

TITLE: Complaint Management
Type: Governance
Department: Quality and Risk
Section: Procedure
Approved by: Executive

POLICY STATEMENT

WDHS acknowledges that every consumer has a right to make a complaint which will be handled in accordance with the *Health Services (Conciliation and Review) Act 1987, The Aged Care Act 2013 and the Retirement Villages (Amendment) Act 2005*.

WDHS is committed to providing an accessible, responsive service using the Open Disclosure process to ensure transparency and accountability to consumers and staff whilst respecting privacy and confidentiality.

PURPOSE

To provide direction and guidance to the staff requiring support in understanding and management of complaints.

CLINICAL ALERTS

- Any complaint with serious consequences e.g. sentinel event, coroners case
- Where improper conduct by a public officer is identified. [Protected Disclosure Policy](#)
- A third party reports the complaint
- Any complaint that falls under Mandatory Reporting requirements

TARGET AUDIENCE/SCOPE

Organisation Wide

DEFINITIONS/ OF KEYWORDS

Complaint: Any expression of dissatisfaction by or on behalf of a consumer that can relate to any aspect of the care interaction or service provided

Consumer: encompasses patients, clients, residents, volunteers, suppliers, contractors and visitors

Riskman: the software program for reporting clinical incidents, Occupational Health and Safety (OH&S) incidents, non-clinical incidents and consumer feedback including complaints and compliments

EQUIPMENT

VHIMS Riskman Feedback Reporting System (*available from the Intranet home page under the Applications tab*)

DETAILED PROCESS / PROTOCOL / GUIDELINES

Point of service complaints/enquiries:

These are complaints, which may be dealt with to the consumer's satisfaction at the point of service. At times, all that is required to resolve an issue is for the complainant to speak directly to the staff involved

Complaints needing investigation:

These are serious or complex matters that may be escalated to senior staff and/or Quality and Risk Manager, if there is a need for further investigation. This may involve different levels within the organisation.

- The complaint is to be logged onto Riskman
- The complaint must then be reported to the Department Head
- Where the complaint cannot be dealt with in the first instance by the department assistance is to be sought from the divisional head and quality department
- All complaints should be directed immediately to the Quality and Risk Manager

External Complaint Resolution:

These are complaints that cannot be resolved by the organisation. They need to be referred to external bodies such as the Health Services Commissions. Some complaints come directly to the organisation from external bodies such as the Health Services Commissioner.

External Channel to make a complaint

Consumers do have the option of making a complaint direct to the Health Services Commissioner (1300 582 113) or

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for Aged or Community Care, The Aged Care Commissioner (1800 550 552)

Information about the complaints/disputes procedure for the Independent Living Units, Home Care Packages Programme and Respite Programme is provided to each resident in their agreement.

Procurement Complaints

A procurement complaint is an issue or concern expressed by a contractor or supplier in relation to the procurement process and probity applied by Western District Health Service when carrying out a procurement activity. The complaint should be a letter, email or fax lodged with the Chief Purchasing Officer (Director Corporate Services).

Western District Health Service is to inform the Health Purchasing Victoria (HPV) Board within five working days of any complaint that could not be resolved to the satisfaction of both parties.

Western District Health Service must disclose in its annual report the following information in relation to each complaint received:

- Procurement activity to which the complaint relates
- Status of the complaint confirming
- Whether the complaint was resolved
- Whether it is still under investigation or
- Whether it could not be resolved.

A complainant can refer a complaint to the HPV Board for review if they are not satisfied with the findings and actions of Western District Health Service. This could be related to the management of the complaint or the application of the Health Purchasing Policies. Complaints submitted to the HPV Board must be lodged by letter, email or fax within 10 working days of the receipt of the findings by the organisation to:

The Chair
HPV Board
Health Purchasing Victoria
Level 34, 2 Lonsdale Street
Melbourne Victoria 3000

The complainant must provide the following material:

- Evidence that Western District Health Service did not correctly apply Health Purchasing Policies in relation to a procurement activity;
- Evidence that Western District Health Service complaints management procedures were not applied correctly;
- A copy of all relevant correspondence between the complainant and Western District Health Service in relation to the nature of the complaint and
- Any additional material requested by the HPV Board to assist in the findings

Steps in Complaints Management:

1. Risk Assessment

All complaints should be assessed for the degree of risk. The consequence of a complaint may be insignificant or minor but the frequency of the type of complaint should be considered when assessing the risk.

Frontline complaints that are received at a local level may be assessed and dealt with immediately at the point of care by speaking to the staff directly.

A complaint should be referred to the Quality and Risk Manager if :

1. It is unresolved
2. It has serious consequences
3. It has complex medical issues or a number of different staff involved
4. Action is beyond the level of responsibility

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2. Responsibilities

WDHS has an appointed delegate, the Quality and Risk Manager, to coordinate the complaint management system across the organisation. The Quality and Risk Manager shall ensure that there is liaison with Divisional Heads and CE for all complaints.

Chief Executive

- Is kept informed of all complaints and is responsible for sign off of all correspondence

Director of Medical Services

- Reviews all complaints which involves medical officers and those with potential for litigation.
- Monitors progress of complaints

Directors of Nursing – Acute and Aged Care

- Are kept informed of clinical complaints and advises on strategy
- Monitors progress of complaints

Other Divisional Head/Site Manager

- Liaise with QRM. Follow up on own campus and provide feedback to QRM

Line Manager

- Responsible for follow up with the complainant and staff involved and liaison with the QRM on complaints

Quality and Risk Manager

- Responsible for dealing with complaints directly where relevant
- Monitoring progress and ensuring responses are managed within expected timeframes
- Entering all data and correspondence into Riskman and ensuring case is closed.

A weekly meeting is held with representation from the DMS, DON's (Aged and Acute care), NUMs (Aged and Acute care) and QRM to review and update on progress of complaints.

3. Procedure

Receipt of complaint:

On initial contact the following should be explained to the consumer.

1. The role of the person co-ordinating the complaint
2. Liaison with relevant staff
3. The options of dealing with and follow up of the complaint e.g. via the Health Service directly or complaint may be lodged via the Health Service Commissioner. Explain that usually the complaint if lodged with the Health Service Commissioner will usually be referred back to the Health Service to resolve in the first instance.
4. Obtain the expected outcome for a satisfactory resolution from the consumer. This clarifies what the consumer sees as a resolution
5. Provide an approximate time frame that can be expected for follow up communication.

NB

Should a complaint be received on behalf of a consumer a written consent must be forwarded to the QRM for the complaint to be processed. Alternatively contact may be made with the consumer to see if they wish for the complaint to proceed. In which case the discussion, date and time must be documented.

- QRM shall refer all complaints to the Director of Medical Services and Chief Executive if potential for litigation.

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- The QRM will enter the complaint into RiskMan and distribute the feedback item to the appropriate manager(s).
- The QRM will make contact with the appropriate manager(s) to discuss the complaint management process for the individual circumstances
- The QRM and/or the Director of Medical Services will liaise with the Health Services Commissioner in the action of complaints received through that office.

The Line manager or Quality and Risk Manager will telephone the consumer to acknowledge the complaint (unless the complaint was given in person or by telephone). If the consumer cannot be reached by telephone a letter of acknowledgement is acceptable. All complaints should be acknowledged within three (3) days of receipt (wherever possible).

1. Receipt of the complaint e.g. *thank-you for the feedback we received from you today.*
2. Give an apology for the complaint (does not create liability)
3. Provide the opportunity for the consumer to be heard:
 - a. Listen carefully to what the consumer is saying.
 - b. Try to see things from their point of view
 - c. Clarify anything you are not sure about
 - d. Answer questions if applicable. Open disclosure must be followed however at this stage all the details may not be available
4. Inform the consumer what happens next, e.g. we will gather information to answer your questions and assess how we can prevent this from happening again.
5. Offer choice of for future communication of follow up
6. Confirm the consumer's contact details and next expected communication.
7. Provide your contact details to the consumer and thank them for their feedback.
8. Thoroughly document the conversation within RiskMan (this may become a legal record). This should be done as soon as the conversation takes place while it is still fresh in your mind.

4. Investigation of the events, information gathered and analyzed

The Line manager is responsible for investigation of the events, gathering information and speaking to staff involved. Analysis of the complaint should be discussed between the Line manager, Division Head and the Quality and Risk Manager. Details of the investigation and findings should be documented on RiskMan. Details of the complaint may be collated on a complaints record by the Quality and Risk Manager.

A letter of response where relevant shall be drafted and amended/reviewed and signed off by the Chief Executive prior to posting.

5. Outcome/resolution and lessons learnt

Lessons learnt from complaints are used to identify any changes needed and to avoid the same problem occurring again. This approach focuses on system improvements rather than individual blame. In practice there may be implications for a particular staff member or group of staff – a complaint or incident may highlight the need for staff to receive extra support, more supervision or further training in an aspect of their work.

6. Feedback to consumer and staff

The Line manager is responsible for ensuring the outcomes and lessons learnt are fed back to their staff.

When the complaint was acknowledged the consumer should have indicated preference for how they would like to be informed of the outcomes or follow up. The consumer has the right to change their mind at any time. All communication should be recorded on RiskMan whether in person, by phone, electronically or by

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correspondence (attach documents).

The Quality and Risk Manager may assist to coordinate meetings with the complainant if indicated and in accordance with the Health Records Act and Information Privacy Act.

Discussions with complainants will comply with the [Open Disclosure Policy](#)

7. Implementation and monitoring of training or changes to work practices

The Line manager is responsible for ensuring implementation and monitoring of training or changes to work practices occurs in a timely manner.

8. Reporting

The Chief Executive will be provided with an overview of the complaint by the Quality and Risk Manager. Any correspondence to the complainant is directed through the Chief Executive.

A summary of complaints in the form of de-identified reports are regularly presented to:

- the Board of Directors
- Quality and Safety Committee
- Community Advisory Committee
- Aged Care Governance Committee
- Clinical Care Review Committee.

A de-identified report on complaints/disputes concerning the Service's Independent Living Units is provided to the Annual Meeting of residents. This report includes the number of complaints/disputes handled in the year, action taken to resolve them and any changes made or proposed to address any issues identified.

CONSUMER INFORMATION

The health service encourages consumers and staff to give feedback about the service. Patient brochures detail that there is a variety of ways to do this:

- Verbally, to any staff member, manager or the Quality and Risk Manager
- By telephone to the Quality and Risk Manager on 03 5551 8207
- Electronically, via email or online submission through www.wdhs.net
- Write to the Chief Executive or Quality and Risk Manager
- Patient/Consumer feedback forms (see availability below)

Patient/Consumer Feedback forms are available in all admissions packs (or upon request) and are also located:

- Reception foyer at Hamilton Base Hospital
- Emergency Department waiting room.
- Frances Hewitt waiting area
- Allied Health waiting area
- Reception at Penshurst District Health Service
- Coleraine District Health Service nurses station
- Wannon Hostel nurses station
- Reception at Birches Residential Care

Reception at Grange Residential Care

EXPECTED OUTCOME

1. Peoples rights are respected in dealing with complaints
2. Processes are in place to support the workforce to recognise and report complaints
3. All complaints have been acknowledged within three (3) days of receipt where possible.
4. Complaints are closed within 30 days of receipt.
5. All complaints have been followed up by the Quality and Risk Manager in conjunction with the Director of Medical Services or Chief Executive as required.

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6. All complainants receive feedback on the outcomes of the complaint.
7. Feedback is provided to the workforce on the analysis, outcomes and lessons learnt of reported complaints

EVALUATION

- All complaints should be acknowledged within three (3) days of receipt (wherever possible).
- All complaints should be finalised and completed within 30 days of receipt (wherever possible)
- Complaints summary reports are regularly presented to the Board of Directors, Quality and Safety Committee, Community Advisory Committee , Aged Care Governance Committee and the Clinical Care Review Committee

Evidence of review of the Complaints System

KEY ALIGNED DOCUMENTS

- [Elder Abuse policy](#)
- [Incident Management Policy](#)
- [Open Disclosure Policy](#)
- [Protected Disclosure Policy](#)
- Mandatory Reporting Policy
- HPV Policies

KEY LEGISLATION, ACTS and STANDARDS

- Australian Commission on Safety and Quality in Health Care (ACSQHC) <https://www.safetyandquality.gov.au/>
- Aged Care Quality and Safety Commission <https://www.agedcarequality.gov.au/>
- Aged Care Act 2013 <https://agedcare.health.gov.au/publications-and-articles/legislation>
- Charter of Human Rights and Responsibilities Act <https://www.humanrights.gov.au/our-work/rights-and-freedoms/projects/rights-responsibilities-2014>
- Retirement Villages (Amendment) Act 2005 www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/...

REFERENCES TO BEST PRACTICE

- Health Complaints Commissioner <https://hcc.vic.gov.au>
- Barwon Health– Complaint Management Policy – accessed April 2019

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CHANGE HISTORY

VERSION	AUTHOR	CHANGES	DATE
# 1	Aisling Cunningham	Scheduled review, updated references and slight changes to wording in content.	5/4/2019
# 2			