

COMPLAINTS AND QUERIES POLICY

Title: Complaints and Queries Policy
Effective: 1st January, 2009
Revised: 15th June 2016

1.0 PURPOSE

- 1.1 The purpose of this policy is to define the process by which the Bermuda Health Council formally records and addresses all complaints and queries received.
 - 1.2 The policy establishes a formal mechanism for complaints handling.
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2.0 APPLICATION

- 2.1 The policy applies to the Secretariat. The Health Council uses this policy for any complaint or query made by stakeholders.
 - 2.2 The policy excludes:
 - a. Complaint investigations outside the mandate of the Health Council
 - b. Queries about current projects or internal operations of the Health Council
 - c. Formal appeals resulting from decisions of statutory professional bodies
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3.0 DEFINITIONS

- 3.1 *Complaints and Queries Database (database)* – The Health Council’s electronic database for recording and storing complaints and queries.
- 3.2 *Complaint* – a complaint is any expression of dissatisfaction, cause for complaining, formal protest or grievance pertaining to the mandated functions of the Health Council where illegal behaviour or serious misconduct is alleged by a stakeholder. Complaints must be received in writing directly from the complainant.
- 3.3 *Designate* – the team member designated by the CEO to complete the task
- 3.4 *Query* – a query is any question, inquiry, request for information or expression of clarification pertaining to the Health Council’s mandated functions. There are two levels of queries:
 - a. A **Level I Query** includes any subject matter familiar to most the Health Council employees or that can easily be accessed. These queries are documented directly on the database.

- b. A **Level II Query** includes any subject matter that highlights a need for system-wide changes or unethical, but not illegal behaviour. The query may require data collection or research. These queries are documented directly in the database and the relevant supporting documents should be saved in the Level II Query folder in X:\Operations\Complaints and Queries\Level II Query Details under a new file identified by the case number and stakeholder's last name. The query documentation should also be attached to its entry in the database.

3.5 *Stakeholder* – a person, group or organization that contacts the Health Council with a query or complaint.

3.6 *Respondent* – a person, group or organization that is the subject of a complaint to the Health Council.

4.0 AUTHORITY

4.1 This policy is in accordance with Section 5 of the Bermuda Health Council Act 2004.

5.0 BACKGROUND & GOALS

5.1 The Health Council is committed to encouraging quality improvements in the health system by capturing and disseminating summary information about complaints and queries. It does not prevent stakeholders from addressing complaints through other channels such as healthcare providers, the Consumer Affairs Board, the Ombudsman and statutory bodies. To this end, the policy serves to enable the Health Council to:

- a. Enforce compliance with statutory requirements
- b. Facilitate system-wide improvements
- c. Monitor stakeholders' concerns about the health system
- d. Identify areas where public education is needed
- e. Identify strategic and regulatory priorities

6.0 PROCEDURE

- 6.1 A query is received via phone, email, in person, online query form or in writing by a Health Council employee.
- 6.2 For a Level I Query, the employee answers the stakeholder and enters the details in the database. No further action is required.
- 6.3 For a Level II Query or a complaint, the employee immediately refers to the complaints and queries triage (Table 1) and refers the stakeholder's query to the relevant team member.
- 6.4 The relevant team member speaks directly with the stakeholder within 24 hours of the initial contact and enters the details into the database.
- 6.5 For complaints or level II queries with 5 or more supporting documents, a file should be created on the shared drive under: X:\Operations\Complaints and Queries. These files should be

identified by the case number and the stakeholder's last name and should be attached to the query or complaint in the database.

- 6.6 If the query evolves into a complaint, the team member must obtain written confirmation of complaint details and should complete the following steps:
- a. All complaints with possible political implications should be brought to the CEO's attention.
 - b. The team member should check with the team to ensure that the respondent in the complaint is not involved in other cases currently being addressed. If the respondent is involved with other pending cases, the team members should liaise to discuss how the cases should be handled.
 - c. For complaints that must be referred to a statutory body, the complaint is forwarded to the statutory body as a formal memo via email detailing relevant information. The Health Council tracks the status of the complaint until resolution.
 - d. A plan of action should be decided with the stakeholder and should be recorded in the database.
 - e. When the complaint is closed, the team member indicates this on the database, files a completed stakeholder report with the Executive Assistant within 5 working days of determining the final plan of action.

Table 1: Complaints and queries triage system

Nature of the Query	Responsible Team Member (Level II Query)
Careers in the health system	Any team member
Costs/fees/billing	Policy Analyst, Compliance Programme Manager, Health Economics
Data/Statistics	Health Economics Directorate, Health Economics Directorate
Employer health insurance	Compliance Officer
Health legislation	Any team member
Healthcare facility registration	Policy Analyst, Health Regulation (SHB Approved Facilities)
Insurers' responsibilities	Policy Analyst, Data and Research Health Economics Directorate
Professional registration	Policy Analyst, Health Regulation
Quality of care	All Policy Analysts
Specific Health Council function e.g. National Health Accounts	Team member responsible
Upfront charges	Policy Analyst, Compliance

- 6.7 A designate completes monthly statistics and records the results where appropriate.
- 6.8 The appropriate parties should be notified of any process or service improvements resulting from the analysis of the complaints and queries. In addition, specific lessons learned applicable to the Secretariat should be detailed for staff at the monthly staff meeting.

7.0 GUIDELINES

- 7.1 Complaints cannot be received from third parties. Only the person or organization affected or an individual with legal authority to act on behalf of the aggrieved party (e.g. a power of attorney, or legal guardianship) may issue a complaint.
- 7.2 The Health Council does not act on behalf of any stakeholder. Therefore, all complaints involving meetings require the physical presence of the stakeholder. Meetings to clarify or understand health system issues resulting from the complaint do not require the direct participation of the stakeholder.
- 7.3 All complaints must be received in writing and signed, so as to facilitate resolution and avoid misunderstanding of the stakeholder's report. A form is available on the database to facilitate this, when needed.
- 7.4 Multiple complaints from one stakeholder about different health system issues must be handled as separate complaints.
- 7.5 When a query or complaint is reported:
- a. Thank the stakeholder for bringing the problem to the Health Council
 - b. State that the Health Council adheres to a policy of confidentiality (limits exist for children and crime)
 - c. Treat the stakeholder with empathy, courtesy, patience, honesty and fairness
 - d. Ask questions to clarify the situation and determine the Health Council's level of involvement (see 7.6)
 - e. Ensure the matter is handled with the most efficient use of the Health Council's resources (e.g. is there a ready-answer on our web site, can it be handled by front desk, can it be referred to a better-suited entity?)
 - f. Respond quickly and explain the process for handling queries and complaints and 's policy on focusing on health system improvements
- 7.6 To determine the level of involvement appropriate for the Health Council, consider:
- a. Is the matter under the Health Council's legislated mandate?
 - b. Is there another health system stakeholder that should address the issue first?
 - c. Is the patient or their guardian in a position to navigate the health system independently?
- 7.7 When offering a plan of action:
- a. Involve the stakeholder in the process
 - b. Follow through with actions you agree to
 - c. Record all information on the database
 - d. Ensure the solution meets any legal obligations
 - e. Invite the stakeholder to inform you if the plan does not work out

- f. Ensure all written communication to stakeholders and respondents is neutral, do not take sides with either party or show any preference for either position. Speak only of the facts; avoid the use of adjectives, adverbs or qualifications.
- 7.8 The designate monitors concerns that would result in better information being given to stakeholders about the Health Council and its functions.
- 7.9 Any complaint made against a member of the Secretariat (excluding the CEO) should initially be addressed by the CEO. Any complaint made against the CEO should initially be addressed by the Executive Committee (Chairman and Deputy-Chairman). Any complaint made against the Board should initially be addressed by the Board who may regulate its own procedure as stipulated by Section 6 (5) of the Bermuda Health Council Act 2004. If the latter is not satisfactory to a stakeholder, they may complain to the Ministry of Health or the Ombudsman.
- 7.10 Complaints received from Board members are treated in the same way as all other complaints.
- 7.11 The Health Council does not accept or file evidence such as photos, clinical information or graphic images in handling complaints. If such information is submitted it must be returned to the stakeholder or respondent with a note on the complaint file of when such information was returned.


8.0 REFERENCES


- 8.1 Healthcare Complaints Commission. 2008. Healthcare Complaints Commission 2007-08 Annual Report, <http://www.hccc.nsw.gov.au/>. Last accessed 24th September, 2012.
- 8.2 Healthcare Commission. 2009. Spotlight on Complaints: A Report on Second Stage Complaints about the NHS in England. http://webarchive.nationalarchives.gov.uk/20090104012205/http://healthcarecommission.org.uk/db/documents/5632_HC_V18a.pdf. Last accessed 24th September 2012.

9.0 CONTACTS FOR MORE INFORMATION

- 9.1 For more information about this policy or its application, please contact Corporate Office.

10.0 SIGNATURES


 Tawanna Wedderburn, Chief Executive Officer
 17 July 2017
 Date


 Tiara Carlington, Corporate Office
 12 July 2017
 Date

