

# National Policy to Manage Complaints, Compliments and Suggestions in the Public Health Sector of South Africa

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July 2016



**health**

Department:  
Health  
REPUBLIC OF SOUTH AFRICA

## Preamble:



As enshrined in the national Patients' Rights Charter everyone in South Africa has the right to complain about the health care they receive, to have such complaint investigated and to receive a full response on such investigation. This is enforced by Section 18 and 78 of the National Health Act of 2003 as amended.

To monitor whether health facilities adhere to the Act the Office of Health Standards Compliance (OHSC), the Department of Public Service and Administration (DPSA) and the Department of Planning, Monitoring and Evaluation (DPME) have each developed a set of tools. These tools measure the efficiency and effectiveness of health establishments to manage complaints, compliments and suggestions to ensure that the right of patients and/or their families/support persons to complain is upheld. The policy was developed to assist health establishments to comply with the measures as set out by the OHSC, DPSA and DPME.

This policy further serves as a contribution towards upholding the right to complain and to improve the quality of health services. It aims at readily providing information to the public on how to complain, give a compliment or suggestion within the public health sector and what to then expect in the event of complaining. It also provides guidance to the public health sector on how to manage complaints in view of resolving them as quickly as possible, particularly through immediate informal responses by frontline health workers, or through subsequent investigation and conciliation by staff empowered to deal with complaints as they arise. Furthermore, it guides a process whereby valuable information is gathered from which the health system could learn and to which it can positively respond by bringing about the required change.

The Health Ombud within the Office of Health Standards Compliance will also change the future 'landscape' in which complaints will be managed. To be effective and efficient, such body will require an efficient and effective national standardised complaints management system that can deliver on the higher demands set by the Health Ombud. Improving the overall management of complaints, compliments and suggestions at establishment, district, provincial and national level has therefore become imperative

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### **Acknowledgments:**

This policy was preceded by a number of guidelines and a protocol, the first National guideline was published in April 2003 by the National Department of Health (NDOH). Since this first release, the said guideline has been revised and released twice, i.e. in August 2006 and November 2009. The guideline was revised and published as a National Protocol in August 2014. A decision to revise the protocol to become a policy document was triggered by reports from the Auditor General, DPSA and OHSC in 2015 that reported poor performance of health establishments on the management of complaints, compliments and suggestions.

Thank you to our colleagues in provincial Quality Assurance units and Customer Care units that have made continuous contributions throughout the development of the various documents.

A vote of thanks to the Board of the OHSC that gave inputs and approved the National Complaints Manage Protocol that formed the corners stone from which this policy was developed from.

Lastly as special thank you to the members of the National Strategic Planning Committee, the DPSA and the DPME that also made valuable contributions to the policy.

# NATIONAL POLICY TO MANAGE COMPLAINTS, COMPLIMENTS AND SUGGESTIONS IN THE PUBLIC HEALTH SECTOR OF SOUTH AFRICA

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# **POLICY TO MANAGE COMPLAINTS, COMPLIMENTS AND SUGGESTIONS**

## **1. PURPOSE**

The purpose of the National Policy to Manage Complaints, Compliments and Suggestions (NPMCCS) is to provide direction to the public health sector of South Africa regarding the management of complaints, compliments and suggestions by ensuring that standards and measures as set out by the Office of Health Standards Compliance, the Department of Planning, Monitoring and Evaluation in the Presidency and the Department of Public Service and Administration are adhered to.

This policy also serves as legal framework (refer to section 6.2) to ensure that the right of patients and/or their families/support persons to complain is upheld. This is achieved by setting out processes to ensure that they are informed on how to lodge a complaint or record a compliment or suggestion and on what to subsequently expect.

Furthermore, it guides a process whereby valuable information is gathered from which the health system could learn and to which it can positively respond by bringing about the required change to improve quality.

## **2. DEFINITIONS**

### **Complaint**

A complaint is defined as the dissatisfaction, displeasure, disapproval or discontent expressed verbally or in writing by any person about the specific health services being rendered and or care being provided within the public health sector.

However, the Complaints Procedure as described in the procedural manual to manage complaints, compliments and suggestions has not been designed to address the following:

- staff-specific grievances that is codified within Labour Relations legislation and thus be addressed through labour relations processes,
- complaints that relate more to broad national health policies, for example the placement and building of new health facilities, the drug regimens for the treatment of specific diseases or

disapprovals expressed towards legislation falling under the Portfolio Responsibilities of the Minister of Health, e.g. the Choice on Termination of Pregnancy Act (Act 92 of 1996) and the Tobacco Products Control Amendment Act (Bill 14 of 2015);, and

- complaints that relate to corruption which should be referred to the National Anti- Corruption Hotline (NACH).

### Compliment

A compliment is any expression of praise, commendation or admiration given by any person on health services being rendered and or care being provided within the public health sector.

### Suggestion

A suggestion is any proposal made or an idea that has been put forth by any person to improve the health services being rendered and or care being provided within the public health sector.

## 3. SCOPE

The Policy Directive:

- applies to all complaints, compliments and suggestions that are lodged in public health establishments of South Africa,
- is applicable to clinical staff and non-clinical staff,
- describes roles and responsibilities in the management process of complaints, compliments and suggestions,
- articulates mandated reporting requirements from legal and policy perspectives,
- defines the timeframes within which complaints and the results of the investigation of these complaints, are to be reported and redress provided to patients and/or their families/support persons, and
- identifies the facility/district/provincial and national level processes for aggregation, analysis, learning and action on incidents.

Compliance with this Policy Directive is mandatory for all staff working in public health care establishments in South Africa

### 4. GUIDING PRINCIPLES

All health facilities must have an effective system in place to manage complaints, compliments and suggestions in accordance with the following principles:

#### 4.1 Customer focus

The health establishment must be committed to effective complaint, compliment and suggestion management and value the feedback received from users through these mechanisms.

#### 4.2 Visibility

Information about how and where to complain or give a compliment or suggestion must be well publicized to patients, their families and supporting persons.

#### 4.3 Accessibility

It must be made as easy as possible for users to lodge a complaint or give a compliment or make a suggestion. The patient or their families/supporting persons should be encouraged to complain or give a compliment or make a suggestion at the point of service. All attempts should therefore be made to reduce potential barriers to access such as race, language, literacy, attitude, etc. An easy-to-understand complaint, compliment and suggestion procedure is desirable because it is then likely to also be more accessible for vulnerable groups such as blind and deaf people and illiterate people, as well as being easier to use by those managing it.

#### 4.4 Responsiveness

Complaints are acknowledged promptly, addressed according to urgency, and the patient/family or supporting persons is kept informed throughout the process. This can help prevent dissatisfaction growing or further complaints arising about delays. Where a delay is unavoidable, the patient or their families/supporting persons should be kept informed of progress and told when an outcome can be expected.

#### 4.5 Objectivity and fairness

Once a complaint is made, the procedure should ensure that different points of view from the patient or their families/supporting persons and that of the respondent are listened to and investigated without prejudice. All investigations should also be conducted in an open and non-defensive way.

#### 4.6 Confidentiality

The patient or their families/supporting persons' right to confidentiality of all information pertaining to his/her complaint must at all times be respected. The patient's expressed consent is not needed if

his/her personal information is required to investigate a complaint. However, care must be taken throughout the complaints management procedure to ensure that any information disclosed about the patient is confined to that which is relevant to the investigation of the complaint and only disclosed to those people who have a demonstrable need to know it for the purpose of investigating the complaint.

### 4.7 Remedy

The health establishment must provide a remedy to the patient or their families/supporting persons who have lodged a complaint in cases where the investigation report indicated that a remedy is required. Effective communication during the entire redress process is essential.

### 4.8 Review

The complaint management system should offer opportunities for internal and external review and/or appeal about the establishment's response to the complaint. Patients or their families/supporting persons must be informed about these review and/or appeal mechanisms.

### 4.9 Accountability

Accountabilities for complaint management are clearly established, and complaints and the responses to them are monitored and reported to management and other stakeholders.

### 4.10 Continuous improvement

Complaints, compliments and suggestions are a source to trigger improvement within health establishments.

Principles 4.1, 4.2, 4.3 and 4.10 apply to complaints, compliments and suggestions. The remainder of the principles applies to complaints only.

## 5. IMPLEMENTATION

All health establishments, district offices, provincial offices and national office must have a Complaint, Compliment and Suggestion Committee (CCSC). The Committee's main objective is to oversee the effective management of complaints, compliments and suggestions. **The CCSCs do not need to be stand-alone committees but can form part of other committees that deal with quality improvement.** The Terms of Reference of such combined committees must indicate in detail

the functions the Committee will be performing in regard to the management of complaints, compliments and suggestions.

### 5.1 Terms of Reference for Health Establishment Complaint, Compliment and Suggestion Committees

- The hospital's committee responsible for complaint, compliment and suggestion management must develop a Standard Operating Procedure (SOP) to manage complaints, compliments and suggestions that is in line with the procedures as stipulated in the procedural manual to manage complaints, compliments and suggestions.
- The Primary Health Care establishment's committee responsible for complaint, compliment and suggestion management must ensure adherence to the procedures as set out in the district office's SOP to manage complaints, compliments and suggestions.
- Every health establishment's committee must identify a designated complaints, compliment and suggestion staff member for their establishment.
- Monitor the health establishment's adherence to the SOP for the management of complaints, compliments and suggestions.
- Ensure the process whereby a complaint is lodged, a compliment is recorded or suggestion is made, is available in the health establishment in the form of posters or pamphlets in the official language(s) commonly understood by the communities that are served by the health establishment and the procedure is explained to all first time users.
- Ensure the health establishment has visible signposting to lead the patient or their families/supporting persons to the point where complaints should physically be lodged or compliments and suggestions be recorded.
- Monitor that complaint investigations are conducted and redress provided within 25 working days.
- Conduct monthly meetings of which the minutes must be recorded.
- Compile and analyse statistical reports to identify trends.
- Submit monthly statistical reports to the respective district or provincial office.
- Make recommendations to prevent similar future trends as identified in statistical reports.
- Disseminate lessons learned.
- Ensure that regular training of staff on the management of complaints, compliments and suggestions takes place.

### 5.2 Terms of Reference for sub-district/ district Complaint, Compliment and Suggestion Committees

- Develop a Standard Operating Procedure (SOP) to manage complaints, compliments and suggestions for the facilities within their district that is in line with the procedures as stipulated in the procedural manual to manage complaints, compliments and suggestions.
- Monitor that Primary Health Care establishments and district hospitals adhere to the district's SOP for managing complaints, compliments and suggestions.
- Monitor that complaint investigations are conducted and redress provided within 25 working days.
- Provide training to staff that is responsible for the management of complaints, compliments and suggestions.
- Investigate all complaints referred to or lodged with the sub-district/district office.
- Conduct at least quarterly meetings of which the minutes must be recorded. Ad hoc meetings can be scheduled as needed.
- Compile and analyse district statistical reports to identify trends.
- Implement system-wide district initiatives to in future prevent similar negative trends as identified in statistical reports.
- Submit quarterly statistical reports to the provincial office.
- Ensure that the knowledge obtained through the statistical analysis of complaints, compliments and suggestions inform existing as well as future guidelines and SOPs.

### 5.3 Terms of Reference for Provincial Complaint, Compliment and Suggestion Committees

- Develop a provincial protocol to manage complaints, compliments and suggestions that is in line with the procedures as stipulated in the procedural manual to manage complaints, compliments and suggestions.
- Monitor that hospitals and district offices adhere to the provincial complaint, compliment and suggestion protocol.
- Monitor that complaint investigations are conducted and redress provided within 25 working days.
- Assess on a regular basis the functionality of the provincial Complaints, Compliments and Suggestion System to determine its effectiveness and efficiency.
- Publicise complaints, compliments and suggestions procedures throughout the organisation and provide training to all staff members.
- Investigate all complaints referred to or lodged with the provincial Department of Health.
- Refer complaints to the relevant professional Council and/ or Board, if so required.
- Refer a complaint to the Ombud within the Office of Health Standards Compliance for further investigation should the complainant remain dissatisfied with the outcome of the province's initial investigation and/ or disagrees with the actions taken by the province in dealing with the complaint.

- Conduct at least quarterly meetings of which the minutes must be recorded. Ad hoc meetings can be scheduled when needed.
- Compile and analyse provincial statistical reports to identify trends.
- Implement system-wide provincial initiatives to in future prevent similar negative trends as identified in statistical report.
- Submit quarterly statistical reports to the national office.
- Ensure that the knowledge obtained through the statistical analysis of complaints, compliments and suggestions inform existing as well as future guidelines and SOPs.

### 5.4 Terms of Reference for a National Complaint, Compliment and Suggestion Committee

- Develop and review the National Policy to Manage Complaints, Compliments and Suggestions.
- Conduct quarterly meetings of which the minutes must be recorded.
- Monitor provincial adherence to the National Policy to Manage Complaints, Compliments and Suggestions.
- Compile and analyse quarterly national statistical reports.
- Implement system-wide national initiatives to prevent similar complaints.
- Provide advice to the Minister of Health on issues of public concern and media or public attention.

## 6. Procedural manual to manage complaints, compliments and suggestions

The procedures to manage complaints, compliments and suggestions are set out in the procedural manual (see section 6.1 to 6.6) for managing complaints, compliments and suggestions.

# PROCEDURAL MANUAL TO MANAGE COMPLAINTS, COMPLIMENTS AND SUGGESTIONS

## 6.1 OBJECTIVES

In setting up a NPMCCS, the perspective of the patient or their families/supporting persons and the health sector should be considered, i.e. the health sector must be clear on why it needs a policy and it must be understood why patients or their families/supporting persons make their grievances known.

### 6.1.1 The key objectives of the public health sector

The public health sector would like to attain the following key objectives through this policy:

- ***To respect the patient's right to complain or give compliments/suggestions:*** Rights are the cornerstone of any democracy. Constitutionally, all South Africans have the right to health care services and legally they may complain or give compliments/suggestions about the manner in which these services are provided to them. The public health sector must therefore respect, protect, promote, and fulfill this right to complain or give compliments/suggestions, and not revert to any form of victimization.
- ***To resolve problems and satisfy the concerns of the patient or their families/supporting persons:*** Concerns of patient or their families/supporting persons must always be taken seriously. The actions needed to address a complaint should always be geared towards resolving the problem.
- ***To provide a simple complaints, compliments and suggestions procedure everybody can understand:*** All the steps of the procedure must be clearly documented and must be made known to the public through various means of communication, for example pamphlets, brochures and posters in the appropriate languages.
- ***To provide health service managers with a means to extract lessons on quality and to subsequently improve services for patients:*** Complaints and compliments/suggestions should be recorded and classified in such a manner that they can be easily analysed, trends identified and lessons drawn from the information at hand.

- **To ensure fairness for staff and patients alike:** When complaints are investigated, the views, opinions, experiences and observations of all concerned should be objectively obtained and assessed without any prejudice.
- **To strive for honesty and thoroughness:** Investigatory processes when instituted should promote thoroughness and not protect the health establishment or staff's own interest at the expense of the patient's autonomy and interest.
- **To avoid unnecessary litigation:** Long delays in resolving complaints often lead to great frustration and to subsequent litigation. Unnecessary litigation as a means to resolve a complaint is not cost-effective, thus innovative ways of avoiding such cases should at all times be sought.
- **To build staff moral:** Compliments encourage staff to perform better and also give recognition to staff that excel in their work environment.

### 6.1.2 The key objectives of patient or their families/supporting persons

Patient or their families/supporting persons may have a variety of objectives when making their grievances known. These objectives need to be at least partially met during redress if the patient or their families/supporting persons are to be satisfied with the response he or she receives. These objectives can be one or more of the following:

- **To get acknowledgement:** patient or their families/supporting persons' views must be taken seriously. The mere fact that they had reason to complain or give a suggestion must be acknowledged.
- **To receive an apology:** As a simple apology can be a very important objective for patients or their families/supporting persons that lodged a complaint, such an apology, if warranted, must be given without too long a delay.
- **To receive an explanation:** Information on what happened and why it happened needs to be provided to the patient or their families/supporting persons once a complaint is lodged. This must be done in a language he/she understands. The explanation should not deny the patient or their families/supporting persons' experience of events and it should also not degenerate into a form of making excuses.
- **To prevent recurrence:** People often complain and make suggestions in an altruistic manner to ensure something is done to prevent their (bad) experience happening to others as well. Getting a commitment to action in this regard becomes the main

objective. This commitment must be given and conveyed to the patient or their families/supporting persons, and all actions committed to must be carried through.

- **To ask for compensation or special consideration:** Often patients or their families/supporting persons that lodge a complaint want action to take place that has a more direct bearing on either their own care or the care received by the patient on whose behalf they are complaining. This may include preferential or additional treatment, or even financial compensation.
- **To seek retribution:** Although seeking retribution is rather the exception than the rule, in some cases the patient or their families/supporting persons does want steps to be taken against individual health workers/health establishments for their 'alleged' wrongful actions or where they feel there is a cover-up of mistakes.
- **To give recognition to staff that provided excellent service:** patient or their families/supporting persons wants to convey their gratitude over to staff that provided a good service by giving them a compliment to show their appreciation for the care that was provided.

## 6.2 LEGAL AND POLICY FRAMEWORK

The constitutional, legislative and policy framework for the NPMCCS is as follows:

### 6.2.1 The Constitution of the Republic of South Africa

Chapter 2 of the Constitution<sup>1</sup>, i.e. the Bill of Rights, bestow citizens *inter alia* the right to have their dignity respected and protected, to take action against the State if they believe their constitutional rights have been infringed, and to have access to information held by the State which they need in order to be able to take action.

### 6.2.2 The National Health Act, Act 61 of 2003

Section 18 of the National Health Act<sup>2</sup> states that, (i) any person may lay a complaint about the manner in which he or she was treated at a health establishment and have the complaint investigated, (ii) the relevant Member of the Executive Council [MEC] and every municipal council must establish a procedure for the laying of complaints within those areas of the national health system for which they are responsible, and (iii) in laying the complaint, the person or user referred to above must follow the procedure established by the relevant MEC or the relevant municipal

<sup>1</sup>Constitution of the Republic of South Africa, Government of the Republic of South Africa. Act 108 of 1996

<sup>2</sup>National Health Act, Act 61 of 2003

council, as the case may be. Section 18 also states that the procedure for laying complaints must, (a) be displayed by all health establishments in a manner that is visible for any person entering the establishment and the procedure must be communicated to users on a regular basis, (b) include provisions for the acceptance and acknowledgement of every complaint directed to a health establishment, whether or not it falls within the jurisdiction or authority of that establishment, and (c) allow for the referral of any complaint that is not within the jurisdiction or authority of the health establishment to the appropriate body or authority.

### 6.2.3 The White Paper on Transforming Public Service Delivery

The White Paper on Transforming Public Service Delivery<sup>3</sup> (the *Batho Pele* White Paper) states it unequivocally as a principle that if a promised standard of service is not delivered, citizens should be offered an apology, a full explanation and a speedy and effective remedy. Furthermore, when complaints are made, citizens should receive a sympathetic, positive response. In section 4.7 of the White Paper clear guidance on remedying mistakes and failures are also provided to national and provincial departments.

### 6.2.4 Public Service Legislative Framework

In terms of the Public Service Regulations, 2001 (based on the Public Service Act, 1994 as amended), an executive authority shall establish and sustain a service delivery improvement programme (SDIP) for her or his department. One of the key elements of the service delivery improvement programme (as per the regulations), is that it should stipulate a system or mechanism for (managing) complaints and compliments. To assist departments in developing their complaints/compliments management systems, the Department of Public Service and Administration (DPSA) developed the *Citizen Complaints and Compliments Management Framework in March 2013*.<sup>4</sup>

### 6.2.5 Ethical rules for health providers

All health professionals are bound by ethical rules in their specific professional practice. As the gist of these rules has to do with the protection of their patients and the public at large, health professionals are thus held accountable for their professional acts and omissions. The ethical rules guide judgment against unethical practices of health professionals. Public health workers are also

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<sup>3</sup>The White Paper on Transforming Public Service Delivery, Department of Public Service and Administration Notice 1459 of 1997

<sup>4</sup>Citizen Complaints and Compliments Management Framework, Department of Public Service and Administration (DPSA), March 2013, p9

subject to the *Code of Conduct for Public Servants* in which the expected relationship of the employee with the public is clearly defined.

### 6.2.6 The National Patients' Rights Charter

One of the key objectives of the Patients' Rights Charter<sup>5</sup> is to empower users of health services to contribute towards improving the services. The right to complain as enshrined in the Patients' Rights Charter provides citizens one way of contributing towards improving service delivery.

### 6.2.7 The National Health Amendment Act

Section 78 of the Act<sup>6</sup> states that the objectives of the Office of Health Standards Compliance is to protect and promote the health and safety of users of health services by *inter alia* ensuring consideration, investigation and disposal of complaints relating to non-compliance with prescribes norms and standards in a procedurally fair, economical and expeditious manner. The standards as set out in the National Core Standards for Health Establishments<sup>7</sup> are structured into seven cross-cutting domains. The various standards relating to complaints, compliments and suggestions are set out in domain 1 (Patient Rights). The said Act also states in Section 81A.(1) that the Ombud (*within the said Office*) may, on receipt of a written or verbal complaint relating to norms and standards, on his or her own initiative, consider, investigate and dispose of the complaint in a fair, economical and expeditious manner.

## 6.3 DESIGNATION OF MEMBERS OF COMPLAINT, COMPLIMENT AND SUGGESTION COMMITTEES

The NPCCS stipulates the terms of reference of the Complaint, Compliment and Suggestion Committee (CCSC) that must be established at health establishments, sub-district/ district, provincial and national level. Every health establishment must identify a designated complaints, compliment and suggestion staff member for their establishment that will manage complaints, compliments and suggestions.

The members of these committees as set out in section 6.3.1 to 6.3.5 gives guidance to CCSCs on the designation of the members to include in their committees.

<sup>5</sup>The National Patients' Rights Charter, DOH 1999

<sup>6</sup>The National Health Amendment Act, Act 12 of 2013

<sup>7</sup>National Core Standards for Health Establishments in South Africa, DOH 2011

### 6.3.1 Designation of members for Community Health Care Centers and Clinics CCSCs

Members of the CCSC Committee can be constituted by, but not limited to, staff members with the following designations:

- the facility manager (Chairperson)
- Complaints/ Helpdesk Officer/ Public Relations Officer
- one other staff member from any category
- one community member serving on the Community Health Forum can attend on an ad hoc basis. In the event that the CCSCs is not a stand-alone committee but forms part of other committees that deal with quality improvement, complaints should be put as the first agenda point so that members of the Community Health Forum can be excused once the agenda point has been discussed. The monthly or quarterly report that is submitted to the Community Health Forum must include a section on the management of complaints.

### 6.3.2 Designation of members for hospital CCSCs

Members of the CCSC Committee can be constituted by, but not limited to, staff members with the following designations:

- the CEO
- the Clinical Manager (Chairperson)
- complaints/Helpdesk Officer/ Public Relations Officer
- quality assurance manager
- nursing manager
- one staff member from allied services
- one member of the Hospital Board. In the event that the CCSCs is not a stand-alone committee but forms part of other committees that deal with quality improvement, complaints should be put as the first agenda point so that members of the Hospital Board can be excused once the agenda point has been discussed. The monthly or quarterly report that is submitted to the Hospital Board must include a section on the management of complaints.

### 6.3.3 Designation of members for sub district/district offices CCSCs

Members of the CCSC Committee can be constituted by, but not limited to, staff members with the following designations:

- district quality assurance manager (Chairperson)
- district manager

- staff responsible for coordinating complaints, compliment and suggestion management
- representative of the Labour Relations division (on ad hoc basis)
- managers of programmes
- district clinical specialist team member

### 6.3.4 Designation of members for provincial offices CCSCs

Members of the CCSC Committee can be constituted by, but not limited to, staff members with the following designations:

- head of quality assurance division/ and or designated person (Chairperson)
- staff members responsible for coordinating the management of complaints, compliments and suggestions
- clinical specialists to be co-opted according to expertise required
- representative from the Labour Relations division (on ad hoc basis)

The Committee can co-opt members as required based on the need.

### 6.3.5 Designation of members for national office CCSC

Members of the CCSC Committee can be constituted by, but not limited to, staff members with the following designations:

- Chief Director or Director for Hospital services
- Chief Director or Director for Primary Health Care
- Chief Director or Director for Quality Assurance (Chairperson)
- Chief Director or Director for Monitoring and Evaluation
- Chief Director or Director for Policy Coordination and Integrated Planning

The Committee can co-opt members as required based on the need.

## 6.4 REQUIRMENTS FOR A WRITTEN STANDARD OPERATING PROCEDURE TO MANAGE COMPLAINTS, COMPLIMENTS AND SUGGESTIONS

All hospitals and district offices must have a written Standard Operating Procedure (SOP) for the management of complaints, compliments and suggestion as stipulated in the policy section under the Terms of Reference for CCSC. The SOP must include the following:

### 6.4.1 Complaints:

- the procedure for lodging a complaint (including telephonic complaints)
- the procedure for acknowledgement of a complaint

- the procedure for investigating a complaint
- the procedure for determining the required action to be taken according to the severity of the complaint (risk rating)
- the procedure for identifying patterns in system failures (categorisation)
- the procedure for redress
- timelines to be adhered to
- the procedure around recording of statistical data on complaints including the indicators for complaints
- monitoring mechanisms and their response timelines
- mechanism to ensure children's participation in the complaints process and
- mechanism to ensure that vulnerable groups such as disabled people, the elderly, mentally ill people, illiterate people and people speaking foreign languages can easily participate in the complaints process

### 6.4.2 Compliments and suggestions

- the procedure for lodging compliments and suggestions
- the procedure for identifying patterns in system failures/good practices (categorisation) and
- the procedure around recording statistical data on compliments and suggestions

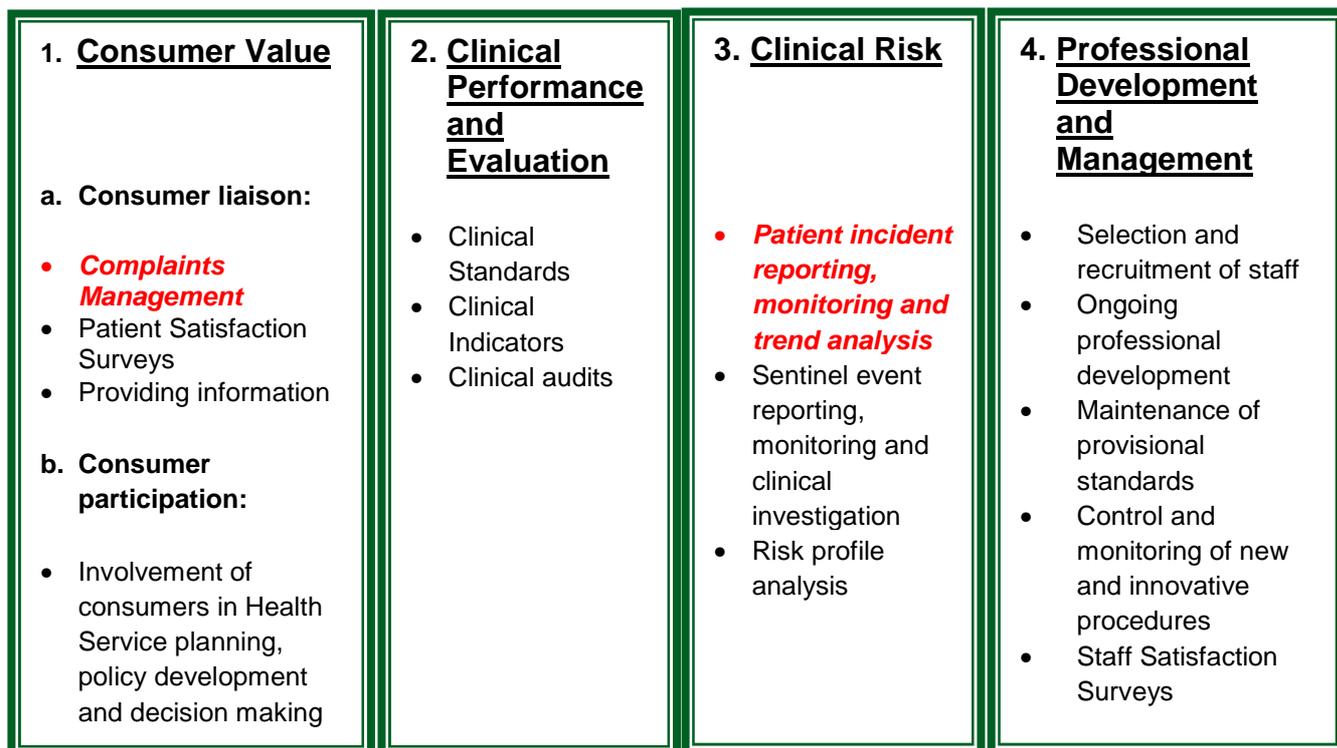
## 6.5 COMPLAINT MANAGEMENT

### 6.5.1 Clinical governance, complaint management and patient safety incident management

It is important to know that managing complaints forms an integral part of clinical governance which aims at ensuring patients receives safe, accountable and effective care that will culminate in the best possible patient experience. Clinical Governance is defined as: “A *systematic and integrated approach to assurance and review of clinical responsibility and accountability that improves quality and safety resulting in optimal patient outcomes*”, and it is described using 4 key pillars<sup>8</sup> as set out in figure 1.

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<sup>8</sup>Western Australia Clinical Governance Guidelines, Health Reform Implementation Taskforce, 2005, p2



**Figure 1: Four key pillars of Clinical Governance**

From figure 1, pillar one it is apparent that a complaints management system creates a platform through which the user of health services is able to positively influence (add value) to the health care he/she will receive.

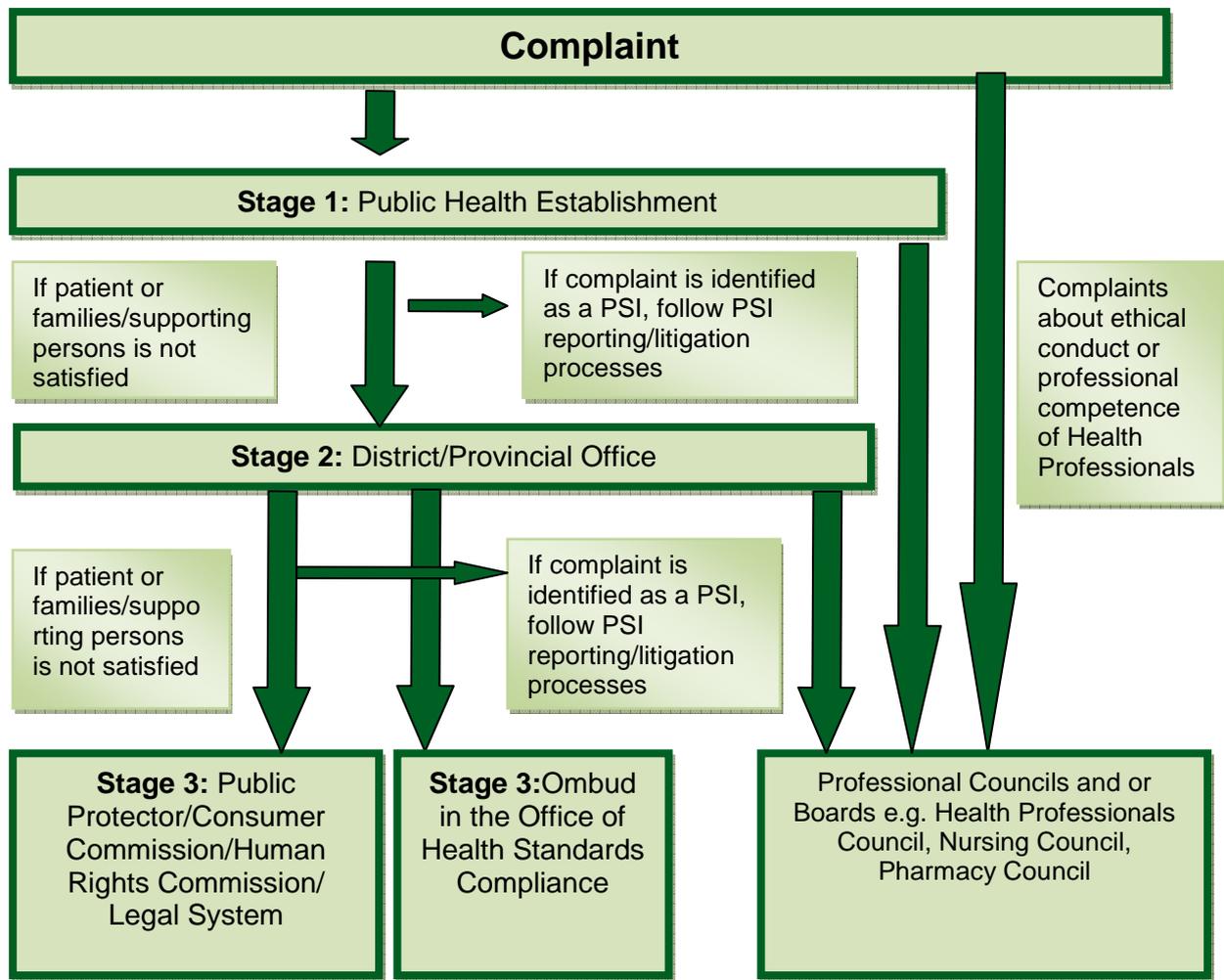
Many serious Patient Safety Incidents (PSI), i.e. an event or circumstance that could have resulted, or did result, in unnecessary harm to a patient, are often firstly brought to the fore as a complaint and thus managed accordingly. This highlights the importance of having an effective complaints management system in place. The effectiveness of such system is demonstrated by its ability to, (a) easily identify the severity of the incident described by the complainant, (b) classifying it as being a PSI or not, and (c) avoid the complaint from developing into a case of litigation.

Once a complaint has been classified as a PSI or a complaint has turned into a case of litigation, the further management thereof (e.g. investigation and resolution) will be done through procedures as set out in the National Policy for Patient Safety Incident Reporting and Learning and structures set up at provincial level to manage cases of litigation respectively. Should the latter be the case, the further investigation of the complaint as a complaint will cease immediately, because any report

emanating from such investigation could lead to the use thereof as evidence in a court of law, thus the case becomes *sub-judice*.

**6.5.2 A system to lodge and manage complaints**

In figure 2, a three-stage system for managing complaints is set out. Every stage represents a level of authority where certain steps need to be taken to ensure a complaint is successfully managed. It should be noted that the users of health services have the right to lodge a complaint at any level they wish, though they may at any stage be referred back to the relevant level of authority when applying the principle of encouraging users to complain at the point of service.



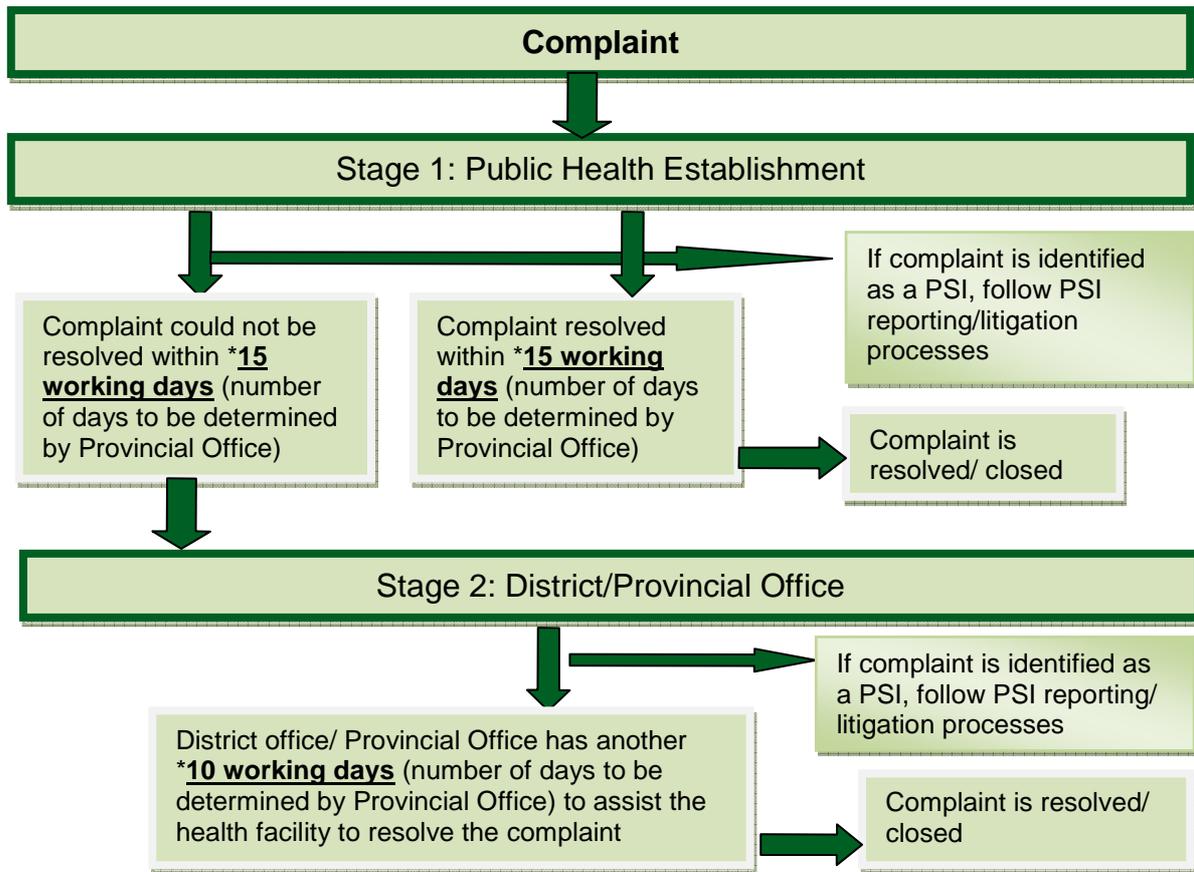
**Figure 2:**Flow diagram of a three-stage system to manage complaints

**Stage 1: Aims at resolving the complaint at the health establishment, i.e. at the point of service and as quickly and amicably as possible. This stage also ensures that complaints that cannot be resolved by the health establishments within the specified time frame as determined by the provincial head of health are escalated.**

- As soon as a complaint gets lodged, providers must resolve it as quickly as possible. Immediate investigation/ conciliation is instituted which involves an oral and first line response.
- If the complaint cannot be resolved on the spot, it will be referred to the head of the establishment concerned.
- The head of the health establishment or his/ her appointee must be the *Complaints Manager* of the health establishment who will investigate the complaint.
- To ensure that the timeframe for resolution is within 25 working days, it is the responsibility of the provincial office to set the number of days that is allocated for health establishments to resolve complaints. The number of days allocated to health establishments to resolve complaints should be less than 25 working days to allow for the escalation of complaints to district or provincial office. This will allow time for district and provincial offices to assist establishments to resolve complaints that is complex. For example, 15 working days can be allocated to health establishments to investigate and resolve complaints, but if the establishment is not able to resolve the complaint within the 15-day period, it will have to escalate the complaint to the district/ provincial office who will then in turn have 10 working days to assist the health establishment to investigate and resolve the complaint, see figure 3<sup>10</sup>.

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<sup>10</sup>Citizen Complaints and Compliments Management Framework, Department of Public Service (DPSA), March 2013, p17)



\*Number of working days in stage 1 and stage 2 must add up to 25 working days

**Figure 3:Flow diagram to illustrate the allocation of the number of days to resolve complaints at establishment and district/provincial level**

**Stage 2: Aims at reviewing and investigating complaints that were not resolved to the satisfaction of the patient or their families/supporting persons during Stage 1. This stage ensures that the district manager or provincial head of health heeds complaints.**

- In case of no response or dissatisfaction with how the complaint was managed during Stage 1, the patient or their families/supporting persons has the right to take the matter to the provincial head of health or the district Manager.
- The provincial head of health or district manager will review and investigate the complaints he/ she receive.
- Any complaint received by the Minister of Health, Director-General of Health or National Department of Health about provincial health services, may be referred to the relevant provincial head of health for his/her further investigation and feedback to the patient or

their families/supporting persons or to the institutions listed in Stage 3.

**Stage 3: Aims at reviewing and investigating complaints that were not resolved to the satisfaction of the patient or their families/supporting persons during Stages 1 and 2 that warrant the attention/ intervention of other institutions. Once the time frame for resolving complaints has lapsed, the patient or their families/supporting persons becomes entitled to approach other institutions.**

- If the complaint is not resolved to the satisfaction of the patient or their families/supporting persons during stages 1 and 2, or time frames for resolution have lapsed, the patient or their families/supporting persons has the right to take recourse to the following institutions:
  - The Health Ombud situated in the Office of Health Standards Compliance.
  - The Public Protector, Public Service Commission, Human Rights Commission and Consumer Commission that serve to protect the public from mal-administration and impropriety.
- Lodging a complaint with one of the above-mentioned institutions will be with the head of the said institution.
- Each institution will manage complaints in accordance with the appropriate regulations pertaining to their relevant complaints management and disciplinary processes promulgated in terms of their respective acts.
- The complainant may also take recourse to the South African private legal system or approach the High Court for relief in instances where he/she is aggrieved by the outcome of the investigations conducted by the different levels of authority/ institutions during stage 1, 2 and 3<sup>11</sup>

### **Complaints that directly relate to the professional conduct of health professionals**

- Complaints made by the public that directly relate to the professional conduct of a health professional can be -
  - Lodged directly at the relevant professional Council and/or professional Board.
  - Referred to the professional Council/Board by the relevant health establishment/ health authority/ institution during stage 1, 2 or 3.
- The complaint must be lodged with the Registrar of the relevant professional Council and/or professional Board who in turn could oblige an establishment/ health authority/

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<sup>11</sup>Citizen Complaints and Compliments Management Framework, Department of Public Service and Administration (DPSA), March 2013, p16

institution to provide documents related to the complaint.

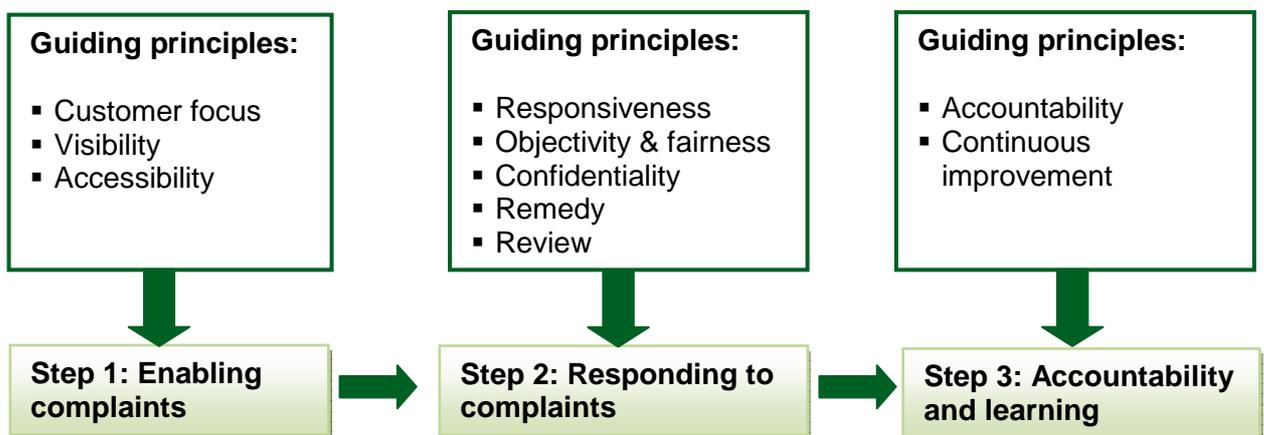
- Each professional Council and/or Board will manage complaints in accordance with the appropriate regulations pertaining to their relevant complaints management and disciplinary processes promulgated in terms of their respective acts.
- Where the complainant remains dissatisfied with the outcome of his/ her complaint, he/she can take the matter on appeal to an appeals committee appointed by the relevant Council.

### 6.5.3 Steps to effectively manage complaints

The manager of a health establishment will be responsible and held accountable for ensuring complaints are managed according to the NPCCS and that there is adherence to the principles as set out in the policy.

Key features of an effective complaint management system can be organised according to the ten principles (refer to policy section 4, guiding principles) for good practice. These principles form the three steps of complaint management, see figure 4<sup>12</sup>:

- Step 1: enabling complaints – arrangements that enable people to lodge complaints to health establishments
- Step 2: responding to complaints – ensuring that complaints are dealt with in a prompt, objective, caring and confidential manner; and
- Step 3: accountability and learning – using complaints to demonstrate accountability and stimulate organisational improvement



**Figure 4: Flow diagram to illustrate how the guiding principles of complaint management forms the three steps for managing complaints effectively**

<sup>12</sup>Guidelines for the principles of effective complaint handling. Ombudsman Western Australia, November 2010

### Step 1: Enabling complaints

- Health establishments should encourage patients and their families/supporting persons to lodge a complaint and make it easy for them to complain in any manner they wish to. Therefore the necessary forms should be readily available as well as staff that can assist them to complete it.
- A standardised *complaint/compliment/suggestion form* (see annexure A as an example) is to be completed by every person that wishes to lodge a complaint in person at a health establishment. Verbal complaints which are dealt with directly with the complainant at the point of dissatisfaction and resolved immediately do not need to be recorded as this type of low risk complaints do not require an investigation process and redress is done immediately.
- In cases where health establishments receive complaints via fax, post or per e-mail, there is no need to complete annexure A because these written complaints (usually) carry the relevant details that are needed to conduct a meaningful investigation. In cases where the written complaint does not contain all the information needed to investigate the complaint, the patient or family/supporting person must be contacted and the information must be requested. It is recommended that annexure A is used in these instances.
- Staff members responsible for managing complaints must complete the form for patients or families/supporting persons that wish to lodge a complaint with the establishment telephonically.
- Health establishments will avail staff members to assist those patients or families/supporting persons in need, to fill in the complaint form. If a user cannot write, the complaint should be written down *verbatim*.
- Health establishments should have complaint/compliment/suggestion boxes (see annexure B as an example of the specification for a box) in designated areas where patients or families/supporting persons can put their completed complaint forms in. The process to lodge a complaint must be made available in the form of posters or pamphlets in the official language(s) posted next to the box, see annexure C. These boxes should be emptied on a daily basis. If health facilities do not check the boxes on a daily basis a notice should be placed next to or onto the box stating the times when the boxes are emptied, e.g. opened every Monday or opened on the first Monday of every month. The boxes must be opened at least once a week.

### Step 2: Responding to complaints

#### Acknowledgement

- A written complaint must be acknowledged within 5 working days after receipt by the relevant health establishment.
- Acknowledgement can be done in writing (by means of posting, e-mailing or faxing the acknowledgment letter to the complainant) or telephonically (date on which acknowledgment is done must be recorded).
- Patients or families/supporting persons must be informed on how long they can expect to wait to receive a response.
- The reference number allocated to the complaint (taken from complaint form) must also be conveyed to the patients or families/supporting persons when acknowledging his/her complaint.

#### Taking appropriate action according to the severity of the complaint

- All formal complaints must upon receipt be assessed immediately to identify the severity/risk and the appropriate course of action that needs to be taken.
- The purpose of risk assessment is to identify high risk complaints that raise significant safety, legal or regulatory issues, which need to be dealt with by senior management immediately after they have been notified, or through systems other than the complaints management system (refer to Section 6.5.2).
- There are two categories for risk, medium and high.
- Complaints that falls within the definition of a patient safety incident is risk rated as high
- All other complaints to be risk rated as medium
- Priority must be given to resolving issues that have a high risk and which must be escalated to the manager of the health establishment with immediate effect.

#### Investigating a complaint

- No single strategy applies to all investigations of a complaint. Strategies should be specifically tailored to the situation each investigation requires.
- The critical first step in conducting an investigation is writing down the allegation(s) contained in a complaint. It determines the specific issue(s) to be investigated as well as the facts that needs to be determined/obtained.
- Good planning is the key to a good investigation. An investigative plan may be simple or complex. It provides a strategy that focuses on determining/ obtaining only the essential information required that will ultimately resolve the complaint.

- The investigative plan should amongst others include who should be interviewed, what records should be reviewed, what questions should be asked and what the most effective strategy for conducting the investigation would be.
- It is important to interview everyone who has knowledge of and direct interest in the event(s) that is being investigated. It is also important to identify and scrutinize all relevant documentation or records that may contain information that could help the investigating officer determine all the facts<sup>13</sup>.

### Resolution of complaints

#### Redress of patient or families/supporting persons

- Once the investigation of a complaint has been concluded the patients or families/supporting persons must be redressed. The aim of such redress is to reach a fair and reasonable resolution in an amicable manner.
- Redress refers to a range of appropriate responses that can be provided to a patient or families/supporting persons by a health establishment. Such responses or remedies can include one or more of the following:
  - An apology, explanation or an acknowledgement of responsibility.
  - Remedial action that may include (i) the review or changing of a decision on the service or care provided to an individual patient, (ii) revising published material, (iii) revising a procedure to prevent the recurrence of a wrong event/ incident, and (iv) the training of staff members or strengthening of their supervision; or any combination of the above.
- A written letter/report on the outcome of the investigation must be provided to the patient or families/supporting persons. If a redress meeting is being held, the patients or families/supporting persons must also be provided with a report on such meeting. In cases where the patient or families/supporting persons do not honour an appointment that was made for a redress meeting, a letter on the outcome of the investigation must be send via post or e-mail. In the event that the patient or families/supporting persons and the staff of the establishment cannot come to an agreement/conclusion during the meeting the chairperson of the meeting can then request that the meeting be adjourned. The patient or families/supporting persons must then be informed on the various stages to lodge a complaint as described in section 6.5.2. The contact details of the authority where the patient or families/supporting persons are referred to must also be provided to them. A letter must be sent to the patient or families/supporting persons on the contents of the

<sup>13</sup>Guide for Ombudsman institutions – how to conduct investigations, United Nations Development Programme, 2006, p61-63

meeting that was held. A copy of the letter must also be send to the authority that the complaint is escalated to.

### **Time frames for resolving complaints**

The complaint will be investigated and the final outcome of the investigation will be conveyed to the patients or families/supporting persons within a target time of 25 working days. However, should the complexity of the investigation require an extension of this 25-day period the complainant will be provided with a progress report within the said 25 working days<sup>14</sup>.

### **Types of resolution**

A complaint is viewed as having been resolved under the following circumstances:

Patient is satisfied/ Redress done: The patients or families/supporting persons indicates that he/she accepts the establishment's response regarding the complaint and/or any redress meeting with the patients or families/supporting persons concludes that the complaint is now resolved. In some instances it does happen that complaints cannot be resolved to the satisfaction of the patients or families/supporting persons. Should this happen the reasons need to be carefully documented as to why the patient or families/supporting persons is still dissatisfied and what attempts were made, to resolve the complaint.

Litigation : The patient or families/supporting persons indicates at any stage of the complaint management process that he/she is dissatisfied with the way in which his/her complaint has been managed and has therefore taken legal action against the establishment (i.e. when a complaint proceeds to litigation).

Patient Safety Incident: It becomes apparent at any stage of the complaint management process that the complaint is in reality a PSI which requires to be managed as such, i.e. through PSI management processes. Should the latter be the case, the reference number assigned to it in the PSI register must also be recorded in the Complaints Register.

Patient or families/supporting persons cannot be traced: When additional information is required from the patient or families/supporting persons to enable further investigation of

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<sup>14</sup>Citizen Complaints and Compliments Management Framework, Department of Public Service (DPSA), March 2013, p16)

the complaint, the patient or families/supporting persons must be contacted to obtain the information. In instances where the patient or families/supporting persons could not be reached on the first attempt, he/ she must be contacted at least twice thereafter for two consecutive weeks. If the patient or families/supporting persons could still not be traced, the complaint can be seen as resolved (closed). In such circumstance the dates and the methods used to contact the patient or families/supporting persons must be documented. The same also applies when a patient or families/supporting persons cannot be traced to conduct redress.

For the purpose of this policy and considering the definition of “resolved” as applied by auditors when auditing the two national Annual Performance Plan (APP) indicators related to complaints management, a “resolved” complaint is viewed as “closed” and a “closed” complaint as being “resolved”.

### Complaints Register

Each health establishment must log all their complaints in a register. The register is a written record that contains information on complaints. The register can be in the form of a book or separate pages filed in a file that is clearly marked that it contains complaint registers. The entries in the register can be either hand written or printed in cases where an electronic system is in used to register complaints. The complaints register must contain the following information (see Annexure E):

- the reference number of the complaint
- the date the complaint was received
- the surname and name of the patient or families/supporting persons who lodge the complaint
- the surname and name of the patient
- a short summary describing the essence of the complaint
- action taken to resolve the complaint, including the outcome of the complaint (level of satisfaction of the patient or families/supporting persons) as well as the remedial action taken to prevent a recurrence of the same incident
- the category of the complaint (assessed when logged and reassessed once the complaint has been resolved)
- the severity of the complaint (determined when logged and reassessed once the complaint has been resolved)
- type of resolution
- the date the complaint was resolved and
- the number of working days it took to resolve the complaint

A manageable filing system should be developed and implemented to ensure all documents relating to complaints are filed and a paper trace of each individual complaint is developed. Once the complaint has been resolved a form that summarises all the information on the complaints must be completed. Refer to annexure F for an example. This can be filed together with annexure A, the *complaint/compliment/suggestion form* and all other documents pertaining to the specific complaint collected during the investigation.

All statistical data that is submitted, letters of complaints and investigative reports must tally with the number of complaints registered in the complaints register.

### Step 3: Accountability and learning

#### Identifying system failures (Categorisation)

- All formal complaints must be categorised according to the categories as set out in annexure D.
- More than one category can be assigned to a single complaint in cases where the patient or family/supporting person complains about more than one service issue e.g. staff attitude and long waiting times.
- It is important that health establishments follow trends of the types of complaints they do receive, because in so doing they are able to identify the most common system failures and whether these failures become worse or improve over time as a result of improvements.
- Once a significant system failure has been identified the root cause must be identified and addressed in order to improve the quality of care.
- Health establishments must report on these categories to the provincial office per reporting period.

#### Reporting on complaints: Indicators and Categories

There are two indicators to monitor the management of complaints; (i) complaints resolution rate and (ii) complaints resolution within 25 working days rate. The data for these indicators must be collected from the complaints registers that must be completed on a monthly basis. The calculation of the indicators is set out in table 1.

Health establishments must on a quarterly basis submit reports to their district/provincial office, on all the complaints they have received and resolved. Provincial offices must submit

reports quarterly to the National office. The data for the prescribed reporting templates can be submitted manually or electronically in cases where a web-based application is available. The report must contain the following information relating to complaints:

- complaints resolution rate
- complaints resolution within 25 working days rate
- number of complaints received per category (see annexure G).

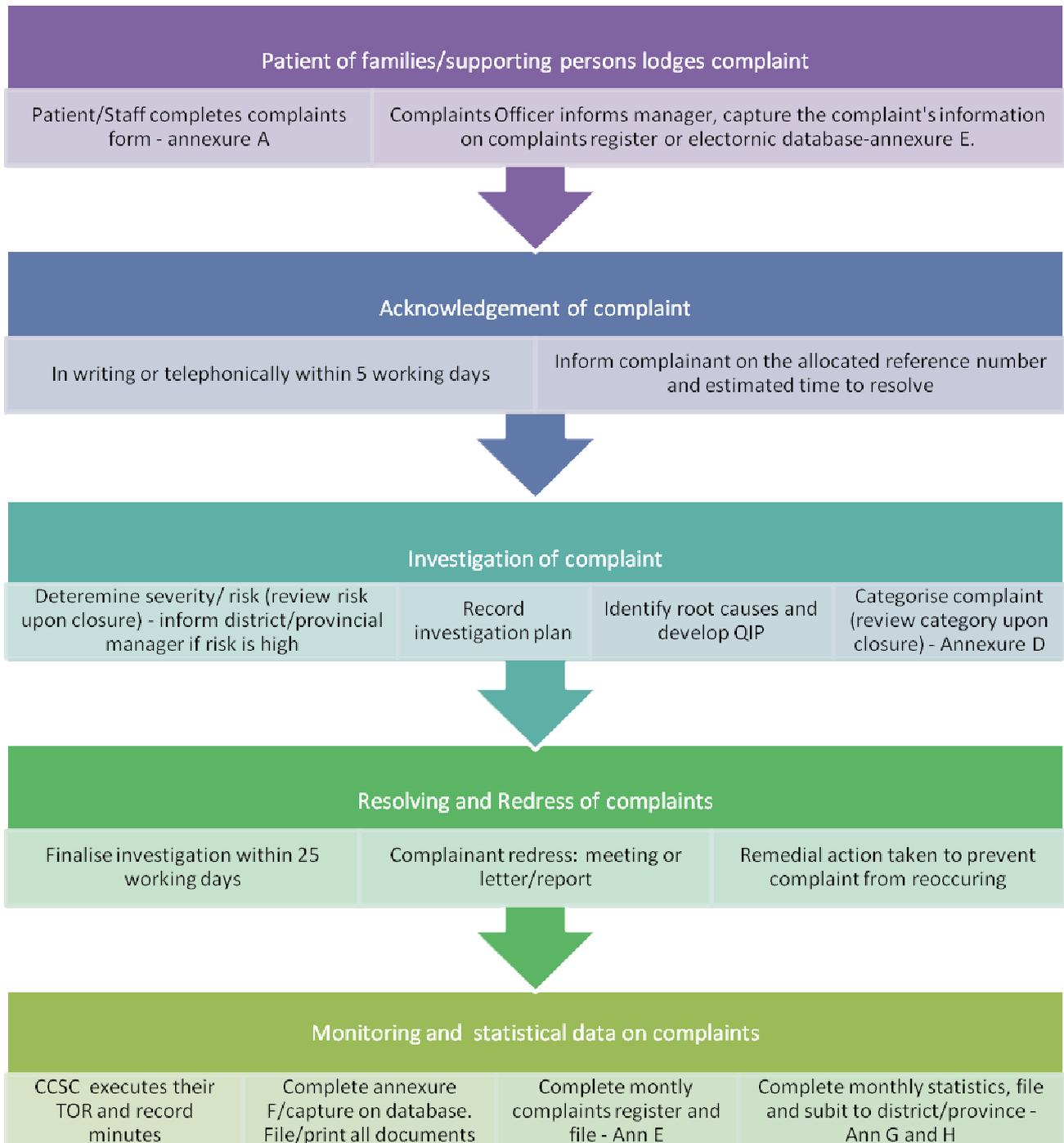
The reports must be analysed and discussed on the CCSC to ensure learning and improvement.

Indicator name	Calculation of Indicator
Complaint resolution rate	$\frac{\text{Number of Complaints Resolved in the reporting month}}{\text{Number of Complaints Received in the reporting month}} \times 100$
Complaints resolution within 25 working days rate	$\frac{\text{Number of Complaints Resolved within 25 working days in the reporting month}}{\text{Number of Complaints Resolved in the reporting month}} \times 100$

**Table 1: Calculation of indicators for complaints**

## Procedural manual to Manage Complaints, Compliments and Suggestions

In conclusion, figure 5 sets out the sequence of processes to follow to ensure the effective management of complaints.



**Figure 5:** Flow diagram of complaint management process

### 6.6 COMPLIMENT AND SUGGESTION MANAGEMENT

The manager of a health establishment will be responsible and held accountable for ensuring compliments and suggestions are managed according to the NPCCS and that there is adherence to the principles as set out in the policy.

The following actions must be taken to ensure compliance:

#### 6.6.1 Recording a compliment or suggestion

- Health establishments should encourage patients and their families/supporting persons and make it easy for them to record a compliment or make a suggestion either verbally or in writing. Therefore the necessary forms should be readily available as well as staff that can assist them to complete it.
- A standardised *complaint/compliment/suggestion form* (See Annexure A) is to be completed by every person that wishes to record a compliment or suggestion.
- Health establishments should have complaint/compliment/suggestion boxes in designated areas where complainants/ patients can put their completed forms in. The procedure to record a compliment or suggestion must be made available in the form of posters or pamphlets in the official language(s) posted next to or nearby the box, see annexure C.

#### 6.6.2 Identifying good practises and system failures (Categorisation)

- All compliments and suggestions must be categorised according to the categories as set out in annexure D.
- It is important for health establishments to follow trends of the types of compliments and suggestions they do receive, because in so doing they are able to identify the most common system failures as well as good practices.
- Once good practices are identified through compliments it should be rolled out to other areas in the facility as well as other facilities.
- Once a significant system failure has been identified through suggestions the root cause must be identified and addressed in order to improve the quality of care.

### 6.6.3 Compliment and suggestion Register

Each health establishment must log all their compliments (see Annexure H) and suggestions (see Annexure I) in separate register. The register is a written record that contains information on compliments and suggestions. The register can be in the form of a book or separate pages filed in a file that is clearly marked that it contains compliment/suggestion registers. The registers must contain the following information:

- The reference number of the compliment/suggestion.
- The date the compliment/suggestion was received.
- The surname and name of the person who recorded the compliment/suggestion.
- Manner in which it was recorded
- A short summary describing the essence of the compliment/suggestion.
- Action taken
- The category of the compliment/suggestion

A manageable filing system should be developed and implemented to ensure all documents relating to compliments and suggestions are filed and a paper trace of each individual compliment and suggestion is developed.

All statistical data that is being submitted, letters of compliments and suggestions must tally with the number of compliments and suggestions registered in the compliments/suggestion register.

### 6.3.4 Reporting on compliments and suggestions

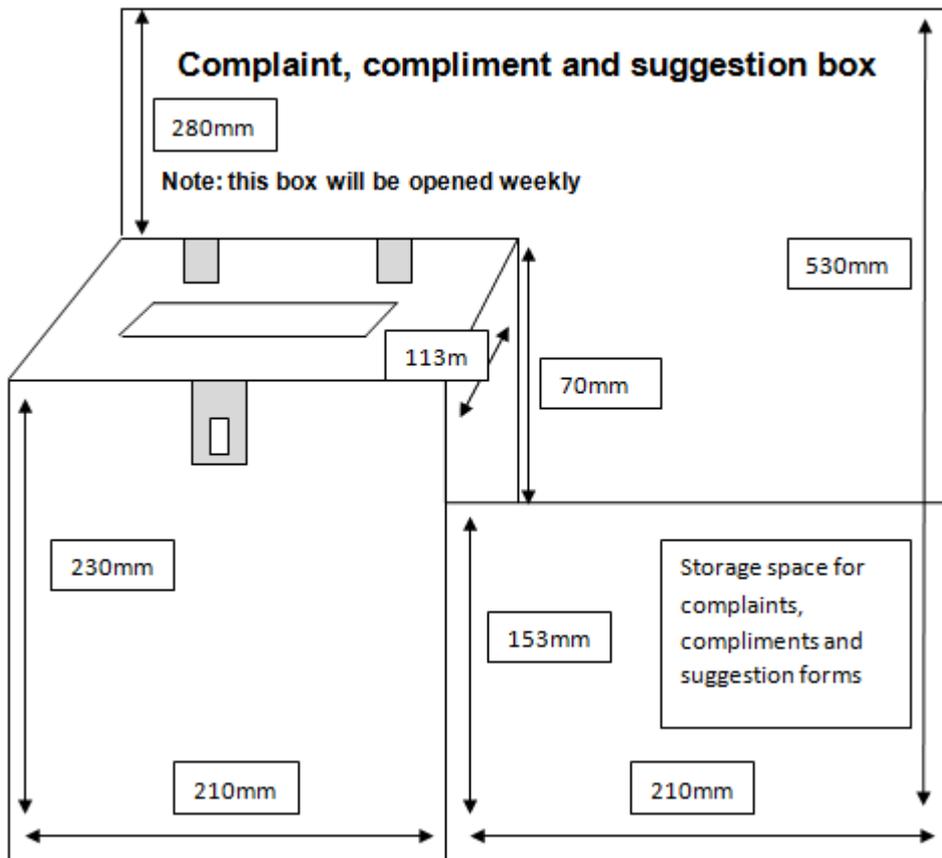
Health establishments must on a quarterly basis submit data on compliments and complaints to their provincial/district office. The data for the prescribed reporting templates can be submitted manually or electronically in cases where a web-based application is available. The report must contain the following information relating to compliments and suggestions:

- number of compliments received
- number of compliments received per category (see annexure J)
- number of suggestions received
- number of suggestions received per category(see annexure K)

The reports must be analysed and discussed on the CCSC on a monthly basis.



**Annexure B: Specifications for complaint, compliment and suggestion boxes**



**Specifications**

Material	Perspex, 5mm thick
Colour	White, frosted (can be any colour according to province's decision)
Hinges and hook and eye	Stainless steel
Label	Perspex print on box itself (no labels) in colour as determined by the province (Colour model CMYK: specify colours) Text and font size: "Complaint, compliment and suggestion box" – Arial 72 Repeat text translated into two other languages according to most prevalent language in the province "Note: this box will be opened weekly (change according to facility's schedule) – Arial 32
Lock	Lock with number sequence to lock
Mounted	Must be mounted onto the wall, 1.2m above the ground.

**Annexure C: Poster to inform patients or families/support persons on the process to follow to lodge a complaint or record a compliment or suggestion**

??
WHAT YOU SHOULD DO IF YOU WANT TO COMPLAIN,  
GIVE A COMPLIMENT OR MAKE A SUGGESTION
??

Lodge a complaint or record a compliment or suggestion

VERBALLY:

Approach the official responsible for managing complaints, compliments and suggestions.

**This official is:**

**Telephone number:**

**Location of office:**

The complaint, compliment or suggestion will be recorded on a prescribed form.

IN WRITING:

Fill in the prescribed form that is available next to the designated box or from the responsible official. The form will guide you on the information needed. Hand over the form to the official or place it in the box provided to post complaints, compliments, or suggestions that is situated at:

**Take note:** If the complaint is urgent, give it directly to the responsible official as the boxes will only be opened on scheduled times as indicated on the box. *Otherwise:*

**Email**  or

**Fax**  or

**Post**

ASK A FAMILY MEMBER OR FRIEND:

To submit a complaint, compliment or suggestion on your behalf in writing or verbally

The complaint will be acknowledged within 5 working days

The complaint will be investigated

The complaint will be resolved and redress conducted within 25 working days. *Should the case require more time for investigation, updates will be provided.*

Should you be dissatisfied with the outcome, lodge the complaint at the district/provincial office or call centre on:

Should you **still** be dissatisfied with the outcome, lodge the complaint at the:

**Presidential Hotline on 17737 or**  
**Batho Pele Call Centre on 0860 428 392 or**  
**Ombud in the Office of Health Standards Compliance on**  
**012 339 8678 / 012 339 8691 / Complaints@ohsc.org.za**

health

Department of Health  
REPUBLIC OF SOUTH AFRICA

### Annexure D: Categories for complaints, compliments or suggestions

Category	Description	Example of the type of complaints that could fall under the category
	Complaints relating to;	
<b>1. Staff attitude</b>	The attitude and behaviour that staff display towards patients.	Staff that <ul style="list-style-type: none"> <li>▪ are rude towards</li> <li>▪ don't greet or show recognition of presence of the patient or families/support persons</li> <li>▪ don't respond to question or enquiry of patients or their families/supporting persons</li> </ul>
<b>2. Access to information</b>	Patients having access and are provided with information upon request.	Patients not allowed access to their medical records, health information, referral pathways and services provided Inability to get interpreter for people with speech impairment.
<b>3. Physical access</b>	Patients having access to services.	Establishments that closes before operating times, Patients being turned away without being consulted Patients not referred to higher level of care where indicated
<b>4. Waiting times</b>	Triaging of patients to ensure that waiting times at service areas are managed efficiently.	Long waiting times in queues at service areas Elderly and disabled persons not given priority treatment
<b>5. Waiting list</b>	the effective management of waiting list for elective procedures.	Patients put on waiting list for a long period of time before receiving elective procedures as required or scheduled
<b>6. Patient Care</b>	Care and professional treatment provided by health care professional according to clinical protocols/guidelines.	Health care professionals not consulting/assessing patients on schedule as prescribed in treatment protocols Misdiagnoses of patient's condition Not taking care of patient's personal needs (bathing, feeding) Elective procedures that resulted in unnecessary harm to patients
<b>7. Availability of medicines</b>	The appropriate management of stock levels of medicines to prevent stock-outs.	Patients not issued with medication as medicines are out of stock or is expired Not giving explanation and making alternative arrangements for non available stock
<b>8. Safe and secure environment</b>	The provision of a safe and secure environment to patients.	Patients assaulted by other patients or visitors Patients losing personal possessions while being admitted Slippery floor, non availability of appropriate rails at ramps
<b>9. Hygiene and cleanliness</b>	The provision of a hygienic and clean environment to patient.	Dirty and unhygienic service areas None availability of water, toilet papers or soap Non availability of linen and dirty linen
<b>10. Other</b>	Any other complaint that cannot be categorised under section 1 to 9.	

**Annexure E: Register for complaints**

Health establishment's name: \_\_\_\_\_

Month/year: \_\_\_\_\_

Ref No. (Column A)	Date Received	Patient/family/s upporting person's name and surname	Patient's name and surname	Summary description of the complaint	Information on i.) Action taken, ii) Outcome, iii) Remedial action	Category of Complaint	Severity of Complaint (Risk Rating)	Type of Resoluti on	Date Resolve d (Column B)	Number of working days to resolve Complaint (Column D)

Column name (e.g. A, B and D) inthe heading of the complaints register refer to the columns to be completed in Annexure G:

- To obtain column A of Annexure G count the number of reference numbers for the month
- To obtain column B of Annexure G count the number of complaints resolved (count the rows where dates have been entered). Very important: also check previous month's registers for complaints that have been resolved for the current month and add all the complaints that have been resolved for the current month. In some instances you can have more complaints resolved than received for a specific month because complaints of previous months were resolved in that specific month.
- To obtain column D of Annexure G count the number of complaints resolved within 25 days only. Same principle applies as previous bullet; therefore check previous month's registers.

**Annexure F: Summary form on outcome of complaint investigation**

<b>Ref no</b>	
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<b>Manner in which complaint was lodged (mark with an "X")</b>	<b>Written</b>
	<b>Verbal</b>
	<b>Physical visit</b>

<b>Date complaint lodged</b>		<b>Date of acknowledgement</b>		<b>Number of days to acknowledge complaint</b>	
<b>Date complaint resolved</b>		<b>Number of working days to resolve complaint (date resolved – date lodged)</b>			

Information on i) Action taken, ii) outcome, iii) remedial action

<b>Category of Complaint(mark with an "X")</b>	Staff attitude	Access to information	Physical access	Waiting times	Waiting list
	Patient care	Availability of medicines	Safe and secure environment	Hygiene and cleanliness	Other
<b>Risk Rating(mark with an "X")</b>	Medium		High		
<b>Date of redress</b>					

<b>Type Of Resolution (mark with an "X")</b>	<b>Patient Satisfied/redress done</b>
	<b>Patient Safety Incident</b>
	<b>Litigation</b>
	<b>Patient/family/supporting person couldn't be traced</b>

**Annexure G: Statistical data on complaints**

Name of establishment/province: \_\_\_\_\_

Financial year: \_\_\_\_\_

Column name	INDICATORS					CATEGORIES										
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Month:	# Complaints received	# Complaints resolved	% Complaints resolved (Column B÷A)	# Complaints resolved within 25 working days	% Complaints resolved within 25 working days (D÷B)	Staff attitude	Access to information	Physical access	Waiting times	Waiting list	Patient care	Availability of medicines	Safe and secure environment	Hygiene and cleanliness	Other	Total per month (Sum of Columns F to O)
April																
May																
June																
Tot Q1																
Jul																
Aug																
Sept																
Tot Q2																
Oct																
Nov																
Dec																
Tot Q3																
Jan																
Feb																
March																
Tot Q4																
TOTAL																
AVG (Tot/12)																
% for financial year (Total of Column F/G/H/I/J/K/L/M/N/O÷Total Column P)																





**Annexure J: Statistical data on compliments**

Health establishment's name: \_\_\_\_\_

Financial year: \_\_\_\_\_

Column name	INDICATOR	CATEGORIES										
	A	B	C	D	E	F	G	H	I	J	K	L
Month:	# Compliment received	Staff attitude	Access to information	Physical access	Waiting times	Waiting list	Patient care	Availability of medicines	Safe and secure environment	Hygiene and cleanliness	Other	Total per month (Sum of Columns B to K)
April												
May												
June												
Tot Q1												
Jul												
Aug												
Sept												
Tot Q2												
Oct												
Nov												
Dec												
Tot Q3												
Jan												
Feb												
March												
Tot Q4												
TOTAL												
AVG (Tot/12)												
% for financial year (Total of Column B/C/D/E/F/G/H/I/J/K÷Total Column L)												

## Procedural manual to Manage Complaints, Compliments and Suggestions

### Annexure K: Statistical data on suggestions

Health establishment's name: \_\_\_\_\_ Financial year: \_\_\_\_\_

Column name	INDICATOR	CATEGORIES										
	A	B	C	D	E	F	G	H	I	J	K	L
Month:	# Suggestions received	Staff attitude	Access to information	Physical access	Waiting times	Waiting list	Patient care	Availability of medicines	Safe and secure environment	Hygiene and cleanliness	Other	Total per month (Sum of Columns B to K)
April												
May												
June												
Tot Q1												
Jul												
Aug												
Sept												
Tot Q2												
Oct												
Nov												
Dec												
Tot Q3												
Jan												
Feb												
March												
Tot Q4												
TOTAL												
AVG (Tot/12)												
% for financial year (Total of Column B/C/D/E/F/G/H/I/J/K ÷ Total Column L)												