



COMPLAINTS PROCEDURE EINDHOVEN CORPORATION OF PRIMARY HEALTH CARE CENTERS (SGE)

Article 1 Definitions

1.1 Healthcare provider:

The institution that provides or has provided the relevant healthcare or service, or individuals employed by such healthcare provider. For the purposes of this procedure this is:

The Eindhoven Corporation of Primary Health Care Centers (Stichting Gezondheidszorg Eindhoven (SGE)) in Eindhoven, including the healthcare and service units (healthcare centers) that are part of this corporation.

1.2 Client:

Any individual who makes use of healthcare facilities offered by the healthcare provider.

1.3. Interested party:

Any individual whose interests are or were directly affected by the receipt of healthcare or services provided either by or on behalf of the healthcare provider.

For the purposes of this procedure, the representative or legal representative of such individual is also considered to be an interested party.

1.4 Act:

Any act, omission or decision that affects an interested party.

1.5 Complaint:

An individual expression of dissatisfaction regarding an act by or on behalf of, or service provided by or on behalf of, the healthcare provider.

1.6 Complainant:

An interested party who submits an oral or written complaint.

1.7 Staff member:

Any individual employed by the healthcare provider as well as any individual who offers his services under the responsibility of the healthcare provider.

1.8 Respondent:

The healthcare provider and/or the staff member against whom a complaint is submitted.

1.9 Complaints receipt:

The complaints handling process that deals with hearing, registering, advising, providing information, arranging mediation meetings between complainant and respondent, and/or providing referrals.

1.10 Quality coordinator:

The individual in charge of complaints receipt.

1.11 Complaints handling:

The complaints handling process whereby a complaint is investigated and assessed, and a verdict is given regarding its admissibility, potentially accompanied by advice for the Board of the healthcare provider regarding measures to be taken. Use of this process is restricted to the complaints board.

1.12 Complaints board:

The board appointed by the Board of Directors of the healthcare provider to deal with complaints.

1.13 Manager:

The body with primary responsibility for the proper implementation of this complaints procedure and, in particular, the receipt of complaints. Such body may be the Board of the healthcare provider or the manager of the healthcare and services provider, not being the respondent. The manager takes a neutral position vis-à-vis complainant and respondent.

1.14 He or him:

The text of this procedure uses the masculine gender. Where 'he' is used, 'she' may be read; where 'him' is used, 'her' may be read.

Article 2 Purpose

The purpose of the complaints procedure is to:

- a. safeguard the interests of the recipients of the healthcare and services provided by the healthcare provider by means of a procedure for the receipt and handling of complaints.
- b. if possible, eliminate the claimant's personal dissatisfaction, eliminate potential feelings of injustice and frustration, and restore the relationship of trust between complainant and respondent.



c. contribute towards the healthcare provider's quality policy by means of systematic registration of complaints, and by taking measures aimed at improving the provision of healthcare and services as well as at prevention of recurrence, all on the basis of such complaints.

Article 3 Appointment quality coordinator

1. The healthcare provider shall appoint a contact person for users of its healthcare and services to handle the receipt of complaints for the healthcare and services units.
2. The quality coordinator shall be autonomous and impartial so as to ensure the highest degree of independent complaints receipt. To this end, his duties and responsibilities shall be laid down in writing.
3. The healthcare provider shall inform the users of its healthcare and services in what manner and at what times the quality coordinator may be reached.

Article 4 Complaints Board

1. The healthcare provider shall appoint a complaints board to handle complaints in accordance with the legal obligation laid down in the Wet Klachtrecht Cliënten Zorgsector (Complaint Rights of Health Care Sector Clients Act).
2. The healthcare provider shall comply with the obligation that complaints shall be handled by an autonomous complaints board by joining the Stichting Klachtenregeling Huisartsenzorg Zuid-Nederland (Foundation for Complaints Procedures Healthcare (General Practitioners) Zuid-Nederland).

COMPLAINTS PROCEDURE

Article 5 Submitting a complaint

1. An interested party may, after having completed an internal complaints procedure implemented by the relevant staff member or manager, submit a formally drawn up, written complaint to the healthcare provider.
2. An interested party who submits a complaint directly to the quality coordinator or complaints commission shall be redirected to the relevant staff member or manager to first follow the internal complaints procedure.
3. A complaint shall preferably be submitted in writing to the healthcare provider's quality coordinator.
4. Anonymous complaints shall not be accepted, but only registered.
5. Managers shall forward a copy of any complaint letter received to the quality coordinator forthwith. The provisions of article 9 shall apply to the subsequent proceedings in full. Managers shall report oral and written complaints to the Board of the healthcare provider for registration purposes.
6. Managers shall archive complaint letters and complaint registration forms. The retention period for complaint letters and complaint registration forms is 15 years, in line with the period applicable to the retention of patient information.

Article 6 Withdrawing a complaint

1. A complainant may withdraw his complaint in writing at all times during the proceedings.
2. A complaint may also be withdrawn orally during a hearing as referred to in article 8.

Article 7 Representation and legal assistance

1. Natural persons who are unfit to legally act on their own behalf in complaints procedures shall be represented by their representatives under civil law.
2. The persons referred to in the first paragraph may act on their own behalf in such procedures if they may be considered capable of reasonable assessment of their own interests.
3. The complainant and the respondent may, if they so desire, arrange to be represented. They shall bear the cost involved in such representation themselves.
4. The healthcare provider shall provide adequate legal representation for a complainant in the event he is involved in a complaints procedure and requests representation pursuant to paragraph 3. If,



upon completion of the complaints procedure, gross negligence or deliberate recklessness was shown to have occurred, the healthcare provider may decide to recover the costs in connection with the legal aid provided from the respondent.

Article 8 Complaint receipt by manager

1. The quality coordinator shall forward a complaint to the relevant staff member's manager, within a week of its receipt, to be dealt with, and shall inform both the complainant and the respondent of this fact.
 2. Contrary to paragraph 1, the chairman of the complaints board may, pursuant to a proposal from the quality coordinator or at the express request of the complainant, decide to deal with the complaint without first following the internal complaints procedure referred to above.
 3. The manager shall ensure that the complaints procedure takes place within a period of 4 weeks after this receipt referred to in paragraph 1. The complaint shall be dealt with either orally or in writing. A report shall be made of any oral input.
 4. The complainant shall always receive a finalization letter within the period referred to in paragraph 3. Such letter shall name the period during which the option to lodge an objection with the complaints board referred to in paragraph 5 is open. A copy of the finalization letter shall be forwarded to the quality coordinator and the respondent.
 5. The complainant may object in writing to the handling of his complaint within 3 weeks after receipt of the finalization letter referred to in paragraph 4. Such objection shall be forwarded forthwith to the complaints board to be dealt with.
- If no such objection is received, the complaints procedure shall be deemed to have been concluded.

HANDLING OF COMPLAINTS BY THE COMPLAINTS BOARD

Article 9 Investigation

1. Complaints shall be submitted to the complaints board in writing.
2. The complaints board shall initiate an investigation into the circumstances of the complaint.
3. The procedure followed by the complaints board is based on written and, if applicable, oral hearing of both parties.
4. The complaints board shall request that the parties involved in the complaint submit information, in writing, and forward any documents in their possession, insofar as such information and/or documents regard the complaint.
Such a request shall be made upon receipt of written permission to that effect by the complainant or his representative under civil law.
5. Staff members are required to comply with any such request as referred to in the preceding paragraph.
6. The complaints board may consult internal and/or external experts. In the event it is necessary, in connection with such consultation, to provide an expert with information regarding the complaint and/or the complainant, written permission to do so shall be requested from the complainant or his representative under civil law in advance.
7. The complainant shall receive a copy of any correspondence with the staff members involved, on the understanding that he may submit a written request within 2 weeks of such notification to be heard or may submit a written reaction to the information provided.

Article 10 Hearing

1. If the complainant and/or the respondent request to be heard, the complaints board shall invite the relevant parties to be heard. In all other cases the board may decide that the written information received in the course of the investigation is sufficient.
2. The complaints board may summon witnesses and experts.
3. The complaints board may summon the complainant and/or the respondent to appear, to provide information or for other purposes. Staff members are required to appear.
4. At hearings, both parties shall be heard. They shall at the very least be given the opportunity to outline their position.



5. Hearings shall be presided over by the chairman of the complaints board or his deputy. A case may be closed if, in the view of the complaints board, it has been sufficiently substantiated.
6. Should the complaints board, upon conclusion of a case at a hearing, decide that the case was not adequately investigated, they may decide to address the case once again.
7. A report shall be made of every oral hearing. The secretary of the complaints board shall forward a copy to the complainant and the respondent upon request.

Article 11 Content of documents

1. The chairman of the complaints board may, if there is a possibility that knowledge of the content of documents by an interested party could harm his physical or mental health or could be disproportionately detrimental to another individual's privacy, decide that such knowledge shall be limited to a representative who is either a lawyer or a physician or was authorized for that purpose by the chairman.
2. The chairman of the complaints board shall forward all documents regarding the case to the interested parties as soon as possible, unless the chairman has decided otherwise pursuant to paragraph 1.
3. The secretary may refrain from forwarding extremely bulky documents or documents that cannot easily be reproduced. The secretary shall make such documents available for perusal for the interested parties during at least one week.

Article 12 Decisions

1. The decision of the complaints board shall entail that:
 - a. the complaint is disallowed;
 - b. the complaint is unfounded; or that
 - c. the complaint is wholly or partially justified.
2. If, due to the period of time that has passed between the occurrence that led to the complaint and the submission of the complaint, the complaints board is unable to reach a decision, the complaints board may decide to declare the complaint inadmissible.
3. The complaints board shall communicate the decision to the complainant, the respondent, the relevant manager, and the Board of the healthcare provider, accompanied by a justification and in writing, within six weeks after the conclusion of the investigation.
4. The complaints board is entitled to:
 - a. make recommendations to the Board of the healthcare provider regarding measures to be taken to prevent recurrence of the complaint;
 - b. make recommendations to the Board of the healthcare provider regarding measures with respect to the complainant and/or users in general;
5. The Board of the healthcare provider shall inform the complainant, the respondent, and the complaints board within four weeks of having received the decision referred to in the previous paragraph, in writing, whether they intend to take any measures based on such decision and any accompanying recommendations, and if so, what measures. If, in the opinion of the complaints board, the complaint is the result of circumstances that are outside the scope of the healthcare provider, the board may, in their decision, advise the complainant of the possibility to submit the complaint to a more suitable body.

FINAL PROVISIONS

Article 13 Registration and report

1. The quality coordinator and the secretary of the complaints board shall keep a register in which all complaints as well as a short summary of the registration and/or handling of such complaints shall be recorded. These registers are confidential.
2. The Board of the healthcare provider shall ensure that a public report is drawn up for every calendar year, stating the number and nature of any complaints handled under this complaints procedure. Such annual report may not include information that can be traced back to individuals.



Article 14 Confidentiality

1. All those involved in the implementation of this complaints procedure, and who consequently have access to information the confidentiality of which they are or should reasonably be aware of, and who are not already bound by the duty of confidence by virtue of their office, profession or a statutory provision, shall be bound to keep such information confidential, unless a statutory provision requires them to disclose that information, or disclosure is required for the implementation of this procedure.
2. The duty of confidence remains in force after the complaints procedure has been concluded.

Article 15 Costs

The complaints procedure is free of charge. The healthcare provider shall not charge the complainant or the respondent for the handling of a complaint by the quality coordinator or the complaints board. The healthcare provider may recover potential costs of legal representation from the respondent in the event of a situation as referred to in article 7, paragraph 4.

Article 16 Derogation from time limits

In exceptional circumstances, derogation from the periods referred to in this procedure is permissible. In such cases, the complainant and the respondent shall receive a substantiated notice to that effect stating the changed terms.

Article 17 Final provisions

1. In all cases not provided for in this procedure, the Board of the healthcare provider shall decide, having heard the complaints board.
2. This procedure shall replace the 'klachtenregeling SGE, d.d. april 1990' ('complaints procedure SGE dated April 1990').
3. This complaints procedure shall come into effect on 1 June, 2012.