Document Name	Incident and complaint reporting
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Incident and Complaint reporting

1.0 Document Purpose

To describe the procedure to be followed to report and handle complaints, incidents & clinical incidents

2.0 Responsibility

All personnel have responsibility for reporting incidents and facilitating access to the company's complaints process. This policy applies to all courses/work undertaken on behalf of Hibernian Healthcare Ltd.

Operational Quality Team representatives and nominated points of contact for Operations respond in the first instance. Health and Safety and Clinical Departments co-ordinate the company's response and record and monitor the corrective and preventive action Education/Training plan.

3.0 Definitions

3.1.1 Complaint

Any negative feedback or report from a patient, client or learner (i.e. External) who have indicated that they wish to make a complaint (written or verbal) about any aspect of the service.

3.1.2 Incident

Any feedback or report from a member of staff or from an external source (e.g. Patient, client or learner) including, but not limited to, problems with equipment, consumables, deliveries, procedures and document change requests that do not have clinical implications.

Issues/occurrences identified during an internal or external audit should be recorded as an incident. Any other 'unusual' incident where a written report would be of benefit to protect staff members may include:

- Issues arising from contact with clients, patients, HSE staff, referring organisations and others which, while not necessarily a complaint, are important to record to allow for subsequent review.
- Communication issues between parties, e.g. Communication breakdowns, conflicting clinical advice from individuals etc.
- Health and Safety issues which may have a detrimental effect on the welfare of either patients or employees e.g. Cytotoxic spillage; sharps injuries, general slips, trips and falls and any accidents suffered at work
- Security issues, such as break-ins, physical attacks on employees, theft etc.
- All fire and security related incidents.
- Any incident above must be reported to Hibernian Healthcare Ltd

3.1.3 Clinical Incident

Any incidents having clinical implications, relating to the transport, handling and administration of drugs, spillages, extravasation, drug administration errors, drug reactions, including those detailed below:

3.1.4 Incidents relating to the use of blood / blood products, including spillage, administration errors and adverse events.

3.1.5 Incidents relating to the use of drugs. These must include drug administration errors and adverse reactions / events.

3.1.6 Sharps/needlestick injuries.

3.1.7 Failure of medical equipment

Adverse events must be reported through specific reporting systems, e.g. Adverse events forms / reporting requirements used by specific pharmaceutical companies) or Health Products Regulatory Authority (HPRA) direct reporting.

3.2 Training Incident

Any incident that occurs in the course of training provided by Hibernian Healthcare which impedes the learning experience of those participating in the training:

3.2.1 Equipment not to a satisfactory standard (e.g. Faulty manikins, lights not working on training premises etc.)
3.2.2 Assessments are not carried out in a fair and consistent manner
3.2.3 Inadequate communication regarding cancellation or time changes of training
3.2.4 Inadequate communication regarding access to e-learning material
3.2.5 Dissatisfaction at specific material presented during the training

3.3 Complaints Procedure

3.3.1 All complaints will be forwarded to the Operations Director who will immediately notify the relevant department.
3.3.2 A reference number will be allocated when the details are received and recorded in a spreadsheet.
3.3.3 The Operational Quality Team will review the complaint on the day it is reported.
3.3.4 An investigation will be led by a member of the Operational Quality Team and other staff members if necessary. Any incident relating to patient care must be referred to the medical director who will then advise on clinical implications.
3.3.5 A member of the Operational Quality Team will issue a holding response to the complainant where appropriate. If a risk is identified it will be entered into the risk register for action.
3.3.6 Corrective and Preventative Action stages in the complaint record will be assigned to the appropriate member of staff for completion.
3.3.7 The corrective and preventative action taken will be checked by the Operational Quality Team to ensure the actions taken have satisfactorily resolved the reported problem, prevented further recurrence and satisfied the complainant.
3.3.8 An explanatory letter to the complainant, detailing action taken will be sent within 10 working days.
3.3.9 If investigation and completion of the corrective and preventative action(s) takes more than ten working days, the complainant must be informed of current progress
3.3.10 Where a longer period of investigation is required, a monthly update report must be supplied until the final report is provided Copies of all correspondence, faxes, notes of actions etc. Must be held in the complaint record.
3.3.11 Should the complainant not accept the findings of the report, further investigation should be carried out and a separate report should be released within 10 working days.
3.3.12 Once the final report has been produced, a member of the Operational Quality Team member will close the record

3.3.13 A monthly summary of complaints received will be sent to the Senior Management Team and Board of Directors for review.

3.3.14 A quarterly review will be carried out by the nominated point of contact and items identified for entry onto the risk register. This will be reviewed by the Senior Management Group to identify trend analysis and highlight actions for the preventive action process.

3.4 Non-Clinical Incidents (Including Training Incidents)

3.4.1 Non-clinical incidents will be reported to the Operations Director

3.4.2 A reference number will be automatically allocated when the details are received.

3.4.3 The Operational Quality Team will review the incident and identify any further action(s) that may be required to prevent recurrence.

3.4.4 Where appropriate, corrective and preventative action stages will be assigned to the appropriate nominated point of contact by the Operational Quality Team.

3.4.5 Full details of the actions taken will be recorded in the record.

3.4.6 The corrective and preventative action(s) taken will be documented and sent to the Operational Quality Team and reviewed within 5 working days of the incident being reported.

3.4.7 Incident Reports will be provided to the appropriate Departmental Manager on a monthly basis.

3.4.8 A quarterly review must be carried out by the nominated point of contact and reviewed by the Senior Management Group to identify trend analysis and to highlight actions for the preventive action process. Risks identified may also be entered into the risk register for action.