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| **PATIENT COMPLAINTS POLICY** |
| **Document ID** | WFC/CCU-CCP/01.24Version 1 | **Last Reviewed** | 05/07/2024 |
| **Approval** | Top Management |

# POLICY STATEMENT

Wazobia Fertility Clinic (WFC) seeks to enhance Customer and family satisfaction and thereby encourages Customer and family feedback about their experiences while at WFC. Through the feedback, WFC can identify opportunities to improve its processes.

# PURPOSE

To clearly define the process flow, that allows Customers’ complaints/grievances to be investigate, analysed and resolved to ensure the WFC’s standards are maintained and improved.

# POLICY PROCESS

* Reception/ Acknowledgement of a complaint
* Investigation into the complaint
* Documentation
* Taking actions to ensure resolution
* Response to Customer

# DEFINITION OF TERMS

**Complaint:** An expression of discontent, pain, resentment, or grief

**Grievance:** Cause for complaint, especially unfair treatment

**Resolution:** Answer or solution to complaints

**Verbal Complaint:** made orally.

**Written Complaint:** made in writing

**‘E-Complaint’:** made through electronic methods (emails, SMS etc.)

# DUTIES

## HEAD OF DEPARTMENT

* Ensures complaints are received, thoroughly investigated, analysed and actions have been made to produce a solution
* Ensures Customers are contacted to inform them of the progress or the resolution
* Carry out necessary actions to eliminate or reduce the occurrence of similar problems

## ALL STAFF

* Ensure low complaint rate, by working efficiently and demonstrate professional work attitude in dealing with Customers
* Proper referral to the department which specializes in handling the compliant made
* Cooperation fully with the investigation and quality assurance/ customer relations personnel
* Ensure complaint is resolved and response to Customer is made.

# PROCEDURE

## Complaint made by Customer

-Written complaint

-Verbal complaint

- ‘E-complaint’

The complaint or grievance can be reported to the front desk, any member of staff or written and dropped in the suggestion box. Other methods are through the website, email or SMS.

## Complaints should be logged or documented by persons generating the complaints on behalf of the Customer and family (see attached form)

# Reason for documentation

* To determine complaint
* To determine origin of complaint
* To provide feedback to departments on the nature of their services and staff
* To analyse complaint trend and input outcome to the process of continuous quality improvement process of the WFC, in accordance with the CGS.

# Resolution process

## Investigation of complaint

* Determine the nature of the complaint. To see if the complaint demands an immediate response or not.
* Determine the source of the grievance
* Identify the factors involved
* Ensure fairness to any staff concerned
* Ensure there are no irregularities

## Resolution attempt

* The receiver of the complaint can act on it, if it is within the capabilities/ responsibilities of the staff.
* The staff should know when a referral is necessary. If the member of staff is incapable of resolving the issues, it can be forwarded to the HOD or a senior staff in the department to address. If the department cannot handle it, it should be forwarded to quality assurance/ customer care or to the proper department.
* When the situation requires further attention beyond the HODs capabilities, and quality officer, it should be forwarded to the WFC Top management.

# Response to Customer

* If the complaint is written and a phone number or email address or any contact detail is provided, the Customer should be contacted to let the Customer know that his/her complaints have been noted.
* Oral complaints should be acknowledged, whereby the receiver of the complaint ensures that the Customer is confident, that the issue will be investigated or resolved as the case may be.
* In certain cases, the Customer should be visited with the resolution, or a promise of resolution.

# Pre-resolution

* The Customer should be contacted as soon as possible
* The Customer should be given a time frame for when the issue will be resolved
* The Customer should be shown evidence of an attempt to fix the grievance
* Inform Customer of successes made in the resolution process

# Post resolution

* Ensure the Customer is aware of the resolution
* Inquire if any further assistance is required
* Offer gratitude to the Customer for the opportunity to fix a problem, affecting the WFC and its set standards.

# FURTHER NOTICE

1. All staff members must be willing to comply
2. Staff members should not ignore a customer with a complaint
3. Complaints that endanger a customers’ life should be addressed **IMMEDIATELY**

**CUSTOMER COMPLAINT FORM - WFC/CCU-CCP/01.24**

|  |  |
| --- | --- |
| **PATIENT Name:**  | **WFC No:** |
| **Date of Complaint:** | **Date of Service:** |
| **Address:**  | **Phone No:** *(for follow up):* |

**PROBLEMS:** (Briefly describe complaint, give dates and person involved; if complaint is written, attach copy and other supporting documentation): Continue on back if necessary

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**What is complainant requesting?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name/department of person initiating this form:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referred to:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Follow up action taken:**

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**Disposition of claim and date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Complaints Factors (***check all that apply***)**

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| --- | --- | --- | --- | --- |
| **Organizational** | [ ] Waiting Times | [ ] Cleanliness | [ ] Billing Charges | [ ] Other |
| **Care Staff** | [ ] Courtesy | [ ] Communication | [ ] Privacy | [ ] Other |
| **Medical Staff** | [ ] Quality of care | [ ] Timeliness of Care | [ ] Accessibility | [ ] Other |

**THIS DOCUMENT IS FOR QUALITY IMPROVEMENT PURPOSE ONLY.**

**Not to be disclosed without approval from Head of Customer Service.**