



Operational Directive

Enquiries to:	Karen Lennon, Assistant Director	OD number:	OD: 0589/15
Phone number:	9222 0284	Date:	11 February 2015
Supersedes:	OD 0455/13	File No:	F-AA-30479

Subject: WA HEALTH COMPLAINT MANAGEMENT POLICY 2015

A complaints management process is an important strategy for engaging with health consumers and carers and is fundamental to the delivery of quality health care. An effective and efficient complaints management process enables providers to resolve disputes, obtain feedback from consumers and carers and provide strategies for health service improvement.

Key changes for the fifth edition of the WA Health Complaint Management Policy and Toolkit relate to the implementation of an enterprise complaints management system – the Datix Consumer Feedback Module.

All health services must manage complaints lodged by health care consumers (including patients, carers and family) according to the process set out in the Policy.

This Policy applies to all public health service providers in WA. The Policy does not apply to private health service providers except where this involves the management of complaints lodged by, or on behalf of, public patients treated at the health service.

This Policy refers to complaints lodged by a consumer of a public health service in WA, or their carer. It does not include complaints lodged by staff or contractors, unless the complaint is made on behalf of the consumer.

FURTHER INFORMATION

All enquiries about the Complaint Management Policy should be directed to the Patient Safety Surveillance Unit via [email](#) or on (08) 9222 2154.

Professor Bryant Stokes
A/DIRECTOR GENERAL
DEPARTMENT OF HEALTH WA

This information is available in alternative formats for a person with a disability.



WA Health Complaints Management Policy

2015

Complaints Management Policy 2015

The Complaints Management Policy may be updated at regular intervals. For the latest version of this document, please visit: www.safetyandquality.health.wa.gov.au.

The Complaints Management Policy is protected by copyright. Copyright resides with the State of Western Australia. Apart from any use permitted by the *Copyright Act 1968* (Commonwealth), no part of this document may be published or reproduced in any material form whatsoever, without the permission of the Patient Safety Surveillance Unit (PSSU), Patient Safety and Clinical Quality, WA Department of Health.

For further details please contact:

Patient Safety Surveillance Unit

Patient Safety and Clinical Quality

Western Australian Department of Health

189 Royal Street, East Perth, Western Australia 6004

Website: www.safetyandquality.health.wa.gov.au

Disclaimer

All information and content in this material is provided in good faith by the WA Department of Health, and is based on sources believed to be reliable and accurate at the time of development. The State of Western Australia, the WA Department of Health and their respective officers, employees and agents, do not accept legal liability or responsibility for the material, or any consequences from its use.

Foreword

Western Australians expect a high standard of health care and WA Health is committed to ensuring that the service it delivers meets, or exceeds, those expectations. When the health care that is provided does not meet expectations health consumers look to health services to address their concerns.

A complaints management process is an important strategy for engaging with health consumers and carers and is fundamental to the delivery of quality health care. An effective and efficient complaints management process enables providers to resolve disputes, obtain feedback from consumers and carers and provide strategies for health service improvement.

This is the fifth edition of the Western Australian Complaint Management Policy (the Policy). It has been reviewed to ensure it adheres to Australian standards and best practice.^{1,2} It also includes guidelines for the reporting of complaints that allege possible misconduct in line with the WA Health Misconduct and Discipline Policy.³

It is recognised that the complaint process is bound by various legislative requirements (discussed in the Policy) and should be read in conjunction with other relevant policies and guidelines including, but not limited to:

- WA Health Complaint Management Toolkit⁴
- Clinical Incident Management Policy⁶
- WA Open Disclosure Policy: Communication and disclosure requirements for health professionals working in Western Australia⁵
- Clinical Risk Management Guidelines for the Western Australian Health System⁷
- WA Health Misconduct and Discipline Policy³.

I encourage all health service staff to be aware of these policies and participate in the continuous cycle to improve the safety of health care.

Professor Bryant Stokes

ACTING DIRECTOR GENERAL

February 2015

Contents

Foreword.....	2
Acronyms	5
Introduction	6
Purpose	6
Scope	7
Legislative requirements.....	8
Guiding Principles	9
Complaints Management Framework.....	12
Management of Complaints - Process	13
What is a complaint?.....	13
Acknowledgement	13
Receipt of complaint	14
Timeframe for lodgement of complaints.....	14
Assessment.....	15
Patient authorisation	15
Categorisation of complaints.....	15
Risk management.....	17
Investigation	20
Response	21
Obtaining legal advice.....	23
Dealing with unreasonable complainant conduct.....	23
Restricting access.....	24
Service Improvement.....	25
Dealing with systemic and recurring problems.....	26
Review of health service complaint management processes.....	27
Recording and storage of complaint records.....	28
Recording and storage of compliment records	28
Accidents and clinical incidents.....	29
Potential / actual medico-legal claims – notice and handling.....	29
Clinical incident management system	29
SAC1 and Sentinel events.....	29
Reporting SAC1 events to the Chief Psychiatrist	29
Open disclosure of incidents	30
Reporting of complaints.....	31

Reporting within the health service.....	31
Provision of data to Department of Health.....	31
National Emergency Access Target reporting.....	31
Monthly reporting	31
Annual reporting.....	32
Provision of data to the Health and Disability Services (Complaints) Office	32
Reporting of alleged misconduct	33
Reporting of compliments, contacts or concerns	35
Appendix 1: Definitions	36
Appendix 2: Guiding Principles	42
Appendix 3: Complaint Categorisation List, Definitions and Examples	46
Appendix 4: Additional Information for the Classification and Rating of Complaints.....	54
Severity of the complaint	54
Consumer objective.....	54
Outcome/resolution mechanism for the complaint issue	54
Recommendations / action taken as a result of this complaint	55
References.....	56

Acronyms

ACSQHC	Australian Commission on Safety and Quality in Health Care
AHPRA	Australian Health Practitioner Regulation Agency
AIMS	Advanced Incident Management System
CCC	Corruption and Crime Commission
CFM	Consumer Feedback Module
CIM	Clinical Incident Management
DOH	Department of Health, Western Australia
FOI	Freedom of information (refer to <i>Freedom of Information Act 1992</i>)
HaDSCO	Health and Disability Services Complaints Office
HCC	Health Consumers' Council
HS	Health service
LLS	Legal and Legislative Services, Department of Health, Western Australia
NEAT	National Emergency Access Target
OD	Operational directive
PSSU	Patient Safety Surveillance Unit, Department of Health, Western Australia
SAC	Severity Assessment Code (1, 2 or 3)
SSO	State Solicitor's Office
WA	Western Australia

Introduction

Health consumer feedback is a valuable component of the quality improvement cycle, and the effective management of consumer/carer complaints is a key mechanism to obtain this feedback. Complaints provide us with a means to identify areas in need of improvement from a consumer/carer's perspective.

With an increasing focus on the provision of consumer-centred health care, complaints management is also an important part of building effective partnerships with health consumers, carers and the community. By encouraging health consumers/carers to provide feedback, we are demonstrating our commitment to continuous improvement and ensuring a safer and higher quality health care to all patients.

Effective complaint management is reliant on a number of elements⁸ working together including:

- a culture that supports reporting of incidents and seeks feedback
- principles underpinning the practices that ensure complaints are dealt with in a equitable and objective manner
- the skills and experience of the complaints handling officers supported by ongoing training as well as strong leadership
- standard processes that support efficiency in complaint handling
- analysis of feedback at all levels of the health service to enable effective service improvement.

The National Safety and Quality Health Service Standards⁹ (refer to Standards 1 and 2), which aim to protect the public from harm and improve the quality of health service provision, include the requirement that health services:

- a. implement and maintain processes that support the workforce to recognise and report complaints (1.15.1)
- b. ensure that systems are in place to analyse and implement improvements in response to complaints (1.15.2)
- c. ensure that feedback is provided to the workforce on the analysis of reported complaints (1.15.3)
- d. ensure that patient feedback and complaints are reviewed at the highest level of governance in the organisation (1.15.4)
- e. ensure that data collected from patient feedback systems are used to measure and improve health services in the organisation (1.20.1)
- f. ensure that consumers and/or carers are actively involved in decision making about safety and quality (2.2.2)
- g. ensure that consumers and/or carers participate in the evaluation of patient feedback data (2.9.1)
- h. ensure that consumers and/or carers participate in the implementation of quality activities relating to patient feedback data (2.9.2).

Purpose

The purpose of the Complaints Management Policy (the Policy) is to set out the procedures for the management of feedback or complaints relating to WA Health services.

The Policy promotes best practice in complaints management by WA health services and advocates an efficient, proactive approach to complaint management that results in the best possible outcomes for health consumers. It is important to recognise that 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 complaint management process outlined in the Policy is not intended to apportion blame but strives to resolve the complaint, if possible, and identify any aspects of service delivery which require change in order to effect improvement where possible.

Ideally, a partnership between health services and consumers/carers will develop with the common aim of increasing the quality of health care services and improving patient safety in WA.

Scope

This Policy applies to all public health service providers in WA. The Policy does not apply to private health service providers except where this involves the management of complaints lodged by, or on behalf of, public patients treated at the health service.

This Policy refers to complaints lodged by a consumer of a public health service in WA, or their carer. It does not include complaints lodged by staff or contractors, unless the complaint is made on behalf of the consumer.

The Policy is to be read in conjunction with the following WA Health policies, guidelines and related operational directives (available via: www.health.wa.gov.au/circulars/index.cfm):

- WA Health Complaint Management Toolkit⁴
- Clinical Incident Management Policy⁶
- WA Open Disclosure Policy: Communication and disclosure requirements for health professionals working in Western Australia⁵
- Clinical Risk Management Guidelines for the Western Australian Health System⁷
- WA Health Misconduct and Discipline Policy³.

This Policy recognises that there are a number of health complaint management agencies external to WA Health that are available for consumers and carers, including the Health and Disability Services Complaints Office (HaDSCO), the Western Australian Ombudsman, Carers WA, Health Consumers' Council and professional registration boards (e.g. Australian Health Practitioner Regulation Agency). These organisations may initiate direct contact with the health service provider.

Staff complaints about other staff or any aspect of their work environment are not addressed under this policy and should be managed in accordance with the WA Health Employee Grievance Resolution Policy¹⁰.

The Patient Safety Surveillance Unit (PSSU) sits within Patient Safety and Clinical Quality of the Department of Health and is responsible for the monitoring, reporting and management of clinical incidents across the health system. The management of complaints is an important component of this role as it provides a mechanism to detect clinical incidents from the consumer's perspective. In the oversight of the Complaints Management Policy and Toolkit, the PSSU aims to assist health services to target service improvements and risk mitigation strategies.

Legislative requirements

This Policy must operate within a legal framework which may impose restrictions and obligations for the management, reporting or escalation of complaints. Examples of legislation pertinent to the management of complaints in the health care setting include:

- *Health and Disability Services (Complaints) Act 1995*
- *Health and Disability Services (Complaints) Regulations 2010*
- *Carers Recognition Act 2004*
- *Freedom of Information Act 1992*
- *Corruption and Crime Commission Act 2003*

Health services are advised to refer to the full legislation^a and/or to seek legal advice as and when required.

^aFor Western Australian legislation, refer to: <http://www.slp.wa.gov.au/legislation/statutes.nsf/default.html>. For Commonwealth legislation, refer to: http://www.austlii.edu.au/au/legis/cth/consol_act/.

Guiding Principles

The following principles underpin the management of complaints within WA Health and the relationship with consumers throughout that process. These principles correlate with those outlined in the Australian Standard for the handling of complaints², as well as guidelines from other agencies including the Australian Council for Safety and Quality in Health Care's Complaints Management Handbook for Health Care Services¹ and the Commonwealth Ombudsman's Better Practice Guide to Complaint Handling⁸.

Refer to Appendix 2 for more information about the elements of each guiding principle.

Guiding principles of complaint management



Rights and Responsibilities of consumers and carers

Health complainants have the right to be treated with respect and dignity, have their concerns treated as genuine and properly investigated, and to participate in decisions about the management of their complaint.

Likewise, complainants are expected to respect the role of health service staff and their right to respond to a complaint.

Promotion, accessibility and transparency

Health services shall encourage all consumers and carers to provide feedback, concerns and complaints and these will be actioned in an open, receptive and transparent manner. The process for lodgement of complaints is easily accessible and understandable. Consideration should be given to the promotion of complaints processes and accessibility for consumers groups with particular needs (e.g. children and young people, consumers with disabilities, carers).

Note that disclosure may be subject to legislative requirements and/or restrictions (e.g. if the incident is also investigated as a clinical incident by an approved Committee under the *Health Services (Quality Improvement) Act 1994*, information acquired as a result of the Committee's function is privileged and must not be disclosed to any party external to the Committee).

Commitment to effective complaint management

Health services shall demonstrate their commitment to the appropriate management of complaints by providing sufficient leadership, resources, training and support to officers involved in the receipt, recording, investigation, resolution and reporting of complaints.

Fairness and accountability

Each complaint should be addressed in an equitable, objective and unbiased manner, be treated as legitimate and investigated without prejudice.

Accountabilities for the management of complaints are established; and, complaints are monitored and escalated to the health service's leadership team or external agencies when appropriate.

Responsiveness

Complaints should be acknowledged and addressed in a timely manner in accordance with the established timeframes within this policy and the risk profile (e.g. immediate response is required if the issue poses a significant risk to patient safety). Complainants are kept informed throughout the process.

The complaints management system must be responsive to the needs of the consumer/carers and subject to ongoing review and improvement.

Privacy and disclosure

It is recognised that consumers have a right to have complaints regarding their health care investigated and resolved in a fair and confidential manner. Health services will establish procedures to ensure that relevant facts and decisions are communicated openly and that the confidentiality of personal information is protected throughout the complaint management process.

Note that disclosure may be subject to legislative requirements and/or restrictions (e.g. documents generated throughout the complaint management process could be subject to a request under the *Freedom of Information Act 1992*).

Continuous service improvement

Consumer feedback is used to initiate the implementation of local and service-wide practice improvements, including practices relating to the management of complaints.

Complaints Management Framework

Not all complaints warrant a full investigation. Likewise, not all complaints are able to be resolved by the health service despite a full investigation. The level of response will depend on a number of factors including: the complainant's level of participation in the complaint process; the health service's capacity to implement a resolution; the complexity of the events; and, the outcome sought by the complainant. The framework below outlines the framework for the management of complaints.

Complaints management framework

- Frontline staff are empowered to resolve minor grievances if within their capacity to do so (e.g. verbal complaint about lack of blankets) and the patient/consumer does not wish to lodge a formal complaint (contact/concern).
- Encourage consumer to lodge complaint with the health service's Complaints Handling Officer(s) if consumer is not satisfied with outcome. The complainant should be provided with information about how to lodge a formal complaint.

LEVEL 1 RESPONSE: FRONT LINE RESOLUTION



- Complaints Handling Officer seeks to resolve grievances and/or refers complaint for further investigation for more serious complaints (including those referred from frontline staff).
- Allegations of misconduct should be forwarded to the health service's human resources department for review and further action.
- Formal and non-formal complaints should be escalated to the health service's senior leadership if:
 - it poses significant risks to patient safety
 - all measures to address the complaint have been exhausted and a restricted access measure is required.

LEVEL 2 RESPONSE: INTERNAL COMPLAINT MANAGEMENT



- Health services should advise the complainant of their right to pursue the complaint with an external agency, such as the Health and Disability Services Complaints Office (HaDSCO) or Carers WA if they are not satisfied with the outcome.

LEVEL 3 RESPONSE: ESCALATION TO EXTERNAL AGENCY

Management of Complaints - Process

What is a complaint?

Feedback from health consumers/carers can be described as one or more of the following:

- **Formal complaint** – an expression of dissatisfaction by, or on behalf of, an individual consumer/carer regarding any aspect of a service provided by a health service. A formal complaint can be lodged in writing or verbally.
- **Informal complaint** – an expression of dissatisfaction by, or on behalf of, an individual consumer/carer regarding any aspect of a service provided by a health service (may also be referred to as a contact or concern). Informal complaints are often straightforward matters that can often be resolved at point of contact.
- **Contact/concern** – an enquiry or feedback from a consumer/carer regarding any aspect of service where:
 - a. the contact is inquisitorial in nature rather than an expression of dissatisfaction or
 - b. the consumer/carer states that they do not wish to lodge a formal complaint or
 - c. the issue/s are minor and can be resolved immediately without going through the formal complaint process (e.g. the complainant is satisfied by immediate actions to resolve the issue). Immediate resolution negates the need for any follow up actions (i.e. if further action is required to resolve the complaint, it is not a contact/concern unless it satisfies criteria a or b).
- **Compliment** – an expression of satisfaction and/or gratitude by, or on behalf of, an individual consumer/carer regarding an aspect of a service provided by a health service.
- **Suggestion** – a recommendation for health care service improvement made by a consumer, carer or employee of the health service.

A complainant should be encouraged to lodge a formal complaint if the nature of the complaint is considered moderate (requiring comprehensive assessment or investigation), major (relates to a significant incident causing lasting detriment and requires investigation), or severe (relates to issues about serious adverse events including death or serious physical or psychological injury/harm).

This Policy deals with the management of complaints but recognises the value in the consideration of all consumer feedback. Non-formal complaints should be monitored for emerging trends that indicate service improvement is required.

Staff may use these complaint management processes when lodging a complaint on behalf of the consumer/carer; however, this should be done with the knowledge and consent of the consumer/carer.

The process for the management of formal complaints is described within five broad stages: acknowledgement, assessment, investigation, response and service improvement.

Acknowledgement

The acknowledgement of a formal complaint should include a discussion, or recording of, the following key pieces of information that will assist in the management of the complaint:

- Description of the event/s – confirm that what has been recorded is an accurate reflection of the complainant's description; seek more information from the complainant as required
- The desired outcome that the complainant seeks as a satisfactory resolution to the complaint (refer to Appendix 4)
- The complainant's request/preference for a particular mode of communication (e.g. telephone, face-to-face or written response)
- Other particulars required by the complaints management system.

It is reasonable for the Complaints Handling Officer to refer back to the complainant if:

- the complaint is excessive in length and clarification is required to determine what the key issues of the complaint are
- the complaint makes general statements and does not explain the details of actual events
- the complaint is filled with offensive or abusive language (complainants may be requested to rephrase the complaint)
- the complainant's expectations need to be managed (e.g. demand for a certain outcome appears to be highly disproportionate to the incident or beyond the control of the health service).

The health service should have a central point of coordination to register complaints. Formal complaints should be acknowledged within five working days of receipt of the initial complaint.

The complainant should be provided with information about the complaints management process, contact details for the complaints handling officer(s), and expected timeframes for resolution of the complaint. Information should also be provided about the function of advocacy agencies, such as the Health Consumers' Council and Carers WA, in the complaint process.

Receipt of complaint

A formal complaint is to be considered to have been received by the health service on the day:

- it is received by the health service via ordinary post
- it is handed to an appropriate Complaints Handling Officer in person (if written)
- it is described to, and recorded by, an appropriate Complaints Handling Officer (if verbal)
- that it is placed into the health service's suggestion/complaints box
- it is emailed to an appropriate Complaints Handling Officer or customer service unit at the health service
- it is submitted to the health service by the completion of an online form.

To ensure that health services adhere to response timeframes, these modes of correspondence should be checked frequently and regularly.

Timeframe for lodgement of complaints

There is no timeframe limiting when a consumer/carer can lodge a complaint following an incident, although an excessive interval may diminish the health service's capacity to investigate the event/s. Nonetheless, attempts should be made to investigate the incident and resolve the complaint.

Factors that affect the health service's capacity to conduct a thorough investigation may include:

- staff turnover
- limited accessibility of medical records
- staff having no/limited memory of the event/s
- incident involved the use of policies, procedures or practices that have been superseded and may be unknown.

The complainant should be notified of the constraints involved in the investigation of the incident, an estimated timeframe for resolution, and an initial indication of whether a satisfactory outcome is to be expected.

Assessment

Each complaint should be assessed based on available information to determine:

- whether the complaint can be resolved immediately or whether an investigation needs to take place to ascertain other key pieces of information
- the scope of any investigation that needs to take place and who may need to undertake the investigation
- the issues that comprise the complaint, and whether they can be addressed together or must be addressed separately
- whether patient authorisation is required prior to any level of investigation (e.g. if the complaint was lodged by a person other than the patient and access to a patient's medical records is required to investigate the incident)
- whether the complainant's expectations about the outcome are realistic and whether they need to be managed
- the risk score of the complaint/incident which includes the priority level for a response, both to the complainant and at a system-level whether the incident needs to be reported through other incident management processes (e.g. clinical incident reporting and/or reporting of alleged misconduct)
- whether the incident is part of an emerging trend that needs to be addressed.

Patient authorisation

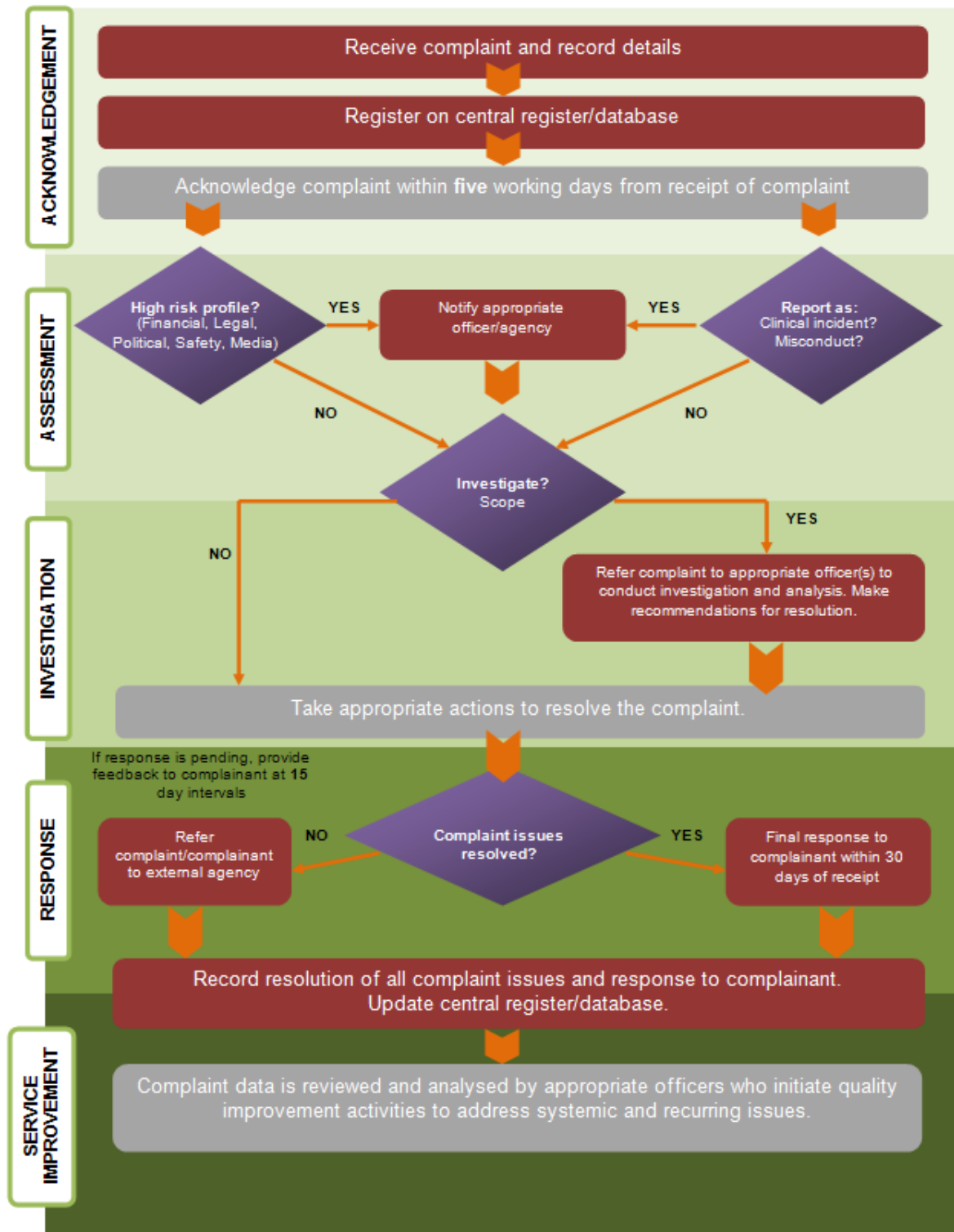
If the complaint has been lodged by a third party (not the patient), then authorisation to release information must be obtained from the patient in order for confidential information to be shared with the complainant. If the patient does not have the capacity to authorise the release of information, or is deceased, then it must be obtained from the appropriate substitute decision maker (refer to the *Guardianship and Administration Act 1990* or the Consent to Treatment Policy for the Western Australian Health System¹¹ – for more information).

The requirement for patient authorisation also applies if the complaint was received through a Ministerial Office; however, time frames for response often prevent this from occurring. Consequently, any response where the patient has not provided authorisation should maintain patient confidentiality.

Categorisation of complaints

Consistent complaint categorisation, analysis, reporting and benchmarking is essential to ensure that complaint data collection is compatible across a range of facilities to enable identification of common factors in complaints about health services and opportunities for service improvement.

Complaint management process



Appendix 3 provides the definitions for the complaint categorisation list and the Western Australian Health Complaint Management Toolkit⁴ outlines suggested reporting fields to be collected by health services.

Risk management

The early identification of individual complaints of a serious nature or with a potential for escalation are part of a health service's risk management program. Assessing the risk profile of a complaint at this stage seeks to highlight complaints associated with significant safety, political, legal or financial risks to the health service or its consumers that require the attention of the health service's senior management. Health services must ensure there are appropriate review processes in place for complaints with significant risks, including the review and sign-off by senior management.

The Seriousness Assessment Matrix (SAM) provides a framework for assessing the risk associated with the events that are the subject of the complaint.

Rating the severity of the complaint will assist in determining:

- who needs to be notified of the complaint
- the priority for the health service's response and the mode of response
- who will need to be involved in the investigation and response.

The initial SAM score allocated to the complaint should not be indicative of the estimated veracity of any allegations made by the complainant. The initial SAM score is based entirely on the information provided by the complainant. It is recognised that the SAM rating for a complaint may change based on the findings of an investigation.

Seriousness Assessment Matrix

		Seriousness of event				
		INSIGNIFICANT	MINOR	MODERATE	MAJOR	EXTREME
Likelihood of event recurrence	FREQUENT (almost certain)	3	3	2	1	1
	PROBABLE (likely)	3	3	2	1	1
	OCCASIONAL (possible)	4	3	2	2	1
	UNCOMMON (unlikely)	4	4	3	2	1
	REMOTE (rare)	4	4	3	3	1

Risk rating	Risk classification
1	Extreme risk
2	High risk
3	Moderate risk
4	Low risk

PROBABILITY CATEGORIES	DEFINITION
Frequent (almost certain)	Expected to occur again, either immediately or within a short period (likely to occur most weeks or months)
Probable (likely)	Will probably occur in most circumstances (several times per year)
Occasional (possible)	Probably will recur, might occur (may happen every one to two years)
Uncommon (unlikely)	Possibly will recur (could occur in two to five years)
Remote (rare)	Unlikely to recur – may occur only in exceptional circumstances (may happen every five to 30 years)

Seriousness Assessment Matrix (SAM) Guide

EXTREME	MAJOR	MODERATE	MINOR	INSIGNIFICANT
Consumer: issues regarding SAC1 events ^b , long-term damage, grossly sub-standard care or involving a death that requires investigation.	Consumer: significant issues of standards, quality of care, or denial of rights. Feedback/complaints with clear quality assurance or risk management implications or issues causing lasting detriment that require investigation. Where a consumer has required surgical intervention or has suffered disfigurement or major permanent loss of function as a result of the event.	Consumer: issues that may require investigation. Legitimate consumer concern, especially about communication or practice management, but not causing lasting major detriment. The consumer may have a permanent lessening of bodily functioning or increased length of stay or required an additional operation or procedure as a result of the event.	Consumer: no impact on or risk to the provision of health care or the organisation. Feedback/complaint could be easily resolved at the frontline. Significant lapses in customer service (where no injury sustained). Consumer may have required a temporary increased level of care due to the event.	Consumer: trivial, vexatious or misconceived complaint. No injury to consumer or impact on their length of stay or level of care required.
Visitors: death of visitor or hospitalisation of three or more visitors.	Visitors: hospitalisation of one or two visitors.	Visitors: medical expenses incurred or treatment of one or two visitors, but not requiring hospitalisation.	Visitors: evaluation and treatment with negligible expenses.	Visitors: no treatment required or treatment refused.
Reputation: Highly probable legal action and likely to result in Ministerial censure. Maximum multiple high-level exposure. Ministerial censure. Loss of credibility and public/key stakeholder support.	Reputation: threat of legal action and Ministerial notification. Headline profile. Repeated exposure. At fault or unresolved complexities impacting public or key groups. Ministerial involvement.	Reputation: potential for legal action. Repeated non-headline exposure. Slow resolution. Ministerial enquiry/briefing.	Reputation: non-headline exposure. Clear fault. Settled quickly by health service response. Negligible impact.	Reputation: non-headline exposure. Not at fault. Settled quickly. No impact.
Professional conduct: serious and wilful breach. Criminal negligence or act. Litigation or prosecution with significant penalty. Possible grounds for dismissal. Ministerial censure. Criminal misconduct.	Professional conduct: deliberate breach or gross negligence. Significant harm. Formal investigation. Disciplinary action. Ministerial involvement. Serious misconduct.	Professional conduct: negligent breach. Lack of good faith evident. Performance review required. Material harm caused. Misconduct established.	Professional conduct: breach resulting in minor harm and investigation. Evidence of good faith arguable.	Professional conduct: innocent procedural breach. Evidence of good faith by degree of care/diligence. Little impact.
Services: complete loss of service or output, serious threat to customer service relationships, or permanent harm to reputation of the service.	Services: complete loss of service or output, serious threat to customer service relationships, or permanent harm to reputation of the service.	Services: disruption to users due to agency problems. Potential to impact on service provision/delivery.	Services: reduced efficiency or disruption to agency working.	Services: no loss of service.
Financial: critical financial loss more than \$20M.	Financial: major financial loss \$3M to \$20M.	Financial: moderate financial loss \$100,000 to \$3M.	Financial: minor financial loss between \$5,000 and \$100,000.	Financial: no, or minor, financial loss less than \$5,000.
Environmental: extensive very long term or permanent, significant, unacceptable damage to, or contamination of significant resource or area of environment. Very long term or permanent denial of access or exposure.	Environmental: high level but recoverable, unacceptable damage or contamination of significant resource or area of environment. Significant intervention, permanent cessation of harmful activity. Long term suspended access, presence or use of resource.	Environmental: moderate impact. Medium level intervention indicated to bring about recovery. Short to medium term restriction of access or exposure.	Environmental: low level impact. Quick recovery with minimal intervention. Minimal disruption to access or exposure.	Environmental: negligible impact. Spontaneous recovery by natural processes. No disruption to access or exposure.

^b Severity Assessment Code - Refer to WA Health Clinical Incident Management Policy 2014 for definitions of SAC1 events.

On a system level, complaints can provide insight into system failure and can identify areas in need of improvement. Complaint management can be viewed as an early warning system to identify opportunities for systemic improvement.

Additional information on risk management is available from the Health Risk Management Policy and Framework¹², Health Risk Management General Procedures Manual¹³ and Clinical Risk Management Guidelines for Western Australian Health System⁷.

Investigation

The investigation of a complaint relating to health care services will offer the opportunity to determine what occurred to whom and how; and, identify how things might be, or should be, done better in the future.

Not all complaints require an in-depth investigation. The level of investigation required will be determined by the relevant manager and based on an objective review of the information available.

The conduct of an investigation should, where appropriate, include:

- gathering all relevant documentation (e.g. medical records, health professional rosters, policies and procedures, product details)
- interviewing the complainant and/or significant others (possibly on more than one occasion)
- interviewing staff members involved in the event/s (possibly on more than one occasion)
- interviewing staff members with relevant expertise
- analysing the information for its completeness, reliability, relevance and impartiality
- conducting further research as required (based on analysis)
- generating options for resolution and proposing a course of action.

The following information may provide the key facts and, where relevant, should be included in the investigation report:

WHAT	<ul style="list-style-type: none"> • Description of the event/s • What should have, and should not have, occurred? (include reference to supporting information such as policies, procedures or expert opinion) • What events are agreed upon or in dispute?
WHO	<ul style="list-style-type: none"> • How many staff were involved, or witnessed the event/s? • What are their roles and experience levels? • What are their biases or conflicts of interest?
WHERE	<ul style="list-style-type: none"> • Location of the incident • Can this incident be isolated to a particular area?
WHEN	<ul style="list-style-type: none"> • Time(s) of the incident • Has this happened before?
WHY	<ul style="list-style-type: none"> • Other business occurring concurrently (e.g. emergencies) • General workload information • Availability of support for staff involved at the time of the incident • Consumer acuity levels in the clinical area • Other contributing factors and analysis of their impact
HOW (RESOLUTION)	<ul style="list-style-type: none"> • Options for resolving the consumer/carer's complaint
HOW (SERVICE IMPROVEMENT)	<ul style="list-style-type: none"> • Recommendations/actions to prevent recurrence • Timeframes and strategies for implementation of recommendations • Evaluation of effectiveness of changes.

Complaints that allege misconduct must be referred to the health service's Human Resources department (or equivalent) for review. The complainant should be made aware that disciplinary matters are confidential and that information pertaining to disciplinary outcomes will not be divulged to them.

A thorough investigation process ensures:

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

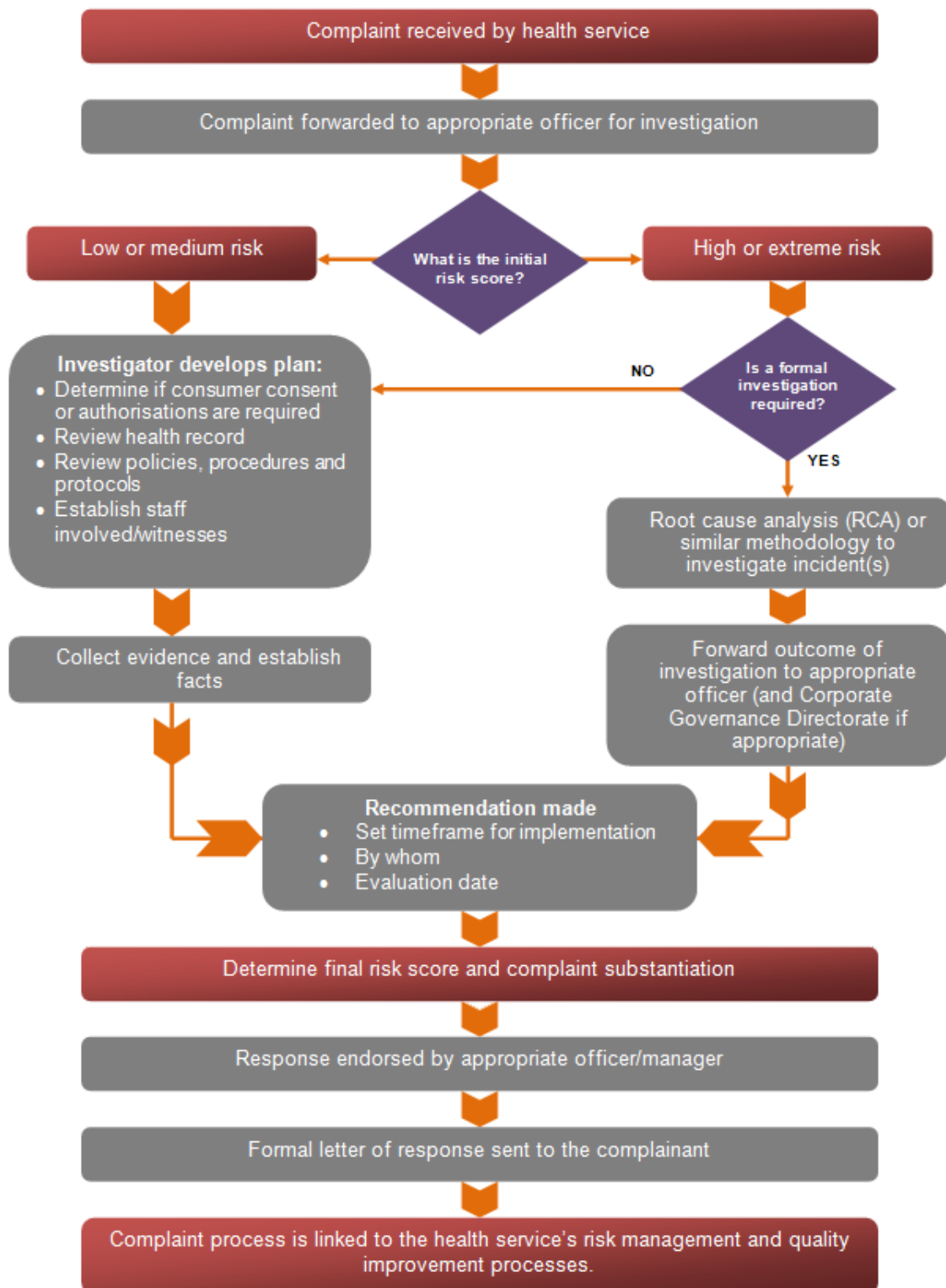
Refer to the Western Australian Health Complaint Management Toolkit⁴.

Response

Health services shall demonstrate commitment to the resolution of complaints in a timely manner by adhering to the following time frames:

- Acknowledge complaints within **five** working days of receipt of the initial complaint.
- Inform the complainant of the approximate time that it will take to resolve the complaint.
- It is recommended that an investigation commence within **five** working days of receipt of the complaint (the date of referral to the investigator should be taken as the commencement date). If this is not reasonable due to operational constraints (e.g. staff member on leave), then the date of commencement and reason for delay should be documented appropriately.
- Resolve complaints within **30** working days of receipt or as soon as practicable in the best interest of all parties.
- Advise the complainant if there is a delay and provide updates on the progress of the investigation at **15** working day intervals, with the first update falling due 30 days following receipt of the complaint.

Complaint assessment and investigation process



An update or response provided to the complainant should be considered to have been provided on the day that it is dispensed by the health service and not when it is expected to have been received by the complainant.

The final written response to the complainant shall include:

- information relevant to the complaint (the event/s)
- an explanation of the event/s
- adequate reasons for any decisions that were made
- any changes made as a result of the complaint
- an apology where appropriate
- contact details for the health service's senior Complaints Handling Officer
- an acknowledgement thanking the complainant for their feedback
- details of the complainant's right to escalate the complaint to an external agency.

If the response is pending, regular updates should be provided and a timeframe for the final response should be negotiated with the complainant.

Advise the complainant they have the right to take their concerns to the appropriate external agency, such as the Health and Disability Services Complaints Office or the Ombudsman, if they are dissatisfied with the outcome of the initial complaint. If the complaint is referred to an external agency (either by the health service or the complainant), Complaint Handling Officers should cooperate with that agency as appropriate.

If a complaint is lodged via an external agency, the health service should endeavour to adhere to timeframes specified above; however, it is acknowledged that the timeframe is set by the external agency with input from the health service as a 'respondent'.

The response time for complaints made via Ministerial correspondence will be dictated by instructions from the Minister's office on a case-by-case basis and not by this policy.

Obtaining legal advice

Legal advice can be obtained from the health service's medico-legal unit (or equivalent) or the State Solicitor's Office (for teaching hospitals); or the Department of Health's Legal and Legislative Services (for non-teaching and country hospitals).

If the health service seeks legal advice in relation to a complaint, and Complaints Handling Officers are not able to progress the complaint any further, the referral to legal officers is to be treated as an outcome of the complaint management process (for example, if legal services is engaged in relation to a claim for compensation). For reporting purposes, the complaint should be considered closed if there are no residual complaint issues that require resolution. In the final response to the complainant, complaints handling officers must advise the complainant about the referral, the process that will follow, and an appropriate contact person to discuss the matter.

If legal advice is being sought to provide supporting information for the response, the complaint should remain an open case for the purposes of reporting until the response is provided to the complainant. For example, if legal advice is sought when the response includes an admission of liability.

Dealing with unreasonable complainant conduct

All complainants have the right to have their concerns dealt with in a timely and fair manner, and to be informed about the outcome/s of their complaint. However, a small percentage of complainants may be genuinely difficult to deal with. The Western Australian Ombudsman¹⁴ defines these complainants as belonging to three categories:

- Habitual or obsessive complainants including
 - Complainants who cannot let go of the complaint or be satisfied despite the health service's best efforts to resolve the issue
 - Complainants that make unreasonable demands on the health service's resources (which may compromise the level of service provided to other consumers)
- Rude, angry and harassing complainants
- Aggressive complainants.

In such cases where a complainant displays persistent unreasonable conduct that is not alleviated despite the health service's best efforts to resolve the matter, a decision to restrict the provision of service to the complainant may be made as a last resort measure. A restricted access to service refers only to those services provided by the complaints handling officer/s, and not the provision of health care services.

Health services should support complaints handling officers in the management of challenging behaviours by providing relevant training and professional development opportunities.

Restricting access

In making the decision to restrict, withhold or withdraw the complainant's access to the complaint management process, the following factors should be taken into consideration:

- All efforts to resolve the complaint and explain the outcome to the complainant have been made
- The health service's internal review and appeal processes should be exhausted
- The decision to restrict access to the complaint management process should not impinge on the complainant's ability to access health care services
- The resources that are diverted away from critical health service activity in ongoing attempts to resolve the complaint
- Complaints Handling Officers should be compassionate to the complainant's situation, particularly if the incident in question was of a serious nature
- Complaints Handling Officers should be sensitive to the possibility that the complainant's medical condition may be a contributing factor in their behaviour.

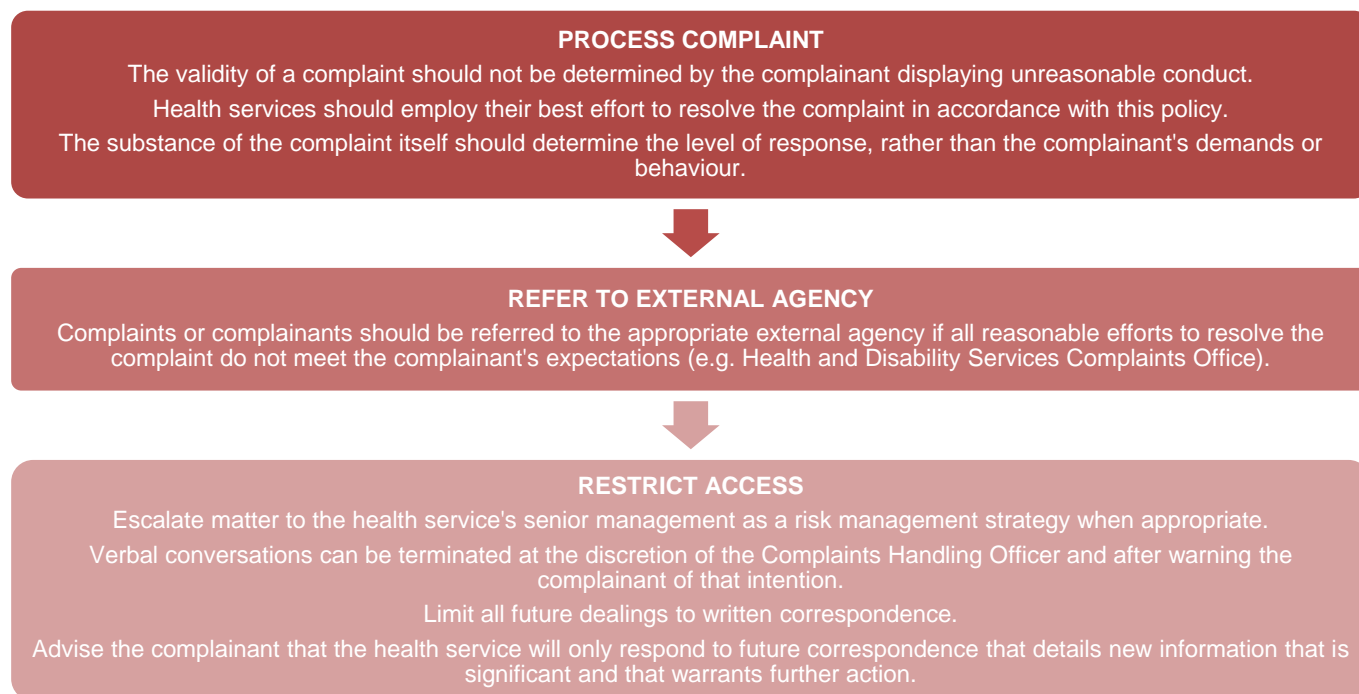
The decision to restrict access must be approved by a member of the health service's senior leadership^c. Written correspondence informing the complainant of restricted access must contain a comprehensive summary of events and a thorough explanation for the decision, and be signed by senior leadership^c.

Detailed records should be kept about all correspondence and decisions in relation to restricting access.

For further guidance about handling unreasonable conduct refer to the WA Ombudsman's 'Managing unreasonable complainant conduct: Practice Manual'¹⁵.

^c Chief Executive/Regional Director/Facility Manager (or equivalent) or delegate

Escalation model for the management of complainants that display unreasonable conduct



Service Improvement

Health services are required to provide a safe and quality health care service, which is consistently evaluated through continuous quality improvement processes to make sure that it meets consumer requirements.

The principles of quality improvement are:

Access to health services is provided on a needs basis and available resources. Decisions on access are made regardless of sex, marital status, pregnancy, family responsibility or family status, race, religious or political conviction, impairment, age or gender history (as set out in Part IX of the *Equal Opportunity Act 1984*).

Health services are committed to the provision of readily accessible consumer health information.

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

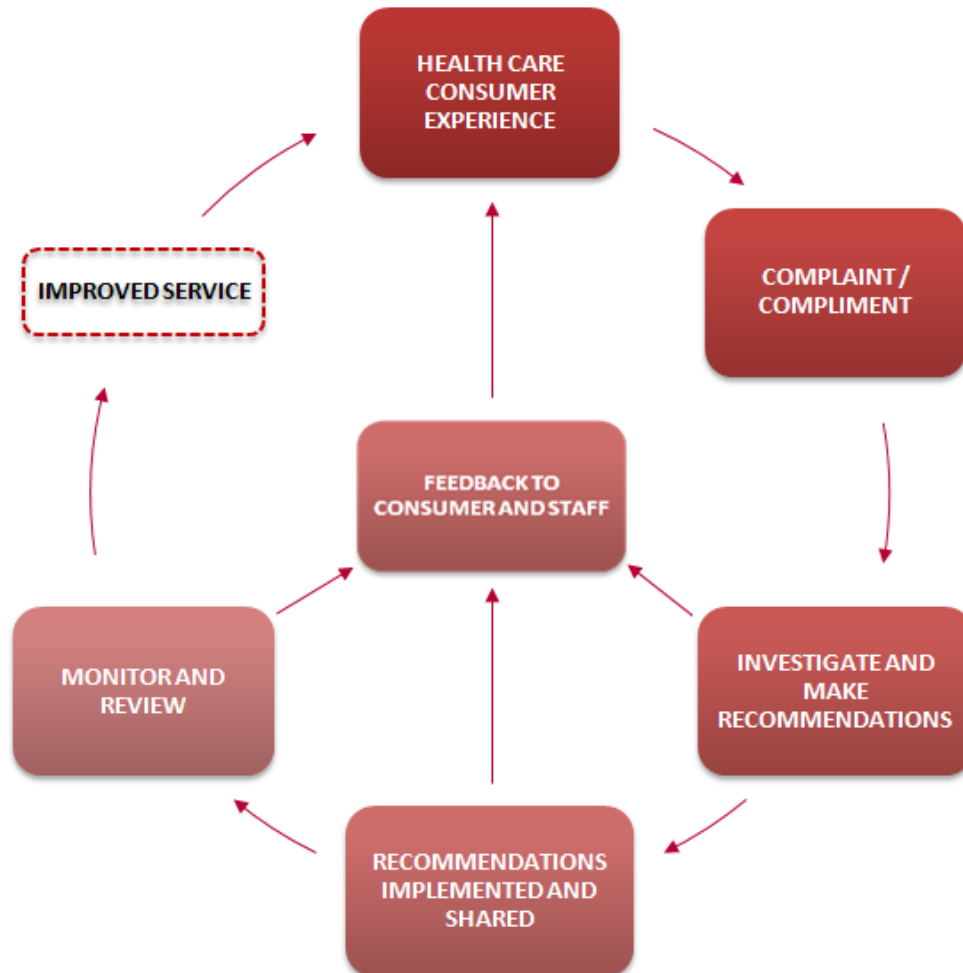
Reproducibility – evidence based clinical care that can be used in other similar settings.

Safety of consumers and staff with a commitment to risk management. This facilitates a proactive approach to maintain safety and prevent clinical incidents.

Appropriate 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 Consumers/Providers/Employees – will help to ensure that health services are aware of consumers' needs to guide modification and development of services.

Continuous service improvement cycle



Dealing with systemic and recurring problems

Health services are required to classify and analyse complaints to assist the identification and regular reporting of systemic and recurring problems. This can be used to:

- Identify potential trends
- Initiate an investigation into current organisational practices and procedures with a view to making necessary changes
- Continually reassess consumer needs
- Redesign care and services
- Provide staff and consumers with feedback on changes in care and service delivery
- Monitor if the outcomes and recommendations stemming from complaint data are implemented effectively.

Review of health service complaint management processes

Service improvement activity should include the health service's evaluation of local complaint management policies and processes. The review should include:

- an evaluation of policies and processes including a compliance audit of individual complaint files
- surveys of staff, consumers and complainants (including the use of satisfaction or service evaluation surveys – refer to the Complaint Management Toolkit)
- an assessment of the adequacy of the complaints management system
- consumer/carer engagement.

Recording and storage of complaint records

All complaints will be recorded separately from the medical records of patients, with the medical record being strictly limited to clinical information. If information that is critical to the patient's ongoing diagnosis or treatment arises throughout the investigation of the complaint, the clinically relevant information may be recorded in the patient's medical file but must exclude any reference or inference to the complaint or the investigation.

Complaints must be recorded in a central database^d. When making records of complaints, health services should include the following information:

- Documentation of complaints data in accordance with reporting requirements
- Categorisation of complaint issues (refer to Appendix 3)
- Resolution of complaints and the outcomes
- Severity assessment (SAM) and risk management information
- Information pertaining to the investigation and the decision-making process
- Recommendations and service improvements
- Correspondence with the complainant
- Electronic records of complaint.

Contacts/concerns may be recorded in the central database. A contact/concern with a high to extreme risk profile, and its escalation to senior management, must be thoroughly documented.

If Ministerial correspondence contains a complaint about the service, care or treatment provided by a health service, it should be recorded in exactly the same manner as a normal complaint. However, it should only be recorded as a new complaint (for reporting purposes) if the complainant has not previously lodged a formal complaint with the health service for the same event(s). A copy of the response prepared for ministerial correspondence should be retained with the complainant's file.

Records of all complaints must be retained for a minimum of seven years by the health service in a central location. Longer periods apply in some circumstances and records staff must be familiar with these. Refer to the *State Records Act 2000*, *State Records Principles, Policies and Standards*¹⁶ and the *Patient Information Retention Disposal Schedule*¹⁷ for further information.

Recording and storage of compliment records

It is recognised that health services receive compliments as well as complaints. Compliments provide an opportunity for health services to utilise positive consumer feedback to offset the perceived negative aspects of health care. It is therefore recommended that health services follow formal processes to record and report compliments and other forms of consumer feedback.

^d For WA Health public health services, this is the Datix Consumer Feedback Module.

Accidents and clinical incidents

Accidents and clinical incidents may become the subject of a complaint. Such incidents may need to be notified to several reporting systems or bodies that are outside the complaint management process.

A proactive approach is encouraged when dealing with all incidents, clinical incidents and complaints. It should be noted that the resolution of a complaint may still be possible despite adverse clinical outcomes.

Potential / actual medico-legal claims – notice and handling

If the clinical incident results, or has the potential to result, in a medico-legal claim (against the health service and/or the clinician(s) involved) the health service shall, as soon as practicable, notify the case as follows:

- **Non-tertiary hospitals:** report **all** actual and potential claims to the Legal and Legislative Services Directorate of the Department of Health, who will then notify RiskCover (and the State Solicitors Office for incidents occurring prior to 1 July 1997) as necessary.
- **Tertiary hospitals:** **all** incidents must be reported to the medico-legal department of the relevant health service. Medico-legal departments will then report the incident to RiskCover if appropriate.

Health service staff who investigate and manage complaints must ensure that they do so in accordance with the RiskCover Fund Guidelines. This requires that staff **do not** make admissions of liability or make any offers of payment or settlement in respect of any claim or potential claim without consulting with the relevant legal department who will liaise with RiskCover.

Clinical incident management system

Complaints Handling Officers should liaise with an appropriate senior officer^e and recommend that the clinical incident is reported through the clinical incident management system.

A copy of the complaint management form may be attached to the Clinical Incident Management (CIM) form for the purpose of clarifying details of the incident.

SAC1 and Sentinel events

If a complaint relates to a SAC1 event (refer to Appendix 1) that has not previously been reported, health service staff must notify the appropriate senior officer^f of the event. This officer must ensure that a SAC1 notification form is completed and forwarded to the PSSU within seven working days of the incident occurring⁶.

Reporting SAC1 events to the Chief Psychiatrist

Under the *Mental Health Act 1996*, complaints relating to SAC1 clinical incidents in mental health services are required to be reported to the Chief Psychiatrist as a matter of first priority after the event occurring. This is in addition to the completion of a SAC1 notification to the PSSU. Refer to the Clinical Incident Management Policy⁶ for further information.

^e Department Head/Director of Medical Services (or equivalent) or delegate

^f Chief Executive/Regional Director/Facility Manager (or equivalent) or delegate

Open disclosure of incidents

In accordance with the WA Open Disclosure Policy⁵, patients must be informed of the probable or definite occurrence of a clinical incident that has resulted in, or is expected to result in, harm to the patient, including the following:

- A defined Sentinel Event that is reportable to the Patient Safety Surveillance Unit, Performance Directorate (refer to Clinical Incident Management Policy⁶)
- A clinical incident that has or is expected to have a significant clinical effect on the patient and that is perceptible to either the patient or the health care team.
- A clinical incident that necessitates a change in the patient's care.
- A clinical incident with a known risk of serious future health consequences, even if the likelihood of that risk is extremely small.
- A clinical incident that requires hospital/health service staff to provide treatment or undertake a procedure without the patient's consent.

Refer to the WA Open Disclosure Policy⁵ for more information.

Reporting of complaints

Refer to the Complaints Management Toolkit for reporting guidelines.

Reporting within the health service

Complaints handling officers should analyse and monitor local complaint issue trends or issues that require quality improvement activity.

Any complaint or contact/concern that attracts a high to extreme risk profile should be reported to senior management within the health service.

Provision of data to Department of Health

The PSSU oversees the monitoring, reporting and management of complaints information at a state level. Complaints data from the previous month must be made available to the PSSU within the first three working days of each month.

- Health services utilising the Datix CFM^g are required to ensure that complaints data are accurate and a contemporaneous account of monthly complaints management activity at the time of extraction.
- Health services not utilising the Datix CFM^h are required to submit monthly complaints data to the requesting officer via email using the prescribed Excel spread sheet (see Toolkit).

National Emergency Access Target reporting

For the purposes of National Emergency Access Target (NEAT) reporting, all applicable hospitalsⁱ must make available the following data on a **monthly** basis :

- number of new complaints received by the hospital for that month, including those received via ministerial correspondence and external agencies.

Monthly reporting

Health services must provide to the PSSU, either through the central database^g or via the prescribed spreadsheet^h, a break-down of the following information on a monthly basis within the timeframe advised by the requesting officer:

- total number of new complaints received per month
- complaints classified into subcategories and issues
- total number of complaint issues per month
- number of complaints carried over (received by the hospital, via ministerial or via external agency)
- number of complaints that were resolved within 30 days of receipt (of those received by the hospital, via ministerial or via external agency)

^g Armadale Health Service, Bentley Health Service, Breastscreen WA, Child and Adolescent Health Service, Dental Health Service, Fiona Stanley Hospital, Fremantle Hospital and Health Service, North Metropolitan Mental Health Service, Osborne Park Hospital, Public Health and Ambulatory Care, Rockingham General Hospital, Royal Perth Hospital, Sir Charles Gairdner Hospital, Swan Kalamunda Health Service, WA Country Health Service, Women and Newborn Health Service.

^h Joondalup Health Campus, Peel Health Campus

ⁱ Albany Hospital, Armadale-Kelmscott Memorial Hospital, Broome Hospital, Bunbury Regional Hospital, Fremantle Hospital, Geraldton Regional Hospital, Hedland Health Campus, Joondalup Health Campus, Kalgoorlie Hospital, King Edward Memorial Hospital, Nickol Bay Hospital, Peel Health Campus, Princess Margaret Hospital, Rockingham General Hospital, Royal Perth Hospital, Sir Charles Gairdner Hospital, Swan District Hospital.

- number of complainants awaiting final responses (of those that lodged complaints to the hospital, a minister or to an external agency)
- number of new complaints referred to an external agency (of those complaints received by the hospital, via ministerial or via external agency)
- number of new compliments and contacts/concerns (optional).

Mental health complaints/complaint issues are to be reported separately for each health service that provides mental health services. Those complaints classified as 'mental health complaints' should refer to the services that the consumer/carer is expressing dissatisfaction for.

Information should be in accordance with the reporting requirements set out in the *Health and Disability Services Complaints Regulations 2010* unless otherwise agreed.

If, despite the best efforts of the health service, a complaint is unable to be resolved and is referred to an external agency, it is considered closed/resolved for reporting purposes; however, it must be reported as a complaint referred to an external agency.

Indicate when a new complaint originated from correspondence addressed to the Minister.

Health services not utilising Datix CFM^k must have appropriate sign-off from the appropriate Executive (data steward) prior to forwarding the data to PSSU to indicate the health service is satisfied with the quality and accuracy of the data. The data steward may delegate this responsibility to the complaints handling officer; however, it is the health services' responsibility to ensure that this is in place.

Annual reporting

Health services make available to the PSSU, either through the central database or the provision of data in the prescribed spreadsheet^l, a monthly break-down of the complaints information on an annual basis within the timeframe advised by the requesting officer.

Information required is equivalent to that which is required for monthly data provision.

Provision of data to the Health and Disability Services (Complaints) Office

The *Health and Disability Services Complaints Act 1995* and *Regulations 2010* legislate for the annual provision of information relating to complaints received by the health service provider, and action taken, to the Health and Disability Services Complaints Office.

The timeframe for provision of this information will be dictated by instructions from the HaDSCO.

- The PSSU will report annual complaints data to HaDSCO for all health services utilising the Datix CFM^k. Health services are required to ensure that complaints data are an accurate and contemporaneous account of annual complaints management activity at the time of extraction.
- Health services not utilising the Datix CFM^l are required to submit annual complaints data directly to HaDSCO using the prescribed mechanisms.

^j Joondalup Health Campus or Peel Health Campus only.

^k Armadale Health Service, Bentley Health Service, Breastscreen WA, Child and Adolescent Health Service, Dental Health Service, Fiona Stanley Hospital, Fremantle Hospital and Health Service, North Metropolitan Mental Health Service, Osborne Park Hospital, Public Health and Ambulatory Care, Rockingham General Hospital, Royal Perth Hospital, Sir Charles Gairdner Hospital, Swan Kalamunda Health Service, WA Country Health Service, Women and Newborn Health Service.

^l Joondalup Health Campus, Peel Health Campus

Reporting of alleged misconduct

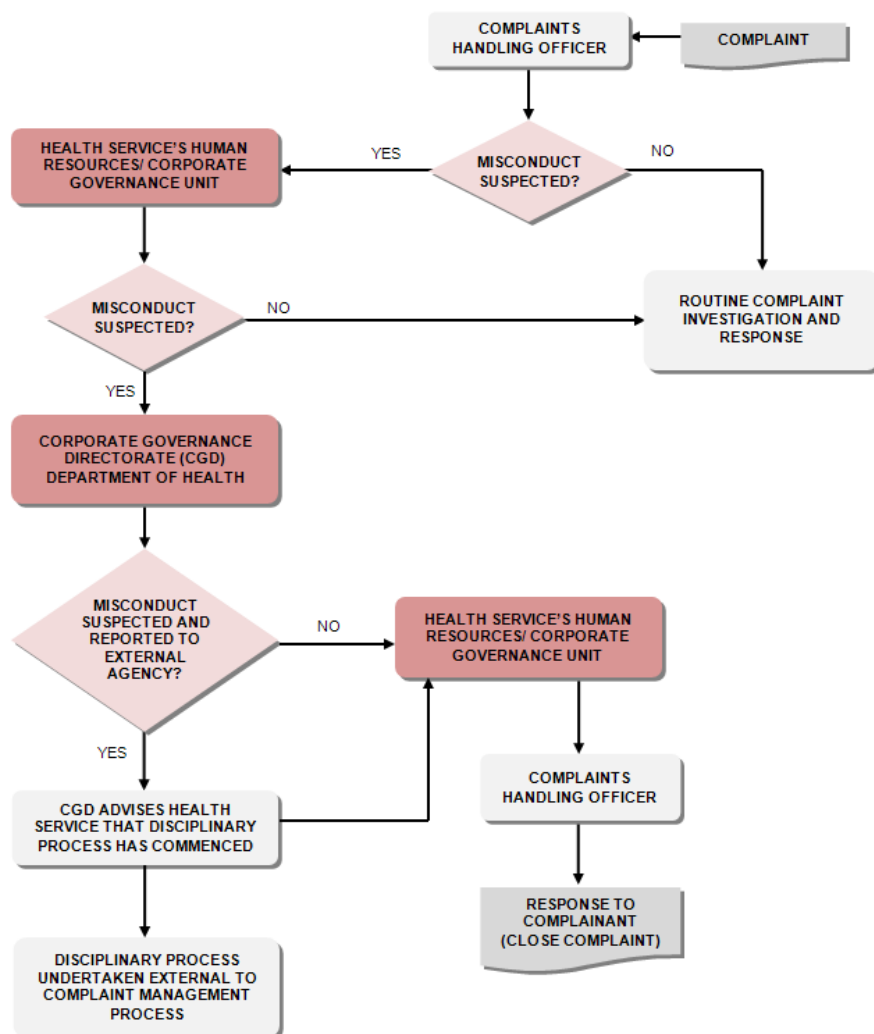
Misconduct (see Appendix 1) may be detected in reporting systems such as that for the management of complaints.

Misconduct includes:

- Misconduct reportable to the Corruption and Crime Commission (CCC) (see Appendix 1)
- Conduct where an employee disobeys or disregards a lawful order
- Conduct which contravenes any provision of the *Public Sector Management Act 1994* or other relevant legislation application to that staff member
- Conduct which contravenes a public sector standard, code of ethics or WA Health Code of Conduct, or WA Health policy.

The Corporate Governance Directorate, DOH, should be consulted if there is any doubt about whether the substance of a complaint qualifies as misconduct.

Misconduct reporting and investigation process



All misconduct must be reported to the Department of Health's Corporate Governance Directorate and health services should have established reporting systems in place to support notification. The Corporate Governance Directorate will review the case and direct the allegation to the suitable agency if and when appropriate to do so.

In making the decision about whether to report, an officer should seek professional advice (e.g. management, governance, human resource or clinical expertise). The seriousness of the allegation must be a consideration. If the decision is made not to report a complaint to Corporate Governance Directorate, a detailed summary of the decision and reasoning must be recorded.

Any complaint that raises issues relating to the following **must** be reported to Corporate Governance.

- Medication issues, where it is suspected the loss of patient's own medication is as a result of the actions of a public officer (e.g. theft)
- Lost property as a result of the actions of a public officer (e.g. theft)
- Breach of confidentiality, where information was provided to a third party not involved with the patient's treatment without their consent
- Failure to comply with the requirements of the *Mental Health Act 1996*
- Claims that a health service / public officer has falsified a certificate
- Reprisal following a complaint – any action causing detriment to a consumer as a result of the complaint
- Fraud or illegal practice of a financial nature
- Inaccuracy of records where it is alleged or suspected that the inaccuracy is an intentional attempt to mislead or conceal
- Performance of illegal practices (e.g. abortion, sterilisation or euthanasia)
- Physical or mental impairment of a health care professional which compromises the care of a consumer (e.g. under the influence of drugs or alcohol)
- Sexual impropriety – behaviour that is sexually demeaning to a consumer including comments or gestures
- Sexual misconduct
- Aggression / assault (verbal or physical)

The following complaint issues may allege elements of misconduct and should be reported to Corporate Governance at the senior officer's^m discretion.

- Inappropriate verbal or non-verbal communication
- Inadequate treatment / therapy
- Failure to provide safe environment (e.g. inappropriate use of restraints)
- Failure to ensure privacy
- Breach of confidentiality, where there was careless communication and/or handling of a consumer's information or medical records
- Unprofessional behaviour.

^m For the purposes of this Policy, an officer refers to the appropriate staff member whose duty and responsibility it is to determine whether a complaint should be reported to the Department of Health's Corporate Governance unit, and to report it if appropriate. The department in which this responsibility lies may vary between health services.

Reporting of compliments, contacts or concerns

Internal monitoring and analysis of compliments, contacts and concerns is at the discretion of the health service; however, it is recommended as it provides an indication of consumer engagement within the health service.

Appendix 1: Definitions

Apology	As per section 5AF of the <i>Civil Liability Act 2002</i> and means “an expression of sorrow, regret or sympathy by a person that does not contain an acknowledgement of fault by that person”.
Assault	<p>The following is an extract from section 222 of the <i>Criminal Code Act Compilation Act 1913</i>:</p> <p>“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.”</p>
Australian Standard	AS ISO 10002-2006 Customer satisfaction – Guidelines for complaints handling in organizations ² .
Carer	<p>Section 5 of the <i>Carers Recognition Act 2004</i> states the meaning of carer as:</p> <ol style="list-style-type: none"> 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- <ol style="list-style-type: none"> a. a person with a disability as defined in the <i>Disability Services Act 1993</i> section 3; b. a person who has a chronic illness, including a mental illness as defined in the <i>Mental Health Act 1996</i> 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) A person is not a carer if he or she – <ol style="list-style-type: none"> a. provides the care or assistance under a contract for services (other than an agreement entered into under the <i>Disability Services Act 1993</i> section 25) or a contract of service; or b. provides the care or assistance while doing community work as defined in the <i>Volunteers and Food and Other Donors (Protection from Liability) Act 2002</i> section 3(1). 3) A person is not a carer for the purposes of this Act only because: <ol style="list-style-type: none"> 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 <i>Children and</i>

	<i>Community Services Act 2004</i> in the administration of that Act.
Clinical Incident	<p>A clinical incident is an event or circumstance resulting from health care which could have, or did lead to unintended and/or unnecessary harm to a patient/consumer.</p> <p>Clinical incidents include:</p> <ul style="list-style-type: none"> • Near misses – incidents that may have, but did not cause harm, either by chance or through timely intervention • Adverse events – an injury/harm caused by medical management or complication thereof, instead of the underlying disease. It results in an increase in the level of care and/or prolonged hospitalisation and/or disability at the time of discharge. Medical management refers to management under health care services. • Sentinel events – refers to unexpected occurrences involving death or serious physical or psychological injury, or risk thereof.
Clinician	For the purpose of this policy, clinician refers to all health care professionals providing clinical care, including doctors, nurses, midwives and allied health professionals.
Complainant	A person (or organisation) that makes a complaint regarding any aspect of a service provided by a health service.
Complaint	An expression of dissatisfaction by or on behalf of an individual consumer/carer regarding any aspect of a service provided by a health service. A complaint can be made verbally or in writing.
Complaint category	For complaint data collection to be compatible across a range of health services, ten complaint categories have been developed to assist in identifying common factors in complaints. See Appendix 3 for a complete list.
Complaint issue	Complaint categories are further subdivided into complaint issues, which aim to accurately identify and reflect the specific matters relating to each complaint. Refer to Appendix 3 for a full list of complaint issues in their respective complaint categories.
Complaints Handling Officer	For the purpose of this Policy, a Complaints Handling Officer is taken to mean an officer employed by a health service within WA Health that undertakes the dedicated functions of receipt, investigation or reporting of complaints; and/or fulfils consumer liaison role (e.g. Customer Liaison Officer, Consumer Liaison Officer, Complaints Coordinator or any equivalent role).
Corruption and Crime Commission Reportable Misconduct	<p>Section 4 of the <i>Corruption and Crime Commission Act 2003</i> established that misconduct occurs if –</p> <ul style="list-style-type: none"> a) a public officer corruptly acts or corruptly fails to act in the performance of the functions of the public officer's office or employment b) a public officer corruptly takes advantage of the public officer's office or employment as a public officer to obtain a benefit for himself or herself or for another person or to cause a detriment to

	<p>any person</p> <p>c) A public officer engages in conduct that –</p> <ol style="list-style-type: none"> adversely affects, or could adversely affect, directly or indirectly, the honest or impartial performance of the functions of a public authority or public officer whether or not the public officer was acting in their public officer capacity at the time of engaging in the conduct constitutes or involves the performance of his or her functions in a manner that is not honest or impartial constitutes or involves a breach of the trust placed in the public officer by reason of his or her office or employment as a public officer involves the misuse of information or material that the public officer has acquired in connection with his or her functions as a public officer, whether the misuse is for the benefit of the public officer or the benefit or detriment of another person, and constitutes or could constitute – an offence against the <i>Statutory Corporations (Liability of Directors) Act 1996</i> or any other written law; or a disciplinary offence providing reasonable grounds for the termination of a person's office or employment as a public officer under the <i>Public Sector Management Act 1994</i> (whether or not the public officer to whom the allegation relates is a public service officer or is a person whose office or employment could be terminated on the grounds of such conduct).
Patient/Consumer	<p>Patient refers to any person receiving health care from a WA Health service either as an inpatient, outpatient or community setting.</p> <p>With regard to this policy, a consumer may also include the following:</p> <ul style="list-style-type: none"> • carers • relatives • friends • visitors • suppliers • health professionals external to the organisation • other concerned individuals, agencies or groups.
Contact/concern	<p>Feedback from consumers/carers regarding any aspect of service where:</p> <ul style="list-style-type: none"> • they state that they do not wish to lodge a formal complaint • the issue can be resolved without going through the formal complaint process. <p>An expression of concern should be noted and any action taken documented as part of the quality improvement or risk management process appropriate to the circumstances. A contact/concern must not be logged in the complaint database.</p>
Disability	In accordance with the <i>Disability Services Act 1993</i> , disability means a

	<p>disability –</p> <ul style="list-style-type: none"> 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 – <ul style="list-style-type: none"> i. a substantially reduced capacity of the person for communication, social interaction, learning or mobility; and ii. a need for continuing support services.
Disclosure	<p>Providing consumers with 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, and communicating information to carers regarding decisions that may impact them.</p>
Health service	<p>Any person, hospital, group or other facility providing health care services to a consumer.</p> <p>For the purposes of reporting, health services obligated to report to the Patient Safety Surveillance Unit include:</p> <ul style="list-style-type: none"> • Armadale Health Service • Bentley Health Service • Breastscreen WA • Child and Adolescent Health Service • Dental Health Service • Fremantle Hospital and Health Service • Joondalup Health Campus (public patients only) • Osborne Park Hospital • Peel Health Campus (public patients only) • Public Health and Ambulatory Care • Rockingham General Hospital • Royal Perth Hospital • Sir Charles Gairdner Hospital • Swan Kalamunda Health Service • WA Country Health Service (by region: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, Great Southern, South West) • Women and Newborn Health Service.
Incident	<p>Any event that has occurred throughout a consumer's experience with the health service that has resulted in the consumer expressing either satisfaction or dissatisfaction with the health service (may or may not be expressed through the lodgement of a formal compliment or complaint).</p> <p>For the purpose of this Policy, the term incident may also refer to a clinical incident.</p>
Open disclosure	<p>The open discussion of an incident that results in harm (or might result in future harm) to a patient/consumer while receiving health care.</p>

Procedural fairness / natural justice	<p>There are two primary rules of natural justice. The ‘hearing rule’ is that people who will be affected by a proposed decision must be given an opportunity to express their views to the decision maker. The ‘bias rule’ is that the decision maker must be impartial and must have no personal stake in the matter to be decided.</p> <p>The ombudsman refers to procedural fairness as that which “is concerned with the procedures used by a decision-maker, rather than the actual outcome reached. It requires that a fair and proper procedure is used when making a decision....a decision-maker who follows a fair procedure will reach a fair and correct decision”.¹⁶</p>
Qualified privilege	<p>The legal prohibition which may restrict the disclosure of information and documentation created for the purpose of investigations into clinical incidents in accordance with the provisions of the <i>Health Services (Quality Improvement) Act 1994</i>.</p>
Resolution	<p>Describes either:</p> <ul style="list-style-type: none"> • The process of managing a complaint to determine an appropriate response to the complainant or • The point at which a complainant has been provided with information about the outcome of their complaint following appropriate review by the health service; including an account of any decision/s made and factors contributing to those decisions, and any action/s taken to address the concerns. Note that the use of the term ‘resolution’ does not imply that the matter has been resolved to the complainant’s satisfaction. Complaints handling officers should engage with consumers/carers throughout the complaint management process to facilitate a mutually satisfactory outcome.
SAC	<p>Severity Assessment Code is the assessment of consequences associated with a clinical incident. The SAC rating (1, 2 or 3) is used to determine the appropriate level of analysis, action and escalation.</p> <p>SAC1 includes all clinical incidents/near misses where serious harm or death is/could be specifically caused by health care rather than the patient’s underlying condition or illness. In WA, SAC1 also includes the eight nationally endorsed sentinel event categories.</p> <p>SAC2 includes all clinical incidents/near misses where moderate harm is/could be specifically caused by health care rather than the patient’s underlying condition or illness.</p> <p>SAC3 includes all clinical incidents/near misses where minimal or no harm is/could be specifically caused by health care rather than the patient’s underlying condition or illness.</p>
Sentinel event	<p>Refers to unexpected occurrences involving death or serious physical or psychological injury/harm or risk thereof.</p> <p>There are eight nationally endorsed sentinel event categories. Preventable deaths identified via mortality review processes are to be notified as a SAC1 event.</p>

UMRN	Unit/Unique Medical Record Number
Vexatious complaints	The purpose of these complaints is to harass, annoy, delay or cause detriment rather than genuinely intending to resolve the grievance. They also include complaints which are instituted or pursued without reasonable grounds ⁿ .

ⁿ Refer to the Australian Standard on Customer Satisfaction – Guidelines for complaints handling in organizations². The *Vexatious Proceedings Restriction Act 2002* (section 3) defines vexatious proceeding in the context of cases brought before courts and tribunals. Whilst this Act is not directly applicable in the context of health service complaints, the definition at section 3 of the Act offers guidance on the meaning of 'vexatious'.

Appendix 2: Guiding Principles

Rights and responsibilities of consumers

Consumers can expect to:

- Be treated with respect, dignity and consideration for their privacy
- Have complaints treated as genuine and be properly investigated
- Be given appropriate and easily understood information regarding the complaint process
- Be asked what outcome they are seeking from the complaint to inform resolution
- Have their complaint issues adequately addressed
- Participate in decisions about the management of their complaint
- Have information about their complaint filed separately from their health record
- Have personal information remain confidential within the complaint management process, unless otherwise agreed or required at law
- Be able to comment on the progress of the complaint management process
- Have their comments regarding their experience of the complaint process respected, documented and acted upon as appropriate
- Feel that their access to, and treatment by, the health service has not been compromised because they have made a complaint.

Consumers are expected to:

- Provide relevant information to the health service staff regarding their complaint
- Respect the role of health service staff and their right to respond to a complaint
- Treat all health service staff with courtesy and consideration
- Request assistance and further information when unsure about information provided to them regarding the complaint management process
- Keep appointments, bringing relevant documents and information
- Raise any concerns about the complaint management process with the health service staff as soon as possible.

Promotion, accessibility and transparency of the complaint management process

Health services shall encourage all consumers/carers to provide feedback, concerns and complaints by following these standard guidelines:

- Receive and accept complaints and provide opportunities to give feedback about their service
- Acknowledge the consumer's right to complain by publicising and promoting information on how consumers and carers can lodge a complaint
- Promote feedback by offering a variety of ways for consumers and carers to raise concerns and lodge complaints
- Encourage complainants to bring a support person to any meetings with health service staff
- Provide information to consumers, carers and staff in a format that they can understand and give further explanation or assistance when requested
- Confirm the receipt of a verbal complaint and give a written summary to the complainant

- Operate a complaint management process that recognises the importance of openness, accountability, service improvement and the provision of just outcomes
- Provide anonymity of complainants, where possible
- Where a complaint is submitted anonymously, it must be processed and managed in the same way as ordinary complaints with the exception of correspondence requirements
- Assess all complaints against risk assessment criteria to determine the level of risk and appropriate response
- Assess all complaints to decide the most appropriate complaint resolution process, taking into account the seriousness, complexity and the wishes of the complainant
- Provide assistance to staff on completing a report in response to a complaint and accessing counselling/debriefing services as necessary
- Make sure the documentation of the complaint management process is thorough and consistent
- Ensure that people with disabilities have the same opportunities as other people to make complaints.

Organisational commitment to effective complaint management

Health services shall demonstrate their commitment to appropriate management of complaints regarding health care by:

- Providing sufficient resources to make sure all complaints are adequately managed, investigated and reported to senior management
- Assigning the responsibility for effective complaint management to all managers
- Developing and implementing a defined complaint management process
- Managing the complaint resolution process within required time frames
- Making clearly defined information systems and ongoing training and educational resources available to enable all health service staff to manage complaints
- Providing support processes for health service staff dealing with complaints.

Fairness and accountability

The complaint management process will ensure that:

- Complainants can withdraw their involvement with a complaint at any stage
- The type and depth of the investigation is appropriate for each complaint, is complete and demonstrates accountability by the health service
- Complainants receive support during the complaint management process and expect no retribution as a consequence of lodging a complaint. Any difficulties should be referred back to the complaints coordinator responsible for the complaint management process.
- Complainants and those against whom a complaint is lodged are given procedural fairness/natural justice throughout the investigation
- Complaints are recorded separately to the complainants medical record
- Complaint documentation is located and stored in a central location with restricted access
- The health service records all complaints to enable review of individual cases, identification of trends and risks, and reports on how complaints have led to systemic improvement.

Complaints deemed to be vexatious, ill-intentioned or trivial may be referred to senior executive level by complaints coordinators, where they can be managed on a more discretionary basis. All such actions should be documented thoroughly and communicated with complainants.

Health services shall strive to create a culture of accountability that includes:

- Management and senior staff having responsibility for effective complaint handling by:
 - ensuring staff are provided with appropriate complaint management training
 - developing, monitoring and reporting performance criteria for complaint handling
 - reviewing local complaint management processes on an annual basis, including information on actions taken in response to complaints
 - demonstrating a proactive approach to consumer and staff feedback.
- Each staff member accepting appropriate responsibility for safety, quality and complaints.

Timeliness of response

Health services shall demonstrate commitment to the resolution of complaints in a timely manner by:

- Acknowledging the complaint within five working days of receipt of the initial complaint
- Informing the complainant of the approximate time that it will take to resolve the complaint
- Commencing an investigation of the complaint within five working days of receipt of the complaint
- Resolving complaints within 30 working days of receipt, or as soon as practicable, in the best interest of all parties
- Advising the complainant if there is a delay and providing updates on the progress of the investigation at 15 day intervals.

Privacy and disclosure

The health service will ensure that:

- Documented policies and procedures on confidentiality and disclosure are understood by staff and provided to consumers
- Complainants are advised how their personal information is likely to be used at the time a complaint is first acknowledged
- Complaint records are collected and stored separately from the complainants medical record – any information identifying the complainant is used only for the purpose of complaint resolution
- Complainants 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.

Continuous services improvement

Health services shall regularly evaluate policies and practices relating to complaint management, which should include:

- Rapid and effective notification to senior management of all complaints with significant or severe risk, with an action plan and review process to show that action has been taken

- Staff members implicated in complaints should be informed of, and included in the complaint management process
- 'Closing the loop' by making sure that recommendations from reviewed complaints are implemented, reviewed and evaluated
- Evaluating the policies and practices for complaints management to determine their effectiveness and make improvements
- Monitoring whether complainants are satisfied or dissatisfied with the complaint resolution process
- Auditing the complaint management system against predetermined criteria
- Involving consumers and carers in the implementation and review of quality improvement activity where appropriate
- Involving consumers, carers and staff in the design and evaluation of the complaint management process.

Appendix 3: Complaint Categorisation List, Definitions and Examples

This list provides a description of the ten broad complaint categories and their respective complaint issues; and, includes:

- definitions of complaint issues, which are intended to assist complaint coordinators to recognise and record similar complaints issues in similar categories
- some examples of the type of complaints collected in the category under each complaint issues.

This is not intended to be a complete list.

	TIER 1	TIER 2	TIER 3
A1.1	Access	Delay in admission/treatment	After client is at the point of service
A1.2			Excessive waiting time for diagnostic testing
A1.3			Delay in diagnostic testing leading to delay in treatment
A2.1		Waiting list delay	Unreasonable wait for elective surgery/procedure
A2.2			Waiting time to gain appointment to an outpatient clinic
A2.3			Lack of review if case becomes acute
A2.4			Further postponement after a date has been set
A2.5			Too many cancellations
A2.6			Surgery cancelled at the last minute
A3.1		Staff member or contractor unavailable	Provider fails to keep an agreed appointment
A3.2			Frequent cancellation of appointments
A4.1		Inadequate resources/lack of service	Inadequate human resources/equipment/facilities
A4.2			Lack of service
A5.1		Refusal to provide services	Refusal to admit a consumer
A5.2			Refusal to treat/accept a consumer
A6.1		Failure to provide advice about transport options when necessary	Failure to provide authorised ambulance transport
A6.2			Delay/failure to provide inter-hospital health service transport
A6.3			Failure to provide assistance for travel
A7.1		Physical access/entry	Impediment to entry to a hospital or health service
A7.2			Inadequate measures for safe and equitable access

	TIER 1	TIER 2	TIER 3
A8.1		Parking issues	Inadequate short term parking
A8.2			Inadequate set-down/pick-up parking
A8.3			Inadequate visitor parking
A8.4			Inadequate external provider parking
A8.5			Inadequate disabled parking
B1.1	Communication	Inadequate medical information provided	Inadequate information about diagnostic testing
B1.2			Inadequate information about treatment options
B1.3			Inadequate information about alternative procedures
B1.4			Inadequate information about risks
B2.1		Inadequate information about services available	Location of service not suitable
B2.2			Lack of discussion between health service and consumer
B3.1		Misinformation/failure in communication (not failure to consult)	Given inaccurate/wrong information
B3.2			Given confusing/conflicting information
B3.3			Delayed information
B4.1		Inadequate/inaccurate personal information in a medical record	Incomplete personal information in a medical record
B4.2			Inaccurate personal information in a medical record
B5.1		Inadequate written communication	No brochure/leaflet available
B5.2			No written confirmation of verbal instructions given
B5.3			No information in language other than English
B6.1		Inappropriate verbal/non-verbal communication	Careless comments or person speaking beyond their authority
B6.2			Inappropriate demeanour/non-verbal communication
B7.0		Failure to listen to consumer/representative/carer/family	
C1.1	Decision making	Failure to consult and involve in decision-making process	Failure to consult consumer
C1.2			Failure to consult consumer representative
C2.1		Choice regarding treatment as public/private patient	Classification as a public not private consumer, or vice versa
C2.2			Failure to explain options for choice of status
C2.3			Confusion between fee-for-service and public status

	TIER 1	TIER 2	TIER 3
C3.1		Consent not informed	Inadequate information to enable informed decision
C3.2			Inadequate information about treatment options
C3.3			Inadequate information about risk/complications
C4.1		Consent not obtained	Additional treatment/surgical procedure provided
C4.2			Removal of tissue/body part
C4.3			Medication administration
C5.1		Consent invalid	Not voluntary
C5.2			Did not cover procedure performed
C5.3			Given by person without legal capacity to consent
C5.4			Older than 3 months without further discussion/review
C5.5			Withdrawn and not acknowledged or acted upon
D1.1	Quality of clinical care	Inadequate assessment	Condition or injury was overlooked or wrongly identified
D1.2			Delay in assessment of new symptoms
D1.3			Inadequate level of diagnosis
D1.4			Inadequate medical history taken
D1.5			Inadequate investigation of symptoms
D2.1		Inadequate treatment/therapy	Negligent treatment
D2.2			Inexperience for complexity of the procedure
D2.3			Failure/delay to give emergency treatment
D2.4			Inadequate standard of performance of treatment/procedure
D2.5			Inadequate level of observation
D2.6			Inadequate amount of therapy
D2.7			Inadequate assistance with activities of daily living
D2.8			Inadequate patient education
D2.9			Inadequate pressure area care
D2.10			Wrong treatment
D2.11			Incorrect choice of treatment made/offered
D2.12			Delay in treatment
D2.13			Failure in duty of care
D2.14			Rough treatment
D2.15			Equipment and/or supplies not available

	TIER 1	TIER 2	TIER 3
D3.1		Poor coordination of treatment	Conflicting decisions by different treating specialties
D3.2			Poor communication between and within the treating teams
D3.3			Too many changes of beds/wards and/or treating practitioners
D3.4			Moved or cared for outside of own specialty area
D4.1		Failure to provide safe environment	Complaints of slips/trips/falls
D4.2			Inadequate/inappropriate use of restraints
D4.3			Inadequate assistance and/or observation
D4.4			Assistance with ambulation not offered when required
D4.5			Aids not offered or provided
D4.6			Exposure to dangerous items/equipment/people
D4.7			Assault - patient to patient
D4.8			Sexual assault - patient to patient
D4.9			Inappropriate sexual conduct - patient to patient
D5.1		Pain issues	Inadequate pain control
D5.2			Inadequate analgesia given before/after treatment/procedure
D5.3			Unnecessary pain inflicted during a treatment/procedure
D5.4			Delay in receiving analgesia or summoning medical attention
D6.1		Medication issues	Prescribing error (prescription/person/dose/site/time/route)
D6.2			Medication prescribed despite documented allergy
D6.3			Dispensing error (prescription/person/dose/site/time/route)
D6.4			Drug not given or given multiple times
D6.5			Medication dispensed despite documented allergy
D6.6			Loss of patient's own medication
D7.0		Post-surgery complications	
D8.0		Post procedure complications	
D9.1		Inadequate infection control	Poor hygiene practices
D9.2			Equipment not cleaned/sterilised
D10.1		Patient's test results not followed up	Failure to review test results

	TIER 1	TIER 2	TIER 3
D10.2			Failure to act on test results
D10.3			Failure to refer abnormal test results if patient discharged
D11.1		Discharge or transfer arrangements	Premature discharge
D11.2			Unsuitable/delayed discharge/transfer
D11.3			Inadequate discharge planning
D11.4			Lack of continuity of care/follow-up
D11.5			Patient discharged with unplanned cannula/suture in situ
D12.1		Refusal to refer or assist to obtain a second opinion	Refusal to refer patient/client for specialist treatment
D12.2			Inappropriate/inadequate referral
D12.3			Delay in referring
E1.1	Costs	Inadequate information about costs	Prior to treatment/service
E1.2			Information was partial or misleading/confusing
E2.1		Unsatisfactory billing process	Item numbers used in a disadvantageous way
E2.2			Extra fees for service, normally included in global fee
E2.3			Unreasonable penalties for late payment
E2.4			Refusal to offer a range of payment options
E3.1		Amount charged	Fee/account for a particular treatment
E3.2			Fee/account for a particular procedure
E3.3			Fee/account for a particular consultation
E3.4			Fee/account for accommodation
E4.1		Over-servicing	Too frequent consultations
E4.2			Ordering unnecessary tests
E4.3			Recurrent bulk billing visits to hostels/nursing homes
E4.4			Repetition to tests already completed by GP
E5.0		Private health insurance and claim handling	
E6.1		Lost property	Failure to acknowledge loss/replacement/reimbursement
E6.2			Unsatisfactory process for safekeeping of consumer property
E6.3			Loss/damage of personal property
E7.1		Responsibility for costs and resourcing	Unsatisfactory facilitation of the reimbursed process
F1.1	Rights, respect and	Consumer rights (WA Public Patients' Hospital Charter)	Failure to provide information about existence of the

	TIER 1	TIER 2	TIER 3
	dignity		WAPPHC
F1.2			Failure to comply with the WAPPHC
F2.1		Inconsiderate service/lack of courtesy	Lack of politeness/kindness
F2.2			Ignoring/negative attitude
F2.3			A patronising/overbearing manner
F3.0		Absence of compassion	
F4.1		Failure to ensure privacy	Consumer's personal privacy not maintained
F4.2			Failure to offer appropriate clothing/cover
F4.3			Demeaning/humiliating care during treatment
F5.1		Breach of confidentiality	Provision of information to a third party without consent
F5.2			Careless communication and/or handling of medical records
F6.1		Discrimination leading to less favourable health treatment	On one of the civil grounds in anti-discrimination law or covenant
F6.2			Public consumer treated less favourably than private consumer
F7.1		Failure to fulfil Mental Health legislation requirements	Failure in provision of information about rights
F7.2			Failure in documentation of involuntary status
F8.1		Translating and interpreting services problems	Lack of information about the right to access an interpreter
F8.2			Lack of arrangements for an interpreter to attend when required
F8.3			Lack of availability of an interpreter
F9.1		Certificate or report problem	Failure to provide a correct certificate/report when requested
F9.2			Failure to certify in accordance with the law
F9.3			Failure to pass on information to an authorised person
F9.4			Claims of falsification of a certificate
F10.0		Denying/restricting access to personal health records	
G1.1	Grievances	Response to a complaint	No response
G1.2			Inadequate response
G1.3			Unacceptable delay in response
G1.4			Dissatisfaction with the outcome

	TIER 1	TIER 2	TIER 3
G2.0		Retaliation/negative outcomes as a result of making a complaint	
H1.0	Corporate services	Administrative actions of a hospital/health service	
H2.1		Records management	Unsatisfactory storage of a medical record
H2.2			Unsatisfactory disposal of a medical record
H2.3			Loss of medical record
H3.1		Catering	Unsatisfactory quality/amount/variety/temperature of food
H3.2			Unsatisfactory provision of culturally appropriate food choices
H3.3			Failure to provide suitable therapeutic diet
H3.4			Lack of consultation of consumer preferences in therapeutic diet
H3.5			Requested meals not provided
H4.1		Physical surroundings/environment	Inadequate privacy in shared facilities
H4.2			Inadequate space/facilities for consumer and their belongings
H4.3			Inadequate lighting
H4.4			Inadequate temperature control
H4.5			Poorly maintained/run down facilities
H4.6			Unacceptable noise
H4.7			Failure to enforce no smoking in designated areas
H5.1		Security	Inadequate security measures regarding people or personal safety
H5.2			Inadequate security measures regarding personal belongings
H6.1		Cleaning/maintenance	Inadequate provision of a clean environment
H6.2			Inadequate maintenance of environment
I1.1	Professional conduct	Inaccuracy of records	Failure to document/record information given by a consumer
I1.2			Documented opinionated comments/non-substantiated conclusions

	TIER 1	TIER 2	TIER 3
I1.3			Illegibility of records
I2.0		Illegal practices	
I3.0		Physical/mental impairment of health professional	
I4.0		Sexual impropriety	
I5.1		Sexual misconduct	Any touching of a sexual nature
I5.2			Any sexual relationship with a consumer
I6.0		Aggression/assault	
I7.0		Unprofessional behaviour	
I8.0		Fraud/illegal practice of financial nature	
J1.0	Carers Charter	Failure to consider the needs of a carer	
J2.0		Failure to consult a carer	
J3.0		Failure to treat a carer with respect and dignity	
J4.0		Unsatisfactory complaint handling of carer's complaint	

Appendix 4: Additional Information for the Classification and Rating of Complaints

Severity of the complaint

This 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 Security¹⁹. The Seriousness Assessment Matrix should be used to assist health services to evaluate the seriousness of a complaint and potential level of risk to the health service and to future consumers.

Consumer objective

Refers to what actions the complainant feels should be taken in response to their complaint, or what outcomes should be achieved. This could include one or more of the following:

1. Registration of concern
 - Complainant wishes to bring the issue to the notice of the hospital / health service but may, or may not, want ongoing involvement
 - Complainant does not want a response but still wants to initiate action
2. Receipt of an explanation
 - Complainant wishes to initiate an investigation and explanation of why something has occurred rectify
3. Resolve adverse outcome (non-clinical, non-financial outcome)
 - Complainant seeks remedial action to rectify an adverse outcome (e.g. return of lost property)
4. Receipt of an apology
 - Complainant believes there has been wrongdoing and they are entitled to an apology from the hospital/health service or staff member involved
5. Obtaining a refund/compensation
 - Costs incurred as a result of the incident
 - Damage or loss (financial, material or personal)
6. Obtaining access to service
 - Complainant expects the service previously sought to be received
7. Initiate a change in policy or practice
8. Hospital / health service accepts responsibility
 - Health service accepts and acknowledges its responsibility for the complaint. They 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 issues/s for the complainant.

1. Concern registered
2. Explanation provided
3. Apology provided from the hospital / health service or staff member involved
4. Costs refunded or reduced
5. Compensation received
6. Services provided

7. Change in practice/procedure effected
8. Change in policy effected
9. Hospital / health service accepts and acknowledges responsibility for the complaint – employee is counselled and/or offered performance support and development in accordance with hospital / health service policy.
10. Complaint has been withdrawn.

Recommendations / action taken as a result of this complaint

The following list provides examples of actions that were taken in response to the complaint:

- recommendations are made to the relevant health service manager
- quality improvement activity, including risk management initiatives and system-wide changes initiated
- policy written or modified
- procedure/practice modified
- training/education of staff provided
- staff member or affiliate counselled and/or offered performance support and development in accordance with health service policy
- duties have been modified
- no further action required.

References

These references were correct at time of publication; refer to updated versions when available.

1. Australian Council for Safety and Quality in Health Care. Complaints Management Handbook for Health Care Services [internet]. 2005. Commonwealth of Australia. [cited 2013 January 22]. Available from: http://www.safetyandquality.health.wa.gov.au/docs/complaints/ACSQHC%20complntmg_mthbk.pdf.
2. Standards Australia. Customer Satisfaction – Guidelines for complaints handling in organizations ISO 10002 [internet]. 2006. [cited 2010 November 17]. Available from: SAI Global Online.
3. Department of Health. WA Health Misconduct and Discipline Policy [internet]. 2011. Government of Western Australia. [cited 2012 December 08]. Available from: http://www.health.wa.gov.au/circularsnew/circular.cfm?Circ_ID=12788.
4. Department of Health. Western Australian Health Complaints Management Toolkit [internet]. 2015. Government of Western Australia. Available from: http://www.safetyandquality.health.wa.gov.au/involving_patient/complaints_resources.cfm.
5. Department of Health. WA Open Disclosure Policy: Communication and Disclosure Requirements for Health Professionals Working in Western Australian [internet]. 2009 (amended 2012). Government of Western Australia. [cited 2012 December 08]. Available from: <http://www.health.wa.gov.au/circularsnew/attachments/395.pdf>.
6. Department of Health. Clinical Incident Management Policy [internet]. 2012. Government of Western Australia. [cited 2013 February 28]. Available from: http://www.health.wa.gov.au/CircularsNew/circular.cfm?Circ_ID=12939.
7. Department of Health. Clinical Risk Management Guidelines for Western Australian Health System [internet]. 2005. Government of Western Australia. [cited 2013 January 22]. Available from: http://www.safetyandquality.health.wa.gov.au/docs/clinical_risk_man/Clinical_risk_management_guidelines_wa.pdf.
8. Commonwealth Ombudsman. Better Practice Guide to Complaint Handling [internet]. 2009. Commonwealth of Australia. [cited 2013 January 22]. Available from:

<http://www.ombudsman.gov.au/docs/better-practice-guides/onlineBetterPracticeGuide.pdf>.

9. Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards [internet]. 2011. Australian Commission on Safety and Quality in Health Care. [cited 2013 February 26]. Available from: <http://www.safetyandquality.gov.au/publications/national-safety-and-quality-health-service-standards/>.
10. Department of Health. WA Health Employee Grievance Resolution Policy [internet]. 2013. Government of Western Australia. [cited 2013 July 3]. Available from: http://www.health.wa.gov.au/CircularsNew/circular.cfm?Circ_ID=12970.
11. Department of Health. Consent to Treatment Policy for the Western Australian Health System 2011 [internet]. 2011. Western Australian Government. [cited 2013 January 23]. Available from: http://www.health.wa.gov.au/CircularsNew/circular.cfm?Circ_ID=12789.
12. Department of Health. Health Risk Management Policy and Framework [intranet]. 2005. Government of Western Australia. [cited 2013 January 22]. Available from: http://intranet.health.wa.gov.au/corporategovernance/docs/RiskManagement_Policy-Framework.pdf.
13. Department of Health. Health Risk Management General Procedures Manual [intranet]. 2005. Government of Western Australia. [cited 2013 January 22]. Available from: http://intranet.health.wa.gov.au/corporategovernance/docs/RiskManagement_GeneralProceduresManual.pdf.
14. Ombudsman Western Australia. Guidelines: Dealing with unreasonable complainant conduct [internet]. 2009. Government of Western Australia. [cited 2013 February 13]. Available from: http://www.ombudsman.wa.gov.au/Publications/Documents/guidelines/Unreasonable_Complainant_Conduct_Manual.pdf.
15. Ombudsman Western Australia. Managing unreasonable complainant conduct: Practice Manual [internet]. 2009. Government of Western Australia. [cited 2013 January 22]. Available from:
16. State Records Office of Western Australia. Principles, Policies and Standards [internet]. 2002. Government of Western Australia. [cited 2013 January 23]. Available from: <http://www.sro.wa.gov.au/state-recordkeeping/principles-policies-and-standards>.

17. Department of Health. Patient Information Retention and Disposal Schedule: Version 3 [internet]. 2008. Government of Western Australia. [cited 2013 January 23]. Available from: http://www.health.wa.gov.au/CircularsNew/circular.cfm?Circ_ID=12403.
18. Ombudsman Western Australia. Guidelines: Procedural fairness (natural justice) [internet]. 2009. Government of Western Australia. [cited 2013 January 23]. Available from: <http://www.ombudsman.wa.gov.au/Publications/Documents/guidelines/Procedural-fairness-guidelines.pdf>.
19. Department of Treasury. Financial Administration Bookcase: Treasurer's Instruction 825 Risk Management and Security [internet]. 2012. Update no. 68. Western Australian Government. [cited 2013 January 22]. Available from: http://www.treasury.wa.gov.au/cms/uploadedFiles/Treasury/Legislation/fab_update.pdf.

This document can be made available in alternative formats on request for a person with a disability.

© Department of Health 2012



Government of **Western Australia**
Department of **Health**

WA Health Complaints Management Toolkit

2015

WA Health Complaint Management Toolkit 2015

Patient Safety Surveillance Unit
Patient Safety and Clinical Quality
Western Australian Department of Health
189 Royal Street, East Perth, Western Australia 6004
Website: www.safetyandquality.health.wa.gov.au

The Western Australian Health Complaints Management Toolkit is to be used in conjunction with the Western Australian Health Complaint Management Policy 2015, available at www.safetyandquality.health.wa.gov.au.

The Complaints Management Toolkit is protected by copyright. Copyright resides with the State of Western Australia. Western Australian health services may download, display, print, reproduce and edit this material for non-commercial use within the organisation for the aim stated in this toolkit. Apart from any other use permitted by the *Copyright Act 1968 (Cth)*, all other rights are reserved. Requests for further authorisation should be directed to the Patient Safety Surveillance Unit (PSSU), Patient Safety and Clinical Quality, WA Department of Health.

Contents

Acronyms	3
Introduction	4
Complaint Management – Recording and Documentation of Information	5
Suggested Reporting Fields – Complainant and Consumer	5
Suggested Reporting Fields – Provider	6
Statistical Reporting	7
National Emergency Access Target reporting	7
Monthly reporting	7
Annual reporting	9
Provision of data to the Health and Disability Services (Complaints) Office	9
Data definitions	10
Definitions	10
New complaints	11
Complaint issues	12
Complaint resolution rate	13
Outstanding complaints	14
Example spreadsheet	15
Investigation	17
Plan investigation	17
Conducting interviews	17
Analysis and review	18
Sample forms and checklists	19
Example form 1: Health Service Complaint Form	19
Example form 2: Complaint Management Record Form	21
Example form 3: Investigation Checklist	24
Example form 4: Complaint Evaluation Survey Form	26
Sample letters	28
Example letter 1: Acknowledgement of Complaint	28
Example letter 2: Advice about Complaint Resolution Delay	29
Example letter 3: Confirmation about Complaint Resolution	30
Example letter 4: Response to Vexatious Complaints	31
Example letter 5: Response to Complainants (Complaint referred due to allegations of misconduct)	33
References	34

Acronyms

CMF	Consumer Feedback Module
PIRC	Peak Incident Review Committee
PSSU	Patient Safety Surveillance Unit
SHEF	State Health Executive Forum
SQuEAC	Safety and Quality Executive Advisory Committee
UMRN	Unique/Unit Medical Record Number

Introduction

The Complaints Management Toolkit (the Toolkit) aims to assist WA Health staff in undertaking efficient complaints management processes. These processes are outlined in the Western Australian Health Complaint Management Policy (the Policy) 2015. The Toolkit and the Policy are electronically available at:

http://www.safetyandquality.health.wa.gov.au/involving_patient/complaints_resources.cfm

This toolkit focuses on the reporting and management of formal complaints.

The complaint management process consists of the following key steps (see Policy):

1. **Acknowledgement:** Complaints are recorded and registered on a central register/database. The complaint must be acknowledged within five working days from receipt.
2. **Assessment:** Identification of risk profile (high safety, legal, political, media, financial risk?), appropriate officer/agency are notified, the investigation scope is determined.
3. **Investigation:** Actions to resolve complaints are taken by appropriate officers (investigation, analysis, consideration of recommendations for resolution).
4. **Response:** A response must be provided to the complainant within 30 working days. If the complaint is pending, feedback to the complainant must be provided at 15 days intervals. If the complaint cannot be resolved internally it is to be referred to an external agency.
5. **Service Improvement:** Quality improvement activities to address systemic and recurring issues are initiated.

Complaint Management – Recording and Documentation of Information

It is important for an effective complaint management process to identify the subject of a complaint, assess the potential risks and subsequently its appropriate investigation scope by gathering and documenting sufficient information. Therefore, comprehensively recording and documentation of information is essential.

Suggested Reporting Fields – Complainant and Consumer

Field	Consumer	Complainant	Comment
Name	✓	✓	
Date of birth	✓	✓	
Gender	✓	✓	
Contact Details	✓	✓	Address, phone, fax, email and contact preferences
Relationship to Consumer		✓	
Record/patient number	✓		Information about a complaint is confidential and not to be filed within the patient's medical record, though the UMRN might become necessary if the complaint needs to be investigated further as a clinical incident.
Language / Use of Interpreter	✓	✓	
Aboriginal or Torres Strait Islander	✓	✓	
Disability	✓	✓	
Admission Status	✓		Inpatient, involuntary, outpatient, community patient, veteran, visitor, public, private, other, not relevant
Date of Complaint	✓	✓	
Date of Incident	✓		
Location of Incident	✓		
Authorisation to release information	✓		Required and/or provided

Suggested Reporting Fields – Provider

Field	Provider	Comment
Name of health service	✓	
How was complaint lodged	✓	Via telephone, in writing, in person
Consumer objective	✓	
Summary of complaint	✓	
Staff involved	✓	Designation
Categorisation of complaint issues	✓	
Risk Profile/Score	✓	See Seriousness Assessment Matrix in WA Health Complaints Management Policy 2015
Action/s taken	✓	
Outcome / resolution	✓	

Statistical Reporting

Complaints data must be provided to the Patient Safety Surveillance Unit (PSSU) within Patient Safety and Clinical Quality, Department of Health. The PSSU oversees the monitoring, reporting and management of complaints information at a state level. Complaints data from the previous month must be made available to the PSSU within the first three working days of each month.

- Health services utilising the Datix CFM^a are required to ensure that complaints data are accurate and a contemporaneous account of monthly complaints management activity at the time of extraction.
- Health services not utilising the Datix CFM^b are required to submit monthly complaints data to the requesting officer via email using the prescribed Excel spread sheet (see Toolkit).

Complaints Handling Officers will be advised of the timeframe for the provision of complaints information on a monthly basis.

For any enquiries related to reporting of complaints, contact the PSSU Senior Policy Officer on (08) 9222 2154.

National Emergency Access Target reporting

For the purposes of National Emergency Access Target (NEAT) reporting, all applicable hospitals^c must make available the following data on a **monthly** basis:

- number of new complaints received by the hospital for that month, including those received via ministerial correspondence and external agencies.

Monthly reporting

Health services must provide to the PSSU, either through the central database^a or via the prescribed spreadsheet^b, a break-down of the following information on a monthly basis within the timeframe advised by the requesting officer:

- total number of new complaints received per month
- complaints classified into subcategories and issues
- total number of complaint issues per month
- number of complaints carried over (received by the hospital, via ministerial or via external agency)
- number of complaints that were resolved within 30 days of receipt (of those received by the hospital, via ministerial or via external agency)
- number of complainants awaiting final responses (of those that lodged complaints to the hospital, a minister or to an external agency)

^a Armadale Health Service, Bentley Health Service, Breastscreen WA, Child and Adolescent Health Service, Dental Health Service, Fiona Stanley Hospital, Fremantle Hospital and Health Service, North Metropolitan Mental Health Service, Osborne Park Hospital, Public Health and Ambulatory Care, Rockingham General Hospital, Royal Perth Hospital, Sir Charles Gairdner Hospital, Swan Kalamunda Health Service, WA Country Health Service, Women and Newborn Health Service.

^b Joondalup Health Campus, Peel Health Campus

^c Albany Hospital, Armadale-Kelmscott Memorial Hospital, Broome Hospital, Bunbury Regional Hospital, Fremantle Hospital, Geraldton Regional Hospital, Hedland Health Campus, Joondalup Health Campus, Kalgoorlie Hospital, King Edward Memorial Hospital, Nickol Bay Hospital, Peel Health Campus, Princess Margaret Hospital, Rockingham General Hospital, Royal Perth Hospital, Sir Charles Gairdner Hospital, Swan District Hospital.

- number of new complaints referred to an external agency (of those complaints received by the hospital, via ministerial or via external agency)
- number of new compliments and contacts/concerns (optional).

Figure 1. Sample reporting spreadsheet

HEALTH SERVICE COMPLAINTS MANAGEMENT REPORT FORM					
Health Service:					
Contact Name:					
Contact Phone:					
Complaint Categorisation List		JULY	AUG	JUNE	YTD
1. ACCESS					
1.1	Delay in admission or treatment				0
1.2	Waiting list delay				0
1.3	Non-attendance				0
1.4	Inadequate resources/lack of service				0
1.5	Refusal to provide services				0
1.6	Failure to provide advice about transport options when necessary				0
1.7	Physical access/entry				0
1.8	Parking issues				0
TOTAL ACCESS		0	0	0	0
2. COMMUNICATIONS					
2.1	Inadequate information about diagnostic testing, treatment procedures and risks				0
2.2	Inadequate information on services available				0
2.3	Misinformation or failure in communication (but not 'failure to consult')				0
2.4	Inadequate or inaccurate records				0
2.5	Inadequate communication				0
2.6	Inappropriate verbal/non verbal communication				0
2.7	Failure to listen to patient/client/carer/family				0
TOTAL COMMUNICATIONS		0	0	0	0
10. CARERS CHARTER					
10.1	Failure to consider the needs of a carer				0
10.2	Failure to consult a carer				0
10.3	Failure to treat a carer with respect and dignity				0
10.4	Unsatisfactory complaint handling - failure to address the carer's complaint				0
TOTAL CARER CHARTER		0	0	0	0
GRAND TOTAL COMPLAINT ISSUES FOR MONTH		0	0	0	0
NEW COMPLAINTS					
Number of NEW complaints via Health Service for month					0
Number of NEW complaints via Ministerial for month					0
Number of NEW complaints via External Agency for month					0
TOTAL NUMBER OF NEW COMPLAINTS FOR MONTH		0	0	0	0
Outstanding complaints at the beginning of month					
TOTAL NUMBER OF COMPLAINTS FOR RESOLUTION					0
0-30 working days taken to resolve NEW Complaints for month					0
0-30 working days taken to resolve OUTSTANDING Complaints from previous month(s)					0
31-60 working days taken to resolve OUTSTANDING Complaints from previous month(s)					0
61-90 working days taken to resolve OUTSTANDING Complaints from previous month(s)					0
90-120 working days taken to resolve OUTSTANDING Complaints from previous month(s)					0
121-150 working days taken to resolve OUTSTANDING Complaints from previous month(s)					0
151-180 working days taken to resolve OUTSTANDING Complaints from previous month(s)					0
181-210 working days taken to resolve OUTSTANDING Complaints from previous month(s)					0
211+ working days taken to resolve OUTSTANDING Complaints from previous month(s)					0
NUMBER OF COMPLAINTS RESOLVED WITHIN THE MONTH		0	0	0	0
OUTSTANDING COMPLAINTS AT THE END OF MONTH					
Number of unresolved NEW complaints at the end of the month					
Number of OUTSTANDING complaints remaining unresolved at the end of the month					
TOTAL NUMBER OF OUTSTANDING UNRESOLVED COMPLAINTS at the end of the month		0	0	0	0
NUMBER OF COMPLAINTS REFERRED TO EXTERNAL AGENCIES					
Number of referred complaints					0

Note: this is a truncated sample; not all categories or months are visible.

Mental health complaints/complaint issues are to be reported separately for each health service that provides mental health services. Those complaints classified as 'mental health complaints' should refer to the services that the consumer/carer is expressing dissatisfaction for.

Information should be in accordance with the reporting requirements set out in the *Health and Disability Services Complaints Regulations 2010* unless otherwise agreed.

If, despite the best efforts of the health service, a complaint is unable to be resolved and is referred to an external agency, it is considered closed/resolved for reporting purposes; however, it must be reported as a complaint referred to an external agency.

Indicate when a new complaint originated from correspondence addressed to the Minister.

Health services not utilising Datix CFM^d must have appropriate sign-off from the appropriate Executive (data steward) prior to forwarding the data to PSSU to indicate the health service is satisfied with the quality and accuracy of the data. The data steward may delegate this responsibility to the complaints handling officer; however, it is the health services' responsibility to ensure that this is in place.

Annual reporting

Health services make available to the PSSU, either through the central database^e or the provision of data in the prescribed spreadsheet^d, a monthly break-down of the complaints information on an annual basis within the timeframe advised by the requesting officer.

Information required is equivalent to that which is required for monthly data provision.

Provision of data to the Health and Disability Services (Complaints) Office

The *Health and Disability Services Complaints Act 1995* and *Regulations 2010* legislate for the annual provision of information relating to complaints received by the health service provider, and action taken, to the Health and Disability Services Complaints Office.

The timeframe for provision of this information will be dictated by instructions from the HaDSCO.

- The PSSU will report annual complaints data to HaDSCO for all health services utilising the Datix CFM^e. Health services are required to ensure that complaints data are an accurate and contemporaneous account of annual complaints management activity at the time of extraction.
- Health services not utilising the Datix CFM^d are required to submit annual complaints data directly to HaDSCO using the prescribed mechanisms.

^d Joondalup Health Campus or Peel Health Campus only.

^e Armadale Health Service, Bentley Health Service, Breastscreen WA, Child and Adolescent Health Service, Dental Health Service, Fiona Stanley Hospital, Fremantle Hospital and Health Service, North Metropolitan Mental Health Service, Osborne Park Hospital, Public Health and Ambulatory Care, Rockingham General Hospital, Royal Perth Hospital, Sir Charles Gairdner Hospital, Swan Kalamunda Health Service, WA Country Health Service, Women and Newborn Health Service.

Data definitions

Definitions

This list has been provided as an aid for effective reporting. For a comprehensive list of definitions refer to the Complaints Management Policy Appendix 1.

Formal complaint – an expression of dissatisfaction by, or on behalf of, an individual consumer regarding any aspect of a service provided by a health service. A formal complaint can be lodged in writing or verbally.

Informal complaint – an expression of dissatisfaction by, or on behalf of, an individual consumer regarding any aspect of a service provided by a health service (may also be referred to as a contact or concern). Informal complaints are often straightforward matters that can often be resolved at point of contact.

Contact/concern – an enquiry or feedback from a consumer regarding any aspect of service where:

- a. the contact is inquisitorial in nature rather than an expression of dissatisfaction or
- b. the consumer states that they do not wish to lodge a formal complaint or
- c. the issue can be resolved immediately without going through the formal complaint process (e.g. the complainant is satisfied by immediate actions to resolve the issue). Immediate resolution negates the need for any follow up actions (i.e. if further action is required to resolve the complaint, it is not a contact/concern unless it satisfies criteria a or b).

Complaint issue – Refer to Appendix 3 of the Complaints Management Policy.

Complaint sub-categories have been developed to assist in identifying common factors in complaints. The complaint issues in particular should assist to reflect all aspects that arose from each complaint. It is therefore counterproductive to pinpoint a single issue that reflects the underlying nature of a complaint. The intention should rather be to comprehensively capture all aspects of the complainant's concerns.

Complaint issues arising from new complaints via ministerial or external agency need to be recorded in the same manner as regular complaints. If a complaint was previously lodged directly with the health service, it must not be reported as a new complaint.

After complaint issues are assigned within their respective categories, the numbers of new complaints, outstanding complaints and the subsequently resolution rates, as well as complaints referred to external agencies, need to be reported to the PSSU.

Mental health complaint – Health services are required to provide separate data 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.

New complaints

Name:	New complaints
Definition	A count of new formal complaints that are received by the health service within a set calendar month and recorded in the health service's central database.
Guide for use	A complaint can be lodged in writing or verbally.
Limitations	Data capture – Reported complaints are those that have been documented in the formal complaint management process. Complaints that are managed outside of the formal process are not reported.
Inclusions	<ul style="list-style-type: none"> • New formal complaints lodged directly to the health service • New complaints received via ministerial correspondence • New complaints received via external agency • Mental health complaints
Exclusions	<ul style="list-style-type: none"> • Complaints via ministerial correspondence that have already been lodged directly with the health service, whether resolved by the health service or not. • Informal complaints (contacts/concerns).
Scope	Includes all public health services in WA including mental health facilities, Dental Health Services, Breastscreen WA, Joondalup Health Campus (public patients only) and Peel Health Campus (public patients only).
Reporting	<p>Health services must provide new formal complaints to the PSSU on a monthly basis.</p> <p>PSSU reports new complaints to:</p> <ul style="list-style-type: none"> • WA Health Senior Executive (State Health Executive Forum (SHEF)) on a monthly basis as part of the National Emergency Access Target (NEAT) reporting • Safety and Quality Executive Advisory Committee (SQuEAC) • Peak Incident Review Committee (PIRC) or equivalent • General public via publication of the Annual Report. <p>Mental health complaints must be reported separately than all other complaints.</p>

Complaint issues

Name:	Complaint issues
Definition	A count of compliant issues derived from new formal complaints that are received by the health service within a set timeframe and recorded in the health service's central database.
Guide for use	<ul style="list-style-type: none"> • A formal complaint can be lodged in writing or verbally. • A single complaint may comprise many complaint issues. • Complaint issues are categorised in accordance with the Complaints Management Policy under the broad categories: <ol style="list-style-type: none"> 1. Access 2. Communication 3. Decision making 4. Quality of clinical care 5. Costs 6. Rights, respect & dignity 7. Grievances 8. Corporate services 9. Professional conduct 10. Carers charter
Limitations	Data capture – Reported complaint issues are those that have been documented in the formal complaint management process. Complaint issues that are managed outside of the formal process are not reported.
Inclusions	<ul style="list-style-type: none"> • New formal complaints lodged directly to the health service • New complaints received via ministerial correspondence • New complaints received via external agency • Mental health complaints
Exclusions	<ul style="list-style-type: none"> • Complaint issues derived from complaints received via ministerial correspondence that have previously been lodged directly with the health service, whether resolved by the health service or not. • Complaint issues derived from informal complaints (contacts/concerns).
Scope	Includes all public hospitals in WA including mental health facilities, Dental Health Services, Breastscreen WA, Joondalup Health Campus (public patients only) and Peel Health Campus (public patients only).
Reporting	<p>Health services must provide new formal complaints to the Patient Safety Surveillance Unit (PSSU) on a monthly basis.</p> <p>Complaint issues are reported to:</p> <ul style="list-style-type: none"> • WA Health Senior Executive (State Health Executive Forum (SHEF)) on a monthly basis as part of the National Emergency Access Target (NEAT) reporting • Safety and Quality Executive Advisory Committee (SQuEAC) • Peak Incident Review Committee (PIRC) • General public via publication of an Annual Report. <p>Mental health complaints, and issues, must be reported separately than all other complaints.</p>

Complaint resolution rate

Name:	Complaint resolution rate
Definition	The complaints resolution rate provides an indication of the degree to which the health service is resolving complaints within 30 days from receipt of the complaint.
Numerator	Sum of new complaints resolved within 30 days AND outstanding complaints resolved within 30 days (complaints carried over from previous month resolved within 30 days).
Denominator	Sum of new complaints AND complaints carried over from previous month received less than 30 days prior to end of reporting month.
Guide for use	A formal complaint can be lodged in writing or verbally.
Limitations	Data capture – Reported complaints are those that have been documented in the formal complaint management process. Complaints that are managed outside of the formal process are not reported.
Inclusions	Mental health complaints.
Exclusions	Complaints referred by external agencies (as per the Complaints Management Policy, the 30-day timeframe is not mandated for complaints received via external agencies).
Scope	Includes all public hospitals in WA including mental health facilities, Dental Health Services, Breastscreen WA, Joondalup Health Campus (public patients only) and Peel Health Campus (public patients only).
Reporting	Health services must provide the count of resolved complaints to the Patient Safety Surveillance Unit (PSSU) on a monthly basis.

Outstanding complaints

Name:	Outstanding complaints
Definition	A count of complaints that are received by the health service that have not been resolved within a set calendar month and are carried over to the following calendar month. It is a sum of new complaints and the outstanding complaints from previous months remaining unresolved at the end of a set calendar month.
Guide for use	A complaint can be lodged in writing or verbally.
Limitations	Data capture – Reported complaints are those that have been documented in the formal complaint management process. Complaints that are managed outside of the formal process are not reported.
Inclusions	<ul style="list-style-type: none"> • Complaints lodged directly to the health service • Complaints received via ministerial correspondence • Complaints received via external agency • Mental health complaints
Exclusions	Complaints via ministerial correspondence that have already been lodged directly with the health service, whether resolved by the health service or not. Informal complaints (contacts/concerns)
Scope	Includes all public hospitals in WA including mental health facilities, Dental Health Services, Breastscreen WA, Joondalup Health Campus (public patients only) and Peel Health Campus (public patients only).
Reporting	<p>Health services must provide count of outstanding complaints to the Patient Safety Surveillance Unit (PSSU) on a monthly basis.</p> <p>Outstanding mental health complaints must be reported separately than all other complaints.</p>

Example spreadsheet

The following spreadsheet provides an example of how to complete and interpret the reporting spreadsheet (if required).

For the **month of July**, in the example below, there were:

- 15 new complaints (reference D101)
- 21 complaint issues (reference D95)
- 28 complaints requiring resolution (reference D104) comprising:
 - 13 outstanding complaints at the beginning of the month (reference D103)
 - 15 new complaints (reference D101)
- 16 complaints that were resolved (reference D115), including 11 new complaints received in July (reference D106) and 5 outstanding complaints from previous months (references D107, D109 & D112)
- 12 outstanding complaints at the end of the month (reference D120)
- 14 out of 15 new complaints resolved within 30 days (references D106 & E107) giving a resolution rate of 93.3%

For the month of September, in the example below, there are 7 outstanding complaints at the beginning of the month (reference F103) despite there being 8 outstanding unresolved complaints at the end of August (reference E120) because the single complaint referred to the external agency (reference E123) has been subtracted.

Example reporting spreadsheet

	B	C	D	E	F
6		Complaint Categorisation List	JULY	AUG	SEPT
95		GRAND TOTAL COMPLAINT ISSUES FOR MONTH	21	32	34
96					
97		NEW COMPLAINTS			
98		Number of NEW complaints via Health Service for month	12	17	19
99		Number of NEW complaints via Ministerial for month	2	5	3
100		Number of NEW complaints via External Agency for month	1	0	0
101		TOTAL NUMBER OF NEW COMPLAINTS FOR MONTH	15	22	22
102					
103		Outstanding complaints at the beginning of month	13	12	7
104		TOTAL NUMBER OF COMPLAINTS FOR RESOLUTION	28	34	29
105					
106		0-30 working days taken to resolve NEW Complaints for month	11	19	21
107		0-30 working days taken to resolve OUTSTANDING Complaints from previous month(s)	2	3	2
108		31-60 working days taken to resolve OUTSTANDING Complaints from previous month(s)	0	1	1
109		61-90 working days taken to resolve OUTSTANDING Complaints from previous month(s)	1	0	0
110		90-120 working days taken to resolve OUTSTANDING Complaints from previous month(s)	0	0	2
111		121-150 working days taken to resolve OUTSTANDING Complaints from previous month(s)	0	1	0
112		151-180 working days taken to resolve OUTSTANDING Complaints from previous month(s)	2	2	0
113		181-210 working days taken to resolve OUTSTANDING Complaints from previous month(s)	0	0	0
114		211+ working days taken to resolve OUTSTANDING Complaints from previous month(s)	0	0	0
115		NUMBER OF COMPLAINTS RESOLVED WITHIN THE MONTH	16	26	26
116					
117		OUTSTANDING COMPLAINTS AT THE END OF MONTH			
118		Number of unresolved NEW complaints at the end of the month	4	3	1
119		Number of OUTSTANDING complaints remaining unresolved at the end of the month	8	5	2
120		TOATAL NUMBER OF OUTSTANDING UNRESOLVED COMPLAINTS at the end of the month	12	8	3
121					
122		NUMBER OF COMPLAINTS REFERRED TO EXTERNAL AGENCIES			
123		Number of referred complaints	0	1	0

Investigation

The investigation of a complaint relating to health care services will offer the opportunity to determine what occurred to whom and how; and, identify how things might be, or should be, done better in the future.

Not all complaints require an in-depth investigation. The level of investigation required will be determined by the relevant manager and based on an objective review of the information available.

A written record of the information gathered and any decisions made must be maintained.

Plan investigation

Complaints should be investigated in accordance with the severity assessment made, with those meeting the criteria for a high to extreme risk profile given priority over those with low to medium risk rating. If appropriate, immediate remedial steps should be taken to address a risk to patient safety.

To determine the information that is required for a complaint investigation:

- Review information provided by the complainant
- Determine whether the investigation will focus on one particular issue, or all issues
- Determine whether consumer consent is required for an investigation
- Identify the information required to establish the facts
 - Consumer's medical record
 - Procedure / guidelines / protocol
 - Relevant health service policy
 - Staff rosters
- Identify the staff involved in each issue and those whom you will need to interview.

Conducting interviews

Staff should be notified (preferably in writing) about the complaint and issues involved, and be informed of their rights in terms of having a support person present at the interview. They may want to seek supervision/managerial, professional association or legal support depending on the gravity of the issue/s.

Prior to the interviews taking place, interviewers should prepare an outline of factual issue/s the staff member may be able to address and other key questions about the incident.

Interviewers should explain the purpose of the interview and that notes will be taken of answers that are provided.

At the end of the interview key points should be reviewed and summarised. Advise the interviewee of the process and what will happen next, and invite them to address any questions to you for response. If a statement has been prepared this should be signed by them. If a

statement will be drafted at a later stage, ensure the interviewee understands that they will be provided with a draft, for any amendments and their signature, prior to being finalised.

Analysis and review

Information should be evaluated, which could include an assessment about:

- Can the version of events described by a person be independently verified?
- Are there inconsistencies in information provided by a staff member?
- Did the staff member have direct knowledge of the event/incident? – Did they see or hear it themselves? (Direct knowledge is more credible than indirect)
- Does the 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, it may appear stronger when supported by other evidence. At all times the investigator must act without bias. With all the necessary information an assessment of its validity and contributing factors should be identified.

For the purpose of identifying trends over time and assisting with implementing system improvement/changes, quantify contributing factors such as:

Barriers	Inexperience	Inadequate staffing
Resource issues	Fatigue	Rostering
Inadequate type of expertise	Inadequate equipment	Environmental factors
Workload issues	Competing restrictions	Incompetence
Policy/procedure/protocol/ guidelines not followed	Inadequate consumer/carer engagement	Inadequate training and/or education
Communication issues	Impaired cognition	Consumer disability issues
Health literacy	Inadequate policy/procedure	Other significant issues

Make recommendations for service improvements and provide a response to the complainant.

Sample forms and checklists

Example form 1: Health Service Complaint Form

[illegible]

What would you like to happen as a result of this complaint? What would be a satisfactory outcome? How could our service be improved?		
How would you prefer to be contacted in relation to this complaint?		
For health services –		
Admission status:		
Inpatient	<input type="checkbox"/>	Public
Outpatient	<input type="checkbox"/>	Private
Visitor	<input type="checkbox"/>	Other
		Voluntary
		Involuntary
How was the complaint made:		
Letter	<input type="checkbox"/>	Email
Feedback form	<input type="checkbox"/>	Telephone
		Face to face
		Other
Who took the complaint?		
Name:		Signature:
Contact number:	Work location:	Date:
Thank you for your feedback.		

Example form 2: Complaint Management Record Form

(Add your logo here)		Complaint Management Record Form	
Initial receipt of complaint			
Date of receipt: / /		Ref. No.:	UMRN:
How was it received? Letter <input type="checkbox"/> Feedback Form <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> In Person <input type="checkbox"/> Other <input type="checkbox"/>			
Who took the complaint? Name: _____ Signature: _____ Contact number: _____ Work location: _____			
Complainant details		Consumer details (if different)	
Name:		Name:	
Address:		Address:	
Post code:		Post code:	
Ph(Home):		Ph(Home):	
Ph(Work):		Ph(Work):	
Mobile:		Mobile:	
Contact preference:		UMRN:	
Relationship to patient/consumer:		DOB:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Language other than English: Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of complaint:	
Interpreter required: Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of incident:	
Language spoken:		Location of incident:	
Interpreter used: Yes <input type="checkbox"/> No <input type="checkbox"/>			
ATSI: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		ATSI: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
Disability:		Disability:	
Summary of Complaint (What happened when and where? Who was involved?):			
<div></div>			

Categories of complaint:	✓	Sub-category issues
1. Access		
2. Communication		
3. Decision making		
4. Quality of clinical care		
5. Costs		
11. Rights, respect and dignity		
7. Grievances		
8. Corporate services		
9. Professional conduct		
10. Carers Charter		
Complaint Risk Assessment		
Refer to Complaints Management Policy 2015		
Level	Comments	
<input type="checkbox"/> SAM 1 <input type="checkbox"/> SAM 2 <input type="checkbox"/> SAM 3 <input type="checkbox"/> SAM 4		
Summary of Investigation:		
<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>		
Consumer objective	Outcome/ Resolution for the complaint	
<input type="checkbox"/> Access to service <input type="checkbox"/> Apology <input type="checkbox"/> Change practice/procedure/policy <input type="checkbox"/> Obtain refunded/ compensation <input type="checkbox"/> Explanation <input type="checkbox"/> Register concern <input type="checkbox"/> Responsibility acknowledged	<input type="checkbox"/> Service provided <input type="checkbox"/> Apology provided <input type="checkbox"/> Review/ change of practice/procedure/policy effected <input type="checkbox"/> Costs refunded/ compensation provided <input type="checkbox"/> Explanation provided <input type="checkbox"/> Concern registered <input type="checkbox"/> Responsibility acknowledged	

- ☐ Quality improvement activity including risk management initiatives and system wide changes
- ☐ Policy and/or procedure written or modified
- ☐ Training/education of staff provided
- ☐ Staff member/contractor counselled and offered performance support
- ☐ Duties changed
- ☐ Formal warning given
- ☐ Formal warning documented on personnel record
- ☐ Registration Board notified
- ☐ No further action required

System improvement - Process/quality improvement initiated as a result of this complaint.

Activity Log

Action	Signature	Date
Complaint received		
Complaint registered on central database		
Consumer consent acquired		
Acknowledgement of complaint		
Investigation commenced		
Final response provided to complainant		
Update sent to complainant		
Resolution entered on database		
Patient/client referred to OHR/ external agency		
Reported to Chief Executive/ Co-Director/ED		

This form must not be filed in the patient's medical records.

Example form 3: Investigation Checklist

<p><i>(Add your logo here)</i></p>	<h2>Complaint Management Record Form</h2>
<p>Contact the complainant to:</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> Clarify the key concerns of the complaint <input type="checkbox"/> Obtain any additional information to fully understand the complaint <input type="checkbox"/> Determine any immediate issues arising from the complaint and respond to them as appropriate <input type="checkbox"/> Identify desired outcome including suggestions on how to improve health care services <input type="checkbox"/> Determine if they have any supporting documentation or witnesses <input type="checkbox"/> Determine the complainant's preference for a particular mode of communication (including face-to-face, written, telephone, email). <input type="checkbox"/> Offer assistance if the complainant requires support (e.g. due to language difficulties, hearing or sight impairments, need for a support person, translator or advocate). 	
<p>Manage the complaint:</p>	
<p>Acknowledgement:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Register complaint and document significant actions during the investigation. Documents must be filed separately to the medical record. <input type="checkbox"/> Provide information to the complainant about the investigation process and anticipated timeframes. 	
<p>Assessment:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Has it been previously dealt with, or should it be dealt with under any other Department of Health process (e.g. clinical incident management)? <input type="checkbox"/> Does the complaint raise issues of possible staff misconduct? Forward complaint form to Corporate Governance Unit/Directorate. <input type="checkbox"/> Is media attention possible? If so, should the matter be referred to a higher level in the organisation? <input type="checkbox"/> Is legal action possible? Seek legal advice as required. <input type="checkbox"/> Are there any immediate safety issues that need to be addressed? <input type="checkbox"/> Does the complaint contain details about a clinical incident that may require notification (in accordance with the Clinical Incident Management Policy)? <input type="checkbox"/> Analyse the complaint to identify issues, sources of information including policies and guidelines, and the relevant parties. 	
<p>Investigation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Develop a strategy and framework to guide the investigation. <input type="checkbox"/> Assign a suitable investigator. Does the investigator have sufficient experience and/or qualifications? Does the investigator have any conflicts of interest? <input type="checkbox"/> Prepare for and then conduct interviews with involved persons. <input type="checkbox"/> Gather hard copy and electronic information - interviews, reports, medical records, policies and 	

guidelines or other relevant documentation.

- ☐ Assess the accumulated information. Identify gaps, inconsistencies or ambiguities in the information. Consult clinical/professional advice as required.
- ☐ Seek corroborative evidence if conflicts arise in information obtained.
- ☐ If systemic issues identified utilise systemic investigative methodologies, e.g. root cause analysis.
- ☐ Ensure requirements of procedural fairness are met. Was the respondent given sufficient details of the complaint? Was the respondent given an opportunity to respond to the complaint? Was the respondent informed of any adverse proposed actions and the grounds for these? Were submissions made by the respondent duly considered?
- ☐ Prepare an investigation report noting information obtained and recommendations for any corrective action.

Response:

- ☐ Generate and explore options for resolution, consistent with complainant's desired outcomes (if possible) and consistent with organisational objectives/policies where appropriate.
- ☐ Advise relevant parties of outcome.

Service Improvement:

- ☐ Investigate extent of problem within the health service.

Example form 4: Complaint Evaluation Survey Form

Consumer surveys about the complaints management process are important tools to identify opportunities for improvement in the complaints management process from a consumer's perspective. It also helps the health service gauge the consumer's expectations for complaint resolution and the degree to which these have been met.

Survey results are valuable feedback to review and improve strategies for enabling consumer engagement, particularly in terms of accessibility, accountability and responsiveness.

Dear Consumer,

Thank you for taking the time to provide feedback to *[insert name of health service]*. In order to improve our complaints management processes we would appreciate your feedback about the process at this health service.

Any feedback you provide is strictly anonymous. You are under no obligation to complete this survey.

Please ✓ or circle your response

Complaint Survey

Q1. My complaint was taken seriously

1 Very seriously	2	3	4	5 Not seriously
----------------------------	----------	----------	----------	---------------------------

Q2. I was treated with respect

1 Very respectfully	2	3	4	5 Very disrespectfully
-------------------------------	----------	----------	----------	----------------------------------

Q3. I was satisfied with the information given

1 Very satisfied	2	3	4	5 Very dissatisfied
----------------------------	----------	----------	----------	-------------------------------

Q4. Were you given the name and phone number of a person to contact for information?

Q5. Did you need additional assistance in making your complaint (e.g. interpreter, written assistance)

☐ Yes ☐ No

☐ Yes ☐ No

Q6. If you answered yes in Q5, were you satisfied with the assistance given?

☐ Yes ☐ No Do you have any comments in relation to the provision of assistance?

Q7. My complaint was treated in a confidential manner	Q8. I was kept informed of the progress of my complaint
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q9. I did not suffer any negative impact from making a complaint	Q10. I achieved what I expected by raising my concern
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q11. How did you know about the complaints process?	
<input type="checkbox"/> I saw posters / other visual material in the building <input type="checkbox"/> I read some patient information <input type="checkbox"/> I found the information on the health service's website <input type="checkbox"/> I was made aware of the complaints process by a staff member <input type="checkbox"/> I asked a staff member where I could lodge a complaint <input type="checkbox"/> I saw the customer liaison office/officer <input type="checkbox"/> I was already aware because of prior knowledge/experience	
Q. Do you have any further comments or suggestions that would assist us in improving our complaints management service?	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
<p style="text-align: center;">Thank you for your time and cooperation.</p> <p style="text-align: center;">Please return to <i>[insert name of health service]</i> in the enclosed prepaid envelope.</p>	

Sample letters

Communication with consumers about the complaints management process should be open and transparent with informative and timely updates about the status of the process.

Example letter 1: Acknowledgement of Complaint

In accordance with the Complaints Management Policy 2015, complaints must be acknowledged within five days following receipt.

[Insert name and address]

Dear *[insert Mr/Mrs/Ms/Dr Surname]*

Thank you for your letter dated *[insert date]* concerning *[insert summary of letter]*. We are writing to acknowledge receipt of your correspondence.

The Chairperson/Director and staff of the appropriate department will investigate the matter/s you have raised and the information provided will be reviewed by the *[insert title of relevant person]*. All documentation related to the investigation of your concerns will be treated in a confidential manner and accessed only by staff directly involved in the investigation.

In accordance with the Western Australian Health Complaint Management Policy 2013, this process should be completed within 30 working days. If there are any delays, you will be contacted and informed of the progress in 15 day intervals.

We are always striving to improve our services at *[insert name of health service]*, so thank you for bringing this matter to our attention. Please don't hesitate to contact us on the number listed below if you have any further queries.

Yours sincerely

[Insert name and contact details]

Example letter 2: Advice about Complaint Resolution Delay

In accordance with the Complaints Management Policy, complaints must be resolved within 30 days following receipt. If resolution is pending, health services are required to provide the complainant with progress updates 15 day intervals, with the first update falling due 30 days following receipt.

[Insert name and address]

Dear *[insert Mr/Mrs/Ms/Dr Surname]*

Thank you for your feedback dated *[insert date]* concerning *[insert summary of letter]*. It is important that we get feedback about our service, so I appreciate that you took the time and effort to let me know about your experience.

In accordance with the WA Health Complaints Management Policy, complaints should be resolved within 30 days following receipt. I am writing to you to inform you that due to *[insert reasoning for delay]* there has been a delay resolving this issue.

To date we have *[insert progress summary]*.

I am hoping to come back to you as soon as possible with a complete response. Please do not hesitate to contact me at any time if you have further questions with regard to the complaint management process.

Thank you again for bringing your concerns to my attention as we rely on comments such as yours to improve on the service we provide.

Yours sincerely

[Insert name and contact details]

Example letter 3: Confirmation about Complaint Resolution

In accordance with the Complaints Management Policy, complaints must be resolved within 30 days following receipt.

[Insert name and address]

Dear *[insert Mr/Mrs/Ms/Dr Surname]*

Thank you for sharing your health care experience with *[insert name of health service]*. It is important that we get feedback about our service, so I appreciate that you took the time and effort to let me know about your experience.

In relation to *[insert complaint issue 1]*, *[insert name of health service]* investigated the incident and based on the information you provided and what we discovered throughout the investigation, *[insert conclusions and actions taken]*.

On behalf of *[insert health service name]* I would like to express my regret that the health care that was provided to you *[or insert appropriate person]* did not meet your expectations.

Please feel free to contact me if you wish to discuss this matter further.

Yours sincerely

[Insert name and contact details]

Example letter 4: Response to Vexatious Complaints

Complainants are deemed to be vexatious when they harass, annoy, cause delay or cause detriment rather than genuinely intend to resolve the grievance. They also include complaints which are instituted or pursued without reasonable grounds.

It is important that decisions to restrict access should occur with the following considerations:

- It should be a measure of **last resort** and should only be utilised if the complainant can not be satisfied with the outcome of the complaint despite all efforts being made by the health service;
- all decisions, actions and correspondence should be documented thoroughly; and
- all actions taken to address the complaint should be communicated with the complainant.

Health services should be mindful that the complainant may decide to share this letter with external agencies. It is therefore good practice to summarise key issues of the complaint and/or reasoning for the decisions that were made to enable an external stakeholder to get a clear and fair understanding of your decisions.

[Insert name and address]

Dear [insert Mr/Mrs/Ms/Dr Surname]

I would like to thank you for sharing your concerns with regard to [insert description of complaint] and express my regret that the health service did not meet your expectations on this occasion.

At [insert name of health service] we appreciate consumer feedback about the health service we provide as valuable information about how we can further improve our services.

[insert one of the following statements]

1. We believe we have done our utmost to resolve your complaint and have communicated our actions to you. However, in spite of our best efforts to resolve the complaint, it appears that this has not been to your satisfaction.

In relation to your claim that [insert complaint issue], [insert name of health service] investigated the incident and based on the information we discovered throughout the investigation, [insert conclusions and actions taken]. Further attempts to come to a satisfactory outcome have failed because [insert reasoning]. The [insert name of health service] now considers this matter to be closed.

I am writing to you to inform you that I have instructed [insert name of health service]'s complaints handling officers not to acknowledge further correspondence in relation to this matter unless it contains significant new information which, in their opinion, warrants further investigation.

OR

2. However, I am not able to proceed further with your complaint. In accordance with the Complaints Management Policy 2013 all health consumers are expected to treat health service

staff with courtesy and consideration. Due to the offensive nature of the correspondence we received, I feel that this has not occurred.

Whilst I understand that the situation has caused you some distress, *[Insert name of health service]* will not tolerate behaviour that attempts to threaten, harass or intimidate a patient or staff member. I would therefore like to request that you revise the complaint and express your concerns using more moderate language. You are welcome to lodge your complaint again if this is done.

OR

3. We believe we have done our utmost to resolve your complaint and have communicated our actions to you. However, in spite of our best efforts to resolve the complaint, it appears that this has not been to your satisfaction.

In relation to your claim that *[insert complaint issue]*, *[insert name of health service]* investigated the incident and based on the information we discovered throughout the investigation, *[insert conclusions and actions taken]*. Further attempts to come to a satisfactory outcome have failed because *[insert reasoning]*. I fully support the decisions that have been made by your case manager, and *[insert name of health service]* now considers this matter to be closed.

I understand that *[insert name of health service]*'s complaints handling officers have made repeated attempts to resolve this matter with you, which has included undertaking a full review of your complaint and the investigation. Whilst I appreciate that the situation has caused you some distress, *[insert name of health service]* will not tolerate behaviour that attempts to harass, threaten or intimidate a patient or staff member.

I am writing to you to inform you that I have instructed *[insert name of health service]*'s complaints handling officers not to engage in further dealings with you.

We understand that this may not meet your expectations of a satisfactory resolution. If you would like to pursue this matter with an external agency, we suggest that you contact the Health and Disability Services Complaints Office (HaDSCO). HaDSCO is an independent authority providing an impartial resolution service for complaints relating to any health or disability service in WA. The service is free. Please refer to the following contact details for HaDSCO:

The Health and Disability Services Complaints Office (HaDSCO)
GPO Box B61
Perth WA 6838

Complaints and enquiries line: (08) 6551 7600
Fax: (08) 6551 7630
Country Free Call: 1800 813 583
Email: mail@hadsco.wa.gov.au
Webpage: <https://www.hadsco.wa.gov.au>

Yours sincerely

[Insert name and contact details]

Example letter 5: Response to Complainants (Complaint referred due to allegations of misconduct)

[Insert name and address]

Dear *[insert Mr/Mrs/Ms/Dr Surname]*

Thank you for sharing your health care experience with *[insert name of health service]*. It is important that we receive feedback about our service, so I appreciate that you took the time and effort to let me know about your experience.

In relation to *[insert any non-misconduct related complaint issues]*, *[insert name of health service]* has investigated, and based on the information you provided and what we discovered throughout the investigation, *[insert conclusions and actions taken]*.

In relation to your claim that *[insert misconduct related complaint issue/s]*, I have now referred this matter to *[insert appropriate internal unit/ external agency]* for further review as it appears to meet WA Health's definition of misconduct in accordance with the *[insert name of misconduct policy]*. *[Insert appropriate internal unit/ external agency]* exists to *[insert function]* and may, or may not, decide to progress this matter by undertaking an investigation into the incident. Please note that the findings of any such investigation, or disciplinary outcomes, will remain strictly confidential and cannot be disclosed to you as the complainant.

On behalf of *[insert health service name]* I would like to express my sincere *[regret/apologies]* that the health care that was provided to you *[or insert appropriate person]* did not meet your expectations.


I now consider this matter closed; however, please feel free to contact me if you wish to discuss it further. If you would like to discuss *[insert appropriate unit/agency]*'s investigation process, please contact *[insert name and contact details of relevant person or agency]*.

Yours sincerely

[Insert name and contact details]

References

1. Department of Health. Western Australian Health Complaints Management Policy 2015 [internet]. 2015. Western Australian Government. Available from: http://www.safetyandquality.health.wa.gov.au/involving_patient/complaints_resources.cfm.



This document can be made
available in alternative formats on
request for a person with a disability.

© Department of Health 2013