



Casterton Memorial Hospital

Title: COMPLAINTS & FEEDBACK MANAGEMENT

Manual: Hospital Policy

Type: Policy

PURPOSE:

- ◆ Casterton Memorial Hospital values employee and all consumer participation and encourages both positive and negative feedback. The organisation aims to present open and accountable services that reassure consumers that their feedback is welcome and will be dealt with fairly and timely. It is acknowledged that the organisation will not always be able to meet expectations; however feedback is seen as an essential component of understanding how our services are perceived. This feedback may be used in determining quality improvement initiatives and working towards addressing identified gaps.

TARGET AUDIENCE:

- ◆ All Casterton Memorial Hospital employees and all consumers (see definitions section)

POLICY STATEMENT:

- ◆ All complaints and feedback will be dealt with in a confidential manner respecting the rights of the complainant / consumer.
- ◆ CMH manages complaints following the Guide to Complaint Handling in Health Care Services
[http://docs.health.vic.gov.au/docs/doc/70C7F949D4948CA7CA25798E0072F866/\\$FILE/complaints_handling.pdf](http://docs.health.vic.gov.au/docs/doc/70C7F949D4948CA7CA25798E0072F866/$FILE/complaints_handling.pdf)

PROCEDURE:

- ◆ **Employee Education**
All CMH staff will be encouraged, inducted, and educated on accepting both positive and negative feedback for the purpose of evaluating and improving CMH service delivery.
- ◆ **Consumer Education**
CMH will provide information on the complaint and feedback process to all consumers pre admission, through the various consumer information booklets and brochures. ‘Suggestions Comments Compliments Complaints’ Brochures are also accessible throughout the facility and on the CMH web page.
- ◆ **Positive Feedback**
CMH welcomes positive feedback or compliments from consumers via questionnaires, open door policy, phone, letters or suggestion forms/box. Positive feedback will be included with quality activity. All feedback and compliments will be shared with staff and appropriately acknowledged.



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◆ **Point of service complaints/enquiries:**

These are straightforward complaints, which can be dealt with promptly to the consumer's satisfaction at the point of service. At times, all that is required to resolve an issue is for the complainant to speak directly to the staff involved.

◆ **Procurement Complaints**

A procurement complaint is an issue or concern expressed by a contractor or supplier in relation to the procurement process and probity applied by Casterton Memorial Hospital when carrying out a procurement activity. The complaint should be a letter, email or fax lodged with the CEO or Chief Purchasing Officer (Director Corporate Services).

Casterton Memorial Hospital is to inform the Health Purchasing Victoria (HPV) Board within five working days of any complaint that could not be resolved to the satisfaction of both parties.

Casterton Memorial Hospital must disclose in its annual report the following information in relation to each complaint received:

- Procurement activity to which the complaint relates
- Status of the complaint confirming
- Whether the complaint was resolved
- Whether it is still under investigation or
- Whether it could not be resolved.

A complainant can refer a complaint to the HPV Board for review if they are not satisfied with the findings and actions of Casterton Memorial Hospital. This could be related to the management of the complaint or the application of the Health Purchasing Polices Complaints submitted to the HPV Board must be lodged by letter, email or fax within 10 working days of the receipt of the findings by the organisation to:

The Chair
HPV Board
Health Purchasing Victoria
Level 34, 2 Lonsdale Street
Melbourne Victoria 3000



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The complainant must provide the following material:

- Evidence that Casterton Memorial Hospital did not correctly apply Health Purchasing Policies in relation to a procurement activity;
- Evidence that Casterton Memorial Hospital complaints management procedures were not applied correctly;
- A copy of all relevant correspondence between the complainant and Casterton Memorial Hospital in relation to the nature of the complaint and
- Any additional material requested by the HPV Board to assist in the findings.

◆ **Complaints needing investigation other than Procurement issues:**

For procurement refer: Hospital Policy 'Procurement Governance' Section 3 'Procurement Complaint Management'

More serious or complex matters or unresolved complaints may need to be referred to more senior personnel, either Chief Executive Officer (CEO), Quality Officer (QO) or Manager Nursing Services (MNS). If there is a need for further investigation, the complaint will be delegated to the appropriate senior person which may involve different levels within the organisation.

- All written complaints should be directed immediately to the QO.
- The complaint is to be logged onto the CMH VHIMS system.
- Employees may assist the complainant to document on the form checking with the complainant to ensure the wording is correct and the issue is captured in the complainant's words.
- The QO will monitor written complaints.
- All complaints must be reported to the CEO.
- The QO in the first instance will report the complaint to the most appropriate Department Manager for investigation.
- The CEO, where required, will rate the severity of the complaint and delegate responsibility for investigation to the appropriate person.

◆ **External Complaint Resolution:**

These are complaints that cannot be resolved by the organisation. They need to be referred to external bodies such as the Health Services Commissions, HPV or CMH Insurers to manage. Some complaints come directly to the organisation from external bodies such as the Health Services Commissioner. The CEO will be the CMH Complaints Officer for any external complaints.



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◆ **Time Frames:**

- Complaints that are not resolved at a service level are to be acknowledged in writing or by phone within 2 working days of receipt of the complaint. The acknowledgement provides contact details of the person who is handling the complaint.
- Formal complaints are investigated with the aim of being resolved within 30 days
- If the complaint is not resolved within this time frame, the complainant and staff who are directly involved in the complaint will be provided with an update either in writing or verbally.

NOTE: All written responses and correspondence to the complainant will be under the signature of the CEO.

◆ **Reporting and accountability:**

The Quality Officer will:

- Ensure complaints are registered on the CMH VHIMS system.
- Ensure that appropriate responses are provided to the complainant.
- Prepare a monthly report for the Quality Committee on the complaints received for the month and action taken / to be taken.
- Report to Board of Management on the complaints received and outcome.
- Enter and send the required data to the Regional Department of Health and Human Services office and to the Health Services Commissioner
- Maintain a Consumer Feedback register, with records of informal feedback and formal complaints
- Ensure complaints are kept securely with restricted access.

The CEO will:

- Coordinate and correspond with Victorian Managed Insurance Authority (VMIA) on behalf of Casterton Memorial Hospital for insurance claims, in relation to complaints, in accordance with VMIA guidelines.



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◆ **Definitions**

Consumer – encompasses patients, clients, volunteers, suppliers, contractors and visitors

CEO - Chief Executive Officer

OO - Quality Officer

Feedback - Encompasses all consumer comments both positive and negative relating to Casterton Memorial Hospital's services and performances. Feedback can be formal or informal and is important to the organisation because it is the voice of the consumer.

Complaint - Expressions of dissatisfaction by or on behalf of a consumer that can relate to any aspect of the care interaction of services provided. Complaints are of value as they provide a viewpoint on how the service did not meet the expectations of the consumer and can reveal gaps in the quality of service provision.

Complainants' Rights and Responsibilities - Complaint handling procedures recognise that it is fair and reasonable for complainants to:

- Be reassured that their complaint will not affect their ongoing involvement with Casterton Memorial Hospital
- Be given a clear explanation of the complaint management process including status of complaint progress when enquiring
- Be expected to provide reliable and sufficient detail to ensure a review of the complaint issues
- Be able to articulate the outcome they are seeking

◆ **Evaluation**

This document will be reviewed in the event of any change in legislation, best practice, and accreditation recommendations or within three years. The Board of Management through the Quality Committee oversees monitoring of complaints and response timeframes.

◆ **Key Aligned Documents**

- CMH Brochure: "Suggestions Comments Compliments Complaints"
- CMH 'Suggestion Sheet'
- CMH Policy: Incident Reporting
- CMH Policy: Open Disclosure – Adverse Events
- CMH Policy: Risk Management
- CMH Policy: Quality Improvement
- CMH Policy: Consumer Rights & Responsibilities
- CMH Policy: Consumer Participation
- CMH Policy: Procurement Governance



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◆ **Key Legislation, Acts & Standards**

- National Safety Quality Health Service(NSQHS)
- Australian Aged Care Quality Agency
- Community Care Common Standards Guide
- Aged Care Act 1997
- Health Services Act – s134 HPV
- Freedom of Information (Access Charges) (Amendment) Regulation 2002
- Health Services (Conciliation & Review) (Amendment) Act 2001
- Privacy Act 1988 –Data Protection Laws
- Mental Health Act 1986

◆ **References**

- Guide to Complaint Handling In Health Care Services. Health Services Review Council 2005, reviewed 2011*
- Aged Care Complaints Scheme* *Phone 1800 550 552*
- Health Services Commissioner* *Phone 1800 136 066*
- Victorian Ombudsman* *Phone 1800 806 314*
- Victorian Privacy Commissioner* *Phone 1300 666 444*
- Office of Australian Information Commissioner* *Phone 1300 363 992*
- Freedom of Information Commissioner* *Phone 1300 842 364*

PROCESS:

Rating	Ownership & Resolution	Escalation & Action
Routine	<p>Ownership Employee receive: Resolved by personnel receiving the complaint at the point of service. Resolution As soon as practicable at the point of service in line with the Guide to Complaint Handling in Health Care Services</p>	<p>Escalation process: Employee unable to resolve refer to Line Manager for resolution. QO receives Record on VHIMS and sends to relevant Line Manager for management and resolution</p> <p>Action Record journal entries in VHIMS of steps taken to resolve the complaint</p>
Involved	<p>Ownership Employee Receive If outside staff ability to resolve at point of service, refer to Line Manager for management. Record on VHIMS</p> <p>Resolution As soon as practicable at the point of service in line with the Guide to Complaint Handling in Health Care Services</p>	<p>Escalation process: Line Manager unable to resolve refer to senior personnel for resolution</p> <p>QO Record and sends to relevant Line Manager to request feedback</p> <p>Action Record journal entries in VHIMS of steps taken to resolve the complaint</p>



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Complex	Senior Personnel	<p>Ownership Employee receive Line Manager recognises the complexity of the complaint issue and escalated to senior personnel.</p> <p>Case Review and Open Disclosure QO or may refers to Executive to undertake Case Review to verify complaint and gather information for written response and / or Open Disclosure family meeting</p> <p>Resolution As soon as practicable at the point of service in line with the Guide to Complaint Handling in Health Care Services</p>	<p>Action QO to record and distribute as appropriate, coordinates complaint management and uses relevant information to draft a response.</p> <p>Case Review Report (if undertaken) – brief completed and forwarded to relevant parties as appropriate</p> <p>QO records the complaint on VHIMS. Staff record journal entries of steps taken to resolve the complaint and comment on any review undertaken.</p>
		<p>Ownership Employee receive Line Manager recognises the complexity of the complaint issues and escalates to senior personnel</p> <p>QO to inform Executive if not already involved.</p> <p>Case Review and Open Disclosure Executive may request Case Review undertaken to verify complaint and gather information of the written response and / or Open Explanation family meeting</p> <p>Resolution As soon as practicable at the point of service in line with the Guide to Complaint Handling in Health Care Services</p>	<p>Action QO to record and distribute as appropriate, coordinates complaint management and uses relevant information and draft a response.</p> <p>Case Review Report – brief completed and forwarded to relevant parties and / or as per legislative reporting requirements.</p> <p>QO records the complaint on VHIMS, Staff record journal entries of steps taken to resolve the complaint and comment on any review undertaken.</p>
Highly Complex			

Risk Rating

<i>Category (See CMH Policy)</i>	<i>Risk Rating</i>
Likelihood of Adverse Event occurring. <i>(Almost Certain, Likely, Possible, Unlikely, Rare)</i>	Likely
Consequence <i>(Insignificant, Minor, Moderate, Major, Extreme)</i>	Moderate
Overall Risk Rate <i>(Extreme, High, Medium, Low)</i>	Medium



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Monitoring

Monitoring Method (audit, survey, KPI, Clinical Indicator, Incident reports)	Incident Reporting, Audits
Associated Standard (NSQHS, HACC, ACSA)	NSQHS Standard 1 Governance for Safety and Quality in Health Service Organisations HACC – Common Care Standards 1 Effective Management Aged Care Accreditation Standards – Std 1

Signed Off:
Chief Executive Officer

Date:

Reference: Barwon South West Procurement Reform Committee
Author: Barb Toma AOG/Finance, CPO
Validated: Heather Rees Quality Officer
Approved: Executive
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