PATIENT SAFETY AND CLINICAL EXCELLENCE

CLINICAL PROCEDURE

CONSUMER FEEDBACK MANAGEMENT PROCEDURE

Staff this document applies to:

All Austin Health Staff

Related Austin Health policies, procedures, or guidelines

- Managing Consumer Feedback Policy
- Clinical Governance Framework
- Consumer Partnership Procedure
- Patient's Rights and Responsibilities Policy
- Confidentiality Policy
- Patient Information Privacy Policy
- Open Disclosure Procedure
- Adverse Patient Safety Event Manual
- Informed Consent Policy
- Determining Decision Making Capacity
- Claiming Reimbursement for Replacement or Repair of Dentures, Hearing Aids, Spectacles and Mobility Aids
- Austin-Health-Writing-Style-Guide.pdf
- Child Safe Policy
- Child Safety and Wellbeing - Reportable Conduct Scheme procedure
- Behavioural Contracts and Not Welcome Notices
- Language Services
- Adverse Patient Safety Event Manual
- Gifts, Benefits and Hospitality Policy

OPPIC Document ID: 17125 **Date of last major update: 23/06/2026** **Review Date:** 23/06/2029

Purpose and Scope

The purpose of this document is to describe the process for managing and responding to patient and consumer feedback, including complaints, compliments, suggestions and enquiries received at Austin Health. Staff related concerns are not managed by the Patient Experience Unit (PEU) Team and are redirected. Austin Health staff are committed to providing high quality, consumer focussed care to our community.

Feedback gives the organisation valuable insights into what our consumers need and the standard of care they receive. It helps Austin Health staff make ongoing improvements to service safety and quality.

In addition, feedback encourages a culture of openness and responsibility, builds greater trust in our services, and supports patient-centred care so that patients and families have the best possible experience.

The Australian Charter of Healthcare Rights describes rights that consumers, or someone they care for, can expect when receiving health care. These rights apply to all people in all places where health care is provided in Australia.

The Charter details that patients, consumers and carers have the right to:

- Provide feedback or make a complaint without it affecting the way that they are treated
- Have their concerns addressed in a transparent and timely way
- Share their experience and participate to improve the quality of care and health services

Sources and Feedback

Feedback channels at Austin Health

Austin Health accepts feedback through multiple accessible channels. Information on how to provide feedback is readily available to consumers, families and carers.

Feedback may be provided through the following avenues:

- In person to local staff
- Completion of paper feedback forms (submitted via feedback boxes or reply-paid mail)
- Email to **feedback@austin.org.au**
- Online Feedback Form via the Austin Health website

- Telephone contact with the Patient Experience Unit (PEU)
- Written correspondence, including letters or thank-you cards
- Participation in Consumer Representative Walk Arounds
- Completion of Patient Experience Surveys (Victorian or internal)

Feedback may be received by the Patient Experience Unit, Executive Team, local clinical areas, or external organisations. All formal feedback is forwarded to the Patient Experience Unit for management and coordination.

Definitions

Term	Definition
Area / Departmental Manager	An Area / Departmental Manager oversees the operations of a service and the staff within including local area managers.
Capacity	To have decision-making capacity, a person must be able to: • Understand the information relevant to the decision and the effect of the decision; • Retain that information to the extent necessary to make the decision; • Use or weigh that information as part of the processes of making the decision; and • Communicate the decision in some way; including by speech, gestures or other means.
Child	In Victorian law, a "child" is generally defined as a person under the age of 18, as specified in the Child Wellbeing and Safety Act 2005. This definition applies to most legislation concerning children's safety and wellbeing, though some specific areas like mandatory reporting might have slightly different thresholds.
Complainant	Person or organisation making a complaint.
Complaint / Concern	An expression of dissatisfaction brought to the attention of any staff member about the care or a service offered or provided. • Formal - received at the PEU and entered into Riskman Feedback.

	• Informal - received and resolved by staff in the local area. Not entered into Riskman Feedback.
Complaints Closure Rate Key Performance Indicator	The Austin Health complaints closure rate Key Performance Indicator is 85 percent of complaints closed within 30 working days.
Complaints - High Level	Complaints classified as high level are typically complex and / or demand additional resources to manage. Complaints that meet high level criteria may include: • A Serious Adverse Patient Safety Event (SAPSE) • An allegation of missed / mis / delayed diagnosis • Unexpected complications or harm • High risk for legal action • High risk of public liability action • A criminal act or serious misconduct - patient related • A breach of professional standards • Threaten the physical and/or psychological safety of employees or security of the organisation • Pose a reputational or media risk to the organisation • Received from external organisations including: Safer Care Victoria, Department of Health, Health Complaints Commissioner, and Members of Parliament • Compensation requests • Claims for lost belongings exceeding $1,500 • Public liability • Complex issues relating to multiple areas • Related to Voluntary Assisted Dying
Complaints - Low Level	Examples of complaints that meet the following criteria: • Relate to one area, however can pertain to more than one issue • Access to services • Administration processes

	• Staff communication / behaviour • Claims for lost belongings less than $1,500 • Infrastructure, car parking or the environment e.g. smoking • Food or catering • Treatment plan – inpatient and outpatient
Compliment	An expression of satisfaction and/or gratitude of a service or care provided.
Consent	Agreement from the consumer that the complainant can act on behalf of the consumer with regards to a complaint. Consent may be in writing or verbal.
Consumer	Consumers include people, families, carers and communities who are current, past or potential users of the health service.
Enquiry	A request for information or asking a question – seeking assistance.
Healthcare Complaints Analysis Tool (HCAT)	HCAT is a standardized method for systematically analysing patient complaints to identify quality and safety improvement.
Medical Treatment Decision Maker (MTDM)	The Medical Treatment Decision Maker is the substitute medical decision-maker for a person who lacks capacity to consent to their own treatment.
Next of Kin	The Next of Kin provides consent when a complaint relates to a person who is deceased.
Patient Experience Unit (PEU) Team	Central team responsible for the governance and oversight of Austin Health's patient and consumer feedback system.
Local area /service	The local area /service refers to the area where the consumer is interacting with staff, for example, a Ward, the Emergency Department, the Medical Imaging Department, Ambulatory Areas or Financial Services.
Riskman Feedback	Austin Health's platform for registering consumer feedback received at the Patient Experience Unit including consumer complaints, compliments and suggestions.
Incident /Adverse patient safety event (APSE)	An event or circumstance that could have, or did, lead to unintended and/or unnecessary harm or loss. These events are documented in the Riskman Incident System

Serious Adverse Patient Safety Event (SAPSE)	A serious adverse patient safety event is defined, in section 3(1) of the Health Services Act 1988, as an event of a prescribed class or category that results in harm to one or more individuals. A prescribed class or category is an event that: • occurred while the patient was receiving health services from a health service entity; and • in the reasonable opinion of a registered health practitioner, has resulted in, or is likely to result in, unintended or unexpected harm (which includes moderate harm, severe harm or prolonged psychological harm) being suffered by the patient. To avoid doubt, this includes an event that is identified following discharge from the health service entity.
Statutory Duty of Candour	A Legal obligation for Victorian health services entities to apologise and communicate openly and honestly with patients, their families or carers when a SAPSE has occurred
Suggestion	A recommendation to improve any aspect of a service or product.
Task assign	Process of forwarding information to a staff member in the Riskman Feedback system. Task assigning can include a request for outcome / action response i.e. review of a complaint.
Vexatious	A complainant can be deemed vexatious when their complaint is one that is falsely made, in bad faith and without evidence. Notably, this is different to when a person makes a complaint and genuinely believes they have been treated poorly despite a lack of evidence to support the claim.

Management of compliments received at local area /service

Compliments received at local areas, i.e. thank you cards, letters, etc are entered into Riskman Feedback by a delegated area staff member. It is the expectation that all compliments are entered into Riskman Feedback by the end of each month for reporting purposes

Management of complaint received at local area /service

Staff and Area Managers are to undertake the 5 steps of complaints management to resolve point of service complaints:

1. Acknowledgement
2. Assessment
3. Investigation

4. Resolution and response
5. Implementation and closure

In most circumstances, local area complaints can be resolved by the Staff or the Area Manager, with support from the Divisional Manager when required. When unresolved or when the complaint meets high level criteria, the staff member will request the complainant contacts the PEU Team and provides the PEU's contact details. (See Appendix 1; Management of complaints received at the local area / service flowchart)

Complaints managed by the PEU Team are recorded in Riskman Feedback and not added to patient medical records.

Step 1: Acknowledgement

- Staff confirm receipt of the complaint with the complainant and clarify their wanted outcome. Staff address the concerns raised and acknowledge the complainant's experience.

- Staff reassure the complainant the matter will be taken seriously and advise who will investigate and respond to the complainant.

- When a complainant raises concerns about another area of the organisation, the staff member will request the complainant contacts the PEU Team with their concerns and wanted outcomes.

Step 2: Assessment

- Staff members assess the feedback to determine whether the complaint can be addressed locally. When necessary, the issue should be escalated to the Divisional Manager for resolution.

- If the manager is unable to resolve, the manager will request the complainant contacts the PEU Team and provides the complainant with the PEU's contact details.

Step 3: Investigation

- Staff /Area Manager investigates the concerns the complainant has raised. This may involve speaking with other staff and reviewing medical records.

Step 4: Resolution and response

- The Staff or Area Manager explains the outcomes and actions taken to prevent similar events in the future, using language that is clear to the complainant, and communicates an apology for their experience.

- Informal complaints received and resolved at the local level do not need to be entered into Riskman Feedback.

- Local staff or managers are responsible for recording any clinically relevant information in the patient's medical record.

- Complainant will be notified when their complaint is closed, unless there are circumstances where this information is not appropriate, may cause unintended distress or escalation.

Step 5: Implementation and closure

- Feedback received from complainants, is shared with staff by the Area Manager, as a learning opportunity with the wider team (when appropriate).

- The Area Manager records improvement initiatives in the 'You Said We Did' Oracle Database on SharePoint.

Management of feedback received at the Patient Experience Unit

Complaints, compliments, enquiries and suggestions received at the Patient Experience Unit are entered into Riskman Feedback by the PEU Team.

- Compliments received at the PEU are forwarded by the PEU Team to the relevant Area Manager / Head of Unit (HOU) via Riskman Feedback. The Area Manager / HOU shares the compliments with their staff and team. The PEU Team are responsible for closing the compliment in Riskman Feedback.

- Suggestions received at the PEU are forwarded to the relevant Area Manager / HOU via Riskman Feedback. The Area Manager reviews the suggestion and acknowledges in Riskman Feedback. The PEU Team is responsible for closing the suggestion in Riskman Feedback.

- The management of enquiries and complaints received at the PEU, is detailed below.

Management of enquiries received at the Patient Experience Unit

Enquiries received at the PEU are entered into Riskman Feedback under the classification of 'enquiry / suggestion'.

- Enquiries include requests for information, not related to an expression of dissatisfaction with the service and care provided.

- Enquiries are forwarded to the most appropriate staff member via Riskman Feedback or email, to review and provide a response to either the PEU Team or directly to the enquirer. The response can be verbal or written.

- Staff update actions and outcomes in Riskman Feedback. The PEU Team closes the enquiry when resolved.

Management of complaints received at the Patient Experience Unit

Complaints received at the PEU are entered into Riskman Feedback and triaged as high or low level (according to criteria above). High and low level complaints are then managed by the Patient Experience Officer, refer to definitions table above.

Consent to lodge complaints on behalf of another person:

Formal complaints may be submitted on behalf of others with their consent. Consent from the consumer is required to proceed and to provide the complainant with a response, when the consumer has decision-making capacity. If the consumer lacks this capacity, consent will be obtained from the consumer's Medical Treatment Decision Maker (MTDM). In the event that the consumer is deceased, consent will be requested from their Senior Next of Kin.

Consent can be provided to the PEU Team by:

- The consumer telephoning the PEU Team.

- The consumer emailing consent to the PEU Team, using their own email address.

- Signing the 'Authority to Release Information Form', provided by the PEU Team and sending the completed form back to the PEU Team.

If a consumer does not give consent to formalise a complaint, their feedback is not recorded in Riskman Feedback or sent to staff until consent is obtained.

Complaints with insufficient details:

When feedback is received at the PEU with insufficient details, the PEU Team will request additional information from complainant to progress the complaint.

Anonymous Complaints:

Feedback may be submitted anonymously. The feedback is recorded in Riskman

Feedback as 'anonymous' and the relevant staff are assigned the task to review and acknowledge via journal in the Riskman Feedback. The PEU Team is responsible for closing the Riskman Feedback. Responses are not provided.

Accessibility supports

Austin Health offers clear information on how to make a complaint and get assistance with the process.

Austin Health ensures reasonable adjustments are made to support complainants in fully participating in the complaint process. This may include:

- Supporting culturally safe interactions, such as liaising with the Aboriginal Health Unit when consented.
- Providing appropriate translation and interpreter services for individuals from culturally and linguistically diverse backgrounds.
- Involving Disability Liaison Services when required.
- Consulting with Rainbow Health Working Group Leads when appropriate.
- Using the National Relay Service

Complaint Management

Complaints are triaged and entered into Riskman Feedback by the PEU Team, then assigned to the appropriate senior staff member i.e. the Nurse Unit Manager, Area Manager, Head of Unit, Divisional Manager, or Divisional Director for review. (See Appendix 2; Management of complaints/ concerns received at the Patient Experience Unit flowchart)

To comply with health complaint handling standards, complaint data is managed and stored separately from the patient's medical records. Local staff or managers are responsible for recording any clinically relevant information in the patient's medical record.

Step 1: Acknowledgement

- Complaints submitted to the PEU via email or through the online Feedback Form are automatically acknowledged by email. Complaints received by post or paper feedback form are acknowledged via SMS, in writing or verbally by the PEU Team within 2 working days.

- High level complaint; the PEU contacts the complainant using their preferred communication method to:
    - acknowledge receipt of complaint and their experience
    - clarify concerns and wanted outcomes

- provide information about the complaint management process
- share the PEU's contact details via SMS / email / verbally as appropriate.

Step 2: Assessment

- The PEU Team undertakes a detailed review of the complaint, to improve the understanding and facilitate the appropriate task assigning.
- The PEU Team considers the risk to the person and public and the complexity of issues raised when estimating timeframes and allocating resources to complaint management.
- When the complaint potentially meets the criteria for SAPSE, the PEU Team forward the complaint to the Patient Safety Team to review. Please refer to Complaint to Incident Flowchart.
- Inpatient concerns are communicated verbally and referred to the appropriate local area staff within 3 hours for action when appropriate. An initial response is provided within 1 working day (when consent is confirmed).

Step 3: Investigation

- The PEU Team task assigns the Riskman Feedback to the appropriate staff for their review, investigation and response via Riskman Feedback.

- Task assigned staff undertake a thorough investigation of the complaint issues relevant to their area and provide a response that can be shared with the complainant. Refer to Appendix 3 SCV Checklist .docx
- for SCV guidance about information to include in the response.

- Delays in the investigation and response, in excess of 15 working days, need to be communicated to the PEU team who will then communicate the delays with the complainant.

- When task assigned staff have not provided a response after 15 working days, Riskman will alert the assigned staff member and line manager that a response is required. PEU Team will escalate the complaint directly to the relevant Divisional Manager / Medical Director / Line Manager if not responded within 21 working days.

Step 4: Response and resolution

- When a written response is requested, assigned staff will draft a response to the complaint and forward it to the PEU team via Riskman.

- When the PEU Team edits the draft response, potentially changing the

context of the information provided, the edits must be approved by the author of the draft response prior to sending the response to the complainant.

- A review of the draft response may be required by the Medico-legal staff. The PEU Team will liaise with the author and the medico legal staff when required. Changes made to the draft by the Medico-legal staff will be shared with the author/s.
- Complaints requesting compensations are not considered in the complaints management process. The PEU Team informs the complainant to seek independent legal advice.
- Written responses to high level complaints are signed by the Area's Divisional Manager or a Departmental Manager.
- Responses to the complainant are sent from the PEU Team via the feedback@austin.org.au email address or by registered post and attached to Riskman Feedback.
- When a complainant remains dissatisfied with the response received, the PEU Team and relevant staff will review the matter and determine whether it should be reopened. Where necessary, the issue may be escalated to appropriate senior staff members.
- When a complainant remains dissatisfied, the PEU Team provide contact details of external organisations i.e. Health Complaints Commission (HCC), Mental Health Wellness Commission (MHWC) for independent review.
- The PEU Team is responsible for closing the complaint. The KPI for closure is 30 business days.

Step 5: Implementation

- Implementation of improvements in response to the feedback is the responsibility of the local area.
- Documentation of the improvement initiatives are recorded in Oracle under 'You Said - We Did' on SharePoint by the relevant staff member. Improvements are also captured in Riskman Feedback by the PEU Team.

Management of complaints received by /about children

Austin Health is committed to providing a safe environment where children and young people are safe and feel safe, and their voices are heard. Austin Health encourages feedback from children and consumers, about a child's safety and / or their experience.

When a complaint is received from a child or is related to a child, the PEO will consider the most appropriate next steps. Depending on the nature of the concerns raised, the PEO may contact the following people to discuss the complaint and / or seek advice:

- The parent or guardian of the child
- The most appropriate senior staff member from the child's clinical team
- The manager of the area detailed in the complaint
- The Manager of the Social Work Department
- The Family Violence and Child Safe Program Lead
- The Medico Legal Department / General Counsel
- The Patient Safety Team

Feedback received at the Patient Experience Unit, potentially related to 'reportable conduct' must be escalated to the local area manager and the Chief People & Culture Officer, without delay / the same day where possible. See Child Safety and Wellbeing - Reportable Conduct Scheme procedure for more information.

Under the Chief Psychiatrist's Reporting Directive, all sexual safety incidents involving people under 18 years of age are recorded as ISR 2, and any proposed change to the ISR must be undertaken in consultation with the Office of the Chief Psychiatrist (OCP). All feedback items relating to sexual safety or safeguarding concerns involving consumers under 18 years of age must be referred to the Patient Safety Team for review.

Management of feedback received by Aboriginal and Torres Strait Islander Peoples

Austin Health is committed to handling complaints from Aboriginal and Torres Strait Islander Peoples with cultural sensitivity. The organisation strives to ensure individuals feel heard and respected for their culture, while providing a safe, supportive, and understanding environment to address any concerns.

Austin Health acknowledges that Aboriginal and/or Torres Strait Islander Peoples may be hesitant to formalise feedback or complaints and therefore offer referral for cultural support from the Austin Health Ngarra Jarra Team.

Complaints received at the Ngarra Jarra Aboriginal Health Unit:

- Aboriginal and/or Torres Strait Islander Peoples are encouraged to contact the Patient Experience Team regarding their complaint.
- If they do not feel comfortable doing so, the Ngarra Jarra Aboriginal Health Team can help clarify concerns and wanted outcomes and will forward these to the Patient Experience Team.
- When Aboriginal and/or Torres Strait Islander Peoples request the Ngarra Jarra Aboriginal Health Team to remain involved in their complaint management, Ngarra Jarra staff will document all actions and outcomes related to the complaint

management in Riskman Feedback. The Ngarra Jarra Team will also forward any written documentation regarding the complaint to the PEU Team to attach to Riskman Feedback.

- The Patient Experience Team are responsible for management and oversight of the complaint including complaint closure.
- When the Ngarra Jarra Aboriginal Health Unit, in consultation with Director of First Nations Heath deems it appropriate, a complaint will be forwarded to the CEO for review.
- The Director of First Nations Health will be notified of all complaints involving Aboriginal and/or Torres Strait Islander Peoples. The Director may provide strategic oversight and cultural leadership in the resolution process and will support the Ngarra Jarra Aboriginal Health Unit and Patient Experience Team to ensure culturally safe outcomes. Where broader systemic or cultural safety concerns are identified, the Director will escalate these to the Executive Team and/or CEO as appropriate.

Complaints received at the Patient Experience Unit (PEU):

- The PEU Team asks all people who contact the office whether they identify as Aboriginal and/or Torres Strait Islander.
- When the complainant / patient identifies an Aboriginal and/or Torres Strait Islander, they are asked whether they would like a referral to the Ngarra Jarra Aboriginal Health Unit for support.
- The PEU Team will liaise with relevant staff to help address the complaint. When consented to involve the Ngarra Jarra Team, the PEU Team will also engage with them to ensure a culturally sensitive approach.
- The Director First Nations Health will be informed of complaints involving Aboriginal and/or Torres Strait Islander Peoples and may provide strategic input, particularly where cultural safety or systemic issues are identified. The Director will also contribute to the review of complaint trends to support continuous improvement in culturally safe care.

Management of complaints received at the Office of the Executives

When complaints are directed to Executive Offices, the designated Executive forwards the feedback to the Patient Experience Unit (PEU). The relevant Executive provides the initial acknowledgement of the complaint (cc: feedback@austin.org.au) and determines whether the formal response will be provided by themselves, another senior leader (such as a Divisional Director), or the Patient Experience Unit (PEU). The position of the person / team responsible for providing the response will be communicated to the complainant in

the acknowledgement when possible.

The PEU team liaise with relevant staff to coordinate the response accordingly.

Management of complaints received from the NDIS Quality and Safeguards Commission

Complaints received by the NDIS Quality and Safeguards Commission are managed by the PEU Team in conjunction with the NDIS Register Service Provider Manager and the Divisional Director. It is expected that complaints are investigated and resolved within the timeframe stipulated by the NDIS Quality and Safeguards Commission. Complaints are managed and escalated in accordance with the NDIS Complaints Management and Resolution Rules 2018.

Management of complaints received via External Organisations

External organisation complaints that meet high-level criteria. They are received, directed and responded to as outlined in the table below:

Organisation	Directed to	Issues related to	Response
Department of Health (DoH)	CEO, COO, Deputy COO, PEU	Management (Access and infrastructure) Domain of HCAT	Response sent to DoH or complainant as directed by DoH. PEU Team email response, cc CEO, COO, Deputy COO.
Health Complaints Commission (HCC)	PEU	Unresolved concerns or complainants who remain dissatisfied with Austin Health response	PEU Team provide written response to HCC. HCC request consent to share response with complainant.
Mental Health and Wellbeing Commission (MHWC)	PEU, Divisional Medical Director Mental Health	Mental Health concerns	PEU Team provide written response to HCC. HCC request consent to share response with complainant.
Members of Parliament (MP)	CEO and / PEU	Variable	PEU Team provide response to MP office or complainant as directed by MP office. Concerns received at the CEO Office are responded via CEO.
Office of the Chief Psychiatrist	PEU	Mental Health concerns	OCP refer to consumers to MHWC or for direct resolution via the health service

(OCP)			
Safer Care Victoria (SCV)	CEO and PEU	Clinical & Relationship Domains of HCAT	PEU Team respond to complainant and provide summary to SCV. SCV response expectations (See Appendix 3) SCV Checklist .docx

When the complaint meets high level criteria, in addition to forwarding complaint to relevant staff for their review (see complaint management section above), the PEU Team includes the Divisional Manager for their awareness.

Management of complaints received from the Office of the Chief Psychiatrist

Complaints received by the Office of the Chief Psychiatrist (OCP) are forwarded to the Medical Director of Mental Health and feedback@austin.org.au. Alternatively, the OCP will forward the feedback to the MHWC, who will contact the PEU Team directly.

Claims for reimbursement / replacement of belongings and compensation

Claims for Reimbursement / Replacement of belongings

The PEU Team manages financial claims associated with patients' or visitors' lost or damaged property.

For details regarding the criteria for submitting claims for reimbursement or replacement of lost or damaged belongings, please consult the 'Claiming Reimbursement for Replacement or Repair of Dentures, Hearing Aids, Spectacles and Mobility Aids' or contact the PEU Team for further assistance.

- Lost or damaged belongings are documented in Riskman Incident by the local staff / Area Manager.
- Claims accepted by the Area Manager that are under $1,500 are processed directly through the local area's cost centre.
- The PEU Team will prepare a Form of Release and liaise with the claimant/complainant for their signature, banking details and the receipt of payment for the reimbursed item.
- The PEU Team liaises with the claimant, Area Manager and the Finance Department to arrange payment when a claim is accepted.
- Austin Health's insurers (VMIA) will consider accepting a claim for

reimbursement for costs associated with replacement or repair of patient belongings when a staff member has contributed to the loss/damage. There is a $1,500 excess, payable to VMIA from the local area cost centre, on claims accepted by VMIA.

Claims for compensation

The PEU Team is unable to address financial compensation requests through the complaints and feedback process. Compensation claims are reviewed as part of legal action against the Hospital. Individuals who believe they received inadequate care resulting from alleged negligence should seek independent legal advice.

Legal risk management

When complainants have legal representation, their legal team liaises directly with the Austin Health Medicolegal team.

The PEU Team liaises with the PSCE Medical Director/Deputy CMO and/or the Associate Director Medicolegal advice when required.

Complex complaints are discussed at a weekly Medicolegal meeting attended by the PSCE Medical Director/Deputy CMO, the Associate Director of Medicolegal, the Associate Director of Patient Safety, the Clinical Governance Registrar, the Patient Safety Co-ordinators, and the PEO.

Management of unresolved complaints

When a complainant is dissatisfied with the investigation, outcome and/or the response to their complaint, the PEU Team will inform the complainant of their right to seek further assistance from a range of external agencies including the:

- Health Complaints Commissioner (HCC).
- Mental Health Wellbeing Commission (MHWC).
- Aged Care Quality and Safety Commission
- National Disability Insurance Scheme (NDIS) Quality and Safeguards Commission

These agencies have a statutory obligation to assist with the resolution of complaints. The PEU Team will provide the complainant with the contact details for the appropriate agency when required. The details of these organisations are also available on the Austin Health website feedback page.

Management of vexatious complaints

A complainant can be deemed vexatious when their complaint is one that is falsely made, in bad faith and without evidence. Notably, this is different to when a person makes a complaint and genuinely believes they have been treated poorly despite a lack of evidence to support the claim.

The PEU Team will advise the Associate Director of Patient Experience of a vexatious complainant.

The Associate Director of Patient Experience will communicate issues related to the vexatious complainant to the Medical Director of Patient Safety and formulate a management plan.

Closure of complaints

The PEU Team are responsible for closing all complaints in Riskman Feedback. The PEU Team will communicate to the complainant when the complaint is closed. Complaints will be closed when they meet the following criteria;

- Further information is requested from the complainant, and 10 working days have elapsed with no response.
- For verbal resolution: once the assigned staff member confirms in Riskman Feedback that the complaint is resolved and follow-up is complete, the PEU Team will contact the complainant before closing the complaint.
- For meetings: when the meeting with the complainant has taken place and any follow-up (if applicable), has been actioned.
- For written resolution: when the written response has been signed, sent to the complainant and a copy attached (including email / registered post details) to Riskman Feedback.
- For external agency resolution: once Austin Health has supplied all necessary information and completed the actions requested by the external agency, complaints awaiting a response from the agency are considered closed. The PEU Team will record in Riskman Feedback as "closed pending outcomes from HCC / MHWC".
- For anonymous complaints, or where a response has not been requested: once the assigned staff member has acknowledged receipt and documented any actions or outcomes in Riskman Feedback.

Reporting and governance of consumer feedback

All staff at Austin Health are required to participate in complaint management and resolution as required, to facilitate timely closure of feedback staff are responsible.

The reporting lines and the roles and responsibilities of staff are outlined below:

- Area Managers are responsible for providing feedback to their staff and Team at a local level.

- Senior staff in the organisation receive regular open complaint reports for their attention and action when required.

- Divisional Managers and Directors are responsible for facilitating complaint responses when required and overseeing complex matters.

- Patient Safety and Clinical Excellence (PSCE) Coordinators are responsible for reporting feedback received by their Division at their Divisional Patient Safety Clinical Excellence Committee meeting.

The PEU Team are responsible for;

- Ensuring the accuracy and availability of data in the Riskman Feedback system for reporting purposes, and supporting the organisation in utilising feedback to identify and drive opportunities for improvement

- Monitoring Riskman Feedback alerts and advising relevant staff of any issues.

- Providing staff with regular open complaint reports and facilitating complaint management.

- Reporting consumer feedback to the Patient Safety Clinical Excellence Executive Committee and the Board Clinical Safety Quality Risk Committee.

Managing feedback relating to staff / volunteer conduct

Where feedback relates to the conduct or performance of a staff member or volunteer, the relevant manager will review the information and determine appropriate next steps, including whether local action or Employee Relations (ER) / Human Resources Business Partner (HRBP) advice is required before talking to the staff member.

With the oversight of the HRBP (or ER) Employees will be advised of the substance of the concerns raised where required for procedural fairness. Managers will determine the level of detail that can be shared, taking into account privacy, sensitivity and the circumstances of the matter.

No conclusions will be reached until reasonable inquiries have been undertaken, and confidentiality will be maintained to the extent possible while allowing proper assessment.

Employees may be asked to provide a factual account of the incident, including any system or environmental factors that may have contributed.

Where the review identifies issues requiring action, these will be managed through established performance, conduct or supervisory processes in consultation with HRBP/ER.

Managers will support employees during the process and may refer them to EAP or other supports where appropriate.

Authors / Contributors

- Associate Director of Patient Experience
- Manager Patient Experience
- Patient Experience Officer
- Acting Director Patient Safety Clinical Excellence
- Director Patient Safety Clinical Excellence
- Associate Director Medicolegal
- Director First Nations
- Senior Employee Relations Advisor
- Manager Occupational Therapy (including Disability Liaison Services)

Legislation / References / Supporting Documents

- Australian Commission on Safety and Quality in Health Care. (2010). *Australian safety and quality framework for health care*. https://www.safetyandquality.gov.au/sites/default/files/migrated/Australian-SandQ-Framework1.pdf

- Australian Commission on Safety and Quality in Health Care. (2017). *National safety and quality health service standards* (2nd ed.). https://www.safetyandquality.gov.au/publications-and-resources/resource-library/national-safety-and-quality-health-service-standards-second-edition

- Health Complaints Act 2016 (Vic). https://lawlex.com.au/Legislation/CDHP/155433
- Health Complaints Commissioner. (2023). *Revised health complaint handling standards*. https://hcc.vic.gov.au/providers/complaint-handling-standards
- Health Complaints Commissioner. (n.d.). *Code of conduct for general health services*. https://hcc.vic.gov.au
- Mental Health and Wellbeing Commission. (n.d.). *Mental Health and Wellbeing Commission*. https://www.mhwc.vic.gov.au/
- National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018 (Cth). https://www.legislation.gov.au/Details/F2018L00634
- Safer Care Victoria. (n.d.). *Partnering in healthcare framework*. https://www.health.vic.gov.au/safer-care-victoria
- Victorian Ombudsman. (n.d.). *Victorian Ombudsman*. https://www.ombudsman.vic.gov.au/

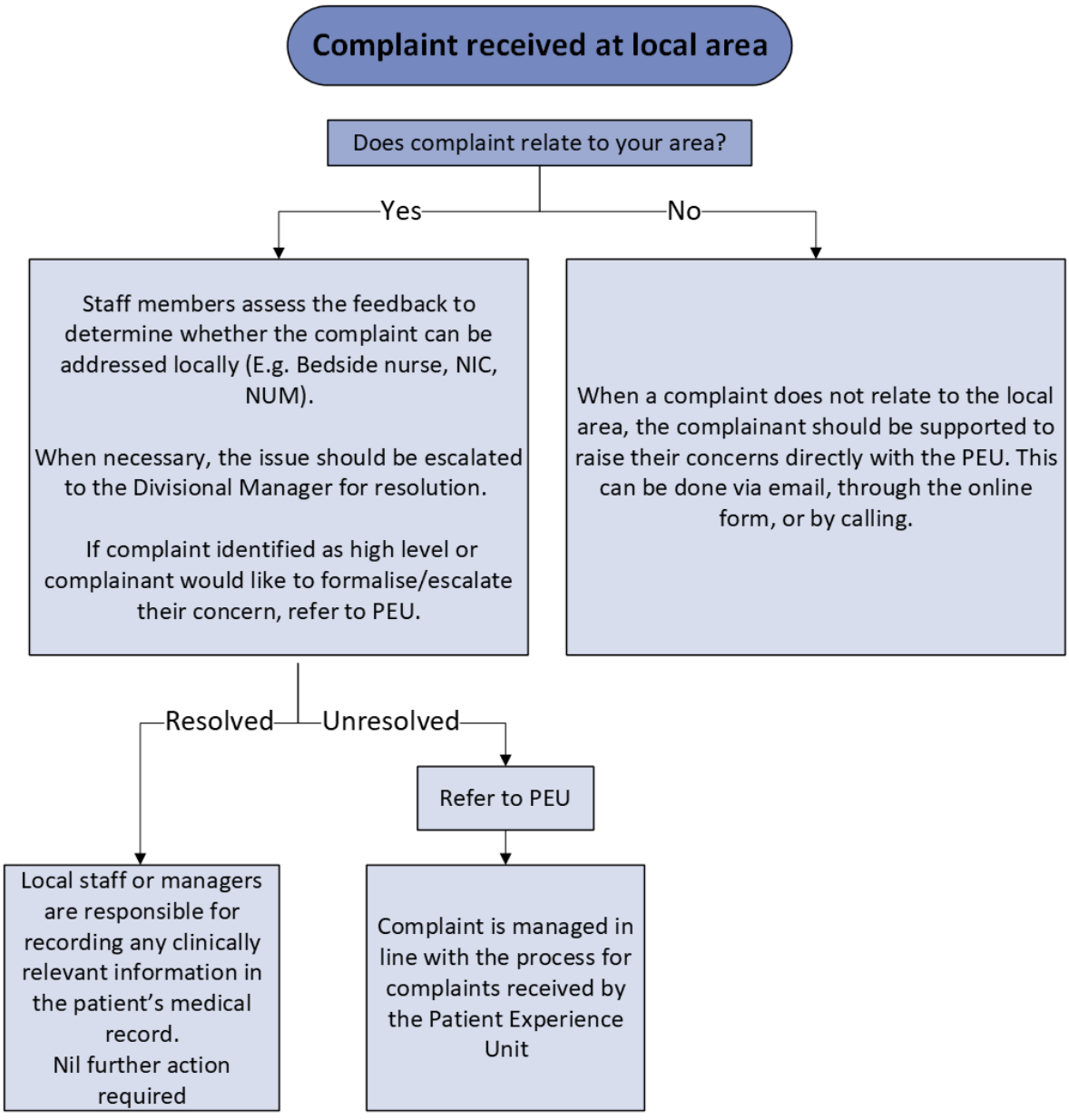
Authorised / Endorsed by

Executive Committee

Primary Person / Department Responsible for Document

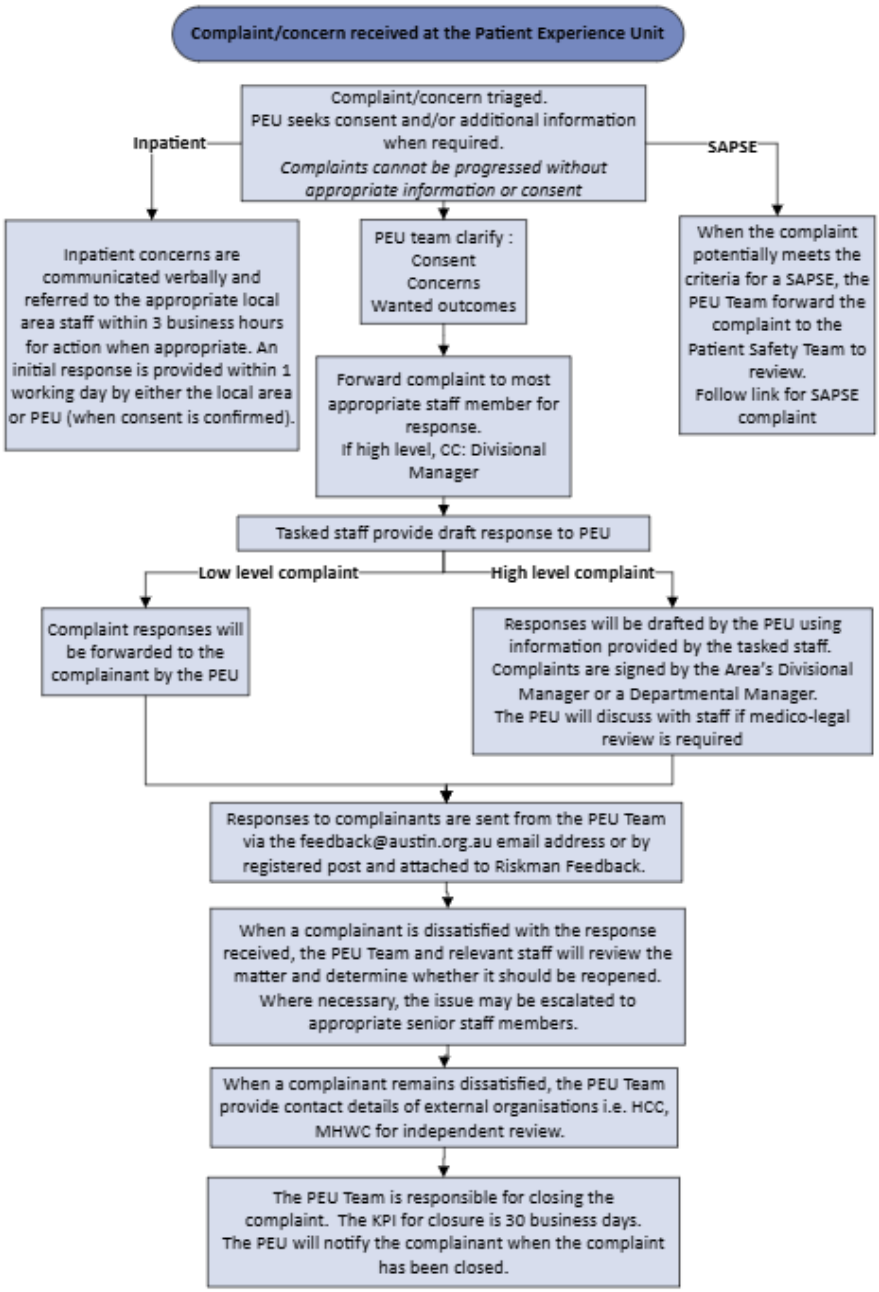
Associate Director Patient Experience

Appendix 1: Management of complaint/ concern received at local area /service



Appendix 2:

Management of complaints/ concerns received at the Patient Experience Unit flowchart



Appendix 3:

Safer Care Victoria required the following information, and details are included in the health organisation's response:

- ✓ An acknowledgement valuing and thanking the complainant for their feedback
- ✓ Acknowledge the distress and the persons experience
- ✓ An outline of what has been done to review the complaint
- ✓ Indication of who reviewed the concerns
- ✓ An explanation of how and why the problem happened
- ✓ An apology/expression of regret for the person's experience and, where appropriate, for the event that occurred
- ✓ Mention any changes or action taken or that are being considered as a result of the complaint
- ✓ State whether the issues have been substantiated and a summary of any factors that may affect the recommendations made
- ✓ Contact details for the health services senior CLO (or appropriate staff member) should they require more information
- ✓ Notice of the complainant's right to escalate the complaint Health Complaints Commissioner or Ombudsman and contact details for the one most appropriate
- ✓ Do the recommendations address the concerns raised?
- ✓ What improvements have been identified?
- ✓ Adopts a polite and conciliatory tone
- ✓ Letter is written in plain English and is free of medical jargon and acronyms
- ✓ Did the health service respond to all concerns raised in a timely manner?
- ✓ Was the service engaged with SCV throughout complaint process? (i.e. regular updates on progress/delays)