

Annex3

Guidance on Medical accident/ malpractice, Patient complaints management

This Guidance document for Medical accident/ malpractice and Patient complaints is developed in line with the article 15 of the ASEAN SOP for EMT coordination/ SASOP, to ensure that the AMS I-EMT achieve and maintain the EMT minimum standards as set out by the WHO EMT initiative.

This document contains Model SOP for Medical accident/ malpractice and Patient complaints management, that AMS I-EMT can refer to when developing their SOPs, or used as a reference document for the relevant training.

- I. Model SOP - Medical accident/ malpractice
- II. Model SOP - Patient complaints management

Model SOP - Medical accident/ malpractice (Draft Ver.1)

I. Background/ Purpose

This SOP aims to define necessary procedures for AMS I-EMT to properly respond to and follow up the medical accident, and report to the relevant authority, as well as defining the roles and responsibility of the embassy of the EMT deploying country and EMTCC/ MOH of the receiving country.

II. Establishment of medical accident/ malpractice management system

Appointment of focal point

- EMT team leader shall be responsible in the team to direct and manage any medical accident/ malpractice.
- Appointment of focal point at headquarter level is required in charge of the EMT deployment for serious cases that cannot be solved at local level and escalated.

III. Initial Response to medical accident

- Immediately make every effort to save the patient's life and provide emergency treatment.
- Contact supervisor or senior staff and ask for support and instruction.
- Provide the best possible medical care by mobilizing all resources and efforts.
- The supervisor shall designate a staff member to record the emergency lifesaving actions taken and their outcome chronologically.

(Site preservation)

- Ensure that the site and all evidences are preserved, as well as recording any use of medicine including injectable drug ampules

- Containers for medical disposal and trash cans should be kept with their contents.
- In the event of an accident such as aspiration of food, store leftover food.
- Records of biomonitoring should be kept properly.
- Ensure that the medical record and laboratory data are properly maintained.

(Contact patient's family)

- If the patient's family or caregiver are not present in the facility, they should be contacted immediately.
- Record the time of the contact in the medical record.
- A focal person (FP), usually a doctor in charge of the patient or his/ her supervisor, shall be designated to provide explanation to the patient and/ or patient's family members.
- Once the FP is determined, it should be communicated to all relevant staff members.
- When a staff member other than the FP receives a question from the patient and/ or family member regarding the accident and/ or outcome, the staff member should inform the patient or family member that the FP in charge will do so, and immediately inform the FP about the request.

(Explanation)

- When providing an explanation to the patient's family member, be considerate of the feelings and explain as clearly as possible.
- When the FP provides information, the head nurse or his/ her equivalent shall be present at the meeting.
- The cause and prognosis of the accident should be explained clearly and accurately without speculation.
- Upon completion of the explanation, record all relevant information including the contents, the person who provided and who received as well as the time and date in the medical record.

(Confirmation/ Recording)

- All EMT members involved in the accident should gather to confirm the course of event and action chronologically.
- Organize and confirm all events and actions, and prepare a report of the accident.
- All memos and notes made during the treatment, shall be organized and attached in the relevant section of the medical record with the updated date/ time and the name of the person in charge.

IV. Follow-Up for serious medical accident/ malpractice

- An Investigation Committee shall be established including EMT team leader, FP, and EMTCC/ MOH of the host country, focal point at HQs and the embassy of the EMT deploying country, as appropriate.
- Organize and confirm the event and course of actions based on the compiled report and evidence.
- Examine the cause of the accident, presence of negligence, and future plans based on the medical standard of the receiving country.

(End of EMT deployment)

- The embassy shall be the focal point on the ground after the end of mission of the EMT in case further follow up is required.

(If required)

- Suspension of the concerned team member from activities of EMT operation or sending back to the home country.
- Suspension from future deployment and/ or informing the team member's Professional Regulatory Authority.

Model SOP - Patient complaints management (Draft Ver.1)

I. Background/ Purpose

Appropriately responding to patient complaints can contribute to improving services provided and increase patient's satisfaction as well as avoiding the risk of conflict and litigation.

This SOP aims to define the system and procedure for handling patient's complaints during EMT operation thereby contributing to achieving quality health care services, as well as appropriately responding to medical accidents.

II. Establishment of Complaint Reporting System

A. Appointment of Focal point

- Identification/ appointment of Complaints Focal Point (CFP) within EMT or in each department of EMT as appropriate.
- The EMT team leader shall be responsible to direct and manage any local complaints.
- Appointment of CFP at headquarters in charge of the EMT deployment for serious cases that cannot be solved at local level and escalated.

B. Dissemination of Complaints reporting system

- Development of Poster/ Flyer to inform affected community and patient/ caregiver of the presence of Complaints reporting mechanism and its procedures including contact information of CFP.
- The Poster/ Flyer shall be developed and finalized in coordination with EMTCC/ MOH of the host country in order to comply with local culture, language and literacy rate.

C. Development of reporting mechanism

- A reporting mechanism shall be developed such as a designation of reception or set up of a suggestion box.
- Complaints Reporting Format may be filled in directly by complainant or by CFP on behalf of the complainant as appropriate.

D. Establishment of Complaints Committee

- Complaints Committee shall be established to respond to and follow up complaints raised during EMT operation.
- The Committee shall be composed of EMT Team Leader, CFP(s) and relevant EMT management positions.
- For serious complaints and/ or medical accidents, CFT at HQs(remote), embassy, EMTCC/ MOH shall be included in the committee.

III. Procedures for receiving and responding to complaints

- Patient/ Caregiver can have access to CFP for complaints by submission of Complaints report or verbally informing any EMT staff member.
- Each complaint shall be dealt with appropriately by CFP at relevant EMT managerial level and elevated to EMT Team Leader as required
- All complaint cases shall be shared with the Complaint Committee and only closed upon written confirmation of the patient/ caregiver.
- The closed complaint report shall be kept filed and sent back to HQs upon its end of EMT deployment.
- Patient/ Caregiver has a liberty to submit the Complaint report to the relevant EMTCC and this option shall be advised in the dissemination process.

IV. Appendix

- Complaints Poster

- Complaints Information Flyer for Patients or Caregivers

- To be developed in line with local culture, language and literacy rate, taking into consideration the use of drawing in addition to local language(s)

- Complaints Reporting Format

- To be developed, and shall contain the following items

[Complainant's name] [Name of a person filling in on behalf of the Complainant] [Name of EMT staff member who receives the report] [Date/ Time of reporting] [Details of the complaint] [Actions to be taken]