

SOP: Complaint Management and Patient Feedback Process

This SOP details the **complaint management and patient feedback process**, encompassing the receipt, documentation, investigation, and resolution of patient complaints, as well as the systematic collection and analysis of patient feedback. The goal is to enhance patient satisfaction and healthcare quality by addressing concerns promptly, implementing corrective actions, and fostering a culture of continuous improvement within the healthcare facility.

1. Purpose

To ensure all patient complaints and feedback are managed promptly, fairly, and efficiently, contributing to service quality and patient satisfaction.

2. Scope

This SOP applies to all staff and departments involved in patient care and service delivery in the healthcare facility.

3. Responsibilities

Role	Responsibilities
All Staff	Receive, acknowledge, record, and escalate complaints/feedback as per protocol.
Complaint Manager/Committee	Investigate, resolve complaints, analyze feedback, recommend corrective actions, and report findings.
Management	Monitor trends, support resource allocation, ensure corrective and preventive actions are implemented.

4. Definitions

- **Complaint:** Any expression of dissatisfaction regarding care or service, whether verbal, written, or electronic.
- **Feedback:** Comments, suggestions, commendations, or concerns about care or service received.

5. Procedure

1. **Receipt of Complaint/Feedback**
 - Accept complaints or feedback via in-person, telephone, written, or electronic channels.
 - Acknowledge receipt within *one working day* where possible.
2. **Documentation**
 - Complete a Complaint/Feedback Form or enter into the established management system.
 - Record date, time, complainant details, nature of complaint/feedback, and receiving staff member's name.
3. **Assessment & Categorization**
 - Assign severity (e.g., minor, moderate, severe) and urgency.
 - Escalate as appropriate based on significance (e.g., patient safety).
4. **Investigation**
 - Complaint Manager/Committee investigates the concern within *five working days*.
 - Interview involved parties; review records and relevant documentation.
5. **Resolution & Response**
 - Develop a resolution plan and respond to the complainant within *ten working days* of receipt.
 - Document all actions taken and communication completed.
6. **Close-out**
 - Close the case after confirming with the complainant or after finalizing the resolution; communicate the outcome clearly.
7. **Collection and Analysis of Feedback**
 - Regularly collect patient feedback through surveys, suggestion boxes, online forms, etc.
 - Analyze data for trends, recurring issues, and opportunities for improvement.
8. **Corrective and Preventive Actions**
 - Implement and track corrective actions to address root causes of complaints.
 - Review effectiveness of interventions and make necessary adjustments.

9. Reporting

- Prepare periodic reports on complaint trends, resolutions, and improvements for management review.

6. Documentation

- Complaint/Feedback Forms
- Investigation and resolution records
- Corrective action logs
- Feedback analysis reports

7. Review and Continuous Improvement

- The Complaint Manager/Committee shall review this SOP annually or as required to incorporate feedback and regulatory requirements.
- Lessons learned from the analysis process will be used for staff training and process revisions.

8. References

- Facility Policy Manual
- Relevant healthcare regulations and accreditation standards