Management of Compliments, Complaints & Feedback

Cairns and Hinterland Hospital and Health Service

Purpose

Cairns and Hinterland Hospital and Health Service (CHHHS) welcomes and encourages consumers and the community to provide feedback. CHHHS undertakes to investigate complaints in an efficient and effective manner from a quality improvement perspective.

This Procedure will assist CHHHS to identify and respond to complaints, compliments and feedback in line with key performance indicators.

The complex nature of complaints will follow a set of flow pathways as set out in the appendices.

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).

This procedure does not apply to:

Any complaint that may be considered 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 must be referred to Human Resources HRCairns@health.qld.gov.au in the first instance.

Feedback, compliments and complaints relating to Lotus Glen Health Service are the subject of a separate Procedure.
Supporting documents

Authorising Policy and Standard/s:

- CHHHS Consumer Feedback, Compliments and Complaints Management Policy
- Public Records Act 2002
- Public Service Act 2008, s.219(3)
- Queensland Health Compliments and Complaints Page

Procedures, Guidelines, Protocols

- Lotus Glen health Service: Complaints Management Procedure
- CHHHS Clinical Incident Management Procedure:
- National Standard 1 Governance for Safety and Quality in Health Service Organisations
- National Standard 2 Partnering with Consumers
- MD-20 Complaints Management Procedure (Draft)

Forms and templates

- PRIME System Access Form
- Consumer Feedback Forms (See Appendices 1A, 1B and 1C)

Related documents

- Health Ombudsman Act 2013

Confidentiality and Privacy

All staff involved in complaints management will abide by the confidentiality provisions as set out in the Hospital and Health Boards Act 2011. All information and documentation is subject to the statutory requirements as specified under the Right to Information Act 2009 and Information Privacy Act 2009.

All documentation relating to complaints is stored in a secure location with restricted access. A copy of all documentation pertaining to complaints, including emails and correspondence is to be saved to the electronic complaint file.
Management of Compliments, Complaints & Feedback

- No copies of written complaints, correspondence or other documentation pertaining to a complaint are to be stored in a patient’s health care record.

- Only de-identified, collated data on feedback, compliments and complaints will be provided to staff via the monthly Patient Safety and Quality dashboard, and to the consumers and carers via quarterly reports to the CHHHS Community Consultation Committees (CCCs).

Australian Charter of Health Care Rights

Everyone who is seeking or receiving care in the Australian health system has certain rights regarding the nature of that care. The Australian Charter of Healthcare Rights tells patients and consumers about their rights in our healthcare system.


Procedure

Consumer Feedback

CHHHS welcomes feedback about patients’ experiences. Feedback enables the CHHHS to review its practices and improve its services and enhance the patient journey and outcomes.

Feedback can be provided / obtained in a variety of ways including:

- Face to face at the point of care, or via telephone;
- Via the Patient Liaison Office, in person, via telephone or via letter/email;
- Using the CHHHS “Tell Us How We Are Doing” Feedback Form (which includes a section for use by children);
- The CHHHS Board;
- CHHHS endorsed social media sites;
- Patient experience surveys (electronic and paper-based);
- Periodic Patient Satisfaction surveys (State-wide and Local);
- Aboriginal and Torres Strait Islander consumers may choose to use the Feedback Form “Which way, mefla propa help youfla?”, or to contact the Patient Liaison Office and request to speak with an Indigenous Liaison Officer.

Consumer Feedback Data Collection

Consumer compliments and complaints are to be recorded in the QH PRIME CF (Consumer Feedback) system.
Management of Compliments, Complaints & Feedback

Access and training for PRIME CF recording is done through the Patient Liaison Office. Approval is required by completing a PRIME System Access Form. The Patient Liaison Office staff will deliver PRIME CF training as required.

Feedback collected via social media, patient experience surveys or patient satisfaction surveys is to be provided to the relevant service or facility. Such feedback is to be managed through the development of action plans or quality improvement activities to address areas of concern.

Management of Compliments

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

All compliments received by Staff Members will be 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 will be recorded in PRIME CF and a copy sent to Line Manager.

The Patient Liaison Office reports all monthly data through to the Patient Safety and Quality Committee.

Management of Complaints

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.

Complaints can be lodged directly by the patient or, with the patient’s consent, can be made on behalf of the patient by any interested person such as a relative, carer or general practitioner.

Where possible, all complaints should initially be raised at the point of service with the treating doctor, nurse or allied health professional, Nurse Unit Manager/Line Manager. Where this is not possible, complaints can be made directly to the Patient Liaison Office at Cairns Hospital (07 42266864 or 07 4226 8244). Complaints may also be received through the MD-20 email account, the Chief Executive Office, other Executives, Legal Services, the Open Disclosure process, or the Ryan’s Rule process.

All consumer complaints received through any avenue, including verbal complaints and those resolved at point of service, are to be recorded in the QH PRIME CF (Consumer Feedback) 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
Management of Compliments, Complaints & Feedback

approach to management of information across the service.

Each service is responsible for conducting a regular audit of a sample of complaints to ensure they are correctly entered on QH PRIME CF.

Each service is also responsible for ensuring key positions involved in complaints management are to have leave management and succession plans in place to ensure continuity of service.

Complaints Severity Assessment

On receiving a patient complaint, 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.

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
<th>Description</th>
<th>Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor</td>
<td>Complaints resolved at point of care/service</td>
<td>• No impact on patient clinical outcome&lt;br&gt;• No impact to organisational reputation</td>
<td>Nil required</td>
</tr>
<tr>
<td>Moderate</td>
<td>Complaint may require assessment or investigation</td>
<td>• Issues not causing lasting detriment to the patient&lt;br&gt;• Low risk to organisational reputation&lt;br&gt;Organisational or professional issue should be investigated&lt;br&gt;Communication and practice issues (where repetitive or not minor in nature)</td>
<td>Line Manager&lt;br&gt;Patent Experience Centre (no later than 3 days from receipt)</td>
</tr>
<tr>
<td>Serious</td>
<td>Significant issues causing lasting detriment to the patient that requires comprehensive assessment and investigation</td>
<td>• Likely impact on patient clinical outcome&lt;br&gt;• Significant issues of standards, quality of care or denial of rights&lt;br&gt;• Issue causing lasting detriment&lt;br&gt;• Likely impact on organisational reputation</td>
<td>Line Manager&lt;br&gt;Centre for Patient Experience&lt;br&gt;PSQU&lt;br&gt;DMS/DON/DAH</td>
</tr>
<tr>
<td>Adverse Event</td>
<td>Issues about serious adverse events, sentinel events, long term damage or death</td>
<td>• Serious adverse outcome&lt;br&gt;• Potentially grossly sub-standard care&lt;br&gt;• Unsatisfactory professional conduct&lt;br&gt;• Issue causing long term or severe damage or death</td>
<td>As per Clinical Incident Management Policy&lt;br&gt;PSO</td>
</tr>
</tbody>
</table>

Risk Assessment

All risks identified during the complaints management process are to be risk assessed in accordance with the CHHHS Risk Management Procedure:

Management of Compliments, Complaints & Feedback

How to handle a complaint

When handling a complaint, the following steps will help you 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.

Minor Complaints can be resolved at the point of care/service

Complaints that have only minor impact on clinical outcomes 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 PRIME CF’.

If the complaint is not resolved at the point of service, or if it requires additional investigation and response, the complaint documentation should be completed and forwarded to the relevant Line Manager.

Moderate complaints that may require assessment or investigation

- All complaints assessed as moderate are required to receive a written/or verbal communication of acknowledgement within 5 days from the date of complaint.
- The Line Manager is supported by the Patient Liaison Office to assess, investigate and respond to the complaint.
- Complaints that may involve privacy or confidentiality issues can be assessed by the Privacy Confidentiality and Complaints Officer.
- All information is reported into PRIME CF and a patient electronic file is created with the Patient Liaison Office.

If the complaint is recognised as a clinical incident event, this will be managed in line with the Clinical Incident Management Procedure:


- The Line Manager completes the investigation and sends a response to the Patient Liaison Office.
- A written response advising the complainant of the investigation outcomes and actions to be taken as a result of the complaint will be drafted by the Patient Liaison
Management of Compliments, Complaints & Feedback

- Office and forwarded to the relevant Line Manager/Divisional Director for review and authorisation signature.
- All complainants must be advised of the outcome of their complaint, either by phone, in person or in writing within thirty-five (35) days of receipt of the complaint.

It is recognised that 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 Executive Director Medical Services.

If an extension is granted, regular contact with the complainant should be maintained to advise of actions progressing towards resolution.

The Frontline Complaints Management Flow Pathway is described in the flow diagram in Appendix 1. A Line Manager's Checklist is included in Appendix 2.

Serious complaints that require assessment or investigation

All serious complaints will be coordinated from the Patient Liaison Office unless the complaint has been assessed as a clinical incident. All clinical incidents are managed in accordance with the Clinical Incident Management Procedure: http://qheps.health.qld.gov.au/cairns/docs/pro-clin-incident-man.pdf

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

The EDMS may delegate the relevant Director of Medical Services (DMS), 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 endorsement by the DMS/DON/DAH/EDMS. During this process, the Patient Liaison Office maintains regular contact with the patient/complainant.

All relevant information and communication is compiled in an electronic record and recorded in PRIME CF.

Complaints received by the Patient Liaison Office

Complaints that are not resolved at the point of care/service, or are risk assessed as moderate, severe or adverse event, will be coordinated from the Patient Liaison Office.

The Patient Liaison Office staff will:

- Enter the complaint on the PRIME CF database.
- Acknowledge the complaint, either verbally or in writing within 5 calendar days (100% target compliance).
Management of Compliments, Complaints & Feedback

• All complaints assessed as moderate will receive a written communication of acknowledgment in addition to any other form of receipt acknowledgment or the preferred mode of communication will be established by the complainant.

• Investigate as required or escalate appropriately depending on severity assessment.

• Notify the EDMS and/or Chief Operating Officer (COO) when the complainant is requesting compensation or reimbursement.

• The complainant should receive a final written or verbal response within 35 calendar days, (85%) target compliance.

• If 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.

• In these circumstances, each area is required to provide a written response to the Patient Liaison Office within **14 calendar days** for collation of a response within the 35 calendar day time frame.

• Following investigation, a written response will be drafted by the Patient Liaison Office to the complainant to advise:
  a. What actions were taken in response to the complaint
  b. The outcome(s)
  c. The reasons for any decisions that have been made
  d. Any remedy or resolution offered, if applicable
  e. Information about other remedies that may be available to the complainant, such as seeking an internal or external review.

• Complainants must be advised of the progress of their complaint, particularly where progress has been delayed. In such cases, the complainant must be advised of the delay, and the reasons for the delay.

• Correspondence will be approved and signed by the most appropriate person i.e. Executive Director, Division Director, Facility Manager, Hub Medical Superintendent, Director of Medical Services (DMS), Director of Nursing (DON), Director of Allied Health (DAH).

• The Patient Liaison Office will communicate with the complainant either by telephone, verbally or by letter/email during the progress of an investigation.

• Regular contact with the complainant should be maintained to deliver advice of actions progressing towards resolution.

The Patient Liaison Office Management Flow Pathway is described in the flow diagram in Appendix 3.
Management of Compliments, Complaints & Feedback

Complaints received via the Executive Office

Complaints received via the Executive Office (e.g. Ministerial, and Senior Departmental Liaison Officer 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 relevant Procedure.

If the complaint received via the Executive Office has not previously been addressed by Patient Liaison Office in the first instance, the Patient Liaison Office will take carriage of any clinical components of the complaint to allow the Health Service a right of reply. The SCLO will respond to any reputational risk to the Organisation within the complaint.

The SCLO records all complaints in PRIME CF.

Complaints received via the Office of the Health Ombudsman

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

CHHHS Legal Services records all complaints in PRIME CF.

Complaint Review Process

Where complainants advise they are dissatisfied with the outcome of the complaint, or with the complaint process followed, they can request an internal review of the decision from 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 available on the CHHHS Compliments and Complaints website: https://www.health.qld.gov.au/cairns_hinterland/html/feedback

Complaint Management System Evaluation

The CHHHS Complaints Management System should be monitored against the following five criteria:

1. Policies and procedures:
   A complaints management policy and associated procedures established, maintained, and appropriately available to access on QHEPs;

2. Staff responsibilities assigned and training provided:
   Staff responsibilities for complaint management are appropriately assigned, and staff are trained to carry out those responsibilities;
3. Complaints management audits:
Annual audits are carried out to review the complaint management process from a clinical governance perspective, particularly focusing on the effectiveness of the system.

4. Time taken to respond to complaints:
Data is collected and analysed 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.

5. Degree of complainant satisfaction:
Each quarter the Patient Liaison Office will randomly select (i) a pool of complaints; and (ii) all child protection complaints, to evaluate:

- Consumer satisfaction with the complaint management process.
- Consumer satisfaction with communication process during the complaint management process.
- Consumer satisfaction with the outcome of their complaint.

The complainant evaluation responses are recorded in GISMO and escalated to Management quarterly.

A management review of the complaints management systems and processes should be completed annually.

**Reporting of Complaint Data**

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

Complaints data must also be published annually by 30 September on the CHHHS website (PSA 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, by 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 quarterly reports to the CHHHS Community Consultation Committees (CCCs).
Management of Complaints, Complaints & Feedback

Data on patient experience/satisfaction survey results, along with associated action plans, is to be reported separately to performance meetings and quarterly CCC meetings.

CCC members evaluate the feedback data provided to them, as well as the adequacy of the quality improvement activities / action plans developed to address key areas. CCC members are able to provide suggestions or feedback about additional actions to address key areas identified by the feedback.

Child Safety Complaints

All 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 must be surveyed about the responsiveness of the complaints management process. CHHHS must also publish an annual report regarding child protection complaints.

Roles and Responsibilities

<table>
<thead>
<tr>
<th>Position</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chief Executive</strong></td>
<td>• Ensures the Board is informed of the current organisational culture of complaints and service improvement activities.</td>
</tr>
<tr>
<td></td>
<td>• Meets the strategic priorities for improving patient experience across the organisation.</td>
</tr>
<tr>
<td><strong>Executives and Division Directors</strong></td>
<td>• Are aware of current risks in their service areas.</td>
</tr>
<tr>
<td></td>
<td>• Mitigate risks and manage service improvement.</td>
</tr>
<tr>
<td></td>
<td>• Assist in complaint management investigations.</td>
</tr>
<tr>
<td></td>
<td>• Clinical Governance Patient Safety and Quality Unit.</td>
</tr>
<tr>
<td><strong>Chief Operating Officer (COO)</strong></td>
<td>• Manages complaints relating to financial compensation.</td>
</tr>
<tr>
<td><strong>Line Managers</strong></td>
<td>• Respond to minor and moderate complaints as per the procedure.</td>
</tr>
<tr>
<td></td>
<td>• Support clinical staff to feel confident to deal with complaints at point of care/service.</td>
</tr>
<tr>
<td></td>
<td>• Ensure PRIME CF completed for all complaints.</td>
</tr>
<tr>
<td><strong>All staff</strong></td>
<td>• Enter all complaint and complaint resolution information (including verbal complaints) into PRIME CF, including a summary of the complaint, the decision made, reasons for the decision, and records of verbal conversations about the complaint.</td>
</tr>
<tr>
<td></td>
<td>• Assist consumers to provide feedback to the organisation in a spirit of helpful Co-operation.</td>
</tr>
<tr>
<td></td>
<td>• Assist with the resolution of complaints at first point of care/service, wherever possible, and within their own delegation.</td>
</tr>
<tr>
<td></td>
<td>• Participate in training regarding roles and responsibilities when handling complaints.</td>
</tr>
<tr>
<td><strong>Executive Services Staff</strong></td>
<td>• Forward complaints received through the Executive Office to the Senior Correspondence and Liaison Officer (e.g. ministerial complaints)</td>
</tr>
<tr>
<td></td>
<td>• Forward all OHO complaints to Legal Services</td>
</tr>
<tr>
<td><strong>Patient Liaison Office (PLO)</strong></td>
<td>• Coordinates the consumer feedback management process and assists in the timely management and resolution of consumer complaints</td>
</tr>
<tr>
<td></td>
<td>• Prepares and distributes reports to relevant stakeholders</td>
</tr>
<tr>
<td></td>
<td>• Delivers patient experience improvement training to the CHHHS</td>
</tr>
<tr>
<td></td>
<td>• Ensures all consumer feedback data has been accurately entered into PRIME CF</td>
</tr>
<tr>
<td></td>
<td>• Arranges annual audit of CMS</td>
</tr>
<tr>
<td></td>
<td>• Arranges for data to be provided and reporting arranged to meet legislative and organisational reporting requirements</td>
</tr>
<tr>
<td><strong>CHHHS Senior Correspondence and Liaison Officer Departmental (SCLO)</strong></td>
<td>• Coordinates the Health Service’s complaints and compliments received via the Executive Office.</td>
</tr>
<tr>
<td></td>
<td>• Ensures that timeframes are met for ministerial correspondence.</td>
</tr>
</tbody>
</table>
Definition of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition / Explanation / Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaint</td>
<td>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. (AS/NZS 10002:2014). A complaint includes a complaint in relation to the actions or inactions of the health service or a health professional in relation to a child protection matter. (Recommendation 12.9).</td>
</tr>
<tr>
<td>Complainant</td>
<td>The complainant is the person making the complaint regarding themselves, or as a third party on behalf of someone else (with their consent) – relative, friend, consumer advocate, adult guardian etc.</td>
</tr>
<tr>
<td>Compliment</td>
<td>An “expression of praise”. It is important that the systems for consumer feedback also capture, aggregate, report and act on the positive aspects of the care process so that these may be enhanced.</td>
</tr>
<tr>
<td>Patient Experience</td>
<td>“The sum of all interactions, shaped by the organisation’s culture, that influence patient perceptions, across the continuum of care” (Beryl Institute 2010).</td>
</tr>
<tr>
<td>PRIME CF (Consumer Feedback)</td>
<td>PRIME CF is the Consumer Feedback component of the PRIME Information System. It is designed to report, investigate, and manage complaints and compliments received from consumers of health services provided by Queensland Health.</td>
</tr>
<tr>
<td>Resolution/Closure of a complaint</td>
<td>Resolution / closure may be achieved through the provision of information or an explanation of why things happened the way they did – together with an apology and recognition of the effect the situation had on the complainant. Complainants may also want an undertaking that action will be taken to prevent the problem recurring. This might include, for example, staff training; clinical service redesign; development of new procedure. Outcomes/Actions will be conveyed to the consumer.</td>
</tr>
</tbody>
</table>
Management of Compliments, Complaints & Feedback

References and Suggested Reading

- Australian Commission on Safety & Quality in Health Care – Standard 1: Governance for Safety and Quality in Health Service Organisations
- Australian Commission on Safety & Quality in Health Care - Standard 2: Partnering With Consumers
- Patient Safety & Quality Improvement Strategy 2013-2015
- Health Ombudsman Act 2013
- Hospital and Health Boards Act 2011
- Right to Information Act 2009
- Information Privacy Act 2009
- Australian Council for Safety & Quality in Health Care - Better Practice Guideline on Complaints Management for Health Care Services July 2004
- Australian Charter of Healthcare Rights
- CHQ Procedure ID: 25001 – Consumer Engagement
- AIDET / SBAR – Communications with Patients and Families

Consultation

Key stakeholders (position and business area) who reviewed this version are:
- Director of Clinical Governance
- Patient Safety & Quality Committee
- Chief Executive, Executive Director of Medical Services, Executive Director of Nursing and Midwifery, Executive Director of Allied Health
- Director of Internal Audit
- Director of Communications and Engagement
- CHHHS Legal Counsel
- Patient Liaison Office
- Divisional Directors
- CHHH Board Secretary

Procedure Revision and Approval History

<table>
<thead>
<tr>
<th>Version No.</th>
<th>Created/Modified by</th>
<th>Amendments authorised by</th>
<th>Approved by</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.1</td>
<td>Andrea Shang A/PLO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.2</td>
<td>Shane Collett A/PEC</td>
<td>Stephen Simpson A/Dir PSU</td>
<td>Dr Beaton EDMS</td>
</tr>
<tr>
<td>0.3</td>
<td>Donna Goodman EDAH</td>
<td>Clare Douglas, Chief Executive</td>
<td>Executive Management Team</td>
</tr>
</tbody>
</table>

Audit Strategy

- Level of risk: Medium-High
- Audit methodology: PRIME CF and PLO Data collection Tool
- Audit tool attached: PRIME and QHERS data base analysis
- Audit date: Targeted May and November annually
- Audit responsibility: Patient Liaison Officer
- Key elements / indicators / outcomes: KPIs respond to complaints within 5 days and finalise complaints within 35 days
Management of Compliments, Complaints & Feedback

Document Communication and Implementation Plan

<table>
<thead>
<tr>
<th>Action</th>
<th>Responsible Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify the target group:</td>
<td>All Staff</td>
</tr>
<tr>
<td>Provide a time line for communication and implementation milestones:</td>
<td>Staff to be notified within one month of any changes or updates to the Policy or Procedure.</td>
</tr>
<tr>
<td>Identify method of communication:</td>
<td>CHHHS Procedure site QHEPS Weekly CHHHS Communiqué PSQU Newsletter CHHHS QHEPS</td>
</tr>
<tr>
<td>List education and training available to support implementation:</td>
<td>PRIME CF training via PSQU Complaint Management Awareness Training</td>
</tr>
<tr>
<td>Identify frequency of communication:</td>
<td>Monthly for new staff at CHHHS Staff Orientation. Following updates to Policy or Procedure for ongoing staff.</td>
</tr>
</tbody>
</table>

Appendices

Appendix 1a, 1b, 1c Patient Feedback templates
Appendix 2 Frontline Complaints Management Flow Pathway
Appendix 3 Line Manager’s Checklist
Appendix 4 Patient Experience Centre Management Flow Pathway

Version No.6: Effective From: Version No. 6 Effective From: 10/03/2017
Printed copies are uncontrolled
Tell us how we are doing

Cairns and Hinterland Hospital and Health Service welcomes your feedback about your experience with us. Your compliments, complaints and suggestions help us provide the best possible service we can to our patients and families.

We encourage you to provide feedback in person at the point of care in the first instance so our staff can respond immediately. If you wish to formalise your complaint, you are welcome to use this form. Other contact options are listed on the back of this form.

This is a:  [ ] Compliment  [ ] Suggestion/idea  [ ] Complaint/concern
Are you a:  [ ] Patient  [ ] Parent/carer/guardian  [ ] Other (please specify below)

Would you like us to contact you about your feedback and advise you of any updates or action taken?
[ ] Yes  [ ] No

What would you like to see happen as a result of your feedback?
Tick (☑) as many boxes as appropriate

Compliment
[ ] Thank staff member/team
[ ] Other (please specify below):

Complaint
[ ] Apology
[ ] Explanation
[ ] Improved access to service
[ ] Change in procedure/policy
[ ] Education/training of staff
[ ] Prevent reoccurrence
[ ] Other (please specify below):

Please complete both sides of this form

Your privacy: We take your privacy seriously. There will be no record of your complaint attached to the patient’s medical chart. All complaints are treated with the utmost confidentiality at all times. Compliments will be forwarded to relevant staff and their supervisors.
Tell us how we are doing

Please provide as much detail about your experience as possible (e.g. name of ward/area, time, staff names). If there is not enough space, please attach another sheet of paper.

Date event occurred: [__/__/__]

Facility: (e.g. Cairns Hospital, Smithfield Community Health etc.)

Ward/department/service: (e.g. Outpatients, Emergency etc.)

Details:

Thank you for your feedback

Please return completed form by:

Handing to any staff member

Mailing to:

CHHHS Patient Liaison Office
Level 4, A Block, Cairns Hospital
Cairns Q. 4870

Emailing to: CHHHS_feedback@health.qld.gov.au

07 4226 6864 (Mon to Fri 09:00-15:00)

Please tick if you require:

- [ ] an interpreter (please specify language required)

- [ ] an Aboriginal and Torres Strait Islander Liaison Officer
Wiswei mipla staff e helpe yupla ol pamle ene community ah?
(Is our staff helping you and all the families and communities?)

Our Hospital and Health Service is seeking feedback from Aboriginal & Torres Strait Islander patients and their families or carers about how they were treated by our staff while they were receiving treatment and/or visiting our facilities.

Your feedback will help staff know when they have done well and where they need to improve to make sure you and your families feel welcome, respected and receive the best possible treatment available. If you could please spend a few minutes to complete the following questions that would be greatly appreciated.

Date: __________ Name of ward / work unit: __________

Name of patient / client: __________ Age: __/__/____

Are you: Patient □ U/R no. (if known) __________ Parent □ Caret □
Family Member □ What is your relationship to the patient / client __________

Other □ Preferred Title: __________

Address: __________ Post Code: __________ Best Contact number: __________

Are you: Aboriginal □ Torres Strait Islander □ Aboriginal & Torres Strait Islander □ Prefer not to say __________

Do you need an interpreter? Yes □ No □ (what language) __________

How would you describe the treatment / service you received? Ok □ Bad □ Good □

Would you like to share a good news story? (e.g. To say thanks to staff) Yes □ No □

If you answered yes please use the space on the back of this form to share your story.

Would you like to make a formal complaint? Yes □ No □

If you answered yes you may have someone assist you to submit your concerns.

Would you like assistance from someone to submit a formal complaint?

No □ If you answered no please use the space on the back of this form to share your concerns.

Yes □ If you answered yes please complete the questions located on back of this form.

Privacy: There will be no record of your complaint attached to the patient medical record. All complaints are treated with the utmost respect and confidentiality at all times. Compliments will be forwarded to the relevant staff and their supervisors.
Wiswei mpla staff e helpe yupla ol pamle ene community ah?
(Is our staff helping you and all the families and communities?)

If you would like assistance to submit a formal complaint:

Do you have a gender preference? Yes ☐ Male ☐ Female ☐ It doesn’t matter ☐

I will arrange my own assistance to submit a formal complaint. ☐
I would like an Aboriginal staff member to assist me. ☐
I would like a Torres Strait Islander staff member to assist me. ☐
I would like a non-Indigenous staff member to assist me. ☐
No preference. ☐

Please use this space to detail your feedback and tell us what you would like to see happen when we share this information (e.g. apology, explanation, preventing a recurrence)

Your children or family may draw something to help describe your feedback
If you require more space for any reason please attach any additional information.

Did someone help you complete this form? Yes ☐ No ☐ ☐ If you answered yes who helped you? Preferred Title:

Please return your completed form by: CHHS Patient Liaison Office Level 4, A Block, Cairns Hospital Cairns Q 4870
Hanging it to a Health Service staff member

Emailing your completed form to: CHHS_feedback@health.qld.gov.au

For more information you may call (07) 4026 6864 (Mon to Fri 09:00-15:00). Please make it known if you would like to talk directly to an Aboriginal or Torres Strait Islander staff member to assist you with your enquiry. Thank you for completing the feedback form!

Privacy: There will be no record of your complaint attached to the patient medical record. All complaints are treated with the utmost respect and confidentiality at all times. Compliments will be forwarded to the relevant staff and their supervisors.
Appendix 1c Aboriginal feedback form: Which way, meeala staff propa elp youfla dair?

Which way, meeala staff propa elp youfla dair?  
(Did our staff really help you and your family?)

Our Hospital and Health Service is seeking feedback from Aboriginal & Torres Strait Islander patients and their families or carers about how they were treated by our staff while they were receiving treatment and/or visiting our facilities.

Your feedback will help staff know when they have done well and where they need to improve to make sure you and your families feel welcome, respected and receive the best possible treatment available. If you could please spend a few minutes to complete the following questions that would be greatly appreciated.

Date: __________________________ Name of ward / work unit: __________________________

Name of patient / client: __________ Age: ___/___/_____  

Are you: Patient □  U/R no. (if known) ________ Parent □  Carer □  

Family Member □  What is your relationship to the patient / client __________________________

Other □  Preferred Title: __________________________

Address: __________________________ Post Code: __________ Best Contact number: __________

Are you Aboriginal □  Torres Strait Islander □  Aboriginal & Torres Strait Islander □  

Prefer not to say □

Do you need an interpreter? Yes □  No □ (what language) __________________________

How would you describe the treatment / service you received?  
Ok □  Bad □  Good □

Would you like to share a good news story? (e.g. To say thanks to staff) Yes □  No □

If you answered yes please use the space on the back of this form to share your story.

Would you like to make a formal complaint? Yes □  No □

If you answered yes you may have someone assist you to submit your concerns.

Would you like assistance from someone to submit a formal complaint?  

No □  If you answered no please use the space on the back of this form to share your concerns.

Yes □  If you answered yes please complete the questions located on back of this form.

Privacy: There will be no record of your complaint attached to the patient medical record. All complaints are treated with the utmost respect and confidentiality at all times. Compliments will be forwarded to the relevant staff and their supervisors.
Which way, meebla staff propa elp youfla dair?
(Do our staff really help you and your family?)

If you would like assistance to submit a formal complaint:

Do you have a gender preference? Yes ☐ Male ☐ Female ☐ It doesn't matter ☐

I will arrange my own assistance to submit a formal complaint. ☐

I would like an Aboriginal staff member to assist me. ☐

I would like a Torres Strait Islander staff member to assist me. ☐

I would like a non-Indigenous staff member to assist me. ☐

No preference. ☐

Please use this space to detail your feedback and tell us what you would like to see happen when we share this information (e.g. apology, explanation, preventing a recurrence)

Your children or family may draw something to help describe your feedback

If you require more space for any reason please attach any additional information.

Did someone help you complete this form? Yes ☐ No ☐ If you answered yes who helped you? Preferred Title:

Please return your completed form by:

CHHS Patient Liaison Office Level 4, A Block, Cairns Hospital Cairns, Qld 4870 Mail: PO Box 902, Cairns QLD 4870

Handling it to a Health Service staff member

Emailing your completed form to: CHHS_feedback@health.qld.gov.au

For more information you may call (07) 4225 6868 (Mon to Fri 09:00-15:00). Please make it known if you would like to talk directly to an Aboriginal or Torres Strait Islander staff member to assist you with your enquiry. Thank you for completing the feedback form!

Privacy: There will be no record of your complaint attached to the patient medical record. All complaints are treated with the utmost respect and confidentiality at all times. Compliments will be forwarded to the relevant staff and their supervisors.
Appendix 2 Frontline Complaints Management Flow Pathway

Complaint made at point of care/service

Staff member listens to the patient and offers initial apology and helps to resolve complaint, records relevant information in PRIME CF

Did the staff member resolve the complaint?

Yes

Document complaint resolved in PRIME CF. Notify NUM/Line Manager

Resolved and Closed

NUM/Line Manager resolves and closes complaint in PRIME CF

No

Notify the NUM/Line Manager

Severity Risk Assessment completed by NUM/Line Manager

Is the Complaint a Clinical Incident?

No

Is the complaint assessed as Moderate or above?

Yes

Commence Clinical Incident Management Procedure

Complaint closed in PRIME CF and opened in PRIME CI

NUM/Line Manager escalates to Patient Liaison Office for consultation and support or coordination

No

Yes
## Appendix 3 Line Manager’s Checklist

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the staff member who received the complaint listened to the complaint, and attempted to resolve it at the point of service?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the staff member recorded all relevant information regarding the complaint in PRIME CF?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the staff member successfully resolved the complaint at the point of service, have they recorded details of the resolution in PRIME CF?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the staff member was successful in resolving the complaint: Has the NUM/Line Manager been notified?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the NUM/Line Manager resolved and closed the complaint in PRIME CF?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes: PROCESS COMPLETE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the staff member was NOT successful in resolving the complaint: Has the NUM/Line Manager been notified?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a Severity Risk Assessment been completed by NUM/Line Manager?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the complaint is a Clinical Incident: Commence the Clinical Incident Management Procedure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the complaint been closed in PRIME CF and opened in PRIME CI?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes: PROCESS COMPLETE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the record of the complaint in PRIME CF 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>
<td></td>
</tr>
<tr>
<td>If the complaint is NOT a Clinical Incident: Is the complaint assessed as Moderate or above?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes: Has the NUM/Line Manager escalated to Patient Liaison Office for consultation and support or coordination?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes: PROCESS COMPLETE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the complaint is NOT assess as Moderate or above: Has the NUM/Line Manager resolved and closed the complaint in PRIME CF?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes: PROCESS COMPLETE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 4  Patient Liaison Office Management Flow Pathway

1. Complaint received by Patient Liaison Office (PLO)
2. PLO confirms Complaint Risk Rating & checks PRIME Clinical Incidence Status
   - PLO confirms this is not a SAC event (if yes then escalate to NUM/TL)
3. Escalate to EDMS if Serious or Adverse Event
4. Acknowledgment of complaint to complainant verbal/written provided no later than 5 days after receipt
   - PLO records in PRIME CF
5. Investigation commences with the appropriate staff i.e. Line Manager/Team Leader/Clinical Director/DON/DMS/DAH/Facility Manager within 14 days
6. Final written response to complainant drafted by PLO
7. Line Manager/Team Leader/Clinical Director/DON/DMS/DAH/Facility Manager approves written response and is sent by PLO to consumer within 35 days of receipt
8. Response to consumer either written/verbal/email/fax drafted by PLO within 35 days
   - Approval required from EDMS if extension required
9. Closed in PRIME CF
10. Evaluation of complaints management process completed by PLO
11. PLO provides monthly report to CHHHS Divisions and PSQC

If the complaint is a clinical incident refer back to NUM/LM to commence CIM Procedure

Version No.6: Effective From: Version No. 6  Effective From: 10/03/2017  Page 23 of 23

Printed copies are uncontrolled