitting on behalf of someone else, please complete the following:	
Relation to the patient, e.g. mother, etc.	
Patient's surname	
Patient's first name	
Contact details of the patient	Cell number
	Postal address
	Physical address
	E-mail address
Service area (e.g. ward no, reception, pharmacy)	
Patient's hospital or clinic file number	

Please describe the complaint or give a compliment or make a suggestion.

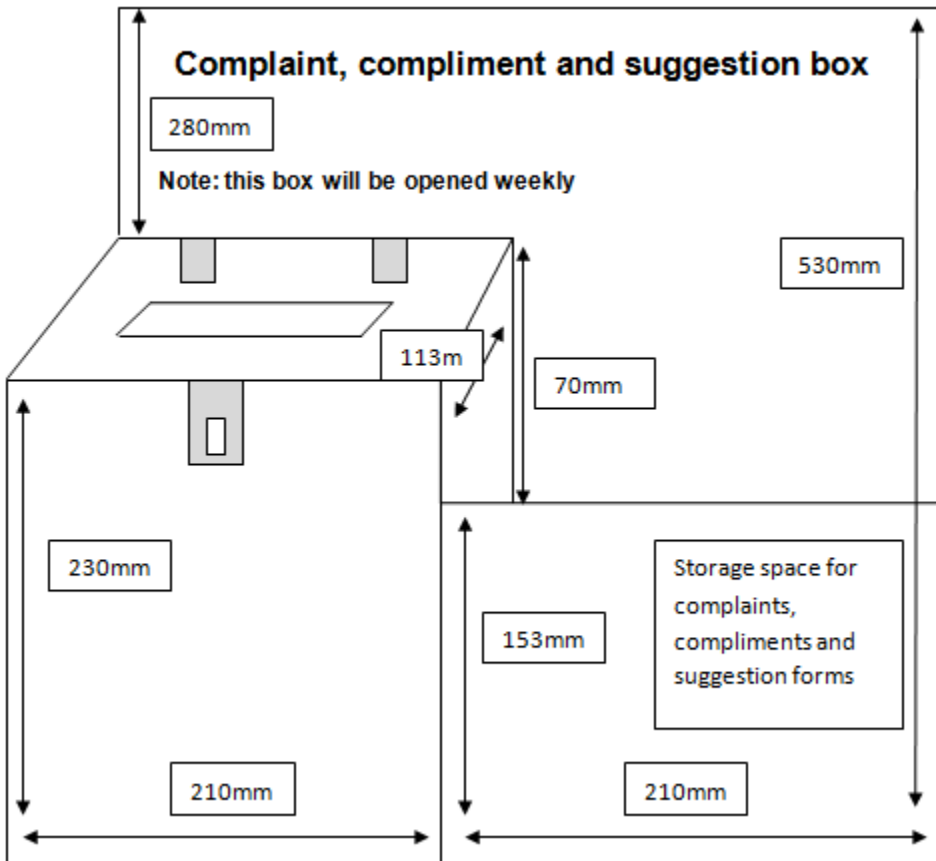
* Where possible also record the staff involved and department where the incident took place.

Date on which the incident took place:

Signature of person lodging the complaint or recording a compliment or suggestion

Signature of patient

Appendix B: Specifications for complaints, compliments, and suggestions boxes




Specifications

Material	Perspex, 5mm thick
Colour	White, frosted (can be any colour according to province's decision)
Hinges and hook and eye	Stainless steel
Label	Perspex print on box itself (no labels) in colour as determined by the province (Colour model CMYK: specify colours) Text and font size: "Complaint, compliment and suggestion box" – Arial 72 Repeat text translated into two other languages according to most prevalent language in the province "Note: this box will be opened weekly (change according to facility's schedule) – Arial 32
Lock	Lock with number sequence to lock
Mounted	Mounted onto the wall, 1.2m above the ground

Appendix C: Poster to inform patients or families/support persons on the process to follow to lodge a complaint or record a compliment or suggestion

??
WHAT YOU SHOULD DO IF YOU WANT TO COMPLAIN,
GIVE A COMPLIMENT OR MAKE A SUGGESTION
??

Lodge a complaint or record a compliment or suggestion


<p>VERBALLY: Approach the official responsible for managing complaints, compliments and suggestions. This official is: <input style="width: 100%; height: 20px;" type="text"/> Telephone number: <input style="width: 100%; height: 20px;" type="text"/> Location of office: <input style="width: 100%; height: 20px;" type="text"/> The complaint, compliment or suggestion will be recorded on a prescribed form.</p>	<p>IN WRITING: Fill in the prescribed form that is available next to the designated box or from the responsible official. The form will guide you on the information needed. Hand over the form to the official or place it in the box provided to post complaints, compliments, or suggestions that is situated at: <input style="width: 100%; height: 20px;" type="text"/> Take note: If the complaint is urgent, give it directly to the responsible official as the boxes will only be opened on scheduled times as indicated on the box. <i>Otherwise:</i> Email <input style="width: 80%; height: 20px;" type="text"/> or Fax <input style="width: 80%; height: 20px;" type="text"/> or Post <input style="width: 80%; height: 20px;" type="text"/></p>	<p>ASK A FAMILY MEMBER OR FRIEND: To submit a complaint, compliment or suggestion on your behalf in writing or verbally</p> <div style="text-align: center; margin-top: 20px;">  </div>
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The complaint will be acknowledged within 5 working days

The complaint will be investigated

The complaint will be resolved and redress conducted within 25 working days. *Should the case require more time for investigation, updates will be provided.*

Should you be dissatisfied with the outcome, lodge the complaint at the district/provincial office or call centre on:



health
Department of Health
REPUBLIC OF SOUTH AFRICA

Appendix D: Register for complaints

Health establishment's name: _____

Month/year: _____

Ref No. (Column A)	Date received	Acknowledgment date	Number of working days to acknowledge	Patient/ family/ supporting person's name and surname	Patient's name and surname	Service area where complaint was lodged	Summary description of the complaint	Information on i.) action taken, ii) outcome, iii) remedial action	Category of complaint	Severity of complaint (risk rating)	Type of resolution	Date resolved (Column B)	Number of working days to resolve complaint (Column D)

Column name (e.g. A, B and D) in the heading of the complaints register refer to the columns to be completed in Appendix G:

- To obtain column A of Appendix G count the number of reference numbers for the month.
- To obtain column B of Appendix G count the number of complaints resolved (count the rows where dates have been entered). Very important: also check previous month's registers for complaints that have been resolved for the current month and add all the complaints that have been resolved for the current month. In some instances you can have more complaints resolved than received for a specific month because complaints of previous months were resolved in that specific month.
- To obtain column D of Appendix G count the number of complaints resolved within 25 days only. Same principle applies as previous bullet; therefore check previous month's registers.

Appendix E: Summary form on outcome of complaint investigation

Ref no

Manner in which complaint was lodged (mark with an "X")	Written
	Verbal
	Physical visit

Date complaint lodged		Date of acknowledgement		Number of days to acknowledge complaint	
Date complaint resolved		Number of working days to resolve complaint (date resolved – date lodged)			

Information on i) action taken, ii) outcome, iii) remedial action

Category of complaint (mark with an "X")	Staff attitude	Access to information	Physical access	Waiting times	Waiting list	Linen	Food
	Patient care	Availability of medicines	Safe and secure environment	Hygiene and cleanliness	Missing patient record	Other	
Risk rating (mark with an "X")	Medium			High			
Date of redress							

Type of resolution (mark with an "X")	Patient satisfied/redress done
	Patient safety incident
	Litigation
	Patient/family/supporting person could not be traced

Appendix F: Categories for complaints, compliments or suggestions

Category	Description	Example of the type of complaints that could fall under the category	Example of the type of compliments that could fall under the category	Example of the type of suggestions that could fall under the category
	Complaints/compliments/ suggestions relating to;			
1. Staff attitude	The attitude and behaviour that staff display towards patients.	Staff that <ul style="list-style-type: none"> ▪ are rude towards ▪ do not greet or show recognition of presence of the patient or families/support persons ▪ do not respond to question or enquiry of patients or their families/supporting persons 	Staff that <ul style="list-style-type: none"> • were friendly • answered all questions 	Improve the attitude of staff by: <ul style="list-style-type: none"> • training on <i>Batho Pele</i> • provide courses in courtesy
2. Access to information	Patients having access and are provided with information upon request.	Patients not allowed access to their medical records, health information, referral pathways and services provided Inability to get interpreter for people with speech impairment	Staff that gave clear information on referral pathways and services provided	Improve record management ensuring that records are locked at all times. Improve referrals by ensuring that referral pathways are made clear
3. Physical access	Patients having access to services.	Establishments that closes before operating times, Patients being turned away without being consulted Patients not referred to higher level of care where indicated	Establishments that stay open even after closing times to ensure that all patients have been consulted	Improve processes within the facility to ensure that all patients have access by including additional shifts
4. Waiting times	Triaging of patients to ensure that waiting times at service areas are managed efficiently	Long waiting times in queues at service areas Elderly and disabled persons not given priority treatment	Short waiting times in queues at service areas Elderly and disabled persons are given priority treatment	Reduce waiting times by instituting a booking procedure
5. Waiting list	The effective management of a waiting list for elective procedures.	Patients put on a waiting list for a long period of time before receiving elective procedures as required or scheduled	Waiting list for elective procedures are kept short and on schedule	Shorten waiting lists for elective procedures by contracting in staff from the private sector
6. Patient care	Care and professional treatment provided by health care professional according to clinical protocols/guidelines.	Health care professionals not consulting/assessing patients on schedule as prescribed in treatment protocols Misdiagnoses of patient's condition	Health care professionals adhering to the prescribed protocols, referring patients for second opinions where indicated. Staff that went the extra mile to	Improve patient's care by appointing additional staff, train staff ect.

		Not taking care of patient's personal needs (bathing, feeding) Elective procedures that resulted in unnecessary harm to patients	take care of patient's personal needs	
7. Availability of medicines	The appropriate management of stock levels of medicines to prevent stock-outs.	Patients not issued with medication as medicines are out of stock or is expired Not giving explanation and making alternative arrangements for non-available stock	All medicines available. Where medicines are out of stock alternative arrangements are made to ensure that patients do receive their medication	Improve medicine stock control by conducting weekly stock control to ensure that medicines are ordered in time
8. Safe and secure environment	The provision of a safe and secure environment to patients.	Patients assaulted by other patients or visitors Patients losing personal possessions while being admitted Slippery floor, non-availability of appropriate rails at ramps	Security measures are in place to ensure patient's safety	Improve security levels by appointing additional security staff, train staff
9. Hygiene and cleanliness	The provision of a hygienic and clean environment to patient.	Dirty and unhygienic service areas None-availability of water, toilet papers or soap	Clean service areas Water, toilet paper and soap is always available	Suggestions to improve the cleanliness of service areas and to ensure that toilet paper is always available
10. Linen	The provision of sufficient and clean linen	Non-availability of linen and dirty linen	Sufficient clean linen	Improve provision of sufficient clean linen
11. Food	The provision of a balanced diet to patients	Food portions not sufficient Food is cold/not appetising Food arriving late/early	Food is sufficient, tasty and arrive on time	Improve the quality and portion sizes of food
12. Missing patient records	The availability of patient records in a timely manner	Missing patient record Record not retrieved in a timely manner	Records always available in a timely manner	Improve the management of records
13. Other	Any other complaint that cannot be categorised under Section 1 to 9.			

Appendix G: Statistical data on complaints

Name of establishment/province: _____

Financial year: _____

Column name	INDICATORS					CATEGORIES														
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	
Month:	# Complaints received	# Complaints resolved	% Complaints resolved (Column B÷A)	# Complaints resolved within 25 working days	% Complaints resolved within 25 working days (D÷B)	Staff attitude	Access to information	Physical access	Waiting times	Waiting list	Patient care	Availability of medicines	Safe and secure environment	Hygiene and cleanliness	Linen	Food	Missing patient record	Other	Total per month (Sum of Columns F to R)	
April																				
May																				
June																				
Tot Q1																				
Jul																				
Aug																				
Sept																				
Tot Q2																				
Oct																				
Nov																				
Dec																				
Tot Q3																				
Jan																				
Feb																				
March																				
Tot Q4																				
TOTAL																				
AVG (Tot/12)																				
% for financial year (Total of Column F to R ÷ Total Column S)																				

Appendix H: Compliments Register

Health establishment's name: _____ Month and year: _____

Ref No.	Date received	Name and surname of person who recorded the compliment	Patient's name and surname	Service area where compliment originated from	Summary description of the compliment	Information on action taken	Category

Appendix I: Suggestions register

Health establishment's name: _____ Month and year: _____

Ref No.	Date Received	Name and surname of person who recorded the suggestion	Patient's name and surname	Service area where suggestion originated from	Summary description of the suggestion	Information on action taken	Category

Appendix J: Statistical data on compliments

Health establishment's name: _____ Financial year: _____

Column name	INDICATOR	CATEGORIES													
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Month:	# Compliment received	Staff attitude	Access to information	Physical access	Waiting times	Waiting list	Patient care	Availability of medicines	Safe and secure environment	Hygiene and cleanliness	Linen	Food	Missing patient record	Other	Total per month (Sum of Columns B to N)
April															
May															
June															
Tot Q1															
Jul															
Aug															
Sept															
Tot Q2															
Oct															
Nov															
Dec															
Tot Q3															
Jan															
Feb															
March															
Tot Q4															
TOTAL															
AVG (Tot/12)															
% for financial year (Total of Column B to N ÷ Total Column O)															

Appendix K: Statistical data on suggestions

Health establishment's name: _____ Financial year: _____

Column name	INDICATOR	CATEGORIES													
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Month:	# Suggestion received	Staff attitude	Access to information	Physical access	Waiting times	Waiting list	Patient care	Availability of medicines	Safe and secure environment	Hygiene and cleanliness	Linen	Food	Missing patient records	Other	Total per month (Sum of Columns B to N)
April															
May															
June															
Tot Q1															
Jul															
Aug															
Sept															
Tot Q2															
Oct															
Nov															
Dec															
Tot Q3															
Jan															
Feb															
March															
Tot Q4															
TOTAL															
AVG (Tot/12)															
% for financial year (Total of Column B to N ÷ Total Column O)															