NATIONAL COMPLAINTS GOVERNANCE AND LEARNING TEAM, QAV DIVISION

NIMS Complaints Module

Train the Trainer Course Manual

NCGLT May 2016

Contents

Introduction to Complaints on NIMS	2
Logging In	3
Step 1: Create Record of Complaint	4
Step 2: Create Record of Issues	8
Step 3: Update Record of Complaint	11
Complaint Follow-up screen	11
Step 4: Update Record of Issues	12
Step 5: Create Record of Recommendations	13
Creating a Recommendation (Task)	13
Step 6: Close Record of Issues	15
Step 7: Close Record of Complaint	15
Step 8: Internal Review	17
Attachments: Files and Notes	18
Files screen	18
Notes	20
Dashboard, Views and Reports	21
Dashboards	21
Linking VIEWS to your Dashboard	23
Views	25
Changing views	25
Setting your Default views	26
Creating custom views	26
Searching within a view	
Changing search options	32
Exporting view details	32
Deleting Records	33
Appendix 1: Sample Complaint (Fictional)	34
Appendix 2: Complaint Categories	
Appendix 3: Complaints Management Database: Steps (Stage 2b)	44

Introduction to Complaints on NIMS

This manual looks at recording Formal Complaints on NIMS.

A formal complaint is made up of a number of different parts. These are stored and tracked on NIMS in two different places.

- 1. Occurrences [Complaint & Complainant details]
- 2. Incidents [Issue(s)]

Complaints section, Address 1, Address 2, Address 3 1/10/2015		Date Received Complaint Format Complaint Type Complainant details
<text><text><text><text><text><text><text></text></text></text></text></text></text></text>	Com Issue # Issue # Issue # Issue # Issue # Issue #	plaint follow-up Acknowledgement Due Acknowledgement Sent Resolution Complaint Outcome t Details ue Location Sue Patails • Issue Details • Issue Details • Issue Details • Issue Categorisati • Issue Status

Complaint: There are details on the letter that are stored at the complaint level. This includes

- When did we get the complaint?
- Who is it from?
- How did it arrive?

Once the complaint is saved there are additional details that are stored as part of the complaint, and will be accessed as the complaint moves through it life-cycle.

- When do we need to acknowledge the complaint?
- When did we actually acknowledge the complaint?
- When do we need to respond to the complaint?
- What was the overall Resolution and Outcome of the complaint?

Issue: each complaint will contain one or more separate issues. These are the individual issues that are listed within the letter and may involve investigation by different members of the organisation. These separate investigations have different life cycles to be tracked, and we can't respond to the overall complaint until each issue has been resolved.

- Where was the issue located?
- Who is responsible for the issue?
- How do we categorise the issue?

Finally there is a third entity called a **recommendation**. These are used after the investigation to track any recommendations that have been made in relation to the complaint.

Logging In

1. Open <u>https://training.nims.ie</u>



National Incident Management System

Please	enter your user informati	on.
Client ID	NIMS_UAT ×]
User ID]
Password]
	Forgot your password?	
	Log In to NIMS Training	

2. Enter your *User ID* & *Password* and click **Log in to NIMS Training** you're brought to the **My NIMS Homepage**

Note: The URL for the live environment is <u>https://www.nims.ie</u>.

Step 1: Create Record of Complaint

In the NIMS Complaints Module a Complaint is referred to as an Occurrence.

On the left-hand menu click **Occurrences**

A list of Occurrences is displayed (double-click on one to open an existing Occurrence)

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	Occurrence Numb	er Primary Complainant Nam	e Complaint Officer	Status	Complaint Format	Feedback Type	Complaint Status	Complaint Outcome	Date Complaint Received	Date A
	00001622	A Patient	Hilton, Aoife	Open	Letter		Open		08/09/2015	29/09/3
	00001624	U. N. Owen-One	Hilton, Aoife	Open	Letter	Formal Complaints	Closed		31/07/2015	07/08/3
	00001625	Ms U.N. Owen-Two	Hilton, Aoife	Open	Letter	Formal Complaints	Closed	Response within 30 days	30/01/2015	06/02/3
	00001627	Mr. U.N. Owen-Three	Hilton, Aoife	Open	Letter		Closed	Response within 30 days	26/02/2014	28/02/
	00001630	Mr. U. N. Owen-Four	Hilton, Aoife	Open	Website	Formal Complaints	Open		02/10/2015	09/10/2
	00001631	A Service USer	Hilton, Aoife	Open	Letter		Open		02/10/2015	09/10/
	00001666	O Kiersey	One, Trainee	Open	Letter	Formal Complaints	Closed		20/10/2015	27/10/
	00001667	McNamara, Fiona	Thirteen, Trainee	Open	Letter	Formal Complaints	Closed	Response outside 30 days	21/10/2015	28/10/2
	00001668	White, Sinead	Eleven, Trainee	Open	Letter	Formal Complaints	Open		21/10/2015	28/10/
	00001669	Hilton, Aoife	Fourteen, Trainee	Open	Telephone	Formal Complaints	Open		20/10/2015	27/10/
	00001670	Ahern,E		Open	Letter	Formal Complaints	Open		20/10/2015	27/10/2
	00001671	Mann, Eleanor		Open	Letter	Formal Complaints	Open		20/10/2015	27/10/2
	00001672	O'Brien, Mary		Open	Letter	Formal Complaints	Closed	Withdrawn	15/10/2015	22/10/
	00001673	connellan, esther		Open	Letter	Formal Complaints	Closed	Response outside 30 days	20/10/2015	27/01/2
	00001674	O'Keeffe, Nora	Ten, Trainee	Open	Letter ()	Formal Complaints	Open		20/10/2015	27/10/3
	00001675	Ggarry	Twelve, Trainee	Open	Letter	Formal Complaints	Open		20/10/2015	27/10/
	00001676	Sesame	Fifteen, Trainee	Open	Letter	Formal Complaints	Open		01/10/2015	08/10/2
	00001678	O'keeffe, Nora	Ten, Trainee	Open	Letter	Formal Complaints	Open		20/10/2015	27/10/3
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1. Click the button **New Occurrence**.

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	00001622	A Patient	Hilton, Aoife	Open	Letter		Open		08/09/2015	29/09/2
	00001624	U. N. Owen-One	Hilton, Aoife	Open	Letter	Formal Complaints	Closed		31/07/2015	07/08/2
	00001625	Ms U.N. Owen-Two	Hilton, Aoife	Open	Letter	Formal Complaints	Closed	Response within 30 days	30/01/2015	06/02/2
	00001627	Mr. U.N. Owen-Three	Hilton, Aoife	Open	Letter		Closed	Response within 30 days	26/02/2014	28/02/2
	00001630	Mr. U. N. Owen-Four	Hilton, Aoife	Open	Website	Formal Complaints	Open		02/10/2015	09/10/2
	00001631	A Service USer	Hilton, Aoife	Open	Letter		Open		02/10/2015	09/10/2
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	00001667	McNamara, Fiona	Thirteen, Trainee	Open	Letter	Formal Complaints	Closed	Response outside 30 days	21/10/2015	28/10/20
	00001668	White, Sinead	Eleven, Trainee	Open	Letter	Formal Complaints	Open		21/10/2015	28/10/2
	00001669	Hilton, Aoife	Fourteen, Trainee	Open	Telephone	Formal Complaints	Open		20/10/2015	27/10/2
	00001670	Ahern,E		Open	Letter	Formal Complaints	Open		20/10/2015	27/10/2
	00001671	Mann, Eleanor		Open	Letter	Formal Complaints	Open		20/10/2015	27/10/20
	00001672	O'Brien, Mary		Open	Letter	Formal Complaints	Closed	Withdrawn	15/10/2015	22/10/20
	00001673	connellan, esther		Open	Letter	Formal Complaints	Closed	Response outside 30 days	20/10/2015	27/01/2
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	00001674	O'Keeffe, Nora Ggarry	Twelve, Trainee	Open	Letter	Formal Complaints	Open		20/10/2015	27/10/20
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	00001674 00001675 00001676 00001678	O'Keeffe, Nora Ggarry Sesame O'keeffe, Nora	Twelve, Trainee Fifteen, Trainee Ten, Trainee	Open Open Open	Letter Letter	Formal Complaints Formal Complaints Formal Complaints	Open Open		20/10/2015 01/10/2015 20/10/2015	08/10/20 27/10/20

2. You are prompted to select the *Coverage*

1	Create a New Oc	currence						
Please enter the required informa	ation below so the system can select the appropriate Oc	currence form.						
Occurrence Number:	*AUTO-GENERATE*							
Coverage:	Formal Complaint	~						
(OK Cancel							

3. Select 'Formal Complaint' and click **OK** - a blank 'Complaint General Details' Occurrence screen appears:

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cations	Complaint Follow-up	Received:	04/05/2016	15	Report Date: 05/05/2	016		1
Occurrence -	Complaint Reviews	Location:	Acute Psychiatric Unit MWRH	× 2				
(*AUTO- GENERATE*)		Complaint Summary:	Lack of respect, hygiene issues, food, lost proper	ty				
		Complaint Format:	Letter	~	Feedback Type: Formal	Complaints		
		Details entered separately as incident?:	No	×				
	8	Patient / Service Use	r					
	8	Service User Name	Bloggs, 3	Se	ervice User Phone/e- iblood	s@email.ie		
		(Surname, First): L			mail: 1			
		Details:	The Hill The Town The County					
		Hospital Number:			Date of Birth.:	M/yyyy>		1
		Service User's Consent?;	Yes	<u>м</u> с.	omplaint Age Group: Adult			
		Complainant Informa	ition (if not the Patient / Service User)					
		Complainant Name		Co	mplainant Phone/e-			
		(Surname, First):			mail:			
		Details:						

- 4. Enter the complaint details (at minimum):
- a. Date Complaint received
- b. Report Date (defaults to today, edit if necessary)
- c. Location How to lookup a location
- Use the lookup: if you click on the magnifying glass 2. A search screen appears. Within this there are two difference ways to use this, either the Search screen OR Tree-View.
 ALWAYS use Tree-View.
- Click on **Tree View** and you can look through the location hierarchy to find your location.



d. Complaint Format

i.

Complaint Format	Comment
E-mail	Emails to your local complaints
	email account. yoursay@hse.ie,
	infoline1@hse.ie
Face-to-face	
Fax	
Letter	
Other Written	
Telephone	
Website	

e. Feedback Type

Feedback Types	Comment
Audit	DO NOT USE
Comments/Suggestions	
Formal Complaints	
Locally resolved Complaints	
Parliamentary Questions	DO NOT USE – Do not enter here
Positive Feedback	
Public Representations	
	DO NOT USE – there is a
Review existing complaint	separate Review Section

f. Either Service user name OR Complainant name

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Occurrence - (*AUTO- GENERATE*)		Complaint Summary:	Lack of respect, hygiene issues, food, lost property					
		Complaint Format:	Letter	~	Feedback Type:	Formal Complaints		~
		Details entered separately as incident?:	No	*				
	1	Patient / Service Use	u.					
		Service User Name (Surname, First):	Bloggs, J	5	ervice User Phone/e- mail:	jbloggs@email.ie		
		Service User Contact Details:	The House The Hill The Town The County					
		Hospital Number:			Date of Birth.;	<dd mm="" yyyy=""></dd>		15
		Service User's Consent?:	Yes	× c	omplaint Age Group:	Adult		~
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		Complainant Name (Surname, First):		Co	mplainant Phone/e-			
		Complainant Contact						

- 5. After you have entered all available details, click **Save Occurence**.
- 6. You will now see additional options:
- a. Claims/Incidents
- b. Notes
- c. Files

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cations	Complaint General Detail Complaint Follow-up	Complaint Details						
Occurrence -	Complaint Reviews	Date Complaint Received:	04/05/2016	15	Report Date:	05/05/2016		15
(00001941)	Claims/Incidents Notes	Location:	Acute Psychiatric Unit MWRH	× 2				
	Files	Complaint Summary:	Lack of respect, hygiene issues, food, lost property					
		Complaint Format:	Letter	~	Feedback Type:	Formal Complaints		
	8	Details entered separately as incident?:	No	~				
	8	Patient / Service Use	ir .					
		Service User Name (Surname, First):	Bloggs, J	Ser	rvice User Phone/e mail	jbloggs@email.ie		_
		Service User Contact Details:	The House The Hill The Town The County					
		Hospital Number:			Date of Birth.	<dd mm="" yyyy=""></dd>		11
		Service User's Consent?:	Yes	Cor	mplaint Age Group	Adult		
		Complainant Informa	ation (if not the Patient / Service User)		and a set			_
		Complainant Name (Surname, First):		Con	nplainant Phone/e- mail:			_

Note: Once you click Save additional items become available. Including Claims/Incidents.

Step 2: Create Record of Issues

This shows all the issues on a complaint.

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	1. C	lick on Clai i	ms/Incidents on the small I	eft-hand	menu	
MS Training - National Inc	cident Management Sy	stem - Windows Interne	t Explorer			_ 0 <u>_ X</u>
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8		Complaint Format: Details entered separately as incident?:	Letter V	Feedback Type:	Formal Complaints	M
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mail:

Complainant Information (if not the Patient / Service User)

Complainant Name (Surname, First):

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 The list of issues appears (this is blank in a new complaint) Click then New Incident.

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You are asked to confirm the incident is 'Formal Complaint' coverage.

1	Create a New In	cident
Please enter the required inf	ormation below so the system can select the appropriate Inc	ident form.
Record Number:	*AUTO-GENERATE*	
Coverage:	Formal Complaint	
	OK Cancel	

3. Click OK.

a blank Incident screen appears:

Auto-populated Fields

- a. On creating the Issue, if *Complaint Officer* is blank, the system fills this as the current user.
- b. On creating the Issue the *Issue Status* is "Open".
- c. On creating the Issue the *Examination Target Date* is set to today's date + 14 days (10 week days)

Dependant Fields These are fields where changing the first one will change the available values in the second)

- d. Issue Pillar \rightarrow Issue Type \rightarrow Issue Sub Type (details in Appendix 2)
- e. Pathway \rightarrow Pathway Description
- f. Category of Complaint \rightarrow Sub Category A
- 4. Enter at least the minimum details:
- a. Issue location (mandatory)
- b. Issue Details
- *c.* You must also categorise the issue using the various options.

Mandatory fields are highlighted below

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Locations	Comple	aint Issue	Issue					
Occurrences	Comple Record	s in Occurrence	Complaint Officer:	User 10, Test	~	Sevenity Rating:	Negligible	×.
 Occurrence - (00001941) 	Notes		Date Complaint Received .:	04/05/2016	15	Likelihood:	3. Possible	×
O Incident -	Tasks					Impact Score:		
(1013/3/3)	Files		Issue Due Date:	<dd mm="" yyyy=""></dd>	35	Issue Complete Date:	<dd mm="" yyyy=""></dd>	15
			Issue Status:	Open	~	Issue Resolution:		×
			Issue Details					
			Issue Location:	Acute Psychiatric Unit.				× 2
			Issue Details:	Staff member did not introduce herself				
			Pathway:	Pathway A (Statutory)	~	Pathway Description:		×
			Issue Pillar:	Communication & Information	~			
			Issue Type:	Communication skills	~	Issue Sub-type:	Staff not introducing the	emselves and letting patients know the
			HIQA standard:	1. Person-Centred Care and Support	~			
			Profession:		~			
			click the magnifing glass in	the top right to select				
			Area of Responsibility:			Reporting Group:		•
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5. Click 🖾 Save and Close.

The issue is saved and appears as the first issue

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Occurrences	Complaint Follow-up							
Occurrence -	Complaint Reviews							🗋 🖻 🚵 🕂 📼 🍙
(00001941)	Notes	Lead Claim	Record Numbe	er Issue Status	Brief Summary of the Incident	Complaint Officer	Issue Pillar	Where (Hierarchy)
(16137979)	Files	×.	16137979	Open	Staff member did not introduce herself	User 10, Test	Communication & Information	tion Acute Psychiatric Unit.
 Incident - 			16137980	Open	not spoken to with concern or respect during appointments	User 10, Test	Dignity and Respect	Acute Psychiatric Unit MWRF
(16137980)			16137981	Open	Area around bed not clean	User 10, Test	Safe & Effective Care	Acute Psychiatric Unit MWRF
Incident -			16137982	Open	No soap in bathroom	User 10, Test	Safe & Effective Care	Acute Psychiatric Unit MWRH
(1613/981)	8		16137983	Open	radiator didnt work	User 10, Test	Safe & Effective Care	Acute Psychiatric Unit MWRH
(16137982)	80		16137984	Open	not offered options for dietary requirements, wheat allergy	Alexander, Marie	Improving Health	Catering Area.
Incident -			16137985	Open	lost dentures	User 10, Test	Safe & Effective Care	Acute Psychiatric Unit MWRF
(16137983)								
(16137984)								
Incident -								
(16137985)								
		0 of 0 items	selected					H 4 Page 1 of 1 + H
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Note: an issue can be opened from here by double-clicking on it. The issues above can be viewed in Appendix 1.

Note: Lead Claim can be ignored. This is not relevant to complaints/issues.

6. Repeat this to add additional issues

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ations	Complaint Issue Complaint Detail	s Issue					
Occurrences		Complaint Officer:	Alexander, Marie	~	Severity Rating:	Moderate	2
(00001941)		Date Complaint Received .:	04/05/2016	15	Likelihood:	3. Possible	
Incident - (16137979)					Impact Score:		
Incident -		Issue Due Date:	<dd mm="" yyyy=""></dd>	15	Issue Complete Date:	<dd mm="" yyyy=""></dd>	1
(16137980) Incident -		Issue Status:	Open	~	Issue Resolution:		0
(16137981)	0	Issue Details					
Incident - (16137982)	000	Issue Location:	Catering Area.				× 2
Incident -		Issue Details:	not offered options for dietary requirements. w	heat allergy			100040
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		Pathway:		×	Pathway Description:		8
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		Issue Pillar:	Category			Datase converse to out out	
		Issue Type:	d Batter Health and Wellheims		Issue Sub-type:	Dietary requirements not me	n
		HIQA standard:					
		Protession:	the tee debt to called	1000			
		click the magnifing glass in	the top right to select				

Note: By default the first issue is deemed the 'lead claim'. This is not relevant to Complaints, but cannot be hidden.

Step 3: Update Record of Complaint

Complaint Follow-up screen

Mandatory Fields

• Complaint Status (default is Open)

Auto-populated Fields

- On creating the Occurrence, if *Date Acknowledgement Due* is blank, the system fills this as *Date Complaint Received* + 7 days (5 week days).
- On creating the Occurrence, if *Date Response Due* is blank, the system fills this as *Date Complaint Received* + 42 days (30 week days).
- On creating the Occurrence, if *Complaint Officer* is blank, the system fills this as the current user.
- On creating the Occurrence, the Complaint status is "Open"
- *Number of issues*. This is auto-calculated.
- On changing the *Complaint Status* to "Closed", if *Complaint Close Date* is blank, it is set to today. The *weekdays* to close (incl bank holiday) is filled. This is a count of the number of weekdays between the *Complaint Received Date* and the *Complaint Closed Date*. It is NOT aware of bank holidays.

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Occurrence - Cla	mplaint Reviews ims/Incidents	Date Complaint Received	: 04/05/2016		Number of incidents: 7		
Incident - Not ("AUTO- CEMERATE")	tes IS		evitt.translov4				
O Occurrence -		Complaint Investigation	n Lifecycle				
(*AUTO- GENERATE*) g		Date Acknowledgement Due:	09/05/2016	15	Date Acknowledgement Sent:	10/05/2016	15
8		Update to Complaint:	20/06/2016	15	Number of Delayed Letters:	2.00	
		Date Response Due:	18/07/2016	15	Date Response Sent:	22/07/2016	15
		Complaint Status:	Closed	~	Date Complaint Closed:	26/08/2016	15
		Complaint Outcome:	Response outside 30 days	~	Weekdays to close (incl. Bank Holiday);	82.00	
		Complaint Conclusion					
		Complaint Resolution:		×	Subject to Part 9 (Pathway B):		¥
		Complaint Upheld:		~			

Step 4: Update Record of Issues

You can select the issue to update from Claims/Incidents. Double click to open,

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nts Lead Claim	Record Number	Issue Status	Brief Summary of the Incident	Complaint Officer	Issue Pillar	Where (Hierarchy)
×.	16137979	Open	Staff member did not introduce herself	User 10, Test	Communication & Informa	tion Acute Psychiatric Unit.
	16137980	Open	not spoken to with concern or respect during appointments	User 10, Test	Dignity and Respect	Acute Psychiatric Unit M
	16137981	Open	Area around bed not clean	User 10, Test	Safe & Effective Care	Acute Psychiatric Unit M
	16137982	Closed	No scap in bathroom	User 10, Test	Safe & Effective Care	Acute Psychiatric Unit M
	16137983	Closed	radiator didnt work	User 10, Test	Safe & Effective Care	Acute Psychiatric Unit M
	16137984	Closed	not offered options for dietary requirements, wheat allergy	Alexander, Marie	Improving Health	Catering Area.
	16137985	Closed	lost dentures	User 10, Test	Safe & Effective Care	Acute Psychiatric Unit Mi
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You can make any changes in the non auto populated fields, including changing the complaints officer assigned this incident (issue)

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Occurrences	Records in Occurrence	Complaint Officer:	Alexander, Marie	~	Severity Rating:	Moderate	×
Occurrence - (00001941)	Notes	Date Complaint Received.:	04/05/2016	15	Likelihood:	3. Possible	×
Incident - (*AUTO-	Tasks				Impact Score:	9.00	
GENERATE*)	Thes	Issue Due Date:	<dd mm="" yyyy=""></dd>	15	Issue Complete Date:	<dd mm="" yyyy=""></dd>	15
 Incident - (16137984) 		Issue Status:	Closed	~	Issue Resolution:	Recommendations made	× 1
Occurrence -		Issue Details					
GENERATE*)		Issue Location:	Catering Area.				× 2
		Issue Details:	not offered options for dietary requirements. wheat allergy				
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		Issue Pillar:	Improving Health	~			_
		Issue Type:	Catering	~	Issue Sub-type:	Dietary requirements not met	×
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Note: Ensure all issues are 'Closed' before closing the Complaint. The system will <u>not</u> stop you from setting the *Complaint Status* to "Close" even if there are individual issues with an *Issue Status* of "Open".

Step 5: Create Record of Recommendations

Recommendation details can be added to NIMS. Tasks are added to the Incidents (Issues).

There are no required fields in the Recommendations Record.

Creating a Recommendation (Task)

- 1. Open the Incident (issue)
- 2. Click on **Tasks**

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(00001941)	Notes	Lead Claim	Record Number	Issue Status	Brief Summary of the Incident	Complaint Officer	Issue Pillar	Where (Hierarchy)	
(*AUTO-	Files	2	16137979	Open	Staff member did not introduce herself	User 10, Test	Communication & Information	Acute Psychiatric Unit.	
GENERATE*)			16137980	Open	not spoken to with concern or respect during appointments	User 10, Test	Dignity and Respect	Acute Psychiatric Unit MWR	
Incident -			16137981	Open	Area around bed not clean	User 10, Test	Safe & Effective Care	Acute Psychiatric Unit MWR	
(16137984)	-		16137982	Closed	No soap in bathroom	User 10, Test	Safe & Effective Care	Acute Psychiatric Unit MWR	
Occurrence -	0000		16137983	Closed	radiator didnt work	User 10, Test	Safe & Effective Care	Acute Psychiatric Unit MWR	
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		Lul.	16137985	Closed	lost dentures	User 10, Test	Safe & Effective Care	Acute Psychiatric Unit MWR	

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Incident - (16137984)		Issue Status:	Closed	*	Issue Resolution:	Recommendations made	
courrence -	0000	Issue Details					
"AUTO- ENERATE*)	8	Issue Location:	Catering Area.				×
		Issue Details:	not offered options for dietary requirements. w	heat allergy			
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		Pathway:			Pathway Description:		
		Issue Pillar:	Improving Health	~			
		Issue Type:	Catering	×	Issue Sub-type:	Dietary requirements not m	iet
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3. Click on the **New Task** button.

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you are asked to select a Task type.

	Create a N	lew Task
Please enter the required	information below so the system can select the appropri	ate Task form.
Task Template:	Formal Complaint Issue Recommedation	~
	OK Cancel	

Select "Formal Complaint Issue Recommendation" and click OK.
 A blank Complaint Recommendation screen appears.

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urrences	Recommendation Owner:	Aoife Hilton	Assigned To:	Catering Manager	
00001941)	Due Date:	30/06/2016			
Incident - (16137984)	Status:	On Hold			
Task - Complaint	Completed By:		Recommendation Close Date:	<dd mm="" yyyy=""></dd>	
Recommendation	Title:	Complaint Recommendation			
	Details:	Recommendation: Review policy on catering for patients with dietary requirement	ts		
	Required Action	Policy already under review, issue addressed in draft - recommendation on hold	until Policy approved.		
	Description:				
	December 415 and		6		
	Accepted/Rejected?:	Accepted			
	Recommendation Outcome:	Implemented			

- 5. Enter the details and click **Save Task**.
- 6. Once saved, notes can be added to the Issue Recommendation.

Step 6: Close Record of Issues

NOTE: Each issue recorded must be closed before closing the complaint record.

Step 7: Close Record of Complaint

1. Check each Incident/Issue is closed and a selection has been made from the 'Issue Resolution' field.

Issue Resolution	Comment
Dealt with Informally	
Documentation Update	USE RECOMMENDATIONS
	MADE
Insurance Claim	DO NOT USE
No Action	
No Recommendation	
Not substantiated	
Not Upheld	
Partially Upheld	
Process update	USE RECOMMENDATIONS
	MADE
Recommendations made	
Resolved through Mediation	
Retraining	USE RECOMMENDATIONS
	MADE
Reworked	DO NOT USE

Transfer to Risk Register	USE RECOMMENDATIONS
	MADE
Upheld	
Vexatious Complaint	
Withdrawn	

- 2. To close a complaint go to the Compliant Follow-up screen and
- a. Change the *Complaint Status* to 'Closed'.
- b. Add a *Complaint Outcome*.

Complaint Outcome	Comment
Anonymous Complaint	
Excluded under Health Act 2004	
Dealt with informally	
Withdrawn	
Response within 30 days	This will be most common field
Response outside 30 days	This will be most common field

3. Show how the complaint was resolved

Complaint Resolution	
Insurance Claim	DO NOT USE
No Recommendation	
Not Upheld	
Recommendations made	
Resolved through Mediation	
Vexatious Complaint	
Withdrawn	
Documentation Update	USE RECOMMENDATIONS MADE
No Action	
Process update	USE RECOMMENDATIONS MADE
Retraining	USE RECOMMENDATIONS MADE
Reworked	DO NOT USE
Transfer to Risk Register	USE RECOMMENDATIONS MADE
Dealt with Informally	
Vexatious Complaint	
Withdrawn	

Click Save.

Mandatory Fields

- Status (defaults to Open)
- *Title* (defaults to Complaint Recommendation)

Auto-populated Fields

• none

Step 8: Internal Review

Currently (May 2016) there is no way for a Complaints Manager to assign a review to a Review Officer through the system. The Review Officer will have access to all complaints in their location and will be given the relevant Occurrence Number. Details regarding the Review Officer should be added to notes and the Review Investigation Report should be uploaded to Files.

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(00001941) Inodent -	Claims/Incidents Notes	Internal Review Outcome:	Recommendations made	×	Internal Review Complete Date:	31/08/2016		15
(16137964) Task - Complaint Recommendator	Files	Internal Review Details:	Complainant does not feel his issues regarding respect Recommendations made in Review: Additional/Refreshi	and commu er training f	unication were addressed in for staff communicating with	the investigation an a patients	d report.	
		BISE Review						
		HSE Review Requested?:	cdd/MM/yyyy>	15	HSE Review Sent Date:	dd/MM/yyyy>		15
		HSE Review Outcome:		~	HSE Review Complete Date:	dd/MM/yyyy>		15
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After a complaint is closed it may be reviewed. Select "Complaints Review" in "Occurance" to record the details that can be captured for the reviews.

There are currently no rules on the system regarding the filling of any of these fields. i.e. you can fill any of these at any time.

These have no effect on the *Complaint Status*. i.e. the complaint remains closed while a review is happening.

Relevent documentation to the Files section by the Review Officer

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		Ombudsman Review Details:						

Note:

The **Save** button 🖶 will save the current details and leave the screen open.

The **Save and Close** button will save the current details <u>and</u> close the current screen.

Attachments: Files and Notes

Files screen

Files can be attached to the Complaint Record / Occurrence. For example this allows scanned copies of the complaint to be loaded into NIMS. Other examples of files that can be uploaded are:

- Complaint Investigation Final Report
- Action Plans for Implementing Recommendations
- Associated emails
- Review Report

Adding Files:

- 1. Open Files
- 2. Click the **Upload** button, you are prompted to select file(s)

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3. Select files to upload from your PC

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Recent Places	🖄 samplecomplaint.doc	05/05/2016 14:02	Microsoft Office	2,028 KB			
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4. Select one or more files and click **Open**.you can (optionally) add a *Description* and *Category* to the files



Click Attach File(s).

The files are attached :

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(00001941)	Notes	Complaint	samplecomplaint	User 10, Test	05/05/2016	doc	Correspondence			
(16137979)	Files									
 Incident - (16137980) 										
 Incident - (16137981) 										

Note: if the Description is left blank, the filename is used.

Notes

The Notes screen allows you to add notes to a Complaint or Issue or Recommendation. These automatically add the date note added, and the user that created the note.

Notes	Description Save Occurrence	📊 🖤 🗟 🗟 🕭 🕨 🗟 🕥
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		Filter To Show Show All Notes Occurrence Notes Task Notes Trans Notes Filter By Category

Adding a Note:

- 1. Open Notes
- 2. Click the **New Note** button

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- 3. Enter:
- a. Text
- b. Description (optional)
- c. Select *Category* (optional)
- 4. Click Save and Close Note.

Dashboard, Views and Reports

Dashboards

Dashboards are unique to each Complaint Officer/User Account. By default Dashboards show the following:

- My formal complaints awaiting acknowledgement
- My formal complaints response overdue
- All open complaint issues
- All open complaint recommendations created by you

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Locations	Occurrence Number	Primary Complain	ant Name Complaint Officer	r Status Co	omplaint Forma	Occurrence Nu	mber 🔺 Primary Complainant Name	e Complaint Officer	Status Complai	nt Forma
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	Occurrence Number	Record Number	Name of Injured Party (Surna	ame, First) Da	ate of Incident	Attached to	Due Date Assigned To Sta	tus Description		
	00001941	16137979	Bloggs, J	04	/05/2016	16137984	30/06/2016 Catering Manager On	Hold Recommendation	on: Review policy on ca	atering fo
	00001941	16137980	Bloggs, J	04	/05/2016					
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These can be extended for Complaints Managers and Review Officers on request.

Linking VIEWS to your Dashboard

Some users have rights that allow them to attach a VIEW to their dashoard

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My NIMS Homepage	Sample FC - Complaints	- D 🖸 🛛 😹 🐴 🔏 🖱
Tasks	FC - My Formal Complaints awaiting Acknowledgement	FC - My Formal Complaints response overdue
Locations	Occurrence Number + Primary Complainant Name Complaint Officer Status Complaint Fo	ma Occurrence Number + Primary Complainant Name Complaint Officer Status Complaint F
Occurrences	00001942 Owen U. N. User 10, Test Open Letter	000001942 Owen U. N. User 10, Test Open Letter
	•	
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	FC - My Open Complaint Issues	FC - All open Complaint Recommendations created by me
	Occurrence Number + Record Number Name of Injured Party (Surname, First) Date of Incid	ant Attached to Due Date Assigned To Status Description
	00001941 16137979 Bloggs, J 31/07/2015	16137984 30/06/2016 Catering Manager On Hold Recommendation: Review policy on cateri
	00001341 1013/300 Dioggs, 3 31/0//2013	
	00001941 16137981 Bloggs, J 26/02/2014	
	00001941 16137981 Bloggs, J 26/02/2014	

2. From the Add Content select My Views from the options



3. You will be asked to select 2 options from the My Views Configuration Settings.

Configuration 4	21
v Views Configuration Settings	
Select Document Type Occurrence	•
Select View Name FC Mental Health Commission	•
	\backslash
Save Cancel	`5
6	

- 4. First you will be asked to select type, you will select EITHER, Incident, Task or Occurrence. In this case we created a VIEW in Occurrences so select **Occurrences**.
- 5. Then select the actual view. We created a View called '**FC Mental Health Commission**', this should appear on the list.

6. Save

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- 7. The selected live VIEW is now available permanently in your Dashboard
- 8. To Export the data in this View, select the arrow logo

FC - Mental Health Commission

Occurrence Number

Record Number Name of Injured Party (Surname, First) Date of Incident 9. From the menu select the format of the export, i.e. JPG, PDF, Excel.

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	Occurrence Number Primary Complainant Name Complaint	Officer Status Complaint Forma Occurrence	Number Where (Hierarchy)	Export to PDF
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		00001945	Acute Psychiatric Unit NWRH	Export to Excel
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10. The exported file will open in the programme you chose.

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Views

There are various views in NIMS. For Formal Complaints there are sets of views for

- NIMS: Incident Manager
- NIMS: Occurrences
- NIMS: Tasks
- Within an individual Occurrence to see Incidents (issues)
- Within an individual Incidents to see Tasks (recommendations)

The following sections apply to all of these view, but we will just look at 'Occurrences'.

A 'view' is a particular way of selecting specific columns of information for a set of items you are interested in.

Changing views

1. Open the Occurrences screen. Some data displayed:

Clear All Search Manage Views									
Coverage equals Formal Complaint									
				New	Occurrence 🗋 👌 🔓	1 👌 [Ż		
Occurrence Number	Complaint Format	Feedback Type	Location	Date of Occurrence 🔺	Date Complaint Closed	Close Date			
00000752	Letter	Locally resolved Complaints	Cardiac Rehab.	18/10/2014	29/12/2014	12/05/2015			
00000744	Face-to-face	Formal Complaints	Cardiac Rehab.	02/01/2015	17/01/2015				
00000745	E-mail	Formal Complaints	Cardiac Rehab.	06/01/2015	17/02/2015	15/05/2015			
00000736	Letter	Formal Complaints	Cardiac Rehab.	08/01/2015	30/04/2015	11/05/2015			

2. Click on the dropdown to see other views available

$\mathbf{\nabla}$	FC All Formal Complaints	Clear /	All Search Mana	age Views 🔎	ו
	All occurrences				٦
_	All occurrences assigned to me				_
	All occurrences opened by me	New	Occurrence 📄 🔗 🗈	1 & 6	
Occ	All occurrences with financial activity in last 30 days		Date Complaint Closed	Close Date	
000	Copy of FC All Formal Complaints	014	29/12/2014	12/05/2015	
000	FC All Formal Complaints	015	17/01/2015	12/03/2013	
000	FC All Formal Complaints closed this month	015	17/01/2015		
000	FC All Formal Complaints received last month	015	1//02/2015	15/05/2015	

3. Select another view and the table of data will refresh

FC All Formal Complaints received this month										
Coverage equals Formal Complaint and Date of Occurrence is between First day of this month and Last day of this month										
New Occurrence 🗋 🌛 👔 🍃 😰										
Occurrence Number	Complaint Status	Location	Date of Occurrence A	Close Date	Misc. Description 2	Date Ackn				
00000777	Closed	30-31 Eccles Street - Diabetic Day Cent	01/05/2015	19/05/2015		-				
00000742	Open	Cardiac Rehab.	01/05/2015							
00000746	Open	Cardiac Rehab.	05/05/2015							
00000699	Closed	Cardiac Rehab.	05/05/2015	19/05/2015	15/04/2015	12/05/201				

Setting your Default views

If you always want a particular view to be selected when you open a particular screen you can set it as your default view. To do this

- 1. Select the view you wish to be your default.
- 2. Click on the Manage Views button

FC All Formal (Complaints received t	his month	• 🖬	Clear All	Search	Manage	Views 🔎 📄
Coverage equals I	🌌 Edit Vie	ew					
New Occurrence 🗋 💡							
Occurrence Number	Complaint Status	Location	Date of Occurrence	Close Date	Misc. Desc	📋 Delete	View
00000777	Closed	30-31 Eccles Street - Diabetic Day Cent	01/05/2015	19/05/2015	Г	🖄 Create	from Search
00000742	Open	Cardiac Rehab.	01/05/2015		L	🕜 Set De	fault View
00000746	Open	Cardiac Rehab.	05/05/2015			🔬 Set Se	arch Defaults

3. Select Set Default View.

Creating custom views

You can create your own (private) views. To do this:

There are various views in NIMS. For Formal Complaints there are sets of views for

- NIMS: Incident Manager
- NIMS: Occurrences
- NIMS: Tasks
- Within an individual Occurrence to see Incidents (issues)
- Within an individual Incidents to see Tasks (recommendations)

The following sections apply to all of these view, but we will just look at 'Occurrences'.

A 'VIEW' is a particular way of selecting specific columns of information for a set of items you are interested in.

1. Go to Manage Views

2. Select Add View from the drop-down menu

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0 of 1 items selected 14 4 Page 1 of 1 P

- 3. Name this VIEW, e.g. Mental Health Comission
- 4. Set VIEW to Private from the Privacy Level drop-down list, and tick the checkbox to set Private as default
- 5. Save the VIEW

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- 6. You now need to set the parameters of the VIEW. For example, what location(s) does it refer to and what timeframes. Go to Select Date to Define filter conditions (set parameters).
- 7. There are a lot of options available in defining filters. You need to carefully decide in advance what you want your VIEW to show. In this case we are selecting 2 Acute Psychiatric locations who have received complaints from 01/01/2016. Please note all complaints shown here are fictitious.
- 8. To define a filter select Add Condition

- 9. To define the location, in the first drop down select Where (Hierarchy). If you start typing 'Where' this will come up as an option. Select 'is' from the 2nd drop-down list.
- 10. You can specify that the filter, in this case 'Where' is either 'equal to' for one location, or 'in a list' for a number of locations.
- 11. When you select 'in a list' each location has a checkbox in front of it. You can select as many locations as you need. You can also type directly into the filter field to get location names.



- 13. To set the timeframe, select Add Condition,
- 14. Type 'Date' into the first filter drop-down list, select 'Date Received'
- 15. In the 2nd drop down list select 'on or after'
- 16. In the 3rd dropdown list type the date. It defaults to day, we will replace it with 01/01/2016
- 17. Save View

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(*AUTO- GENERATE*)		Date Acknowledgement Sent	before on or before				
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	8	All of the following must be true					
		Where (Hierarchy) includes any Acute Psy	chiatric Unit MWRH;Acute Ps	ychiatric Unit Ros County Hosp - Roscomm	non MH;Dept. of Psychiatry, UCHG -	Misc Areas - West Galway; and	
		Date Complaint Received is on or after 01	January 2016				
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- 18. Select Columns
- 19. In Selected Fields, remove any fields you DON'T want by selecting them and moving them to the left column.
- 20. In available fields, hold the 'Ctrl' key and select the fields you want in your VIEW. Select 🔹 to move them to 'Selected field's
- 21. You can now see the fields you want in the right column
- 22. Save View

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You can Preview your VIEW at any time by selecting Preview.

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Occurrences	Select Data	00001945	Dept. of Psychiatry, UCHG - Misc Areas - West Galway	Child	Not Upheld	Closed		
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You can return to this VIEW at any time by going to Occurrences and selecting FC – Mental Health Commission from the drop-down list of Occurrences VIEW

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• Tasks		Where (Herrarchy) equals Acute Psychiatric Unit HWRH,Acute Psychiatric Unit Ros County Hosp - Roscommon HH and Date Compliant Received is on or after 01 January 2016							

For how to add VIEWS to your Dashboard go to the NIMS Complaints Module Toolkit.

Searching within a view

If you want to you can search within a view. To do this:

1. Open the view.

FC	FC All Formal Complaints 🔹 📸 Clear All Search Manage Views 🔎									
Cover	Coverage equals Formal Complaint									
				١	lew Occurrence 📄 🔗) h t 👌 🖻				
Occurrenc	e Number	Complaint Format	Feedback Type	Location	Date of Occurrence 🔺	Date Complaint Clos				
00000752		Letter	Locally resolved Complaints	Cardiac Rehab.	18/10/2014	29/12/2014				
00000744		Face-to-face	Formal Complaints	Cardiac Rehab.	02/01/2015	17/01/2015				
00000745		E-mail	Formal Complaints	Cardiac Rehab.	06/01/2015	17/02/2015				
00000736		Letter	Formal Complaints	Cardiac Rehab.	08/01/2015	30/04/2015				

2. Click on the \bigcirc to show/hide the search options:

FC All Formal Co	omplaints		•	Clear All Search	Manage Views 🔎				
Coverage equals Formal Complaint									
Complainant Nam	ie:		Complainant Contact Details:						
Complaint Forma	at:		Complaint Outcome:		V				
Complaint Statu	is:		Hospital Number:						
imary Complainar	nt:								
				New Occurrence 📄 🦻) 🕯 🕯 📐				
rrence Number	Complaint Format	Feedback Type	Location	Date of Occurrence 🔺	Date Complaint Close				
0752	Letter	Locally resolved Complaints	Cardiac Rehab.	18/10/2014	29/12/2014				
	-		0 1 0 1 1	02/01/2015					
)/44	Face-to-face	Formal Complaints	Cardiac Renab.	02/01/2015	1//01/2015				
)745	Face-to-face E-mail	Formal Complaints Formal Complaints	Cardiac Rehab.	06/01/2015	17/01/2015				
	FC All Formal C overage equals F Complainant Nam Complaint Form Complaint Statu imary Complainan rence Number 1752	FC All Formal Complaints overage equals Formal Complaint Complainant Name:	FC All Formal Complaints overage equals Formal Complaint Complainant Name: Complaint Format: Complaint Status: imary Complainant: rence Number Complaint Format Feedback Type 1752	FC All Formal Complaints Weige equals Formal Complaint Complainant Name: Complainant Contact Details: Complaint Format: Complaint Status: Weiget Provide Complaint Status: Weiget Provide Complaint Status: Veiget Provide Complaint Status: Veiget Provide Complaint Status: Veiget Provide Complaints 	FC All Formal Complaints				

3. You can enter values in these fields or select from drop-down lists then click **Search**. This will limit the rows returned.

e.g. I can look for MY complaints that are "Closed"



When using this search feature it is doing this searching <u>within</u> the particular view. So if my view was looking for Open complaints, and I added a search of status = 'Closed' then nothing would be returned!!

Changing search options

It is possible to change the list of fields that you can search by. If you change the search options it only affects your own login and not other peoples. To do this:

1. Click on the Manage Views button

	FC All Formal Co	omplaints			• 🗋 🖸	lear All Search	Manage Views 🔎
	Coverage equals Fe	ormal Complaint and	Complaint Format equals E-n	nail a	nd Complaint Status equals Open		🖉 Edit View
	Complainant Nam	e:		Complainant Contact Details:			Add View
					· ·		Copy View
	Complaint Forma	at: E-mail;		~	Complaint Outcome:		Delete View
	Complaint Statu	is: Open;		~	Hospital Number:		🖄 Create from Search
	Brimany Complainar						🕜 Set Default View
	Prinary Compiania						😡 Set Search Defaults
						New Occurrence 📄 🥫	• • • • •
	Occurrence Number	Complaint Format	Feedback Type	Loca	ition	Date of Occurrence	Date Complaint Closed
8	00000686	E-mail	Formal Complaints	Card	iac Rehab.	11/04/2015	
ő	00000690	E-mail	Audit	Card	iac Rehab.	21/04/2015	
	00000698	E-mail	Comments/Suggestions	Card	iac Rehab.	21/04/2015	

2. Select Set Search Defaults.

			6	X	9
Search Field		Search Field			
Complainant Name	•	Complainant Contact Details			•
Complaint Format	•	Complaint Outcome			•
Complaint Status	•	Hospital Number			•
Primary Complainant	•				•
		Create Date			
	Ŧ	Create User			
	*	Date Acknowledgement Due			
		Date Acknowledgement Sent			
	Ψ	Date Complaint Closed			
	*	Date Complaint Received.			
		Date of Occurrence			
	Ŧ	Date Response Due			
	*	Date Response Sent			
		Did this happen			

- 3. Then you can select what fields you wish to see in your search screen.
- 4. Click **Save**. The system will remember these search field options forever.

FC All Formal C	FC All Formal Complaints										
Coverage equals Formal Complaint											
Complainant Nam	ie:			Cor	mplainant Contact Details:	:					
Complaint Form	at:				Complaint Outcome:	:					~
Complaint Statu	is:				Hospital Number:	er:					
Primary Complaina	nt:				Date Complaint Closed:	:					15
						N	ew Occi	irrence 🗋	2	6	۵ ک
Occurrence Number	Complaint Format	Feedback Type	Location			Date of	Occurrent	e 🔺	Date Comp	laint Closed	
00000686	E-mail	Formal Complaints	Cardiac Rehab.			11/04/2	015				
00000690	E-mail	Audit	Cardiac Rehab.				21/04/2	015			

Note:

There is a list of used fields at the end of the document to help you find relevant ones.

Exporting view details

If you are looking at a view you can export all the data to Excel. To do this

1. Select the view you wish to export.

2. Click on the **Export to Excel** button

FC All Formal Complaints received this month									
New Occurrence 🗋 👌 👔 🍃 🔂									
Occurrence Number	Complaint Status	Location	Date of Occurrence 🔺	Close Date	Misc. Description 2	export to Excel			
00000777	Closed	30-31 Eccles Street - Diabetic Day Cent	01/05/2015	19/05/2015		^			
00000742	Open	Cardiac Rehab.	01/05/2015						
00000746	Open	Cardiac Rehab.	05/05/2015						
00000699	Closed	Cardiac Rehab.	05/05/2015	19/05/2015	15/04/2015	12/05/201			

3. All the columns and rows will be exported to Excel.

Deleting Records

Users cannot delete records. In the unlikely event that a record must be deleted, for example a user saves an incident to the Complaints Module in error they must complete the following form. This should be sent to the National Complaints Governance and Learning Team at <u>nationalcglt@hse.ie</u>.

• NIMS Occurance/Complaint created in error - REQUEST FOR DELETION.doc (size 74.8 KB)

(http://www.hse.ie/eng/services/yourhealthservice/Documentation/ncglt/Toolkit/DELETIONREQUEST.doc)

Appendix 1: Sample Complaint (Fictional)

Dear Sir a Madams about the take I specit about my treament there Staff very Not pleasant, one n particular but I dont when her have as she dodut tell it to me I didid feel I was spoken to with any concern or respect even during exacting appointmate When I started there me area around my bed was not dean - There was No soap in the bathroom. I was cold all the huge getting the reading work

1 and alergic D wheat and was shill go tot oppen and op 3 ons or chorces. Just fold ust to lat the bread. 110st my dentryces while a here and to effort was read & find here it took was 3 weeks to get replacements b lat was very hand I hope you will let the know about mege soung to do

issues and alergic to wheat Dear Sir a Madaul I want to complain ophons of chorees. about the take I she is The oread 110st my dentryies K I was very unhappy 182 about my treament there weeks to get Stall very Not pleasant, one nepla. a particular but I dont when her hance as she doeln't tell it to me hope you will I didit feel I was spoken to what you are with any concern or Kesped 5' about mere Jissues even during exat appointmats When I stayed mere me area around my bed was not dean - There was vo soap in the bathroom. I was me Belger all the pure property 8

1. **182**: Communication & Information Communication skills Staff not introducing themselves and letting patients know their role

2. **51**: Dignity and Respect Delivery of care Lack of respect shown to patient during examination / consultation Delivery of care

- 3. **128**: Safe & Effective Care Hygiene Cleanliness of area
- 4. **129**: Safe & Effective Care Hygiene Hand Hygiene / Gel Dispensers
- 5. **118**: Safe & Effective Care Health and Safety issues Temperature regulation
- 6. **230**: Improving Health Catering Dietary requirements not met
- 7. 138: Safe & Effective Care Patient property Dentures

		0	C	1	C	
Ap	penaix	Ζ:	comp	laint	Latego	ories

No.	Incident/Category	Sub Category Type	Sub Category Please Specify
1.	Access	Accessibility / resources	Equipment
2.	Access	Accessibility / resources	Medication
3.	Access	Accessibility / resources	Personnel
4.	Access	Accessibility / resources	Services
5.	Access	Accessibility / resources	Treatment
6.	Access	Appointment - delays	Appointment - cancelled and not rearranged
7.	Access	Appointment - delays	Appointment - delay in issuing appointment
8.	Access	Appointment - delays	Appointment - postponed
9.	Access	Appointment - delays	Surgery / therapies / diagnostics - delayed or postponed
10.	Access	Appointment - delays	Operation and opening times of clinics
11.	Access	Appointment - other	No / lost referral letter
12.	Access	Appointment - other	Appointment - request for earlier appointment
13.	Access	Appointment - other	Unavailability of service
14.	Access	Admission - delays	Delayed - elective bed
15.	Access	Admission - delays	Delayed - emergency bed
16.	Access	Admission - delays	Admission - delay in admission process
17.	Access	Admission - delays	Admission - postponed
18.	Access	Admission - other	Admission - refused admission by hospital
19.	Access	Hospital facilities	Crèche
20.	Access	Hospital facilities	Lack of adequate seating
21.	Access	Hospital facilities	Lack of baby changing facilities
22.	Access	Hospital facilities	Lack of / minimal breastfeeding facilities
23.	Access	Hospital facilities	Lack of toilet and washroom facilities (general)
24.	Access	Hospital facilities	Lack of toilet and washroom facilities (special needs)
25.	Access	Hospital facilities	Lack of wheelchair access
26.	Access	Hospital facilities	No treatment area / space for consultation / trolley facilities
27.	Access	Hospital facilities	Shop
28.	Access	Hospital facilities	Signage (internal and external)
29.	Access	Hospital room facilities (access to)	Bed location
30.	Access	Hospital room facilities (access to)	Disability facilities
31.	Access	Hospital room facilities (access to)	Isolation / single room facilities
32.	Access	Hospital room facilities (access to)	Overcrowding
33.	Access	Hospital room facilities (access to)	Public
34.	Access	Hospital room facilities (access to)	Semi-private / private
35.	Access	Parking	Access to disabled spaces
36.	Access	Parking	Access to spaces

37.	Access	Parking	Car parking charges
38.	Access	Parking	Clamping / Declamping of car
39.	Access	Parking	Condition or maintenance of car parks
40.	Access	Parking	Damaged cars
41.	Access	Parking	Location of pay machine
42.	Access	Transfer issues	External transfer
43.	Access	Transfer issues	Internal transfer
44.	Access	Transport	External transportation
45.	Access	Transport	Internal transportation
46.	Access	Visiting times	Lack of visiting policy enforcement
47.	Access	Visiting times	Special visiting times not accommodated
48.	Dignity and	Alleged inappropriate	Patient
	Respect	behaviour	
49.	Dignity and Respect	Alleged inappropriate behaviour	Staff
50.	Dignity and Respect	Alleged inappropriate behaviour	Visitor
51.	Dignity and Respect	Delivery of care	Lack of respect shown to patient during examination / consultation
52.	Dignity and Respect	Delivery of care	No concern for patient as a person
53.	Dignity and Respect	Delivery of care	Patient's dignity not respected
54.	Dignity and Respect	Discrimination	Age
55.	Dignity and Respect	Discrimination	Civil status
56.	Dignity and Respect	Discrimination	Disability
57.	Dignity and Respect	Discrimination	Family status
58.	Dignity and Respect	Discrimination	Gender
59.	Dignity and Respect	Discrimination	Membership of traveller community
60.	Dignity and Respect	Discrimination	Race
61.	Dignity and Respect	Discrimination	Religion
62.	Dignity and Respect	Discrimination	Sexual orientation
63.	Dignity and Respect	Discrimination	Socio-economic
64.	Dignity and Respect	End-of-Life Care	Breaking bad news
65.	Dignity and Respect	End-of-Life Care	Breaking bad news - private area unavailable
66.	Dignity and Respect	End-of-Life Care	Death cert - delay in issuing death cert
67.	Dignity and Respect	End-of-Life Care	Death cert - incorrect / returned death cert
68.	Dignity and Respect	End-of-Life Care	Delay in release and condition of body
69.	Dignity and Respect	End-of-Life Care	Inattention to patient discomfort
70.	Dignity and	End-of-Life Care	Mortuary facilities

	Respect		
71.	Dignity and Respect	End-of-Life Care	Organ retention
72.	Dignity and Respect	End-of-Life Care	Palliative care
73.	Dignity and Respect	End-of-Life Care	Poor communication
74.	Dignity and Respect	End-of-Life Care	Single room for patient unavailable
75.	Dignity and Respect	End-of-Life Care	Treatment of deceased not respected
76.	Dignity and Respect	Ethnicity	Insensitivity to cultural beliefs and values
77.	Dignity and Respect	Ethnicity	Requests not respected
78.	Dignity and Respect	Ethnicity	Special food requests unavailable
79.	Safe & Effective Care	Human Resources	Competency
80.	Safe & Effective Care	Human Resources	Complement
81.	Safe & Effective Care	Human Resources	Skill mix
82.	Safe & Effective Care	Diagnosis	Diagnosis - misdiagnosis
83.	Safe & Effective Care	Diagnosis	Diagnosis - delayed diagnosis
84.	Safe & Effective Care	Diagnosis	Diagnosis - contradictory diagnosis
85.	Safe & Effective Care	Test	Delay / failure to report test results
86.	Safe & Effective Care	Test	Incorrect tests ordered
87.	Safe & Effective Care	Test	No tests ordered
88.	Safe & Effective Care	Test	Mislabelled test result/sample
89.	Safe & Effective Care	Test	Mislaid sample
90.	Safe & Effective Care	Test	Performed on wrong patient
91.	Safe & Effective Care	Test	Repeat test required
92.	Safe & Effective Care	Test	Result not available
93.	Safe & Effective Care	Test	Delay in transport/collection of sample
94.	Safe & Effective Care	Continuity of care (internal)	Poor clinical handover
95.	Safe & Effective Care	Continuity of care (external)	Lack of approved home care packages
96.	Safe & Effective Care	Continuity of care (external)	Lack of community supports
97.	Safe & Effective Care	Continuity of care (external)	Lack of medical devices / faulty equipment
98.	Safe & Effective Care	Continuity of care (external)	Lack of support services post discharge
99.	Safe & Effective Care	Continuity of care (external)	Unsuitable home environment

100.	Safe & Effective Care	Discharge	Adherence to discharge policy
101.	Safe & Effective Care	Discharge	Delayed discharge
102.	Safe & Effective Care	Discharge	Discharge against medical advice
103.	Safe & Effective Care	Discharge	No discharge letter
104.	Safe & Effective Care	Discharge	Patient / family refuse discharge
105.	Safe & Effective Care	Discharge	Premature discharge
106.	Safe & Effective Care	Health and Safety issues	Building not secure
107.	Safe & Effective Care	Health and Safety issues	Central heating
108.	Safe & Effective Care	Health and Safety issues	Equipment (lack of / failure of / wrong equipment used)
109.	Safe & Effective Care	Health and Safety issues	Failure to provide a safe environment
110.	Safe & Effective Care	Health and Safety issues	Fixtures and fittings
111.	Safe & Effective Care	Health and Safety issues	Furnishing
112.	Safe & Effective Care	Health and Safety issues	Lights
113.	Safe & Effective Care	Health and Safety issues	Manual handling
114.	Safe & Effective Care	Health and Safety issues	Noise levels
115.	Safe & Effective Care	Health and Safety issues	Overcrowding
116.	Safe & Effective Care	Health and Safety issues	Pest control
117.	Safe & Effective Care	Health and Safety issues	Slips / trips and falls
118.	Safe & Effective Care	Health and Safety issues	Temperature regulation
119.	Safe & Effective Care	Health and Safety issues	Waste Management
120.	Safe & Effective Care	Health care records	Admission / registration process error
121.	Safe & Effective Care	Health care records	Inaccurate information on healthcare record / hospital systems
122.	Safe & Effective Care	Health care records	Missing chart
123.	Safe & Effective Care	Health care records	Missing films/scans
124.	Safe & Effective Care	Health care records	Patient impersonation (identify theft)
125.	Safe & Effective Care	Health care records	Poor quality control of chart
126.	Safe & Effective Care	Health care records	Poor recording of information
127.	Safe & Effective Care	Health care records	Wrong records applied to patient
128.	Safe & Effective Care	Hygiene	Cleanliness of area
129.	Safe & Effective	Hygiene	Hand Hygiene / Gel Dispensers

	Care		
130.	Safe & Effective Care	Hygiene	Linen (beds and Curtains)
131.	Safe & Effective Care	Hygiene	Spills on floors
132.	Safe & Effective Care	Hygiene	Waste management
133.	Safe & Effective Care	Infection prevention and control	Communication deficit - infection status
134.	Safe & Effective Care	Infection prevention and control	Health Care Associated Infection
135.	Safe & Effective Care	Infection prevention and control	Non compliance with Infection and Control policies and protocols
136.	Safe & Effective Care	Infection prevention and control	Personal hygiene of staff
137.	Safe & Effective Care	Patient property	Clothes
138.	Safe & Effective Care	Patient property	Dentures
139.	Safe & Effective Care	Patient property	Glasses
140.	Safe & Effective Care	Patient property	Hearing Aid
141.	Safe & Effective Care	Patient property	Jewellery
142.	Safe & Effective Care	Patient property	Lack of secure space
143.	Safe & Effective Care	Patient property	Money
144.	Safe & Effective Care	Patient property	Personal equipment
145.	Safe & Effective Care	Patient property	Toys
146.	Safe & Effective Care	Medication	Administering error
147.	Safe & Effective Care	Medication	Dispensing
148.	Safe & Effective Care	Medication	Prescribing
149.	Safe & Effective Care	Tissue Bank	Bone marrow
150.	Safe & Effective Care	Tissue Bank	Cord blood
151.	Safe & Effective Care	Tissue Bank	Cornea implant
152.	Safe & Effective Care	Tissue Bank	Cryogenics
153.	Safe & Effective Care	Tissue Bank	Fertility issues
154.	Safe & Effective Care	Tissue Bank	Heart valves
155.	Safe & Effective Care	Tissue Bank	Samples/test results
156.	Safe & Effective Care	Tissue Bank	Skin
157.	Safe & Effective Care	Tissue Bank	Stem cell
158.	Safe & Effective Care	Treatment and Care	Failure / delay in treatment / delivery of care

159.	Safe & Effective Care	Treatment and Care	Failure / delay to diagnose
160.	Safe & Effective Care	Treatment and Care	Failure to act on abnormal diagnostic results
161.	Safe & Effective Care	Treatment and Care	Inconsistent delivery of care
162.	Safe & Effective Care	Treatment and Care	Insufficient time for delivery of care
163.	Safe & Effective Care	Treatment and Care	Lack of follow-up care
164.	Safe & Effective Care	Treatment and Care	Lack of knowledge in staff
165.	Safe & Effective Care	Treatment and Care	Lack of monitoring of pain control
166.	Safe & Effective Care	Treatment and Care	Lack of patient supervision
167.	Safe & Effective Care	Treatment and Care	Practitioners not working together / cooperating
168.	Safe & Effective Care	Treatment and Care	Prolonged fasting
169.	Safe & Effective Care	Treatment and Care	Unsatisfactory treatment or care
170.	Safe & Effective Care	Treatment and Care	Unsuccessful treatment or care
171.	Communication & Information	Communication skills	Patient felt their opinion was dismissed / discounted
172.	Communication & Information	Communication skills	Disagreement about expectations
173.	Communication & Information	Communication skills	Inadequate listening and response
174.	Communication & Information	Communication skills	Inappropriate comments from staff member
175.	Communication & Information	Communication skills	Lack of support
176.	Communication & Information	Communication skills	Language barrier between patients/relatives and staff
177.	Communication & Information	Communication skills	No opportunity to ask questions
178.	Communication & Information	Communication skills	Non verbal tone / body language
179.	Communication & Information	Communication skills	Open disclosure (lack of)
180.	Communication & Information	Communication skills	Patient dissatisfied with questions
181.	Communication & Information	Communication skills	Patient felt rushed
182.	Communication & Information	Communication skills	Staff not introducing themselves and letting patients know their role
183.	Communication & Information	Communication skills	Staff unsympathetic
184.	Communication & Information	Communication skills	Tone of voice
185.	Communication & Information	Communication skills	Untimely delivery of information
186.	Communication & Information	Delay and failure to communicate	Breakdown in communication between staff or areas
187.	Communication & Information	Delay and failure to communicate	Failure / delay to communicate with outside agency/organisation
188.	Communication &	Delay and failure to	Failure / delay in communicating with patient

	Information	communicate	
189.	Communication & Information	Delay and failure to communicate	Advising patient of treating consultant
190.	Communication & Information	Delay and failure to communicate	Failure / delay in communicating with relatives
191.	Communication & Information	Delay and failure to communicate	Failure / delay in notifying consultant (external)
192.	Communication & Information	Delay and failure to communicate	Failure / delay to communicate with GP / referral source
193.	Communication & Information	Delay and failure to communicate	Lack of information provided about medication side effects (KPI)
194.	Communication & Information	Diverse Needs	Interpretation service (e.g. Braille services)
195.	Communication & Information	Diverse Needs	Special needs
196.	Communication & Information	Diverse Needs	Translation service
197.	Communication & Information	Information	Conflicting information
198.	Communication & Information	Information	Confusing information
199.	Communication & Information	Information	Insufficient and inadequate information
200.	Communication & Information	Information	Misinformation
201.	Communication & Information	Telephone calls	Telephone call not returned
202.	Communication & Information	Telephone calls	Telephone call unanswered
203.	Participation	Consent	Consent not obtained
203. 204.	Participation Participation	Consent Consent	Consent not obtained Lack of informed consent
203. 204. 205.	Participation Participation Participation	Consent Consent Consent	Consent not obtained Lack of informed consent Patient felt coerced
203. 204. 205. 206.	Participation Participation Participation Participation	Consent Consent Consent Parental Access and Consent	Consent not obtained Lack of informed consent Patient felt coerced Consent, guardianship and information issues related to lesbian, gay parental relationships
203. 204. 205. 206. 207.	Participation Participation Participation Participation Participation	Consent Consent Consent Parental Access and Consent Parental Access and Consent	Consent not obtained Lack of informed consent Patient felt coerced Consent, guardianship and information issues related to lesbian, gay parental relationships Correct procedure not consented for
203. 204. 205. 206. 207. 208.	Participation Participation Participation Participation Participation Participation	Consent Consent Consent Parental Access and Consent Parental Access and Consent Parental Access and Consent	Consent not obtained Lack of informed consent Patient felt coerced Consent, guardianship and information issues related to lesbian, gay parental relationships Correct procedure not consented for Guardianship consent not explained
203. 204. 205. 206. 207. 208. 209.	Participation Participation Participation Participation Participation Participation	Consent Consent Consent Parental Access and Consent Parental Access and Consent Parental Access and Consent Parental Access and Consent	Consent not obtained Lack of informed consent Patient felt coerced Consent, guardianship and information issues related to lesbian, gay parental relationships Correct procedure not consented for Guardianship consent not explained Mother or father unable to access information
 203. 204. 205. 206. 207. 208. 209. 210. 	Participation Participation Participation Participation Participation Participation Participation Participation	Consent Consent Consent Parental Access and Consent Parental Access and Consent Parental Access and Consent Parental Access and Consent Parental Access and Consent	Consent not obtained Lack of informed consent Patient felt coerced Consent, guardianship and information issues related to lesbian, gay parental relationships Correct procedure not consented for Guardianship consent not explained Mother or father unable to access information Mother/Father/Guardian not informed
203. 204. 205. 206. 207. 208. 209. 210. 211.	Participation Participation Participation Participation Participation Participation Participation Participation Participation	Consent Consent Consent Parental Access and Consent Parental Access and Consent Patients/ Family/ Relatives	Consent not obtained Lack of informed consent Patient felt coerced Consent, guardianship and information issues related to lesbian, gay parental relationships Correct procedure not consented for Guardianship consent not explained Mother or father unable to access information Mother/Father/Guardian not informed Excluded from decision making process - family / relatives / advocate / next of kin
203. 204. 205. 206. 207. 208. 209. 210. 211. 211.	Participation Participation Participation Participation Participation Participation Participation Participation Participation Participation	Consent Consent Consent Parental Access and Consent Parental Access and Consent Patients/ Family/ Relatives Patients/ Family/ Relatives	Consent not obtained Lack of informed consent Patient felt coerced Consent, guardianship and information issues related to lesbian, gay parental relationships Correct procedure not consented for Guardianship consent not explained Mother or father unable to access information Mother/Father/Guardian not informed Excluded from decision making process - family / relatives / advocate / next of kin Excluded from decision making process - patient
203. 204. 205. 206. 207. 208. 209. 210. 211. 211. 211. 211.	ParticipationParticipationParticipationParticipationParticipationParticipationParticipationParticipationParticipationParticipationParticipationParticipationParticipationParticipationParticipationParticipationParticipation	Consent Consent Consent Parental Access and Consent Parental Access and Consent Patients/ Family/ Relatives Patients/ Family/ Relatives Patients/ Family/ Relatives	Consent not obtained Lack of informed consent Patient felt coerced Consent, guardianship and information issues related to lesbian, gay parental relationships Correct procedure not consented for Guardianship consent not explained Mother or father unable to access information Mother/Father/Guardian not informed Excluded from decision making process - family / relatives / advocate / next of kin Excluded from decision making process - patient Opinion discounted - family / relatives / advocate / next of kin
203. 204. 205. 206. 207. 208. 209. 210. 211. 211. 212. 213. 214.	Participation Participation Participation Participation Participation Participation Participation Participation Participation Participation Participation Participation Participation	Consent Consent Consent Parental Access and Consent Parental Access and Consent Patients/ Family/ Relatives Patients/ Family/ Relatives Patients/ Family/ Relatives Patients/ Family/ Relatives	Consent not obtained Lack of informed consent Patient felt coerced Consent, guardianship and information issues related to lesbian, gay parental relationships Correct procedure not consented for Guardianship consent not explained Mother or father unable to access information Mother/Father/Guardian not informed Excluded from decision making process - family / relatives / advocate / next of kin Excluded from decision making process - patient Opinion discounted - family / relatives / advocate / next of kin Opinion discounted - patient
203. 204. 205. 206. 207. 208. 209. 210. 211. 211. 212. 213. 214. 215.	Participation	Consent Consent Consent Parental Access and Consent Parental Access and Consent Patients/ Family/ Relatives Patients/ Family/ Relatives Patients/ Family/ Relatives Patients/ Family/ Relatives Patients/ Family/ Relatives	Consent not obtained Lack of informed consent Patient felt coerced Consent, guardianship and information issues related to lesbian, gay parental relationships Correct procedure not consented for Guardianship consent not explained Mother or father unable to access information Mother/Father/Guardian not informed Excluded from decision making process - family / relatives / advocate / next of kin Excluded from decision making process - patient Opinion discounted - family / relatives / advocate / next of kin Opinion discounted - patient Parent not allowed accompany child in recovery room
 203. 204. 205. 206. 207. 208. 209. 210. 211. 211. 212. 213. 214. 215. 216. 	Participation Participation Participation Participation Participation Participation Participation Participation Participation Participation Participation Participation Participation Participation Participation Participation	Consent Consent Consent Parental Access and Consent Parental Access and Consent Patients/ Family/ Relatives Patients/ Family/ Relatives Patients/ Family/ Relatives Patients/ Family/ Relatives Patients/ Family/ Relatives Patients/ Family/ Relatives	Consent not obtained Lack of informed consent Patient felt coerced Consent, guardianship and information issues related to lesbian, gay parental relationships Correct procedure not consented for Guardianship consent not explained Mother or father unable to access information Mother/Father/Guardian not informed Excluded from decision making process - family / relatives / advocate / next of kin Excluded from decision making process - patient Opinion discounted - family / relatives / advocate / next of kin Opinion discounted - patient Parent not allowed accompany child in recovery room Parent not allowed accompany child to theatre
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224.	Privacy	Hospital Facilities (Privacy)	Privacy - Overcrowding
225.	Improving Health	Empowerment	Independence and self care not supported
226.	Improving Health	Empowerment	Lack / provision of patient / carer education
227.	Improving Health	Empowerment	Patient / family preference discounted / disrespected
228.	Improving Health	Holistic Care	Lack of information / support on how to prevent further illness / disease
229.	Improving Health	Holistic Care	Lack of understanding as to what is important to the patient
230.	Improving Health	Catering	Dietary requirements not met
231.	Improving Health	Catering	Food quality
232.	Improving Health	Smoking Policy	Non-compliance (visitor, patient, staff smoking)
233.	Accountability	Patient feedback	Feedback not provided to patients on improvements made as result of their feedback
234.	Accountability	Patient feedback	Information about the complaints / patient feedback process not available
235.	Accountability	Patient feedback	Patient concerns not dealt with promptly
236.	Accountability	Patient feedback	Quality of response to the complaint made
237.	Accountability	Patient feedback	Where to go to ask questions in relation to services and giving feedback (visibility of customer services)
238.	Accountability	Finance	Bill dispute
239.	Accountability	Finance	Bill sent to deceased patient
240.	Accountability	Finance	Cost of products
241.	Accountability	Finance	Insurance cover
242.	Accountability	Finance	Invoice error
243.	Accountability	Finance	Unhappy with income collection process

Appendix 3: Complaints Management Database: Steps (Stage 2b)

Step 1: Log complaint in **Occurances**:

- 1. Select "New Occurance"
- 2. Enter complainant details, location and date in Complaint General Details
- 3. Save Occurance you can now see the Claims/Incidents option
- 4. Upload Complaints Letter/Fax/Email/Form etc in File

Step 2: Log issues of Complaint in Claims/Incidents

- 1. Select New Incident
- 2. Enter details of individual issues in **Claims/Incidents**. Select Complaints Officer, Location, Details and Categories.
- 3. Save Incident
- 4. Repeat for each issue/incident in complaint

Step 3: Update Complaint Record

- 1. Open Occurances Complaint Follow-up.
- 2. Day 5: Update Date Acknowledgement Sent
- 3. Update Recommendations: Occurances Claims/Incidents Select Issue/Incident Tasks: Select New Task, Select Formal Complaints Issue Recommendation, Enter details and update when implemented
- 4. Day 30: in Occurances Claims/Incidents Complaints Issue change all Issue Status to Closed
- 5. Day 30: Update Date Response Sent & Update Complaint Status to Closed
- 6. Upload Complaints Investigation Report File

OR

- 3. Day 30: Update Number of Delayed Letters
- When Complaints Investigation complete update Recommendations: Occurances Claims/Incidents

 Select Issue/Incident Tasks: Select New Task, Select Formal Complaints Issue Recommendation, Enter details and update when implemented
- 5. When Complaints Investigation complete: in Occurances Claims/Incidents Complaints Issue change all Issue Status to Closed
- 6. When Complaints Investigation complete: Update **Date Response Sent** & Update **Complaint Status** to **Closed**
- 7. Upload Complaints Investigation Report File

Note: Ensure all issues are 'Closed' before closing the Complaint. The system will not stop you from setting the *Complaint Status* to "Close" even if there are individual issues with an *IssueStatus* of "Open".