Procedure

Consumer Feedback
Cairns and Hinterland Hospital and Health Service

Purpose
This Procedure describes the processes for receiving, investigating, and responding to consumer feedback from patients, families, carers and advocates; and managing general feedback relating to health care services provided by CHHHS.

Scope
This Procedure relates to all Queensland Health employees (permanent, temporary and casual) and all organisations and individuals acting as its agents (including Visiting Medical Officers and other partners, contractors, consultants and volunteers).

Exclusions:
This procedure does not apply to any complaint considered to constitute corrupt conduct, professional misconduct, fraud or conduct in breach of the Code of Conduct for the Queensland Public Service and that may subsequently require referral to the Office of the Health Ombudsman and/or Crime and Corruption Commission. Feedback of this nature must be referred to Human Resources HRCairns@health.qld.gov.au in the first instance.

Feedback, compliments and complaints relating to the Lotus Glen Health Service (correctional service) are the subject of a separate Lotus Glen Complaints Procedure.

Procedure including roles and responsibilities

Confidentiality and Privacy
The Australian Charter of Healthcare Rights informs patients and consumers about their rights in our healthcare system. Consumers are to be provided with the Charter on admission to hospital. One of these rights is the right to comment which means patients have a right to comment on their care and to have concerns addressed.

Personal information provided by consumers as part of their feedback is subject to the provisions of the Privacy Act 1988 (Commonwealth) and the Information Privacy Act 2009 (QLD). The collection of personal information for complaints management restricts the use and disclosure of that information to the purpose of consumer feedback management for the specific feedback issue and any related consumer experience surveys about complaint management. Where personal information is proposed to be used for any other purpose than the specific feedback, consent must be obtained for the intended purpose and recorded in RiskMan. Reference to the CHHHS Privacy Statement should be made in consumer feedback forms and web sites.

All staff involved in complaints management will abide by the confidentiality provisions as set out in the Hospital and Health Boards Act 2011.
Consumer Feedback Information Management System

Consumer feedback is recorded in the RiskMan® information management system (consumer feedback). The system is accessible by all staff to report feedback, but is limited to line management, patient liaison office and patient safety unit to manage the feedback.

Physical documentation relating to complaints is to be stored in a secure location with restricted access. A copy of all documentation pertaining to complaints, including emails and correspondence is to be saved electronically to the consumer feedback information management system RiskMan®.

Training

Training in the use of RiskMan® is available via iLearn. Patient Liaison Officers (PLOs) are subject matter experts and have been trained at higher user levels in the system and provide training for staff.

Consumer feedback methods

Managing a patient request to provide feedback

- You may offer to provide the patient (or their advocate) with a Tell us how we are doing (form) available from the Consumer Feedback website (public), however there is no limitation on how feedback is provided.

Feedback is accepted from consumers in a variety of ways including via:

- Face to face at the point of care or via telephone at the point of service
- The Patient Liaison Office, in person, via telephone 4226 6864 / 4226 8244
- Email to CHHHS_feedback@health.qld.gov.au;
- CHHHS Consumer Feedback Internet (public access) Portal:
- The CHHHS “Tell Us How We Are Doing” Feedback Form (which includes a section for use by children);
- The CHHHS Board;
- The Department of Health Senior District Liaison Officer (SDLO)
- The Office of the Minister for Health
- Health practitioners
- CHHHS legal office
- Ryan’s Rule activations
- The open disclosure process
- CHHHS endorsed social media sites;
- Patient experience surveys (electronic and paper-based);
- Periodic Patient Satisfaction surveys (State-wide and Local);

Considerations for Patient Diversity and High-Risk Patient Groups

All patients, regardless of age, ethnicity, language, ability, geographic location, or legal status, should be given the opportunity to provide feedback on their experience of care by completing a patient experience survey. Where appropriate, staff members can and should provide assistance to consumers, patients, carers or families to complete patient experience surveys. The Interpreter Service can arrange for interpreters for patients from a non-English speaking background.

However, surveys are not always suitable for collecting information from some patient groups. Where this is the case, other methods of collecting feedback can be used, including verbal feedback.

Aboriginal and Torres Strait Islander consumers should additionally be offered to speak with a CHHHS Indigenous Liaison Officer to provide cultural support to consumers, patients, carers or families to achieve meaningful feedback.
Feedback forms for Aboriginal and Torres Strait Islander consumers may assist guide the conversation to achieve feedback.

- “Which way, mefla propa help youfla dair?”
- “Wiswei mipla staff e helpe yupla ol pamle ene community ah?”

**Patient Liaison Office Role in feedback management**

Refer also to the flowchart located in APPENDIX C

The Patient Liaison Office role is to provide a central point in the HHS to:

- receive consumer feedback
- direct feedback to the appropriate area to respond
- maintain consumer liaison about feedback progress,
- manage feedback records
- report on consumer feedback across the organisation.

Where feedback is directly received by the Patient Liaison Office the PLO team will:

- Enter the complaint on the RiskMan® system
- Ensure contact details are accurate and record in the RiskMan® system
- **Acknowledge the complaint in the manner it was received (negligible or minor complaints only). For moderate or higher severity complaints or third-party complaints acknowledgement is in writing within 5 calendar days** (100% target compliance)
- Distribute or escalate the complaint in accordance with the severity assessment and notification pathways (as per Table 1 below)
- Notify the Director of Medical Services when the complainant is requesting compensation or reimbursement.
- Arrange consumer, family and carer meetings for disclosures where required
- Assist with written responses for moderate to extreme complaints

The Patient Liaison Office will ensure the written response includes:

- An acknowledgement of the salient concerns in the complaint
- Expressions of regret or apology where appropriate
- Actions taken in response to the complaint including investigations
- The investigation outcome(s)
- The actions taken in response to the investigation outcomes
- The reasons for decisions that have been made
- Review or escalation information available to the complainant, where they are dissatisfied with the response.

- **The complainant should receive a final written or verbal response within 35 calendar days. CHHHS aims for target of 80% compliance with this timeframe.**

Where the Patient Liaison Office is assisting with a moderate to extreme complaint, each area is required to provide a written response to the Patient Liaison Office within 14 calendar days for collation, review and authorisation signature within the 35-calendar day time frame.

Where a written complaint involves a number of clinical or other areas, the Patient Liaison Office will refer to the relevant areas for investigation and will coordinate the final response.
Management of Compliments- all areas

Compliments may be received in writing (cards, letters, email, social media), verbally, in person or by phone.

Where a compliment is received there is no requirement to provide an acknowledgment in writing, however the consumer or the advocate providing the compliment should be thanked for their feedback.

All compliments received by staff members can be entered into the RiskMan® system, where they will be automatically forwarded to the relevant Line Manager for reporting purposes.

Compliments are reported at ward/unit/division meetings by Line Managers.

Compliments received by the Patient Liaison Office (PLO) will be recorded in the RiskMan® system, where they will be automatically forwarded to the Line Managers.

The PLO reports all monthly data through to the Executive Leadership Committee for Patient Safety Care and Experience.

Management of Complaints - all areas

A complaint is an expression of dissatisfaction made to or about an organisation, related to its products, services, staff or the handling of a complaint, where a response or resolution is explicitly or implicitly expected or legally required.

All complaints are encouraged to be managed at the point of service by the treating doctor, nurse or allied health professional, Nurse Unit Manager/Line Manager or senior administration officer. Immediate acknowledgement and resolution of a minor or negligible complaint is to occur at the point of service.

Where the complaint is of a moderate, major or severe nature, the complaint should be acknowledged and escalated directly to the PLO at Cairns Hospital (07 4226 6864 or 07 4226 8244).

Where the complaint constitutes a clinical incident, the departmental manager must also activate the CHHHS Clinical Incident Reporting and Management Procedure and enter the incident into RiskMan.

Where a complaint is provided in person the following steps will help achieve a successful resolution:

- Do not send the complainant away without acknowledging the complaint or taking some action to help resolve the issue.
- Let the complainant know that you are there to assist them in resolving their concerns.
- Listen carefully to what is being said.
- Maintain normal eye contact and non-confrontational body language.
- Do not argue with the complainant, attempt to lay blame, or be defensive.
- Find out what the complainant would like to happen to resolve the complaint.
- If appropriate, apologise to the complainant for their experience.
- Take steps to resolve the problem.

When receiving a complaint:

- Listen carefully;
- Empathise and acknowledge the complainant’s feelings;
- Find out what they want to occur as a result of the complaint,
- Do not promise something which is unachievable;
- Resolve the complaint if possible or commit to doing something immediately regardless of who will ultimately resolve the complaint;
- Acknowledge the complaint;
- Provide a Feedback Form (there is a selection) and assist in the completion, if required;
- Offer the patient access to further services, for example Aboriginal and Torres Strait Hospital Liaison Service or Interpreter Services where appropriate;
Consumer Feedback

- Thank the complainant for their feedback and reassure them that their concerns are important and will be investigated;
- Ensure the departmental manager is aware of the complaint;
- The Frontline Manager (or the manager of a Frontline Manager) should refer to the flowchart and checklist – see APPENDICES A & B
- Immediately document the complaint, verbal conversations, actions, decisions and reasons for decisions in RiskMan®.

IMPORTANT:

- Documentation relating to complaints must not be stored in the patient’s medical record.
- Timeframe for acknowledgement of a complaint = 5 calendar days
- Timeframe for provision of a formal response, on behalf of the CHHHS, to the complainant = 35 calendar days

Acknowledgement

Where the complaint is assessed as negligible or minor, the complaint may be acknowledged in the manner it was received and acknowledgement recorded in RiskMan®.

Where the complaint is assessed as moderate or above, acknowledgement of the complaint must be in writing and sent within 5 days of receipt and recorded in RiskMan®. This may be sent via email where the consumer has provided their email for communicating with the consumer about complaint management.

Where a third party has provided the complaint, such as a consumer’s advocate, or an internal or external agency assisting with the complaint, both the consumer and the third party are to receive an acknowledgment of receipt of the complaint in writing. The third party is advised that further correspondence about the matter will continue to be communicated to the consumer only, unless otherwise requested by the consumer (as the subject of the complaint) or required under law by an agency assisting the complainant.

Reporting

All consumer complaints are to be recorded by the person receiving the complaint in the RiskMan® system as soon as the information is received. Information recorded should include a summary of the complaint, the decision made, reasons for the decision, and records of verbal conversations about the complaint. This practice ensures CHHHS meets its legislative obligations regarding complaint reporting, and that there is an integrated approach to management of patient complaint information across the service.

Complaints Severity Assessment and Notification

At entry into the RiskMan® feedback information management system, a risk assessment of the severity and seriousness of the complaint will be conducted to determine how the complaint is to be triaged and managed.

This will assist CHHHS with referral of complaints to the most appropriate level in the organisation for support, investigation and management. The table below indicates the pathway for escalation of the complaint. The RiskMan® system automatically escalates complaints to appropriate line managers based on severity.
Table 1: Severity Assessment and Associated Time-framed Notification Pathways

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<thead>
<tr>
<th>Severity</th>
<th>Explanation of Consequences Categories</th>
<th>Notification Pathway and Timeframes</th>
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<tbody>
<tr>
<td>Negligible</td>
<td>No impact to provision of care or the organisation</td>
<td>Forward to HHS Complaints Coordinator within three (3) days</td>
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<tr>
<td></td>
<td>- no impact on the provision of care</td>
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<td>- no potential organisational impact</td>
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<tr>
<td>Minor</td>
<td>Resolvable at the point of service</td>
<td>Forward to HHS Complaints Coordinator within three (3) days</td>
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<td>- can or should be able to be investigated and resolved at the point of service</td>
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<td></td>
<td>- issues not causing lasting detriment</td>
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<tr>
<td>Moderate</td>
<td>Issues that may require assessment or investigation</td>
<td>Referral to the Facility Complaints Coordinator within three (3) days</td>
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<td>- organisational or professional issues that should be investigated</td>
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<td>- communication and practice management issues (where repetitive or not minor in nature)</td>
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<td>- issues not causing lasting detriment</td>
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<tr>
<td>Major</td>
<td>Significant issues causing lasting detriment that require comprehensive assessment and investigation</td>
<td>Referral to the Facility Complaints Coordinator who will escalate it to</td>
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<td>- significant issues of standards, quality of care or denial of rights</td>
<td>the Facility Executive Director or delegate</td>
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<td></td>
<td>- issues causing lasting detriment</td>
<td></td>
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<tr>
<td>Extreme</td>
<td>Issues about serious adverse events, e.g. reportable events, long term damage or death</td>
<td>Referral to the Facility Complaints Coordinator who will immediately</td>
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<td>- serious adverse outcome, grossly sub-standard care or unsatisfactory professional conduct</td>
<td>escalate it to the Facility Executive Director or delegate</td>
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<tr>
<td></td>
<td>- issue causing long term or severe damage or death</td>
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</table>

Source: RiskMan®

**Negligible or Minor Complaints: resolved at the point of care/service**

Negligible or minor complaints should be resolved at the point of service. The first member of staff approached by the patient / consumer has an important role in starting to resolve the complaint.

Handling a complaint at the point of service gives the Health Service a chance to discuss and resolve the issue quickly and avoid the complaint turning into a dispute.

If the complaint is resolved at the point of service, the process can be ‘closed at Frontline’ on the RiskMan® system.

If the complaint is not resolved at the point of service, or requires additional investigation and response, the RiskMan® system will forward the complaint to the relevant Line Manager.
**Moderate complaint:**

Moderate complaints require escalation to the facility complaints coordinator or line manager. The Patient Liaison Office coordinates support for the line manager to assess, investigate and respond to the complaint.

All information is recorded into the RiskMan® system and an electronic patient file is created with the Patient Liaison Office.

If the complaint indicates the occurrence of a clinical incident, a discussion is to take place between the line manager and Patient Liaison Office with the Patient Safety team. Where a clinical incident is confirmed a *clone* of the complaint is made in the RiskMan® *Clinical Incident Management Module* to ensure the episodes are integrated and the complaint process is then closed. The CHHHS Clinical Incident Management procedure must then be initiated by the Patient Safety Team to manage the clinical incident.

Where there is no clinical incident the line manager completes the complaint investigation. The line manager is to draft a response advising the complainant of the investigation outcomes and actions to be taken as a result of the complaint and enters a response into the RiskMan® system. The drafted response is to be provided to the Patient Liaison Office for correct formatting and provision to the relevant Service Director or Director of Medical Services for review and authorisation signature.

**All complainants must be advised of the outcome of the complaint, by phone or in person and in writing within thirty-five (35) days of receipt of the complaint.**

It is recognised there may occasionally be a requirement to extend this timeline to accommodate an appropriate investigation and response. An extension of the 35-day timeline must sought in a timely manner for approval by approved by the Director of Clinical Governance.

Where an extension is granted, regular contact with the complainant is to be maintained to advise of actions progressing towards resolution and each contact recorded in the RiskMan® journal.

The Frontline Complaints Management Flow Pathway is described in the flow diagram in APPENDIX A. A Line Manager’s Checklist is included in APPENDIX B.

**Serious or Extreme complaints:**

**Serious complaints are escalated to the Director Medical Services (DMS) or Executive Director Medical Services (EDMS) for initial risk assessment within 48 hours.**

Serious complaints will be coordinated from the Patient Liaison Office.

The Patient Liaison Office coordinates support for the Director of Medical Services (DMS) or Executive Director Medical Services (EDMS) to assess, investigate and respond to the complaint.

All information is recorded into the RiskMan® system and an electronic patient file is created within the Patient Liaison Office.

If the complaint indicates the occurrence of a clinical incident, a discussion is to take place between the DMS or EDMS and the Patient Safety team. Where a clinical incident is confirmed a clone of the complaint is made in the RiskMan® clinical incident management module to ensure the episodes are integrated and the complaint process is then closed. The Clinical Incident Management Procedure is followed by the Patient Safety Team to manage the Clinical Incident.

Where there is no clinical incident the DMS or EDMS may consult and refer the matter to another executive member, or delegate a relevant Clinical Director, Director of Nursing (DON) or Director of Allied Health (DAH) to take investigative lead of the clinical component of the complaint.

The Patient Liaison Office co-ordinates the complaint process, compiles investigation responses and prepares a final letter for review and authorisation signature by the relevant executive member or delegated director.
During this process, the Patient Liaison Office maintains regular contact with the consumer/complainant.

All relevant information and communication is compiled in an electronic record and recorded in the RiskMan® system.

All complainants must be advised of the outcome of the complaint, by phone or in person and in writing within thirty-five (35) days of receipt of the complaint.

It is recognised there may occasionally be a requirement to extend this timeline to accommodate an appropriate investigation and response. An extension of the 35 day timeline must be approved by the DMS or EDMS.

Where an extension is granted, regular contact with the complainant should be maintained to advise of actions progressing towards resolution and each contact added to the RiskMan® journal.

Management of Specific Complaints

Acknowledgement and response to a complainant when the complaint is received via an external agent or agency.

i. Acknowledge and respond to the complainant in accordance with usual process

ii. Acknowledge and respond to the identified contact person within the agency, in accordance with usual process.

Complaints that relate to Public Interest Disclosures (PID)

The following complaints may constitute a Public Interest Disclosure. Where these arise, they are to be confidentially referred directly to the Human Resources Manager for formal assessment. Specific complaint types include:

• a substantial and specific danger to the health or safety of a person with a disability
• a substantial and specific danger to the environment
• the conduct of another person that could be a reprisal to a public interest disclosure (if known)

When the complaint or feedback is about or involves Child Protection

• If the consumer is unsatisfied with the response from the health service (CHHHS), they may contact the Department of Communities, Child Safety and Disability Services; see also, the guide to making a complaint consumer information brochure developed by the Department.
  • Phone: 1800 080 464; email: feedback@communities.qld.gov.au
• The recommended complaints process for consumers in these situations are:
  1) Contacting their local service centre or regional office and asking to talk to the person they have been working with, or that person’s manager; if dissatisfied with this step or the outcome of this step, then the consumer may:
  2) Lodge a complaint with the department’s Complaint’s Unit; if the consumer is dissatisfied with this step or the outcome of from the complaint’s unit, then the consumer may contact the Office of the Queensland Ombudsman:
    ▪ Phone: 1800 068 908; email: ombudsman@ombudsman.qld.gov.au

The Queensland Ombudsman requires a survey about the responsiveness of the complaints management process from complainants who make a complaint in relation to the actions or inactions of the health service or a health professional in relation to a child protection matter. CHHHS must also publish an annual report regarding child protection complaints. Child protection complaints must have its own category for capture in the RiskMan® system.
Complaints received via the Office of the Chief Executive

Complaints received via the Office of the Chief Executive (e.g. Ministerial, and Senior Departmental Liaison Officer, Chief Executive Office etc.) are managed by the Senior Correspondence and Liaison Officer (SCLO), who coordinates the process of investigating and responding to the correspondence/complainant within the timelines set down by the MD20 Ministerial and Departmental Liaison Procedure.

- If the complaint received is related to a single, patient-specific matter, the PLO will take carriage of the matter and record in the RiskMan® system.
- If the complaint received is related to the Health System or a particular administrative process of the Health Service, the SCLO will coordinate the response and enter in the RiskMan® system.

When the complaint or feedback is about the Chief Executive

If the complaint involves, or may involve, an allegation of corrupt conduct by the Chief Executive, the health service must activate the CHHHS Corrupt Conduct Complaints Involving the Chief Executive Policy: which identifies the CHHHS Executive Director People and Engagement and Director-General Department of Health as the nominated persons to deal with the complaint under the Crime and Corruption Act 2001.

Complaints received via the Office of the Health Ombudsman

Complaints from the Office of the Health Ombudsman (OHO) are managed by the CHHHS legal services team which coordinates the process of investigating and responding.

The CHHHS Legal Services is to record all OHO complaints in the RiskMan® system.

Complaints about information privacy, confidentiality or complaints received via the Office of the Information Commissioner

Complaints that may involve information privacy or confidentiality issues can be assessed by the Privacy Confidentiality and Complaints Officer (PCCO). The PCCO for CHHHS is the Manager of the Release of Information Unit and can be contacted directly on 4226 8680 or email CHHHS-RTI-Privacy.health.qld.gov.au

When the complaint or feedback is about Mental Health Services

- If the consumer is unsatisfied with the response from the mental health service (CHHHS), they may contact the Office of the Chief Psychiatrist. Through this office, the Chief Psychiatrist can investigate serious matters concerning the administration of the Mental Health Act including the rights of patients.
- Phone: 1800 989 451 or 3328 9899; email: ED_MHAODD@health.qld.gov.au

When the complaint or feedback is about Discrimination

- If the consumer is unsatisfied with the response from the health service (CHHHS), they may contact the Anti-Discrimination Commission Queensland. This agency is for complaints received under the Anti-Discrimination Act 1991 including complaints of discrimination, sexual harassment, vilification, victimisation and other breaches.
- Phone 1300 130 670; email info@adcq.qld.gov.au
If the consumer or complainant is unsatisfied with the response from the Health Service about their complaint.

- If the consumer is unsatisfied with the response from the Health Service (CHHHS), the complaints review process should be engaged as described below. Where this continues to be unsuccessful the complainant is to be provided the option to contact the Office of the Health Ombudsman (OHO). The OHO can receive complaints about public, private and community-based health services and health service providers in Queensland.
- Phone: 133 OHO (133 646); email: complaints@oho.qld.gov.au

**Complaint Review Process**

Where complainants advise they are dissatisfied with the outcome of the complaint, or with the complaint process, they can request an internal review of the decision through the Patient Liaison Office. The PLO will arrange for a review of decision by the Health Service Officer at the next level up from the original respondent, or by the relevant Executive Director.

Where complainants advise the complaint was not resolved to their satisfaction by CHHHS, they are able to contact the Office of the Health Ombudsman, which will conduct an external review. Contact details are Phone: 133 OHO (133 646); email: complaints@oho.qld.gov.au and these are also available on the CHHHS Consumer feedback website.

**Monitoring and Evaluation of the Complaint Management System**

The CHHHS Complaints Management System is monitored against the following criteria:

1. **Policies and procedures:**
   Complaints management policy and associated procedures are established, maintained, and appropriately available to access on QHEPS;

2. **The Patient Liaison Officers and Senior Correspondence Liaison Officers** are trained in their role:
   Staff responsibilities for complaint management are clearly represented in role descriptions and monitored through individual development plans (IDP). Staff are inducted and familiar with the processes needed to enable them to fulfil their responsibilities;

3. **Complaint management and outcome audit**
   An annual complainant experience survey is to be conducted. The survey is to be conducted in accordance with the Patient Experience surveys procedure CHHHS-Clin-Proc-Exec-786-V2-09/21. The survey is to consist of 100 complaints including 100% of child protection complaints, and is carried out by the PLOs to review the complaint management process from a clinical governance perspective, particularly focusing on the effectiveness of the system. The audit includes domains to explore
   - Consumer satisfaction with the complaint management process.
   - Consumer satisfaction with communication processes during the complaint management process.
   - Consumer satisfaction with the outcome of their complaint.
   The complainant evaluation responses are recorded in the CHHHS Governance Information System for Multidisciplinary Officers (GISMO) and reported annually to the Executive Leadership Team and the Board Safety and Quality subcommittee.

4. **Time taken to respond to complaints:**
   Data is collected, analysed and reported regarding the time taken to acknowledge receipt of complaints, to provide a full response to complainants, and to provide complainants with information about the progress of a complaint where progress has been delayed.
Reporting of Complaint Data and Complainant Satisfaction

Data on performance against complaints management Key Performance Indicators (KPIs) is reported to the Board, Executive and Directorates in the monthly Patient Safety and Quality snapshot report, and to staff by directorate and facility at monthly performance meetings.

Complaints data must also be published annually by 30 September on the CHHHS website (Public Service Act s.219(3)). Information to be reported includes:

- Number of customer complaints received during the year;
- Number of those complaints resulting in further action;
- Number of those complaints resulting in no further action; and
- Number of child protection complaints.

De-identified data on complaints, collated by complaint category, Division and facility is to be provided, along with analysis and commentary on why complaints were not resolved within the required timeframe and why complaints are still ongoing but have exceeded the resolution timeframe. These data analysis reports are to be used by services/Divisions to develop quality improvement activities and/or recommendations to address any identified trends or perceived deficiencies with service delivery and/or within the complaints management system. This data, and the associated action plans, is provided to consumers and carers via reports to the CHHHS Community Consultation Committees (CCCs).

Inclusion of learnings from consumer feedback will be included in newsletters and inclusion in staff awareness publications.

Definition of Terms

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<thead>
<tr>
<th>Term</th>
<th>Definition / Explanation / Details</th>
<th>Source</th>
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<tbody>
<tr>
<td>Consumer</td>
<td>A person who has used, or may potentially use, health services, or is a carer for a patient using health services. A healthcare consumer may also act as a consumer representative to provide a consumer perspective, contribute to consumer experiences, advocate for the interests of current and potential health service users, and take part in decision-making processes.</td>
<td>Australian Commission on Safety and Quality in Health Care 2017. National Safety and Quality in Health Service Standards, 2nd edition.</td>
</tr>
<tr>
<td>Customer complaint</td>
<td>Means a complaint about the service or action of a department, or its staff, by a person who is apparently directly affected by the service or action;</td>
<td>Public Service Act 2008</td>
</tr>
<tr>
<td>Complaints Management System</td>
<td>A department must establish and implement a system for dealing with customer complaints. The CHHHS system is RiskMan®</td>
<td>Public Service Act 2008</td>
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## Supporting documents

<table>
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<tr>
<th>Type</th>
<th>Title</th>
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<tbody>
<tr>
<td>Authorising Policy, Directive or Standard/s</td>
<td>• Public Service Act (PSA) 2008</td>
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<td>• Information Privacy Act 2009</td>
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<td></td>
<td>• Hospital and Health Boards Act 2011</td>
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<td>• Public Records Act 2002</td>
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<td>• Department of Health Customer Complaint Management Policy</td>
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<td>• Department of Health Customer Complaint Management Guideline</td>
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<td></td>
<td>• Australian/New Zealand Standard – Guidelines for complaints management in organisations (AS/NZS 10002-2014)</td>
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<td></td>
<td>• CHHHS Consumer Feedback, Compliments and Complaints Management Policy</td>
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<td>• CHHHS Clinical Governance Framework</td>
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<tr>
<td>Procedures, Guidelines, Protocols</td>
<td>• Patient Experience Surveys Procedure</td>
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<td></td>
<td>• Lotus Glen Health Service: Complaints Management Procedure</td>
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<td></td>
<td>• CHHHS Clinical Incident Management Procedure:</td>
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<tr>
<td></td>
<td>• National Standard 1 Governance for Safety and Quality in Health Service Organisations</td>
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<td></td>
<td>• National Standard 2 Partnering with Consumers</td>
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<td></td>
<td>• MD-20 Complaints Management Procedure</td>
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<td>Forms and templates</td>
<td>• Consumer Feedback Forms:</td>
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<td>o Tell us how we are doing</td>
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<td>o Aboriginal Feedback Form</td>
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<td></td>
<td>o Torres Strait Islander Feedback Form</td>
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<tr>
<td>Related documents</td>
<td>• Health Ombudsman Act 2013</td>
</tr>
<tr>
<td></td>
<td>• Australian Charter of Health Care Rights</td>
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<td>• Public Interest Disclosures Policy</td>
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Audit Strategy

<table>
<thead>
<tr>
<th>Level of risk</th>
<th>Moderate</th>
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<td>Audit strategy</td>
<td>Biennial- Internal Audit</td>
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<td>Audit tool attached</td>
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<td>Audit responsibility</td>
<td>Internal Audit CHHHS</td>
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<tr>
<td>Key elements / indicators / outcomes</td>
<td>100% Acknowledgment of complaints within 5 days 80% Closure of complaints within 35 days</td>
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Document Communication and Implementation Plan

<table>
<thead>
<tr>
<th>Action</th>
<th>Responsible Position</th>
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<tr>
<td>Identify the target group:</td>
<td>Director Clinical Governance</td>
</tr>
<tr>
<td>• Frontline staff</td>
<td></td>
</tr>
<tr>
<td>• Line Managers</td>
<td></td>
</tr>
<tr>
<td>• Patient Liaison Officers</td>
<td></td>
</tr>
<tr>
<td>• Office of the Chief Executive</td>
<td></td>
</tr>
<tr>
<td>Provide a time line for communication and implementation milestones:</td>
<td></td>
</tr>
<tr>
<td>• November 2018</td>
<td></td>
</tr>
<tr>
<td>Identify method of communication:</td>
<td>Patient Liaison Officer</td>
</tr>
<tr>
<td>• PLO to educate at Directorate and Divisional meetings</td>
<td></td>
</tr>
<tr>
<td>List education and training available to support implementation:</td>
<td>Subject Matter Expert, RiskMan®</td>
</tr>
<tr>
<td>• iLearn (RiskMan®)</td>
<td></td>
</tr>
<tr>
<td>• powerpoint presentation on complaints management</td>
<td></td>
</tr>
<tr>
<td>Identify frequency of communication:</td>
<td>Patient Liaison Officer</td>
</tr>
<tr>
<td>• As required</td>
<td></td>
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Consultation

Key stakeholders (position and business area) who reviewed this version are:

- Executive Director Allied Health
- Director Clinical Governance
- Patient Liaison Officer
- Senior Correspondence and Liaison Officer
- Senior Advisor Consumer and Community Engagement Officer
- Director Communications and Engagement
- Executive Leadership Team Consumer Representative
- Director of Medical Services Cairns Hospital
Consumer Feedback

Procedure Approval

Approval Date: 06/11/2018  Effective Date: 06/11/2018  Review Date: November 2021

Approving Officer: Denise Patterson  
Executive Director Nursing and Midwifery

Supersedes: Management of Compliments, Complaints and Feedback CHHHSD-CoC-Proc-CBH-145-V6-02/19

Key Words: Compliment, Complaint, Feedback,

Accreditation references: NSQHS Standard 2

Procedure Revision History

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<th>Version No.</th>
<th>Custodian (created/modified by)</th>
<th>Endorsing Officer/Committee</th>
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<td>Patient Liaison</td>
<td>Team Leader Patient Safety</td>
<td>District Executive Director Medical Services</td>
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<td>2.0 11/2013</td>
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<td>5.0 02/2016</td>
<td>Patient Experience Coordinator</td>
<td>Executive Director Allied Health</td>
<td>Chief Executive Officer</td>
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<td>6.0 02/2017</td>
<td>Executive Director Allied Health</td>
<td>Chief Executive Officer</td>
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<td>7.0 11/2018</td>
<td>Director Clinical Governance</td>
<td>Executive Director Nursing and Midwifery</td>
<td>Executive Director Nursing and Midwifery</td>
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Appendices

A. Frontline Complaints Management Process
B. Frontline Manager’s Checklist for Complaint Management
C. Process for responding to a patient complaint made via PLO
D. Agencies that investigate complaints and/or provide support to lodge a complaint
E. Public web information to be placed on the internet website
### APPENDIX B – Frontline Manager’s Checklist for Complaint Management

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The staff member who received the complaint has listened to the complaint and attempted to resolve it at the point of service.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The staff member recorded all relevant information regarding the complaint in the RiskMan® system.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The staff member successfully resolved the complaint at the point of service and recorded details of the resolution in the RiskMan® system</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>If the staff member was successful in resolving the complaint:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The NUM/Line Manager resolved and closed the complaint in RiskMan®</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>If yes:</strong> PROCESS COMPLETE, no further action required.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>If the staff member was NOT successful in resolving the complaint:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The NUM/Line Manager has completed a Severity Risk Assessment</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>If the complaint is a Clinical Incident:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commence the Clinical Incident Management Procedure</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Has the feedback entry been closed in RiskMan and a clinical incident recorded?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>If yes:</strong> PROCESS COMPLETE no further action required.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the record of the complaint in RiskMan include a summary of the complaint, the decision made, reasons for the decision, and records of verbal conversations about the complaint?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>If the complaint is NOT a Clinical Incident:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the complaint assessed as Moderate or above?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>If yes:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the NUM/Line Manager escalated to Patient Liaison Office for consultation and support or coordination?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>If yes:</strong> PROCESS COMPLETE no further action required.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the complaint is NOT assessed as Moderate or above:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the NUM/Line Manager resolved and closed the complaint in RiskMan?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>If yes:</strong> PROCESS COMPLETE no further action required.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX C: Process for responding to a patient complaint made via PLO

1. PLO-feedback received by Patient Liaison Officer (PLO)
2. PLO-Feedback entered into Riskman
3. PLO-Complaint Severity Rating recorded in RiskMan
4. PLO-Feedback is acknowledged and acknowledgment recorded in RiskMan

KPI: Within 5 days of receipt. In the manner it was provided. Moderate to Extreme complaints require written acknowledgement.

- Feedback is a compliment
  - Feedback conveyed to relevant area via email and Riskman
    - Manager or Manager’s Manager: conveys compliment to staff member, team and Knowing How We Are Doing Board
    - Close in RiskMan

- Feedback is a complaint
  - Feedback conveyed to relevant area via email and Riskman
    - Manager or Manager’s Manager: Complaint or Clinical incident
      - Manager or Manager’s Manager: Drafts/Send response to PLO within 14 days from complaint received.
        - Manager or Manager’s Manager: Clones complaint in Riskman to clinical incident- notifies complainant, PSO and PLO of process change
          - FSO: Supports SAC1 and SAC2 level clinical incident
            - Commence clinical incident management process

If extension required, this requires Director of Clinical Governance approval.

- PLO: Write the draft of the IHG response ready within 28 days from date that complaint received.
  - PLO: to send written response to complainant.
    - PLO update complaints management database/RiskMan
      - Close in RiskMan

- KPI: Within 35 days of complaint receipt.
  - PLO: Run monthly KPI report and send to reports (Snapshot)and Board and other key stakeholders as needed.
APPENDIX D – Agencies that investigate complaints and/or provide support to lodge a complaint

There are several Complaint agencies that investigate complaints as well as support agencies available that may assist people to make a complaint, these include:

- Anti-Discrimination Commission Queensland – Ph. 1300 130 670
- Office of the Chief Psychiatrist – Ph. 1800 989 451 or 3328 9899
- Office of the Health Ombudsman – Ph. 133 646
- Office of the Public Guardian community visitors – Ph. 1300 302 711 or 3406 7711
- Queensland Department of Health – Ph. 13 43 25 84
- Queensland Ombudsman – Ph. 1800 068 908 or 3005 7000

Other agencies for information or advice include:

- Arafmi Queensland 1800 00 6478 or 3235 9059
- Mental Health Review Tribunal – Ph. 1800 00 6478 or 3235 9059
- Legal Aid Queensland – Ph. 1300 651 188
- Queensland Advocacy Incorporated – Ph. 3844 4200
- Community Legal Centres Queensland – Ph. 3392 0092
- LawRight – Ph. 3846 6317
APPENDIX E – Public web information to be placed on the internet website.

Making a complaint

What information will I need to provide?

You will need to provide the following details when you lodge a complaint:

- The nature of the complaint in as much detail as possible.
- Detail of any loss or detriment you have suffered.
- If the incident has been reported to any other agency or authority.
- The remedy you are seeking.
- Any supporting information and documentation, including names and contact details of anyone else who is able to support the complaint.
- Your contact details*.

*You may remain anonymous but please be aware that Cairns and Hinterland Hospital and Health Service may need to contact you for further details to properly investigate the complaint. Cairns and Hinterland Hospital and Health Service may refuse to investigate an anonymous complaint if insufficient information is provided.

Do I have to put my complaint in writing?

No, you can lodge your complaint in writing or verbally. If you have a difficult or more serious complaint, we encourage you to lodge it in writing with all details set out. This can be done either by letter, fax, email or by using the online complaint form on our website.

What response can I expect when I lodge my complaint?

Cairns and Hinterland Hospital and Health Service takes complaints seriously. We will acknowledge your complaint within 5 days from receiving the complaint. After 10 working days, if you have not received a response please call Cairns and Hinterland Hospital and Health Service on 4226 6864 or 4226 8244.

How long will it take for the Cairns and Hinterland Hospital and Health Service to deal with my complaint?

Cairns and Hinterland Hospital and Health Service aims to resolve complaints as quickly and efficiently as possible. The length of time taken will depend on how complex the matter is. The relevant area in Cairns and Hinterland Hospital and Health Service will keep you informed of the progress of the investigation. The Health Service aims for complaints to be dealt with in 35 days.

Will my identity remain confidential?

Yes. It is Cairns and Hinterland Hospital and Health Service policy not to disclose personal information, including names and addresses, without a person’s consent, to anyone outside Cairns and Hinterland Hospital and Health Service unless law requires us to.

Can I lodge a complaint on behalf of someone else?

Yes, but if you lodge a complaint on behalf of an affected person, we will respond directly to that person affected, not to you as the person acting. If you provide a letter of authority confirming that you are acting on behalf of the affected person, we will respond to you instead.
I need help to make a complaint.

Where necessary, a Cairns and Hinterland Hospital and Health Service officer may help you by providing information on how to make a complaint, including how it should be documented. The aim is to help clarify your issue and the outcome(s) you seek.

If you need language assistance, please call the National Translating and Interpreting Service (NTIS) on 131 450. Advise the NTIS of your preferred language and ask to speak with Cairns and Hinterland Hospital and Health Service, Patient Liaison Office on 4226 6864 or 4226 8244.

If you need assistance because of a hearing or speech impairment please contact the National Relay Service on 133 677. If you can speak and hear but sometimes people have trouble understanding you, the number to call at the Relay Service is 1300 555 727.

If I make a complaint, can Cairns and Hinterland Hospital and Health Service refuse to investigate?

Yes, Cairns and Hinterland Hospital and Health Service can refuse to investigate a complaint if:

- The complaint is considered to be trivial, frivolous or vexatious, lacks substance or credibility
- The complainant has not been permitted to do so on behalf of another person as the subject of the complaint; or
- The complaint is made using rude, aggressive, abusive or threatening language, or where the complainant is physically harassing or stalking Cairns and Hinterland Hospital and Health Service officer(s).
- The complainant is pursuing the complaint through an alternative review process, or it has already been reviewed through an alternate review process.

Are there any costs associated with lodging a complaint?

No, there is no fee or charge.