

KOOWEERUP REGIONAL HEALTH SERVICE POLICY AND PROCEDURE MANUAL

SUBJECT:	Complaints (Concerns)
REVIEWED:	March 2001; June 2002; May 2004; July 2005; March 2006; July, 2007, October, 2009, January, 2010, February, 2012, July, 2015, January 2016, July, 2016
IMPLEMENTED:	March, 2000 L. & M.
REPOSINBLE OFFICER:	C.E.O./D.O.N.; Heads of Department

PURPOSE

- To ensure complaints are investigated and dealt with fairly, promptly, confidentially and without retribution.
- To ensure services are reviewed and improved where necessary.

DEFINITIONS

Informal Complaints

These are verbal expressions of dissatisfaction, which can be dealt with promptly and to the complainant's satisfaction at the point of service.

Formal Complaints

These include all written complaints and any verbal complaints, which cannot be dealt with as informal complaints. They include complaints where the patient/resident believes that the service has been provided in a negligent manner.

GUIDING PRINCIPLES

The following Principles guide the Concerns Policy within our organisation, they are as follows:

- Quality Improvement – Concerns Management is an integral part of the Quality Improvement approach taken by Kooweerup Regional Health Service.
- Open disclosure – apology, factual explanation of what happened, potential consequences and steps taken to manage the event and prevent recurrence.
- Commitment – to an integrated approach to Concerns Management by all staff.
- Accessibility – facility encourages consumers and staff to give feedback about the service and makes it easy for them to do so.
- Responsiveness – is receptive to concerns and treats concerns seriously.
- Transparency and accountability – concerns process is clearly stated, open and accountable to both staff and consumers.

- Privacy and Confidentiality – the facility respects Privacy and Confidentiality of consumers and staff; the information received is kept private/confidential while decisions about action/s are open and accountable.

POLICY

All Kooweerup Regional Health Service patients/residents and staff have the right to lodge a complaint either in person or through a representative. All complaints will be seen as opportunities to review and improve services at Kooweerup Regional Health Service.

All complaints to be recorded (refer Compliments/Concerns Form).

Complaints will be treated confidentially and patients/residents will not be discriminated against if they complain.

It is the Chief Executive Officer/Director of Nursing's responsibilities to take formal action in relation to complaints on behalf of the Facility and in case of media reports. He/she will report any major areas of concern to the Board.

The Chief Executive Officer/Director of Nursing is to maintain the file of all complaints.

Complaints can be advised in various ways such as:

- Verbal (from patient, resident, visitor, relative).
- Letter (addressed to staff member, Supervisor, Chief Executive Officer/Director of Nursing), or Board).
- Telephone (to staff member, Supervisor, Chief Executive Officer/Director of Nursing).
- Media (seen or heard by staff member, or referred).

On receipt of any of the above or through any other source, staff are to complete a Compliments/Concerns Form (copy attached) and forward it, if appropriate, through their Supervisor or Head of Department to:

- Chief Executive Officer/Director of Nursing.

Staff are to, as far is practicable, complete the details required on the Compliments/Concerns Form including attaching any letters or articles relating to the complaint.

It is the Chief Executive Officer/Director of Nursing's responsibility to take firm action in relation to complaints and respond on behalf of the Facility, except in the case of media, the Chairperson of the Board or the Chief Executive Officer/Director of Nursing will respond.

The Chief Executive Officer/Director of Nursing will report any major areas of concern to the Board.

If a staff member has a complaint/concern in relation to the CEO/DON and they do not feel comfortable raising the issue directly with her/him, then the staff member should contact the Chairperson of the Board in writing. The contact details are P.O. Box 53, Kooweerup, Vic, 3981 marked "Private and Confidential". All matters will remain confidential as per Facility Policy.

On completion of the necessary action by the Chief Executive Officer/Director of Nursing the Compliments/Concerns Form with a summary of action taken is filed in the Compliments/Concerns folder. The Quality Co-Ordinator will review the Compliments/Concerns on an annual basis and provide a report on outcomes for the year and a comparison of previous years results. This report will be tabled at the Heads of Department and Board Meetings closest to the date report received.

PROCEDURE FOR HANDLING COMPLAINTS

Informal Complaints

The steps involved in complaint handling are as follows:

- Step 1 Assessment.
- Step 2 Information gathering.
- Step 3 Resolution/Outcome.
- Step 4 Implementation – ensure that the outcome is clearly communicated to the consumer, staff and management and Quality Improvement System.

What to do when receiving a complaint:

- Introduce yourself.
- Listen carefully to determine the problem.
- Try to see things from complainant's point of view.
- Clarify anything you are not sure about.
- Work out jointly with the complainant what needs to be done to deal with their problem and follow it up.
- Thank the person for their feedback.
- Tell them what will happen next.
- Discuss the complaint with Head of Department if uncertain about how to proceed.
- Record the details on Compliments/Concerns Form and its outcome (if achieved) on the Compliments/Concern Form and forward it to the Chief Executive Officer/Director of Nursing with actions taken.
- Ensure the complainant is satisfied with the resolution. If not, the matter should be treated as a formal complaint.

What not to do when receiving a complaint:

- Be defensive or take it personally.
- Blame others.
- Make assumptions without checking your facts.
- Argue with the consumer.
- Be dismissive – it takes courage to complain.

Difficult situations:

- Remain polite and respectful.
- Focus on the issue at hand, rather than the personalities.
- Take time to understand what the problem is – there may be an easy solution.

- Be prepared to listen, without getting caught up in the emotions – the person wants to be heard.
- Be patient.
- Provide information or an expression of regret as appropriate.
- Ask another staff member for help, if necessary.

Formal Complaints

All written complaints must be forwarded to the Chief Executive Officer/Director of Nursing as soon as they are received.

Chief Executive Officer/Director of Nursing will acknowledge the complaint in writing within fourteen business days of receipt.

Chief Executive Officer/Director of Nursing may resolve the complaint using the following guidelines:-

- Referring the complainant back to the treating staff for further discussion of the problem.
- Mediating discussion between complainant and relevant staff.
- Obtain a written response from treating staff to complaint (for Chief Executive Officer/Director of Nursing reference only).
- Undertake relevant investigation of the complainant. Once investigation is completed, Chief Executive Officer/Director of Nursing will ensure complainant is informed of the outcome in writing
- Complaint to be filed in Compliments/Concerns Folder, tabled at Board, Occupational Health and Safety Committee and to relevant Department Head if applicable.

External Complaints

These are complaints that are unresolved by the organisation. They need to be referred on to external bodies or Insurers to deal with. Also, some complaints first come to the organisation from either The Aged Care Complaints Commissioner or Aged Care Complaints Investigation Scheme.

Complainants who remain dissatisfied will be referred to The Aged Care Complaints Commissioner.

HEALTH SERVICES COMMISSIONER (H.S.C.) - ACUTE

If a complaint is received directly by the H.S.C., they will contact us. We have 14 days in which to investigate and respond.

The H.S.C. will assess the complaint to decide whether it is suitable for conciliation, referral elsewhere or investigation; they have 28 days to do this.

A 28 day extension can be granted by H.S.C., but only where a complaint is unduly complex or is close to resolution.

Due to changes in the Freedom of Information Act H.S.C. will refer more complaints into conciliation at an earlier date than in the past.

THE AGED CARE COMPLAINTS COMMISSIONER

The Aged Care Complaints Commissioner holds a statutory appointment and is independent of the Department of Health and Ageing and the Australian Aged Care Quality Agency.

The Aged Care Complaints Commissioner will:

- Conduct reviews of examinable decisions.
- Conduct own motion investigations.
- Conduct investigations into complaints about the Australian Aged Care Quality Agency regarding its responsibilities under the Accreditation Grant Principles, including the conduct of a person carrying out an audit, or making a support contact.
- Provide advice to the Minister for Ageing upon request.

The Aged Care Complaints Commissioner will not:

- Have the power to examine complaints about the merits of decisions made by the Australian Aged Care Quality Agency – these are still subject to review by the Administrative Appeals Tribunal.

Further information or how to make a complaint about the operation of the Aged Care Complaints Investigation Scheme contact:

Telephone: 1800 550 552 (free call).

Website: agedcarecomplaints.govspace.gov.au

Address: Aged Care Complaints Commissioner
GPO Box 9848,
Melbourne Vic 8003

AGED CARE COMPLAINTS SCHEME – AGED CARE

The Aged Care Complaints Scheme (within the Australian Government Department of Health and Ageing) is responsible for the new Aged Care Complaints Scheme.

The Scheme can only assist with concerns relation to a service provider's responsibilities under the Aged Care Act 1997 (the Act) or under their contractual funding agreements with the Australian Government.

The types of complaints the Scheme can help with include:

- Abuse.
- Quality of health and personal care.
- The care environment.
- Personal security of care recipients and staff.
- Variety or quality of food being offered.
- KRHS's internal complaints process.
- Choice of activities.
- Staffing and levels of staff qualifications; and
- Laundry services.

The Scheme is unable to:

- Provide legal advice.
 - Advise who can make financial or health related decisions for the care recipient; and
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- Address industrial matters such as wages or employment conditions.

A complaint may be received by the Aged Care Complaints Scheme, if this occurs a representative will contact the Facility and request a meeting. The matter will be fully investigated and following review with Aged Care Complaints we will be notified of outcome (refer Resident/Relative Complaint Flow Chart – Leadership and Management Section of Policies and Procedures – is before this Policy).

A written response is to be given to the Aged care Complaints Commissioner within 14 days after receiving a notice of intention (or in the timeframe specified in the Commissioner's notice). [section 4&15 Complaints Principles 2015(cth)]

The Aged Care Complaints Scheme has translated its new brochure and poster into 17 languages older Australians are most likely to speak: Italian, Greek, Chinese, Polish, German, Croating, Vietnamese, Russian, Arabic, Dutch, Serbian, Maltese, Macedonian, Spanish, Hungarian, Tagalog and Turkish. Brochures can be accessed and ordered through their website: agedcarecomplaints.gov.space.gov.au. General contact is at: agedcomplaintscomms@health.gov.au.

Discussion of complaints at Board Meetings and Heads of Department Committee is purely to address matters for improvement. This will be done in a confidential way without naming staff/patients/relatives involved.

OTHER BODIES WHO MAY BE INVOLVED IN COMPLAINT

- Coroner – in case of a reportable death, i.e. fall.
- Professional Registration Body, i.e. AHPRA, Medical Practitioners Board.
- Medical Defense Organisation.
- Health Providers Insurer or Legal Advisor.
- Aged Care Commissioner.

OPEN DISCLOSURE

- Refer Open Disclosure Policy under Leadership and Management Section of Policies and Procedures.

DESIRED OUTCOME

Effective reporting and handling of all complaints will result in improvement in patient/resident outcomes.

RELEVANT DOCUMENTATION

- **HEALTH SERVICES LIASON ASSOCIATION** Every Complaint is an Opportunity, Guidelines for Hospitals in the Management of Complaints.
- **AGED CARE AMENDMENT (Security and Protection) ACT 2007 (Commonwealth).**
- **HEALTH SERVICES COMMISSIONER** Complaints Brochure.
- **EQUAL OPPORTUNITY COMMISSION** - External Complaint Flow Chart.
- **HEALTH SERVICES (Conciliation and Review) Act 1987.**
- **DEPARTMENT OF HEALTH AND AGEING MAILFAX RE: AGED CARE COMPLAINTS SCHEME TRANSLATED MATERIALS, JANUARY, 2012.**
- **AGED CARE COMPLAINTS SCHEME – JANUARY, 2016.**

RELEVANT STANDARDS

- A.C.H.S. EQulP National Standards 1, 2, 15.
 - Aged Care Standards 1.6, 2.2.
 - **Section 4&15 Complaints Principles 2015(cth)**
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AUTHORISED BY:

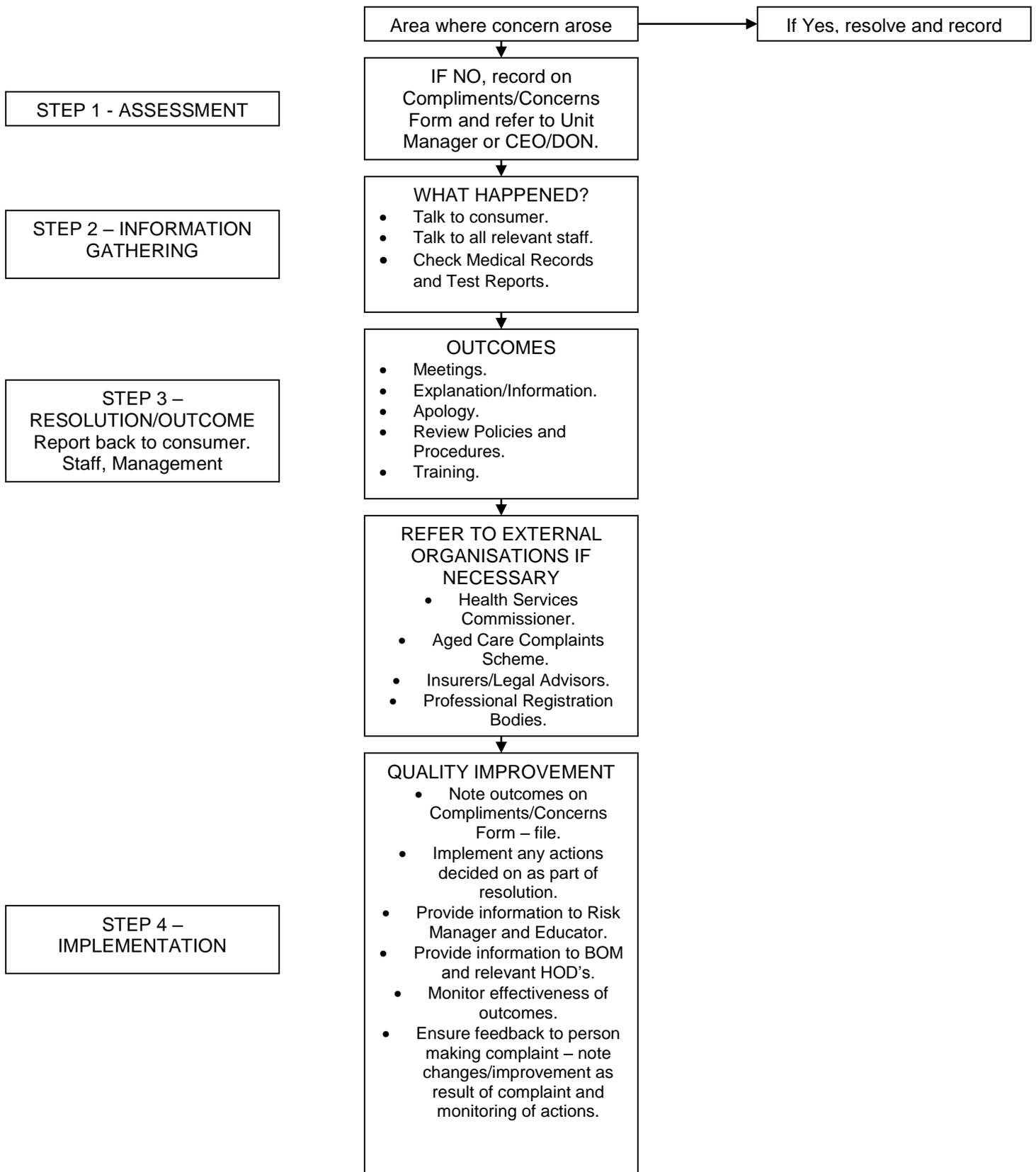
C.E.O./D.O.N.

COMPLIMENTS/CONCERNS FORM

NAME OF PERSON MAKING COMPLIMENT/CONCERN:		
	DATE:	/ /
TELEPHONE NO.:		
DESCRIPTION OF COMPLIMENT/CONCERN:		
This section to be completed by Head of Department		
ACTION TAKEN:		
OUTCOME:		
Please forward form to CEO/DON for further action or filing.		
THIS SECTION TO BE COMPLETED BY CEO/DON		
ACTION TAKEN:		
Satisfactory Outcome:	Circle:	YES/NO
Signature:	CEO/DON	Date:
THIS SECTION TO BE RETURNED TO PERSON MAKING COMPLIMENT/CONCERN BY CEO/DON		
ACTION TAKEN:		
OUTCOME:		

REVIEWED: January, 2016

FLOW CHART FOR DEALING WITH COMPLAINTS



Reviewed: January, 2016

