

Complaints procedure

**Stichting ZorgSaam Zorggroep
Zeeuws-Vlaanderen**

Introduction

It is a general fact that care recipients are reluctant to submit a complaint. If a care recipient takes the step of submitting a complaint, ZorgSaam Zeeuws-Vlaanderen Foundation, and in particular ZorgSaam Ziekenhuis B.V., ZorgSaam Thuis- en Ouderenzorg B.V. as well as ZorgSaam ZorgSupport B.V. (hereinafter referred to jointly and individually as ZorgSaam) find it all the more important to handle complaints carefully and professionally. A complaint is an important signal. By dealing adequately with complaints, ZorgSaam has the opportunity to retain or regain the confidence of the care recipient. Moreover, lessons can be learned from complaints and measures can be taken. This can prevent the underlying cause of the complaint from recurring in the future.

The advice to care recipients is to first discuss a complaint with the person who caused the complaint or with their supervisor in order to try to find a solution together. In doing so, the ZorgSaam complaints officer can mediate if necessary.

However, a care recipient can also choose to submit a complaint directly to the complaints officer of ZorgSaam. The complaints officer acts as an intermediary between the care recipient and the accused. In doing so, the complaints officer tries to promote that a solution to the complaint is found and to restore trust.

If the above complaint handling has not led to a satisfactory solution, the complaint can be submitted to the independent Complaints Committee for care recipients of ZorgSaam.

Finally, the care recipient can address his complaint directly to this Complaints Committee.

ZorgSaam uses a complaints procedure as prescribed by the Healthcare Quality, Complaints and Disputes Act (Wkkgz).

The present complaints procedure Stichting ZorgSaam Zorggroep Zeeuws-Vlaanderen is based on the model regulation as drawn up by the Dutch Association of Hospitals (NVZ), the National Support Centre for Employee Participation (LSR), the Dutch Patient Federation (NPCF) and the Dutch Federation of University Medical Centres (NFU).

The purpose of the complaints procedure is:

- to do justice to the complainant and to the accused;
- meet the complainant and, if possible, resolve their dissatisfaction;
- creating the opportunity for restoration of the relationship, based on mutual trust between and equality of the complainant and the accused; and
- constantly seeking to improve the quality of care and services provided by ZorgSaam employees.

Board of Directors

Stichting ZorgSaam Zeeuws-Vlaanderen

Table of contents complaints procedure Stichting ZorgSaam Zeeuws-Vlaanderen

Chapter 1 General provisions

Article 1 Definitions

Chapter 2 Signal of discontent

Article 2 Who can a care recipient turn to if they are dissatisfied

Article 3 The caregiver/employee and his/her supervisor

Article 4 The complaints officer

Chapter 3 Complaint handling

Article 5 Submitting a complaint

Article 6 Information and choice of complaint process

Article 7 Handling by the complaints officer

Article 8 Handling by the Complaints Committee

Article 9 Taking up a claim for damages

Article 10 Judgment of the Board of Directors

Chapter 4 Other provisions

Article 11 Treatment complaint relating to multiple healthcare providers

Article 12 Successive complaint trajectories

Article 13 Unmediable complaints, withdrawal and termination of the complaint handling by the complaints officer

Article 14 Disputes body

Article 15 Confidentiality

Article 16 Registration

Article 17 Archiving and retention of complaint file

Article 18 Other complaint and reporting options

Article 19 Costs

Article 20 Annual report

Article 21 Evaluation

Article 23 Transitional provision

Article 24 Adoption and amendment of the procedure

Article 25 Date of entry into force and citation title

Chapter 1 General Provisions

Article 1 Definitions

For the purpose of this procedure, the following definitions shall apply:

- a. accused : the person to whose decision or act or omission the complaint relates;
- b. Client Council : the Central Client Council, which has been established on the basis of the Participation of Clients of Healthcare Institutions Act for the benefit of the care recipients of ZorgSaam;
- c. dispute : a complaint which, after being handled in accordance with this procedure, has not been resolved to the satisfaction of the complainant without the complainant acquiescing in this;
- d. inspector : an inspector from the Health and Youth Inspectorate;
- e. complaint : expression of dissatisfaction submitted to the complaints officer or Complaints Committee about an act or omission towards a care recipient in the context of the provision of care by ZorgSaam;
- f. Complaints Committee : the committee referred to in this procedure that issues an advice on a submitted complaint to the Board of Directors, which makes the judgment based on that advice.
- g. Complaints Officer : the person who, in accordance with the job description, within ZorgSaam, is charged for the impartial reception, mediation and settlement of complaints and support and advice to care recipients in this regard;
- h. complainant : the care recipient, their representative or next of kin submitting a complaint;
- i. supervisor : person with a directing and guiding role toward to the care provider or employee;
- j. judgment : a written communication from the Board of Directors supported by reasons stating the judgement to which the investigation of the complaint has led, which decisions

were taken by the Board of Directors about and as a result of the complaint and the timeframe within which the measures decided upon will be realised;

- k. Board of Directors : the management of ZorgSaam Ziekenhuis B.V. or ZorgSaam Ouderenzorg B.V. or ZorgSaam ZorgSupport B.V. respectively;
- l. claims handler : The person in charge within ZorgSaam of handling and assessment of damage claims;
- m. damage claim : a complaint in which the complainant requests financial compensation or damages;
- n. term : the statutory period of six weeks, to be extended once by a period of four weeks within which the Board of Directors must give a judgement on the complaint. This deadline may be deviated from in consultation with the complainant;
- o. representative : the person or persons whom ZorgSaam, pursuant to any statutory provision must involve instead of or in addition to the care recipient in fulfilling obligations to the care recipient;
- p. law : Law quality, complaints and disputes in healthcare (Wkkgz);
- q. care : as care within the meaning of the Wkkgz is considered the care provided under the responsibility of ZorgSaam;
- r. healthcare provider : ZorgSaam
- s. healthcare professional : a natural person who provides care professionally;
- t. care recipient : a natural person who requests or to whom the healthcare provider provides or has provided care; where it says care recipient, both client and patient can be read.

Explanation

E. Complaint

The definition of the term 'complaint' is an elaboration of Section 14 of the Wkkgz, which states that a complaint may relate to 'a conduct towards a client'. The explanatory note indicates that conduct must also be understood as 'omission and the taking of positions or decisions'.

The complaint may also concern a refusal by ZorgSaam to consider a person in the context of care provision as a representative of a care request, not being a complaint under the Care and Coercion Act.

Complaints about the Care and Coercion Act are excluded in the definition, because different rules apply to handling these complaints and ZorgSaam is affiliated with the Klachtencommissie (Complaints Committee) Zeeland for this purpose.

This does not include a complaint about financial reimbursement of the care provided (e.g. about DBC, rates, deductible, etc.) [Memorandum in response to the report on the proposal for the Healthcare Quality, Complaints and Disputes Act (Wkkgz, 32402, p. 4-5)]. These complaints can be submitted to the Zorg Office (Care Office) Department.

g. Complaints Officer

The Wkkgz stipulates that ZorgSaam shall appoint shall appoint 'a person deemed suitable for that purpose' whose task is to advise complainants, at their request and free of charge, with regard to the submitting of a complaint and assisting them in formulating it and in investigating the options for resolving the complaint.

J. Judgement

A judgement can be a point of view or message about a complaint.

- (1) A position statement is a substantive statement about the complaint. In doing so, the Board of Directors will state with reasons, the judgement to which the investigation of the complaint has led. If applicable, the judgement will also state which decisions the Board of Directors has taken on and as a result of the complaint and within what time frame measures decided upon will be realised.*

- (2) A message reflects the state of affairs, a plan of action to bring the complaint to a satisfactory solution.*

Chapter 2 Signs of dissatisfaction

Explanation

This article gives a brief description of the informal working method in the receipt and handling of dissatisfaction that is expressed directly to the employees involved. From the point of view of accessibility and efficiency, these expressions of dissatisfaction are solved as practically as possible.

Article 2 Who can a care recipient turn to if they are dissatisfied?

A care recipient can discuss their dissatisfaction with:

- a. the care provider or employee with whom he is not satisfied or the person who is responsible for what the complainant is dissatisfied about;
- b. the supervisor of the healthcare provider or employee mentioned under a;
- c. the complaints officer.

Article 3 The caregiver/employee and their supervisor

1. A caregiver/employee gives the person who is dissatisfied the opportunity to discuss their dissatisfaction with them in short term. The caregiver/employee involves others in the conversation if this is conducive to the resolution of the dissatisfaction and the care recipient does not object to this.
2. Caregivers/employees draw the attention of dissatisfied care recipients to the complaints procedure and the complaints officer.
3. Caregivers/employees discuss dissatisfaction with care recipients, anonymously or only with the consent of the care recipient, in the team of which they are part with the aim of eliminating the dissatisfaction or preventing the recurrence of dissatisfaction and improving the quality of care.
4. If a care recipient expresses his/her dissatisfaction with a caregiver/employee to a manager, the manager gives the care recipient the opportunity to discuss dissatisfaction. The caregiver/employee in question is present at this meeting, unless the manager or the care recipient does not deem this desirable. The caregiver/employee in question will be informed by the supervisor about the dissatisfaction that has been expressed. Paragraphs 2 and 3 of this article apply mutatis mutandis to discussions of dissatisfaction with a manager.
5. If the complainant's wishes cannot be met, the caregiver/employee or, in the case of a situation referred to in paragraph 4, the manager, will point out to the complainant the possibility of submitting a complaint to the complaints officer.

Article 4 The Complaints Officer

1. The complaints officer performs his work independently and impartially in accordance with the Wkkgz, the professional standards and job description applicable to him/her and this complaints procedure. The Board of Directors refrains from interfering in the way in which the complaints officer performs his or her duties in a specific case.
2. The complaints officer has at least the following tasks:
 - a. He shall inform care recipients, employees and third parties about the complaints procedure;
 - b. He shall advise those who are considering submitting a complaint and, if requested, assists them in formulating it;
 - c. He shall assist the complainant and the person against whom or the department against which the complaint is directed in resolving the complaint (through mediation);
 - d. if requested, he shall inform the complainant about the way in which the judgement of the Board of Directors is rendered and, if requested, assists in submitting the complaint to the Complaints Committee or the claims handler;
 - e. He shall inform the Complaints Committee and/or claims handler within ZorgSaam as soon as possible but no later than five working days after the complainant, after contact with the complaints officer, has indicated which process (Article 6 paragraph 2 sub c or d) he has chosen.
3. In carrying out his/her work, the complaints officer focuses on achieving a lasting solution to the complaint and on restoring the relationship between the person who appeals to him/her and the person to whom the dissatisfaction relates.
4. The Board of Directors shall provide a job description for the complaints officer.
5. The complaints officer:
 - a. records the complaints that have been reported to him/her, the work he has carried out in response to complaints and the subsequent results;
 - b. on the basis of this registration, periodically reports in writing on its activities and findings to the responsible management and the Board of Directors;
 - c. identifies structural deficiencies in care and can associate recommendations to their findings;
 - d. is responsible for the record-keeping of the complaint handling in which the preservation and registration takes place in such a way that the privacy of the complainant, the accused and any other parties involved is guaranteed and unauthorised persons cannot gain access.
6. The complaints officer may apply directly to the Board of Directors if they believe that they are hindered in the performance of their duties in accordance with this article or if they are disadvantaged in the performance of their duties. The Governing Council shall investigate this and, if necessary, take appropriate

measures to ensure that the complaints officer is able to carry out his or her duties in accordance with this Article and is not disadvantaged by the performance of those duties.

7. If action by the Board of Directors as described in paragraph 6 does not lead to the removal of the impediments referred to therein and/or the complaints officer cannot be expected, in view of the circumstances, to turn to the Board of Directors, the complaints officer can apply to the Supervisory Board of the healthcare provider.

Explanation

Paragraph 1

This provision means that the Board of Directors does not interfere in the way the complaints officer performs his or her duties in an individual case. The complaints officer therefore has professional autonomy, as do care providers.

Paragraph 3

The Implementing Decree Wkkgz stipulates that the complaints procedure must ensure that the complaints officer 'focuses on achieving the most satisfactory solution possible in the performance of their work'. The explanatory notes to the Implementing Decree indicate that in all cases the complaints officer must strive for 'a sustainable solution and restoration of the relationship in conjunction with the quality policy of the healthcare provider'. 'The officer' as continues, the explanatory note 'in this sense is focused on a solution that is satisfactory to both the complainant and the accused'. This is in line with Article 16, paragraph 2 of the Wkkgz, which stipulates that the handling of a complaint is aimed at reaching a satisfactory solution for the complainant and the healthcare provider. A mediating role for the complaints officer can contribute to this.

Chapter 3 Complaints handling

Article 5 Submitting a complaint

1. The complainant preferably submits a complaint to or through the complaints officer. In this regard, the following conditions apply:
 - a. A complaint is preferably submitted in writing or electronically;
 - b. If the complaint lends itself to this, the complaint can also be submitted verbally or by telephone, after which the complaints officer registers it (electronically);
 - c. ZorgSaam can provide a (digital) complaint form.
2. A complaint may only be submitted by:
 - a. a care recipient or on behalf of the care recipient with their consent;
 - b. the (legal) representative of the care recipient;
 - c. the surviving relatives of the care recipient, as referred to in the Wkkgz.
3. In the submission (and further handling) of the complaint, the complainant may be represented by a person appointed or authorised by him/her.
4. A person who believes that he or she is wrongly not considered to be a representative of a care recipient can submit a complaint.
5. In the event that a complaint can no longer be assessed due to the passage of time (see Article 13 paragraph 1, the complaints officer or the person to whom an opinion on the complaint has been requested will notify the complainant accordingly, stating the grounds.

Explanation

Paragraph 1

There is only a complaint if it has been recorded in writing (Article 6 paragraph 2a).

Article 6 Information and Choice of complaint proces

1. Once a complaint has been submitted as referred to in Article 5, the complainant shall receive an confirmation within five working days. Subsequently, the complaints officer discusses the complaint with the complainant and informs the complainant about the possibilities of the complaint handling. If desired, additional written information may be provided to the complainant. If the complainant has indicated that he does not wish to be contacted by telephone about the complaint, the complainant will be informed in writing about the possibilities of the complaint handling. If this is not possible or if no response is received, the complaints officer will initiate the most appropriate/suitable process based on the complaint and other circumstances.

2. A complaint can be handled in the following ways:
 - a. **request for registration:** if the complainant does not wish to receive an opinion from ZorgSaam, but does wish to give a signal or report of dissatisfaction or dissatisfaction, this complaint will be registered and analyzed in accordance with Article 16;
 - b. **request for a (practical) solution/mediation:** the complaints officer will handle the complaint;
 - c. **request for an opinion:** the complaints committee investigates the complaint and the Board of Directors, after advice from the complaints committee, decides on the complaint;
 - d. **Request for financial compensation:** the complaint will be handled by the claims handler in charge of assessing claims or by the liability insurer.

3. The complainant, after information from and consultation with the complaints officer, will determine the complaint process in which, in accordance with the preceding paragraph, a combination or succession of processes may be possible, except if and insofar as there is a process referred to in the last sentence of the first paragraph of this article.

Article 7 Handling by the complaints officer

1. The handling of complaints as referred to in Article 6 shall be expeditious, patient-oriented and solution-oriented.

2. The complaints officer:
 - a. can agree with the complainant that the complaints officer will first explore with the complainant and the healthcare provider, or with the department against which the complaint is directed, whether a solution to the complaint can be reached (for example through mediation).
 - b. Will in any case, confirm the agreement with the complainant within four weeks about the method of complaint handling

3. If the complainant considers that the complaint has been satisfactorily resolved, the complaints officer shall finalize the complaint and register it in accordance with Article 6 paragraph 2 sub a.

4. If the possibility of paragraph 2 does not lead to a satisfactory result for the complainant, the complainant can still decide to request an opinion (see Article 6 paragraph 2 sub c), after which the statutory period starts from the moment of receipt of the complainant's written request for a formal judgment from ZorgSaam.

Article 8 Handling by the complaints committee

Article 8.1 Complaints committee

1. The Board of Directors shall appoint a Complaints Committee and ensure that this committee is maintained.

2. The Board of Directors shall ensure that the Complaints Committee performs its work in accordance with this procedure and the regulations adopted and approved on the basis of Article 23.
3. The Board of Directors shall make available to the Complaints Committee the facilities that the Complaints Committee reasonably needs for its work.

Article 8.2 Composition Complaints Committee

1. The composition of the Complaints Committee must reflect the professional groups within ZorgSaam and the representatives of the interests of the care recipient. At least three members of the complaints committee (including at least the chairman/ alternate chairman) are not employed or have not worked (in the past five years) at ZorgSaam.
2. The Complaints Committee shall have at least six members in the following composition:
 - a chairman (legal expert);
 - a representative on behalf of the care recipients on the recommendation of the client council;
 - (former) medical specialist on the recommendation of the medical staff ZorgSaam;
 - (former) general practitioner on the recommendation of the organized general practitioners in Zeeuws-Vlaanderen;
 - a member with knowledge of and work experience in the primary process in a home/elderly care organisation;
 - a member with knowledge of and work experience in the primary process in a hospital organisation;
 - the Board of Directors reserves the right to nominate a member to supplement the composition of the committee.

In addition, an alternate shall be nominated for each member.

3. The Board of Directors, in consultation with the Complaints Committee on the basis of profiles drawn up, composes the Complaints Committee in such a way that an expert and careful decision on a complaint is guaranteed. In doing so, the Executive Board may, if necessary, use the opportunity to consult the central works council, client council, nursing and care advisory board and board of medical staff.
4. The Board of Directors appoints and reappoints the members and alternate members of the Complaints Committee.
5. The members and alternate members shall participate in the Complaints Committee without charge or backing.
6. The members and alternate members are appointed for a period of four years and may be reappointed once consecutively.
7. The complaints committee is supported by an official secretary.

8. The Chairman, the Alternate Chairman and the Official Secretary are appointed by the Board of Directors.

Article 8.3 Termination of membership in Complaints Committee

1. In any case, membership of the Complaints Committee ends by:
 - a. the expiry of the term of office;
 - b. the decision of the person concerned to terminate the membership of the committee;
 - c. death;
 - d. dismissal by the Board of Directors.
2. The Board of Directors shall dismiss a member of the Complaints Committee at the request of the Complaints Committee if the member concerned neglects their duties or is manifestly unfit for the performance of their duties.
3. In addition to the grounds referred to in paragraph two, the Board of Directors may also dismiss the chairman of the Complaints Committee if the Complaints Committee does not operate in accordance with this procedure and the internal regulations of the Complaints Committee. The Board of Directors shall not dismiss the Chairman until the Governing Council has heard the Chairman of the intention to do so.

Article 8.4 Official secretary

1. The Board of Directors shall appoint an official secretary.
2. The Board of Directors shall adopt a job description of the official secretary. The official secretary shall perform his/her duties under the responsibility of the Complaints Committee.

Article 8.5 Submitting of a complaint to the Complaints Committee

1. The complainant submits a complaint to the Complaints Committee. The following conditions apply:
 - a. A complaint must be submitted in writing;
 - b. The submitting of a complaint by electronic means shall be deemed to be a written complaint;
 - c. ZorgSaam is able to provide a (digital) complaint form.
2. As a rule, the Complaints Committee will send the complainant a confirmation of receipt of the complaint within five working days of receipt of a complaint. The Complaints Committee states in the acknowledgement of receipt that the complainant may, if desired, be assisted during the complaints procedure by a person assigned by him/herself.

3. If, for the assessment of the complaint, it is necessary to take cognizance of information from the care recipient's file, the complaints committee will state this in the acknowledgement of receipt and specifically ask the complainant's permission to do so.
4. The Complaints Committee may request the complainant within a period of time to be determined by the Complaints Committee, to provide further information regarding their complaint.
5. The complaints committee may ask the complainant to prove that they are authorised to submit a complaint.
6. Within five working days of receipt of a complaint, the Complaints Committee will send a copy of the complaint to the accused and inform the Board of Directors. The Complaints Committee gives the accused the opportunity to respond to the complaint in writing within a period of two weeks. In the letter accompanying the complaint, the Complaints Committee states that the accused can be assisted during the complaints procedure by a person assigned by him/herself. The Complaints Committee may decide to extend the aforementioned period. If the Complaints Committee so decides, it will inform the complainant, the accused and the Board of Directors in writing, stating the reasons and the period within which the accused must respond to the complaint in writing.
7. If the complaint is not submitted by the care recipient or by someone authorized by the care recipient, the complaints committee will send the care recipient a copy of the complaint and of the acknowledgement of receipt sent to the complainant. The complaint committee shall give the care recipient the opportunity to respond, within a period of two weeks, to that to which the complaint relates.

Article 8.6 Term of treatment

The Complaints Committee will issue a recommendation within four weeks of receipt of the complaint. In the event that this deadline is likely to be exceeded, the Complaints Committee will inform the complainant, the accused and the Board of Directors in writing, stating the reasons and the period within which they can still expect a recommendation. This period will not exceed eight weeks.

Article 8.7 Admissibility of the complaint

1. The Chairman of the Complaints Committee may advise the Board of Directors to declare a complaint inadmissible if:
 - a. the same complaint from the same complainant has already been handled by the Complaints Committee;
 - b. an identical complaint is still pending;
 - c. the complaint is submitted by a person who is not authorised to do so;
 - d. the complaint is being handled in another complaint process and the complaints committee deems it useful to await the outcome of this other process.

2. If the Board of Directors adopts the advice of the chairman of the Complaints Committee and declares a complaint inadmissible, it will inform the complainant in writing and with reasons.
3. The complainant may submit a written objection to the decision of the Board of Directors, as referred to in paragraph 2 of this article, within two weeks of the date of that decision.
4. An objection as referred to in the third paragraph of this article will be assessed by the Board of Directors together with the chairman of the Complaints Committee. The Board of Directors shall inform the complainant of its decision on the objection in writing, stating the reasons for its decision within two weeks.

Article 8.8 Handling complaints by the Complaints Committee

1. A complaint will be handled by at least a delegation from the Complaints Committee, consisting of the chairman and two members of the Complaints Committee or their deputies and the official secretary.
2. The chairman shall ensure that an competent and diligent decision on the complaint is possible.
3. If a complaint relates to a member of the Complaints Committee or if there may otherwise be a conflict of interest, this member shall refrain from participating in the handling of that complaint and the member's alternate shall act.
4. A member of the complaints committee may refuse to handle a complaint if, in his opinion, he is insufficiently able to judge the complaint in question impartially.
5. The official secretary shall inform the complainant and the accused of the composition of the Complaints Committee.

Article 8.9 Recusal

1. Both the complainant and the accused may, within a period set by the chairman, raise a reasoned objection to the composition of the complaints committee.
2. The committee decides on objections to its composition.
3. If an objection is declared well-founded, the committee member concerned withdraws and, if necessary for the complaint handling, his or her alternate takes his/her place. In the case of the Chairman, his or her alternate shall take his/her place.

Article 8.10 Investigation

1. The Complaints Committee may request employees of ZorgSaam to provide information regarding what has been complained about.
2. Employees of ZorgSaam are obliged, if necessary on the authority of ZorgSaam, to cooperate with the activities of the Complaints Committee to the extent that this can reasonably be demanded of them.
3. The Complaints Committee may, with the prior approval of the Board of Directors, seek advice from experts. The costs of this will be borne by ZorgSaam.

Article 8.11 Hearing

1. The committee may decide to hold a hearing in order to give the complainant and the accused the opportunity to present their views verbally.
2. If the complaint relates to a client who resides in one of the locations maintained by ZorgSaam, the hearing will take place there, unless the complaints committee decides otherwise.
3. As a rule, the parties are heard in each other's presence at the hearing. At the request of the complainant or the accused, the Complaints Committee may hear them separately.
4. The hearing shall be conducted by a delegation from the Complaints Committee to be composed by the chairman.
5. The official secretary is to arrange for a report on what has been discussed. The report must be approved by the complainant and the accused.
6. If the complainant and the accused are heard separately, the official secretary shall provide a record of the discussed matter. After the report has been approved by the party heard, the official secretary shall bring this report to the attention of the party who was not present during the hearing and shall give this party the opportunity to respond within a period to be determined by the committee.

Article 8.12 Discontinuation Handling of the complaint

A complaint will not be handled further if the complainant withdraws the complaint. The complainant may withdraw the complaint by stating in writing that they do not wish the complaint to be handled further by the Complaints Committee. If the Committee does not handle a complaint further for this reason, the Complaints Committee will inform the accused, the Board of Directors, the

management and the complainant.

Article 8.13 Opinion Complaints Committee

1. The committee's aim is to reach consensus on the adoption of an opinion. The committee shall, if necessary, act by a simple majority. In the event of a tie, the chairman's vote shall be decisive.
2. In each opinion, the Complaints Committee shall describe:
 - a. the complaint to which the opinion relates;
 - b. the views of the complainant and the accused;
 - c. the way in which the Complaints Committee handled the complaint;
 - d. the opinion of the Complaints Committee and the reasons therefor, which advice is intended to dismiss the complaint as unfounded, or to declare the complaint fully or partially well-founded.
 - e. the names of the members who approved the opinion;
 - f. any recommendations of the Complaints Committee.
3. The Complaints Committee shall not advise on a possible claim for damages and cannot take any employment or disciplinary action.
4. When the Complaints Committee is asked for an opinion on a complaint of a complex medical-substantive/technical nature, the Committee may, with a view to the smooth handling of complaints, recommend the complaint to be submitted to a more appropriate body. If the complainant persists in being handled by the Complaints Committee, the Committee may indicate in advance to the complainant that it will confine itself to giving an overall or partial opinion on the conduct that gave rise to the complaint.
5. Opinions of the Complaints Committee shall be signed by the Chairman of the Complaints Committee, in their absence by their alternate. If the latter is also unable to sign the opinion, the opinion will be signed by one of the other members of the Complaints Committee who was involved in the handling of the complaint.
6. The Complaints Committee shall send any opinion on a complaint to:
 - a. the Board of Directors;
 - b. the complainant;
 - c. the care recipient concerned, if he or she is not the complainant him/herself;
 - d. the accused.

Article 9 Handling of claim for damages

1. If the complaint is handled as a claim for damages in accordance with Article 6, the handling (in whole or in part) will be transferred to the ZorgSaam claims handler.

2. In principle, the complainant will receive an acknowledgement of receipt of the complaint from the claims handler 5 working days after its receipt, which will include a focal point and contact details for the complainant.
3. Within 6 weeks of the date of the acknowledgement of receipt, the claims handler or the liability insurer will give an opinion on the damage claim. If the nature of the claim for damages so requires and/or after consultation with the complainant, this period may be extended by 4 weeks, or it may be waived.
4. The handling of the claim shall be in accordance with the Code of Conduct on Openness of Medical Incidents; improved settlement of Medical Liability (GOMA, 2012), with the exception of the time limit specified therein.
5. The time limits set out in Article 10 of this procedure shall apply mutatis mutandis to the processing of the request for financial compensation (Article 6 paragraph 2 sub d).

Article 10 Judgement of the Board of Directors

1. The Board of Directors will issue a judgement on the complaint within six weeks of receipt of the complaint. If the Board of Directors foresees that more than six weeks will be needed to assess the complaint, it will notify the complainant and the person who is the subject of the complaint in writing or by e-mail before this period expires. The Board of Directors shall also state within which period it is expected that the judgement will still be given. This term will not exceed ten weeks, to be counted from the day on which the process as referred to in Article 6 paragraph 2 under c and/or d has been determined.
2. If the Board of Directors concludes that the complaint cannot be assessed within the extended period, it will notify the complainant and the person to whom the complaint relates in writing or by e-mail. The Board of Directors will indicate why the complaint cannot be handled within the time limit and within which period a judgement will follow. The Board of Directors will ask the complainant to let it know within two weeks whether they wish to wait for the judgement and does not submit the complaint to the disputes body. If the complainant is unwilling to do so and prefers to submit the complaint to the disputes body, the complaints procedure may be terminated.

Chapter 4 Other provisions

Article 11 Handling a complaint that concerns several healthcare providers

1. A combined handling of a complaint can take place if a complaint relates to care that is offered by several healthcare providers in conjunction with each other and the complainant reports that they have also submitted the complaint to other healthcare providers. If the complainant wishes combined handling of the complaint by the various healthcare providers with whom they have submitted the complaint, the complaints officer shall contact the other healthcare providers to whom the complaint has been submitted.
2. On behalf of ZorgSaam, the complaints officer will agree with the other healthcare providers how the complaint will be handled, so that this leads to a joint opinion of the joint complaint handling or a harmonised opinion of the different healthcare providers separately and who will coordinate.

Article 12 Consecutive trajectories

If the complainant has completed one of the trajectories mentioned in Article 6 paragraph 2 and chooses a follow-up trajectory, the rules for that new trajectory apply. Information from the original trajectory may only be used in the follow-up trajectory if consent has been received from the complainant.

Article 13 Unmediable complaints, withdrawal and termination of the complaint handling by complaints officer

1. If a complaint cannot reasonably be (properly) explored due to the lapse of a certain period of time, which will in any case be the case if five years have passed since the act or omission complained of occurred, or due to other circumstances, the complaints officer may decide that adequate complaint handling is not possible. The complainant will be informed of this in writing, stating the reason for not handling the complaint.
2. A complaint will not be further handled by the complaints officer if the complainant withdraws the complaint. The complainant may withdraw the complaint by stating in writing/electronically that they do not wish further handling of the complaint. The withdrawal shall be confirmed in writing/electronically to the complainant.
3. If the complaint is withdrawn verbally, the withdrawal shall be confirmed in writing to the complainant, stating the date of the (telephone)conversation and, where if applicable, the reason for withdrawal.

4. In the event of an urgent reason, the Board of Directors may decide to discontinue the complaint handling. For example, there is an urgent reason if the complainant acts aggressively towards employees of ZorgSaam or otherwise seriously misbehaves in such a way that continuation of the complaint handling can no longer be reasonably expected of the care provider. The complainant will be informed in writing about the discontinuation of the complaint handling and the reason for this.
5. The complainant shall be informed about the possibility of referring the decision as mentioned in paragraph 1 of this article, to the dispute settlement body (Article 14 paragraph 1).

Article 14 Disputes body

1. If, after handling a complaint in accordance with this procedure, a complaint has not been resolved to complainant's satisfaction and the complainant does not resign from it, it is considered a dispute. The complainant can then submit the dispute to the disputes body.
2. The complainant may only submit a dispute directly - without seeking a decision from the Board of Directors - to the disputes body if they cannot reasonably be required, under the given circumstances, to submit their complaint to the Board of Directors about a conduct of the healthcare provider concerning them within the framework of healthcare provision (Article 21 paragraph c Wkkgz).
3. A dispute must be submitted to the disputes body within one year from the date of the judgement of the Board of Directors referred to in Article 10.

Article 15 Confidentiality

Anyone who is involved in the handling of complaints and in the process, receives information whose confidential nature they know or should reasonably suspect is confidential is obliged to keep it confidential, except insofar as a statutory provision requires disclosure or insofar as the need to disclose arises from their role in the implementation of the complaints procedure.

Article 16 Registration

1. If the complaint is registered in accordance with Article 6 paragraph 2 sub a, it will be stored in a database set up for this purpose. This database will be analyzed on a regular basis with the aim of taking improvement measures in the field of quality of care.
2. The database complies with current laws and regulations in this area, such as the Algemene Verordening Gegevensbescherming (AVG) (General Data Protection Regulation (GDPR)).

Article 17 Archiving and retention period of complaint file

1. ZorgSaam keeps all documents relating to a complaint in a (digital) file, separate from the medical file. A complaint file is kept for two years after the complaint has been processed.
2. Documents relating to a complaint will not be kept in the client's medical file.

Article 18 Other complaint and reporting options

This procedure is without prejudice to the possibilities of submitting or reporting complaints to other bodies.

Article 19 Cost

1. No costs will be charged to the complainant or the accused for the handling of complaints based on this procedure.
2. The costs of external support or assistance called in at the initiative of the complainant or accused themselves and the costs of representatives, witnesses or experts involved by the complainant or accused themselves in the complaint procedure shall be borne by the party or parties concerned themselves.

Article 20 Annual report

The Board of Directors, the Complaints Committee and the complaints officer shall submit a joint anonymized report annually by April 1 of the calendar year following the year under review on the number and nature of the complaints they have dealt with and the tenor of its opinions and judgments. The annual report also identifies improvement measures for the quality of care that have resulted from individual complaints or analyses of complaints.

Article 21 Disclosure of complaints procedure

The Board of Directors shall ensure that this procedure is brought to the attention of clients in an adequate manner. To this end, the procedure will be placed on the publicly accessible part of the website of ZorgSaam and a copy of the procedure will be provided to clients and their representatives, if any, upon request.

Article 22 Evaluation

1. The Board of Directors shall review this complaints procedure within two years of its entry into force and thereafter as often as the Board of Directors deems appropriate.

2. In each evaluation, the Board of Directors shall involve at least the complaints officer, the Complaints Committee, the Client Council, the Central Works Council, Board of Medical Staff and Nursing and Care Advisory Board.

Article 23 Transitional provision

1. Complaints submitted at the time this procedure came into force shall be handled on the basis of the complaints procedure, as in effect at the time the complaint was submitted.
2. The term of office of those who are members of the Complaints Committee at the time when this procedure comes into force shall end at the time when it would have ended based on the complaints procedure in force before this complaints procedure came into force. Such members may be reappointed once consecutively for a term of three years.

Article 24 Adoption and amendment of the procedure

1. This procedure shall be adopted and may be amended by the Board of Directors.
2. Proposed decisions to amend this procedure shall be submitted by the Board of Directors to the complaints officer and the Complaints Committee for advice.
3. The Board of Directors shall submit intended decisions to adopt or amend this procedure to the client council for an aggravated opinion, and to the Central Works Council, Board of Medical Staff and Nursing and Care Advisory Board for advice.

Article 25 Date of entry into force and citation title

1. This procedure will enter into force on September 1, 2023.
2. This procedure will be cited as: 'complaints procedure ZorgSaam Zorggroep Zeeuws-Vlaanderen'.

