



Complaints Officer and Procedures

1 ROLE OF THE COMPLAINTS OFFICER

The designated Complaints Officer for Doctors on Riccarton is the Practice Manager. The Complaints Officer is responsible for the implementation and management of the Complaints policy and for keeping a register recording all complaints, actions that were taken, copies of all correspondence and the eventual outcomes.

The Complaints Officer is also responsible for actioning requests for information that the Practice receives from the Health and Disability Commissioner or Privacy Commissioner; and actions any recommendations that the Health and Disability Commissioner or Privacy Commissioner makes following an investigation.

The Complaints Officer can describe the practice's complaints process and the principles of Right 10 of the Code; and

Where available current examples of complaints can be discussed that have been documented and processed in accordance with the practice's complaints process.

2 COMPLAINTS PROCESS

1. Patients are asked to put the complaint in writing e.g. a letter, note or email, or to use the Doctors on Riccarton Complaint Form. If these methods pose a problem for the patient then the staff member receiving the complaint is to write down the complaint and read back what is written to the patient to ensure its accuracy. The complaint can be made by the patient or their representative.
2. Once the complaint is received, the Complaints Officer determines whether it can be resolved within 5 working days e.g. with a phone call or email, or a follow up appointment with a health professional. If it cannot be resolved quickly an acknowledgment of receipt of the complaint must be sent and the Practice's complaints process policy explained to the complainant. This is in writing and must include:
 - a. the availability of the local Advocacy Service, South Island ph: 377 7501
 - b. the patient's right to complain to the Health and Disability Commissioner - phone: 0800 11 22 33 or email: hdc@hdc.org.nz
3. Staff associated with a complaint will be advised prior to the investigation process commencing.
4. The Complaints' Officer investigates by collecting the facts, discussing the complaint with the staff members involved, and relevant heads of department e.g. head receptionist, nurse manager or clinical manager, and ensures that everything is properly documented.
5. All complaints are investigated thoroughly in a timely, caring and concerned manner.
6. Within the next 10 working days a decision should be made on whether or not the complaint is justified. If the investigation of the complaint will take more than 20 working days then the complainant should be advised and given an explanation for why extra time is required.
7. Ongoing updates should be sent to the complainant at least once per month.
8. After the Practice decides whether or not to accept a complaint, it must advise the patient of:
 - a. the reasons for its' decision;
 - b. any actions that the Practice proposes to take;
 - c. any appeal procedure that the Practice has in place



3 PRINCIPLES OF RIGHT 10

Right to complain

- (1) Every consumer has the right to complain about a provider in any form appropriate to the consumer.
- (2) Every consumer may make a complaint to—
 - (a) the individual or individuals who provided the services complained of; and
 - (b) any person authorised to receive complaints about that provider; and
 - (c) any other appropriate person, including—
 - (i) an independent advocate provided under the Health and Disability Commissioner Act 1994; and
 - (ii) the Health and Disability Commissioner.
- (3) Every provider must facilitate the fair, simple, speedy, and efficient resolution of complaints.
- (4) Every provider must inform a consumer about progress on the consumer's complaint at intervals of not more than 1 month.
- (5) Every provider must comply with all the other relevant rights in this Code when dealing with complaints.
- (6) Every provider, unless an employee of a provider, must have a complaints procedure that ensures that—
 - (a) the complaint is acknowledged in writing within 5 working days of receipt, unless it has been resolved to the satisfaction of the consumer within that period; and
 - (b) the consumer is informed of any relevant internal and external complaints procedures, including the availability of—
 - (i) independent advocates provided under the Health and Disability Commissioner Act 1994; and
 - (ii) the Health and Disability Commissioner; and
 - (c) the consumer's complaint and the actions of the provider regarding that complaint are documented; and
 - (d) the consumer receives all information held by the provider that is or may be relevant to the complaint.
- (7) Within 10 working days of giving written acknowledgement of a complaint, the provider must,—
 - (a) decide whether the provider—
 - (i) accepts that the complaint is justified; or
 - (ii) does not accept that the complaint is justified; or
 - (b) if it decides that more time is needed to investigate the complaint,—
 - (i) determine how much additional time is needed; and
 - (ii) if that additional time is more than 20 working days, inform the consumer of that determination and of the reasons for it.
- (8) As soon as practicable after a provider decides whether or not it accepts that a complaint is justified, the provider must inform the consumer of—
 - (a) the reasons for the decision; and
 - (b) any actions the provider proposes to take; and
 - (c) any appeal procedure the provider has in place.



4 CURRENT EXAMPLES OF FORMAL COMPLAINTS

Patient #61392.2 Case – Uphappy about our service: symptoms unresolved after many visits		Date Initial Complaint Received – 13-05-22
Date	Detail of action	
13-05-22	<p>Email received from HDC advocate with letter of complaint attached which was dated 13-05. The HDC Advocate had assisted patient to document the complaint.</p> <p><u>Summary of Complaint</u></p> <p>Pt advised that since having baby in Oct 2021, she had 2 haemorrhage incidents and ended in hospital. At baby’s 6 week check asked GP for referral for scan but request declined. From end of Nov 2021 to Apr 2022, GP continuously declined her request to investigate ongoing pelvic pain.</p> <p>On 02 April, out of desperation, she told the doctor to put a private referral in and that she will pay for it, which the doctor agreed. She paid \$300 for an Ultra Sound and the report findings were that she has tender pedunculated fibroid and endometrial polyp, which needs to be investigated further.</p> <p><i>Key issues for Patient X:</i></p> <ul style="list-style-type: none"> • <i>At her baby six weeks appointment, she saw her GP as she was still not feeling well but she felt that her concerns were not acknowledged and instead told that she needs to allow time for her body to heal.</i> • <i>She continuously felt sick and visited Doctors on Riccarton at least four times to request for further investigations and each time the GP refused.</i> • <i>She saw a different doctor at your practice who also declined to for further referrals.</i> • <i>When she was discharged from the hospital, she was given a letter that in case, she remains unwell to seek advice from her GP but she felt that this continuity of care was not offered at the practice.</i> • <i>Her GTT blood levels was high but she advised she was not treated for it.</i> • <i>On one occasion, the GP suggested that it was in her head and referred her to a counsellor.</i> • <i>She had to insist on a private referral to be done and paid \$300 for an Ultra Sound to finally know what was causing her pain and issues.</i> • <i>Since the scan results, the GP has said they cannot provide her treatment and that she will need to be referred to a specialist.</i> • <i>She feels that they purposely delayed her access to treatment by refusing to listen to her concerns.</i> • <i>She feels that the doctor did not deliver proper standards of care and make the appropriate referral as needed.</i> • <i>She felt that the patient's concerns were not listened to and taken seriously.</i> 	



	<p><i>Response to concerns:</i> <i>Pt X has requested you respond in writing to each of her issues outlined above.</i> <i>She has advised she will consider her complaint resolved if she receives an explanation as to why the doctors declined to send her for a scan when she advised repeatedly that she was still unwell and in pain.</i> <i>Pt X would also like to request for an acknowledgement and apology of the distressed this experience has caused and she would like to know if you would consider any learning outcome to ensure that this does not happen to another person.</i> <i>All correspondence regarding this matter should be addressed to Patient X at the address above. She has requested you copy me into any correspondence regarding her complaint.</i> <i>Should you decide to offer Patient X a meeting, she will liaise with me regarding suitable dates and times as she has requested I accompany her to any meetings in relation to this matter.</i></p>
13-05-22	<p>Replied back to HDC Advocate acknowledging receipt of complaint and that I would respond after discussion with relevant doctors.</p>
13-05-22 to 20-05-22	<p>On receiving the complaint, I reviewed all of Pt X's notes. I could see that she had had consults with 3 of our GPs 5 times in the time period she was referring to as well as presenting to the After Hours Surgery. Many tests and investigations had been done, none of which found anything of significance. Some of her requests for tests were declined because they had been done previously in the hospital. Also, her presentations were slightly different at each consult, so the pain she experienced was in a slightly different location each time.</p> <p>I discussed the complaint with the Doctors concerned.</p> <p>I drafted a reply letter which outlined</p> <ul style="list-style-type: none"> • all her visits to us including what was documented in the medical notes • all the tests that had been ordered and investigations she had received • responded to her concerns • tried to explain her medical issues in layperson's terms and what the doctors' plans were for her each visit • apologised to her for not feeling listened to • offered an appointment with Chinese speaking senior nurse to explain her medical condition/s (as none of our Doctors speak the same language) <p>The doctors were shown the letter for their review and comments.</p>
20-05-22	<p>Responded to complaint with letter to patient copied to HDC advocate</p>
30-06-22	<p>Received email from HDC Advocate with response letter attached dated 29-06-22.</p> <p><i>Following receipt of your letter Pt X is not fully satisfied with the outcome from raising her concerns for the following reasons:</i></p> <ul style="list-style-type: none"> • <i>She feels that some of the information provided from the doctor's notes are incorrect as she did express that she had continuous pain.</i> • <i>She feels that her concerns were continuously dismissed by the doctors and that they kept telling her everything was normal and the response received shows no acknowledgement of this.</i>



	<ul style="list-style-type: none"> • <i>After having gone through a traumatic experience post birth, she advised that the feeling to be dismissed by doctors whilst she was still experiencing pain, added further mental stress to her birthing experience.</i> • <i>Pt X feels that she should not have to pay privately to find out that it was fibroids or possible uterine polyps causing her pain.</i> <p><i>She wishes you to be aware of these reasons, but does not want to pursue her complaint. The advocacy file will now be closed.</i></p> <p>We have attempted to contact patient since for recalls and Covid case management, and while we have managed to contact her husband, she has personally not made contact with us. We have closed the case</p>
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Patient #61137.4	Date Initial Complaint Received – 5 October 2021
Case – Death of a child following GP visit and subsequent referral to hospital. Grieving mother went to media to highlight her child's case and also complained to HDC about their care	
Date	Detail of action
5-10-21	<p>This was not a complaint received in the usual way. Patient X had been seen by Dr X in early Sep 2021 who urgently referred them to hospital for prolonged seizure and unwellness, but child subsequently passed away in hospital.</p> <p>On 5 Oct 21 we received a request for information from a Stuff news reporter who was doing a report on the case. He wanted a reply by the next day.</p> <p>Pt's mother had limited English so we directed a Senior nurse, who spoke the same language, to contact mother. She had gone to the media to highlight the suboptimal care she felt had lead to her son's death. She said that she just wanted our practice to state what had happened from our point of view.</p> <p>Mother had also written a letter of complaint to HDC about our care and also hospital care.</p>
5-10-21	I immediately notified Dr X and the Clinical Director of the situation.
5-10-21	Received "Privacy Waiver" from Stuff which mentioned Canterbury District Hospital only, not Doctors on Riccarton
5-10-21	Contacted Dr X's Indemnity Insurer for legal advice.
6-10-21	<p>Meeting with pt's mother with Practice Mgr and Senior Nurse, both of whom spoke mother's language. Discussed her intentions of going to the media.</p> <p>Mother outlined everything that happened from the time she found her son unresponsiveness, to ringing the practice, consultation with Dr X, going back home to get some clothes and then taking pt to hospital. She detailed everything that went on in the hospital, particularly interactions with one Dr.</p> <p>We also discussed her grief reaction. Offered help for grief.</p>
6-10-21	Received email from a reporter of the local Star newspaper at 1:40pm requesting response by 3pm wanting to know whether we were being reviewed, as he has



	received information that the CDHB is under investigation. Replied back to reporter with no information offered and requesting what information pt's mother had given to them.
5-11-21	HDC Advocate contacted Practice Mgr requesting meeting with Dr X, Practice Mgr and pt's mother and herself. Meeting date set for 19-11-21
19-11-21	Meeting held. Attended by Pt's mother, along with 3 friend supports, HDC Advocate, Practice Mgr and Dr X Discussed the whole scenario step by step, from the time Mother found pt unresponsive to when he died in hospital. Dr X gave his version of events. Pt given time to respond to this. Advocate said she would get back to us if pt wanted to take things further.
9-12-21	Received letter from HDC requesting response to HDC complaint (this was a complaint about hospital, not about care at our practice). Our version of events and medical notes were required in their assessment of the case only. Replied back immediately stating we will provide response within timeframe. HDC forward to Dr X for his response
Dec 2021	Dr X writes letter with legal advice sought from Indemnity Insurer
20-12-21	Dr X's response forwarded to HDC along with pt's documented medical notes. Case closed as complaint not about our practice or staff here.