

CUSTOMER ENQUIRIES AND FEEDBACK (COMPLIMENTS / COMPLAINTS) POLICY AND PROCEDURE QHP401

[LINK TO POLICY](#)

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PROCEDURES &
FORMS](#)

1. POLICY INTRODUCTION

It is important to review all feedback, enquiries or complaints when received, irrelevant of its negative or positive appearance. This is an important part of National Ambulance's (NA) growth and ongoing development. This policy must be applied alongside the following National Ambulance policies:

- CGP 105 Consent Policy and Procedure
- CGP 103 Patients' Rights and Responsibilities Policy and Charter
- CGP 149 Clinical Incident Reporting and Investigation Policy.

This policy and procedure ensures compliance with Regulatory Requirements including, but not limited to HAAD Standard for Complaints Management in Healthcare facilities HAAD/CMHF/SD/1.2.

This directly supports the 'Continuous Improvement' and 'Implementation Monitoring and Reporting' management system components.

2. SCOPE

- This Policy and procedure applies to patients and people accessing or enquiring about healthcare services from National Ambulance.
- The policy will ensure that there is sufficient access to methods of communication with National Ambulance and that actions are taken upon the receipt of the communications.
- It will identify as well as the timeframes for initiation and responses including any outcome reports to the source of the initial comments.
- National Ambulance internal processes will also be included to ensure quality and safe information management.

3. ROLES AND RESPONSIBILITIES

Manager of QHSE.

The Manager for QHSE (or their designee) has overall responsibility for:

- Maintaining the communications tracking form and identifying key trends to inform the need for future development and improvement.
- Analysis of risks using a risk rating system where relevant.
- Where appropriately identified, the implementation of Non-Conformance Procedures (including the highlighting of any clinical feedback that will need investigation).
- Identifying any communications (Feedback, enquiries and complaints) that may result in the need to review/revise policies and procedures.

Chief Medical Advisor / Medical Director

The Chief Medical Advisor is responsible, where required to:

- Address and provide arbitration for any significant Clinical Complaints
- Identify and manage organizational risk
- Report to regulatory bodies in accordance with the HAAD or MOH requirements, including but not limited to the HAAD Standard for Complaints Management.

Chief Operations Officer

The Chief Operations Officer is responsible for oversight and escalation of any investigation of Clinical Complaints and other complaints concerning operational matters.

Managers and Supervisors

Managers and supervisors are:

- Responsible for following this policy and procedures to ensure feedback, enquires and complaints are dealt with correctly and are beneficial to the organization,
- Any required role in response or investigation.
- They must also provide guidance for the staff they are responsible for when needed.

Chief Administration Officer

Is responsible for oversight of the QHSE Management system including oversight of the feedback, enquiry and complaints communications and associated actions.

All National Ambulance Employees

All NA Employees must adhere to this policy and procedures and are responsible for assisting customers and patients with recording and submitting feedback or complaints as well as ongoing co-operation with any further investigation of the feedback, enquiry or complaint.

4. DEFINITIONS

TERM	DEFINITION
Feedback	Helpful information about a service or action of a person that provides a basis to make changes or to determine that positive service or actions are being received
Enquiry	An act of asking for information
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

5. FEEDBACK AND COMPLAINTS POLICY

- National Ambulance believes that everyone who is in contact with National Ambulance the right to make an enquiry, to express feedback or complaints. NA is committed to seek communications from all its service users wherever possible; this enables learning, which leads to improvements and changes to the service it delivers. NA will actively promote customer and patient communications in line with this policy and encourage all employees to support patients and customers with their participation.
- Registering feedback, an enquiry or a complaint may also be a time of increased stress for both clients/patients and employees within the organization. Acknowledging this and supporting those involved is a fundamental tenet of the approach. Where appropriate staff should be supported with the establishment of a “No Blame” culture.
- A key aspect of good feedback, enquiries and complaints handling is timely, consistent comprehensive communication; NA understands that patients and clients should be kept up to date with investigation progress and appropriate feedback delivered within good time.
- In order to establish successful and consistent outcomes from feedback and complaints received, NA understands that set procedures must be followed.
- Complaints must, where possible be made within six months of the incident that caused the problem
- Means of documenting Feedback should be available in at least English and Arabic
- All complaints documentation will be stored and retained in accordance with the NA Document Retention Policy and Procedure, NA Confidentiality Policy and with all regulatory requirements.
- NA is committed to ensuring feedback, enquires and complaints are dealt with in a timely and confidential manner. Although information is received by different methods all feedback and complaints will be processed adhering to this policy.
- Feedback, enquiries or complaints will be managed in accordance with key timeframes. NA will take positive action to rectify and improve any negative findings.
- Feedback including compliments or complaints and any associated documents, as deemed appropriate by Senior Managers, are forwarded to the Human Resources Department for inclusion in personnel files.

- Enquiries regarding copies of patient related documentation should be managed in accordance with NA information management policies and using CGF137.

PROCEDURE

Feedback, enquiry or complaint management

- Means of documenting Feedback should be available in at least English and Arabic and obtained and captured using the following methods:
 - **Customer Satisfaction Survey** (customer contract based) to be initiated six monthly by Head Office with event/client managers
 - **Base Commander Survey** (customer contract based) to be initiated six monthly by Head Office with CICPA Base commanders
 - **Patient Satisfaction Survey (Patient based)** to be conducted where patient requests a detailed means to provide positive or negative feedback.
 - **Strategic Stakeholder Survey** – Conducted once a year or more if required, it captures stakeholders including Civil Defense, Hospitals, Police, Airwing and NCEMA.
 - **Telephone communications (customer contract or patient based)**
 - **Website or email based feedback –(customer contract or patient based)** to be promoted with the use of feedback cards and documented with the QHSE Reporting Form. This also includes 998 App feedback which is built into the App.



- **Verbal feedback to staff (customer contract or patient based)** Positive or negative to be documented and submitted as per procedure if not able to do via other means
- **Internet Feedback** – external search of key websites of feedback of NA services such as the NA 998 App Store where customers provide feedback on the App within the App store. This is captured with a periodic review of the App store.

The process when dealing with feedback, enquiry or complaints received from Patients and Clients is shown in the flowchart QHW101 Feedback and Enquiry Process (Flowchart).

It consists of two process maps. This initial process map looks at operational staff in the field receiving the feedback or enquiry. The second process map looks at the NA Feedback and Enquiry Desk processes.

Appendix 1 – Feedback or Enquiry Management Timeframes

Event/Action	Responsible	Timeframe
Acknowledge Received	QHSE team member	Within three working days of NA receipt of feedback or enquiry
Enter into QHSE Register	QHSE team member	Within one working day of the NA Feedback and Enquiry Desk receipt
If a complaint		
Appointment of Lead Investigator	QHSE Team member or Clinical Audit	Within two working days of the NA Feedback and Enquiry Desk receipt
Initial investigation & Report to Overseeing Executive	Lead Investigator	Within twenty working days of the NA Feedback and Enquiry Desk receipt
Agree initial response to complaint and proposed corrective actions	Overseeing Executive	Within 3 days of receipt of investigation report
Send response to customer and proposed corrective actions	QHSE team member	Within 3 days of receipt of investigation report

Form Number	Forms and procedures relevant to this policy
QHF225	Root cause analysis template
QHF204	Hazard, Near Miss, Non-Conformance, Incident or Complaint Investigation Form
QHW101	Feedback and Enquiry Process (Flowchart)

DOCUMENT CONFIGURATIONS CONTROL DATE

A review and update of this document will take place as necessary, when changes occur that identify the need to revise this Policy such as changes in roles and responsibilities, release of new legislative or technical guidance, or identification of a new policy area.

This document ownership for editing is identified as:

- Director of Performance and Evaluation

Change Brief

Version No.	Date	Changes
1	August 2012	New Document
2.0	12/12/12	Change name to Feedback and Complaints Policy and Procedure, add feedback card into process.
3.0	15.02.16	Ensure meets regulatory requirements, clarity for complaints process including recording, timeframes, , management of clinical complaints and roles and responsibilities Incorporation of process maps and updated response timelines.
4.0	06-July -16	Change name to remove "Customer, Patient Feedback enquiries and Complaints Policy and Procedure to "Customer Enquiries and Feedback (Compliments / Complaints) Policy and Procedure

Review & Approval:

Director of Performance and Evaluation

Date: