



**Customer Protection Unit (CPU)
(Client Feedback and Complaints)
(Annual Report 2010)**

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Introduction:

The Customer Protection Unit (CPU) is an integral part of the quality improvement initiatives of DHCC and CPQ. The CPU is responsible for CPQ's complaints management system that handles all complaints against CPQ licensees, including healthcare, public health, nonclinical facilities and healthcare professionals. The CPU also addresses complaints against CPQ, as well as suggestions and queries to enable continuous improvement in the delivery of CPQ's services.

The Customer Protection Unit (CPU) at CPQ manages the DHCC customers' complaints, and feedback. The purpose of this unit is to improve the overall safety and quality of healthcare in DHCC while maintaining the highest levels of customer satisfaction. CPU is the lifeline to DHCC's overall customer satisfaction.

CPU is also responsible for collecting information concerning the quality of healthcare provided by the operators, and professionals. CPU undertakes a proactive method that aims to put the customers' wellbeing in their own hands and allows DHCC to work closely with its patients in delivering quality care.

Various information concerning access, communication, costs, decision-making, quality of clinical care, rights, respect & dignity as well as professional conduct, non-compliance, and corporate services are collected, through the feedback and complaints management system, to improve the quality of services provided.

To meet CPQ quality and ISO 10002:2004 standards pertaining to complaints management, the Customer Protection Unit (CPU) ensures a systematic approach for receiving, analyzing and responding to customers' complaints and feedback.

In addition to complaints management, CPU undertakes the full responsibility of monitoring and enforcing strict regulations and standards. This is to monitor compliance to DHCC Governing Regulations and Quality Standards, and to apply a specific enforcement system.

Complaint Management Process:

Complaint and Licensee's Response:

DHCC Governing Regulation, No. 1 of 2008, sec. 167, requires the CPU to provide a copy of the complaint to the DHCC Licensee who is the subject of the complaint. The said Licensee is then required to respond to the allegations raised by the complainant within ten (10) working days of receipt of the complaint.

CPU Investigation:

Once CPU has received the licensee's response to the complaint, the CPU staff will conduct a thorough investigation of the allegations raised in the complaint. Such investigation may include 1) request for documents; 2) interviews with the complainant, the complainant's family members, Licensee, licensee's staff, and any relevant participants or witnesses; and 3) inspection of a facility or place of practice. In cases concerning allegations of malpractice, it may be necessary to present the results of the investigation to a panel of experts who will render their expert opinion.

The Licensee's Responsibility to Cooperate with an Investigation:

Pursuant to the Governing Regulation, No. 1 of 2008, sec. 178, a licensee against whom a complaint has been filed has a responsibility to cooperate fully and in a timely fashion with the CPU as it conducts its investigation, including, but not limited to:

- Responding to any questions asked by the CPU during any interviews;
- Providing all documents requested by the CPU;
- facilitating the CPU's inspection of the facility, if necessary; and;

Failure to comply with a valid request of the CPU during the course of the investigation may be grounds for the DHCC Licensing Board to 1) review the licensee's right to maintain a DHCC license, which review may lead to the suspension or cancellation of the license; and 2) imposing other disciplinary action such as a financial penalty (fine). See Governing Regulation, No. 1 of 2008, sec. 181.

DHCC Licensing Board's Final Decision:

Once the CPU investigation is complete, the complete record of the investigation is referred to the CPU Committee. The Committee then reviews the record and renders its opinion regarding the allegations made by the complainant. The Committee's opinion is thereafter forwarded to the DHCC Licensing Board, which is responsible for issuing a Final Decision in the case. The investigation of complaints brought against DHCC clinical facilities are forwarded directly to the DHCC Licensing Board for consideration.

The Licensing Board's Final Decision will contain the Board's findings of fact and conclusions of law regarding whether the Licensee's actions or inactions constitute a violation of DHCC's regulatory requirements. If not, the Board will dismiss the complaint. If so, then the Board will determine the appropriate disciplinary action to be imposed. Such disciplinary action may range from the imposition of financial penalties (fines), requirement for additional training and supervision by another DHCC licensed healthcare professional, to summary suspension, suspension, revocation or refusal to renew the licensee's DHCC license. See Governing Regulation, No. 1 of 2008, sec. 141. The Licensing Board's Final Decision is not subject to appeal unless additional relevant facts come to light after the Licensing Board has rendered its decision that were not available to the complainant or the licensee during the investigation of the complaint. See Governing Regulation, No. 1 of 2008, sec. 144.

Until the Licensing Board has issued its Final Decision regarding the complaint brought against a Licensee or a Facility, it is requested that licensees do not communicate directly with the complainants regarding a complaint or the status of an investigation. A Licensee may contact the complainant regarding any other ongoing matter relating to medical care, as required.

The CPU will communicate with the Licensee and the complainant on a regular basis regarding the status of its investigation of the complaint and the Licensing Board's Final Decision. The CPU also will monitor compliance with any disciplinary action that is imposed on a Licensee or a Facility by the Licensing Board.

Procedures for Managing and Processing Complaints:

Receipt of complaint

The complaint is received by the CPQ Customer Protection Unit (CPU) directly via telephone, fax, email, walk-in, etc.

Log in complaint

The complaint is received by CPU and

1. Sent to the DHCC Central Repository of Complaints (Gov. Reg. Secs. 162 and 163) once the DHCC Central Repository is created and maintained; and
2. Recorded in the CPU Repository of Complaints and assigned an appropriate file number;

Complaint acknowledgment

The CPU acknowledges receipt of the complaint in writing to the complainant within five (5) working days of such receipt. The complainant is notified of the outcome of the initial assessment within ten (10) working days of the receipt of the complaint. (Gov. Reg. No.1, sec. 165(3)).

Initial assessment

Complaint Level

As soon as reasonably practicable after receiving a complaint, CPU conducts a preliminary assessment of the complaint to determine the level of the complaint.

The triage of the complaint is conducted by the CPU staff in the first instance and then reviewed by the CPU Committee, unless the CPU staff has reason to believe the complaint falls within the Level 5 (urgent) category of complaint. If so, then the matter is immediately brought to the attention of the CPU Committee and the Licensing Board.

Complaint Category:

The complaint is reviewed to determine the type of allegation and categorized as follows:

- a. Complaint regarding Unlicensed Practice (Clinical, Non-clinical, Public Health)
- b. Complaint against Licensed Healthcare Operator;
- c. Complaint against Licensed Healthcare Professional;
- d. Complaint against Licensed Non-Clinical Facility;
- e. Complaint against Licensed Public Health Facility;
- f. Complaint against an entity conducting research;
- g. Complaint against an entity providing educational services;
- h. Complaint against CPQ;
- i. Complaint concerning health and safety issues handled by the CPQ Health and Safety Division.

The complaint is further analyzed to determine whether, the allegations, or anything in the complaint, were TRUE, then would the facts alleged constitute a violation of any of the DHCC Regulations, Rules, Standards, or Policies.

CPU Achievements during 2010:

1. Revamping and restructuring of the CPU Committee to include a more diverse members' portfolio to enhance the Committee role in the complaints review and assessment process.
2. Creation and implementation of the CPU Guidelines for Regulatory Violations and Disciplinary Actions, The purpose of the Guidelines is to serve as a guide to the DHCC Licensing Board in setting administrative disciplinary terms and conditions in response to violations of DHCC Regulations, Rules, Standards and Policies by healthcare, public health, on-clinical operators and commercial companies as well as healthcare and public health professionals licensed by DHCC. Use of these guidelines will help ensure that the selected disciplinary actions are appropriate and consistent with other decisions reached in cases concerning the same or similar regulatory violations.
3. Expanding the expert panel reviewers' membership to include more specialties in different subject matter areas, this has directly enriched and

enhanced the CPU complaints review process and also helped the CPU committee to conclude final recommendations to the Licensing Board for cases that involve malpractice, negligence and substandard care.

Statistics:

Table 1: Number of complaints

Complaint Type	<i>Total Number</i>
Total Complaints filed	30
Total # of Clinical Complaints	18
Total # of Clinical Complaints Open	9
Total # of Clinical Complaints Closed	9
Total # of Non-Clinical Complaints	12
Total # of Non-Clinical Complaints Open	2
Total # of Non-Clinical Complaints Closed	10

Table 2: CPU Process Timelines to address certain tasks.

Action Type	Timeline
Complainant Acknowledgment	Within 5 working days
Licensee Enquiry	Within 5 working days
Licensee Response	Within 10 working days (extension applies)
Update to complainant and Licensee	On monthly basis
Complaint Closure	3-6 months

Types of Allegations raised in complaints filed during 2010:

Throughout the process of handling complaints and clients feedback during 2010, allegations of the following violations were raised;

1. Unlicensed Practice
2. Discourteous /Unprofessional Behavior or Manners of communications
3. Incompetence/Substandard Medical Care
4. Non-Compliance with DHCC Rules and Regulations
5. Professional Misconduct
6. Malpractice
7. Negligence
8. Non Compliance with Fees/Billing Practice (Payment Dispute)
9. Employee /employer issues
10. Non Compliance with Advertising Guidelines
11. Misdiagnosis
12. Breach of Patient Confidentiality

Types of Identified Violations:

The Following violations were identified and confirmed throughout CPU cases that were handled during 2010;

1. Substandard care and Negligence, while providing dental care.
2. Unprofessional conduct while dealing with patient
3. Providing services outside the scope of the COP
4. Negligence while dealing with Neurological Case
5. Improper Follow up to obtain laboratory test results which have led to serious complication
6. Unlicensed Practice
7. Non compliance with reporting HIRAS data to CPQ
8. Advertising without getting CPQ approval
9. Issuance of a Sick Leave Certificate to non existing patient
10. Keeping and Dispensing expired Controlled Medication.
11. Unlicensed Pharmacy staff
12. Inappropriate storing of medication and other pharmaceuticals products
13. Overcharging and Issuance of multiple sick leave certificates
14. Substandard Care provided during Eye Surgery
15. Discontinuity of care without previous notice
16. Lack of proper informed consent

17. Improper documentation of medical records

Types of Disciplinary Actions Imposed by the Licensing Board during 2010:

As a result of confirmed and clear evidences of certain violations the following disciplinary actions were imposed by the Licensing Board against the concerned Facilities and/or Professionals;

1. **Reprimand** against professionals and facilities
2. **Warning** that a repeat of similar violations in the future will result in the Board taking stronger disciplinary action, including, but not limited to, the summary suspension/suspension of the particular service(s) from the Clinical or non Clinical Operating Permit and/or revocation of the Clinical or non Clinical Operating Permit and summary suspension/suspension of the Professional License and/or revocation of the Professional License
3. **Suspension of Professional License**; from 6 Month - 1 Year.
4. **Revoking Clinical Operating Permit**
5. **Financial Fines**;
6. **Refund of expenses** of the concerned treatment or service
7. Other disciplinary actions including but not limited to reviewing and revamping certain clinical or operational protocols, policies and procedures. Also attending CME and other educational courses to improve fitness to practice or quality of services.