



MINISTRY OF HEALTH

# **COMPLAINTS AND GRIEVANCE POLICY 2015**





## FOREWORD

I am delighted to present to you the first ever Patients/Clients Complaints and Grievance Policy 2014-2018 for the Samoa Health Sector.

The Ministry of Health is mandated in Schedule 2 part 1.4 of its MOH 2006 Act, to establish and provide for quality control and consumer complaints system for the provision of health services in accordance with any applicable law. Our people expect high standard of health care from us as a sector, and when we do not meet those expectations, health consumers look to us to address their concerns. A complaints management process is an important strategy for engaging with health consumers and carers and is fundamental to the delivery of quality health services. Complaints / grievances provide us with a means to identify areas in need of improvement from a consumer/carer's perspective, as well as building effective partnerships with patients, carers and communities.

It is important to recognize that this Patients Complaints and Grievance Policy is part of a larger quality improvement system that includes clinical incident reporting, clinical audits, investigation and management systems, risk management and any medico-legal claims. The complaint management process outlined in the Policy is not intended to apportion blame but strives to resolve complains and grievances if possible, and identify any aspects of service delivery which require change in order to effect improvement where possible. It is also recognized that the complain process is bound by various legislative requirements as discussed in the Policy.

Ideally, a partnership between health services and patients / users of health services will develop with common aim of increasing the quality of health care services as well as improving patient safety as these are the values and principles underpinning our Health Sector Plan 2008-2018. The policy is in line with the timeframe of the Health Sector Plan 2008-2018, and it will be reviewed on a six monthly basis to monitor its implementation status and progress.

I would like to gratefully acknowledge all sector partners, stakeholders including the community who were involved and provided inputs in the formulation and finalization of this important policy. The Health Sector also value the support and encouragement of the Ombudsman in acknowledging the Ministry of Health's effort with regards to the development and operationalizing this policy. It is my sincere hope that this policy will guide our health sector with the leadership of the Ministry of Health in further improving our service provision and most importantly managing patients' complaints and grievances.

Faafetai Tele

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Tuitama Leao Dr. Talalelei Tuitama  
**Hon. Minister of Health**



## Director General's Remarks

Patients have a right to complain, and the fact that a patient or their advocate has made a complaint must not affect the patient's care. With the increasing emphasis in the healthcare environment on patient-centred care, seeking and responding to patient feedback are important components of risk management programs. Healthcare Organizations within the Samoa Health Sector must develop processes for responding to patient grievances and complaints in order to comply with this Policy for Managing Patients/Clients Complaints and Grievances at the national level.

The Ministry of Health in its oversight monitoring role is responsible for ensuring a system is in place to ascertain appropriate and/or effective management and prevention of public and patients complaints against the healthcare and public health protection services. Such a system must define and promote **Best Practices** in accordance with corporate, clinical and professional governance standards which must ultimately contribute to preventing or reducing adverse and undesirable incidents that could adversely affect the health and safety of patients/public. The system must also include appropriate management of poor performance/services.

The World Health Organization's view as articulated through its WHO Patient Safety Programme launched in 2004 is that the promotion of patient safety is connected to the development of consumer empowerment and patient involvement and participation, and that patients should become active partners in improving the safety, quality and efficiency of health service delivery. This view is very much in line with this policy's purpose and objectives. The overall policy framework that steers the implementation of this policy is the Health Sector Plan 2008-2018, which contributes to the achievement of the Strategy for the Development of Samoa 2012-2016 and other health mandates. The Ministry of Health Act 2006 provides the legal framework and enforcement powers of the Ministry of Health for the operationalization of this policy to its fullest.

The Ministry of Health in its leadership role within the Samoa Health Sector commits to lead the implementation of this policy. In the spirit of partnership and collaboration, I urge all health service providers and health sector partners including our health patients/clients to rise as one health sector in guaranteeing safe, quality and efficient healthcare service, minimizing and unravelling patient/client complaints and grievances.

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Leausa Toleafoa Dr. Take Naseri

**DIRECTOR GENERAL OF HEALTH &  
CHIEF EXECUTIVE OFFICER, MINISTRY OF HEALTH**

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## **(A) INTRODUCTION**

Managing complaints and grievances is the responsibility of everyone. Complaints are vital form of consumer feedback that provides unique and valuable information to an Organization concerned with quality improvement and risk management. The challenge for health service providers is how to capture and use this information productively to improve the quality, safety and accessibility of the health care system for consumers. Complaints and other comments from consumers are a valuable learning tool.

People who complain about a service want to be treated with dignity. They want to be assured that their complaint is taken seriously. A positive attitude by clinicians and staff is crucial to the success of the complaint management process.

The Health Sector mission to “regulate and provide quality, accountable, and sustainable health services through people working in partnership” drives the crux of this policy to realize and achieve the health sector vision of “A Healthy Samoa”.

## **(B) PURPOSE:**

The purpose of this policy is to provide and illustrate a uniform mechanism for managing, facilitating and providing a fair and robust system for clients / patients complaints and grievances on health care and services received at any health care provider (including Traditional Healers and Traditional Birth Attendants). Families of patient(s) may also lodge their complaints in circumstances where patient(s) cannot express themselves, for instance, for children under 18 years old, those who are mentally challenged, people with special needs and/or the deceased.

## **(C) OBJECTIVES:**

The main objectives of this policy are to:

1. Improve the delivery of quality healthcare services and protect patient’s health, rights and safety by ensuring complaints / grievances are reviewed and investigated, tracked, trended and resolved to the best extent possible.
2. Provide a mechanism which identifies, addresses and manages client complaints and grievances in a timely and efficient manner
3. Strengthen and expand the roles of the Health Services Performance and Quality Assurances Divisions of the Ministry of Health to coordinate and handle patient complaints/grievances for the health sector under the supervision and leadership of the Director General of Health.
4. Develop a Charter for Patient and Family Rights to be used by all of Samoa’s Health Sector.

#### **(D) POLICY STATEMENT:**

The Ministry of Health given its mandated role in the MOH Act 2006 provides opportunity for all patients or health clients, their families and representatives to express their concerns about the quality of care and service they have received from any health care service provider, through a highly confidential complaint / grievance mechanism.

##### ***Detailed Policy Statement***

Complaint handling systems vary from organisation to organisation because health service providers have different needs, depending on size and whether they are in the rural or urban area. The Ministry of Health on the other hand is the main handler of complaints and grievances in the Health Sector in accordance with its legal mandate. Section (J) of this policy provides detailed steps of the complaints and grievance handling process that is to be facilitated and led by the Ministry of Health. The detailed policy statements below are also reflected in the flow chart in *Annex I*.

- a) The Ministry of Health Divisions for Health Service Performance and Quality Assurance for Medical/Allied Health and Nursing/Midwifery undertake investigations into complaints and grievances received from clients of public and private health care providers.
- b) Health care providers will be asked to provide written report on the allegations of the complaints / grievances and their actions in handling the complaints.
- c) In the course of investigation, the MOH HSPQA Divisions upon authorization from the Director General of Health and/or Hon. Minister of Health are empowered / authorized to enter and inspect the premises and any records.
- d) After investigation, the MOH HSPQA Divisions will furnish a reply to the complainant on the findings of the investigation.
- e) Where there are complaints involving system errors in hospital management, the Director General of Health will direct the hospitals through the Boards and Heads of health care providers (e.g. NHS Board / NHS GM etc.) to take appropriate measure to rectify such errors.
- f) Issues relating to professional ethics and professional standards, the complainant would be advised to refer his/her case to the respective Councils.
  - a. Medical Council
  - b. Nursing & Midwifery Council
  - c. Dental Council
  - d. Pharmacy Council
  - e. Allied Health Council
- g) All health service providers (public and private) are required to designate an officer who will receive, investigate and resolve complaints received by their individual organizations.

- h) All health service providers in consultation with the Ministry of Health shall display in prominent places, notices regarding patient rights and complaint mechanisms
- i) Quarterly complaint digests that provide summaries on the nature of complaints and the outcome of investigations by service providers are to be submitted to the Ministry of Health HSPQA Divisions. This will assist the Ministry in understanding the level of performance of the service providers in particular hospitals and clinical settings in handling complaints.
- j) If patients are not satisfied with the resolution of their complaint filed directly with a health service provider, the provider must inform the patient of their right to submit their complaint to the Ministry of Health.

***(E) LEGAL MANDATE:***

Pursuant to 1.4 of Schedule 2 of the Ministry of Health Act 2006, the Ministry is required “to establish and provide for quality control and consumer complaints systems for the provision of health services in accordance with any applicable laws. It is therefore the legal mandate of the Ministry of Health to administer this policy and guarantee its implementation and enforcement.

The following is a list of legislations, frameworks and other mandates that are relevant to the purpose of this policy and its execution:

1. Ministry of Health Act 2006
2. National Health Services Act 2013
3. Medical Practitioners Act 2007
4. Nursing & Midwifery Act 2007
5. Dental Practitioners Act 2007
6. Pharmacy Act 2007
7. Healthcare Professionals Registration and Standards Act 2007
8. Ombudsman (Komesina o Sulufaiga) Act 2013
9. Family Safety Act 2013
10. Accident Compensation Act 1989
11. Public Service Act 2004
12. Police Service Act 2013
13. Health Sector Plan 2008-2018
14. Ministry of Health Corporate Plan 2013-2016
15. National Health Services Corporate Plan 2014-2016
16. National Health Services Patient Complaints Policy 2014
17. National Health Clinical Governance Framework
18. World Health Organization Patient Safety Framework 2004

## **(F) VALUES AND PRINCIPLES**

This policy generally embraces the values and principles of the Health Sector Plan 2008-2018 especially as related to:

- genuine partnerships
- ava fatafata (fa'aSamoa) and respect
- human rights
- quality leadership and stewardship

In addition, the specific values and principles underpinning the implementation of this policy are as follows:



**Quality Improvement:** Complaints management is an integral part of the quality improvement approach that has been adopted by the Ministry of Health and Health Service Providers that is realized through the Health Services Performance and Quality Assurance Divisions for Medical, Allied Health, Dental, Nursing and Midwifery.

**Commitment:** The Ministry of Health and Health Sector are fully committed to an integrated complaints and grievance management system and will provide the necessary support for it to operate effectively.

**Accessibility:** The Ministry of Health encourages patients/clients or advocates and staff to give feedback about the service and makes it easy for them to do so.

**Responsiveness:** This policy has a patient/client focused approach, being receptive to complaints and treating complaints and grievances seriously.

**Transparency and accountability:** The complaints and grievance process is clearly articulated, open and accountable to both patient/clients and staff involved.

**Privacy and Confidentiality:** The health service respects the privacy and confidentiality of consumers and the information received during the complaints process, while at the same time making its decisions open and accountable.

**G) DEFINITIONS:**

***Patient Complaint*** – A patient complaint is a minor, time-limited, immediate issue which can be addressed without extensive investigation. Examples include, but are not limited to: lost of property, incorrect or late meal, lengthy wait time, perceived rude behaviour, lack of communication with staff or attending physician / nurse, billing error, etc. A complaint is further defined as a patient concern that is resolved within 24 hours of notification of patient issue, or post-hospital verbal communication which could have been handled the same day if staff had been made aware of the complaint at the time of the incident.<sup>1</sup>

***Patient Grievance*** – is a formal or informal written or verbal complaint that is made to the health care provider (public, private, health related NGO etc) by a patient, or the patient's representative, when a patient issue cannot be resolved promptly by the staff present. Grievances also include concerns raised regarding the patient's care, abuse or neglect issues which cannot be resolved at the time of the complaint by staff present, or postponed for later resolution, or is referred to other staff for later resolution, and requires investigation and/or further actions for resolution.<sup>2</sup>

**H) RIGHTS OF THE PATIENT, THEIRFAMILIES OR REPRESENTATIVE(S)  
OF THE PATIENT:**

Just as all people are entitled to human rights, based on the fundamental dignity and equality of all human beings, all patients are similarly owed basic rights by their health care providers. These rights include the following:

1. The right to quality and courteous health care regardless of religion, gender, age, race, social status, or sexual orientation, taking into account things such as cultural status, health status or special needs.
2. The right to confidentiality, including anonymity and appropriate care, respecting privacy and dignity, in a safe, non-threatening environment.

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<sup>1</sup> Northwestern Memorial Hospital. Patient Care Policy 2008;  
[http://ww2.nmh.org/oweb/MagnetDoc/01\\_oo\\_organizational\\_overview/11-20/oo19-a\\_-\\_policy\\_5.42\\_-\\_complaint\\_and\\_grievance\\_management.pdf](http://ww2.nmh.org/oweb/MagnetDoc/01_oo_organizational_overview/11-20/oo19-a_-_policy_5.42_-_complaint_and_grievance_management.pdf)

<sup>2</sup> ibid

3. The right to all information such as aspects of services provided or treatment available, in order to make informed choices regarding their health care. The information should be easily understood and in an appropriate language.
4. The right to consent to, or to refuse treatment, or to refuse to participate in educational, research programs, media release/interview, including treatment by a medical/nursing student.
5. The right to decide who will be present at a consultation and right to request transfer to another staff member; and the right to request for a support person who understands their needs at any time of the day. This also includes the right to request the name, qualification of person giving treatment or service.
6. The right to participate in decision making about their plan of care.
7. The right to make a complaint about the service or treatment received from any health care provider and to expect that this complaint will be investigated and addressed appropriately and in confidence. Clients will not be disadvantaged in receiving continuing service by making a complaint.
8. The right to access their health information in accordance with hospital/ clinic privacy and confidentiality policy.
9. The right to receive a medical report upon request

**I) RESPONSIBILITIES OF THE PATIENT AND THEIR FAMILIES OR REPRESENTATIVES**

Patients should also uphold the following responsibilities in order to ensure their health service provider is able to provide the best possible care. However, a patient's rights should not be impacted by whether a provider feels the patient has or has not upheld these responsibilities:

1. Provision of complete and accurate information to the service provider in order to receive the best care. Clients are encouraged to ask questions, discuss treatment and if in doubt request a second opinion.
2. Keep appointments or give notice as early as possible if unable to attend.
3. Follow action plans or treatment programs which have been chosen in consultation with the service provider.

## **J) COMPLAINTS HANDLING PROCESS**

The Ministry of Health will observe the following complaints handling process, in order to ensure the efficiency, accessibility and confidentiality of the complaint and grievance mechanism. Complaints submitted directly to a health service provider must be handled by the provider, according to the detailed policy statement in Section E.



*Figure 1: Complaints/Grievance Handling Process Steps, MOH.*

### ***Step 1: Receive Complaint& Register***

- All complaints/grievances are to be submitted either verbally or written at the Office of the Director General of Health.
- Once a complaint is received in a written form it will be registered immediately and referred to the HSPQA Division.
- Once a complaint is received verbally (either by telephone or in person), it will be registered immediately and transferred into the standard complaint form.

### ***Step 2: Refer & Acknowledge Receipt***

- All complaints / grievances are referred immediately to the HSPQA Divisions for entering into their electronic database and manual log book.
- The responsible personnel of the HSPQA Divisions will then inform the complainant via telephone, letter or email acknowledging receipt of complaint/grievance submitted, and will provide further information on the process.

### ***Step 3: Assessment and Classification***

- The responsible divisions of the MOH will assess the complaints or grievances received based on the nature and scope of the complaint / grievance.
- Each case will go through a classification process to categorize each complaint as a minor, moderate, major or acute.

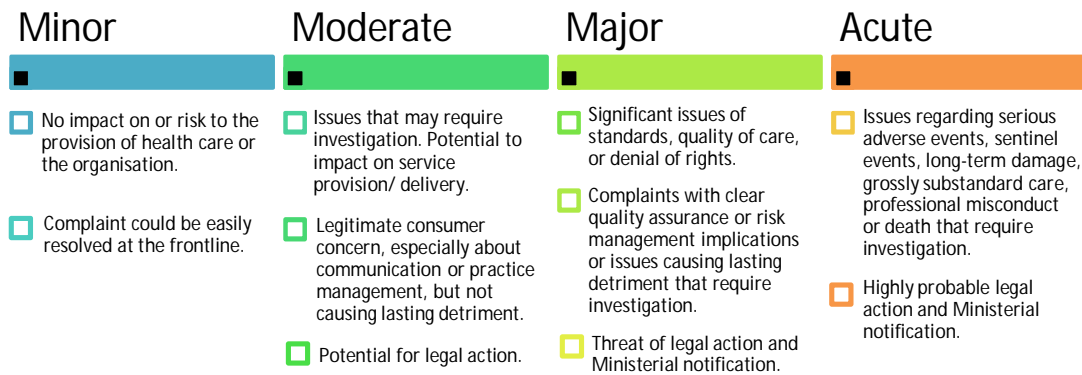


Figure 2: Complaint/Grievance Categorization

#### Step 4: Investigation and Reporting

- Not all complaints / grievances need to be dealt with in exactly the same way
- Investigations will be conducted by the HSPQA divisions of the MOH using a number of methodologies such as interviews, clinical audits etc, to obtain sufficient amount of clinical and other information in order to decide what has occurred and identify appropriate action.
- Information will be gathered to determine the seriousness of the complaint and what the complainant expects as an outcome. This information could include patients' records, medical reports, test results x-rays, etc.
- An investigation report will outline the facts as understood by the complainant, their desired outcomes, as well as the results of information gathering and investigation. The report will be submitted to the Director General of Health and the National Health Grievance Review Committee that is to be chaired by the Director General of Health.
  - The report:
    - Is a factual document that may be subject to internal and external review.
    - Should contain an accurate, objective and comprehensive summary of the complaint, the issues it raises, the investigation, information received, analysis of issues, conclusions and recommendations.
    - Should be marked 'confidential' in recognition that it may contain a range of information about different patients and staff, and care should be taken in responding to any requests for access to the report.
    - Should be concise and comprehensive enough to cover the key issues and to demonstrate how conclusions were drawn.
    - Should contain medical terminology but should footnote the meanings if they are not clear or unlikely to be understood by the readers.

### *Step 5: Resolve and Feedback*

- It is important to clarify the allegations and ascertain if the complaint has arisen from personal agendas rather than from issues related to standards or conduct.
- In some cases, clarifying the allegations may mean not dealing with the matter at all, as it should be referred to another agency for action.
- At the end of the investigative stage, the parties to a complaint are advised about the outcome through a copy of the investigation report or a letter communicating the report's information.
  - If a number of individuals are identified and involved, it is essential for privacy considerations that the reports to individuals will only contain those aspects of the complaint that deal directly with them. The report will therefore need to be abridged, and a covering letter explaining why an edited version has been provided, for each individual respondent.
  - Correspondence will set out the status of the complaint. Complainants should be advised that they might discuss the contents of the report or the conclusions, seek an interview or seek a review, and whom to contact if they wish to follow up any aspect of the investigation.
  - The provision of the report or written response is generally considered to conclude the Ministry's handling of the matter with the parties directly involved or it may become the basis for further discussion and investigation.
- Resolution meetings may also be necessary where parties involved will hold face to face meetings with the National Health Grievance Review Committee or investigator.
- Appropriate action is required to adequately address poor systems or practitioner performance identified by the investigation and resolution process.
- Recommendations will be based on the evidence and informed by the principles of public interest and good clinical governance.

### *Step 6: Review / Appeal or Closure of Complaint/Grievance*

- Complainants need to know that if they are not satisfied with the outcome of an investigation or resolution process, there are avenues through which they may express their dissatisfaction and have available some access to a review process.
  - Examples of these avenues may be with the Office of the Ombudsman (*Annex 2*) or Health Professional Councils, Public Service Commission, or Legal Advisors.
- In instances where complainants view that the internal investigation was biased or incorrect, an independent review may be warranted and encouraged by the Director General of Health or Minister of Health.
- If a complaint / grievance has satisfied every process, then the case is closed.

## **K) CONCLUSION**

Managing complaints and grievances is the responsibility of not only the Ministry of Health but of everyone in the Samoa Health Sector. It is part of communicating effectively with patients and their carer, and providing quality health services and care.

It is important that this policy is implemented and enforced with open minds and mutual understanding between both parties involved in the complaints handling process. Good and clear communication is key to achieving this policy.

The Ministry of Health recognises that consumer complaints are an inevitable part of any health system. We believe that dealing promptly and effectively with complaints / grievances has considerable benefits for health organizations, including better quality health care, reduced likelihood of litigation, and substantial savings in the direct and indirect costs arising from adverse incidents, complaints and claims.