


STANDARD OPERATIONAL POLICY AND PROCEDURES



TOPIC	Management of Compliments and Concerns – SOPP 16.01		
RESPONSIBILITY	All Areas		
AUTHORISATION	Chief Executive		
SIGNED		DATE	19/07/2022
VERSION	2.8	LAST REVIEWED	July 2022
EFFECTIVE	September 2002	NEXT REVIEW	August 2024

1. PURPOSE

To ensure that East Grampians Health Service (EGHS) provides safe high quality health care and experiences to our consumers by actively following the Victorian Clinical Governance Framework and through its Community Participation Framework to actively engage and partner with consumers.

The *Compliments and Concerns Management Process (The Process)* within EGHS has been developed to ensure that responses address the genuine feedback of the patients, residents, clients and visitors (the Consumer) in a constructive manner, and that information from the process is managed within a framework of continuous improvement and risk management.

2. DEFINITION

A concern/complaint is a consumer's expression of anxiety or dissatisfaction with the care or service provided. A concern / complaint may be written or verbal and may be minor, moderate, major or catastrophic. (Refer to [4.5 Categorisation of Concerns/Complaints](#)).

3. POLICY OUTCOME

The Process should:

- Provide an efficient, fair and accessible mechanism for resolving consumer concerns/complaints.
- Recognise, promote and protect consumer's rights, including the right to comment and complain.
- Provide information to consumers on the compliments and complaints handling process for the Health Service.
- Identify consumer concerns early and prevent unnecessary escalation.
- Monitor complaints and take appropriate action to improve the quality of service and increase the level of consumer satisfaction.
- Include information from complaints, solicited and unsolicited feedback and formal consumer satisfaction surveys within a quality framework.
- Ensure staff and other key stakeholders receive appropriate constructive feedback on compliments and concerns.

- To ensure all staff are responsible and accountable for safe and high quality care, and EGHS continuous improvement will be informed by regular monitoring and evaluation of performance.

This policy complies with the NDIS Complaints Management and Resolution Rules 2018.

4. ROLES AND RESPONSIBILITIES

All staff are responsible and accountable to know, understand and support each other to meet the requirements of the Victorian Clinical Governance Framework. All staff will be aware of the Community Participation Framework and actively engage and partner with consumers, demonstrate ownership and accountability of quality and safe care, and participate in regular evaluation and monitoring of performance to inform improvement.

5. PROTOCOLS

The Health Complaints Act 2016 requires Victorian Public Hospitals to nominate a Complaints Liaison Officer, however styled, with complaint management responsibilities. The Customer Feedback Officer (Executive Assistant to Chief Executive) is responsible for complaints management at EGHS.

5.1 Consumer Comment, Concern or Complaint

- 5.1.1 Where possible and appropriate concerns/complaints are resolved at the point of service.
- 5.1.2 Concerns/complaints unable to be resolved immediately at the point of service, and which require the input of a third party are referred to the Customer Feedback Officer.
- 5.1.3 Serious or substantial concerns which arise during normal business hours, are referred immediately to the Customer Feedback Officer. After hours, serious and substantial complaints are referred to the Department Manager or Nursing Supervisor who will advise the Customer Feedback Officer at the earliest time.
- 5.1.4 When an issue is verbally communicated to a staff member, the complainant is given the option of registering their comment using the relevant '*Compliments or Concerns*' form, or by telephone, website, fax or letter. Verbal complaints can also be conveyed to the manager either in person (or via email if manager is unavailable). The complainant can also choose to have a representative (relative or carer) make a formal complaint on their behalf.
- 5.1.5 In the case of a personal visit or telephone complaint, the Customer Feedback Officer, or designate, will clarify the nature of the problem with the complainant during the initial contact.
- 5.1.6 Where appropriate, the Customer Feedback Officer may take action to resolve the complaint immediately. In cases where immediate resolution of the problem is not possible the matter is referred to the relevant Head of Department for investigation and follow up.
- 5.1.7 The Chief Executive will be notified of all complaints at the first available opportunity at the discretion of the Customer Feedback Officer.
- 5.1.8 Concerns/complaints are communicated to the department manager.
- 5.1.9 A pro-active/preventative approach is taken by the Customer Feedback Officer when clinical or non-clinical staff identify potential issues relating to consumer dissatisfaction.
- 5.1.10 Where a complaint has the potential to result in litigation, the Health Service Insurer is notified.

- 5.1.11 Open disclosure must be followed if the complaint relates to an adverse or unexpected outcome while receiving care at EGHS. See [Open Disclosure – SOPP 74.02](#).
- 5.1.12 In the instance of a compliment, the Chief Executive will be notified and will ensure relevant staff are advised.
- 5.1.13 Resolution of complaints should be completed within 30 days. If further investigation time is required, an extension to the 30 days may be given by contacting the Chief Executive's office.

5.2 'Vexatious' Complaints or Complaints that cannot be resolved

From time to time, complaints can become vexatious in that:

- All reasonable avenues for resolution of a complaint have been followed (e.g. letter of response, meeting, follow-up letter) without effect.
- The complainant appears to be pursuing the complaint unreasonably or appears to be targeting an individual or group.

In such situations, the Chief Executive, a member of the Executive Team or Customer Feedback Officer may choose to:

- Arrange a further meeting with the complainant.
- Refer the complainant to Health Complaints Commissioner, Aged Care Quality and Safety Commission, Elder Rights Advocacy, Office of the Public Advocate, State Trustees or the Ombudsman. EGHS will respond to any complaints received by these agencies in the appropriate timeframe.
- Terminate the complaint process (if all available steps have been taken and documented).

5.3 Acknowledgement of the Comment

- 4.3.1 All complainants are to receive a phone call from the Director/Manager of the relevant Department in the first instance to discuss the concerns raised, within 24 hours.
- 4.3.2 A file note will then need to be sent to the Customer Feedback Officer detailing the discussion and proposed course of action to resolve the complaint/concern.
- 4.3.3 Following investigation of the complaint a letter from the Chief Executive or delegated Officer will notify the consumer of the outcome.
- 4.3.4 In the instance of a compliment, the consumer's comment will be acknowledged by the Chief Executive.

5.4 Data Management

The Customer Feedback Officer is responsible for maintaining a register of complaints. Complaints relating to a staff member will be noted and forwarded to the Human Resource Manager to manage via the appropriate Human Resources policy.

Verbal complaints made to Department Managers are maintained in a departmental complaints register. If the Manager thinks the complaint needs to be escalated, it is forwarded to the Customer Feedback Officer.

Continuous Improvement and Risk Management

4.4.1 A summary of compliments and concerns, (maintaining consumer and staff confidentiality) will be reported to the Clinical Governance Committee and all staff quarterly.

4.4.2 Departmental complaints are discussed at Aged Care Clinical Governance Committee and Leadership Committee meetings.

5.5 Categorisation of Concerns/Complaints

EGHS has adopted the following category codes, developed by the Health Services Commissioner, to facilitate recording and trending concerns/complaints.

5.5.1 Rating of Seriousness:

- **No Action Required:**

Frivolous, vexations, obviously misconceived or where an investigation is unwarranted.

- **Minor:**

The problem is easily resolved by a phone call or letter and an explanation is sufficient.

- **Moderate:**

There has been a misunderstanding; issues frequently involve access to records, disputes about costs, discourtesy, diagnostic or treatment errors without serious sequel.

- **Major:**

These are significant quality assurance implications, changes in practice are needed to avoid a recurrence or there is a need for policy development.

- **Catastrophic:**

Usually associated with personal injury, professional misconduct, unlawful or unethical acts, and lack of informed consent with adverse outcomes.

5.5.2 Category or Topic of Concern/Complaint:

- Access to services
- Access to facility
- Administration
- Communication
- Confidentiality
- Cost
- Rights
- Treatment
- Environment
- Catering
- Customer Service
- Linen Service
- Maintenance
- Unsubstantiated
- Issue to be noted

6. REFERENCES

Australian Standard AS 4269 – 1995

Standards Australia

“Every Complaint is an Opportunity: Guidelines for Hospitals in the Management of Complaints”
Health Services Liaison Association Inc. Melbourne 1994.

Health Complaints Information Project Guidelines, Health Services Commissioner, January 1996.

Health Complaints Act 2016

Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards guide for hospitals. Sydney: ACSQHC; 2021 2nd Edition Version 2.

Delivering high-quality healthcare, Victorian clinical governance framework. Melbourne: SCV; 2017.

Australian Government Aged Care Quality and Safety Commission. Aged Care Quality Standards. July 2019.

7. RELATED DOCUMENTS

[Disciplinary Procedure – SOPP 35.33](#)

[Employee Complaints and Grievance – SOPP 35.12](#)

[Serious Misconduct, Harassment, Sexual Harassment and Bullying – SOPP 35.18](#)

[Open Disclosure – SOPP 74.02](#)

[Community Participation Framework](#)

Compliment and Concerns Forms:

[Compliments or Concerns - Community Health Centre - 16.01.19](#)

[Compliments or Concerns - Community Nursing -16.01.20](#)

[Compliments or Concerns - Day Centre - 16.01.09](#)

[Compliments and Concerns - Generic - 16.01.01](#)

[Compliments or Concerns - GVC - 16.01.13](#)

[Compliments or Concerns - IPU - 16.01.12](#)

[Compliments or Concerns - Lowe Street - 16.01.11](#)

[Compliments or Concerns - Oncology - 16.01.16](#)

[Compliments and Concerns - Perioperative - 16.01.10](#)

[Compliments and Concerns - Radiology - 16.01.15](#)

[Compliments or Concerns - Urgent Care - 16.01.17](#)

[Compliments or Concerns - Willaura - 16.01.14](#)

[Pyrenees House - Compliments and Concerns - 16.01.18](#)