



<b>Document Title:</b>	HAAD Standard for Complaints Management in Healthcare Facilities		
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<b>Classification:</b>	☉ Public		

## 1. Purpose

1.1 This Standard mandates the requirement for healthcare facilities to establish a complaints management system that is accessible to all people, that identifies the process of making a complaint and the roles and responsibilities of those involved in dealing with complaints. It also sets out the HAAD customer service and complaints management process.

## 2. Scope

2.1 This standard applies to all HAAD licensed Healthcare facilities and professionals in the Emirate of Abu Dhabi.

2.2 It also applies to patients and people accessing healthcare services in HAAD licensed healthcare facilities.

## 3. Duties for Healthcare Providers

### The duty to develop a complaints management system

3.1 Each Licensed Healthcare Facility must develop a complaints management system in accordance with this standard; the duty to develop a complaints management system includes a duty to:

- 3.1.1 Set out in writing the details of the system in a policy and supporting processes, standard operating procedures and documentation; and

3.1.2 Establish a governance mechanism to oversee, manage and monitor the effectiveness of this system and corrective actions in accordance with this standard.

### **The duty to implement and manage the complaints system**

3.2 Each licensed Healthcare facility must be able to demonstrate that a complaints management system is implemented and managed in the facility in accordance with this Standard. To do so, a facility must make available to HAAD, if and when directed to:

3.2.1 The complaints policy and supporting documents that set out in details the process and operating procedures and the governance system in place;

3.2.2 Documentary evidence of complaints received, resolution of complaints within specified timelines and actions implemented in response to complaints, including but not limited to investigations and system improvements plans.

### **The duty to comply with HAAD directions**

3.3 Healthcare facilities and professionals must:

3.3.1 Comply with HAAD directions and requests for information and documentation, including with HAAD established timeframes;

3.3.2 Comply with HAAD audit requirements, and cooperate with HAAD auditors.

## **4. Enforcement and Sanctions**

4.1 Healthcare providers must comply with the requirements of this Standard, the HAAD Standard Provider Contract and the HAAD Data Standards and Procedures. HAAD may impose sanctions in relation to any breach of requirements under this standard in accordance with Chapter IX, HAAD Policy on Complaints, Investigations, Regulatory Action, and Sanctions, The Healthcare Regulator Policy Manual Version 1.0.

## **5. Standard 1 Definitions**

**Complaint** - An expression of dissatisfaction by a user of the service, which requires a response to be provided with the aim of satisfying the complainant that his/her concerns have been attended to and offering an explanation or apology as appropriate and/or referring to any remedial action that is to follow.

**Clinical Complaint** – An expression of dissatisfaction by a user of the service as a result of a clinical intervention.

**Service Complaint** – An expression of dissatisfaction by a user of the service as a result of administrative or communication services.

**Complainant** - The person making the complaint, whether on behalf of themselves or another.

**Independent Clinical Review (ICR)** – A review of the clinical care standards concerning the clinical care provided to a complainant, or other specified cases, undertaken by an independent third party expertise to evaluate and advise on adherence, or otherwise, to evidence based internationally recognised standards of care. HAAD commissions ICR from expert healthcare professionals from within the Abu Dhabi healthcare sector, the United Arab Emirates and/or internationally.

**Healthcare Facility Complaints System** – Comprises of policy and procedures, Governing Committee of senior management including but not limited to medical and nursing directors, representatives of heads of divisions or units, the quality manager and other clinical staff within a facility.

**Non independent clinical review** – A review of the clinical care standards concerning the clinical care provided to a complainant or other specified cases, undertaken by HAAD responsible officers or in the case of healthcare facility by the Complaints Committee of the facility or its assigned healthcare professionals who possess the appropriate qualifications and expertise relevant to the case.

**Case Resolution** - When the formal final communication from HAAD, or in the case of healthcare facility from the senior manager in a healthcare facility responsible for the complaints management system, is sent to the complainant informing them of the findings of the investigation and the actions decided by the responsible body(s).

**Case Closure – For HAAD** – When all investigations are complete, any actions or action plan required of a provider (facility/professional) is confirmed as completed by the HAAD Audit department and when final written communication form HAAD is sent to the healthcare facility.

**For Healthcare Facility** - When the implementation of any action or action plan decided by the responsible facility management is confirmed as completed by the Complaints Committee/Governing body or the assigned responsible Senior Manager at the facility and a report is submitted to HAAD Audit.

## **6. Standard 2 Principles of the Complaints Management System**

### **6.1 A complaints management process must:**

- 6.1.1 Satisfy clients' rights and responsibilities, confidentiality and the quality and safety of healthcare services provided;
- 6.1.2 Have procedures that are widely published and easily understood by the complainants and all users of the healthcare system, including those with special needs;
- 6.1.3 Be responsive, transparent, and processed within reasonable timeframes;
- 6.1.4 Demonstrate that investigations into a complaint are conducted in a fair, comprehensive, and impartial manner that assures and respects the rights of the complainant without prejudice to their right to access services or the quality of services provided to them;
- 6.1.5 Demonstrate commitment to resolve complaints to the satisfaction of the complainant and continuous improvement by maintaining adequate records;
- 6.1.6 Demonstrate that each complainant has been offered at least a meeting to communicate findings of the investigation and that all communications are documented.
- 6.1.7 Be governed by a body that ensures each complaint is risk assessed to determine whether additional actions need to be taken, such as a Sentinel Event/Serious Clinical Incident review by Root Cause Analysis, investigation of clinical error or reporting to HAAD;
- 6.1.8 Be monitored routinely to identify progress with each open complaint, requests for information or investigations; where deficiencies in the complaints process or

the quality and safety of care are identified, recommendations and action plans be developed and changes implemented accordingly.

## **7. Standard 3 The content of the complaints management system**

7.1 The content of the complaints management system should include as a minimum the following elements:

- 7.1.1 A written policy documenting the facility's complaints management system, consistent with this standard and detailing matters that include, the time limits on initiation of complaints, the handling of written/verbal complaints, expectations on staff of the facility in respect of handling complaints and the necessary training in complaints management, the roles, responsibilities and accountabilities of respective complaints handling officers and senior management of the facility, investigation processes, response time and complaints resolution and closure;
- 7.1.2 A governance and oversight body/structure responsible for reviewing, investigating and recommending actions and reporting on complaints management, with roles and responsibilities of the governing body clearly identified;
- 7.1.3 A Standard Operating Procedure and Terms of Reference for the Complaints Governing body, and relevant complaints forms and requisite supportive evidentiary documents;
- 7.1.4 A system to record, monitor and report on complaints and their resolution and actions/changes implemented in response to outcomes;
- 7.1.5 A complaints files storage and retention system managed in accordance with the HAAD Policies and Standards on confidentiality and retention of medical records and the Data Standards and Procedures.

7.2 The HAAD Complaints management system may be used to guide the establishment and management of a facility specific complaints management system.

## **8 Standard 4 The HAAD Complaints Management System**

### **General Requirements**

8.1 Time limits apply to the initiation of a complaint. A complaint should normally be made within 6 months of the incident that caused the problem, or within 6 months of the discovery of the problem, provided that this falls within 12 months of the incident. HAAD, at its sole discretion, may consider and accept exceptions to this, upon application by a complainant. The complainant is required to apply to HAAD in writing seeking an exception and explaining the reasons to justify such a request.

8.2 The complaint must be written in Arabic or English and be made via the suggestions and complaints section on the HAAD website at:

<http://www.haad.ae/haad/tabid/56/Default.aspx>.

8.3 The complainant must submit evidence to verify his/her identity; or that of his/her guardian, including that confirming kinship. However if the complainant is not the patient or guardian; he/she must submit evidence of a power of attorney to represent the patient concerned.

- 8.4 All complaints will be assessed by HAAD to choose the most appropriate route and methods for management and investigation.
- 8.5 A complaint may be withdrawn by informing HAAD in writing.
- 8.6 When a complaint is withdrawn, it will be treated as closed unless there is evidence of potential medical error and/or breach of HAAD policies/standards.

#### **8.7 Standard Operating Procedures**

HAAD will manage all complaints according to HAAD standard operating procedures (Appendix 1 and 2) and within specified timeframes including:

- 8.7.1 Receiving all complaints either written, by attendance at customer service department or by telephone;
  - 8.7.2 Directing Service Complaints to the concerned Healthcare facility to manage;
  - 8.7.3 Directing clinical complaints to the HAAD Clinical Complaint department;
  - 8.7.4 Requesting the required documentation for investigation of clinical complaints;
  - 8.7.5 reviewing all documentation received;
  - 8.7.6 Issuing notifications and reminders as necessary in alignment with HAAD standard operating procedures;
  - 8.7.7 Completing a summary form for all received documentation; and
  - 8.7.8 Closure of complaints and informing all involved parties of the outcome of any investigation, confirming the case closure and any recommended actions and outcomes.
- 8.8 HAAD may, at its discretion modify the means, processes and forms for reporting of complaints; where it does so, modifications will be prescribed in updated forms to be made available on the HAAD website, and where appropriate on website/s of other governmental organisations.

## Appendix 1

### Summary: Standard Operating Procedures for HAAD Clinical Complaint Management

1. Process & investigate complaints related to patient safety and clinical risk in public and private healthcare sectors.
2. Request any supporting documents required to investigate complaints including but not limited to copy of Medical Record from the involved healthcare facility.
3. Remind healthcare facility twice to submit the requested documents; with the exception of the request for healthcare professional response as no reminder will be sent. Failure to comply with the final HAAD reminder within the established timeframe will result in the case being forwarded to Disciplinary Committee.
4. Determine the appropriate mode of investigation in accordance with the process flowcharts, including but not limited to:
  - 4.1 ICR (local & external)
  - 4.2 Non-ICR (Internal Resolution at HAAD OR refer to healthcare facility for resolution)
5. Resolve complaints within 9 months from the date of submission.
6. Request Healthcare Professional response in case where the ICR commented on the treatment provided.
  - 6.1 The request will be directed to the healthcare professional and the CEO of the facility will be copied.
  - 6.2 Healthcare professional must submit the response within 10 working days; otherwise, investigation will be forwarded to the next stage.
7. Healthcare professionals will be invited for a meeting with the Medical Advisor at HAAD if required in order to explain their involvement, actions and decisions in the medical care of the case.
  - 7.1 Notify the involved healthcare professional officially via email of any meeting; (Failure to attend without a prior notification could result in the case being forwarded to the Disciplinary Committee for review without a written statement from the involved healthcare professional).
  - 7.2 Notify the involved healthcare professional during a meeting if a decision is made to forward the case to Disciplinary Committee; (The meeting will be minuted and these minutes will be signed by the healthcare professional).
8. Impose a precautionary suspension on the involved healthcare professional during the initial review/investigation of the case if it is determined that continued practice of the

involved healthcare professional poses a significant risk to the general public. (Such a decision must be agreed upon by members of the Disciplinary Committee).

- 9 Inform the involved HCP in person of the disciplinary action in writing (he/she should sign the letter outlining the decision.)
- 10 If the involved healthcare professional refuses to sign the disciplinary action letter, 2 members of staff of the Clinical Reviews & Investigations Section will witness the statement "refused to sign" which will be added to the letter.
- 11 Forward a copy of the disciplinary action letter signed by the involved healthcare professional to the involved facility CEO, and to SEHA (Abu Dhabi Health Services Company) if applicable.
- 12 Conduct a meeting with the complainant to convey the outcome of the investigation unless it is not possible due to external reasons. In this case, the complaint will be closed and meeting with complainant will be held upon his request.
- 13 Inform the healthcare professional and the healthcare facility of the closure of the case officially through sending the closure form.

Appendix 2

**Note (Complaint Sources):**  
 A) Upper Management of HAAD  
 B) Community  
 C) Health Care Facility  
 D) Health Care Professional  
 E) Health Insurance and Regulation  
 F) Media

**Template:**  
 Request Medical Report and Record  
 Request Internal Investigation Report

**Note (Abbreviations):**  
 CO – Complaints Officer  
 CRI – Clinical Review and Investigation  
 CSR – Customer Service Representative  
 DCC – Disciplinary Committee  
 Coordinator  
 HCF – Health Care Facility  
 HCP – Health Care Professional  
 ICR – Independent Clinical Review  
 MA – Medical Advisor  
 MOM – Minutes of meeting

