



COMPLAINT GUIDELINES

Complies with

NSQHS 1.3, 1.6, 1.12, 1.13,1.14, 1.24, 2, 4.2, 5.32,

Purpose: To maintain an organisation wide complaints management system based on the 11 Complaints Handling Standards. A process that fosters an open and receptive culture to provide feedback and effect continuous improvement at EDPC.

- a. Encourages and supports patients, carers and families, and the workforce to report complaints
- b. Involves the workforce and consumers in the review of complaints
- c. Resolves complaints in a timely way
- d. Provides timely feedback to the governing body, the workforce, and consumers on the analysis of complaints and actions taken
- e. Uses information from the analysis of complaints to inform improvements in safety and quality systems
- f. Records the risks identified from the analysis of complaints in the risk management system
- g. Regularly reviews and acts to improve the effectiveness of the complaints management system
- h. Any complaints received are to be treated with politeness, courtesy and an appreciation of their seriousness.
- i. A confidential complaints register is maintained by the Complaints Officer

Complaints handling approach:

➤ **Commitment**

There is a commitment to efficient and fair resolution of complaints at all levels of EDPC. Person who require an interpreter can have one arranged. If the complaint is about the Complaints Officer a delegate usually the Director of Nursing will manage the complaint. All complaints are reviewed by the Medical Advisory Board.

➤ **Resources**

Adequate resources for complaints handling have been authorised by the CEO.

➤ **Visibility and access**

Patients are made aware of the complaints handling process on admission. Complaints can be made via the Suggestion FI Process or formally written and marked to the attention of the Complaints Officer. Any staff member receiving a verbal complaint is to complete an IIR Form. The Complaints Officer is listed at the EDPC entrance.

➤ **Be responsive**

Staff are encouraged to understand patient/consumer complaints and take actions to rectify or correct the problem identified. Staff are encouraged to respond and resolve complaints the time the complainant makes them.

➤ **Be courteous**

Staff are encouraged to resolve a complaint as soon as possible, treating the complainant with courtesy.

➤ **Be fair**



COMPLAINT GUIDELINES

Complies with

NSQHS 1.3, 1.6, 1.12, 1.13,1.14, 1.24, 2, 4.2, 5.32,

Staff are to be mindful, fair and reassuring to both the person making the complaint and the EDPC, staff member or medical practitioner against whom the complaint is made.

➤ **No charge**

Persons making a complaint will not be charged for the time or expense involved in handling a complaint. Staff may wish to make this clear to the person making the complaint.

➤ **Provide assistance**

EDPC staff members are to be helpful in aiding persons making a complaint. This may involve helping that person formulate the complaint (preferably in writing when possible) and lodging the complaint with the appropriate person.

➤ **Anonymity and confidentiality**

A person has the right to make a complaint anonymously.

➤ **Be discreet and confidential**

All complaints are to be handled discreetly and in confidence. Any verbal complaints should be discussed in a private room; the details should not be repeated to other staff members except where necessary to investigate the complaint.

➤ **Reviews and accountability**

This complaint handling policy will be reviewed regularly. Systemic or recurring problems should be identified and rectified.

Complaints handling procedure

➤ **Statements of claim / summons**

All Statements of Claims/Summons or other court documents served on EDPC must be immediately referred to the Medical Director.

The Medical Director will then notify EDPC insurers and retain lawyers as appropriate.

If the Statement of Claim/Summons or other court document also names an independent contractor, staff member or medical practitioner as a defendant, a copy of the court document must be immediately given to the relevant personnel.

All subpoenas to produce or non-party writs of discovery should be referred to Essendon Day Procedure Centre's Privacy Officer.

If you receive a copy of a letter from a solicitor, AHPRA, the Health Insurance Commission, DHHS representative, Office of the Federal Privacy Commissioner, making a complaint or investigating a complaint on behalf of a person against EDPC, immediately notify the Medical Director. Do not send a formal response until directed to do so.

Correspondence from the Office of the Federal Privacy Commissioner or complaints regarding a breach of privacy are to be referred to the Privacy Officer.

The resolution of such complaints will need to be in accordance with relevant legislation.

➤ **Other Written Complaints made for or on behalf of Patients**

The appointed EDPC Complaints Officer (this is not a full-time role and is an additional responsibility of a staff member), will investigate, report and action any complaints.



COMPLAINT GUIDELINES

Complies with

NSQHS 1.3, 1.6, 1.12, 1.13, 1.14, 1.24, 2, 4.2, 5.32,

Where possible, patients/consumers should be asked to provide complaints in writing to the Complaints Officer. Where you are given a written complaint, you should arrange for a copy of

the complaint to be provided to the Complaints Officer. Should staff directly be involved in complaint resolution then the Complaints Officer should be updated as to the events and the resolution of such occurrences.

Ensure that you have the name and contact details of the complainant, except where the complaint is being made anonymously.

Please ensure that the Complaints Officer is made aware of all complaints, which have been made. If the complaint is of a medical nature, it should be referred to a relevant medical practitioner. Inform the Complaints Officer and EDCP's Medical Director, immediately if you think there is the potential of litigation. All complaints are documented using the issues and incidents reporting system.

If the complaint is resolved at the time it is made, you are to prepare a brief description of the complaint, the time and date, and a description of how the complaint was resolved. Include details of whether the patient was satisfied as to the resolution of the complaint, or whether further follow-up is required.

The Complaints Officer will record all complaints and a description of their resolution on the complaints register. The complaints register will be tabled at the PM and MAC meeting.

In relation to litigated matters or potentially litigated matters, all incident forms and investigation reports should be created for the dominant purpose of obtaining legal advice and kept separately from the medical record of the patient.

Where a person wishes to make a complaint anonymously, you should respect this decision. However, you may suggest to the person that the complaint will be dealt with on a confidential basis. If this is the person's request, the file or complaint should be marked and kept "in confidence".

Where a complaint cannot be resolved on the spot, you should keep the complainant updated as to the progress of the complaint. Staff are to acknowledge receipt of the complaint letter and inform the complainant that the matter is being investigated. This may be done by a telephone call or by letter.

➤ **Verbal Complaints made by or on behalf of Patients**

Where the complainant is unable to or prefers not to put the complaint into writing (eg. the person does not speak or write English, the person making the complaint is a minor), prepare your own written statement of the complaint at the time. Document a description of the complaint along with the date and time. Sign this document and identify your name, position and the relevant medical practitioner. Lodge the complaint with the Complaints Officer.

When dealing with a person making a complaint:

- a) Re-assure the patient, Management is always happy to receive patient feedback which will not cause any adverse effect on their future dealings with the EDCP.
- b) Ensure you make the patient/consumer feel comfortable and that you are treating the complaint in confidence. This may involve taking the person making the complaint into a private room, and adopting a sympathetic manner.
- c) Ensure you listen attentively to the person as they are speaking.



COMPLAINT GUIDELINES

Complies with NSQHS 1.3, 1.6, 1.12, 1.13,1.14, 1.24, 2, 4.2, 5.32,

- d) Acknowledge the patient's perception of the issue.
- e) Ask questions in a polite and even-handed manner, in order to obtain the most detailed response.
- f) Invite the patient to suggest a resolution of their complaint, but do not make any promises. If appropriate, suggest ways in which the complaint may be resolved and seek the patient's feedback.
- g) Do not pass any judgment about the complaint or the person about whom the complaint is being made.
- h) Do not be defensive, attempt to lay blame or make excuses.
- i) Reassure the patient that the complaint will be investigated, and they will be informed of the result.
- j) Provide a suggested timeframe in which they will hear back from you or someone else from EDPG.
- k) If the patient requests, enable the patient to have a support person present. If the support person is a lawyer, seek legal advice prior to the meeting.
- l) Do not make any admissions of guilt.
- m) Stay in contact with the patient or complainant, especially if the investigation takes longer than anticipated.

Should you be uncertain of how to handle a complaint, speak to the Complaints Officer?

CONFIDENTIALITY OF COMPLAINTS:

All complaints are to be treated in a confidential manner and no complainant (patient) or person acting on behalf of the complainant will be adversely affected because of the complaint. Patients are provided with complaints management process prior to admission or at initial consultation.

Complainants may make an anonymous complaint. Anonymous complaints and the responses and time frames for reaching a resolution may be restricted. Anonymous complainants must be advised usual time frames for resolution in some cases may vary.

Complaints must be handled and kept separate to health records.

TIMEFRAME FOR MANAGING A COMPLAINT:

All complaints must be documented on an IIR Form. All complaints must be handled with priority after being received and given to the Complaints Officer. The complaint will be investigated by the Complaints Officer within 2 working days and a draft outline and response to be given to the CEO within 5 days. Resolution of the Complaint should be within 14 Days. If an unsatisfactory resolution a referral can be made to the Health Complaints Commissioner. Call 1300582113 between 9am and 5pm. Level 26, 570 Bourke Street, Melbourne, (appointments recommended: 1300582113). Visit website <https://hcc.vic.gov.au/make-complaint> The website requests the complainant to complete a form.

Persons making a complaint who are hearing impaired can visit the National Relay Service for support.



COMPLAINT GUIDELINES

Complies with NSQHS 1.3, 1.6, 1.12, 1.13,1.14, 1.24, 2, 4.2, 5.32,

Persons requiring an interpreter can call TIS National on 131450 for support.

Reference:

origman.iir.doc110
Health Complaints Act 2016
NSQHS Australian Open Disclosure Framework 2013
Fact Sheet Health Complaints Act 2016
Complaints Handling Standards -Health Complaints Commissioner
Complaints Registerorigman.complaintsreg.doc181
origman.ceopd.doc126
Australian Charter of Healthcare Rights
origman.suggestionform.doc111
origman.patientsurvey.doc106
Admission Information Form
Complaints Policy Extract
[wirec.interpreter.doc.242](#)