

RE01 Patient complaints procedure

This complaints procedure can be viewed and obtained free of charge from:

- the Complaints Officer
- the location coordinator
- the website www.obesitaskliniek.nl
- the website www.nokclinics.nl

This complaints procedure has been established by the Board of Directors of Stichting Beste Zorg, after obtaining the approval of the clients' council, and will come into effect on 1 July 2016.

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Document owner	Managing director	Version number	Version 5.3
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Chapter 1 Introduction

In this complaints procedure, Stichting Beste Zorg (SBZ), as prescribed in the Healthcare Quality, Complaints and Disputes Act (Dutch Wet kwaliteit, klachten en geschillen zorg - Wkkgz), has laid down the rules and procedures regarding the handling of complaints about conduct in the context of the healthcare provision of SBZ and/or its contractors, namely Nederlandse Obesitas Kliniek (NOK) B.V., NOK West B.V., NOK Zuid B.V., NOK Zeeland B.V., Obesitas Nederland B.V. and the affiliated companies (hereinafter collectively referred to as: the 'Healthcare Provider') and/or persons working at or for the Healthcare Provider.

The Wkkgz contains rules regarding complaints handling and dispute resolution. The Healthcare Provider has adapted its existing complaints procedure to the Wkkgz. The Healthcare Provider applies the principle that a complaint should not be handled more formally than necessary. Because personal contact is of paramount importance to the Healthcare Provider, the threshold for clients to express any comments and dissatisfaction is lowered as much as possible. These first signals will be picked up by the location coordinator. If this follow-up is considered insufficient, you can contact the Complaints Officer, as described in these complaints regulations.

The Healthcare Provider has a Complaints Officer employed by it. This person provides advice on filing a complaint, consults with the complainant on how the complaint can be handled, assists the complainant in formulating the complaint, receives complaints and investigates the possibilities for reaching a solution to the complaint. The Healthcare Provider is also affiliated with the disputes committee of Zelfstandige Klinieken Nederland (ZKN). In cases where a complainant is not satisfied with the treatment or handling of a complaint, or if it cannot reasonably be expected that a complaint be filed to the Healthcare Provider under the given circumstances, it is possible to file the complaint to this disputes committee. The assessment of liability does not fall within the scope of this complaints procedure.

The work of the Complaints Officer is free of charge for the complainant.

The Healthcare Provider will ensure that this complaints procedure and any amendments thereto are widely publicised.

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Chapter 2 Definition

For the purposes of this complaints procedure, the following terms will have the following meanings:

a. Complaint:

An expression of dissatisfaction with regard to conduct in the context of the care provided by the Healthcare Provider and/or by persons working at or for the Healthcare Provider.

b. Complainant:

The person who files a complaint, namely: the patient, his or her legal representative, written representative(s) or next of kin, as well as the person whom the Healthcare Provider refuses to regard as the patient's representative in the context of the provision of care.

c. Defendant(s):

- The person or persons working at or for the Healthcare Provider against whom the complaint is directed.
- (A site of) the Healthcare Provider to which the complaint relates.

d. Complaints Officer:

An employee appointed by the Healthcare Provider, responsible for complaints reception and complaints mediation.

e. Complaints reception:

- Listening to the complaint.
- Providing information and support regarding the manner in which the complaint should be filed and formulated and investigating the possibilities for resolving the complaint.

f. Complaints mediation:

- Removing misunderstandings.
- Restoring contact between the complainant and the defendant(s).
- Finding a solution that satisfies both parties.

g. Complaints handling:

The handling of written complaints by the Complaints Officer, resulting in a judgment on the validity of the complaint.

h. Disputes committee:

The disputes committee of Independent Clinics Netherlands (ZKN), to which the Healthcare Provider is affiliated.

j. Healthcare Provider:

Stichting Beste Zorg (SBZ), as well as its contractors, namely Nederlandse Obesitas Kliniek (NOK) B.V., NOK West B.V., NOK Zuid B.V., NOK Zeeland B.V., Obesitas Nederland B.V. and the affiliated companies.

k. Board of Directors:

The body charged with the day-to-day management under the articles of association of Stichting Beste Zorg (SBZ).

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Chapter 3 Objectives and principles

Article 3.1 Objectives

The complaints procedure has the following objectives:

- Doing justice to the individual complainant.
- Creating the opportunity for restoration of the relationship between complainant and defendant.
- The systematic recording and evaluation of complaints.
- Identifying bottlenecks in the care provided by the Healthcare Provider in order to promote the quality of this care.

Article 3.2 Principles

The complaints procedure is based on the following principles:

- An easily accessible complaints reception and impartial mediation by the Complaints Officer.
- Objectivity and impartiality with application of the principle of hearing both sides of the complainant and the defendant(s).
- Careful and confidential handling and registration of the data of the complainant and the defendant(s).
- Confidentiality obligation of all those involved in the complaints reception and handling with regard to what has become known to them by virtue of their position or their involvement.
- All employees and medical specialists associated with the Healthcare Provider (whether or not through collaboration, assignment or secondment) who are approached by the Complaints Officer are expected to provide full cooperation, if necessary on the authority of the Board of Directors.
- The complainant and the defendant(s) may be assisted in the handling of the complaint.

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Chapter 4 Complaints Officer

Article 4.1 Tasks

- Providing easily accessible support for complaints.
- Providing information about the complaints procedure.
- Advising and assisting the complainant in filing and formulating the complaint and determining what the complainant intends to achieve with the complaint.
- Analysing the complaint.
- Impartial mediation regarding the complaint.
- Investigating the possibilities to reach a satisfactory resolution of the complaint
- Registering complaints.
- Keeping the complainant informed of the progress of the complaint handling.
- Periodically report to the Board of Directors.
- Solicited and unsolicited reporting of bottlenecks.
- Contributing to the quality policy of the Healthcare Provider.

Article 4.2 Powers

Initiating an independent investigation.

Inspection of the complainant's medical and nursing record, insofar as relevant for the assessment of the complaint. By filing the complaint, the complainant gives permission for this. If the complainant does not want this, the complainant must make this known in writing.

Obtaining additional relevant information and requesting documents from the complainant and the defendant(s).

Chapter 5 Working method (rules of procedure)

Article 5.1 Complaint reception

The Complaints Officer receives complaints.

If and as soon as a complaint is formulated in writing, the complaint is considered to have been 'filed' in the meaning of these regulations. Only written complaints will actually be processed.

If requested, the Complaints Officer will provide the complainant with support in formulating the complaint.

The Complaints Officer registers the complaint in the complaints registration system, stating the date of receipt and provides the complaint with a unique registration number. Filing the complaint will be confirmed in writing. The complainant is expressly referred to Article 4.2 of these regulations.

The Complaints Officer will list to the complainant, analyse the complaint and, if necessary, requests additional information from the complainant.

The Complaints Officer investigates what the complainant intends to achieve with the complaint and discusses with the complainant options for handling the complaint.

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5.2 Complaints mediation

The Complaints Officer informs the person(s) concerned about the complaint filed and requests a response to the complaint.

The Complaints Officer will inform the complainant verbally or in writing of the response(s) of the parties involved and, if necessary, explain the responses.

If desired, the Complaints Officer will organise a mediation meeting between the complainant and the person(s) concerned and can be present if necessary.

The Complaints Officer informs the Healthcare Provider by means of an (anonymised) complaint report.

5.3 Complaint handling by the Healthcare Provider

Complaints filed with the Healthcare Provider will be answered within 10 working days from the date of receipt. If a complaint requires a foreseeably longer processing time, the Healthcare Provider will respond immediately with a confirmation of receipt and an indication of the period within which a response can be expected. In that case, the complainant will receive a reasoned written message from the Healthcare Provider within six weeks of the complaint being filed, stating the conclusion reached following the investigation of the complaint. The Healthcare Provider will indicate whether, and if so, which decisions and/or measures have been taken in response to the complaint and within what period the measures decided upon will be implemented.

If, in the opinion of the Healthcare Provider, the required careful investigation of a complaint so requires, the Healthcare Provider may extend this latter period of six weeks by a maximum of four weeks. The Healthcare Provider will notify the complainant of this in writing before the expiry of the six-week period.

In consultation with the complainant, the processing period may be further extended for the sake of careful complaint handling.

In consultation with the complainant, it may be decided to settle the complaint without formal notice. In that case, the Healthcare Provider will record in writing how a solution to the complaint has been reached. This written record is also provided to the complainant.

5.4 Combined complaints handling

A complaint relating to the actions of another healthcare provider will be carefully transferred to the person whose actions the complaint relates to, unless the complainant has not given permission for this.

If a complaint relates to care provided in conjunction with care provided by another healthcare provider and the complainant has indicated that he or she has also filed a complaint with that other healthcare provider, combined complaints handling may take place, unless the complainant has not given permission for this. In the event of combined complaints handling, the Healthcare Provider will ensure that a complaint is handled by or on behalf of the Healthcare Provider and the other healthcare provider involved jointly or in a manner that does substantive justice to the coherence between the care provided.

5.5 Records

A record is kept of the complaint. A complaint record is kept for 15 years.

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Chapter 6 Disputes committee

The Healthcare Provider is affiliated with the disputes committee of Zelfstandige Klinieken Nederland (ZKN). The disputes committee has its visiting address at Bordewijklaan 46 in The Hague and uses the following postal address: PO Box 90600 | 2509 LP The Hague For more information about the disputes committee, see <https://www.degeschillencommissiezorg.nl/over-ons/zorgcommissies/zelfstandige-klinieken/>.

If a complainant is not satisfied with the treatment or handling of a complaint, or if it cannot reasonably be expected that a complaint be filed with the Healthcare Provider under the given circumstances, it is possible to file the complaint to the disputes committee in accordance with the regulations drawn up by the disputes committee.

In principle, the disputes committee will not handle complaints until they have been handled by the Complaints Officer of the Healthcare Provider.

Chapter 7 Final provision

This regulation can be amended by SBZ on behalf of the Healthcare Provider after prior advice from the clients' council. In the event of any changes, the Healthcare Provider will ensure that they are widely announced.

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