

**Queensland Government**

Queensland Health

Policy Identifier:

15184**QUEENSLAND HEALTH POLICY STATEMENT**

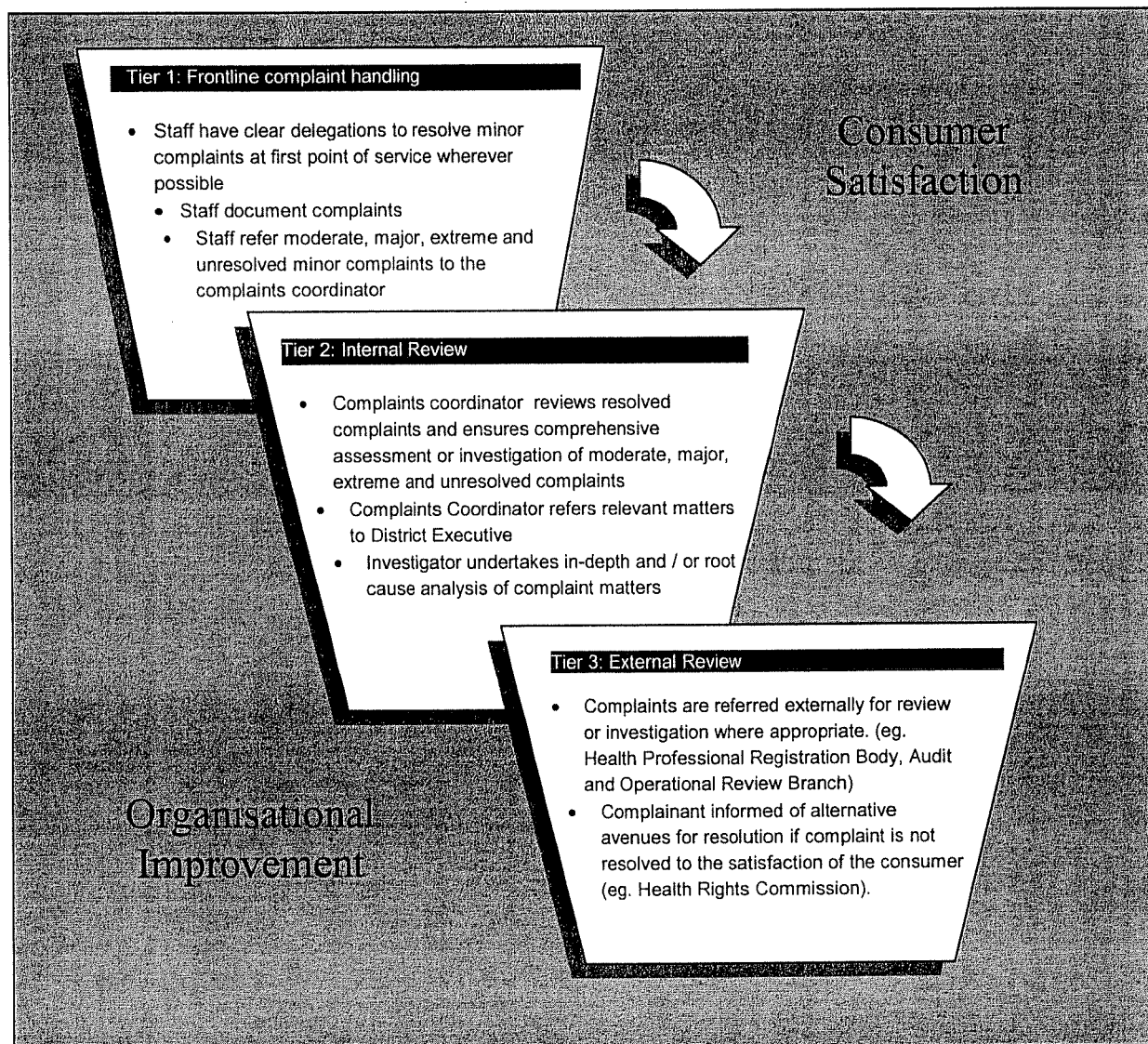
Policy Title	Queensland Health Complaints Management Policy
Policy Statement	<p>Queensland Health recognises that consumer feedback, both positive and negative, is essential in order to provide quality health care services that meet consumer and community needs.</p> <p>This policy affirms and supports the right of health care consumers to provide feedback and to have complaints heard and acted upon.</p> <p>Queensland Health demonstrates integrity and accountability to the community by having an ethical, comprehensive and consumer friendly complaints management process.</p> <p>A complaint is <i>any expression of dissatisfaction or concern, by or on behalf of a consumer or group of consumers regarding the provision of a health service</i>. A complaint can be made verbally or in writing. It can be made by a consumer, their advocate, carer or family member; groups of consumers or consumer organisations; or members of the community.</p> <p>The implementation of the complaints management process strives for consumer satisfaction in the way their complaint is handled, and provides reliable and accurate information which is used to improve quality and safety in health care.</p>

Principles	<p>The following principles underpin the Queensland Health complaints management process and will be reflected in complaints management procedures at all levels.</p> <p>Organisational improvement Using information gained from consumer complaints enhances organisational performance. Service improvement results from both handling complaints at the individual level and from the collation and analysis of aggregated complaint data.</p> <p>Commitment Adequate resources are allocated to ensure the efficient and effective management of complaints.</p> <p>Consumer rights and responsibilities Consumers have a right to complain about the provision of a health service before, during or after the provision of a service, in whichever method of communication they prefer. Consumers have a responsibility to</p> <ul style="list-style-type: none"> • provide factual and full information in a timely manner • make their complaint in a non-threatening manner and • not knowingly make frivolous or vexatious complaints. <p>Transparency The complaint management process is open, clear and plainly evident to consumers and staff. This openness demonstrates accountability to the community.</p> <p>Fairness The complaint management process is unbiased, objective and impartial to all parties. All complaints are treated as legitimate and are properly assessed. Procedural fairness and natural justice are key elements throughout the complaint management process.</p> <p>Privacy and Confidentiality The privacy of all complainants and any staff member named in a complaint is respected with information disclosed on a 'need to know basis'. No reference to the lodging of a complaint will be made in a consumer's health care record.</p> <p>Timeliness Consumer feedback is acknowledged and managed efficiently without unnecessary delays.</p> <p>Assistance Consumers are given assistance to provide feedback wherever necessary and are supported throughout the feedback management process. Assistance is also available to staff who are the subject of a complaint or are involved in the assessment / investigation of a complaint.</p>
Performance Standards	<p>The following complaints management performance standards must be met by all Queensland Health services.</p> <ol style="list-style-type: none"> 1 Consumer feedback is actively encouraged and promoted. 2 Consumer and staff rights are upheld throughout the complaint management process. 3 Local processes are implemented to support best practice in complaint handling.

	4 Complaints information is integrated into organisational improvement activities.
Model for complaint handling	Complaint handling is the responsibility of everyone in the organisation. Queensland Health's model for complaint handling can be found in Appendix 1.
Seriousness Categories	<p>All complaints are categorised in a manner that reflects the seriousness of the complaint. These seriousness categories are applied to the risk management framework within the organisation and used in data analysis to assist the learning organisation.</p> <p>Negligible – no impact or risk to provision or care or the organisation</p> <p>Minor – resolvable at the point of service</p> <p>Moderate – issues that may require comprehensive assessment or investigation</p> <p>Major – Significant issues or issues causing lasting detriment that require investigation</p> <p>Extreme – issues about serious adverse events, sentinel events, long term damage or death that require investigation</p>
Scope and Application	<p>The policy applies to all Queensland Health employees (permanent, temporary and casual) and all organisations and individuals acting as its agent (including Visiting Medical Officers, visiting health professionals, contractors, consultants and volunteers).</p> <p>The policy relates to consumer complaints provided to Queensland Health about services provided by Queensland Health. It does not relate to public health complaints made by consumers to Queensland Health Branches that have a responsibility to investigate public health matters (such as complaints about food outlets, or mosquitoes). Nor does it relate to staff complaints, or to any aspect of consumer participation beyond complaints.</p>
Effective date	31 August 2002
Supersedes	New Policy
Compliance	<p>Complaints management is applicable to all Queensland Health Services, thus, all services are required to adopt and implement a best practice approach to Complaint Handling.</p> <p>This policy is in accordance with the Australian Health Care Agreement 1999-2003, Queensland Health's Public Patients' Hospital Charter and Australian Standard AS4369-1995 - Complaints Handling.</p>
Review cycle and responsibilities	The Patient Complaints and Surveys Program Area, Queensland Health will review this document within 12 months from the date of issue.
Further information	Any specific issues or questions relating to the <i>Queensland Health Complaints Management Policy</i> should be referred to the Patient Complaints and Surveys Program Area Manager by phone on (07) 3636 9114.

APPENDIX 1 - COMPLAINT HANDLING MODEL

Complaint handling is the responsibility of everyone in the organisation. The complaint handling process implemented throughout Queensland is represented in the model below¹.



¹ Adapted from the NSW Ombudsman. (2000). *Effective Complaint Handling*. Sydney.

APPENDIX 2 – PERFORMANCE STANDARDS AND CRITERIA

Complaints Management Performance Standards

1. Consumer feedback is actively encouraged and promoted.
2. Consumer and staff rights are upheld throughout the complaint management process.
3. Local processes support best practice in complaint handling.
4. Complaints information is integrated into organisational improvement activities.

Performance Standard 1

Consumer feedback is actively encouraged and promoted.

Criteria:

- Signage at all points of entry to the facility informs consumers about how they can provide feedback, including complaints.
- Consumer feedback forms are clearly visible and widely available.
- All written consumer information is easy to understand and in plain English, and information is provided verbally when requested.
- Information about Queensland Health's Public Patient Charter is clearly visible and widely available.
- Both oral and written feedback is accepted and acted upon.
- Additional assistance to lodge a complaint is provided as required (eg interpreter services).
- Consumers are provided with direct contact details for the employee managing their complaint.
- Consumers are involved in the development of consumer information
- Consumers are involved in an annual review of the complaints management process.
- De-identified information about consumer feedback received is published internally and externally. Information about complaints includes at least; number, issue category, seriousness category and outcome.
- Staff actively encourage both positive and negative feedback.

Performance Standard 2

Consumer and staff rights are upheld throughout the complaint management process

Criteria:

- Complaints are accepted both verbally and in writing.
- Consumers are treated respectfully and with consideration to privacy, religion and cultural background.
- Consumers are not discriminated against or victimised as a result of lodging a complaint.
- All complaints are treated as legitimate and actively addressed.
- All parties involved in a complaint are advised of the outcome of the complaint.
- All information regarding and arising from a complaint is treated confidentially.
- No reference to the lodging of a complaint is made in a patient's medical record.
- Each facility/District/Branch has one central location with restricted access, for the storage of all documentation relating to a complaint.
- All reports provided to staff and the community on consumer feedback contain only de-identified information.

- The principles of natural justice and procedural fairness are adhered to in the management of complaints

Performance Standard 3

Local processes support best practice in complaint handling

Criteria:

- Procedures on managing complaints are developed and implemented in accordance with the Policy principles.
- Procedures for managing complaints are reviewed yearly with staff and consumer input.
- A complaints coordinator is nominated for each facility.
- The orientation/induction program raises awareness of complaints handling procedures.
- All staff receive training on complaints handling within 6 months of commencement and at least every 3 years thereafter.
- Complaints are resolved at the point of service wherever possible and appropriate.
- Complaints are acknowledged within 3 'working' days of receipt.
- Complaints are referred to external agencies without delay and, at most, within 3 days of the need being identified.
- At least eighty percent of complaints are resolved within 28 calendar days
- Complainants are advised of the progress of the complaint every 28 days until resolved.
- All parties involved in the complaint are informed of the outcome of the complaint.
- All complaints are documented.
- Complaints are collated in a manner that allows analysis to identify patterns and trends.

Performance Standard 4

Complaints information is integrated into organisational improvement activities.

Criteria:

- Aggregated complaints information, including at least the number, issue, seriousness categories and outcomes of complaints, are reviewed no less than quarterly with a view to identifying possible areas for service improvement.
- Executive, senior management and other relevant staff consider reports on feedback obtained through the complaint process.
- Complaints data is used for decision making including but not limited to, strategic planning, operational planning and quality planning and review.
- Information obtained from complaints is considered as part of District/Branch quality improvement and risk management processes.
- Organisation wide improvements result from both aggregated and individual complaint information.
- All staff receive de-identified information about complaints relevant to their work area and their facility/District/Branch.
- The processes for collecting, analysing and presenting data are reviewed at least yearly for quality, efficiency, usefulness and timeliness.
- Benchmarking of complaints management performance is undertaken with other health care and non-health care services/organisations to identify possible areas for service improvement.


Queensland Government

Queensland Health

QUEENSLAND HEALTH INSTRUCTION

to Policy Statement 15184

Policy Title	Queensland Health Complaints Management Policy
Scope and Application	<p>The policy applies to all Queensland Health employees (permanent, temporary and casual) and all organisations and individuals acting as its agent (including Visiting Medical Officers, visiting health professionals, contractors, consultants and volunteers).</p> <p>The policy relates to consumer complaints about services provided by Queensland Health. It does not relate to public health complaints made by consumers to Queensland Health Branches that have a responsibility to investigate public health matters (such as complaints about food outlets, or mosquitoes). Nor does it relate to staff complaints, or to any aspect of consumer participation beyond complaints.</p>
Effective date	31 August 2002
Supersedes	New Policy
Compliance	Complaints management is applicable to all Queensland Health Services, thus, all services are required to adopt and implement a best practice approach to Complaint Handling.
Review Cycle and Responsibilities	The Patient Complaints and Surveys Program Area will review this document prior to its closure in June 2003.
Legislation and Associated Documentation	Australian Health Care Agreement 1999-2003 Public Patients' Hospital Charter Standards Australia AS4369-1995 - Complaints Handling
Corporate Office file	XXXX-XXXX-XXX

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COMPLIANCE and RESPONSIBILITIES

The following roles and responsibilities apply with respect to this instruction:

Role/Function	Responsibilities and Specific Accountabilities
Director-General	<p>Ultimately, the Director General is accountable for the operation of the Department. This includes the establishment and maintenance of suitable processes for the management of consumer feedback, including the management of consumer complaints.</p> <p>The Director-General is also responsible for the referral of matters arising from complaints to the Crime and Misconduct Commission when the matter pertains to suspected official misconduct.</p>
General Manager, Health Services	<p>The primary duties of this role include:</p> <ul style="list-style-type: none"> • Providing leadership over all areas of responsibility in a manner consistent with Queensland Health's Vision and core values. • Resolving emergent situations regarding the provision of health services and the distribution of resources. • Ensuring the delivery of specific health outcomes, priorities and targets through service agreements negotiated with health service providers, particularly from the non-government sector. <p>Therefore, this position is responsible for the overall implementation of the Complaint Management Policy and framework within Health Service Districts, ensuring the principles of complaint management are upheld, that line management accountability and reporting of complaints occurs and that adequate resources are provided to ensure the above.</p>
Queensland Health Audit and Risk Management Committee	<p>The Queensland Health Audit and Risk Management Committee (QHARMC) is the coordinating group for risk management and provides reports and recommendations to the Director-General on risk management in Queensland Health. Specific to the management of consumer feedback, the committee is responsible for:</p> <ol style="list-style-type: none"> 1. reviewing complaints that are related to the whole of Queensland Health that constitute major risks to the organisation and ensuring that appropriate risk treatments are in place. 2. instituting a reporting process to the QHARMC of: <ul style="list-style-type: none"> • major risks (identified through consumer feedback) to the organisation including details of appropriate risk treatments that are in place; and

	<ul style="list-style-type: none"> • performance of significant liabilities such as Queensland Health Insurance.
Queensland Health Audit and Operational Review Branch	<p>The Audit and Operational Review Branch provides the contact for liaison between Queensland Health, and the Crime and Misconduct Commission (CMC) and Queensland Police Service (QPS). The Branch is also responsible for conducting investigations into suspected Official Misconduct in consultation with the CMC and QPS.</p> <p>Therefore, this Branch is responsible for:</p> <ul style="list-style-type: none"> • Receiving matters that arise from consumer complaints, as referred by other departments/Health Service Districts and referring these matters to the Crime and Misconduct Commission or Queensland Police Service where appropriate. • Providing an independent review of matters concerning Official Misconduct. • Conducting investigations into suspected Official Misconduct referred to within Queensland Health IRM 3.1-5. • Ensuring appropriately skilled investigators conduct investigations into suspected Official Misconduct. • Providing an advisory service regarding appropriate action on the handling of complaints, where matters relate to the conduct of Queensland Health employees. • Providing authoritative advice and counsel to the Director-General and senior management on any matters relating to Official Misconduct.
Patient Complaints and Surveys Program Area, Queensland Health (temporary until 30 June 2003)	<p>The Program Area is responsible for:</p> <ul style="list-style-type: none"> • The development of a best practice approach to the management of patient complaints throughout Queensland Health • The development of resources to assist Districts in the management of patient complaints • Ensuring that the complaint management process and policy are consistent with the <i>Integrated Risk Management for Clinical and Corporate Services Framework</i> • Promoting a learning, informed culture within Queensland Health that identifies lapses of standards of care, analyses them systematically, learns from them and introduces long term change so as to prevent similar events from recurring. • The development of resources to assist in the achievement of a learning, informed culture.
District Managers, Zonal Managers, State Managers, Branch Directors	<p>These positions are responsible for:</p> <ul style="list-style-type: none"> • The implementation of the <i>Complaints Management Policy</i> within their area of responsibility. • Ensuring all relevant employees are aware of, and comply with, Queensland Health's interpretation of the policies, principles and directives contained within the <i>Complaints</i>

	<p><i>Management Policy.</i></p> <ul style="list-style-type: none"> • Maintaining area wide complaint registers that identify the service of concern, staff category of the subject of the complaint (if relevant), issue being complained about, complaint seriousness category and any resultant organisational improvement activity. • Ensuring that District performance meets the Performance Standards and Criteria for Complaints Management. • Ensuring that all complaints with a seriousness category of Extreme are reported to the General Manager, Health Services. • Ensuring that risk reports provided to the QHARMC include complaints that have: <ul style="list-style-type: none"> – the potential to be or are strategic in nature; or – an extreme consequential impact. • Ensuring all matters arising from complaints that relate to Official Misconduct are referred to the Audit and Operational Review Branch², pursuant to IRM 3.1-5. • Ensuring that concerns arising from complaints that relate to the health, competence or conduct of a registered professional are referred to the appropriate registration body². • Ensuring that allegations concerning possible criminal activities of consumers are referred to the Queensland Police Service. • Ensure appointed investigators are appropriately resourced and skilled to undertake investigations. • Nominating appropriately skilled and resourced Complaints Coordinators. • Adequately resourcing services within their area of responsibility to ensure policy implementation.
Management committees/ groups	<p>All management committees / groups are responsible for:</p> <ul style="list-style-type: none"> • Ensuring resources and processes are established for the management of complaints. • Regularly reviewing consumer feedback relevant to their area of responsibility. • Reviewing organisational performance against the Complaint Management Performance Standards and Criteria. • Recommending and instigating organisational improvements where appropriate. • Ensuring information obtained from complaints is integrated with the activities of quality and risk management committees / groups.

² Allegations of a serious criminal nature may be referred directly to the Queensland Police Service if reporting is required outside of the usual business hours of the Audit and Operational Review Branch. The Director, Audit and Operational Branch must be notified in writing as soon as possible after the referral.

² Where matters arising from complaints relate to Official Misconduct these must also be referred to the Audit and Operational Review Branch, pursuant to IRM 3.1-5.

Complaints Coordinators	<p>Each health service has a nominated Complaints Coordinator who is responsible for:</p> <ul style="list-style-type: none"> • Coordinating the complaints management process in accordance with Queensland Health's <i>Complaints Management Policy</i>. • Ensuring that information obtained from complaints is considered as part of district quality improvement and risk management processes. • Assisting in the timely management and resolution of complaints • Reviewing outcomes and ensuring investigation of any unresolved complaints. • Receiving and managing all moderate, major and extreme complaints. • Where directed by the District Manager, referring complaints externally for review and investigation ³. • Coordinating internal investigations of complaints and ensuring they are conducted by appropriately skilled staff. • Coordinating staff training on complaint management.
Managers/ Supervisors	<p>These positions are responsible for:</p> <ul style="list-style-type: none"> • Ensuring all relevant employees are aware of, and comply with, Queensland Health's interpretation of the policies, principles and directives contained within the Complaint Management Policy • Ensuring that minor complaints are adequately assessed, reviewed and acted on in a fair and timely manner. • Reviewing information obtained from complaints, identifying areas for improvement / risk and making recommendations regarding possible organisational changes / risk treatments. • Ensuring consumer and employee rights are upheld throughout the complaint management process. • Assisting and supporting staff to resolve minor complaints at the point of service. • Dealing with complaints referred to their department through discussion and negotiation with the complainant and relevant staff. • Ensuring all complaint information is referred to the complaint coordinator when resolution/closure of minor complaints is achieved. • Ensuring complaints that are unable to or should not be attempted to be resolved at the point of service are referred to the complaints coordinator for action. • Ensuring all complaints of moderate seriousness or greater are referred to the complaints coordinator for action. • Notifying the complaints coordinator if they have a conflict of

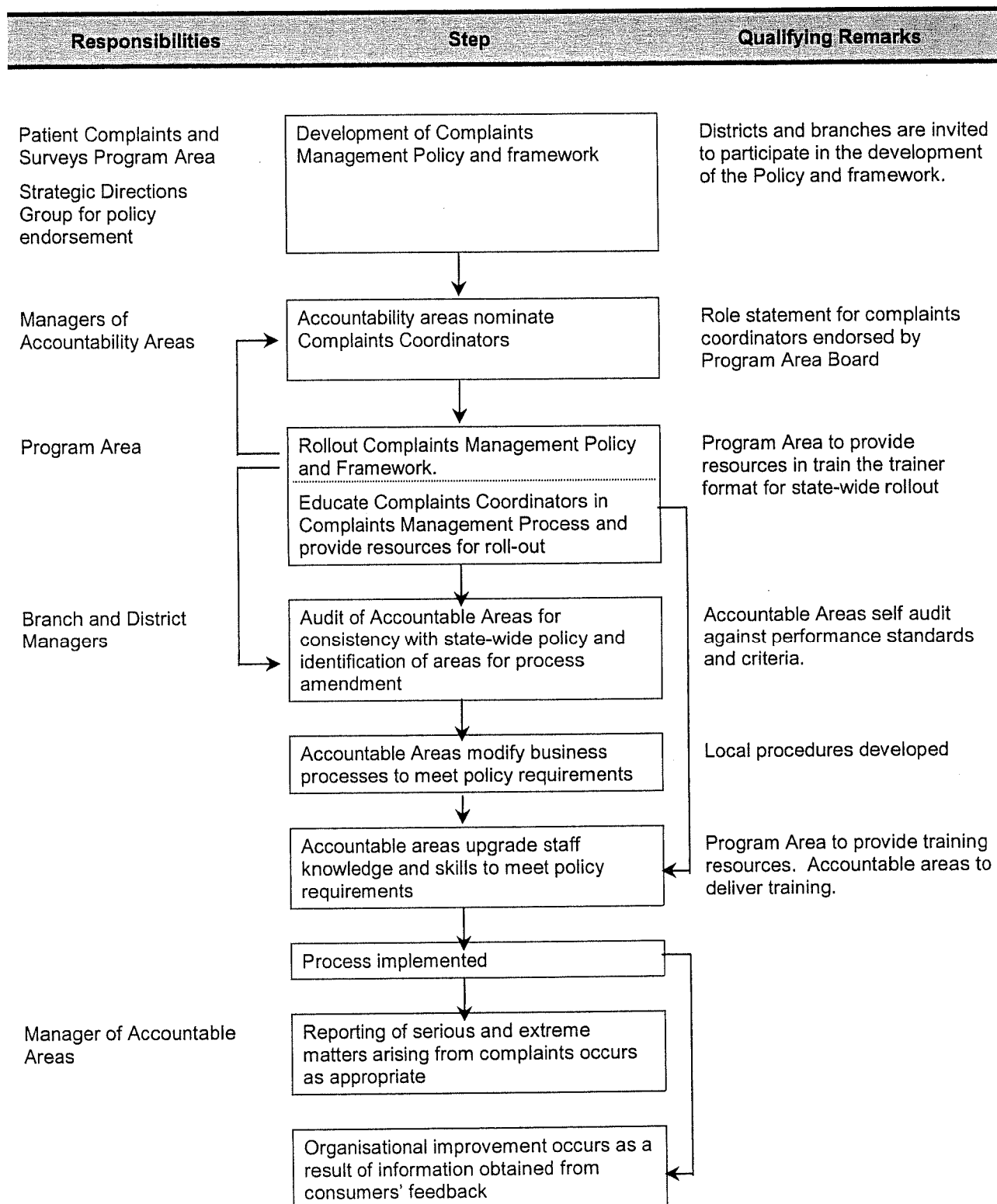
³ This may include, but is not limited to, matters referred to the Audit and Operational Review Branch in accordance with *IRM 3.1-5 Official Misconduct – Requirements And Process for Reporting* and those matters referred to professional registration bodies.

	<p>interest with a complaint or consider their impartiality or ability to work with the complainant may be questioned.</p> <ul style="list-style-type: none"> • Implementing any service level changes that arise from consumer feedback.
Investigators	<p>Investigators are appointed to undertake detailed inquiry of matters arising from complaints. Therefore, they are responsible for:</p> <ul style="list-style-type: none"> • Investigating complaints objectively, fairly, confidentially and in a timely manner. • Establishing the facts associated with a complaint. • Compiling a report on the investigation findings. • Forwarding reports to the person who appointed them to conduct the investigation. • Ensuring the principles of natural justice and procedural fairness are upheld throughout the investigative process.
All staff	<p>All staff are required to:</p> <ul style="list-style-type: none"> • Be aware of and comply with Queensland Health's interpretation of the principles and directives contained within this policy. • Assist consumers to provide feedback to the organisation in a spirit of helpful cooperation.

IMPLEMENTATION PROCESS

A consumer complaints management procedure and register will be in place in each Branch, Health Service (eg hospital, community health service) and Health Service District. These areas will be referred to as 'accountability areas' for the purposes of this document.

1. Each accountability area will assign a complaints coordinator to coordinate the management of consumer complaints and incorporate the specific requirements of that area with the implementation of the Complaints Management Policy.
2. The outcomes of the implementation will be the comprehensive and systematic application of the complaints handling process to all Queensland Health activities.
3. Each accountability area will develop a plan for the implementation of complaint management. The outcomes of accountability area implementation will be:
 - The executive or manager of the accountability area accepts responsibility for complaints management.
 - The Complaints Management Policy and framework is communicated to all staff.
 - The development of local procedures that ensure the complaints management process is applied.
 - The implementation of a reporting system within management structures.
 - A regular monitoring and review process to evaluate information arising from complaints, consumer satisfaction with the complaint handling process and the achievement of organisational improvement from information obtained from consumer feedback.
 - The development of processes that ensure that serious matters arising from complaints are appropriately referred to other Branches or external organisations.
 - The integration of consumer feedback information with organisational and strategic planning activities.



Reporting

- All staff will report consumer complaints of seriousness category Moderate, Major or Extreme to the Complaints Coordinator for action.
- The Complaints Coordinator will inform their relevant District / Branch Manager of consumer complaints of seriousness category Major or Extreme.
- District and Branch Managers will advise the General Manager, Health Services of consumer complaints of seriousness category Extreme.
- District and Branch Managers will advise the Audit and Operational Review Branch of all allegations of Official Misconduct by Queensland Health employees.
- Each accountability area will provide annual reports on complaints received and organisational improvements achieved as a result of complaints to the Office of the General Manager, Health Services.
- Each accountability area will provide reports of major risks (identified through consumer feedback) to the organisation, including details of appropriate risk treatments that are in place, to the Queensland Health Audit and Risk Management Committee.

GLOSSARY, DEFINITIONS

Complaints Management is the culture, processes and structures that are directed towards the effective management of consumer complaints in order to enhance service delivery and consumer satisfaction.

Complaint Handling Model is the system (for which the diagrammatic representation can be found at Appendix 1 of the *Queensland Health Complaints Management Policy*) within Queensland Health for the management of consumer complaints.

Accountability Areas are Branches, Health Services (eg hospital, community health service) and Health Service Districts.

Risk Management is the culture, processes and structures that are directed towards the effective management of potential opportunities and adverse effects in order to improve the health and well being of Queenslanders.

Complaints Coordinator is the person nominated by the Health Service District to coordinate the management of complaints within a specific health service.

Investigator is the person appointed by an Accountable Area to undertake an investigation.

Investigation is a systematic process of collecting relevant evidence, followed by an assessment of the evidence that leads to a logical and reasonable determination or conclusion. Investigations are undertaken when a decision needs to be made and the material /evidence before the decision maker is insufficient and / or needing clarification AND / OR only an

allegation which needs a response or collection of further evidence from another party / parties AND / OR conflicting and cannot be reasonably assessed without further evidence.

External Bodies are Branches, Organisations or Units that are external to the Accountable Area and may have a vested interest in the complaint matter (such as the Audit and Operational Review Branch, Health Professional Registration Bodies, the Ombudsman or the Health Rights Commission).

REFERENCES

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

NSW Health Department. 1998. Better Practice Guidelines for Frontline Complaints Handling. North Sydney.

NSW Ombudsman. 1995. Effective Complaint Handling Guidelines, Office of the Ombudsman, Sydney.

Standards Australia 1995. Complaints Handling AS4269-1995. Homebush.

The Australian Health Care Agreement between the Commonwealth of Australia and the State of Queensland 1998 – 2003.

Queensland Health Integrated Risk Management Policy.

Queensland Health Instruction to Policy Statement No 13355 *Queensland Health Integrated Risk Management Policy*

Queensland Health. IRM 3.1-5. Official Misconduct – Requirements for Reporting.