

KOOWEERUP REGIONAL HEALTH SERVICE POLICY AND PROCEDURE MANUAL

Complaints

DOCUMENT TYPE

PROCEDURE

PURPOSE

- To ensure complaints are investigated and dealt with fairly, promptly, confidentially and without retribution.
- To ensure services are reviewed and improved where necessary.

BACKGROUND

Kooweerup Regional Health Service (KRHS) is committed to working in partnership with consumers and carers. The organisations strong commitment to partnering with consumers and /or carers is reflected in KRHS complaint's management processes.

There is increasing evidence that when health professionals, managers, patients, families and carers work in partnership, the quality of healthcare rises, costs decrease, provider satisfaction increases and patient care experience improves (Australian Commission on Safety and Quality on Healthcare 2011). KRHS is to provide a service that meets the need of consumers and ensures a high standard of quality and safety in an ethical manner as prescribed in the Health Complaints Act 2016 (Victoria) Schedule 2 – General Code of Conduct.

In upholding our commitment to consumer participation and best health outcomes, all patients, residents, clients, family, and carers are encouraged to raise any concern they may have about individual care and how they are treated. Our complaints management processes support an effective and fair system and a culture of openness and willingness to learn from incidents, including complaints. All complaints will be opportunities to review and improve services at Kooweerup Regional Health Service.

Where a Serious Patient Adverse Safety Event (SAPSE) is reported this will be reviewed by the Quality Department and if deemed a high-level incident it may be recommended to follow the Victorian Duty of Candour Guidelines 2022.

This policy/procedure establishes a seamless system for complaints to be received, acknowledged respectfully, investigated fairly, and resolved in partnership with the complainant. All complaints will be treated confidentially and without prejudice.

Prompt Doc No: KWR0026064 v10.0 Complaints		
First Issued: 06/09/2017	Page 1 of 9	Last Reviewed: 25/05/2023
Version Changed: 25/05/2023	UNCONTROLLED WHEN DOWNLOADED	Review By: 25/11/2023

DEFINITIONS

Complaint: Verbal or written expression of dissatisfaction or concern regarding any service(s) provided by KRHS. The complainant may be a patient, resident, client, family member, friend, health professional, or member of the public.

Informal Complaints: These are expressions of dissatisfaction, which can be dealt with promptly and to the complainant's satisfaction at the point of service.

Formal Complaints: These include all written complaints and any verbal complaints, which cannot be dealt with as informal complaints. They include complaints where the consumer believes that the service has been provided in a negligent manner.

Consumers and/or carers: Consumers and/or carers are members of the public who use or are potential users of the health service. Consumers and/or carers refers to patients, consumers, clients, residents, families, carers and other support people.

Victorian Managed Insurance Authority (VMIA): The statutory authority, reporting through the Department of Treasury and Finance, which provides insurance services to public healthcare institutions under the Public Healthcare program.

Office of the Health Complaints Commissioner (Victoria): is an independent statutory authority established to receive and resolve complaints on health services. The Health Complaints Commissioner also handles complaints about disclosure of health information and access to health information.

High level incident is one with a severe or moderately severe rating (ISR 1 or 2) which will usually have a comprehensive open disclosure process and may also require the additional Statutory Duty of Candour (SDC) requirements.

NDIS (National Disability Insurance Scheme) Quality and Safeguards Commission (NDIS Commission) is an independent government body that works to improve the quality and safety of NDIS funded services and supports. The NDIS Commission is responsible for handling complaints about NDIS providers when the person:

- is unable to resolve issues with their provider, or
- does not feel empowered to make a direct complaint.

The NDIS Commission takes complaints from NDIS participants, their families and friends, workers and any other person who has an issue with the way an NDIS support or service is being delivered. There are several ways a complaint may be handled, including commencing a resolution process or launching an investigation.

Prompt Doc No: KWR0026064 v10.0 Complaints			2
First Issued: 06/09/2017	Page 2 of 9	Last Reviewed: 25/05/2023	
Version Changed: 25/05/2023	UNCONTROLLED WHEN DOWNLOADED	Review By: 25/11/2023	

Aged Care Quality and Safety Commission: The Aged Care Quality and Safety Commission (the Commission) took responsibility for all complaints about Australian Government funded aged care services on 1 January 2019. The Aged Care Quality and Safety Commission Act 2018 supports greater consistency in regulatory process, and improved response to instances of poor care and service delivery. The Act outlines the Commission's role and functions and replaces the Principles applied to the former Aged Care Complaints Commissioner. The Commission can assist residents and/or their carer/representatives with concerns and complaints about a service provider's responsibilities under the Aged Care Act 1997.

Serious Adverse Patient Safety Event (SAPSE) is an incident with an incident severity rating of 1 and 2 that may follow the Statutory Duty of Candour (SDC) and open disclosure process at the discretion of an Executive Director once determined whether it is a 'high level' event. If the Executive Director or equivalent determine the SAPSE warrants a formal review this will be escalated to the Chief Executive Officer (or equivalent) to convene a SAPSE review panel that meets the requirements under the SDC Guidelines.

PROCEDURE FOR HANDLING COMPLAINTS

Who can complain?

Anyone can complain, this may be;

- The person affected, i.e., a patient, resident, client, and carer.
- A third party on behalf of the person affected, e.g., relative, carer, friend, consumer advocate, a Member of Parliament, the Minister for Health, a GP, with the consent of that person.
- A member of our local community.

Who can receive complaints?

Complaints may be received by anyone in the organisation. It is important that the complainant's concerns are taken seriously and that they are directed to the most appropriate person to handle the complaint. Please advise the Quality Department as soon as you have been notified of the complaint to facilitate logging of the complaint; follow up / investigation; and timely and appropriate response.

All Ministerial complaints will be notified immediately to the CEO.

Complaints to be recorded using agreed method including directly into Riskman Feedback Module or via local registers.

Complaints will be treated confidentially and consumers will not be discriminated against if they complain.

KRHS Complaints Officer is the Chief Executive Officer supported by the Quality Manager.

Prompt Doc No: KWR0026064 v10.0 Complaints	3	
First Issued: 06/09/2017	Page 3 of 9	Last Reviewed: 25/05/2023
Version Changed: 25/05/2023	UNCONTROLLED WHEN DOWNLOADED	Review By: 25/11/2023

Complaints can be received in various ways such as:

- Verbal (from patient, resident, client, visitor, relative).
- Letter / Email (addressed to staff member, Supervisor, Chief Executive Officer, Executive).
- Telephone (to staff member, Supervisor, Chief Executive Officer, Executive).
- Care Opinion

All complaints will be recorded and a register maintained. Formal complaints will be maintained in Riskman and informal complaints as well as consumer feedback will be captured within local Registers or reports as appropriate. Complaints will be notified to the Quality Manager and where required CEO.

The CEO has overall responsibility for ensuring appropriate investigation and an appropriate response in relation to all KRHS complaints

Steps on receipt of a complaint:

- Listen, respect and hear what the person has to say.
- Clarify the issues of concern, treat them objectively, write them down.
- Reassure the complainant KRHS values feedback and will investigate their concerns as it is an opportunity for KRHS to improve the quality of services we provide.
- Identify the service or department that they are dissatisfied with.
- Resolve complaint if able, if not, ask the complainant if they would like to put the complaint in writing. Offer to provide a Feedback form.
- If they don't want to write it down, ask them if they consent to you raising the concern on their behalf with the appropriate Manager/Department Head and/or the Quality Department.
- Clarify contact details of the complainant.
- Let the person know their complaint will be treated in confidence.
- Lodge the complaint on Riskman and with the Quality Department.
- Make sure the complainant understands the information you are sharing.
- If the person is from a Culturally and Linguistically Diverse (CALD) background an accredited interpreter should be utilised if required.
- For complaints received out of hours, the After-Hours Coordinator can offer immediate assistance.
- Volunteers must seek assistance of the Volunteer Coordinator or Quality Department if they receive a verbal complaint.

Complaint investigation and follow up:

- Complaint received and logged on Feedback Form or directly into Riskman and Quality Department notified.
- Written complaints to be forwarded to Quality and where required CEO
- Written complaint acknowledged within five working days of receipt of the complaint by Quality/CEO.
- All verbal/phone complaints acknowledged as they are received.

Prompt Doc No: KWR0026064 v10.0 Complaints		4
First Issued: 06/09/2017	Page 4 of 9	Last Reviewed: 25/05/2023
Version Changed: 25/05/2023	UNCONTROLLED WHEN DOWNLOADED	Review By: 25/11/2023

- If not done already Quality Department to log the complaint in Riskman and notify the relevant Executive of the complaint.
- Complaint Investigation Lead to be identified and complaint investigation to be completed including contact with the complainant and liaison with other departments as needed
- The Complaint lead will update the complaint by sending updates to Quality or directly into Riskman.
- A response letter will be drafted by Lead/Quality.
- Once the response letter has been approved by the relevant Executive, the letter will be finalised and sent by the complainant's preferred method (electronic or postal) by Quality/Executive Assistant (EA).
- Quality will upload the final letter and any additional information to Riskman and close the complaint.

Complaints should be investigated and closed within 28 days of receipt. Where this cannot occur due to complexity or other delays the Investigation Lead must advise Quality.

Complainants who remain dissatisfied will be referred to relevant external supports such as the Aged Care Quality and Safety Commission or to the Health Complaints Commissioner (HCC).

CONSUMER FEEDBACK:

It is recognised that in addition to formal and informal complaints there are many forms of consumer feedback and this may be provided in a variety of ways. This includes verbal or written suggestions for improvement, via forums such as Resident / Relative Meetings, survey response etc and may cover any aspect of the service. It may be anonymous or identifiable. It is important to acknowledge and capture this consumer feedback to ensure appropriate response and monitoring of trends.

Feedback may be captured in reports (e.g., Consumer Surveys), online (e.g., Care Opinion), or on local registers where the feedback is provided directly to the unit / service (e.g., verbally, written, meetings/forums). Where this feedback meets the definition of a complaint (informal or formal) the complaints management procedure should be followed.

REPORTING AND MONITORING:

The Quality Department is responsible for collation, analysis and reporting of feedback and complaints via Quality Graphs, Quality Indicators or other reports as appropriate. This includes identification of trends as well as identification and documentation of identified improvement opportunities arising.

The Quality Manager will review the complaints monthly via Quality Graphs to identify any trends. Complaints data will be tabled at the Quality Meeting and the Board Quality, Safety and Clinical Governance Committee. Managers will

Prompt Doc No: KWR0026064 v10.0 Complaints		5
First Issued: 06/09/2017	Page 5 of 9	Last Reviewed: 25/05/2023
Version Changed: 25/05/2023	UNCONTROLLED WHEN DOWNLOADED	Review By: 25/11/2023

provide updates on themes of complaints and lessons learned through their Staff Meetings.

Implementation of improvement opportunities will be monitored via relevant Improvement Plans and reporting via Quality Meeting, local staff meetings, resident / relative forums where appropriate.

HEALTH COMPLAINTS COMMISSIONER

- Complaints received by the Health Complaints Commissioner are forwarded to the Chief Executive Officer for coordination and response.
- Should the complaint proceed to conciliation, KRHS will be asked to cooperate with the Health Complaints Commissioner in attempting to resolve the complaint. This process will be coordinated by the CEO and the Health Complaints Commission Conciliator.

Website: <https://hcc.vic.gov.au/>

Phone: 1300 582 113 between 9am and 5pm, Monday to Friday.

International calls +613 9032 3100.

Translating and interpreting service: TIS National 131 450.

[National Relay Service](#)

AGED CARE QUALITY AND SAFETY COMMISSION

The Aged Care Quality and Safety Commission provides a service that handles concerns or complaints about service providers and can also provide support with information and options to resolve concerns and complaint.

Programs that are within the Aged Care Quality and Safety Commission's jurisdiction include:

- Residential aged care services, including permanent care and respite care
- Home Care Packages
- Flexible care where a person is receiving 'residential care' or 'home care'; this includes services provided through Transition Care Program (TCP), innovative care or multi-purpose services (MPS)
- Commonwealth Home Support Program (CHSP)

Website: <https://www.agedcarequality.gov.au/making-complaint>

Phone: 1800 951 822 (free call)

Email: info@agedcarequality.gov.au.

Postal address: Aged Care Quality and Safety Commission, GPO Box 9819, Melbourne 3000

NDIS QUALITY AND SAFEGUARDS COMMISSION:

Registered NDIS providers are required to provide guidance about complaints management systems and related policies as required by the National Disability Insurance Scheme Act 2013 (the Act) and National Disability

Prompt Doc No: KWR0026064 v10.0 Complaints	6	
First Issued: 06/09/2017	Page 6 of 9	Last Reviewed: 25/05/2023
Version Changed: 25/05/2023	UNCONTROLLED WHEN DOWNLOADED	Review By: 25/11/2023

Insurance Scheme (Complaints Management and Resolution) Rules 2018 (the Rules).

The NDIS Quality and Safeguards Commission

Website: www.ndiscommission.gov.au

Phone: 1800 035 544

COMPLAINTS RECEIVED FROM EXTERNAL AGENCIES

Complaints received from external agencies such as Safer Care Victoria, Health Complaints Commission, Ministers Office, Aged Care Complaints Commission, NDIS Commission by the Minister for Health or where there is a reputational risk for KRHS must be forwarded to the CEO immediately for acknowledgment and response.

Complaints will be investigated and responded to by the CEO within relevant timeframes.

MEDICO-LEGAL COMPLAINTS:

All complaints that have medico-legal implications, other than possible Protected Interest Disclosures, should be reported to the CEO as soon as possible via the Executive/Quality Manager. For possible Protected Interest Disclosure concerns refer to KRHS Protected Interest Disclosure Policy.

The CEO will liaise with the Executive/Quality Manager regarding reporting to the health service insurers and further follow up. Possible triggers for escalation of complaints include: mention of litigation, compensation, intention to obtain legal advice, threats, Freedom of Information (FOI) requests, a complaint from a body tasked with investigating potential breaches of legislation (e.g., the Victorian Equal Opportunities & Human Rights Commission), allegations that KRHS is in breach of legislation, and serious allegations such as assault, abuse or serious adverse events.

OPEN DISCLOSURE

Open Disclosure should occur in line with the KRHS Open Disclosure and Statutory Duty of Candour Policy.

As per KRHS commitment to partnering with consumers and the Australian Open Disclosure Framework and the Victorian Duty of Candour Guidelines (where relevant), keep the person informed during the process of investigation.

If the complainant is not satisfied with the process or outcome, they will be informed that they can seek advice from or make a formal complaint to the Health Complaints Commissioner, Aged Care Quality and Safety Commission, NDIS Quality and Safeguards Commission or Disability Services Commissioner and provided written information on how to do so.

If the complaint involves a clinical incident, an incident report must also be completed within Riskman.

Prompt Doc No: KWR0026064 v10.0 Complaints		7
First Issued: 06/09/2017	Page 7 of 9	Last Reviewed: 25/05/2023
Version Changed: 25/05/2023	UNCONTROLLED WHEN DOWNLOADED	Review By: 25/11/2023

A person who is the subject of a formal complaint may not investigate that complaint.

DESIRED OUTCOME

Effective reporting and handling of all complaints will result in improvement in patient/resident outcomes.

REFERENCES

Health Complaints Commissioner: <https://hcc.vic.gov.au/>

Aged Care Quality and Safety Commission:
<https://www.agedcarequality.gov.au/making-complaint>

Aged Care Act 1997: <https://www.legislation.gov.au/Details/C2023C00073>

Australian Commission on Safety and Quality in Health Care, National Safety and Quality Health Service Standards, second edition:
<https://www.safetyandquality.gov.au/standards/nsqhs-standards>

National Disability Insurance Scheme, NDIS Quality and Safeguards Commission: <https://www.ndiscommission.gov.au/contact-us/makeacomplaint>

Safer Care Victoria Statutory Duty of Candour and protections for SAPSE reviews | Safer Care Victoria: <https://www.safercare.vic.gov.au/support-training/adverse-event-review-and-response/duty-of-candour>

RELEVANT STANDARDS

Aged Care Quality and Safety Commission Quality Standards 2019 by Standard : 6 Standard 6.

Prompt Doc No: KWR0026064 v10.0 Complaints		8
First Issued: 06/09/2017	Page 8 of 9	Last Reviewed: 25/05/2023
Version Changed: 25/05/2023	UNCONTROLLED WHEN DOWNLOADED	Review By: 25/11/2023

FLOW CHART FOR DEALING WITH COMPLAINTS

