Approved: 01.12.2024

PROCEDURES FOR HANDLING COMPLAINTS, PATIENT SAFETY AND LIABILITY INSURANCE CASES

The aim of Meliva AS (hereinafter Meliva) is to provide patients with the best possible treatment. In the course of our day-to-day work, we may encounter situations where a patient is not satisfied with the outcome of treatment; an incident has occurred in connection with the provision of healthcare that could have caused or has caused harm to the patient; a conflict arises between doctor and patient; or the patient is not satisfied with the quality of service. It is important for Meliva to prevent such situations and complaints as much as possible, although this is not always possible. The aim of this guide is to give the patient an overview of the complaints and redress process. Meliva will always be attentive to any patient complaints about the quality of care or other shortcomings in our processes. In each case, we will try to identify possible obstacles and, in addition to resolving the situation, identify appropriate improvement actions to avoid similar situations in the future.

1. DEFINITIONS

1.1. **Complaint** is a complaint by a patient about the quality of the service provided, the customer experience received, etc.

1.2. **Entitled person** is a patient, a dependant, an heir or any other person who is entitled to claim damages from the insurer on the basis of the principles and in accordance with the procedure laid down in the Law of Obligations Act, subject to the exceptions provided for in the Compulsory Liability Insurance of Health Care Providers Act.

1.3. **Insured event** is a breach of an obligation by a health care provider if the provision of health care has caused bodily injury, harm to health or death of a patient and the health care provider is liable for the resulting harm under the Law of Obligations Act and the harm is the result of a circumstance set out in § 10(2) of the Compulsory Liability Insurance of Health Care Providers Act.

1.4. **Patient safety incident** is an occurrence related to the provision of healthcare that could have caused, or did cause, avoidable harm to a patient

2. COMPLAINTS HANDLING PROCESS

2.1. Making a complaint

2.1.1. Complaints can be submitted on paper to the registry or by e-mail to the clinic's e-mail address. The contact details of the specific clinic can be found in the clinics section of the Meliva website www.meliva.ee.

2.1.2. A complaint may be made orally provided that no written reply is requested and the problem is resolved immediately and does not require further handling.

2.1.3. The complaint will include the patient's name and personal identification number, telephone number, e-mail address, date, the content of the complaint and the solution requested.

2.2. Handling and responding to complaints

2.2.1. Upon receipt of a complaint, the patient will be given initial feedback within 24 hours on working days confirming receipt of the complaint.

2.2.2. The complainant will be informed of the outcome of the complaint within 7 working days by e-mail or, if the complainant so requests, by post to the address provided by the

complainant. In special cases, the time limit for reply may be extended, of which the complainant will be informed in a form which can be reproduced in writing.

2.2.3. The complaint will not be answered if:

2.2.3.1. the complainant cannot be identified;

2.2.3.2. there is no contact information for the person who submitted the request;

2.2.3.3. the person lodging the complaint is incapacitated and has been appointed a guardian by the court, and the proposal or complaint has been lodged without the prior consent of a representative;

2.2.3.4. the complainant has made it clear that it does not wish to receive a reply to the letter;

2.2.3.5. the content of the proposal or complaint is not legible or understandable; or

2.2.3.6. responding to a complaint would require a change in the organisation of the body's work because of the volume of information involved, would interfere with the performance of the tasks assigned to it, or would entail unreasonable expense.

3. SUBMISSION OF LIABILITY CLAIM AND FURTHER PROCESS

If an insured event within the meaning of the compulsory liability insurance of the healthcare provider has occurred in the course of the provision of healthcare, the patient or any other person entitled under the law may claim compensation directly from Meliva's liability insurance partner. Information on Meliva's liability insurance partner and the validity of the contract can be found at any time in the register of licences of the Health Board and in this procedure.

3.1. Information on compulsory healthcare provider liability insurance for Meliva

Insurer: PZU Kindlustus (AB "Lietuvos draudimas" Eesti filiaal).

Amounts insured:
€3 000 000 per insurance period;
€300 000 per insured event;
€100 000 per entitled person.

Sum insured for non-pecuniary harm:
€100 000 per insured event;
€30 000 per entitled person;
Compensation for non-pecuniary damage is included in the sum insured as set out above.

The sum insured will be reduced after each insured event and the insurer will only be liable for the part of the sum insured that is left over from the compensation for the earlier loss or damage.

3.2. Deadlines

3.2.1. The insurance covers insured events occurring from 01.11.2024.

3.2.2. The limitation period for a claim by a patient or any other person entitled to compensation is three years from the time when the patient became aware of the breach of Meliva's obligation and the loss or damage, but not more than ten years from the date of the insured event. The insurer must be informed of the insured event.

3.2.3. Notification of an insured event must be made in a form that can be reproduced in writing within four weeks of the insured event becoming known. If the patient or any other entitled person cannot comply with the obligation to notify because of his/her state of health or for any other valid reason, the time limit shall be extended by the corresponding period.

3.2.4. If a patient or other entitled person notifies Meliva of an insured event, Meliva will forward the notification to the insurer without delay, but no later than one week from the date of receipt of the notification.

3.3. Submission of the notification and further procedure

3.3.1. In the event of an insured event, the patient contacts PZU Insurance, Meliva's insurer, to notify the insurance company.

3.3.2. To report an incident, log in to PZU Insurance Self Service using your ID card, Mobile ID or Smart ID.

3.3.3. From the view that opens, select "Report damage" on the left-hand side of the page, which will open a damage report form.

3.3.4. In the “Product” field, select "Medical malpractice" and click “Forward” to continue filling in the form.

3.3.5. The following fields must be completed in the form that opens:

- Whether the claim relates to the person filing the claim or other person;
- the reason for the complaint, i.e. what happened or what is causing the dissatisfaction;
- the name of the medical institution that provided the healthcare service;
- the time when the healthcare service was provided;
- a description of the health care service, the place where it was provided and the name(s) of the medical personal who provided it;
- assessment of the severity of the health damage;
- assess whether the healthcare service provided met the general level of medical science and if the services were provided with expected care;
- describe the damage suffered (*e.g. additional medical costs, medical aids, etc.*).
- add comments / other information upon wish;
- upon wish, documents may be submitted with the application form by uploading them as a file.

3.3.6. If the patient does not have an Estonian personal identification code or is otherwise unable to submit a notification through the self-service environment, the information mentioned in the previous section must be sent by e-mail to lahendus@pzu.ee.

3.3.7. Once the form has been sent, the insurer will contact the notifier.

4. STORAGE OF DOCUMENTS

The documents collected in the course of complaints handling, patient safety and insurance case registration are stored in accordance with the applicable legislation and are stored by Meliva.

5. FURTHER CONTACTS

Complaints about the provision of healthcare services can also be submitted to the following authorities:

- Estonian Health Insurance Fund, e-mail: info@tervisekassa.ee, phone: +372 669 6630;
- Health Board, e-mail: kesk@terviseamet.ee, phone: +372 794 3500.

Complaints that do not relate to the provision of healthcare services (e.g. the provision of health services as defined in Meliva’s general conditions of provision of services, or the sale of goods) can also be submitted to the Consumer Disputes Committee of the Consumer Protection and Technical Regulatory Authority: https://ttja.ee/en/consumer-disputes-committee, e-mail: avaldus@komisjon.ee, telephone: +372 620 1707. The procedural rules are available at: https://ttja.ee/en/submission-statement.

Complaints relating to the processing of personal data may be submitted to the Data Protection Inspectorate, e-mail: info@aki.ee, helpline +372 5620 2341.