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Western Australian

Complaint Management Policy

Driving Quality Improvement by Effective Complaints Management

SAFETY & QUALITY
WESTERN AUSTRALIA

Department of Health
Government of Western Australia

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The Health Complaints Coordinators Network of Western Australia (HCCN WA) together with the Office of Safety and Quality in Health Care (OSQH), Department of Health, acknowledges the expertise and input of those individuals who contributed into the development of the Western Australian Health Complaint Management Policy: Driving Quality Improvement by Effective Complaints Management (Information Series No.6).

Members of the HCCN together with the OSQH reviewed the policy in line with the Australian Council for Safety and Quality in Health Care's Better Practice Guidelines on Complaints Management for Health Care Services, which were released in July 2004.

A working party has sought feedback from the metropolitan, rural and remote health services incorporating their changes accordingly. The HCCN acknowledges and appreciates work from all groups that contributed to the reviewing of the Policy and in particular the HCCN would like to recognise the working party for their commitment to reviewing this Policy.

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1. INTRODUCTION

In July 2003, a revised *Western Australian Health Complaint Management Policy: Driving Quality improvement by Effective Complaints Management* was implemented in the Western Australian (WA) health system following consultation with both health providers and clients. Following the implementation of the *WA Health Complaint Management Policy*, most public health services across the metropolitan area have developed modified complaints management policies that set out the procedures that are to be followed by health service staff when a complaint, verbal or written, is received from an external customer of the health service.

In 2003 the Australian Council for Safety and Quality in Health Care ('the ACSQHC') commissioned the New South Wales Health Care Complaints Commission to oversee the *Turning Wrongs into Rights: Learning from Consumer Reported Incidents* project, to promote better practice in complaints management by Australian health care services, with a focus on using complaints to improve safety and quality. The resulting *Better Practice Guidelines on Complaints Management for Health Care Services* were released in July 2004.

Members of the Health Complaint Coordinators Network (HCCN) together with the Office of Safety and Quality in Health Care (OSQH) have reviewed the *Western Australian Health Complaint Management Policy* ('the Policy') to ensure that it is in line with the Australian Standard on Complaints Handling (AS 4269) and the ACSQHC's *Better Practice Guidelines on Complaint Management for Health Care Services.*

It is important to note that the Policy does not seek to apportion blame, but requires improvement through appropriate action. Ideally a partnership between hospitals, health services and patients/clients will develop with the common aim of improving the safety and quality of health care services in WA. The policy recognises:

- the health rights of patients/clients;
- the right of patients/clients to complain and to receive appropriate and easily understood information regarding the complaint process;
- that complaints lead to improvements in the safety and quality of health services;
- the importance of an open and accessible complaint management process to patients/clients of health services;
- the importance of public recognition of the complaint management process. The complaint process in each health service should be promoted to patients/clients in a transparent standardised way, so that the complaint management pathway for patients/clients can be negotiated with ease;
- that this complaint management procedure is bound by a legal framework which may impose restrictions and obligations on all the parties involved:
  - *Carers Recognition Act 2004;*
  - *Equal Opportunity Act 1984;*
  - *Freedom of Information Act (FOI) 1992;*
  - *Hospitals and Health Service Act 1927;*
  - *Mental Health Act 1996;* and
- that there are a number of complaint agencies external to health services available for patients/clients including:
  - the Office of Health Review,
  - professional registration boards; and
  - the Ombudsman's Office.

These organisations may initiate direct contact with the health service provider.

It is important to note that the Policy was developed to promote best practice in complaint management by WA health services. The policy is part of a larger quality improvement system that includes clinical incident reporting, investigation and management systems, risk management and medico-legal claims.

The Policy contains a number of supplementary guidelines as appendices. These guidelines are provided to assist health services to develop and implement complaint management policies and procedures that are suitable for the local health care environment.

2. DEFINITIONS

2.1 ADVERSE EVENT

An incident in which harm resulted to a patient/client receiving health care. Harm includes death, disease, injury, suffering and/or disability.[1]

2.2 APOLOGY

A sincere expression of regret for any harm or inconvenience that the patient/client perceives may have resulted from a service provided by a health service. An apology does not denote liability.

2.3 ASSAULT

A person who strikes, touches, moves, or otherwise applies force of any kind to the person of another, either directly or indirectly, without his consent, or with his consent if the consent is obtained by fraud, or who by any bodily act or gesture attempts or threatens to apply force of any kind to the person of another without his consent, under such circumstances that the person making the attempt or threat has actually or apparently a present ability to effect his purpose, is said to assault that other person, and the act is called an assault.[2]

2.4 CARER

For the purposes of complying with the 'Carers Recognition Act 2004', the definition of a Carer is provided in the Section 14.2 on Page 16.

1 Australian Council for Safety and Quality in Health Care

2 Section 222 of the WA Criminal Code

2.5 CLINICIAN

For the purposes of this document, clinician refers to all health professionals providing clinical care, including doctors, nurses and allied health professionals.

2.6 COMPLAINT

2.6.1 An expression of dissatisfaction by or on behalf of an individual patient/client regarding any aspect of a service provided by a health service.

2.6.2 A complaint can be made verbally or in writing. Verbal complaints should be documented immediately by the staff member who received the complaint.

2.7 COMPLAINANT

A person who makes a complaint regarding any aspect of a service provided by a health service.

2.8 CONCERN

Feedback from patients/clients regarding any aspect of service where they state:

2.8.1 they are not making a complaint; or

2.8.2 where the issue can be resolved by the provision of explanation of processes.

An expression of concern should be noted and action taken documented as part of the quality improvement or risk management process appropriate to the circumstances. A concern should not be logged onto the complaint database.

2.9 DISABILITY

Disability refers to impairment:

(a) which is attributable to an intellectual, psychiatric, cognitive, neurological, sensory, or physical impairment or a combination of those impairments;

(b) which is permanent or likely to be permanent;

(c) which may or may not be of a chronic or episodic nature; and

(d) which results in:

(i) a substantially reduced capacity of the person for communication, social interaction, learning or mobility; and

(ii) a need for continuing support services.

2.10 DISCLOSURE

Providing patients'/clients' important information regarding their clinical care or condition, which affects or has the potential to affect their wellbeing. This includes communicating information regarding the results of tests, treatments or interventions.

2.11 INCIDENT

A health care incident is an event or circumstance which could have, or did lead to unintended and/or unnecessary harm to a patient/client, and/or a complaint, loss or damage.[3]

2.12 OPEN DISCLOSURE

The Australian Council for Safety and Quality Health Care's *Open Disclosure Standard (2003)* defines open disclosure as the open discussion of incidents that result in harm to a patient while receiving health care.

The elements of open disclosure are: an expression of regret, a factual explanation of what happened, the potential consequences of the incident, and the steps taken to manage the event and prevent recurrence.

Health service staff should seek guidance from the health service's executive before implementing open disclosure procedures.

2.13 PATIENTS/CLIENTS

In regard to this policy, patient/client may include the following:

- patients;
- clients;
- carers;
- relatives;
- friends;
- visitors;
- health professionals external to the organisation;
- suppliers; and
- other concerned individuals, agencies or groups.

2.14 PROVIDER OR HEALTH SERVICE

Any person(s) or health service providing a service to a patient/client.

2.15 SENTINEL EVENT

Sentinel events are rare events that lead to catastrophic patient outcomes. The Australian Council of Safety and Quality and the Department of Health (WA) have endorsed a national list of sentinel events:

- procedures involving the wrong patient or body part;
- suicide of a patient in an inpatient unit. (Under the Mental Health Act, Mental Health services are required to report to the Chief Psychiatrist episodes of unexpected death. See Operational Circular OP 1646/03 for further information);
- retained instruments or other material after surgery requiring re-operation or further surgical procedure;
- intravascular gas embolism resulting in death or neurological damage;
- haemolytic blood transfusion reaction resulting from ABO incompatibility;
- medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs;
- maternal death or serious morbidity associated with labour or delivery;
- infant discharged to wrong family or infant abduction; and

3 Australian Council for Safety and Quality in Health Care

- other catastrophic event resulting in serious patient harm or patient death.

2.16 UMRN

Unit Medical Record Number

3. PRINCIPLES

Broadly speaking the principles that underpin the complaint management process are:

3.1 rights and responsibilities of patients/clients;

3.2 promotion and transparency;

3.3 organisational commitment to effective complaint management;

3.4 fairness and accountability;

3.5 timeliness of response;

3.6 making the complaints process accessible to patients/clients;

3.7 continuous service improvement; and

3.8 privacy and open disclosure.

3.1 RIGHTS AND RESPONSIBILITIES OF PATIENTS/CLIENTS

Patients/clients can expect to:

3.1.1 be treated with respect, dignity and consideration for their privacy;

3.1.2 have complaints treated as genuine and properly investigated;

3.1.3 be given appropriate and easily understood information regarding the complaint process;

3.1.4 be asked what outcome they are seeking from the complaint, to inform resolution;

3.1.5 have their complaint issues adequately addressed;

3.1.6 participate in decisions about the management of their complaint;

3.1.7 have information about their complaint filed separately from their health record;

3.1.8 have personal information remain confidential within the complaint management process;

3.1.9 be able to comment on the progress of the complaint management process;

3.1.10 have their comments regarding their experience of the complaint process respected, documented and acted upon; and

3.1.11 not experience any negative impact as a result of making a complaint.

Patients/clients are expected to:

3.1.12 provide pertinent information to the health service staff regarding the issue of complaint;

3.1.13 respect the role of health service staff and their right to respond to a complaint;

3.1.14 treat all health service staff with courtesy and consideration;

3.1.15 ask for assistance and further information when unsure about information provided to them regarding the complaint management process;

3.1.16 keep scheduled appointments, bringing relevant documents and information; and

3.1.17 raise any concerns about the complaint management process with the health service staff as soon as possible.

3.2 PROMOTION AND TRANSPARENCY

The health service shall demonstrate commitment to promotion and transparency by:

3.2.1 publicising and promoting information on how patients/clients can lodge a complaint and acknowledging the patient's/client's right to complain;

3.2.2 providing information to patients/clients and staff in a format that they can understand, and providing further explanation of this information when requested;

3.2.3 operating a complaint management process in an environment that recognises the importance of openness, accountability and service improvement and provides just outcomes depending on what is appropriate in the particular circumstance;

3.2.4 receiving and accepting complaints and providing opportunities for patients/clients to provide feedback about their service;

3.2.5 assessing all complaints against a risk assessment criteria to determine the level of risk and appropriate response;

3.2.6 assessing all complaints to decide the most appropriate complaint resolution process, taking into account the seriousness, complexity and the wishes of the complainant;

3.2.7 recognising that details of a complaint may be accessible by all parties under the *Freedom of Information Act 1992 (FOI)*; and

3.2.8 providing quarterly summary reports of their complaints, outcomes and quality improvement activities to community advisory councils.

3.3 ORGANISATIONAL COMMITMENT TO EFFECTIVE COMPLAINT MANAGEMENT

The health service shall demonstrate their commitment to appropriate management of complaints regarding health care by:

3.3.1 providing sufficient human and material resources to ensure all complaints are adequately managed, investigated and reported to senior management;

3.3.2 assigning to all managers the responsibility for effective complaint management;

3.3.3 developing and implementing a defined complaint management process;

3.3.4 managing the complaint resolution process within negotiated time frames;

3.3.5 making available clearly defined information systems and ongoing training and educational resources to enable health service staff to manage complaints;

3.3.6 providing support processes for health service staff dealing with complaints; and

3.3.7 having a policy on informed consent and effective communication with patients/clients, which is understood by staff and patients/clients.

3.4 FAIRNESS AND ACCOUNTABILITY

Consistent with the principle of fairness, accountability and the rights and responsibilities of patients/clients, all complaints are treated as legitimate and investigated without prejudice. Patients/clients can withdraw their involvement with a complaint at any stage.

The complaint management process will ensure that:

3.4.1 the type and depth of the investigation is appropriate for each complaint, is complete and demonstrates accountability by the health service;

3.4.2 complainants are entitled to support during the complaint management process and to expect no retribution as a consequence of their complaints. Any difficulties should be referred back to the complaints coordinator charged with responsibility for the complaint management process;

3.4.3 complainants and those against whom a complaint is lodged are afforded procedural fairness and natural justice throughout the course of the investigation;

3.4.4 complaints are recorded separately from the patient's/client's health record, which is strictly limited to clinical information;

3.4.5 no entry is made in the patient's/client's health record regarding the complaint details;

3.4.6 complaint documentation is located and stored in a central location with restricted access; and

3.4.7 the health service records all complaints to enable review of individual cases, to identify trends and risks and to report on how complaints have led to systemic improvement.

3.5 TIMELINESS OF RESPONSE

The health service shall demonstrate commitment to the resolution of complaints in a timely manner by:

3.5.1 acknowledging complaints within 5 working days of receipt of the initial complaint;

3.5.2 informing the complainant of the approximate time that it will take to resolve the complaint;

3.5.3 commencing an investigation of complaints within 5 working days of receipt;

3.5.4 resolving complaints as soon as practicable in the best interest of all parties, ideally within 30 working days of receipt; and

3.5.5 advising the complainant if there is a delay and providing updates on the progress of the investigation at 15 working day intervals.

3.6 MAKING THE COMPLAINT PROCESS ACCESSIBLE TO PATIENTS/CLIENTS

The health service shall demonstrate commitment to the delivery of safe, high quality health care by encouraging all patients/clients to provide feedback on the safety and quality of health services, including concerns and complaints, by:

3.6.1 ensuring information on the health service's complaints management process is available in plain English and in a range of formats;

3.6.2 seeking feedback from patients/clients, offering a variety of ways for them to raise concerns and complaints;

3.6.3 providing for complaints to be made anonymously;

3.6.4 ensuring patients/clients with special needs (eg disability, elderly, remote, indigenous, culturally and linguistically diverse) are provided with appropriate information and/or assistance in making a complaint;

3.6.5 offering assistance/support to the complainant in making a complaint;

3.6.6 encouraging complainants to bring a family member/support person to any meetings with health service staff;

3.6.7 providing confirmation of the receipt of a verbal complaint and providing a written summary of the complaint to the complainant; and

3.6.8 providing assistance to enable staff to complete a report in response to a complaint and to provide advice on accessing counselling/debriefing services as necessary.

3.7 CONTINUOUS SERVICE IMPROVEMENT

The health service uses complaints to improve the quality and safety of its health care and regularly evaluates the complaint management policy and practices. This includes:

3.7.1 ensuring rapid and effective notification to senior management of all complaints with significant or severe risk, with an action plan and review process to ensure that action has been taken;

3.7.2 regularly evaluating its policies and practices on complaints to determine effectiveness and making improvements;

3.7.3 monitoring whether complainants are satisfied with the complaint resolution process and the explanation or other outcome given;

3.7.4 regularly auditing the complaint management system against predetermined criteria; and

3.7.5 involving patient/clients and staff in the design and evaluation of the complaint management system.

3.8 PRIVACY AND OPEN DISCLOSURE

The health service recognises that patients'/clients' have a right to have their complaints regarding the health service investigated and resolved in a fair, transparent and confidential manner. Accordingly, the health service will establish policies and procedures to ensure that relevant facts and decisions are communicated openly and the privacy of personal information is protected throughout the complaint management process. The health service will ensure that:

3.8.1 documented policies and procedures on privacy and open disclosure are understood by staff;

3.8.2 complainants are informed about how their personal information is likely to be used at the time a complaint is first acknowledged;

3.8.3 complaint records are collected and stored separately, ensuring that any identifiable information about the complainant is used only for the purpose of complaint resolution; and

3.8.4 complainants, clinicians and staff involved in a complaint are provided with the known facts, a summary of the factors contributing to the complaint, information on action to be taken and how changes will be monitored.

It is noted that any information or documents provided to and generated by the health service during the complaint management process may be subject to the statutory requirements of the FOI Act 1992.

4. QUALITY IMPROVEMENT PRINCIPLES

Health services are required to provide a safe and quality health care service, which is consistently evaluated through continuous quality improvement processes and systems to ensure that it meets patient/client requirements.

The following quality principles demonstrate a commitment to best practice and guide the application of strategic initiatives at the local service level. These principles are articulated as:

Access to health services that are committed to the application of best practice approaches to the provision of patient/client care. This is provided on a needs basis, regardless of sex, marital status, pregnancy, family responsibility or family status, race, religious or political

conviction, impairment, age or gender history.[4] Health services are also committed to the provision of readily accessible client health information.

Efficiency and Effectiveness of service provision. Health services are committed to the rational use of resources as well as the attainment of stated outcomes.

Reproducibility of clinical care that is evidence based, meets minimum standards and has the potential of being reproduced in other comparable settings.

Safety of patients/clients and staff are a major objective of health services. There is a commitment to risk management, which facilitates a proactive approach to maintain safety and prevent adverse incidents.

Appropriateness of care tailored to meet individual needs. Health services are committed to the provision of clinical care identified as beneficial and relevant for the individual.

Participation of Patients/Clients/Providers/ Employees, to ensure that health services are aware of their needs and modify and develop services accordingly. Health services are committed to strengthening pathways for patients/clients and people with special needs to influence areas of health services planning, delivery, monitoring and evaluation.

These quality principles promote and support accountability and the use of de-identified complaint information for the continual review and improvement of services offered across the WA public health system.

5. COMPLAINT MANAGEMENT PROCESS

The complaint management process allows the health service to use patient/client feedback to increase satisfaction and to make improvements through:

5.1 accountability by health service;

5.2 management of complaints;

5.3 data collection and analysis;

5.4 risk management of potential problems;

5.5 addressing systemic and recurring problems; and

5.6 review of the complaint management process and data collection.

5.1 ACCOUNTABILITY BY HEALTH SERVICE

All health services shall have a culture of accountability that includes:

5.1.1 management/senior staff having responsibility for effective complaint handling, which includes:

5.1.1.1 providing appropriate complaint management training to staff;

5.1.1.2 developing, monitoring and reporting performance criteria for complaint handling;

5.1.1.3 reviewing local complaint management processes on an annual basis, including information on action taken in response to complaints; and

5.1.1.4 demonstrating pro-active approach to patients/clients and staff feedback.

5.1.2 each staff member accepting responsibility for safety and quality, including complaints.

5.2 MANAGEMENT OF COMPLAINTS

The complaint management process operates within frameworks of natural justice and confidentiality. The following complaint management processes are to be established within each health service:

4 Part IX of the Equal Opportunity Act (WA) 1984, as amended, which relates to Equal Opportunity in Public Employment.

5.2.1 A complaint investigation procedure (see Appendices 3 and 3a)

5.2.2 A central point of coordination to:

5.2.2.1 register the complaint;

5.2.2.2 manage the complaint process including:

- acknowledging receipt of the complaint within 5 working days;
- providing patients/clients with information on the investigation process;
- providing patients/clients with direct contact information;
- providing a final written response to the complainant within 30 working days of receipt of the complaint, including:
  - information relevant to the complaint;
  - explanation of the event(s);
  - adequate reasons for any decisions made;
  - any changes that have resulted from the complaint;
  - provision of an apology as appropriate;
  - information to enable the complainant to contact the health service's complaint coordinator;
  - information on where to seek an independent review of complaint eg OHR; and
  - an acknowledgment of thanks to the patient/client for their feedback.
  - A complainant's request for a phone or a face to face type response instead of a written response should be noted in complaint file including date and time of that request.

5.2.3 if pending, provide feedback to the complainant at 15 working day intervals advising the status of the complaint investigation procedure and negotiate a timeframe for the final response.

5.3 DATA COLLECTION AND ANALYSIS

An effective complaint management process requires appropriate systematic recording of complaints and their outcomes. When considering the data collection and analysis system to be implemented by a health service, issues to be included are:

5.3.1 the number and type of complaints received;

5.3.2 the type of services or practices about which complaints are made;

5.3.3 response time against defined parameters;

5.3.4 demographic details eg name, age, gender;

5.3.5 demographic analysis (people, service, department and organisation);

5.3.6 referral source of the complaint;

5.3.7 resources;

5.3.8 action planned or taken including remedies/determinants/ results;

5.3.9 trend analysis of complaint issues; and

5.3.10 system changes and outcomes introduced as a result of a complaint.

5.4 RISK MANAGEMENT OF POTENTIAL PROBLEMS

Complaints may be an early warning system to identify opportunities for systemic improvement, thereby minimising the risk of recurrence of the incident for patients/clients.

The early identification of individual complaints of a serious nature or with a potential for escalation should therefore be the foremost concern for a health service's risk management program. Please refer to Appendices 3 and 3a and the Risk Assessment Matrix (Appendix 6) for guidance in determining which complaints require further investigation and process improvement through a risk management or quality improvement activity.

Additional information is available from the Department of Health's *Health Risk Management Framework and Health Risk Management General Procedures Manual*[5] and *Clinical Risk Management Guidelines for Western Australian Health Services.*[6]

5.5 ADDRESSING SYSTEMIC AND RECURRING PROBLEMS

Health services are required to classify and analyse complaints to facilitate the identification and regular reporting of systemic and recurring problems. Aggregated data highlighting systemic issues can be used by the health service to:

5.5.1 demonstrate commitment to using patient/client feedback to change practice;

5.5.2 assess the performance of the service provided;

5.5.3 change organisational practices and procedures;

5.5.4 redesign care and services;

5.5.5 identify potential problems;

5.5.6 provide staff with feedback on changes in care and service delivery; and

5.5.7 continually reassess patient/client needs

To assist with this process all complaints are to be categorised according to the categories listed in Appendices 3 and 3a of this policy.

6. STAFF COMPLAINTS

Staff may use this complaint management process when complaining on behalf of the patient/client. This should be done with the knowledge and consent of the patient/client.

Staff complaints about other staff are not to be addressed under this policy, but should be addressed through the health service's normal management/grievance processes.

7. ACCIDENTS, INCIDENTS, ADVERSE EVENTS AND SENTINEL EVENTS

Accidents, incidents, adverse events and sentinel events may become the subject of a complaint. It is important to note that the management of complaints about accidents, adverse events, clinical incidents and sentinel events should follow the health service's normal complaint management process. In addition, incidents, adverse events and sentinel events may be notifiable to several reporting bodies and are not mutually exclusive.

7.1 POTENTIAL/ACTUAL MEDICO-LEGAL CLAIMS

If the reported incident, adverse event or sentinel event has the potential to result in a medico-legal claim, the health service shall, within three working days notify:

5 *Department of Health (2005). Health Risk Management Framework and Health Risk Management General Procedures Manual*

6 *Department of Health (2005). Clinical Risk Management Guidelines for Western Australian Health Services*

- **For non-teaching hospitals:** the Department of Health, Legal and Legislative Services.
- **For teaching hospitals:** incidents occurring prior to 30/06/1997 are to be reported to State Solicitor's Office. If an incident occurred after 01/07/1997 it is to be reported to RiskCover.

Health service staff should liaise with an appropriate Departmental Head/Director of Medical Services or their delegate, and recommend that the incident or adverse event is reported to the Australian Incident Monitoring System (AIMS). A copy of the complaint management form may be appended to the AIMS incident form for the purpose of reporting the incident. Additional information documented about the incident on the AIMS form is protected by the statutory privilege of the AIMS system. The original complaint management form is still subject to FOI.

7.2 SENTINEL EVENTS

If a complaint relates to a sentinel event, health service staff should notify the local Chief Executive (CE)/Regional Director (RD)/Facility Manager (FM), or equivalent, or their delegate of the sentinel event. The CE/RD/FM or equivalent must ensure that a sentinel event notification form is completed and forwarded to the Chief Medical Officer within **7** working days of the incident occurring. Please refer to the Office of Safety and Quality in Health Care website: www.health.wa.gov.au/safetyandquality for more information.

Following notification to the local CE/RD/FM equivalent or their delegate, health service staff should liaise with an appropriate Departmental Head/Director of Medical Services or their delegate, to recommend that an AIMS reporting form is completed and forwarded to the appropriate officer.[7]

For a summary of the Sentinel Event investigation and reporting process, please refer to the Office of Safety and Quality in Health Care website at: www.health.wa.gov.au/sentinel/index.cfm.

7.2.1 REPORTING SENTINEL EVENTS TO THE CHIEF PSYCHIATRIST

Under the Mental Health Act, complaints relating to sentinel events in mental health services, including sentinel events related to suicides or episodes of unexpected death, are required to be reported to the Chief Psychiatrist within 7 working days of the event occurring. This is in addition to filling in a sentinel event notification form. Refer to Operational Circular OP 1646/03 for further information.

8. STORAGE OF COMPLAINT RECORDS

All complaints will be recorded separately from the patient's/client's health record, with the health record being strictly limited to clinical information.

Records of all complaints are to be retained for a minimum of 7 years by the health service in a central location, with restricted access for reasons of confidentiality and for monitoring and evaluation purposes. Refer to the *State Records Act (2000), State Records Principles and Standards (2002)* and the *Patient Information Retention and Disposal Schedule, Version 2, (RD1999/035)* for further information.

9. CATEGORISATION OF COMPLAINTS

It is essential that complaint data collection is compatible across a range of facilities to identify common factors in complaints about hospitals and health services and identify the opportunities for service improvement. Appendix 3(a) provides the definitions applied to the complaint "category list" and the minimum data set to be collected by health services. These definitions are designed to allow consistent classification, analysis, reporting and

7 *Department of Health. Clause 8(a) Medical Indemnity Policy – Version 2 (2004-2005): Safety and Quality Requirements*

benchmarking of complaints and to assist health services to identify and address recurring problems.

10. COMPLAINT RECORDING AND REPORTING

The process for recording and reporting complaints should include the following:

10.1 categorisation of complaint data including severity and outcomes, using the codes and definitions of the complaint categorisation list (Appendix 3);

10.2 collection, collation and reporting of complaint data using the list and definitions;

10.3 documentation of complaint data using minimum reporting fields. Additional fields may be added at the discretion of the health service to meet local needs (See Appendix 1);

10.4 recording of complaint data electronically for the purposes of aggregation and collation;

10.5 reporting complaint data, investigation outcomes, analysis of trends and system changes to:

- 10.5.1 the Chief Executive/Regional Director/Facility Manager;
- 10.5.2 departmental/health service committees where appropriate; and
- 10.5.3 community advisory councils of each health service;

10.6 communication of de-identified, aggregated data analysis of trends and outcomes to staff;

10.7 provision of regular reports to the health service executive; and

10.8 submission of performance indicators on complaint data to the Department of Health in the prescribed format (see Appendix 4).

11. COMPLIMENT RECORDING AND REPORTING

It is recognised that health services receive compliments as well as complaints. Compliments provide an opportunity for health services to utilise positive patient/client feedback to offset the perceived negative aspects of complaints and to facilitate improvements in the delivery of health cares. It is therefore recommended that health services establish formal processes to record and report compliments and other forms of patient/client feedback they receive from patients/clients.

12. PROVISION OF COMPLAINTS DATA TO THE DEPARTMENT OF HEALTH

Each health service is required to provide quarterly complaint data to the OSQH. The OSQH will collate and analyse the complaint data received from health services into an aggregated complaints report which will be forwarded to the Director General and the Chief Psychiatrist for review and discussion.

Trend analysis reports of the aggregate data will also be provided by the OSQH to health services to facilitate systemic improvement by enabling each health service to develop and implement strategies to improve the quality of service provided.

Copies of the aggregated complaints report will be provided to the WA Council for Safety and Quality in Health Care bi-annually. The bi-annual report will be made available to the public.

13. EVALUATION

13.1 REVIEW OF HEALTH SERVICE COMPLAINT MANAGEMENT PROCESSES

Health services will ensure that an evaluation of the complaint management policy and processes will be undertaken at an organisational level every 3 years. The review shall include:

- an evaluation of the policy and processes including an audit of individual complaint files;
- surveys of staff, patients/clients and complainants; and
- an assessment of the adequacy of the complaints management system.

Community advisory councils shall be involved in the evaluation of the complaint management process. The results of the evaluation of the complaint management process will be reported to the health service governance/quality committee and the community advisory council.

13.2 REVIEW OF THE WA HEALTH COMPLAINT MANAGEMENT POLICY

The *WA Health Complaint Management Policy: Driving Quality Improvement by Effective Complaints Management* shall be reviewed every 3 years by a committee that will include health complaints co-ordinators, patient/client representatives and Department of Health staff. This review will seek to ensure that complaint management processes are able to facilitate the provision of appropriate information leading to health system improvement.

14. NOTES

14.1 INVOLUNTARY ADMISSION MENTAL HEALTH ACT

Persons can be classified under Section 26 of the *Mental Health Act (1996)* as involuntary only in the following circumstances:

(1) (a) the person has a mental illness requiring treatment;

(b) the treatment can be provided through detention in an authorised hospital or through a community treatment order and is required to be so provided in order:

(i) to protect the health or safety of that person or any other person;

(ii) to protect the person from self-inflicted harm of a kind described in subsection (2); or

(iii) to prevent the person doing serious damage to any property;

(c) the person has refused or, due to the nature of the mental illness, is unable to consent to the treatment; and

(d) the treatment cannot be adequately provided in a way that would involve less restriction of the freedom of choice and movement of the person than would result from the person being an involuntary patient.

(2) The kinds of self-inflicted harm from which a person may be protected by making the person an involuntary patient are:

(a) serious financial harm;

(b) lasting or irreparable harm to any important personal relationship resulting from damage to the reputation of the person among those with whom the person has such relationships; and

(c) serious damage to the reputation of the person.

14.2 DEFINITION OF CARER UNDER CARERS RECOGNITION ACT 2004

The *'Carers Recognition Act 2004'* includes the requirement for Health Services to comply with the *Western Australian Carers Charter.* Section 4 of the Charter states that *'Complaints made by carers in relation to services that impact on them and the role of carers must be given due attention and consideration'.*

Part 5 of the Carers Recognition Act 2004 'Meaning of Carer' states:

(1) Except as provided in subsection (2), a person is a 'Carer' for the purposes of this Act if he or she is an individual who provides ongoing care or assistance to:

- (a) a person with a disability as defined in the *Disability Services Act 1993* section 3;
- (b) a person who has a chronic illness, including a mental illness as defined in the *Mental Health Act 1996* section 3;
- (c) a person who, because of frailty, requires assistance with carrying out everyday tasks; or
- (d) a person of a prescribed class.

(2) However a person is not a carer if he or she:

- a) provides the care or assistance under a contract for services (other than an agreement entered into under the *Disability Services Act 1993* section 25) or a contract of service; or
- (b) provides the care or assistance while doing community work as defined in the *Volunteers (Protection from Liability) Act 2002* section 3(1).

(3) A person is not a 'Carer' for the purposes of this Act only because:

- (a) the person is a spouse, de facto partner, parent or guardian of the person to whom the care or assistance is being provided; or
- (b) the person provides care to a child under an arrangement with the chief executive officer of the department principally assisting the Minister administering the *Child Welfare Act 1947* in the administration of that Act.

14.3 PATIENT INFORMED CONSENT

Please refer to relevant Department of Health Guidelines and Operational Circular OP 1347/00 (or as amended) on Informed Consent. Refer to: http://www.health.wa.gov.au/safetyandquality/.

14.4 FOI LEGISLATION REFERENCE

Freedom of Information Act 1992 available from the website at: http://www.foi.wa.gov.au/publications.htm

15. REFERENCES FOR POLICY AND FOR COMPLAINTS MANAGEMENT

Australian Council for Safety and Quality in Health Care (2004). Better Practice Guidelines on Complaints Management by Health Care Services

Australian Council for Safety and Quality in Health Care (2003). Open Disclosure Standard: A National Standard for Open Communication in Public and Private Hospitals, Following an Adverse Event in Health Care

Denham, J (1998). Handling Customer Complaints Turning Challenges into Opportunities. Prentice Hall Australia Pty Ltd

Department of Health (2005). Health Risk Management Framework and Health Risk Management General Procedures Manual

Department of Health (2005). Clinical Risk Management Guidelines for Western Australian Health Services (www.health.wa.gov.au/safetyandquality/)

Gober, MS (1994). The Art of Giving Quality Service. Gober and Associates International, Clarence, New York

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Health Department of Western Australia (1997). Mental Health Complaints Policy and Procedures

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National Resource Centre for Consumer Participation in Health web site http://nrccph.latrobe.edu.au accessed March 2002. The web site has an extensive list of publications available regarding consumer participation in health care

Standards Australia (1995). Australian Standard Complaints Handling AS 4269/1995.

Steele, D (1998). First Impressions Count – A Kit for Complaint Handlers. Written Guide, two videos and Reference List of complaint resource material

Videos: *First Impressions Count* (17:43) length. A Little Kindness Helps (11:20) length

Western Australia Association for Mental Health. Policy and Procedure Development Resource, CD – ROM available for purchase. Web site http://www.waamh.org.au as of 19/03/2002

16. LIST OF APPENDICES

The following appendices include a number of supplementary guidelines and forms. These guidelines are provided to assist health services to develop and implement complaint management policies and procedures that are suitable for the local health care environment.

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The following appendices are for guidance only, and are provided to assist Health Services to develop and implement complaint management policies, procedures and forms that are suitable for the local health care environment.

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APPENDIX 1

COMPLAINT MANAGEMENT - MINIMUM REPORTING FIELDS

Complainant/Contact Details	Patient/Client Details	Provider Information
1 Name	1 Name	1 Name of Health Service
2 Address and Postcode	2 Address and Postcode	2 Category of Incident
3 Phone Number Phone 1 Phone 2	3 Phone Number Phone 1 Phone 2	3 How was Complaint Made? – Verbal – Written – In Person
4 Fax Number	4 Fax Number	4 Staff Involved
5 E-mail Address	5 E-mail Address	5 Summary of Complaint
6 Relationship to Patient/Client	6 Date of Birth	6 Severity of Risk
7 Gender	7 Age	7 Initial Risk Assessment Score
8 Language other than English	8 Gender	8 Final Risk Assessment Score
9 Interpreter Required	9 UMRN	9 Patient/Client Objective
10 Interpreter Used	10 Date of Complaint	10 Action Taken
11 Date of Incident	11 Outcome/Resolution	12 Location of Incident
	13 Status – Inpatient – Involuntary – Outpatient – Community Patient – Veteran – Visitor – Public – Private – Other – Not Relevant	
	14 Disability Issue	

APPENDIX 2

GUIDELINES FOR LOGGING MENTAL HEALTH COMPLAINTS

These Guidelines are provided to assist with the consistency of reporting mental health complaints.

1. Patients who are received into an Authorised Hospital under a Form 1 *(Section 29 Mental Health Act 1996)* are detained persons and not technically involuntary patients as described by the *Mental Health Act 1996* (MH Act), until formally admitted. However for the purposes of complaint management, because they are restricted from leaving the facility, they will be logged as an 'Involuntary' patient. *(see Complaint Management Form page 43).*

2. As with general health complaints the category chosen should describe the issue/s of complaint from the complainant's perspective, not the opinion of the person entering the information. This is particularly relevant for patients who are expressing what appear to be delusional beliefs. Guiding examples include:

   2.1 Patient states: *'I am being forced to take medication and I know they are purposely sedating me with poison because I know what they are up to.'* This is essentially a complaint about consent and should be logged under category: 3.4.3 Medication given without consent.

   2.2 Patient states: *'The Police and the Shire are all working together to have me in here (as an involuntary patient) because I know about their cover up of the paedophile ring'* . This is essentially a complaint about decision making and could be logged under Category: 3 Decision making.

3. The fact that a person is receiving care in a psychiatric facility and may be an involuntary patient under the MH Act does not mean that complaints should automatically be logged under 6.7 Failure to comply with the Mental Health Act. Guiding examples include:

   3.1 The MH Act, at Sections 111 and 164 gives the patient the right of a second opinion. The category: 4.12.2 Refusal to refer patient/client for a second opinion would accurately describe the complaint.

   3.2 A patient has the right to access information under the MH Act Section 160. The most appropriate category for a complaint about access to records is category: 6.10 Barriers to accessing personal health records.

   3.3 The MH Act Section 206 is in respect of confidentiality. If a complaint is about a breach of personal information this should be logged under category 6.5 Breach of confidentiality or sub-set 6.5.1 or 6.5.2.

   3.4 Regulation 18 of the *Mental Health Regulations 1997* requires that a patient be given information about their rights (MH Act Section 156) . A complaint that rights were not given should be assigned to category 6.7.1 Failure to fulfil statutory obligations regarding provision of information about rights, documentation and involuntary status rather than say category 2.5 Inadequate Communication.

3.5 A patient who complains that they have not been provided with information and/or assistance to contact the Mental Health Review Board or Council of Official Visitors should have their complaint categorised under category: 6.7 Failure to comply with the Mental Health Act 1996.

3.6 Whilst electroconvulsive treatment (ECT) has special provisions under the MH Act it is still essentially a treatment and depending on the patient's complaint issue should be categorised as such. ie decision making issue, treatment issue or second opinion issue.

If clarification is required for the logging of mental health complaints then you may seek advice from the Office of the Chief Psychiatrist, Department of Health on 9222 4462.

APPENDIX 3

COMPLAINT CATEGORISATION LIST

ACCESS

1. **Refers to availability of services in terms of location, waiting times and other constraints that limit the service**
   - 1.1 Delay in admission or treatment
   - 1.2 Waiting list delay
   - 1.3 Non-attendance
   - 1.4 Inadequate resources/lack of service
   - 1.5 Refusal to provide services
   - 1.6 Failure to provide advice about transport options when necessary
   - 1.7 Physical access/entry
   - 1.8 Parking issues

COMMUNICATION

2. **Refers to the quality and quantity of information provided about treatment, risks and outcomes**
   - 2.1 Inadequate information about diagnostic testing, treatment procedures and risks
   - 2.2 Inadequate information on services available
   - 2.3 Misinformation or failure in communication
   - 2.4 Inadequate or inaccurate records
   - 2.5 Inadequate communication
   - 2.6 Inappropriate verbal/non verbal communication
   - 2.7 Failure to listen to patient/client/carer/family

DECISION MAKING

3. **Refers to the consultation with the patient/client in the decision making process**
   - 3.1 Failure to consult patient/client
   - 3.2 Public/private choice
   - 3.3 Consent not informed
   - 3.4 Consent not obtained
   - 3.5 Consent invalid

QUALITY OF CLINICAL CARE

4. **Refers to assessment, diagnosis, planning, implementation and evaluation of clinical care by any health professional**
   - 4.1 Inadequate assessment
   - 4.2 Inadequate treatment/therapy
   - 4.3 Poor co-ordination of treatment
   - 4.4 Failure to provide safe environment
   - 4.5 Pain issues
   - 4.6 Medication issues
   - 4.7 Post surgery complications
   - 4.8 Post procedure complications
   - 4.9 Inadequate infection control
   - 4.10 Patient's/client's test results not followed up
   - 4.11 Discharge or transfer arrangements
   - 4.12 Refusal to refer or assist to obtain a second opinion

COSTS

5. **Refers to issues about costs and fee structures**
   - 5.1 Inadequate information about costs
   - 5.2 Unsatisfactory billing practice
   - 5.3 Amount charged
   - 5.4 Over-servicing
   - 5.5 Private health insurance
   - 5.6 Lost property
   - 5.7 Responsibility for costs and resourcing

RIGHTS, RESPECT AND DIGNITY

6. **Refers to the patient/client's legislated human and health care rights**
   - 6.1 Patient/client rights
   - 6.2 Inconsiderate service/lack of courtesy
   - 6.3 Absence of caring

- 6.4 Failure to ensure privacy
- 6.5 Breach of confidentiality
- 6.6 Discrimination
- 6.7 Failure to comply with the requirements of the Mental Health Act (1996)
- 6.8 Translating and interpreting service problems
- 6.9 Certificate or report problem
- 6.10 Barriers to accessing personal health records

GRIEVANCES

7. Refers to the individual's rights to have timely and fair management of complaint

- 7.1 Response to a complaint
- 7.2 Reprisal following a complaint

CORPORATE SERVICES

8. Corporate issues resulting in complaint

- 8.1 Administrative actions of a health service
- 8.2 Catering
- 8.3 Physical surroundings/environment
- 8.4 Security
- 8.5 Cleaning – inadequate provision and maintenance of a clean environment
- 8.6 Fraud/illegal practice of financial nature

PROFESSIONAL CONDUCT

9. Refers to alleged unethical and alleged illegal practices

- 9.1 Inaccuracy of records
- 9.2 Illegal practices – any illegal practices eg abortion, sterilization or euthanasia
- 9.3 Physical or mental impairment of health professional
- 9.4 Sexual impropriety – behaviour that is sexually demeaning to a patient/client including comments and gestures
- 9.5 Sexual misconduct
- 9.6 Aggression/assault
- 9.7 Unprofessional behaviour eg loud, noisy language, swearing, inappropriate comments or gestures

SEVERITY OF THE COMPLAINT

Refers to the seriousness of the complaint and the potential for loss or damage

The identification, analysis and management of risks is a core requirement of *Treasurer's Instruction (TI) 825: Risk Management and Security*[8]. A copy of the Department of Health's risk assessment matrix has been provided in Page 45 of this Policy to assist health services to evaluate the seriousness of a complaint and potential level of risk to the health service and to future patients/clients.

PATIENT/CLIENT OBJECTIVE – WHAT DOES THE COMPLAINANT WANT TO HAPPEN?

Refers to what the complainant feels should happen

1. Register their concern. The complainant wishes to bring the issue to the notice of the health service but may or may not want an ongoing involvement
2. The complainant does not want a reply but still wants action
3. Receive an explanation. The complainant wishes an investigation and explanation of why something occurred
4. Obtain an apology. The complainant believes there has been wrongdoing and they are entitled to an apology:
   - 4.1 Apology from the health service
   - 4.2 Apology from staff member involved
5. Obtain a refund/compensation:
   - 5.1 Obtain a refund for costs incurred as a result of the incident

8 *Formerly Treasurer's Instruction (TI) 109: Risk Management*

5.2 Obtain compensation for damage or loss (financial, material or personal).

6. Access to service. The complainant expects the service previously sought to be received
7. Change in policy/practice/procedure(s)
8. The health service will accept and acknowledge its responsibility for the complaint

   8.1 The health service will confirm that a staff member has been counselled about the behaviour that was the subject of a complaint and action taken.

OUTCOME/RESOLUTION MECHANISM FOR THE COMPLAINT ISSUE

Refers to the outcome and/or resolution of the complaint issue/s for the complainant

1. Concern registered
2. Explanation provided
3. Apology provided
   3.1 Apology from health service
   3.2 Apology from staff member involved
4. Costs refunded
   4.1 Costs refunded
   4.2 Compensation received
5. Services provided
6. Change in practice/procedure effected
7. Policy change effected
8. The Health Service will accept and acknowledge responsibility for complaint
   8.1 Staff member/contractor/volunteer/student counselled and/or offered performance support, in accordance with health service policy

RECOMMENDATION/ACTION TAKEN AS A RESULT OF THIS COMPLAINT

This section demonstrates that a response was documented as a result of the complaint. If no further action was required a conscious decision was made about the recommendation or action that the Health Service would take:

1. Recommendations are made to the relevant health service manager(s)
2. Quality improvement activity, including risk management initiatives and system wide changes initiated
3. Policy written or modified
4. Procedure/practice modified
5. Training/education of staff provided
6. Staff member/contractor/volunteer/student counselled and/or offered performance support, in accordance with health service policy
7. Duties changed
8. No further action required

APPENDIX 3(A)

COMPLAINT CATEGORISATION DEFINITIONS

The following definitions have been written as a guide by group consensus of the working party to aid complaint co-ordinators to collect similar complaints issues in similar categories. The "bullet points" are examples of the type of complaint collected in the category, and are not intended to be a complete list. The list can be further customized within each major category, as required.

1. ACCESS

Refers to availability of services in terms of location, waiting times and other constraints that limit the service

1.1 Delay in admission or treatment

Delays occurring after user is at the point of service (Use 'waiting list' where appropriate)

- 1.1.1 Delay occurring after client is at the point of service
- 1.1.2 Excessive waiting time for diagnostic testing
- 1.1.3 Delay in diagnostic testing leading to delay in commencement of treatment

1.2 Waiting list delay

- 1.2.1 Unreasonable wait for elective surgery/procedure
- 1.2.2 Waiting time to gain appointment to an outpatient clinic
- 1.2.3 Lack of review if case becomes acute
- 1.2.4 Further postponement after a date has been set
- 1.2.5 Too many cancellations
- 1.2.6 Surgery cancelled at the last minute

1.3 Non-attendance

- 1.3.1 Provider fails to keep an agreed appointment
- 1.3.2 Frequent cancellation of appointments

1.4 Inadequate resources/lack of service

- 1.4.1 Inadequate human resources
- 1.4.2 Inadequate equipment
- 1.4.3 Inadequate facilities
- 1.4.4 Lack of service

1.5 Refusal to provide services

- 1.5.1 Refusal by a health service to admit a patient/client
- 1.5.2 Refusal by health service to accept a patient/client

1.6 Failure to provide advice about transport options when necessary

- 1.6.1 Failure to provide advice about transport options
- 1.6.2 Failure to provide authorised ambulance transport
- 1.6.3 Delay/failure to provide inter-health service transport
- 1.6.4 Failure to provide assistance for family travel (lack of documentation for assistance to travel PATS, Airline etc)

1.7 Physical access/entry

- 1.7.1 Impediments to entry to a health service
- 1.7.2 Inadequate ramps/space
- 1.7.3 Inadequate lighting
- 1.7.4 Inadequate signage
- 1.7.5 Inadequate walkways
- 1.7.6 Inadequate public transport accessibility
- 1.7.7 Inadequate access information
- 1.7.8 Inadequate access for people with disabilities eg level of door handles, lift buttons

1.8 Parking issues

- 1.8.1 Inadequate short term parking
- 1.8.2 Inadequate set-down/pick-up parking
- 1.8.3 Inadequate visitor parking
- 1.8.4 Inadequate external provider parking
- 1.8.5 Inadequate parking for people with disabilities

2. COMMUNICATION

Refers to the quality and quantity of information provided about treatment, risks and outcomes

2.1 Inadequate information about diagnostic testing, treatment procedures and risks

- 2.1.1 Inadequate information provided to a patient/client on process, options and risks for agreed treatment(s)
- 2.1.2 Inadequate information about diagnostic preparation and tests

  (Use 'failure to consult patient/client' when the issue is one of decision making rather than information provision)

2.2 Inadequate information on services available

- 2.2.1 Lack of discussion between health service and patient/client on which services are available

2.3 Misinformation or failure in communication (but not 'failure to consult')

- 2.3.1 Given inaccurate/wrong information
- 2.3.2 Given confusing/conflicting information

2.4 Inadequate or inaccurate records

- 2.4.1 Personal information in a health record held by a health service is incomplete or inaccurate

2.5 Inadequate communication

Refers to instances where written communication is not provided

- 2.5.1 No information brochure/leaflet available
- 2.5.2 No written confirmation of verbal instructions given
- 2.5.3 No information in language other than English

2.6 Inappropriate verbal/non verbal communication

- 2.6.1 Inappropriate comments (irrelevant, untimely, misplaced comments or person speaking beyond their authority)
- 2.6.2 Inappropriate non-verbal communication (inappropriate body language, facial expression, voice tone or demeanour)

2.7 Failure to listen to patient/client/carer/family

- 2.7.1 Failure to listen to patient/client
- 2.7.2 Failure to listen to carer or family
- 2.7.3 Failure to act on information provided by patient/client
- 2.7.4 Failure to act on information provided by carer or family

3. DECISION MAKING

Refers to the consultation with the patient/client in the decision making process

3.1 Failure to consult patient/client

- 3.1.1 Lack of consultation and discussion by the health service with the patient/client in the decision making process

3.2 Public/private choice

- 3.2.1 Classification as a public rather than private patient/client, or vice versa
- 3.2.2 Failure of a health service to explain options for choice of status
- 3.2.3 Confusion between fee-for-service and public status

3.3 Consent not informed

- 3.3.1 Failure to provide sufficient information so that the patient/client can make an informed decision about treatment
- 3.3.2 Failure to provide sufficient information about treatment options

3.3.3 Failure to provide information about risks, contra-indications, rate of complications for the treatment/procedure

3.4 Consent not obtained

Failure to obtain informed consent.

3.4.1 Where patient/client receives an additional treatment or surgical procedure for which they did not receive information and/or to which they did not consent

3.4.2 Failure to provide information pertinent to the removal of tissue or body parts for investigative purposes or at autopsy, or for the purposes of research

3.4.3 Medication given without consent

3.5 Consent invalid (Please refer to explanatory notes regarding Consent Operational Instructions in the reference list, P. 16)

3.5.1 Consent was not voluntary

3.5.2 Consent did not cover the procedure performed

3.5.3 Consent was given by a patient/client/person who had no legal capacity to consent

3.5.4 Consent older than three months without further discussion

3.5.5 Withdrawal of consent not acknowledged or acted upon

4. QUALITY OF CLINICAL CARE

Refers to the assessment, planning, implementation and evaluation of clinical care by any health professional

4.1 Inadequate assessment

4.1.1 Condition or injury overlooked

4.1.2 Condition or injury wrongly identified

4.1.3 Inadequate medical history taken

4.1.4 Inadequate investigation of symptoms

4.1.5 Delay in assessment of new symptoms

4.1.6 Inadequate level of diagnosis

4.2 Inadequate treatment/therapy

4.2.1 Negligent treatment - explicit allegation of legal liability

4.2.2 Inexperience for complexity of the procedure

4.2.3 Failure/delay to give emergency treatment

4.2.4 Clumsy/unskilled performance of a treatment/procedure

4.2.5 Wrong treatment

4.2.6 Incorrect choice of treatment has been made or offered

4.2.7 Delay in treatment

4.2.8 Inadequate level of observation

4.2.9 Failure in duty of care

4.2.10 Rough treatment

4.2.11 Inadequate amount of therapy

4.2.12 Inadequate or no assistance with activities of daily living

4.2.13 Lack of adequate patient education

4.2.14 Inadequate pressure area care

4.2.15 Equipment and/or supplies not available

4.3 Poor co-ordination of treatment

4.3.1 Conflicting decisions by different treating specialties

4.3.2 Poor communication between and within the treating teams

4.3.3 Too many changes of beds/wards

4.3.4 Moved or cared for outside of own specialty area

4.4 Failure to provide safe environment

4.4.1 Complaints of slips, trips and falls

4.4.2 Inadequate/inappropriate use of restraints

4.4.3 Inadequate assistance and/or observation

4.4.4 Assistance with ambulation not offered when required

- 4.4.5 Aids not offered or provided
- 4.4.6 Exposure to dangerous items/ equipment/people
- 4.4.7 Assault – patient to patient
- 4.4.8 Sexual Assault – patient to patient
- 4.4.9 Inappropriate sexual conduct – patient to patient

4.5 Pain Issues

- 4.5.1 Inadequate pain control
- 4.5.2 Delay in receiving analgesia
- 4.5.3 Delay in summoning medical attention
- 4.5.4 Inadequate analgesia given either before or after the treatment/procedure
- 4.5.6 Unnecessary pain inflicted during a treatment/procedure

4.6 Medication Issues

- 4.6.1 Medication prescribing error
  - 4.6.1.1 Wrong prescription, person, drug dose, site, time, route
  - 4.6.1.2 Medication prescribed despite documented allergy
- 4.6.2 Medication dispensing error
  - 4.6.2.1 Wrong prescription, person, drug dose, site, time, route
  - 4.6.2.2 Drug not given or given multiple times Medication
  - 4.6.2.2 Dispensed despite documented allergy
- 4.6.3 Loss of patient's own medication

4.7 Post surgery complications

4.8 Post procedure complications

4.9 Inadequate infection control

- 4.9.1 Poor hygiene practices
- 4.9.2 Equipment not cleaned/sterilized

4.10 Patient's test results not followed up

- 4.10.1 Failure to review test results
- 4.10.2 Failure to act on test results
- 4.10.3 Failure to refer abnormal test results to GP/Specialist if patient discharged

4.11 Discharge or transfer arrangements

- 4.11.1 Premature discharge
- 4.11.2 Unsuitable or delayed discharge/transfer
- 4.11.3 Inadequate discharge planning - time, medication availability, changes of plans
- 4.11.4 Lack of continuity of care – no outpatient appointment, GP letter, no follow-up arranged
- 4.11.5 Patient discharged with unplanned cannula or suture in situ

4.12 Refusal to refer or assist to obtain a second opinion

- 4.12.1 Refusal to refer patient/client for specialist treatment
- 4.12.2 Refusal to refer patient/client for a second opinion
- 4.12.3 Inappropriate referral
- 4.12.4 Inadequate referral
- 4.12.5 Delay in referring

5. COSTS

Refers to issues about costs and fee structures

5.1 Inadequate information about costs

- 5.1.1 Not enough information about costs was offered prior to treatment
- 5.1.2 Information was partial or misleading/ confusing

5.2 Unsatisfactory billing practice

- 5.2.1 Item numbers used in a disadvantageous way
- 5.2.2 Extra fees for service, normally included in global fee
- 5.2.3 Unreasonable penalties for late payment
- 5.2.4 Refusal to offer a range of payment options

5.3 Amount charged

- 5.3.1 The amount of the fee or account for the particular treatment, procedure, consultation or accommodation

5.4 Over-servicing
- 5.4.1 Too frequent consultations
- 5.4.2 Ordering unnecessary tests
- 5.4.3 Recurrent bulk billing visits to hostels/nursing homes
- 5.4.4 Repetition of tests already completed by GP

5.5 Private health insurance
- 5.5.1 All complaints about private health insurance and claim handling

5.6 Lost property
- 5.6.1 Failure to acknowledge loss, replacement or reimbursement of property
- 5.6.2 Unsatisfactory process for safekeeping of patient/client property

5.7 Responsibility for costs and resourcing
- 5.7.1 Unsatisfactory facilitation of the reimbursement process

6. RIGHTS, RESPECT AND DIGNITY

Refers to the patient/client's mandated or legislated human and health care rights

6.1 Patient rights
- 6.1.1 Failure to provide information about existence of the Western Australian Public Patients' Hospital Charter
- 6.1.2 Failure to comply with the Western Australian Public Patients' Hospital Charter

6.2 Inconsiderate service/lack of courtesy

Includes complaints about lack of politeness, kindness and courtesy, ignoring, negative attitude, and a patronising or overbearing manner

6.3 Absence of caring
- 6.3.1 Lack of regard or consideration of the patient/client and their particular circumstances

6.4 Failure to ensure privacy
- 6.4.1 Patient's/client's personal privacy not maintained
- 6.4.2 Failure to offer appropriate clothing/cover
- 6.4.3 Demeaning or humiliating care during treatment

6.5 Breach of confidentiality
- 6.5.1 Provision of information to a third party without consent
- 6.5.2 Careless communication and/or handling of patient/client information/health records

6.6 Discrimination
- 6.6.1 Less favourable health treatment on one of the civil grounds in anti-discrimination law or covenant. For example the Equal Opportunity Act (1984) renders it illegal for individuals or organizations to discriminate on the following grounds: sex, marital status, pregnancy, family responsibility or family status, race, religious or political conviction, impairment, age or gender history
- 6.6.2 Public patient/client treated less favourably than private patient/client

6.7 Failure to comply with the requirements of the Mental Health Act (1996)
- 6.7.1 Failure to fulfil statutory obligations regarding provision of information about rights, documentation and involuntary status

6.8 Translating and interpreting service problems
- 6.8.1 Lack of information about the patient's/client's right to access an interpreter
- 6.8.2 Lack of arrangements for an interpreter to attend when required

6.8.3 Lack of availability of an interpreter

6.9 Certificate or report problem
- 6.9.1 Failure to provide a correct certificate or report
- 6.9.2 Claims that a provider/ Health Service has falsified a certificate
- 6.9.3 Failure to certify in accordance with the law
- 6.9.4 Failure to pass on information to an authorised person

6.10 Barriers to accessing personal health records

7. GRIEVANCES

Refers to the individual's rights to have timely and fair management of the complaint

7.1 Response to a complaint
- 7.1.1 No response to a complaint
- 7.1.2 Inadequate response to a complaint
- 7.1.3 Unacceptable delay in response to a complaint
- 7.1.4 Dissatisfaction with outcome of complaint

7.2 Reprisal following a complaint
- 7.2.1 Any action causing detriment to a patient/client as a result of the complaint

8. CORPORATE SERVICES

Corporate issues resulting in complaint

8.1 Administrative actions of a health service

8.2 Catering
- 8.2.1 Unsatisfactory provision of food services – access to food, quality, amount, variety, temperature
- 8.2.2 Unsatisfactory selection of suitable choices for cultural preferences
- 8.2.3 Failure to involve the patient/client in decision of preferences that complement treatment
- 8.2.4 Requested meals not provided

8.3 Physical surroundings/environment
- 8.3.1 Inadequate provision of privacy in shared facilities eg bathrooms, changing area
- 8.3.2 Inadequate provision of space and facilities for patient/client and their belongings
- 8.3.3 Poorly maintained or run down facilities
- 8.3.4 Unacceptable noise
- 8.3.5 Inappropriate lighting
- 8.3.6 Inappropriate temperature control

8.4 Security
- 8.4.1 Inadequate security measures for patient/client and visitors relating to:
- 8.4.2 People or personal safety
- 8.4.3 Personal belongings

8.5 Cleaning – inadequate provision and maintenance of a clean environment

8.6 Fraud/illegal practice of a financial nature (applied to health service)

9. PROFESSIONAL CONDUCT

Refers to alleged unethical and alleged illegal practices.

9.1 Inaccuracy of records
- 9.1.1 Failure to document
- 9.1.2 Inaccuracy of records
- 9.1.3 Failure to record information given by patient/carer in medical records
- 9.1.4 Documented opinionated comments
- 9.1.5 Documented non-substantiated conclusions
- 9.1.6 Illegibility of records

9.2 Illegal practices – any illegal practices eg abortion, sterilization or euthanasia

9.3 Physical or mental impairment of health professional

9.4 Care being offered by a health professional who may be compromised outside the accepted definitions of physical or mental impairment/disability

9.4 Sexual impropriety - behaviour that is sexually demeaning to a patient/client including comments or gestures

9.5 Sexual misconduct

- 9.5.1 Any touching of a sexual nature
- 9.5.2 Any sexual relationship with a patient/client whether or not initiated or consented to by the patient/client

9.6 Aggression/assault

- 9.6.1 Verbal aggression/assault
- 9.6.2 Physical aggression/assault

9.7 Unprofessional behaviour eg loud noisy language, swearing, inappropriate comments or gestures

APPENDIX 4

COMPLAINT MANAGEMENT – STATISTICAL RETURN

Health services are asked to complete the following table and return for collation and analysis each quarter to the Office of Safety and Quality in Health Care.

The table reflects that each complainant may raise a number of complaint issues and that the data collection is on the basis of complaint issues.

A denominator has been formulated to ensure the number of complaint issues from a health service is calculated against the total number of inpatient days, outpatient, emergency dept, hospital in home and community registrations for the quarter to find an incident rate per thousand for the quarter.

An aggregated de-identified report will be submitted quarterly to the Director General of Health and the WA Council of Safety and Quality in Health Care.

MENTAL HEALTH COMPLAINTS

Health services are required to complete a separate statistical return for complaints about mental health services. The Chief Psychiatrist is required under legislation, to monitor standards of psychiatric care across the State and analyses the complaint data to assist with this responsibility. When completing the statistical return for mental health services, health services should ensure that the denominator used for mental health complaints from a mental health service is calculated against the total number of mental health inpatient days, outpatient, emergency department, hospital in home and community registrations for the quarter.

COMPLAINT CATEGORISATION LIST

ACCESS	QUARTERLY REPORT
1 Refers to availability of services in terms of location, waiting times and other constraints that limit the service	
1.1 Delay in admission or treatment	
1.2 Waiting list delay	
1.3 Non-attendance	
1.4 Inadequate resources/lack of service	
1.5 Refusal to provide services	
1.6 Failure to provide advice about transport options when necessary	
1.7 Physical access/entry	
1.8 Parking issues	

COMMUNICATION	QUARTERLY REPORT
2 Refers to the quality and quantity of information provided about treatment, risks and outcomes	
2.1 Inadequate information about diagnostic testing, treatment procedures and risks	
2.2 Inadequate information on services available	
2.3 Misinformation or failure in communication	
2.4 Inadequate or inaccurate records	
2.5 Inadequate communication	
2.6 Inappropriate verbal/non verbal communication	
2.7 Failure to listen to patient/client/carer/family	
DECISION MAKING	
3 Refer to the consultation with the patient/client in the decision making process	
3.1 Failure to consult patient/client	
3.2 Public/private choice	
3.3 Consent not informed	
3.4 Consent not obtained	
3.5 Consent invalid	
QUALITY OF CLINICAL CARE	
4 Refers to assessment, planning, implementation and evaluation of clinical care by any health professional	
4.1 Inadequate diagnosis	
4.2 Inadequate treatment/therapy	
4.3 Poor co-ordination of treatment	
4.4 Failure to provide a safe environment	
4.5 Pain issues	
4.6 Medication issues	
4.7 Post surgery complications	
4.8 Post procedure complications	
4.9 Inadequate infection control	
4.10 Patient's/client's test results not followed up	
4.11 Discharge or transfer arrangements	
4.12 Refusal to refer or assist to obtain a second opinion	

COSTS	QUARTERLY REPORT
5 Refers to issues about costs and fee structures	
5.1 Inadequate information about costs	
5.2 Unsatisfactory billing practice	
5.3 Amount charged	
5.4 Over-servicing	
5.5 Private health insurance	
5.6 Lost property	
5.7 Responsibility for costs and resourcing	
RIGHTS, RESPECT AND DIGNITY	
6 Refers to the patient/client's legislated human and health care rights	
6.1 Patient rights	
6.2 Inconsiderate service/lack of courtesy	
6.3 Absence of caring	
6.4 Failure to ensure privacy	
6.5 Breach of confidentiality	
6.6 Discrimination	
6.7 Failure to comply with the requirements of the Mental Health Act (1996)	
6.8 Translating and interpreting service problems	
6.9 Certificate or report problem	
6.10 Barriers to accessing personal health records	
GRIEVANCES	
7 Refers to the individual's rights to have timely and fair management of complaint	
7.1 Response to a complaint	
7.2 Reprisal following a complaint	

CORPORATE SERVICES	QUARTERLY REPORT
8 Corporate issues resulting in complaint	
8.1 Administrative actions of a health service	
8.2 Catering	
8.3 Physical Surroundings/Environment	
8.4 Security	
8.5 Cleaning – inadequate provision and maintenance of a clean environment	
8.6 Fraud/illegal practice of financial nature (applied to health service)	
PROFESSIONAL CONDUCT	
9 Refers to alleged unethical and alleged illegal practices	
9.1 Inaccuracy of records	
9.2 Illegal practices – any illegal practices eg abortion, sterilization or euthanasia	
9.3 Physical or mental impairment of health professional	
9.4 Sexual impropriety – behaviour that is sexually demeaning to a patient/client including comments or gestures	
9.5 Sexual misconduct	
9.6 Aggression/assault	
9.7 Unprofessional behaviour eg loud, noisy language, swearing, inappropriate comments or gestures	
TOTAL NUMBER OF COMPLAINT ISSUES FOR QUARTER	
TOTAL NUMBER OF NEW COMPLAINANTS FOR QUARTER	
TOTAL NUMBER INPATIENT BED DAYS, OUTPATIENT, EMERGENCY DEPT, HOSPITAL IN HOME & COMMUNITY REGISTRATIONS FOR THE QUARTER	
INCIDENCE RATE OF COMPLAINT ISSUES PER 1000 FOR THE QUARTER	
TOTAL NUMBER OF COMPLAINANTS CARRIED OVER FROM PREVIOUS QUARTER	
FINAL RESPONSE TO COMPLAINANTS WITHIN 15 WORKING DAYS	
FINAL RESPONSE TO COMPLAINANTS WITHIN 30 WORKING DAYS	
FINAL RESPONSE TO COMPLAINANTS LATER THAN 30 WORKING DAYS	
NUMBER OF COMPLAINANTS AWAITING FINAL RESPONSE	
NUMBER OF COMPLAINANTS REFERRED TO ANOTHER AGENCY	

APPENDIX 5

SAMPLE COMPLAINT MANAGEMENT AND INVESTIGATION GUIDELINES AND FORMS

The investigation of a health care complaint will offer the opportunity to ascertain what occurred, to whom and how. This information may form the basis of a Health Service's response to the complainant's concern by:-

1. Providing a more timely response to the complainant; and
2. Identifying areas for improvement to prevent recurrence.

The conduct of an investigation should include:

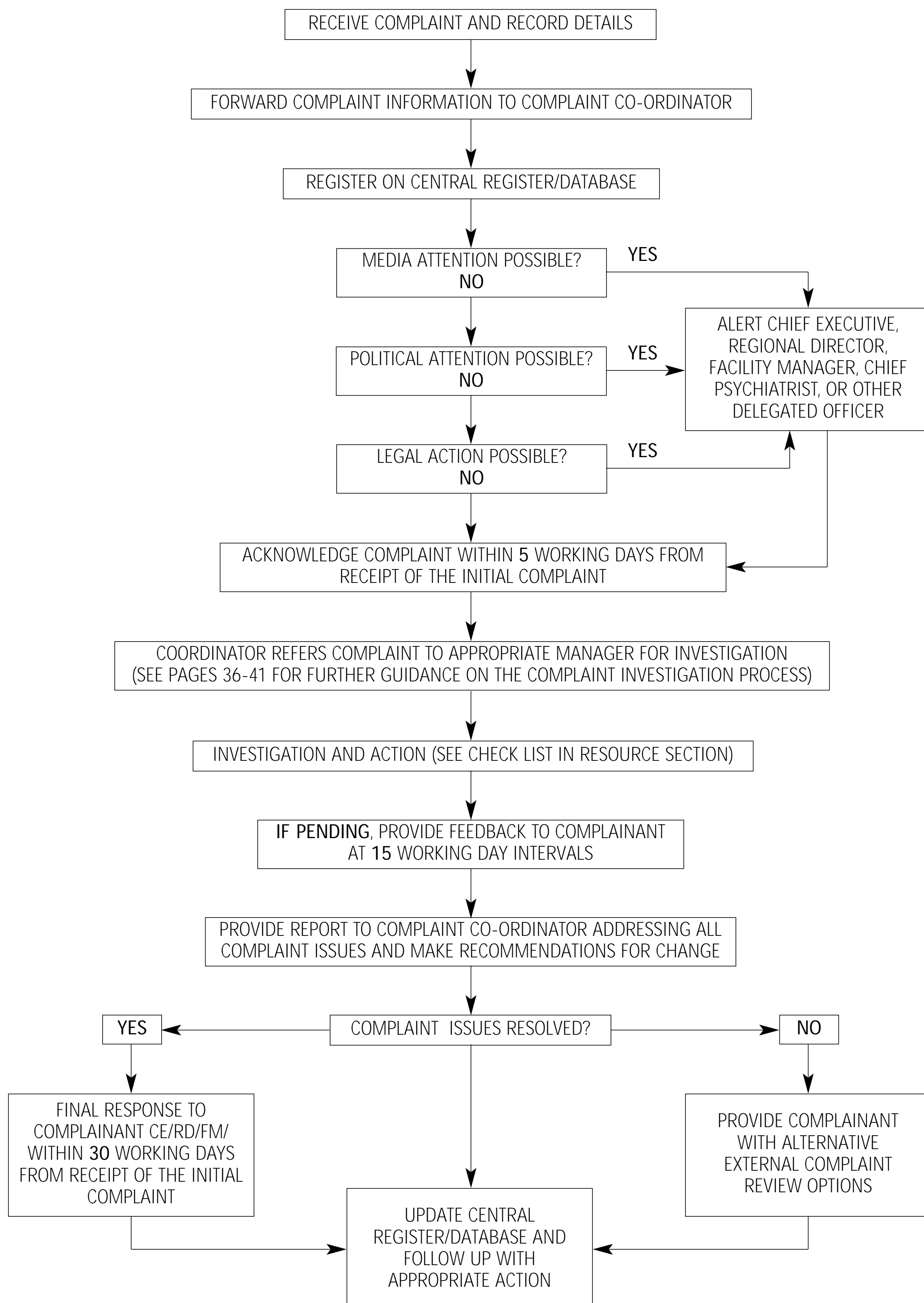
- gathering all relevant documentation;
- interviewing the complainant and/or significant others; and
- interviewing staff members involved in the incident.

The following information may provide the key facts and should form the basis of the investigation report:

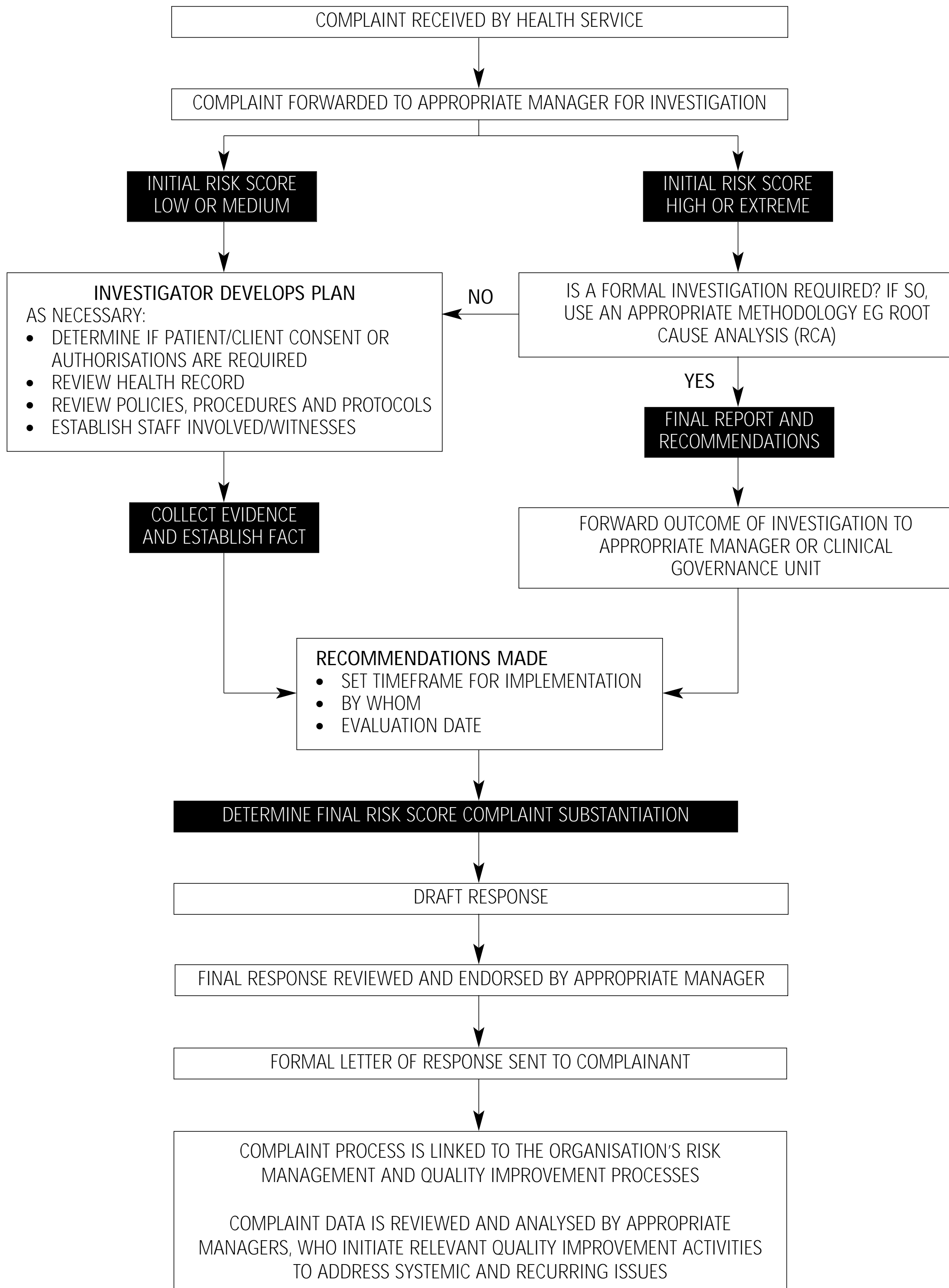
- description of incident – what happened?;
- time of incident;
- exact location of incident;
- numbers, names and definitions of staff members on duty at the time of the incident. (E.g. Visiting Medical Practitioner, [VMP] Registered Nurse [RN], Resident Medical Officer [RMO], Patient Care Assistant [PCA], etc);
- other business occurring concurrently (cardiac arrest or other emergencies);
- general workload information and patient acuity levels in the clinical area;
- level of experience of staff involved;
- availability of support for staff involved at the time of the incident (extra staff, equipment, etc);
- what should have reasonably occurred, including references to supporting policies and procedures;
- what should not have occurred;
- recommendations to prevent recurrence;
- time-line for implementation of recommendations;
- strategies for implementation of recommendations;
- timeframe for evaluation of effectiveness of changes;
- strategies for evaluation of effectiveness of changes; and
- gathering of contributing factors and analysis.

The following guidelines and forms are for guidance only, and are provided to assist Health Services to develop and implement complaint management policies and procedures that are suitable for the local health care environment.

EXAMPLE 1: GUIDELINES FOR COMPLAINT MANAGEMENT FLOWCHART



EXAMPLE 2: GUIDELINES FOR COMPLAINT INVESTIGATION PROCEDURE



EXAMPLE 3: COMPLAINT INVESTIGATION GUIDELINE

This guideline is intended to provide senior staff with a systematic process for conducting investigations of complaints. A thorough investigation process ensures:

- all relevant information is gathered in an objective manner;
- the investigator is able to assess information provided against the available evidence;
- procedural fairness is applied to all parties;
- an objective conclusion can be reached after examination of the facts;
- opportunities for improvement can be identified; and
- the information can be used to respond to the complainant regarding the circumstances of event/incident (eg. policy/procedure not followed, human error, communication issues, etc).

Note: Not all complaints require an in-depth investigation. The level of investigation required will be determined by the relevant manager and will be based on the nature of the complaint and the initial risk score.

1. **Name of Patient/Complainant** ______________________________

2. **Complaint Issues to be Investigated**

   Contains only 1 issue ☐ All Issues ☐ Issue Nos ☐

   Review complaint documentation provided by Patient Liaison office relevant to issue/s being investigated together with any written documentation supplied by the complainant.

3. **Identify the information required to establish the facts**
   (tick those you will need to review)

Item	
• Patient's/client's medical record	
• Procedure guidelines/protocol	
• Relevant hospital policy/policies	
• Staff rosters	

4. **Identify staff involved in each issue and those whom you will need to interview**

   Notify staff (preferably in writing) about the complaint and issues involved. Staff should be informed of their rights in terms having a support person present if they wish. They may want to seek supervisor/managerial, professional association or legal support depending on the gravity of the issues.

   Before interviews prepare an outline of:

   - Factual issues the staff member may be able to address; and
   - Some key questions: Who? What? Where? When? Why? and How?

   Explain the purpose of the interview and that you will take notes of answers given. At the end of interview review the key points, respond to any questions and advise what will happen next. If a statement has been prepared this should be signed by interviewee. If you will be drafting a statement later ensure interviewee understands that you will send them a draft for any amendments and their signature prior to it being finalised.

5. Assess and evaluate information and evidence

Assess the information provided by staff involved in terms of:

- Can the version of events/information be independently verified?
- Are there inconsistencies in information provided by a staff member?
- Did the staff member have direct knowledge of event/incident – did they see or hear it themselves? (Direct knowledge is more credible than indirect)
- Does staff member have a personal interest in the outcome? (Evidence is more credible if it comes from a person who does not have a personal interest in the outcome of the matter)
- Is there sufficient information to determine whether particular standards have been met?

After considering each piece of evidence in terms of relevance and credibility - consider all relevant evidence together. While one piece of evidence alone may not appear to support the allegation this piece of evidence may appear stronger when added to other pieces of evidence.

6. Identify contributing factors

For the purpose of identifying trends over time and assisting with implementing system improvement/changes. *Please tick the appropriate factors.*

• Barrier		• Communication	
• Environmental		• Equipment	
• Fatigue		• Inadequate level of expertise	
• Incompetence		• Inexperience	
• Training		• Rostering	
• Staffing		• Workload	
• Resource issues		• Patient/client had disability issues	
• Patient had impaired cognition		• Policy/Procedure/Protocol/Guidelines not followed	
• Other significant event			

7. Substantiation of Complaint Issues.

Based on your analysis/evaluation of available evidence determine whether complaint issues are: *Please tick.*

• Substantiated	
• Partially substantiated	
• Not substantiated	
• Unable to substantiate – due to differing accounts and/or no independent witness	

Note: Where > than one issue make decision on majority or most serious issue.

8. Recommendations

Based on the evidence collected during the investigation.

RECOMMENDATION/ACTION TAKEN	Timeframe	By Whom	Evaluation Date
Recommendations are made to the relevant Health Service manager(s)			
Quality improvement activity, including risk management initiatives and system wide changes initiated			
Policy written or modified			
Practice/procedure(s) changed or modified			
Training/education of staff provided			
Staff member/contractor counselled and/or offered performance support, in accordance with health service policy			
Duties changed			
No further action required			

9. Final risk assessment score (refer to Risk Matrix)

(If different from initial Risk Score)

Investigation Conducted by ________________________________ Date ______________

Position Title ________________________________ Ward/Dept ____________________

HOD/Director ____ Date ______________

Return to HOD/ Director with all Documentation

APPENDIX 6

COMPLAINT MANAGEMENT RESOURCE TOOL KIT

This toolkit contains examples of forms used for complaint management in the WA health system.

The following forms are for guidance only, and are provided to assist Health Services to develop and implement complaint management policies and procedures that are suitable for the local health care environment.

A Whole of Health risk management framework has been developed to assist Health Services to identify and manage all clinical and corporate risks in accordance with Government policy. Additional information is available from the Department of Health's *Health Risk Management Framework and Health Risk Management General Procedures Manual and Clinical Risk Management Guidelines for Western Australian Health Services*.

SAMPLE COMPLAINT MANAGEMENT FORM

HEALTH SERVICE ____

COMPLAINANT DETAILS				PATIENT/CLIENT DETAILS			
NAME:				NAME:			
NAME:				ADDRESS:			
		POST CODE:				POST CODE:	
PHONE 1:		PHONE 2:		PHONE 1:		PHONE 2:	
FAX:				FAX:			
E-MAIL:				E-MAIL:			
RELATIONSHIP TO PATIENT/CLIENT:				UMRN:		DOB:	
GENDER:	MALE ☐	FEMALE ☐	OTHER ☐	GENDER:	MALE ☐	FEMALE ☐	OTHER ☐
LANGUAGE OTHER THAN ENGLISH:		YES ☐	NO ☐	DATE OF COMPLAINT:			
INTERPRETER REQUIRED:		YES ☐	NO ☐	LOCATION OF INCIDENT:			
INTERPRETER USED:		YES ☐	NO ☐	DATE OF INCIDENT:			
ADVOCACY DISCUSSED:		YES ☐	NO ☐	DISABILITY ISSUE:		YES ☐	NO ☐

SUMMARY OF COMPLAINT (WHAT HAPPENED? WHERE DID IT HAPPEN? WHO WAS INVOLVED?)
COMPLAINANT OBJECTIVE?
ACTION TAKEN:
OUTCOME:

HOW WAS THE COMPLAINT MADE:	WRITTEN ☐	VERBAL ☐

WHO TOOK THE COMPLAINT? (PRINT NAME:) ____________________ SIGNATURE: ____________________

CONTACT NO: ____________________ DATE: ____________________

STATUS:					
INPATIENT	☐	PUBLIC	☐	INVOLUNTARY	☐
OUTPATIENT	☐	PRIVATE	☐	VISITOR	☐
NOT RELEVANT	☐	COMMUNITY PATIENT	☐	OTHER	☐
VETERAN	☐	DVA CARD NUMBER ________		DVA CARD COLOUR ________	

CATEGORIES OF COMPLAINT:	✔	SUB-CODE – MAJOR CATEGORY THEN SELECT FROM CATEGORY LIST)
1. ACCESS	☐	
2. COMMUNICATION	☐	
3. DECISION MAKING	☐	
4. QUALITY OF CLINICAL CARE	☐	
5. COSTS	☐	
6. RIGHTS, RESPECT AND DIGNITY	☐	
7. GRIEVANCES	☐	
8. CORPORATE SERVICES	☐	
9. PROFESSIONAL CONDUCT	☐	

PATIENT/CLIENT OBJECTIVE		RECOMMENDATION/ ACTION TAKEN		OUTCOME/RESOLUTION FOR THE COMPLAINT ISSUE	
Register their concern	☐	Recommendations are made to the relevant health service manager(s)	☐	Concern registered	☐
The complainant does not want a reply but still wants action	☐	Quality improvement activity, including risk management initiatives and system wide changes initiated	☐	Explanation provided	☐
Receive an explanation	☐	Policy written or modified	☐	Apology provided	☐
Obtain an apology	☐	Practice/procedure changed or modified	☐	Costs refunded	☐
Obtain a refund/compensation	☐	Training/education of staff provided	☐	Services provided	☐
Access to service	☐	Staff member/contractor volunteer/student counselled and offered performance support, in accordance with health service policy	☐	Change in practice/procedure effected	☐
Change in policy/ practice/procedure(s)	☐	Duties changed	☐	Policy changed affected	☐
The health service will accept and acknowledge its responsibility for the complaint	☐	No further action required	☐	The health service accepts and acknowledges responsibility for complaint	☐
INITIAL RISK ASSESSMENT SCORE			FINAL RISK ASSESSMENT SCORE		

	DATE	SIGNATURE		DATE	SIGNATURE
REGISTRATION			OUTCOME ENTERED		
ACKNOWLEDGMENT			REPORTED TO CE/RD/HSM		
FINAL RESPONSE			REPORTED TO CHIEF PSYCHIATRIST		
UPDATE PROVIDED			ALTERNATIVE EXTERNAL COMPLAINT REVIEW OPTIONS GIVEN		

HEALTH SERVICE CHANGE - PROCESS/QUALITY IMPROVEMENT INITIATED

COMPLAINTS MANAGEMENT RISK ASSESSMENT MATRIX

Assessing Risk and Action

Determine the level of severity, then consider the likelihood of recurrence (using tables 1 and 2). The numbers and colours of the cell where both severity and probability meet indicate the level of risk and action to be taken.

TABLE 1: LIKELIHOOD OF AND FREQUENCY OF INCIDENTS

LEVEL	LIKELIHOOD	EXPECTED OR ACTUAL FREQUENCY EXPERIENCED
1	RARE	ONCE IN MORE THAN 10 YEARS
2	UNLIKELY	AT LEAST ONCE IN 5 TO 10 YEARS
3	POSSIBLE	AT LEAST ONCE IN 3 TO 5 YEARS
4	LIKELY	AT LEAST ONCE IN 1 TO 3 YEARS
5	ALMOST CERTAIN	MORE THAN ONCE PER YEAR

TABLE 2: RISK ASSESSMENT MATRIX[9]

	CONSEQUENCES				
LIKELIHOOD	INSIGNIFICANT (1)	MINOR (2)	MODERATE (3)	MAJOR (4)	CATASTROPHIC (5)
RARE (1)	LOW 1	LOW 2	LOW 3	MODERATE 4	MODERATE 5
UNLIKELY (2)	LOW 2	LOW 4	MODERATE 6	MODERATE 8	HIGH 10
POSSIBLE (3)	LOW 3	MODERATE 6	MODERATE 9	HIGH 12	HIGH 15
LIKELY (4)	LOW 4	MODERATE 8	HIGH 12	HIGH 16	EXTREME 20
ALMOST CERTAIN (5)	MODERATE 5	HIGH 10	HIGH 15	EXTREME 20	EXTREME 25

4 *Refer to Department of Health (2005). Clinical Risk Management Guidelines for Western Australian Health Services (www.health.wa.gov.au/safetyandquality/)*

TABLE 3. RESPONSIBILITIES & TIMELINES

SEVERITY OF RISK	ACTION REQUIRED
(1) LOW RISK	No significant injury or increased level of care or length of stay. Requires first aid or equivalent only. Acknowledge and record patient/client complaint and investigate issues. Monthly reporting – manage through normal local processes.
(2) MODERATE RISK	Routine medical attention required. Issue can be resolved with support. Implement investigation process, as required. Notify directorate heads within 1 to 3 working days.
(3) HIGH RISK	Long-term or severe loss of function. Significant issues of standards and quality of care. Threat of legal action and Ministerial involvement. Notify Chief Executive immediately regarding possible implications. Implement investigation process.
(4) EXTREME RISK	Permanent, severe health crises including death. Grossly substandard care or serious/wilful professional misconduct. Highly probable legal action. Notify Chief Executive immediately regarding possible implications. Implement investigation process.

Modified from the Department of Health's Clinical Risk Management Guidelines (2005) and Standards Australia AS&NZS 4360:2004

The risk assessment matrix above, is a tool that can be used to determine the level of risk to the Health Service and to future patients/clients. As a corollary, the highest risk complaints are the biggest opportunity for improvement in the particular process and may prevent further complaints if the process was re-designed. The acceptance of risk needs to be determined at a local level.

EXAMPLE 1: PATIENT/CLIENT EVALUATION SURVEY

You have recently used our complaints process. In order to improve our service we would appreciate your feedback about the **Complaint process** at this health service facility. **You are under no obligation to complete this survey.**

Q1.

My complaint was taken seriously (Please X a number)

1 2 3 4 5

Very seriously Not seriously

Q2.

I was treated with respect (Please X a number)

1 2 3 4 5

Very respectfully Very disrespectfully

Q3.

I was satisfied with the information given (Please X a number)

1 2 3 4 5

Very Satisfied Very dissatisfied

Q4.

Were you given the name and phone number of a person to contact for information? (Please X your response)

☐ Yes ☐ No

Q5.

Did you need additional assistance in making your complaint (eg interpreter, written assistance (Please X your response)

☐ Yes ☐ No

Q6.

If yes, were you satisfied with the assistance given? (Please X your response)

☐ Yes ☐ No

Comment: ____

____

____

Q7.

My complaints was treated in a confidential manner (Please X your response)

☐ Yes ☐ No

Q8.

I was kept informed of the progress of my complaint (Please X your response)

☐ Yes ☐ No

Q9.

I did not suffer any negative impact from making a complaint (Please X your response)

☐ Yes ☐ No

Q10.

I achieved what I expected by raising my concern (Please X your response)

☐ Yes ☐ No

Do you have any suggestions, comments that would help us improve the way we deal with concerns raised by our patients/clients?

____

____

____

____

____

____

Thank you for your time and co-operation.

Please return the completed form in the enclosed addressed prepaid envelope.

EXAMPLE 2: CONSUMER SATISFACTION SURVEY

You have recently used our complaints process. In order to improve our service we would appreciate your feedback about the **Complaint process** at this health service facility. **You are under no obligation to complete this survey.**

Please note: There is no need to identify yourself and there is no marker on this form that identifies you to us – we are interested only in using this feedback to improve the quality of the service we provide.

Please **circle the number or tick the box** as indicated in the following 10 questions and then return the form to us in the pre-paid envelope provided.

QUESTIONS ABOUT THE COMPLAINT PROCESS

Q1

a) I saw the following posters and brochure displayed:
Please place an X in relevant boxes

Complaints Poster	☐	Patients Rights Poster	☐
Brochure on How to Lodge a Complaint	☐	Public Patients Hospital Charter (Patients' Rights)	☐

b) I was told about the complaint process by a hospital staff member:

Please place an X in a box Yes ☐ No ☐

Q2

My complaint (or letter) was taken seriously by Health Service staff.

Please place an X in a box Yes ☐ No ☐

Q3

Health Service staff explained (verbally or in writing) how my complaint would be dealt with. *(Please place an X on a number)*

1	2	3	4	5
Very clearly explained				**Not clearly explained**

Q4

Health Service staff checked with me that they had understood the critical points of my complaint.

Please place an X in a box Yes ☐ No ☐ Did not need to ☐

Q5

I was kept informed about the progress of my complaint.

Please place an X in a box Yes ☐ No ☐

Q6

I was satisfied with the response I received to my complaint.

1	2	3	4	5
Very satisfied				Totally dissatisfied

QUESTIONS ABOUT THE COMPLAINT OUTCOME

Q7

I was satisfied with the time taken to investigate my complaint and provide me with a response. *(Please circle one number)*

1	2	3	4	5
Very satisfied				Totally dissatisfied

Q8

I achieved what I expected by raising my complaint. *(Please circle one number)*

1	2	3	4	5
Strongly agree				Strongly disagree

Q9

I did not suffer any negative consequences as a result of making a complaint.
(Please circle one number)

1	2	3	4	5
Strongly agree				Strongly disagree

Q10

I would have no hesitation in holding a further complaint if the need arises.
(Please circle one number)

1	2	3	4	5
Strongly agree				Strongly disagree

Do you have any suggestions or comments that would help us to improve the way we deal with concerns raised by our patients and their carers?

Thank you for your time and cooperation.

Please return form in the enclosed prepaid envelope.

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