



CORPORATE PROCEDURE:

Complaints Management at the Women's and Children's Health Network

DOCUMENT MANAGEMENT	
Document Number	sp2019_006
Summary	The procedure describes how to respond and manage a complaint locally, divisionally and organisationally with the goal of identifying risk, incidents and action that support the principles of Person and Family Centred Care and a culture of safety and continuous improvement.
Applies to:	WCHN Wide
Exceptions	Nil
Replaces	PR2013_065 Consumer Feedback Management
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Compliance with WCHN Procedures is mandatory.

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Document History

Version	Date	Writer	Amendment/s	Status
v2.3	12/08/19		For ED approval	final draft
v2.1	10/01/19	C Zerella	scheduled review; alignment with the requirements of the 2 nd edition National Safety & Quality Standards and the WCHN Clinical Governance and Consumer Engagement Framework	draft

MANAGER RESPONSIBILITIES:

Managers are responsible for:

- ensuring staff are aware of this procedure;
- have the skills and knowledge to undertake the actions described; and
- escalating any issues with the implementation of this procedure through the appropriate mechanism.

WCHN White Ribbon Commitment

The Women's and Children's Health Network (WCHN) recognises violence against women as a human rights issue that must be addressed in the workplace, and is committed to a zero tolerance policy towards men's violence against women in the workplace. Accordingly employees must appropriately report and respond to any such acts in the workplace, and make available appropriate support to employees who may be experiencing violence in the community.



DETAILED STEPS, PROCEDURES AND ACTIONS:

The Women's and Children's Clinical Governance and Consumer Engagement Frameworks, together with the National Safety & Quality Standards, serve as the foundation pillars on which the WCHN complaint management system is built that:

- encourages and supports patients, carers and families and the workforce to report complaints
- involves the workforce in the review of complaints
- resolves complaints in a timely way
- provides timely feedback to the governing body, workforce and consumers on the analysis of complaints and actions taken
- uses information from the analysis of complaints to inform improvements in safety and quality systems
- records the risks identified from the analysis of complaints in the risk management system
- regularly reviews and takes action to improve the effectiveness of the complaints management system

Fostering a culture that supports the reporting of complaints

WCHN recognises that complaints provide an opportunity for improvement. Information about how consumers can make a complaint is available to both consumer and staff via a number of mechanisms including:

- WCHN Internet and Intranet;
- Consumer Feedback Brochure accessible in all clinical areas
- Inclusion within pre-admission documentation
- Publication of Charter of Rights posters
- Staff inviting feedback and comments
- Information desk
- On hold messages
- Switchboard

Organisational Processes to support Effective Complaint Management

1. Local Resolution

All staff are expected to attempt resolution of complaints and concerns at the point of service, wherever possible, and within the scope of their role and responsibility. The process of resolving the complaint/concern can include:

- A discussion with the consumer
- An expression of regret to the consumer or carer for any harm suffered;
- An explanation or information about what is known, without speculation or blaming others;
- Considering the problem and the outcome the consumer is seeking and proposing a solution; and
- Confirming that the consumer is satisfied with the proposed solution.
- Open disclosure

Information should be concise and documented within the medical record.

Staff should consult with their manager if addressing the problem is beyond the scope of their responsibilities. For example, fee waivers or reductions.

Staff should inform their Manager of all complaints received and actions taken.

Where a complaint which has been identified as important or significant, details must be sent to the Consumer Feedback Coordinator for entry on the Safety Learning System, Feedback Module



2. Referral to Consumer Feedback Coordinator

Complaints should be referred to the Consumer Feedback Coordinator if:

- It is received in writing;
- A complaint is received through a consumer survey or evaluation process
- After attempting to resolve the complaint, the manager does not feel confident in dealing with the complainant; or the outcome the complainant is seeking is beyond the scope of their responsibilities
- The Manager / Director believes the matter should be brought to the attention of someone with more authority
- The complainant requests this be done; or
- The complaint is not resolved by staff /local management teams

If the complaint is not resolved at the point of service, the Consumer Feedback Coordinator to acknowledge to the complainant that their complaint has been received and will be acted on. The Consumer Feedback Coordinator will register the complaint on SLS, Consumer Feedback Module. The Consumer will be provided with contact details and a time frame for resolution.

Where the matter is urgent and requires addressing immediately, the Consumer Feedback Coordinator will ring the Manager, Divisional Director or relevant person to advise or action urgently.

Consumers can provide feedback directly to the Consumer Feedback Coordinator by the means that is most suitable for them. All barriers to making complaints should be removed eg language, fear of reprisal, cultural or literacy. The Consumer Feedback Coordinator will take all complaints seriously in a culturally sensitive manner. Interpreters will be used when necessary.

Consumers are encouraged to bring support persons

3. Documentation Safety Learning System (SLS), Feedback Module

The complaint is to be documented on the SLS Feedback Module.

Once this occurs managers receive an automated e-mail which is a prompt that a complaint has been logged to their work area and requires investigation.

This email provides a link directly to the event within the SLS. Managers can only access events that they are given permission to access and require a unique secure login.

The relevant Divisional Directors, Directors and Divisional Safety and Quality Risk Co-ordinators receive notification of the complaint.

The seriousness of the complaint is rated using the Seriousness Assessment Matrix. (SAM). The SAM rating will help determine who will deal with the complaint; who needs to be notified both internally and externally; the best method to achieve resolution and the level of investigation required.

The complaint should be classified by the Consumer Feedback Coordinator using the national health complaints categories and sub category definitions, with the HCSCC Charter of Rights and Severity Assessment Code matrix (SAM) in the SLS module.

Complaints follow a process of receipt, register and acknowledgement, initial assessment, investigation, response, resolution and follow up preventative action. Complaints are most often registered and acknowledged by the Consumer Feedback Coordinator.

Where a complaint is made which is also considered to an incident, the Incident must be recorded on SLS, Incident Module by the staff member, Manager or Consumer Feedback Coordinator and linked accordingly.

Where an Incident has been already recorded, it must be linked to the SLS Feedback Module

Users of the SLS, according to their permissions, have the ability to run reports relevant to their specific area.



Safety and Quality actions arising from complaints are documented and tracked in the SLS Consumer Feedback Module, Actions section. This will readily identify who is responsible for actions, a date for completion of the actions identified and Quality Improvements.

4. Investigation and Resolution

The Consumer Feedback Coordinator, in liaison with the relevant manager, will carry out investigations of complaints to identify what happened, the underlying causes of the complaint and preventative strategies. Information is gathered from:

- Talking to staff directly involved;
- Listening to the complainant's views;
- Reviewing medical records and other records; and
- Reviewing relevant policies, standards or guidelines.

Managers are to consider if staff members delivered care in accordance with their scope of practice. All breaches of scope of practice are to be reported and managed outside of the complaint management process. Where an individual clinician or staff member has been nominated by a complainant, the matter may be addressed outside of the complaint management process and in accordance with WCHN Human Resource principles.

Resolution should be determined by the relevant manager in consultation with the Consumer Feedback Coordinator (as necessary) and may include an apology, open disclosure, expression of regret, meeting, explanation, compensation or acknowledgement.

Resolution may also involve changes to policies, practices and procedures

A complainant may seek financial compensation as part of the resolution of their complaint during conciliation under the *Health and Community Services Complaints Act 2004* (SA). SA Health policy is that payment of up to \$20,000 may be negotiated as compensation during conciliation of a complaint under the Act.

Senior Managers, Divisional Directors and members of Executive are to be advised by Managers and/or the Consumer Feedback Coordinator where there are complaints of concern. These may be identified as complaints where there has been harm, identified clinical or organisational risk, cluster, media attention,

Where the complaint is of a serious nature, senior staff may require to be involved in the management of the complaint.

5. Dissatisfied Responses

Where a consumer is dissatisfied with a response received, the complaint can be reopened and reviewed.

If a consumer remains dissatisfied with the response, the consumer will be referred to the Office of the Health and Community Services Complaints Commission or the relevant professional body eg AHPRA.

The Consumer Feedback Coordinator will record the number and type of concerns expressed by dissatisfied complainants.



6. Timeframes

Formal complaints, compliments, suggestions or concerns are to be acknowledged in writing or in person within - **48 hours, (2 working days)**. If a complaint or concern, the acknowledgement will provide:

- contact details for the person who is handling the complaint
- how the complaint will be dealt with
- how long it is expected to take.

Formal complaints are to be investigated and an appropriate response made within 35 working days from the date of receipt of the complaint.

If the complaint is not resolved within **35 working days**, contact either by phone or letter should be made every 20 working days until the final response is sent by the Consumer Feedback Coordinator.

7. Facilitating Consumer Participation in the complaint management process

The WCHN Consumer Feedback Coordinator will identify the communications supports required to support the consumer participate as a partner in the complaints management process and may include the use of an Interpreter; support person; and requirement for face to face meetings.

Formal response letters are to consider the principles of health literacy and be clear and understandable.

If a complaint relates to an adverse event, complainants are to be initially provided with an explanation of what happened, based on the known facts and using the principles of Open Disclosure.

At the conclusion of an inquiry or investigation, the complainant and relevant staff will be provided with all established facts, the factors contributing to the incident and any recommendations to improve the service, and the reasons for these decisions.

8. Escalation

If the complaint/concern relates to acute deterioration staff must immediately escalate using WCHN Escalation processes.

Managers should escalate issues of concerns with the responsible Divisional Directors /Directors

Complaints may be referred to:

- the Health and Community Services Complaints Commissioner (HCSCC) if the complainant is unhappy with the WCHN response.
- The appropriate professional regulatory body if the complaint is serious and relates to an individual practitioner.

9. Using complaints to Improve Safety and Quality

Every level of the organisation is required to review and trend complaints in order to identify improvement opportunities and risks in collaboration with consumers and staff.

Feedback on the outcomes of reviews and improvements are to be provided to the workforce through team meetings, notices and to consumers locally by the publication of complaint information on local Safety & Quality Boards.

Quantitative and qualitative analysis will be conducted divisionally and organisationally to identify improvement opportunities and risks and reported to the relevant governance committee.

The WCHN Safety & Quality report produced annually will identify the major complaint trends and actions implemented.



10. Records and Privacy

The Consumer Feedback Coordinator will maintain the SLS, Consumer Feedback Module with all documents relating to the complaints ensuring that:

- Personal information in individual complaints is kept confidential and is only made available to those who need it to deal with the complaint.
- Complainants are given notice about how their personal information is likely to be used during the investigation of a complaint.
- Individual complaint files are kept in the secured Consumer Feedback Coordinator's Office and in a restricted access section in the computer systems file server.

Consumers are provided with access to their medical records (in accordance with the WCHN Fair Information (Privacy) Policy and Freedom of Information Legislation). Family members and others requesting access to a consumer's medical records as part of resolving a complaint, are provided with access only if the consumer has provided authorisation and in accordance with the WCHN Fair Information (Privacy) Policy and Freedom of Information legislation.

11. Building Workforce Capability to respond effectively

Managers hold the accountability for ensuring staff understand complaint processes, support staff to communicate effectively with consumers and resolve complaints locally and build their skill and confidence through coaching and feedback.

Orientation/Induction processes should include information on the WCHN complaint management system. WCHN has a number of training and learning opportunities for staff and manager's to support the workforce to respond appropriately and in alignment with WCHN's Person and Family Centred care principles including:

- Customer service training
- Person and Family Centred Care Training

(refer to the Centre for Education and Training for more detail)

An analysis of learning needs will be conducted three yearly to assist in the identification of any additional training programs.

The WCHN Consumer Feedback Coordinator can also support managers and staff to understand their responsibilities.

12. System Governance & Evaluation

The WCHN Clinical Safety & Quality Committee provides operational oversight and governance of processes that support the WCHN complaint management system to ensure an effective system is in place that is used to improve safety and quality and leads to the identification and mitigation of risk.

Divisional leadership teams and managers hold the accountability for identifying improvement opportunities and risks from complaints and communicating these outcomes to staff, consumers and the community through communication of outcomes on Safety and Quality Boards.

Processes in place to enact this responsibility includes:

1. Evaluation of the system – risks; alignment with best practice/jurisdictional requirements

System risk assessment (3 yearly)

Compliance audit vs the requirements of the SA Health Directive – (3 yearly)

Analysis of contemporary literature vs the WCHN complaints management system – (3 yearly)

Analysis of compliance with completion of the improvement actions identified – quarterly

2. Consumer and Stakeholder partnership in evaluation processes

Consumer review of the complaint management system –(2 yearly)

Consumer satisfaction with the complaint resolution process – (annually)



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Evaluation of staff understanding and use of the complaint management systems - (2 yearly)
Evaluation of effectiveness of current training program to meet staff's learning needs – (3 yearly)

3. Divisional aggregated and trend analysis of complaints to identify system wide improvement opportunities and risks

Monthly presentation of trended complaint numbers by area, complaint type with identification of improvement opportunities and risk for future exploration.

Annual aggregated and trend analysis of complaints exploring contributing factors, impact of initiatives to reduce recurrence, future improvement opportunities and identification of risks requiring further exploration.

The WCHN Clinical Governance sub-committee of the Board will be provided with regular trended and thematic analysis and be provided assurance that the WCHN complaints management system is effective and supports the organisation to improve safety and quality.



RISK ASSESSMENT

CATEGORY	Clinical	Financial	Workforce	Legislative	Organisation	Reputation
Consequence						Minor
Likelihood						Possible
Risk Rating						Moderate
Description						

Overall Risk rating:	Moderate
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COMPLIANCE EVALUATION

Compliance Measures
<p>System Indicators: Percentage of complaints that are acknowledgement within 2 working days Percentage of complaints finalised within 35 working days Percentage of improvement actions identified from complaint investigation processes completed in accordance with timeframes</p> <p>Consumer and Staff Participation Positive response to staff surveys Positive response by consumers to the complaint resolution process</p>

REFERENCING																	
National Standard/s	<table border="1"> <tr> <td></td> <td>NSQHS Standard 1: Governance of Healthcare Organisations</td> </tr> <tr> <td></td> <td>NSQHS Standard 2: Partnering with Consumers</td> </tr> <tr> <td></td> <td>NSQHS Standard 3: Preventing HealthCare Infections</td> </tr> <tr> <td></td> <td>NSQHS Standard 4: Medication Safety</td> </tr> <tr> <td></td> <td>NSQHS Standard 5: Comprehensive Care</td> </tr> <tr> <td></td> <td>NSQHS Standard 6: Communicating for Safety</td> </tr> <tr> <td></td> <td>NSQHS Standard 7: Blood Management</td> </tr> <tr> <td></td> <td>NSQHS Standard 8: Recognising and Responding to Acute Deterioration</td> </tr> </table>		NSQHS Standard 1: Governance of Healthcare Organisations		NSQHS Standard 2: Partnering with Consumers		NSQHS Standard 3: Preventing HealthCare Infections		NSQHS Standard 4: Medication Safety		NSQHS Standard 5: Comprehensive Care		NSQHS Standard 6: Communicating for Safety		NSQHS Standard 7: Blood Management		NSQHS Standard 8: Recognising and Responding to Acute Deterioration
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Definitions and Acronyms:	<p>Formal: Feedback that is received in writing, or the person providing the feedback would like it noted.</p> <p>Complainant: A person or organisation making a complaint.</p> <p>Complaint: An expression of concern, dissatisfaction or frustration regarding any aspect, product or service offered, provided, or denied.</p> <p>Compliment: A formal expression of satisfaction regarding any aspect or service offered within the service.</p> <p>Consumer/s: People who directly or indirectly make use of health services and includes patients, parents, carers, nominated representatives and other family members.</p>																



	<p>Suggestion: An idea or proposal put forward for consideration.</p> <p>Carer: a family member, guardian or friend who has an interest in, or is responsible for the care of a consumer.</p> <p>Safety Learning System (SLS): an electronic system for reporting and managing new incidents and consumer feedback. SLS includes data which can be used to identify trends and areas of risk and record outcomes for consumers.</p> <p>Seriousness Assessment Matrix (SAM): a numerical score applied to a complaint, based on the type of event that triggered the complaint, its likelihood of recurrence and its consequences which is used to determine the risk associated with a complaint.</p>
Legislation:	<ul style="list-style-type: none"> • <i>Freedom of Information Act 1991 (SA).</i> • <i>Health and Community Services Complaints Act 2004 (SA).</i> • <i>Health Care Act 2008, especially S93 and Part 8</i> • <i>Whistleblowers Protection Act 1993</i>
SA Health:	<p>SA Health:</p> <ul style="list-style-type: none"> • Consumer Feedback Management Policy Directive • Consumer Feedback Management Guideline and toolkit • Open Disclosure Policy Directive.
References:	<ul style="list-style-type: none"> • Better Practice Guidelines on Complaints Management for Health Care Services. • Policy for Payment of Financial Compensation Arising from Complaints in the Public Health System in South Australia, SA Health, October 2008. • HCSCC Charter of Health and Community Services Rights (the HCSCC Charter)
Related Documents:	<p>Related Forms, Records and Electronic Data bases</p> <ul style="list-style-type: none"> • Consumer Feedback Form • Are we meeting your needs brochure • Know your rights - a guide to the HCSCC Charter of Health and Community Services Rights in South Australia • Safety Learning System- Consumer Feedback Module • Person and Family –Centred care Recognition Awards Nomination Form
Consumer Health Information	<ul style="list-style-type: none"> • Are we meeting your needs brochure • Know your rights - a guide to the HCSCC Charter of Health and Community Services Rights in South Australia