



دائرة الصحة
DEPARTMENT OF HEALTH

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Applies to:	1. Licensed Healthcare facilities & professionals 2. Patients and people accessing healthcare services in DOH licensed Healthcare Facilities		
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1. Purpose

This Standard:

- 1.1. Mandates the requirement for Healthcare Facilities to establish a Clinical Complaint Management System that is accessible to all patients, their families and the Healthcare Facility staff.
- 1.2. Identifies the process of making a complaint and the roles and responsibilities of those involved in dealing with complaints.
- 1.3. Sets out complaints management process.

2. Scope

This Standard applies to:

- 2.1 All DOH licensed Healthcare Facilities and Professionals in the Emirate of Abu Dhabi.
- 2.2 Patients, their families and the Healthcare Facility staff in DOH licensed Healthcare Facilities.

3. Definitions

- 3.1 **Complaint:** An expression of dissatisfaction by a user of the service, which requires a response to be provided with the aim of satisfying the complainant that his/her concerns have been attended to and offering an explanation or apology as appropriate and/or referring to any remedial action that is to follow.
- 3.2 **Clinical Complaint:** An expression of dissatisfaction by a user of the service as a result of a clinical intervention.
- 3.3 **Service Complaint:** An expression of dissatisfaction by a user of the service as a result of administrative or communication services.
- 3.4 **Complainant:** The person making the complaint, whether on behalf of themselves or another.
- 3.5 **Independent Clinical Review (ICR):** A review of the clinical care provided to a complainant, or other specified cases, undertaken by an independent third party expertise to evaluate and advise on adherence, or otherwise, to evidence based internationally recognised standards of care. DOH commissions ICR from expert Healthcare Professionals within the Abu Dhabi Healthcare Sector, the United Arab Emirates and/or internationally.

3.6 Healthcare Facility Complaints System: Comprises of policy and procedures, governing committee of senior management including but not limited to medical and nursing directors, representatives of heads of divisions or units, quality manager and other clinical staff within a facility.

3.7 Healthcare Providers: is any person who operates a Healthcare Facility.

4. Duties for Healthcare Providers

4.1 Licensed Healthcare Providers must develop, implement and manage a Complaints Management System in accordance with this Standard.

4.2 The Complaints Management System shall include the following:

4.2.1 A written policy for complaint management.

4.2.2 The policy must set out the handling of written/verbal complaints, staff expectations to handle complaints, the roles and responsibilities of staff and senior management, accountabilities, investigation processes, response time and complaints resolution and closure procedure.

4.2.3 The time limits for initiation of complaints in Healthcare Facilities should not exceed three year from the date of incidence. If so, the complainants should be directed to DOH Clinical Reviews and Investigations Department.

4.2.4 A governance mechanism to oversee, manage and monitor the effectiveness of the complaint management system and corrective actions needed in accordance with this standard including a committee with clear roles and responsibilities for developing, implementing and managing the complaints management system.

4.2.5 Committee roles and responsibilities entail reviewing, investigating and recommending actions and include but are not be limited to:

4.2.5.1.1 Ensuring relevant measures are in place such as: Policy and/or Standard Operating Procedures (SOP) for complaints, complaint forms and requisite supportive evidentiary documents (medical records) for investigation, action and provision of education sessions etc.

4.2.5.1.2 Ensuring all formal complaints are captured and addressed according to the Healthcare Provider's Complaint Management System.

4.2.5.1.3 Documentation and record keeping to monitor and report on complaints and their resolution and actions/changes implemented in response to outcomes.

4.2.6 Management and retention of the medical information contained in the complaint must be in line with DOH Standard for Medical Record, Health Information Retention and Disposal <https://www.haad.ae/HAAD/LinkClick.aspx?fileticket=zlvtpvpWl10%3D&tabid=819>.

4.3 Each licensed Healthcare Provider must be able to demonstrate that a Complaints Management System has been developed, implemented and is being managed in accordance with the requirements set out in this Standard. In doing so, a Healthcare Provider must make available to DOH, if and when directed to:

4.3.1 The Complaints Management Policy, Governance arrangements and supporting documentation of the Complaints Management Process and Standard Operating Procedures.

4.3.2 Documentary evidence of the complaints received, resolution of complaints within specified timelines and actions implemented in response to complaints, including but not limited to investigations and system improvements plans.

4.4 Each licensed Healthcare Facility and Professional must comply with:

4.4.1 DOH directions and requests for information and documentation, and with DOH established timeframes;

4.4.2 DOH audit requirements, and cooperate with DOH auditors.

5. Healthcare Provider Complaints Management Process Requirements

5.1 The Complaints Management Process shall:

- 5.1.1 Satisfy clients' rights and responsibilities, confidentiality and the quality and safety of healthcare services provided.
- 5.1.2 Have procedures that are widely published, using as a minimum Arabic and English languages, and be mounted at visible sites within the facility, in particular at patients' reception, admission and/or waiting areas and in patients wards.
- 5.1.3 Procedures should be prepared in an easy to understand style and language for complainants and all users of the healthcare system, including the special needs patients
- 5.1.4 Be responsive, transparent, and processed within reasonable timeframes. Any delay in the case investigation process must be communicated to the complainant and documented by the healthcare facility.
- 5.1.5 Demonstrate that investigations into a complaint are conducted in a fair, comprehensive, and impartial manner that assures and respects the rights of the complainant without prejudice to their right to access services or the quality of services provided to them.
- 5.1.6 Endeavour to resolve complaints to the satisfaction of the complainant, wherever possible, and refer the complainant to DOH Complaints Management Process where a complainant is not satisfied with the facility's outcome.
- 5.1.7 Demonstrate that the findings of the investigation have been communicated to the complainant through meeting, telephone or writing. Evidence of communications should be documented.
- 5.1.8 Be governed by a committee established by the Healthcare Facility that ensures each complaint is risk assessed to determine whether additional actions need to be taken at the facility level. This includes where a complaint may require a Sentinel Event/Serious Clinical Incident reporting to DOH and/or review by Root Cause Analysis and/or investigation of clinical error and subsequent rectification of issues identified (DOH Standard for Adverse Events Management and Reporting in the Emirate of Abu Dhabi <http://www.haad.ae/HAAD/LinkClick.aspx?fileticket=XndxcX2HLT%3d&tabid=820>).
- 5.1.9 Be monitored routinely to identify progress with each open complaint. Monitoring may include requests for information or investigations; measure of the complainants' satisfaction with the facility Complaints Management Process; identification of deficiencies in the Complaints Process or the quality and safety of care and formulation of recommendations and action plans to ensure changes are implemented accordingly.
- 5.1.10 The case will be considered closed when implementation of any action or action plan decided by the responsible facility management is confirmed as completed by the Complaints Committee/Governing Body or the assigned responsible Senior Manager at the Healthcare Facility.

6. DOH Requirements for accepting Healthcare Provider Complaints

- 6.1 Complainants must Submit the complaints in writing.
 - 6.1.1 Complaints should be written in Arabic or English by completing the required forms available from the DOH website <http://www.haad.ae/haad/tabid/1559/Default.aspx>
- 6.2 Complainants must submit evidence to verify his/her identity or that of his/her guardian, including confirmation of kinship.
- 6.3 If the complainant is not the patient or guardian, documentation is required to prove legally authorized representation. This might take the form of:
 - 6.3.1 Power of attorney
 - 6.3.2 Death certificate naming next of kin
 - 6.3.3 Last will and testament
- 6.4 Complaint is made within three years from the date of incidence.

6.5 Complaints that do not fulfil category 6.2, 6.3 and 6.4 will be subjected to further approvals.

7. DOH Process for Managing Healthcare Provider Complaints

7.1 The DOH Process for managing Healthcare Provider Complaints on case by case basis including but not limited to the following:

- 7.1.1 Review the submitted Clinical complaints by the Clinical Reviews and Investigations Department at DOH.
 - 7.1.2 Manage the submitted Clinical complaints according to DOH Standard Operating Procedures.
 - 7.1.3 Direct the submitted Clinical complaints to the concerned Healthcare Facility to manage for either resolution or feedback depending on the case.
 - 7.1.4 Request the required documentation from the Healthcare Provider for investigation of complaints.
 - 7.1.5 Cooperate with other departments/divisions at DOH to investigate complaints.
 - 7.1.6 Review and validate all documentation received.
 - 7.1.7 Issue notifications and reminders as necessary in alignment with DOH's Standard Operating Procedures.
 - 7.1.8 Subject the complaints to an independent clinical review in cases where applicable
 - 7.1.9 Request written response from the treating healthcare professional regarding the peer review findings (if any).
 - 7.1.10 Conduct meetings with the involved Healthcare Providers.
 - 7.1.11 Report the names of the involved Healthcare Professionals in complaints to the Healthcare Licensing Department as per DOH internal procedures.
 - 7.1.12 Refer the complaints to the concerned committee at DOH to decide on the final case decision.
 - 7.1.13 Inform all involved parties of the outcome of any investigation, confirming the case closure and any recommended actions and outcomes.
 - 7.1.14 Attend appeals against the Committee decision in accordance to the the existing laws/policies and procedures..
 - 7.1.15 Re-open the closed cases for further investigation if deemed necessary.
- 7.2 A complaint submitted to DOH may be withdrawn by informing DOH in writing.
- 7.2.1 When a complaint is withdrawn, it will be treated as closed unless there is a major violation and will then be subject to the determination of the DOH Disciplinary Committee.
 - 7.2.2 When the complainant withdraws his complaint he/she would not be able to receive any confidential information related to the investigation.
- 7.3 DOH may, at its discretion, modify the means, processes and forms for reporting of complaints. Where it does so, modifications will be prescribed in updated forms to be made available on the DOH website <http://www.haad.ae/haad/tabid/1559/Default.aspx>, and where appropriate on website(s) of other governmental organizations.

8. Enforcement and Sanctions

8.1 DOH may impose sanctions in relation to any breach of requirements under this standard in accordance with Chapter IX, Complaints, Investigations, Regulatory Action, and Sanctions, The Healthcare Regulator Manual Version 1.0 available from: <http://www.haad.ae/haad/tabid/1276/Default.aspx>