



## 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](#)
- [Patient Safety and clinical excellence framework.pdf](#)
- [Consumer Partnership Procedure](#)
- [Rights and Responsibilities Policy](#)
- [Confidentiality Policy](#)
- [Patient Information Privacy Policy](#)
- [Open Disclosure Procedure](#)
- [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](#)

### 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.

Austin Health staff are committed to providing high quality, consumer focussed care to our community.



The core values of Austin Health provide a framework within which the consumer feedback management process is administered:

- **Our actions show we care** – We are inclusive and considerate. We appreciate one another, always listening and interacting with compassion.
- **We bring our best** – We are guided by the needs of our patients, bringing commitment, integrity and energy to everything we do. We are passionate about delivering excellence.
- **Together we achieve** – Our culture of collaboration means we work openly with our people, our community and beyond to achieve great outcomes.
- **We shape the future** – Through research, education and learning we innovate, exploring new opportunities that will change health care for the better.

Feedback provides the organisation with important information about the needs of our consumers and the quality of the services they receive. This feedback enables Austin Health staff to continuously improve the safety and quality of the services provided.

Feedback enables the organisation to promote a culture of reporting and accountability, enhance trust and confidence in the service, and support patient-centred care principles to create the best possible experience for our patients and their families.

## Sources and Feedback

At Austin Health we encourage feedback through five main sources:

- In person to a local area.
- Completing paper feedback forms and placing them into a feedback box or mailing by reply paid.
- Emailing [feedback@austin.org.au](mailto:feedback@austin.org.au).
- Completing an online feedback form, located on the Austin Health website.
- Calling the Patient Experience Unit (PEU) Team on 9496 3566.

Other sources of feedback may include:

- In writing by letter to a member of the PEU Team, a member of the Executive Team, or to staff in local areas.
- In writing through thank you cards.
- Consumer Representative Walk Arounds.
- Patient Experience Surveys (including the Victorian Healthcare Experience Survey).

## Definitions

Term	Definition
Area / Departmental Manager	<p>An Area / Departmental Manager is responsible for the operations of a service and the line management of the staff within. This will include:</p> <ul style="list-style-type: none"> <li>• Local Area Managers</li> <li>• Nurse Unit Managers</li> <li>• Service Managers</li> <li>• Operations Managers</li> </ul>
Capacity	<p>To have decision-making capacity, a person must be able to:</p> <ul style="list-style-type: none"> <li>• Understand the information relevant to the decision and the effect of the decision;</li> <li>• Retain that information to the extent necessary to make the decision;</li> <li>• Use or weigh that information as part of the processes of making the decision; and</li> <li>• Communicate the decision in some way; including by speech, gestures or other means.</li> </ul>
Complainant	<p>Person or organisation making a complaint.</p>
Complaint	<p>An expression of dissatisfaction brought to the attention of any staff member about the care or a service offered or provided. A complaint may be either formal (received at the PEU and entered into Riskman Feedback) or informal (received by staff in the local area and resolved - not entered into Riskman Feedback)</p>
Complaints Closure Rate Key Performance Indicator	<p>The Austin Health complaints closure rate Key Performance Indicator is 80% of complaints closed within:</p> <ul style="list-style-type: none"> <li>• 15 working days for low level complaints</li> <li>• 30 working days for high level complaints</li> </ul>
Complaints - High Level	<p>Complaints that meet the following criteria:</p> <ul style="list-style-type: none"> <li>• A serious clinical incident/sentinel event ISR1 &amp; ISR2</li> <li>• An allegation of missed / mis / delayed diagnosis</li> <li>• Unexpected complications or harm</li> <li>• High potential for legal action</li> <li>• A criminal act or serious misconduct</li> </ul>

	<ul style="list-style-type: none"> <li>• A breach of professional standards</li> <li>• Threaten the physical safety or security of the organisation or employees</li> <li>• Pose a reputational or media threat to the organisation</li> <li>• Received from external agencies which include: Safer Care Victoria, Department of Health, Health Complaints Commissioner, and Members of Parliament</li> <li>• Received by the Executive Team</li> <li>• Compensation requests</li> <li>• Claims for lost belongings exceeding \$1,500</li> <li>• Public liability</li> <li>• Complex issues relating to multiple areas</li> <li>• Related to Voluntary Assisted Dying</li> </ul>
Complaints - Low Level	<p>Complaints that meet the following criteria:</p> <ul style="list-style-type: none"> <li>• Relate to one area but can pertain to more than one issue</li> <li>• Relate to more than one area and are not high level</li> <li>• Access to services</li> <li>• Administration processes</li> <li>• Staff communication / behaviour</li> <li>• Claims for lost belongings less than \$1,500</li> <li>• Infrastructure, car parking or the environment e.g. smoking</li> <li>• Food or catering</li> <li>• Treatment plan - inpatient and outpatient</li> </ul>
Compliment	An expression of satisfaction and/or gratitude of a service or care provided.
Consent	Agreement of the consumer that the complainant is to 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.
Dispute	A pursued unsatisfied complaint.
Enquiry	A request for information or asking a question - seeking assistance.

Healthcare Complaints Analysis Tool (HCAT)	HCAT is a standardised tool for analysing healthcare complaints in a rigorous and conceptually meaningful way. It is also the first tool that can reliability assess problem severity.
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 his or her 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.
Point of care/service	The point of care/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 tool for registering consumer feedback received at the Patient Experience Unit including consumer complaints, compliments and suggestions.
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 action i.e. review of a complaint.

### Management of compliment received at point of care/service

Compliments received at local areas by staff, ie 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 30th of each month for reporting purposes.

### Management of complaint received at point of care/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 level complaints can be dealt with by the Staff or the Area Manager with a discussion. If escalation is required, the Divisional Manager can provide assistance.

Complaints involving correspondence in writing between the staff and complainant need to be entered into Riskman Feedback and managed by the PEU Team as a high or low-level complaint.

### **Step 1: Acknowledgement**

- Staff acknowledge receipt of the complaint directly with the complainant and clarify their wanted outcome. During this step, staff demonstrate to the complainant that their concerns have been listened to and apologise for their experience.
- Staff reassure the complainant that the matter will be taken seriously and advises 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 receive the feedback and assesses whether the complaint can be managed locally.
- Staff can escalate to their 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, to understand what has occurred. This may involve speaking with other staff and reviewing relevant medical records.

### **Step 4: Resolution and response**

- Staff / Area Manager attempts to resolve the complaint by providing an explanation of what happened, in language that the complainant can understand and/or offering an apology for the complainant's experience.
- There is no requirement for verbal complaints received and resolved at the local level to be entered into Riskman Feedback, however; at the discretion

of the Area Manager, verbal complaints received and managed at the local level may be entered into Riskman Feedback, for the purposes of reporting and understanding the consumer's experience.

- Where applicable this should be completed within two working days to support accurate reporting.

#### **Step 5: Implementation and closure**

- Feedback received from complainants, is shared with staff by the Area Manager, and as a learning opportunity with the wider team (when appropriate).
- Implementation of improvements in response to the feedback is the responsibility of the Area Manager.
- Documentation of the improvement initiatives are recorded in the Project and Improvements Database on SharePoint by the Area Manager.
- When a complaint is entered in Riskman Feedback, the PEU Team is responsible for closing the complaint.

#### **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 via Riskman Feedback. The Area Manager shares the compliments with their staff and team. The PEU Team is responsible for closing the compliment in Riskman Feedback.
- Suggestions received at the PEU are forwarded to the relevant Area Manager 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'.

- Enquiries include requests for information, not related to an expression of

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dissatisfaction with the service and care provided.

- Enquiries can be escalated to a complaint when deemed appropriate.
- 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.
- When staff provide a response to the enquirer, the staff should provide a summary of the actions and outcomes to the PEU Team. The PEU Team attaches outcomes in Riskman Feedback and closes the enquiry when resolved.
- The KPI for closure of enquiries is 15 working days.

### 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 (High Level) or the Patient Experience Officer (Low Level) respectively (see Appendix 2).

#### **Consent to lodge complaints on behalf of another person:**

Complainants can lodge formal complaints on behalf of a consumer, with their consent. The PEU Team will request consent from the consumer that the complaint relates to (if they have decision making capacity). If the person does not have decision making capacity, the PEU Team will request consent from the consumer's Medical Treatment Decision Maker (MTDM). If the consumer is deceased, the PEU Team will request consent from the consumer's Senior Next of Kin.

The PEU Team will request consent for the following:

- The complainant to act on behalf of the consumer with regards to the complaint.
- The complainant to receive information related to the complaint.

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.

When the consumer does not provide their consent to formalise a complaint, the feedback is entered into Riskman Feedback 'pending consent'. The complaint is not forwarded to relevant staff until consent is received.

#### **Complaints with insufficient details:**

When feedback is received at the PEU with insufficient details, the PEU Team will request additional information from complainant i.e. consumer's details. The feedback is entered into Riskman Feedback and closed awaiting additional information. When requested information is received, the feedback is forwarded to relevant staff to review, via Riskman Feedback.

#### **Anonymous Complaints:**

Feedback can be provided by an anonymous person. The feedback is entered into Riskman Feedback under 'anonymous' and task assigned to the relevant staff to review and acknowledge. Responses cannot be provided. When the task assigned staff member, has acknowledged the feedback in Riskman, the PEU Team closes the Riskman Feedback.

### **Low Level Complaints**

Complaints received at the PEU are entered into Riskman Feedback and triaged as high or low level. Low level complaints are task assigned to the most relevant staff member by the PEU Team. This may include the; Nurse Unit Manager, Consultant, Head of Unit, Area Manager, or the Senior Line Manager of staff involved.

#### **Step 1: Acknowledgement**

- Low level complaints received at the PEU via email or online Feedback Form will receive an automatic email acknowledgement. Complaints received by post or paper feedback form are acknowledged in writing or verbally by the PEU Team within 2 working days.
- The PEU Team will request additional information and / or consent when required.

#### **Step 2: Assessment**

- The PEU Team will clarify the concerns and wanted outcomes with the complaint if this is unclear.

- The PEU Team undertakes a review of the complaint, to improve understanding and facilitate appropriate task assigning.

### **Step 3: Investigation**

- The low level complaint is entered into Riskman Feedback and task assigned by the PEU Team to the most appropriate staff member to review.
- Task assigned staff undertake a thorough investigation of the complaint issues relevant to their area and provide a detailed response of their findings and any actions taken as a result of the complaint. This should be entered into Riskman Feedback within 10 working days.
- If there are any delays, the staff responding to the complaint are to provide the PEU Team with this information, via an entry into Riskman Feedback within 10 working days.
- When task assigned staff have not provided a response after 10 working days, the PEU Team will escalate the complaint to the relevant Divisional Manager / Line Manager.

### **Step 4: Response and resolution**

- When a written response is preferred, staff will draft a response to the complainant and forward it via Riskman Feedback or email, within 10 working days to the PEU Team, for review.
- 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.
- Low Level responses are signed by the PEU Team.
- Responses to the complainant, are sent from the PEU Team via the [feedback@austin.org.au](mailto:feedback@austin.org.au) email address or by registered post.
- A copy of the response sent to the complainant (and evidence of sending) is attached by PEU Team to Riskman Feedback.
- The PEU Team is responsible for closing the complaint.



- Delays in providing a response to the complaint within 15 working days should be communicated to the complainant by the PEU Team, either verbally or in writing.

#### **Step 5: Implementation**

- Implementation of improvements in response to the feedback is the responsibility of the Area Manager.
- Documentation of the improvement initiatives are recorded in the Project and Improvements Database on SharePoint by the Area Manager.

### **High Level Complaints**

Complaints triaged as high level are entered into Riskman Feedback by the PEU Team and task assigned to the most relevant senior staff member for review. This may include the; Nurse Unit Manager, Area Manager, Head of Unit (HOU), Divisional Manager or Divisional Director related to the complaint.

Complaints are managed using the 5 steps of complaints management.

#### **Step 1: Acknowledgement**

Complaints received at the PEU are acknowledged by automatic response when received via email or the online Feedback Form. The PEU Team reviews the complaint and contacts the complainant within two (2) working days to;

- Confirm receipt of the feedback.
- Acknowledge the complainant's and / or the consumer's experience.
- Discuss consent (when required).
- Clarify concerns and wanted outcomes.
- Discuss the feedback management process including the aim to provide a written response within 30 working days, when required.
- Discuss the claims management process when there is a claim for compensation or reimbursement.

The initial contact from the PEU Team can be via email or phone.

#### **Step 2: Assessment**

The PEU Team is responsible for:

- Undertaking a review of the complaint, to improve understanding and facilitate appropriate task assigning.
- Notifying the Associate Director of Safety via RiskMan Feedback when a complaint is potentially related to an incident.
- Liaising with the Medicolegal Team to discuss the potential notification to Victorian Managed Insurance Authority (VMIA) when harm with significant consequences and / or a request for compensation is received.

Based on the assessment above, the PEU Team will discuss with the complainant and staff, the most appropriate course of action to resolve the complaint e.g. verbally, in writing or a face to face meeting.

### **Step 3: Investigation**

- The PEU Team task assigns the Riskman Feedback to the appropriate staff for their review, investigation and response via Riskman Feedback.
- The PEU Team forwards the complaint to the relevant Divisional Manager/s via Riskman Feedback when received and includes the Divisional Manager in communications with staff who have been task assigned to review and respond to the complaint.
- Senior staff are to undertake a thorough investigation of the complaint issues relevant to their area and provide a detailed response of their findings and any actions taken as a result of the complaint. This information must be entered into Riskman Feedback within 15 working days.
- The response from the senior staff is forwarded to the PEU Team via the Riskman Feedback journal or as a MS word document attachment.
- If there are any delays, the senior staff are to provide the PEU Team with this information via an entry into Riskman Feedback within 15 working days.
- When task assigned staff have not provided a response after 15 working days, the PEU Team will escalate the complaint to the relevant Divisional Manager / Area Manager to facilitate a response.

### **Step 4: Response and resolution**

- The PEU Team will draft a response to the complainant using the information provided by the task assigned staff.
- The PEU Team's draft response is critiqued by the author/s, then returned to the PEU Team.
- A review of the draft response may be required by the General Counsel if the complaint meets the review criteria (see *Legal Roles and Responsibilities* below). The PEU Team will forward the draft response to the General Counsel to review after the author/s has approved the draft. Changes made to the draft by the General Counsel will be shared with the author/s for their approval.
- Written responses to high level complaints are signed by the Area's Divisional Manager or the Departmental Manager. When a high-level complaint involves multiple areas, the Associate Director of Patient Experience will direct the response letter to the most appropriate Divisional Manager / Divisional Director / Executive to sign.
- Delays in providing a response within 30 working days will be communicated by the PEU Team to the complainant verbally or via email.
- The approved response is sent by the PEU Team to the complainant via the [feedback@austin.org.au](mailto:feedback@austin.org.au) email address or by registered post.
- A copy of the response sent to the complainant (and evidence of sending) is attached by the PEU Team, to Riskman Feedback, within 2 working days.
- When a high level complainant is dissatisfied with the response provided, the matter may be escalated to the Divisional Director / appropriate staff (in consultation with the Associate Director of Patient Experience), to review and consider providing a subsequent response or directing the complainant to an external organisation for an independent review.
- The PEU Team is responsible for closing the complaint in Riskman Feedback.

### Step 5: Implementation

- Implementation of improvements in response to the local area consumer complaints is the responsibility of the Area Manager.

- Documentation of the improvement initiatives are recorded in the Project and Improvements Database on SharePoint by the Area Manager.

### Management of complaints received by 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.

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.

When a complaint is received from a child or related to a child, the PEO will notify the child's parent / guardian and will endeavour to use a child focussed approach to manage and respond to the feedback.

When a complaint is received from a child requesting the Patient Experience Team do not contact their parent / guardian or the feedback raises concerns about potential risk to the child, the PEO may seek advice from the following staff regarding next steps:

- Senior staff in the child's treating team
- Family Violence and Child Safety Program Lead and /or
- Chief / Manager of Social Work

When a complaint is received from a child or related to a child and does not raise concerns about reportable conduct or potential risk to the child's wellbeing, 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
- Chief or Manager of the Social Work Department
- The Family Violence and Child Safe Program Lead
- The Medico Legal Department / General Counsel
- The Patient Safety Team

### Management of feedback received by Aboriginal and Torres Strait Islander Peoples

Austin Health aims to provide a comprehensive approach to managing complaints from Aboriginal and Torres Strait Islander Peoples, ensuring respect for their culture and

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providing a safe, supportive and understanding environment for addressing their concerns.

**Complaints received at the Patient Experience Unit (PEU):**

- Complaints will be managed in accordance with the standard complaint management process.
- PEU staff will ask Aboriginal and/or Torres Strait Islander Peoples if they would like to be referred to the Ngarra Jarra Aboriginal Health Unit for support.
- Aboriginal and/or Torres Strait Islander Peoples may consent to a referral to the Ngarra Jarra Aboriginal Health Unit for assistance with the complaint management process and/or for clinical support.
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**Complaints received at the Ngarra Jarra Aboriginal Health Unit:**

- Austin Health recognises the reluctance of Aboriginal and /or Torres Strait Islander Peoples to formalise feedback, particularly complaints.
- Aboriginal and /or Torres Strait Islander Peoples are encouraged to contact the Patient Experience Team regarding their complaint.
- When Aboriginal and /or Torres Strait Islander Peoples do not feel comfortable contacting the Patient Experience Team, the Ngarra Jarra Aboriginal Health Team will support them to clarifying their concerns and desired 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.
- Complaints will be managed in accordance with the standard complaint management process.
- All complaint correspondence received by the Ngarra Jarra Aboriginal Health Team, will be forwarded to the Patient Experience Team. The Patient Experience Team will enter correspondence into 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 deems it appropriate, a complaint will be forwarded to the CEO for review.

## Management of complaints received at the Office of the Executives

Complaints received by the Executive Officers are managed by the PEU Team.

The Executive Assistant (EA) forwards the complaint to the PEU Team via the [feedback@austin.org.au](mailto:feedback@austin.org.au) email address within 1 working day following receipt of the complaint. The PEU Team draft an acknowledgement for the Executive Assistant (EA) to send to the complainant, within 1 working day of the PEU Team receiving the complaint.

- The PEU Team enters the complaint into Riskman Feedback.
- The PEU Team task assigns the complaint to the relevant senior staff to review.
- Senior staff investigate the complaint, to understand what has occurred. This may involve speaking with other staff and reviewing the consumer's medical records.
- Senior staff enter outcomes of the investigation into Riskman Feedback as journal entries or attach as MS Word document.
- The PEU Team prepare a draft response for the Executive and / or Associate Director of Patient Experience to review and sign.
- The PEU Team forwards the complaint to the Divisional Managers via Riskman Feedback when received and includes the Divisional Manager in communications with staff who have been task assigned to review and respond to the complaint.

When the complaint meets the low-level Executive criteria (see Appendix 3), the PEU Team sends the draft response to the Associate Director of Patient Experience to review, sign and send to the complainant and 'cc' to the relevant EA.

When the complaint does not meet the low-level Executive criteria, the Associate Director of Patient Experience will review and send the draft response to the Executive and cc EA, for review and signing. The EA sends the approved response letter from the Executive to the complainant and cc's [feedback@austin.org.au](mailto:feedback@austin.org.au)

The response to the complainant (and the evidence of sending) are added to Riskman Feedback and the complaint is closed by the PEU Team.

Anticipated response times for complaints received the Executive Offices, align with response times for high and low level complaints.

## 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 from Safer Care Victoria

Safer Care Victoria (SCV) receives complaints that fall into the clinical or relationship domains of the Healthcare Complaints Analysis Tool (HCAT). SCV is interested in the learnings, improvements and engagement of health services with complainants and the quality of the responses provided.

Complaints from Safer Care Victoria (SCV) are sent to the Chief Executive Officer (CEO), cc'd to the PEU Team (via email [feedback@austin.org.au](mailto:feedback@austin.org.au)) and the CEO's EA.

- An acknowledgement is drafted by the PEU Team and sent by the CEO's EA, to SCV.
- The PEU Team enters the complaint into Riskman Feedback. The PEU Team investigates the complaint, liaises with relevant staff and task assigns staff in Riskman Feedback (when applicable).
- The PEU Team forwards the complaint to the relevant Divisional Manager/s via Riskman Feedback when received and includes the Divisional Manager in communications with staff who have been task assigned to review and respond to the complaint.
- SCV request the PEU Team liaises and provides the complainant with a response.
- When a response to the complainant is required, the response is drafted by the PEU Team, reviewed by the author/s and the Associate Director of Patient Experience and forwarded to the CEO for review and signing.
- The CEO's EA sends the approved response to the complainant.
- A summary is then provided by the PEU Team to SCV either verbally or in writing or with the complainant's consent, the PEU Team share the response sent to the complainant with SCV.

- The PEU Team attach the complainant's response and (evidence of sending) to Riskman Feedback, documents any correspondence between SCV and the PEU Team and closes the Riskman Feedback.

When responding to SCV complainants in writing, the PEU are guided by the SCV response expectations (see Appendix 4).

### Management of complaints received from Department of Health (DoH)

- Complaints received by the Minister for Health are triaged using the HCAT, to either SCV or DoH to manage. Issues relating to access and infrastructure are directed to the DoH.
- The complaint is forwarded by the DoH to the PEU Team and cc'd to the Chief Operating Officer (COO). The DoH seek consent from the consumer to follow up concerns with the organisation.
- The PEU Team acknowledges the correspondence and enters the complaint into Riskman Feedback. The PEU Team investigates the complaint, liaises with relevant staff and task assigns staff in Riskman Feedback (when applicable).
- The PEU Team forwards the complaint to the relevant Divisional Manager/s via Riskman Feedback when received and includes the Divisional Manager in communications with staff who have been task assigned to review and respond to the complaint.
- When the PEU Team provides a written response to the DoH, the COO is cc'd into the email. When the PEU Team provides a verbal response to the DoH, a summary of the outcomes and actions is emailed to the COO.
- The DoH responds to the complainant on behalf of the Minister for Health. A response may be provided to the complainant by the PEU Team, following discussion with the DoH.
- The PEU Team documents and attaches all correspondence with the DoH to Riskman Feedback and close the complaint.

## Management of complaints received from the Members of Parliament Offices

Complaints received from Members of Parliament (MP's) are managed by the PEU Team as per the high level complaints management process.

- When the complaint is received at the PEU, the response is provided verbally or in writing from the PEU Team to either the MP or the complainant (depending on the request from the MP).
- When the complaint is received by the CEO and a written response is required, the response is signed by the CEO and sent by the CEO's EA to the complainant or MP (depending on the request from the MP).

## Management of complaints received from the Health Complaints Commissioner (HCC)

- The HCC sends complaints to the PEU via [feedback@austin.org.au](mailto:feedback@austin.org.au)
- The PEU Team enters the complaint into Riskman Feedback and task assigns it to the appropriate senior staff to review and comment.
- The PEU Team forwards the complaint to the relevant Divisional Manager/s via Riskman Feedback when received and includes the Divisional Manager in communications with staff who have been task assigned to review and respond to the complaint.
- The PEU Team draft a response using the information provided by the task assigned staff.
- The PEU Team's draft response is reviewed by the author/s.
- A review of the draft response may be required by the General Counsel if the complaint meets the review criteria (see *Legal Roles and Responsibilities* below).
- Written responses to HCC complaints are signed by the Area's Divisional Manager or Departmental Manager. When a high-level complaint involves multiple areas, the Associate Director of Patient Experience will direct the response letter to the most appropriate Divisional Manager / Divisional Director / Executive to sign.

- The signed response is sent by the PEU Team to the HCC via email. The HCC shares the response provided by Austin Health with the complainant.
- A copy of the response sent to the HCC (and evidence of sending) is attached by the PEU Team, to Riskman Feedback, within 2 working days and the complaint is closed, pending further correspondence from HCC.
- HCC closure correspondence is shared with staff involved in the complaint management / response.
- Documentation of the improvement initiatives are recorded in the Project and Improvements Database on SharePoint by the Area Manager.

#### Management of complaints received from the Mental Health Complaints Commissioner (MHWC)

- Complaints received via the Mental Health Wellness Commissioner (MHWC) are forwarded to the PEU Team (feedback@austion.org.au) and a Senior Staff member of Mental Health.
- The PEU Team acknowledge receipt of the complaint to the MHWC.
- The PEU Team emails the complaint to the relevant staff member to review and cc's the relevant Divisional Manager.
- The PEU Team liaise with Mental Health staff to coordinate a response. The PEU Team compose a response from the information provided by the Mental Health staff member, then sends the response to the MHCC.
- The PEU Team attach the response and evidence of sending to Riskman Feedback and close the complaint, document 'pending MHWC review / outcome' in Riskman Feedback.
- MHWC closure correspondence is shared with staff involved in the complaint management / response.
- Documentation of the improvement initiatives are recorded in the Project and Improvements Database on SharePoint by the Area Manager.

## Management of complaints received from the Office of the Chief Psychiatrist

Complaints received by the Office of the Chief Psychiatrist are forwarded to the Medical Director of Mental Health. Mental Health Staff provide a response to the Office of the Chief Psychiatrist. Information relating to the complaint is forwarded to the PEU Team for entry into Riskman Feedback. When all concerns have been addressed, the PEU Team closes the complaint in Riskman Feedback.

## Management of complaints – Public Liability / Medical Indemnity

The PEU Team manages financial claims associated with public liability and some medical indemnity claims.

### Public Liability

- Public liability claims include lost or damaged property of patients and visitors and non-inpatient claims, ie: visitor falls in the hospital.
- Lost or damaged belongings are documented in Riskman Incident by 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 Area Manager liaises with their Divisional Manager and with the Finance Department to arrange payment.
- Austin Health's insurers (VMIA) will consider accepting a claim for reimbursement for costs associated with replacement or repair of dentures, hearing aids or spectacles, 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.

For information related to claiming reimbursement for the replacement of lost belongings; please refer to the '*Claiming Reimbursement for Replacement or Repair of Dentures, Hearing Aids, Spectacles and Mobility Aids Guideline*'.

### Medical Indemnity

Medical indemnity claims include claims that care may not have been appropriate and harm has come to the patient. For compensation to be considered, it needs to be determined that the injury was caused by the hospital staff's negligence, or a failure to meet an appropriate standard of care.

These claims are managed collaboratively with the Medicolegal Team and the General Counsel.

When a request for reimbursement or compensation is received:

- The PEU Team task assigns the complaint via Riskman Feedback, to the Head of Unit, to review and comment on the appropriateness of the care provided.
- Requests for reimbursement or compensation are discussed by the PEU Team at the weekly Risk and Medicolegal Meeting.
- If the care was appropriate, the PEU Team drafts a response. The draft is critiqued by the author/s and the General Counsel, then returned to the PEU Team. The PEU Team forwards the draft response to the appropriate Divisional Manager to review and sign (as per high level complaint management procedure).
- If the care was not appropriate, the Medicolegal Team and the General Counsel are notified by the PEU Team.
- If the care was not appropriate, VMIA are notified by the Medicolegal Team.
- The General Counsel advises the PEU Team how to proceed.
- VMIA may appoint a panel firm. When this occurs, the complaint is managed by the Medicolegal Team.
- Communication with the complainant while waiting for the claim to be concluded is undertaken by the PEU Team.

## Legal roles and responsibilities

Complaints involving legal representation are managed by the General Counsel.

The General Counsel may be involved in complaints when there is:

- Potential for legal action
- Requests for compensation
- Cases referred to Coroners Court
- FOI (medical records) requested
- Significant harm allegedly caused by Austin Health
- Potential/ alleged negligence
- Ex-gratia payments / Form of Release
- Threats of escalation or negative publicity

## 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 Director of Patient Safety and formulate a management plan.

## Closure of complaints

The PEU Team are responsible for closing all complaints in Riskman Feedback. 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: when the task assigned staff reports via Riskman

Feedback that the complaint has been resolved to the complainant's satisfaction and any follow-up (if applicable) has been undertaken.

- 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, the closure date will reflect the date the response was sent to the complainant.
- For external agency resolution: when Austin Health has provided all required information and undertaken the required actions requested by the external agency. Complaints pending a response from the external agency are closed and the PEU Team documents in Riskman Feedback "*closed pending outcomes from HCC / MHCC*".
- For anonymous complaints (excluding high level): when the feedback has been entered into Riskman Feedback and task assigned to the appropriate staff for their information and action (as appropriate) and the task assigned staff has acknowledged the complaint in Riskman Feedback.
- For complaints where the complainant has not requested a response (excluding high level), when the feedback has been entered into Riskman Feedback and task assigned to the appropriate senior staff for information and action (as appropriate) and the task assigned staff has acknowledged the complaint in Riskman Feedback.

## Reporting and governance of consumer feedback

All staff at Austin Health have a role to play in the management of consumer feedback. It is the role of all staff to support their colleagues to focus on the needs of the consumer and work together to respond to and facilitate the timely closure of feedback.

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

The PEU Team are responsible for;

- Ensuring the Riskman Feedback system data is accurate and available for reporting.
- Monitoring Riskman Feedback alerts and advising relevant staff of any issues.
- Providing staff with open complaint reports and facilitating complaint management.
- Reporting consumer feedback to the Executive Safety Quality and Risk Committee and the Board Clinical Safety Quality Risk Committees.

### Authors / Contributors

- Associate Director of Patient Experience
- Patient Experience Team Leader
- Patient Experience Officer
- Patient Experience Administration Officer
- Director Patient Safety and Clinical Excellence
- General Counsel

### Legislation / References / Supporting Documents

#### ***Australian Commission on Safety and Quality in Healthcare, 2010, Australian Safety and Quality Framework for Healthcare.***

- Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service, Standards. 2nd ed. 2017
- ACSQHC Open Disclosure resources
- Code of Conduct for General Health Services
- Health Complaints Act 2016 No. 22 (Vic) SAI Global <https://lawlex.com.au/Legislation/CDHP/155433>
- <https://www.safetyandquality.gov.au/wp-content/uploads/2012/04/Australian-SandQFramework1.pdf>
- <http://www.safetyandquality.gov.au/our-work/open-disclosure/implementing-the-opendisclosure-framework/open-disclosure-resources-for-clinicians-and-health-care-providers>
- <https://www.safetyandquality.gov.au/wp-content/uploads/2017/12/National-Safety-and-QualityHealth-Service-Standards-second-edition.pdf>
- Mental Health Complaints Commissioner <http://www.mhcc.vic.gov.au/>

- Mercy Health Group – Complaints Management Framework
- National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018;  
<https://www.legislation.gov.au/Details/F2018L00634>
- Office of the Health Complaints Commissioner <https://hcc.vic.gov.au/>
- Victorian Ombudsman <https://www.ombudsman.vic.gov.au/>

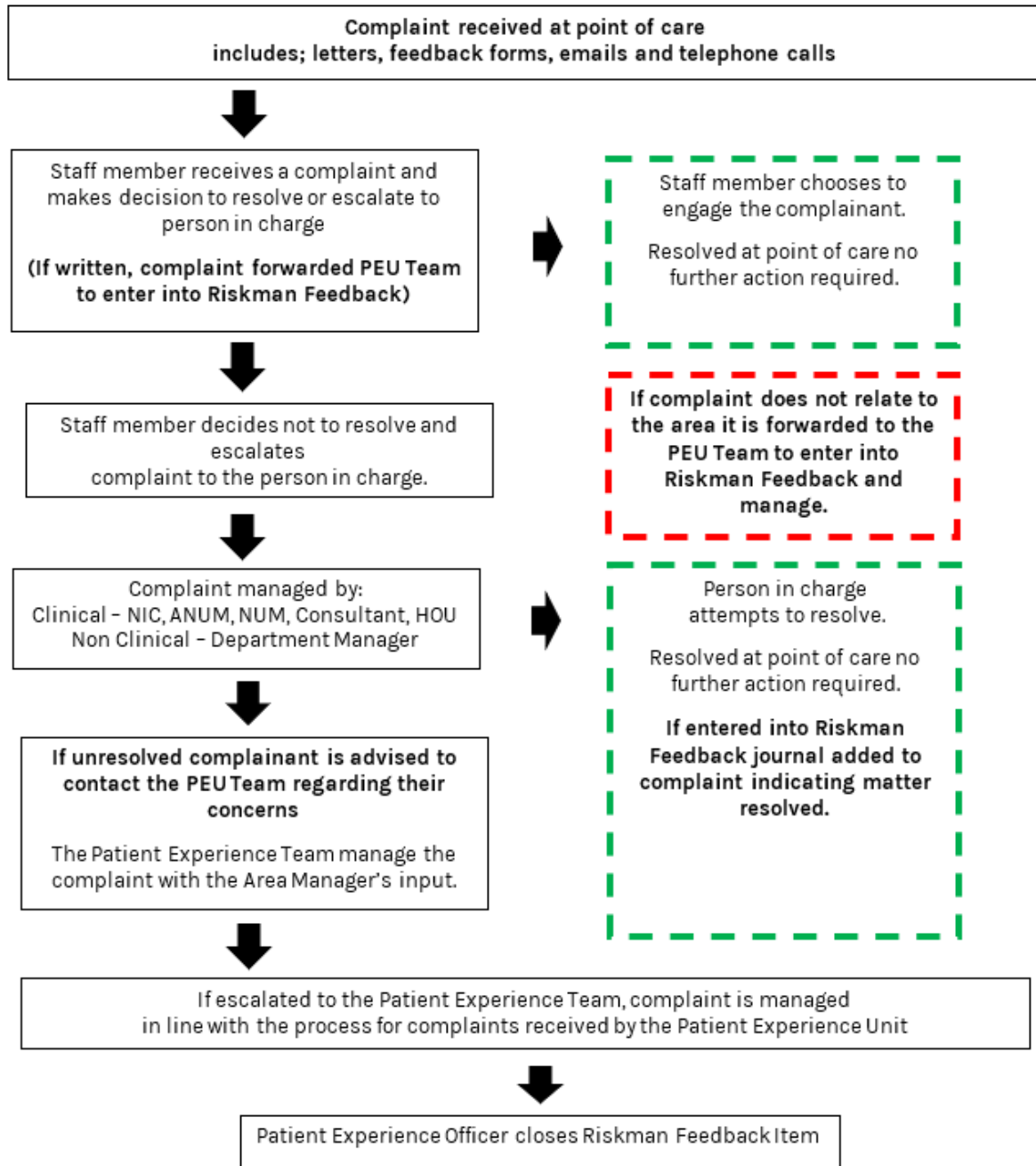
**Authorised / Endorsed by**

Executive Committee

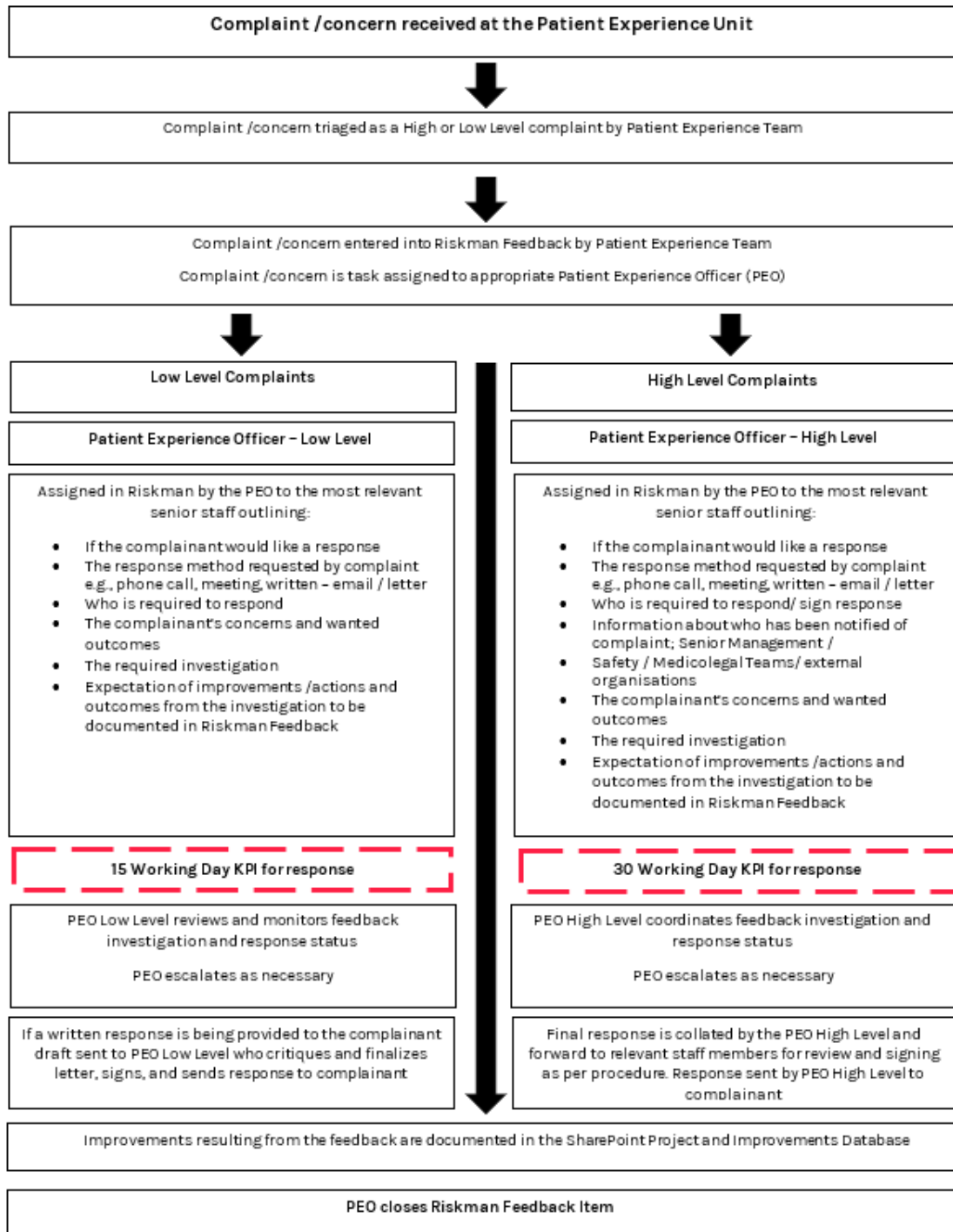
**Primary Person / Department Responsible for Document**

Associate Director of Patient Experience

**Appendix 1 – Management of complaint/ concern received at point of care/service**



**Appendix 2 – Management of complaints/ concerns received at the Patient Experience Unit**



### Appendix 3

#### Executive Low Level Criteria:



Complaints received at the Executive Office regarding concerns about:

- Access to COVID Vaccinations
- Access to outpatient appointment – non complex i.e. pt requests appt which is then booked following liaison with staff
- Access – phone delay / difficulty
- Access to results
- Communication – non complex ie MTDM requesting ph call from medical / nursing team
- COVID screening issues
- Enquiry
- Environment – too hot, too cold, etc
- Facetime access
- Food
- Masks
- Mental health –consumer is an inpatient and acutely unwell
- Televisions
- Visitor exemptions (when exemption request is approved)
- Unrelated to Austin Health

## Appendix 4

**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)