

## **QUEENSLAND HEALTH CONSUMER COMPLAINTS MANAGEMENT IMPLEMENTATION STANDARD 1**

### ***Roles, Responsibilities and Reporting***

*Policy for all Queensland Health employees and agents – including Queensland Health Central Office, Shared Service Providers, State-wide Services, Area Health Services and District Health Services with provisions for the Mater Public Hospitals*

#### **1. Purpose:**

This standard describes the mandatory auditable requirements regarding roles, responsibilities, and reporting for consumer complaints management. This standard uses terms and concepts defined in the Queensland Health Consumer Complaints Management Policy. Other terms are defined in the Queensland Health Glossary of Terms - Quality Management.

#### **2. Scope:**

This standard applies to:

- All Queensland Health employees (permanent, temporary and casual) and agents of the department (organisations and individuals), including employees and agents of the Department's Shared Service Providers and independent contractors (including Visiting Medical Officers, visiting health professionals, contractors, consultants and volunteers).

All consumer complaints, irrespective of their initial point of notification, will be managed according to this Standard<sup>1</sup>.

#### **3. Authorising Policy:**

Queensland Health Consumer Complaints Management Policy

#### **4. Review:**

This standard will be reviewed annually and revised if there are policy and process changes to:

- Reporting, monitoring and resolution of consumer complaints
- Queensland Health information system for consumer feedback.

This standard was last reviewed: New Standard

#### **5. Supersedes:**

The Queensland Health Instruction to Policy 15184

#### **6. Business Contact:**

Any requests for further information or clarification regarding this standard should be referred to the Data Reporting and Analysis Centre, Reform and Development Division, Email:

[QMSU@health.qld.gov.au](mailto:QMSU@health.qld.gov.au)

#### **7. Further information:**

The links listed in the document 'Further Information' provide additional information relating to

<sup>1</sup> This will include complaints from an anonymous source and those received through the Ministerial process.

consumer complaints management processes and related topics.

## 8. Roles and Responsibilities

The following roles and responsibilities apply with respect to this implementation standard. The criteria specify mechanisms for measuring performance against the responsibilities.

Title /Role	Responsibilities	Criteria
<b>Central Office</b>		
<b>8.1 Director-General</b>	<p>8.1.1 To establish and maintain suitable processes for the management of consumer complaints.</p> <p>8.1.2 To refer matters arising from complaints to the Crime and Misconduct Commission when the matter pertains to suspected official misconduct.</p>	<p>8.1.C1 Endorsed policy and implementation standards on internet</p> <p>8.1.C2 Annual public report on internet</p>
<b>8.2 Executive Director, Reform and Development Division</b>	<p>To reform consumer complaints management processes by:</p> <p>8.2.1 ensuring that the revised policy is endorsed and implemented across Queensland Health;</p> <p>8.2.2 ensuring the effectiveness of the trial, roll-out (including training and change management) and sustainability of the state-wide information system for consumer feedback;</p> <p>8.2.3 ensuring that appropriate access to reports from the state-wide information system for consumer feedback is in place for Queensland Health personnel;</p> <p>8.2.4 ensuring that appropriate access to reports from the state-wide information system for consumer feedback is in place for the Health Quality and Complaints Commission.</p>	<p>8.2.C1 Quarterly reports to EMT on status of reform</p> <p>8.2.C2 The state-wide information system for consumer feedback implemented across Queensland by March 2008</p>
<b>8.3 Senior Director, Data, Reporting and Analysis Centre</b>	<p>8.3.1 To coordinate and review function of <i>Consumer Complaints Management Policy</i> in collaboration with key stakeholders;</p> <p>8.3.2 To develop and implement state-wide information system for consumer feedback;</p> <p>8.3.3 To provide the ongoing support and review functions associated with the state-wide information system for consumer feedback in collaboration with key stakeholders;</p> <p>8.3.4 To develop a framework for reporting consumer complaints indicators in the annual Queensland Public Hospitals Performance Report.</p>	<p>8.3.C1 Policy reviewed annually</p> <p>8.3.C2 The state-wide information system for consumer feedback reviewed annually</p> <p>8.3.C3 Consumer complaints indicators reported in annual Queensland Public Hospitals Performance Report</p>
<b>8.4 Senior Director Queensland Health Assurance and Risk Advisory Services (ARAS)</b>	<p>To provide the contact for liaison between Queensland Health, the Crime and Misconduct Commission (CMC) and Queensland Police Service (QPS), and conduct investigations into suspected Official Misconduct after advice from the CMC and QPS by:</p> <p>8.4.1 referring to the CMC any consumer complaints that</p>	<p>8.4.C1 Quarterly reports to Queensland Health Audit and Risk Management Committee (QHARMC)</p> <p>8.4.C2</p>

	<p>constitute suspected Official Misconduct as referred by other departments/ Health Service Districts or individuals;</p> <p>8.4.2 providing an independent review of matters concerning Official Misconduct;</p> <p>8.4.3 conducting investigations into suspected Official Misconduct referred to within Queensland Health <u>IRM 3.1-5</u>;</p> <p>8.4.4 ensuring appropriately skilled investigators conduct investigations into suspected Official Misconduct;</p> <p>8.4.5 providing an advisory service regarding appropriate action on the handling of complaints, where matters relate to the possible Official Misconduct of Queensland Health employees;</p> <p>8.4.6 providing authoritative advice and counsel to the Director-General and senior management on any matters relating to suspected Official Misconduct.</p>	Reports to the Director-General as required
<b>Area Health Services</b>		
<p><b>8.5 General Managers, Area Health Services (GMAHS)</b></p> <p><b>Northern Area</b></p> <p><b>Central Area</b></p> <p><b>Southern Area</b></p>	<p>To implement the <i>Consumer Complaints Management Policy</i>, and associated governance structure and functions within the Area Health Service and Health Service Districts by:</p> <p>8.5.1 ensuring that the principles of complaint management are upheld;</p> <p>8.5.2 ensuring that all Health Service Districts within the Area have a designated Consumer Complaints Coordinator;</p> <p>8.5.3 ensuring that line management accountability is clearly defined and adhered to;</p> <p>8.5.4 ensuring that reporting of complaints occurs;</p> <p>8.5.5 ensuring that appropriate investigation escalation and resolution of consumer complaints occurs;</p> <p>8.5.6 ensuring that performance monitoring and reporting occurs;</p> <p>8.5.7 ensuring that adequate resources are provided for the Area Health Service functions of consumer complaints management (8.6).</p>	<p>8.5.C1 Quarterly report to Patient Safety &amp; Quality Board and QHARMC on unresolved complaints in Area and complaints escalated to CMC and HQ&amp;CC</p> <p>8.5.C2 Quarterly report to Patient Safety &amp; Quality Board on trends and issues</p>

<p><b>8.6 Area Health Service Complaints Managers (AHSCM)</b></p> <p><b>(This applies to the identified officer within the AHS with responsibility for the complaints management function)</b></p>	<p>To implement and support the <i>Consumer Complaints Management Policy</i> in Area Health Services and Health Service Districts within Area by:</p> <p>8.6.1 providing support to District Complaints Co-ordinators;</p> <p>8.6.2 developing resources, and delivering training for District Complaints Co-ordinators;</p> <p>8.6.3 reviewing data for purposes of performance reporting and education and training (as above).</p>	<p>8.6.C1 Quarterly reports to Patient Safety and Quality Board (via General Manager as per 8.5.C1 and 8.5.C2)</p> <p>8.6.C2 Training of District Complaints Co-ordinators is current</p>
<p><b>Health Service Districts</b></p>		
<p><b>8.7 District Managers, Clinical CEOs,</b></p> <p><b>Executive Director Clinical and State-wide Services</b></p>	<p>To implement and support the <i>Consumer Complaints Management Policy</i> in their area of responsibility by:</p> <p>8.7.1 ensuring that information relating to lodging a complaint, and the processes and support for resolving complaints is visible and accessible for all consumers;</p> <p>8.7.2 ensuring all employees are aware of, and comply with, the policy, implementation standards and principles associated with the <i>Consumer Complaints Management Policy</i>;</p> <p>8.7.3 ensuring that local procedures to support the complaints management policy are documented and all staff are aware of and comply with these;</p> <p>8.7.4 ensuring that the appointed District Complaints Coordinator meets selection criteria for the primary duties and responsibilities of the position as outlined in this standard;</p> <p>8.7.5 ensuring that consumer complaints management personnel are adequately skilled and resourced for the sustainability of policy implementation;</p> <p>8.7.6 ensuring that relevant staff are trained in the state-wide information system for consumer feedback;</p> <p>8.7.7 ensuring that categories of complaints for mandatory reporting are entered into the state-wide information system for consumer feedback;</p> <p>8.7.8 ensuring that referral requirements in accordance with this standard (Refer to Table 1) are followed for all consumer complaints with an organisational seriousness category of moderate or above;</p> <p>8.7.9 ensuring that all matters arising from complaints that relate to Official Misconduct are referred to the Assurance and Risk Advisory Services, pursuant to <a href="#">IRM 3.1-5</a>;</p> <p>8.7.10 ensuring that all consumer complaints which are unresolved within <b>35 calendar days</b> have a plan of action developed and communicated to all parties This may include management through the General Manager Area Health Service and potential referral to the Health Quality and Complaints Commission;</p> <p>8.7.11 ensuring that complainants have access to the</p>	<p>8.7.C1 Authorise quarterly report from District Quality and Safety Committee and provide to Health Community Council</p> <p>8.7.C2 Monthly report to GMAHS (via AHSCM) on unresolved complaints and complaints escalated to CMC and HQ&amp;CC</p> <p>8.7.C3 Quarterly reports to AHS on trends and issues (to inform AHS quarterly report to Patient Safety &amp; Quality Board)</p> <p>8.7.C4 All staff trained in complaints handling within six months of commencement and at least every 3 years on-going</p>

	<p>Health Quality and Complaints Commission. where complaints remain unresolved</p> <p>8.7.12 appointing investigators who are appropriately resourced and skilled to undertake investigations;</p> <p>8.7.13 ensuring appropriate action is taken on investigation findings;</p> <p>8.7.14 ensuring that risks identified from a complaint are appropriately documented in the Health Service District risk register and that notification is made as per Table 2;</p> <p>8.7.15 ensuring that adequate resources are provided for the Health Service District's consumer complaints management functions, including staff training;</p> <p>8.7.16 ensuring that the <i>complaints management evaluation</i> process has been completed and recorded on the state-wide information system for consumer feedback, when the system is implemented in the District.</p>	
<p><b>8.8 Health Service District Complaints Coordinators</b></p> <p><b>(This applies to the identified officer within the DHS with responsibility for the complaints management functions)</b></p>	<p>To implement the <i>Consumer Complaints Management Policy</i> in their area of responsibility by:</p> <p>8.8.1 coordinating the complaints management process;</p> <p>8.8.2 receiving and coordinating all complaints, and providing appropriate support to staff in relation to the management of complaints;</p> <p>8.8.3 ensuring that all complaints are acknowledged by phone, letter, fax or email within <b>5 calendar days</b> of receiving complaint;</p> <p>8.8.4 maintaining regular communication with all parties to a complaint;</p> <p>8.8.5 coordinating internal investigations of complaints in consultation with District Manager/Clinical CEO;</p> <p>8.8.6 ensuring that referral requirements in accordance with this standard (Refer to Table 1) are followed for all consumer complaints with an organisational seriousness category of moderate or above;</p> <p>8.8.7 coordinating the referral of matters to the Health Quality and Complaints Commission and Queensland Health Assurance and Risk Advisory Services;</p> <p>8.8.8 assisting in the timely management and resolution of consumer complaints;</p> <p>8.8.9 where complaints remain unresolved, assisting the complainant to access the Health Quality and Complaints Commission;</p> <p>8.8.10 identifying all consumer complaints which are unresolved within <b>35 calendar days</b> and reporting to District Manager / Clinical CEO for discussion and development of an action plan (8.7.10);</p> <p>8.8.11 ensuring that risks identified from a complaint are appropriately documented on the Health Service District risk register and notification is made as per Table 2;</p> <p>8.8.12 ensuring that consumer complaints data is</p>	<p>8.8.C1 Monthly report to District Quality and Safety Committee and District Manager/Clinical CEO including performance measures and unresolved complaints</p>

	<p>accurately recorded in the state-wide information system for consumer feedback when the system is implemented in the District;</p> <p>8.8.13 preparing monthly report including performance measures, for District Safety and Quality Committee;</p> <p>8.8.14 reviewing data and outcomes to ensure that information obtained from consumer complaints is considered as part of district quality improvement and risk management processes;</p> <p>8.8.15 contributing to staff training on complaint management;</p> <p>8.8.16 undertaking the <i>complaints management evaluation</i> process with the complainant and the Health Service District, on conclusion of the complaint process.</p>	
<p><b>8.9 Managers/ Supervisors</b></p>	<p>To implement the <i>Consumer Complaints Management Policy</i> in their area of responsibility by:</p> <p>8.9.1 ensuring all employees are aware of, and comply with, the <i>Consumer Complaints Management Policy</i> and any local procedures;</p> <p>8.9.2 ensuring that complaints are adequately assessed, reviewed and acted on in a fair and timely manner;</p> <p>8.9.3 reviewing complaints information relating to their area of responsibility in order to identify risks and make recommendations for improvement;</p> <p>8.9.4 ensuring consumer and employee rights are upheld throughout the complaints management process;</p> <p>8.9.5 assisting and supporting staff to resolve minor complaints at the point of service;</p> <p>8.9.6 dealing with complaints referred to their department through discussion and negotiation with the complainant and relevant staff;</p> <p>8.9.7 ensuring <b>all</b> complaint information that has been managed and resolved / finalised locally is reported to the District Complaints Coordinator;</p> <p>8.9.8 ensuring complaints that are unable to or should not be attempted to be resolved at the point of service are referred to the District Complaints Coordinator for action;</p> <p>8.9.9 notifying the District Complaints Coordinator if they have a conflict of interest with a complaint or consider their impartiality or ability to work with the complainant may be questioned;</p> <p>8.9.10 implementing any service level changes that arise from complaints and consumer feedback.</p>	<p>8.9.C1 Monthly report to District Complaints Coordinator to inform report to District Manager/Clinical CEO and District Quality and Safety Committee</p>

<p><b>8.10 Investigators</b> (This applies to the officer identified as most appropriate to investigate a complaint)</p>	<p>To investigate and conduct detailed inquiry into matters arising from complaints by:</p> <p>8.10.1 conducting investigation of complaints objectively, fairly, confidentially and in a timely manner;</p> <p>8.10.2 establishing the facts associated with a complaint;</p> <p>8.10.3 compiling a written report on the investigation findings, with recommendations;</p> <p>8.10.4 ensuring that the principles of natural justice and procedural fairness are upheld throughout the investigative process.</p>	<p>8.10.C1</p> <p>Reports are written on all investigations conducted and forwarded to the officer responsible for their appointment</p>
<p><b>8.11 All staff</b></p>	<p>To be aware of and comply with the <i>Consumer Complaints Management Policy</i> by:</p> <p>8.11.1 assisting consumers to provide feedback to the organisation in a spirit of helpful cooperation;</p> <p>8.11.2 assisting with the resolution of complaints at first point of service wherever possible, within their delegation.</p> <p>8.11.3 documenting complaints on forms as specified in the Health Service District procedures.</p>	
<p><b>Committees</b></p>		
<p><b>8.12 Queensland Health Audit and Risk Management Committee (QHARMC)</b></p>	<p>To coordinate risk management and provide independent advice to the Director-General on risk management in Queensland Health via reports and recommendations. Specific to the management of consumer complaints and feedback, the committee is responsible for:</p> <p>8.12.1 reviewing complaints relating to the whole of Queensland Health that constitute risks to the department and advising on risk management strategies.</p>	<p>8.12.C1</p> <p>Quarterly report to Director-General</p>
<p><b>8.13 Patient Safety &amp; Quality Board</b></p>	<p>To provide advice to the Director-General on matters relating to the quality of health care in Queensland Health by:</p> <p>8.13.1 identifying system-wide/ substantial organisational risks in relation to safety and quality, and approving mitigation strategies;</p> <p>8.13.2 promoting improvement in effectiveness of health care;</p> <p>8.13.3 assessing Area Health Service responses to safety and quality issues.</p>	<p>8.13.C1</p> <p>Quarterly report to Director-General</p> <p>8.13.C2</p> <p>Receive quarterly reports from the Area Health Services on unresolved complaints and complaints escalated to CMC and HQ&amp;CC.</p> <p>8.13.C3</p> <p>Receive quarterly reports from the Area Health Services on trends and issues arising from consumer complaints.</p>
<p><b>8.14 District Quality &amp; Safety Committee</b></p>	<p>8.14.1 To provide district wide support for the identification of and recommendations relating to trends and</p>	<p>8.14.C1</p> <p>Receive monthly reports</p>

	issues concerned with consumer complaints management within the Quality and Safety agenda.	from District Complaints Coordinators 8.14.C2 Provide quarterly report to DM/Clinical CEO then to District Health Council
<b>8.15 Health Community Council</b>	To provide oversight of the adequacy of consumer complaints processes by: 8.15.1 reviewing patterns and trends in consumer complaints including consumer satisfaction with the complaints management process, and patterns and trends in the types and origin of complaints; 8.15.2 auditing a random sample of completed complaints to assess the adequacy of the complaints handling process; 8.15.3 advising the District Manager / Clinical CEO on issues and recommendations relating to consumer complaints management.	8.15.C1 Receive quarterly report on safety and quality, including trends and issues relating to consumer complaints management
<b>8.16 Management committees/ groups</b>	To implement and support of the <i>Consumer Complaints Management Policy</i> in their area of responsibility by: 8.16.1 ensuring resources and processes are established for the management of consumer complaints; 8.16.2 reviewing complaints information relating to their area of responsibility to identify risks and make recommendations regarding organisational improvement; 8.16.3 ensuring that information obtained from complaints is integrated with the activities of quality and risk management committees / groups.	8.16.C1 Quarterly report to District Manager / General Manager Area Health service

## 9. Consumer Complaints Reporting

1. On receiving a complaint, a *Complaint Severity Assessment* will assist in determining where the complaint will be referred and/or managed.
2. Staff will comply with notifications specified in Section 10 of this standard
3. All reporting and management of consumer complaints will be undertaken as per the Roles and Responsibilities section of this Implementation Standard.
4. Staff will document complaints and actions in accordance with the Implementation Standard 2 – Information System PRIME CF and forward to the District Complaints Coordinator.

## 10. Complaint Severity Assessment

On receiving a consumer complaint an assessment of the severity / seriousness of the complaint will be conducted to determine how the complaint is to be managed. This assessment will assist with referral of complaints to the most appropriate level in the organisation for investigation and management. **Table 1** specifies five (5) severity levels with accompanying explanations and referral requirements.

**Table 1**

Severity	Explanation of Consequence Categories		Referral
<b>Negligible</b>	No impact to provision of care or the organisation	<ul style="list-style-type: none"> <li>no impact on the provision of care</li> <li>no potential organisational impact</li> </ul>	--
<b>Minor</b>	Resolvable at the point of service	<ul style="list-style-type: none"> <li>can or should be able to be investigated and resolved at the point of service</li> <li>issues not causing lasting detriment.</li> </ul>	--
<b>Moderate</b>	Issues that may require assessment or investigation	<ul style="list-style-type: none"> <li>about organisational or professional issues that should be investigated</li> <li>about communication and practice management issues (where repetitive or not minor in nature)</li> <li>issues not causing lasting detriment</li> </ul>	To District Complaint Coordinator within 3 days
<b>Major</b>	Significant issues causing lasting detriment that require comprehensive assessment and investigation	<ul style="list-style-type: none"> <li>significant issues of standards, quality of care or denial of rights</li> <li>issues causing lasting detriment</li> </ul>	Via District Complaint Coordinator to the District Manager within 3 days
<b>Extreme</b>	Issues about serious adverse events, sentinel events, long term damage or death	<ul style="list-style-type: none"> <li>about a serious adverse outcome, grossly sub-standard care or unsatisfactory professional conduct</li> <li>issue causing long term or severe damage or death</li> </ul>	Via District Complaint Coordinator to the District Manager - immediate notification

**Risk Assessment**

All risks identified during the complaints management process are to be risk assessed in accordance with the Queensland Health Integrated Risk Management Policy and Framework. The results of this process will:

1. inform the Accountability Area (eg Health Service District) risk register;
2. be reported as per the Roles and Responsibilities criteria in this Standard; and
3. inform education and training programs, and organisational learning.

Once a risk assessment is completed, notification of the identified risks arising from the complaint/s and notification of resolution of the complaint/s and any service improvements that have resulted from the process will be undertaken as per **Table 2**.

**Table 2**

Level of Risk	Action Required	Notification	Notification of resolution and service improvements
<b>Low</b>	Manage by routine procedures, unlikely to need specific application of resources	--	--
<b>Medium</b>	Manage by specific monitoring or response	--	--
<b>High</b>	Senior executive management attention needed and management responsibility specified	To District Executive member via District Complaints Coordinator within 3 days	District Quality & Safety Committee
<b>Very High</b>	Detailed research and management planning required at a senior level	via District Manager to Area General Manager within 3 days	Area Complaints Manager
<b>Extreme</b>	Immediate action required, senior management will be involved, preparation of a detailed plan	via District Manager to Director-General (through Area General Manager) within 3 days	Area Complaints Manager

## 11. Complaints Management Evaluation

At closure of a consumer complaint, the following evaluations will be conducted and recorded on the state-wide information system:

- Consumer satisfaction with the procedures of their complaint
- Consumer satisfaction with the communication processes of their complaint
- Consumer satisfaction with the outcome of their complaint
- Health Service District evaluation of the effectiveness of the complaint process in meeting consumer expectations.
- Health Service District evaluation of opportunity for changes in policy and practice as a result of a complaint and if these changes have been actioned.

## 12. Provisions for the Mater Public Hospitals

1. The Mater Patient Feedback Framework (endorsed 5 December 2006) is the guidance document for complaints management processes for the Mater Health Services. The Framework is consistent with the principles and processes in the Queensland Health Consumer Complaints Management Policy and Standards. The Framework identifies entities responsible for the complaints management process within the Mater
2. Information relating to consumer complaints is captured in the Mater patient feedback management database.
3. An annual report relating to consumer complaints management in the Mater Public Hospitals will be provided to Queensland Health Southern Area Health Service, as specified in the service agreement.

## Release Details

Table A shows the administrative details for the current release of this document:

TABLE A	
Review authored by:	Senior Director, Data Reporting and Analysis Centre Date: 1 February 2007
Approved by:	Executive Director, Reform and Development Division Date:
_____ (Approving Officer's Signature) _____	