

LOGO CENTRE NAME CENTRE ADDRESS	Quality Operating Process	Document No : JSL/06
	Operating Protocol Referral Policy Management Policy	Date of Issue : 15/06/2021 Issue No. : JSL/I//06 Date of Revision: 14/06/2022 Revision No. : 00

SERVICE NAME :	HANDLING PATIENTS COMPLAINT OPERATIONAL POLICY
DATE CREATED :	15/07/2021
APPROVED BY :	DOCTOR NAME
RESPONSIBILITY OF UPDATING :	RECEPTIONIST NAME

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A. Purpose:

To provide guideline instruction for handing patients complains.

B. Scope:

Hospital Wide.

C. Policy:

We aim to provide services of a standard acceptable to all our employees and patients, but it is inevitable that things will go wrong occasionally. If you are unhappy with an aspect of our service please let us know when this happens. This will enable us to deal with the specific problem, but also avoid it happening again.

Complaint Policy

All patient complaints regarding treatment, service, damaged or lost articles or billing will be forwarded to the General Manager for coordination of investigation, trending and reporting.

Procedure:

Patient complaints may be initiated through a letter to either the General Manager or the Medical Superintendent for Patient Care Services.

- Head of Departments are responsible for "on-the-spot" resolving of patient problems when possible and for notifying the General Manager and/or Administration of complaints that have not been resolved or require ongoing investigation.
- Complaints received from a patient while in
 - CENTRE NAME or after discharge will be forwarded to the MS within two working days of receipt by initiation of the Patient Complaint documentation form.
- The Medical Record is a secure document that should be accessed only by person responsible for complaint follow up.
- The General Manager will facilitate the complaint investigation and resolution. Individuals, manager, and administration will be asked to investigate the complaint promptly and will work to resolve it as soon as possible. All resolutions will be communicated to the patient.
- Patient complaints will be trended and reported through the facility Quality Improvement/Risk Management function and report to Quality Coordinating Committee of the Board.
- If the patient is not satisfied with the resolution of the complaint, they may appeal this decision directly to the MS of CENTRE NAME who retains final responsibility for the resolution of all complaints.