

Complaint Management Guidelines

Summary To provide an operational framework for dealing with a complaint in accordance with the Complaint Management Policy (PD2006_073). These guidelines provide interpersonal strategies for dealing with consumers at the first point of contact, assessing the severity of complaints, investigating complaints, and resolving complaints.

Document type Guideline

Document number GL2006_023

Publication date 20 December 2006

Author branch Legal and Regulatory Services

Branch contact

Review date 31 March 2018

Policy manual Not applicable

File number 06/563

Previous reference N/A

Status Review

Functional group Corporate Administration - Information and Data, Governance
Clinical/Patient Services - Governance and Service Delivery, Incident Management

Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations, Affiliated Health Organisations - Declared, Public Health System Support Division, Community Health Centres, Dental Schools and Clinics, Government Medical Officers, NSW Ambulance Service, Public Health Units, Public Hospitals

Distributed to Public Health System, Community Health Centres, Dental Schools and Clinics, Divisions of General Practice, Government Medical Officers, Health Associations Unions, Health Professional Associations and Related Organisations, NSW Ambulance Service, Ministry of Health, Public Health Units, Public Hospitals, Private Hospitals and Day Procedure Centres, Private Nursing Homes, Tertiary Education Institutes

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Author Branch Clinical Excellence Commission

Branch contact Clinical Excellence Commission 02 9269 5500

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Policy Manual Not applicable

File No. 06/563

Status Active

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Acknowledgement

These Guidelines were developed by the NSW Complaints Working Party convened in 2005. The Department wishes to acknowledge the contribution of the following working party members:

Kathleen Ryan, Quality & Safety Branch, NSW Health
Margaret Arblaster, Quality & Safety Branch, NSW Health
Vanessa Brooks, Quality & Safety Branch, NSW Health
Wendy Manning, Quality & Safety Branch, NSW Health
Chris Williams, Quality & Safety Branch, NSW Health
Elizabeth Best, Consumer & Community Development Branch the Department of Health
Dianne Sales, Hunter New England Area Health Service
Priscilla Stanley, Greater Western Area Health Service
Joy Hathaway, North Coast Area Health Service
Tony Robben, Greater Southern Area Health Service
Marion O'Connell, NSW Ambulance Service
Dr Stuart Dorney Children's Hospital, Westmead
Colette Kenny, Justice Health
Nicky Golan, Northern/Central Coast Area Health Service
Heather Kennedy, South Eastern Sydney / Illawarra Area Health Service
Mary Dowling, Sydney South West Area Health Service
Susan Nicholl, Sydney West Area Health Service
Andre Jenkins, [Clinical Excellence Commission](#)
Sarah Michael, [Clinical Excellence Commission](#)

Further copies of the Guidelines are available at the NSW Health website at:
<http://www.health.nsw.gov.au/quality/complaints/index.html> .

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1. Introduction

These guidelines provide a suggested framework for dealing with a complaint in accordance with the [Complaint Management Policy \(PD2006_073\)](#). The Guidelines may prove helpful when considering how to progress matters as mandated by the Policy. Staff may use this complaint management process when complaining on behalf of the patient/consumer. When a complaint is made however, managers must consider whether action is also required in accordance with other policies and guidelines as set out in 10. *Related Policies of the [Complaint Management Policy \(PD2006_073\)](#)*.

The focus of these guidelines is on a **consumer-focused approach** to complaints. If staff at the point-of-service have the authorisation to resolve complaints at first contact, escalation can be avoided and complaints can be resolved directly and quickly to the satisfaction of all parties.

These guidelines provide interpersonal strategies for dealing with consumers at the first point of contact, assessing the severity of complaints, investigating complaints, and resolving complaints.

The Guidelines aim to ensure that identified risks arising from complaints are managed appropriately, that complainants' issues are addressed satisfactorily, that effective action is taken to improve care for all patients, and that health service staff are supported.

For the purposes of these guidelines "health services" refers to any facility, program or care provided to a patient or their carer.

The outcomes of effective complaints management include:

- identifying emerging patterns of practice
- highlighting systems and process deficiencies
- addressing individual performance issues
- providing critical clinical information
- restoring trust and support for the service provider.

Satisfaction for a complainant is achieved through:

- an objective mechanism for monitoring clinical processes as an alternative to reliance on peer review and self-regulation
- recognition and acknowledgement of the person's right to complain
- demonstration of the health service's commitment to providing a quality service
- demonstration of the health service's ability to respond effectively and efficiently.

Background

In 1998, NSW Health released the *Complaints Handling Frontline - Better Practice Guidelines* to provide a consistent and continuous improvement approach to frontline complaints handling in the NSW public health system, specifically in health care facilities

providing direct services to consumers.

In 2004, the [*Patient Safety & Clinical Quality Program PD2005_608*](#) (PSCQP) was launched by the Minister for Health. Key components of the PSCQP were the establishment of the Area Health Service Clinical Governance Units, the Clinical Excellence Commission, and the management of all incidents and complaints.

Since May 2005, complaints have been captured for statewide analysis in the Incident Information Management System (IIMS) that replaced the 1999 Statewide Complaint Data Collection.

2. Understanding complaints

Managing complaints is the responsibility of everyone in NSW Health. It is part of communicating effectively with patients and their carers, and providing quality health care.

People who complain about a service want to be treated with dignity. They want to be assured that their complaint is taken seriously. A positive attitude by clinicians and staff is crucial to the success of the complaint management process.

What is a complaint?

A complaint is:

- an expression of dissatisfaction with a service offered or provided, or
- a concern that provides feedback regarding some aspect of the health service that identifies issues requiring a response.

A good way of determining whether an expression of dissatisfaction is a complaint or not is to ask: “What is being sought and what is needed to resolve this matter?” If some action or response is identified, then you are dealing with a complaint.

A complaint may be about policies, procedures, employee conduct, provision of information, quality of communication or treatment, quality of a service, or access to and promptness of a service.

Complaints **do not** include requests for services or information, explanations of policies and procedures, or industrial matters between the health service and unions.

Complaints may be made in person, by telephone, letter, survey, and in some cases through the media.

This broad definition of a complaint underpins the value of a consumer-focused health service where the flow of feedback serves to identify system failures or practitioner issues that require attention.

Why do people complain?

Although health sciences have improved over time, this does not mean that quality service is always provided. The complexities of technology, the plethora of health information, and human error may in some way reduce the quality of service that we intend to give rather than enhance it.

These days, consumers are better informed about their rights and treatment options, and have high expectations of health providers. However, a common source of complaint is that people do not get sufficient information to be fully involved in their health care.

Consumers are concerned about clinical care. A large number of complaints deal with incorrect, insensitive or misleading information, or incorrect treatment or diagnosis.

Some complainants want to prevent an incident from recurring—for example, where an attempt to resolve a concern at the frontline has failed—or to learn the truth about an occasion of care, or to receive an apology.

A patient may have suffered an adverse outcome either through error, oversight, a mistake, poor standard of care or other avoidable factor. If the health care relationship has been a positive one up to this point, the patient is more likely to respond to attempts to resolve the problem before it proceeds to the complaints process.

What is resolution?

Resolution is the desired outcome of a complaint. It is a responsive process that seeks to address a person's concerns and accompanying emotions.

Resolution is a continuum, ranging from informal "on the spot" discussions to more structured and planned resolution negotiations and meetings. A resolution is not only an outcome but a temporary relationship between the parties involved. It is a process whereby complaints are heard, assessed, negotiated, responded to, and resolved.

For the complainant, the process is as important as the result. People who complain have basic expectations. They want to:

- be heard and understood
- be respected
- be taken seriously
- be given support or assistance if required
- have their concerns dealt with effectively and efficiently
- be informed of the process, progress, findings and outcome
- have appropriate action taken as a result of their complaint.

If the complainant's expectations are met, as appropriate, then a great deal has been achieved. The complainant will be satisfied with the process and consider that their complaint has been dealt with fairly. Even if the complainant is overwrought with grief, anger, desires for revenge or just difficult, they are less likely to complain about the complaints process if they have been treated fairly, if reasonable expectations have been negotiated, and if the limits of the process have been explained.

This is an effective customer-centred resolution process where everyone involved can focus on arriving at a satisfactory outcome.

3. The complaint management process

The four major stages in the process are:

1. **Receive** the complaint
2. **Assess** the complaint
3. **Investigate** the complaint
4. **Resolve** the complaint.

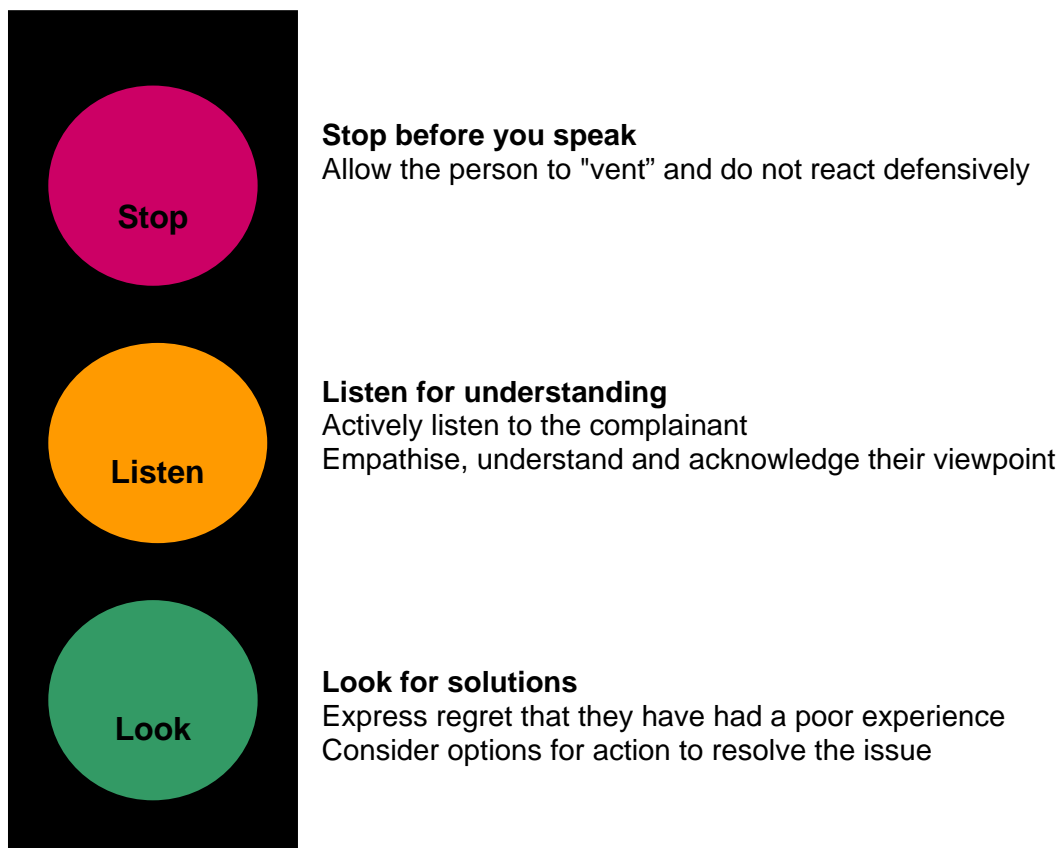
This chapter describes strategies for dealing with each stage of the complaint management process.

Stage 1: Receive the complaint

The key actions for staff when receiving a complaint are to:

- actively listen to the complainant;
- empathise, understand and acknowledge their viewpoint;
- express regret that they have had a poor experience, and
- assure them steps will be taken to investigate and resolve their concerns.

There are key steps in face-to-face interactions that you can follow at the point-of-service when you are dealing with someone who has a complaint. The following traffic light gives a visual summary of these steps. Assessing and identifying opportunities **immediately** to address dissatisfaction benefits both you and the complainant.



Stop before you speak

A person who is complaining about a service may have an emotional need to vent their anger over what has happened to them. It is important that you respond in a positive and helpful manner and that you remain calm and objective. Here are some tips.

- Let the person be angry and do not interrupt as they tell their story. Arrange for a sign or language interpreter or advocate, if necessary.
- Keep the volume and pitch of your voice low. Lowering your voice and speaking calmly helps to calm an emotional person.
- Reinforce the person's right to complain, to be heard, and to receive a response.
- Be open, non-judgmental and empathic. Use phrases such as:
 - I can see why you feel that way
 - I see what you mean
 - That must be upsetting
 - I understand how frustrating that must be.
- Respect and empower the complainant.
- Accept what is being said without attempting to justify another's actions or without denying the complainant's perspective.

Listen for understanding

- Take time to listen to the person's concern.
- Adopt good listening skills by nodding and saying "I see", maintaining eye contact, leaning forward if you are sitting down, adopting an open body posture, and looking interested.

If you are on the phone, add tone and expression to your voice to show you are listening, eg. by saying "yes", "mm", etc.

- Never speak over a person. It gives the impression that you are not listening.
- Seek clarification of points in a non-judgmental way by using open-ended questions that start with How? When? Where? Who? Why?
- Use plain English and choose words naturally without using jargon.
- Try to understand and appreciate the person's point of view, without necessarily adopting it.
- Make it clear that you have understood the complaint by summarising the main points and asking whether that is correct.
- Keep your own emotions in check and be aware of any responses carried over from a previous call, work or personal matter.

- Listen to the problem fully before deciding if you can or cannot assist in the matter. Some people may answer their own questions as they explain them. Others might turn a simple complaint into an elaborate story.

Look for solutions

- Ask the person what they want to happen to address their concerns.
- Try to meet reasonable requests to resolve the matter.
- If you can, respond by making an offer to remedy the situation.
- Provide relevant information that will assist the person to better understand the decision or action that they are aggrieved about.
- If there are things you can do straight away, do so.
- Give reasons for what happened and, if appropriate, apologise.
- Focus on solving the problem rather than blaming or finding fault.
- Explain clearly what can and cannot be done.
- Offer possible resolution methods. Providing alternatives will empower the person and give them a feeling of entering into a partnership in the process of resolving the complaint.
- If an action needs consideration or approval by a supervisor, inform the supervisor and work out when and how you will inform the complainant of the outcome.
- Decide the appropriate action to adopt and, if possible, get agreement from the person for this action.
- Explain to the client that to deal with the complaint properly, you may need to give their information to another person or obtain further information relevant to the complaint from their medical record or other health service provider.
- Log the complaint and the action taken for later trend analysis.
- Make sure something is done, say something like: “I’ll make sure this information gets to the right person”.
- Provide a name and contact number and an approximate timeframe for action. If you are forwarding the person to a colleague, follow up with that colleague.
- Let the client know what you intend to do and when you will get in touch with them. Contact them the on the day and at the time you said you would, even if you haven’t made any further progress, just to keep them informed.
- Inform the complainant when you have taken this action.
- Make sure you follow-up on a promised action.
- In more complex or difficult complaints or complaints where you have not had a more direct involvement, some of considerations mentioned above may need to be addressed as management of the complaint progresses.

If you are on the phone...

... be prepared for the call by having information and resources to hand. The first minutes of contact are crucial in conveying an attitude of interest, engaging with the caller, and assessing the circumstances. Greeting the caller with a polite and friendly voice may help reduce some tension. As well as the above tips, bear the following in mind the following:

- Do not use speakerphones. They can cause distortion and give the impression of distance and lack of attention. The caller may also be concerned about privacy and confidentiality.
- Use the person's name. One of the best ways to calm or connect with a caller is to use their name as often as possible. Also ask how they would prefer to be addressed. This shows respect.
- Minimise distractions and give the caller your full attention.
- Transfer the call, only if necessary. Explain why you are transferring the call and the name and number of the colleague you are transferring to. Stay on the line to introduce the person.
- End the conversation with agreement on what is to happen next.
- Thank the person for calling and invite them to call back if they have any further queries.
- Tell the person when they can expect a response.
- Confirm the outcome of the conversation and make sure that the person agrees with what has been decided.

Acknowledge receipt of the complaint

When a complaint is received by a service its receipt must be acknowledged. This may be done verbally or in writing. A standard letter saves time but it should also reflect some acknowledgement of the individuality of the complaint. It should include contact details and information as to what the complainant should expect next. [Sample acknowledgement letters](#) are found at Appendices 6 & 7 at pages 42 & 43. The date of the acknowledgement is to be recorded in Incident Information Management System (IIMS).

Record the complaint

You need to create a comprehensive record of conversations, concerns, names, addresses, hospital numbers, providers, etc. Other key aspects are the service provided, dates and times.

The written record of the complaint is the basis of any action taken about the complaint.

Request confirmation

If a complaint is to be investigated, ask the complainant to provide you with a written, signed letter of the complaint.

If assistance is required to make a complaint, this should be offered, either in terms of arranging an interpreter or arranging for the person to be interviewed, with a support

person if desirable. A Patient Representative may be called upon to assist in this process. In considering whether assisting the complainant is reasonable and appropriate the following factors should be considered:

- the complainant's capacity to write the complaint themselves;
- disabilities which might hamper or prevent a complaint being written by the complainant;
- education and literacy of the complainant;
- English language skills (generally taking the complaint in the complainant's first language followed by translation will be preferable) and
- the readiness or availability of other means of assistance to help the complainant reduce their complaint to writing (eg specialist or community legal centres, other community agencies).

Stage 2: Assess the complaint

The purpose of the assessment process is to:

- classify the complaint appropriately to determine appropriate action
- ensure the process is commensurate to the seriousness of the complaint and the issues raised
- ensure fairness to any clinicians/staff concerned.

There are several steps a health service must take in assessing a complaint as set out in the [Complaint Management Policy \(PD2006_073\)](#).

- Identify the issues raised
- Identify the parties involved
- If necessary obtain patient authorities
- Rate the severity of the complaint.

Rating the severity of a complaint helps determine the course of action to be taken. The following Complaint Management Risk Assessment Matrix is offered to assist in this process by using a Complaint Risk Code (**CRC**).

To arrive at the **CRC**, you first apply the **consequence category** and the **likelihood category**.

The CRC correlates with a set of actions that guide you to the level of response appropriate to the complaint. It also provides you with a clear course of action and may be used to generate awareness alarms to relevant staff in the complaint management process.

Consequence category

The consequence category is determined by the impact of the complaint in terms of injury, length of stay, level of care required, actual or estimated resource costs, and impact on

quality health care service delivery in general. The category is applied to both adverse events and potential events or “near misses”.

The following tables are adapted from the [Incident Management Policy PD2006_030](#), Severity Assessment Code (SAC). The tables frame the assessment categories in terms of complaint management and may prove a useful adjunct to the IIMS SAC system.

The following table lists the consequence categories.

Category	Description
Serious	Issues regarding serious adverse events, sentinel events, long-term damage, grossly substandard care, professional misconduct or death that require investigation. Highly probable legal action and Ministerial notification.
Major	Significant issues of standards, quality of care, or denial of rights. Complaints with clear quality assurance or risk management implications or issues causing lasting detriment that require investigation. Threat of legal action and Ministerial notification.
Moderate	Issues that may require investigation. Potential to impact on service provision/delivery. Legitimate consumer concern, especially about communication or practice management, but not causing lasting detriment. Potential for legal action.
Minor	No impact on or risk to the provision of health care or the organisation. Complaint could be easily resolved at the frontline.
Minimum	Trivial, vexatious, misconceived.

For adverse events, severity is assigned on the actual condition of the complainant. If the event is a near miss, severity is assigned on the most likely scenario.

Likelihood category

The likelihood or probability category is based on the knowledge or experience of the staff member doing the assessment. The Complaints Manager or a more senior staff member, who has more detailed knowledge of other similar incidents, may revise this.

The following table lists the likelihood categories.

Category	Description
Frequent	Recurring, done, found or experienced often.
Probable	Will probably occur in most circumstances several times a year
Occasional	Happening from time to time, not constant, irregular
Uncommon	Rare, unusual but may have happened before.
Remote	Usually a “one off”, slight/vague connection to healthcare service provision.

Complaint Management Risk Assessment Matrix

Severity of Patient's Complaint	Probability of Recurrence				
	Frequent	Probable	Occasional	Uncommon	Remote
Serious	1	1	1	1	2
Major	1	1	2	2	3
Moderate	2	2	2	3	3
Minor	3	3	3	4	4
Minimum	3	3	4	4	4

Complaint Risk Code (CRC)

The consequence category and the likelihood category enable you to determine the **CRC**. There are four CRCs numbered 1 to 4.

The following table shows the recommended **action required** for each CRC.

CRC	Action required
1	<p>Immediate action</p> <p>Equivalent to a SAC 1 Incident where IIMS has the capacity to generate an electronic notification to the manager of the relevant department, executive management, and the quality team. Typically The Director of Clinical Governance, Director of Operations and the Senior Complaints Officer would be notified. Root Cause Analysis (RCA) investigation commenced.</p> <p>A Reportable Incident Brief (RIB) is completed and forwarded to the Department in accordance with Incident Management Policy PD2006_030.</p>
2	<p>The complaint is referred to line management/complaints manager</p> <p>Equivalent to a SAC 2, where IIMS may generate a notification to the manager of the relevant department, executive management and the quality team.</p> <p>The Director of Clinical Governance and Director of Operations are notified if there are clinical issues involved and/or a Root Cause Analysis (RCA) investigation is to be undertaken at the discretion of management.</p>
3	<p>Where appropriate, the complaint is resolved at the local level</p> <p>A notification may be provided to the manager of the relevant department and/or the Complaints Manager.</p>
4	<p>Generally resolved at the local level</p> <p>Difficult-to-manage complaints can be referred to Complaints Manager.</p> <p>The complaint is managed by routine procedure and is reported.</p>

Stage 3: Investigate the complaint

The purpose of the investigation is to obtain a sufficient amount of clinical and other information in order to decide what has occurred and identify appropriate action. Not all complaints need to be dealt with in exactly the same way. These guidelines should be varied in accordance with the circumstances of the complaint.

The information you gather is determined by the seriousness of the complaint and what the complainant expects as an outcome.

Prepare an issues document that sets out the facts as understood by the complainant, and identifies the issues and desired outcomes. Use this document as a guide for fact finding inquiries and reviewing systems issues.

This information could include records, reports, test results and x-rays, and may be in the form of copies of original documents or verbal responses to inquiries.

During an investigation, you need to:

- clarify the complainant's expectations
- clarify the allegations
- identify resources required
- obtain a [Patient Authority](#), if necessary (sample form at Appendix 1, page 34)
- take immediate action, eg. remove faulty equipment
- put the allegations to the service provider for a response
- put the service provider's response back to complainant
- seek evidence to establish facts of the case
- weigh up the information (is it reliable? is there better information?)
- check the applicable standards/procedures/policies and whether there was a departure
- decide if there is sufficient evidence to continue the investigation or to make a finding.

This section looks at planning the investigation, managing the complainant's expectations, clarifying the allegations, developing an [Investigation Action Plan](#), deciding on the appropriate action.

Manage the complainant's expectations

Explain the complaint management process to the complainant as early as possible. Speak to the complainant again to find out what they think should happen to resolve the issue. This may reveal why they made the complaint in the first place. What they want to happen and what is a possible and reasonable outcome need to be balanced. For example, complaints about inadequate resources or government policy may not be readily resolved in the short term.

On the other hand, a simple explanation of an incident or treatment plan or outcome may suffice. This may mean obtaining a copy of the relevant medical records and going through them with the complainant, or more appropriately, arranging to have an informed person who was involved with the provision of care to discuss what happened and what the notes mean. Likewise, providing access to medical tests, x-rays and reports may assist a complainant to understand the basis for clinical decisions.

Clarify the allegations and the issues to be investigated

It is important to clarify the allegations and ascertain if the complaint has arisen from personal agendas rather than from issues related to standards or conduct. For example, a personal dimension may include revenge. Another factor may be family conflict. All these will bear on the nature of the complaint or what is being sought in response to the complaint, and may also determine what access you have to information.

In some cases, clarifying the allegations may mean not dealing with the matter at all, as it should be referred to another agency for action.

Develop an Investigation Action Plan

An [Investigation Action Plan](#) (see Appendix 3 page 37) is a useful tool and provides a standard method to plan and keep an overview of the status of an investigation.

The *Investigation Action Plan* is not a static document, as investigations rarely proceed as initially predicted. As new situations arise during an investigation, the plan will require review and modification. In planning an investigation:

- Consider who may be appropriate to provide specialist or expert advice/review.
- Consider whether information is needed from external agencies or from other areas in the hospital.
- Construct a chronology of events, or flow chart, particularly if the matter is complex.
- Consider if an interpreter is required.
- Consider whether an on-site investigation is appropriate (see the [Sample Receipt of Goods Form](#) at Appendix 2 on page 36) for any physical evidence collected).
- Develop questions for the key parties based on the analysis of the issues and information required. For example, if a complainant alleges their elderly mother was misdiagnosed with pneumonia on admission. Typical questions could include:
 - What is the subject's medical/surgical history?
 - What were the clinical findings on presentation?
 - What was your provisional diagnosis/differential diagnosis?
 - What investigation(s) did you order/perform and what were the results?
 - What treatment(s) were ordered and the patient's response?
 - Were there complications or side-effects?
 - What follow-up advice did you provide?

- Identify questions for witnesses;
 - Identify handling factors;
 - Establish time frames for actions.
- Ascertain whether the issue has been investigated in any other manner, e.g. RCA.

Information collection

Once the required information and the manner of its collection has been identified the investigator then gathers the pertinent data as per the investigation action plan. It is at this stage that any identified respondents are requested to provide a response to the complaint. Any further action will depend on the nature of the response and information received.

Analyse the information collected

Analysis is an ongoing process during the investigation and is a critical component of adequate investigations.

After information has been gathered it has to be evaluated. This includes identifying:

- What can be agreed upon between the parties.
- What facts are in dispute.
- Is there sufficient information to determine whether particular standards have been met?
- Whether there are inconsistencies.
- Is there independent verification.
- What systemic and performance factors led to the outcome.

Prepare Investigation Report

At the conclusion of the fact-finding or investigative stage a report is prepared. Depending on the complexity of the complaint, the detail of the report or the written response provided will vary. A report serves several functions:

- Provides a concise record of the complaint, investigation process and outcome.
- Provides relevant information to the parties of a complaint.
- Provides a means of accountability concerning the investigation and how the outcome was reached.
- Provides a quality assurance check by ensuring that the relevant issues have been addressed in the investigation and whether the investigation process was appropriate: if not, there is an opportunity to address those issues prior to the conclusion of the matter.

The report:

- Is a factual document that may be subject to internal and external review.

- Should contain an accurate, objective and comprehensive summary of the complaint, the issues it raises, the investigation, information received, analysis of issues, conclusions and recommendations.
- Should be marked 'confidential' in recognition that it may contain a range of information about different patients and staff, and care should be taken in responding to any requests for access to the report.
- Should be concise and comprehensive enough to cover the key issues and to demonstrate how conclusions were drawn.
- Should contain medical terminology but should footnote the meanings if they are not clear or unlikely to be understood by the readers.

Structure of investigation reports and written responses

When corresponding with complainants, health services may provide a written response in the form of a letter that covers the key steps and may include a copy of the report compiled by the investigator. Each written response or report will be different, depending on the type of complaint, but the following represents a format that sets out the key steps, as above, clearly and logically. (Refer to page 19 for more details)

The complaint

This section should contain a concise summary of the complaint, any background information or patient history that provides a context for the complaint, and any relevant health outcomes.

The issues

All the issues raised by the complaint should be identified in this section. This includes the issues raised by the complainant, and any other issues identified in the analysis of the complaint.

The manner in which each issue was dealt with should be described, eg investigated, resolved directly, not warranting further inquiry or being referred elsewhere if they fell outside the health service's jurisdiction etc.

Information obtained

It is not necessary to list all documents obtained, unless appropriate. A summary of information however adds clarity to the report, as they will be referred to in the body of the report. For instance, you may summarise the information as:

“all medical records including admission and discharge summaries, test results and pathology reports, statements from relevant parties and reports from practitioners involved with 'x's' care and treatment.”

Analysis of issues

Each issue is listed, relevant information summarised, any opinions in relation to each issue stated and a conclusion drawn for each issue.

All key information should be contained in this section. If there are varying versions of events, these should be stated. If there is any corroborating evidence to support any of

the versions, these should be stated. If the conflicting information cannot be resolved, the reason should be stated. Where evidence has been taken from reports or other documents, the status of the author should be noted, for example, Chief Executive, subsequent or previous treating doctor, midwife, Director of Nursing etc.

If opinions have been expressed this should be included and any action, or not, arising should be stated and reasons given.

It should be clear how a conclusion was reached, based on the analysis for each issue.

Action arising from the complaint

In some instances, actions may be taken by the respondent or health service that address some or all of the issues during the investigation. For instance, a hospital and the investigator may identify a policy issue. The hospital may review the policy and issue a new policy, whilst the investigation is in progress, that addresses identified deficits in practice. There is no benefit in making a recommendation in an area where action has already been taken. The revised policy should be noted in the investigation report for completeness. It is also important to show what happened as a result of the complaint.

This section may also be used when information is received which results in a revision of the proposed recommendations.

Discussion

Not all reports need further discussion at this point. However, if there are numerous complex factors which need to be considered it is important to note these in order to account for the conclusions drawn. Mitigating circumstances, a demonstrated positive improvement in quality of the service arising because of the inquiry, are factors to be taken into account in making recommendations.

Conclusion

The overall conclusion will state whether the issues have been substantiated and a summary of any factors that may affect the recommendations made.

Recommendations

Drawing on from the conclusion, this section will state clearly what the investigator recommends.

Stage 4: Resolve the complaint

At the end of the investigative stage, the parties to a complaint are advised about the outcome. This may be achieved by providing a copy of the investigation report or it may be more appropriate to communicate the report's information in a letter format. Where a number of individuals have been identified, it is essential for privacy considerations that the reports to individuals will only contain those aspects of the complaint that deal directly with them. The report will therefore need to be abridged, and a covering letter explaining why an edited version has been provided, for each individual respondent.

Correspondence should set out the status of the complaint. Complainants should be advised that they might discuss the contents of the report or the conclusions, seek an

interview or seek a review, and whom to contact if they wish to follow up any aspect of the investigation.

The provision of the report or written response is generally considered to conclude the service's handling of the matter with the parties directly involved. It may however become the basis for further discussion by the facility to enable aggrieved parties to discuss their concerns. One of the recommendations made may include offering the opportunity for the complainant/s to discuss the findings in an informed way, and to come to any agreement as to future care and treatment needs, if relevant, or any other appropriate action. Should such a meeting be arranged, the complainant should be offered the chance to bring a support person with them.

It may be that the complainant is satisfied that their concerns have been taken seriously and there has been some acknowledgement of their grievances. In any case, complainants should be offered the opportunity to discuss the report with the author or manager of the service.

When finalising the management of a complaint staff may wish to use the [Investigation Checklist](#) at Appendix 5 on page 41)

Conciliation

A complaint may not have been serious enough to warrant a full investigation, although a straightforward resolution may not be possible.

Conciliation is a process whereby a conciliator facilitates the resolution of disputes. A complaint may be suitable for conciliation if there has been a breakdown in communication between the parties, if insufficient information was provided, if an inadequate explanation was given for an adverse outcome, or if there was an inadequate service.

Conciliation may take place on various levels, either at a semi-formal level using senior staff as conciliators, or at a more formal level of using the services of a trained and independent conciliator. The level of conciliation used depends on the nature of the complaint and the issues raised.

Conciliation by a senior officer may be appropriate for issues concerning communication, perceived rudeness and misunderstandings concerning treatment, care and responsibilities and to maintain impartiality. Many of these issues may be dealt with locally, such as having the concerns discussed with the people concerned, but this may not be successful in diffusing a heated situation.

Formal conciliation

In some complaints, having a senior member of staff facilitate is not sufficient or not appropriate in dealing with complaints, which may be more complex or serious for the complainant. In these circumstances, bringing in a trained conciliator may be an effective means of resolving a dispute, especially if the perception of impartiality is an issue.

Access to a trained conciliator may be arranged by referring the matter to any formal conciliation service. There is also the Conciliation Registry of the [Health Care Complaints Commission](#) (HCCC). The Health Conciliation Registry is constituted under the *Health Care Complaints Act 1993* as a statutory body operating independently within the HCCC.

Its purpose is to appoint a conciliator to conciliate a complaint by assisting the parties to reach agreement. Conciliators are appointed based on their qualifications and experience, and conciliation may be arranged in city or rural areas. Conciliation is voluntary.

All complaints, which are to be conciliated via the Conciliation Registry, must be referred by the HCCC. Consequently, it is recommended that any such complaint be forwarded to the HCCC with a covering letter containing an explanation of the health service's assessment of the complaint, the reasons for its referral to the HCCC and its recommendation that it be referred for conciliation. The HCCC will assess the complaint and take into account any recommendation made by the health service in its referral, although no guarantee can be made that the HCCC will assess the complaint as suitable for conciliation.

When conciliation is not appropriate

- The complaint is very complex.
- The facts are in dispute and investigation is warranted.
- The complaint is of such seriousness that it must be investigated (either internally or if very serious, by the HCCC).
- The outcome expected by the complainant cannot be delivered through conciliation.

Conciliation may be used either when the complaint is received, or can also be an outcome of investigation.

The Conciliation Process

In some cases an agreement to enter into more formalised mediation or conciliation may be appropriate. This approach is particularly appropriate in situations where the complainant remains distressed about the events outlined in the complaint or where the complainant is dependent on the health service, the subject of the complaint, for ongoing care. If a complaint cannot be resolved satisfactorily at initial contact with the complainant, or it is believed that the provision of the investigation report may not satisfactorily answer all of their concerns, the complaint process may need to be progressed to a resolution meeting.

At this stage, the steps are:

- Prepare for a resolution meeting
- Conduct the meeting
- Follow up outcomes of the meeting.

Prepare for a resolution meeting

The more meticulous the preparation for a resolution meeting is, the higher the likelihood of a satisfactory outcome.

To prepare for a resolution meeting, you need to:

1. Nominate a facilitator to oversee the resolution process
2. Confirm the issues of the complaint
3. Gather the information required to resolve the complaint
4. Identify the relevant parties involved
5. Engage the complainant in the process

Nominate a facilitator

Each health service should have its own procedures and delegations to facilitate a resolution, and it is expected that the people handling complaints have sufficient authority to effect a resolution.

Confirm the issues of the complaint

The issues include the key concerns raised by the complainant as well as any other issues that arise from the complaint. People rarely put their concerns in writing in a manner that reflects the main issues of concern. If any or all of the issues are unclear, this is the time to clarify them with the complainant. It is strongly recommended that prior to moving from this stage you speak with the complainant to clarify their issues of concern.

Identify the relevant parties

The relevant parties are the people involved with the complaint and the people involved with the incident that is the basis of the complaint.

The people involved with the complaint are the complainant, the patient who may or may not be the complainant, parents of a patient, their carer, any significant others who may be witnesses, offspring, or close friends. The complainant may also seek the support of a patient representative or other advocate to attend any meeting that may be arranged as part of the resolution.

The people involved with the incident may be the staff named in the complaint, the service provider, the staff of a unit in a hospital, one or two people who provided treatment or care. Not everyone who is involved with the incident may be held responsible, but they are relevant parties. Their information may contribute significantly to understanding the factors giving rise to the complaint, and their cooperation should be sought at an early stage to obtain their explanation of events.

If language is an issue, an interpreter should be arranged to attend.

Note that the more people there are involved in the resolution, the less likely that it will be successful. Often, every participant has a different version of events, and every person has an emotional reaction to the event. The sum total of this can lead to difficulties, and little is achieved. If an agreement can be reached to limit the number to a few select key people, this will usually contribute to a more fruitful outcome.

Base your decision on who will attend a resolution meeting on the following:

- The express wishes of the complainant for particular people to attend.
- A variety of perceptions of an incident between the complainant and the health

providers, in which case the health provider should present their side of the matter.

- The wishes of the health providers.

Ensure all parties understand the resolution process and how the resolution is to be conducted.

Does the complainant need an advocate?

You may wish to encourage the complainant to have a support person or advocate attend the resolution meeting. Advocate and support people may provide assistance in a number of ways, such as:

- Helping the complainant feel supported and less vulnerable.
- Interpreting what has been said.
- Providing a debriefing after the meeting.

Having an advocate or support person attend is particularly important in the following circumstances:

- Strong emotions expressed by the complainant or the service provider.
- One or both parties are being inflexible.
- There are communication problems.
- The service provider displays actual or potential stereotypical views of the complainant, for example, discrimination.
- The complainant or the subject of the complaint is a sick person who is dependent on the health service.
- If more than two service providers need to attend the meeting.
- There is an imbalance of power.
- The service provider displays defensive or arrogant behaviour.
- The complainant shows a significant lack of confidence in the process.

Engage the complainant

Engaging the complainant in the resolution process demonstrates respect for their right to complain and to be taken seriously. Involving the complainant may be a matter of explaining the process and assisting them to have a realistic expectation of the possible outcome of their complaint. In other cases, the complainant is further involved if issues need to be clarified or further information obtained. It is a good opportunity to explain the complaint management process and determine whether further support will be required to assist them through the process.

If a complainant is involved from the beginning, they are far more likely to be satisfied that the health service is effectively dealing with their complaint. It also assists in restoring trust in the service by demonstrating that it can respond efficiently to consumer needs.

The complainant is more likely to agree to a direct resolution of their concerns if they feel they are participants in the process.

Conduct the resolution meeting

Resolution meetings are face-to-face meetings between the parties of a complaint and may be facilitated by a senior manager who is not a party to the complaint.

Prior to a resolution meeting, establish whether the complaint and any information obtained identify elements of poor care. If inadequate or inappropriate service has been identified, remedial action should be discussed at the meeting.

Resolution meetings provide an opportunity for:

- a clear understanding of the issues of concern by the complainant and service provider
- all parties to be heard and feel respected
- informal apologies by service providers or managers
- solutions to be discussed and agreed upon.

Format of the resolution meeting

Introduction	The facilitator introduces everyone, and establishes any rules
Sharing stories, versions, perceptions	The parties in turn are provided with an opportunity to explain their experience
Clarification	The facilitator summarises what has been shared to clarify
Issue and agenda setting	The points for discussion/resolution are identified & agreed upon
Identification of care and community standards	The facilitator explains upfront points of clinical management and standards of care as a benchmark against which discussions may touch on.
Exploration	The facilitator leads discussion by exploring the significance of what was shared to bring insight between the parties
Option Generation	The parties generate options that are mutually agreeable
Reality testing	The facilitator tests the proposed options for fairness and viability
Agreement	What is agreed upon between parties is formalised
Closure	The facilitator summarises and thanks attendees

Ways to assist parties to adopt a more flexible approach

Inflexible attitudes or approaches to a resolution meeting will reduce the likelihood of a satisfactory outcome including service improvement. Approaches include:

- clarifying and responding to beliefs, values, special circumstances, expectations and fears

- reality testing, i.e. providing information and other perspectives, and focussing on what is reasonable
- gently challenging attitudes
- allowing the parties to ventilate fears and anxieties.

Recording resolution meetings

It is not necessary to make a verbatim recording of resolution meetings for several reasons. For example, people may be inhibited if every word uttered is recorded and it is not always possible to take comprehensive notes while participating in the meeting.

Essential elements to record include:

- the provider's response to the desired outcomes, in particular, reasons for non-agreement
- timeframes for implementing any changes to training, orientation, policy, etc;
- how the complainant will be advised of completion of agreed-upon tasks
- any apology offered
- significant agreement or disagreement on facts.

Reading your notes at the end of the meeting will allow everyone present to reach agreement on content.

Follow up outcomes arising from the meeting

An offer to change services or processes in response to a person's concerns is appropriate and worthwhile. The complainant may have more confidence that the changes will occur if they are provided with progress reports or feedback when the changes have been implemented. With this in mind, a timeframe to implement the change and a mechanism to provide feedback to the complainant should be identified.

It may be worthwhile involving the complainant in the change process. The complainant may be able to provide feedback on any proposed guidelines or policy, or participate in or attend training sessions.

Decide on appropriate action

Appropriate action is required to adequately address poor systems or practitioner performance identified by the investigation and resolution process.

Recommendations must be based on the evidence and informed by the principles of public interest and good clinical governance.

Possible outcomes from managing complaints may include:

- insufficient evidence:
- no further action necessary
- no action possible

- complaint not substantiated
- information provided
- resolution meeting
- policy/protocol change
- Complaint substantiated
- policy/protocol change
- equipment reviewed/repaired/replaced
- apology or other redress offered
- staff education provided
- resolution meeting
- information provided
- service to be provided
- monitor trend
- refer to a quality improvement committee or equivalent
- community education
- referred to appropriate authority, eg, HCCC, Department of Health, Police, professional bodies
- conduct clinical audit
- systems review
- consideration of a financial settlement (subject to discussion with Treasury Managed Funds)
- refer for action under another policy, eg [Complaint or Concern about a Clinician - Principles for Action \(PD2006_007\)](#)

Review and appeal

Complainants need to know that if they are not satisfied with the outcome of an investigation or resolution process, there are avenues through which they may express their dissatisfaction and have available some access to a review process.

A review process may involve a review by a more senior officer who will have a wider delegation to overturn a previous decision and consider remedies. Other options may be offering the opportunity of a meeting with a senior officer to discuss the concerns, entering into formal conciliation or utilising a mediator.

Complaints that are about communication are often conducive to this approach and may result in a formal apology on behalf of the organisation or a commitment to undertake

corrective action. For example, a complaint may have been about perceived rudeness of a staff member towards a patient. The senior officer, having heard the complaint, may offer an apology and undertake to discuss the issue with the staff member concerned, or their supervisor. The complainant then feels that their complaint has been validated, they have been heard, and corrective action taken.

In some cases, a complainant will remain aggrieved because they do not consider their issues have been addressed, nor will they be appeased if their perception is one of bias in the process. In instances where they have a view that the internal investigation was biased or incorrect, an independent review may be warranted or encouraged. Complainants may either refer the matter to the [Health Care Complaints Commission](#) or may take their concerns to the Department of Health, the Ombudsman or even the Independent Commission Against Corruption (ICAC). Agencies should take all reasonable steps to seek to address concerns and support a complainant. It may be however that some complainants will never be fully satisfied and other solutions. In such cases, the AHS may wish to consider other options such as offering grief counselling, referral to support agencies etc, or has noted above, referral to external investigative agencies.

Recording and using complaints data

Complaints information is used to record data, to monitor trends and to assist in service quality improvement.

Referring to the [Complaint Management Policy Flowchart](#) (reproduced in Appendix 11 at page 47), at the conclusion of managing a complaint and when the parties have been informed of the outcome, review for opportunity for improvement should then be considered. In fact, this should be considered in the course of the resolving the complaint and the recommendations should reflect this. After the complaint has been concluded, actions to ensure that the identified opportunities for service improvement should be put into motion.

Putting these recommendations into action means referring them to the relevant person or committee within the service, providing a report to senior management and having a system in place which allows for follow up of actions recommended to ensure the recommendations do not falter or fail to progress. For information arising from complaints to make a difference, effective processes must be in place to ensure that the information is taken on, considered and integrated, and that the people who need to know are informed and are accountable.

As stated in the [Complaint Management Policy PD2006_073](#), complaint data is recorded via the Incident Information Management System. This information provides performance indicators that form the basis for improvements in complaints handling. Trend analysis will provide evidence that information is used to improve practice.

Finally, it is important to reiterate the goals set out in the document '[A Framework for Managing the Quality of Health Services in NSW](#)'. The Framework states:

The way in which performance data are reported and disseminated plays a major role in the way in which the information is used to effect change...

The fundamental aspect of the reporting framework is the closure of the "quality improvement loop". Over recent years the collection of data on the inputs and outputs of

our care processes has become commonplace in some health care facilities. There is doubt however, that the majority of this data collection has resulted in any improvements in the care delivered to patients or to the outcomes of that care. If the results of the data collection and analysis are not fed back to those who collect it, meaningful change and therefore improvement is unlikely to occur.¹

Data collected and analysed from complaints is essential to this process.

¹ A Framework for Managing the Quality of Health Services in NSW, PD2005_585 NSW Health Department, January 1999, pp 41 - 43

4. Definitions

Acknowledgement	Communication to the complainant or their agent that the complaint has been received and is being actioned.
Adverse event	Unintended patient injury or complication from treatment that results in disability, death or prolonged hospital stay and is caused by health care management.
Agent	Person who represents a complainant and liaises with the service provider who is managing the complaint. Examples include lawyer, Member of Parliament.
Apology	A key aspect of open disclosure is saying sorry or offering an apology to the patient and their family/carer following an adverse event. An apology is an expression of sympathy or regret, or of a general sense of benevolence or compassion, in connection with any matter whether or not the apology admits or implies an admission of fault in connection with the matter.
Area Health Service	Area Health Services provide the operational framework for the provision of public health services in particular geographic areas in NSW. They are constituted under the Health Services Act 1997.
Area Health Care Quality Committee	Part 5 of the 2005 Standard Form of By-Laws for public health organisations requires Chief Executives to establish specific committees to provide assistance to enable them to perform their statutory duties. The Area Health Care Quality Committee assist the Chief Executive ensure the integrity of the public health organisation's system to monitor the quality of care and service provided, and to ensure continuous improvement occurs in the quality of care and service.
Carer	Family members, guardians or friends who have an interest in, or are responsible for, the care of a consumer
Clinician	A health practitioner or health service provider regardless of whether the person is registered under a health registration act.
Complainant	Any member of the public or external organisation making a complaint
Complaint	A complaint is: <ol style="list-style-type: none">1. an expression dissatisfaction with a service offered or provided, or2. a concern that provides feedback regarding any aspect of service that identifies issues requiring a response.
Complaint Risk Code (CRC)	A suggested rating system that assesses the severity of a complaint to help determine the course of action to be taken.
Conciliation	Conciliation is a process in which the parties to a dispute, with the assistance of a dispute resolution practitioner (the conciliator), identify the issues in dispute, develop options, consider alternatives and endeavour to reach an agreement. The conciliator may have an advisory role on the content of the dispute or the outcome of its resolution, but not a determinative role. The conciliator may advise on or determine the process of conciliation whereby resolution is attempted, and may make suggestions for terms of settlement, give expert advice on likely settlement terms, and may actively encourage the participants to reach an agreement. Conciliation of health care complaints is managed through the Health Conciliation Registry.

Department	NSW Department of Health.
Director of Clinical Governance	The senior clinician responsible for the management of the Clinical Governance Unit. They are the designated Senior Complaints Officer. The Designated Senior Complaints Officer or their delegate must be contactable 24 hours a day, 7 days a week. The DCG is responsible for ensuring the proper process for managing complaints is understood and followed by the organisation.
Evidence	The available facts that form the grounds for belief or a proposition and tends to prove or disprove something.
Health Care Complaints Commission (HCCC)	The NSW Health Care Complaints Commission (HCCC) is an independent statutory body, established by the Health Care Complaints Act 1993. It acts in the public interest by receiving, reviewing and investigating complaints about health care in NSW.
Health Registration Act	Includes any of the Acts listed below, Chiropractors Act 2001, Dental Technicians Registration Act (1975), Dental Practice Act (2001), Medical Practice Act (1992), Nurses and Midwives Act (1991), Optical Dispensers Act (1963), Optometrists Act (2002), Osteopaths Act (2001), Pharmacy Act (1964), Podiatrists Act (1989) & Podiatrists Act (2003) uncommenced, Psychologists Act (2001) No 69
health service	Includes: <ul style="list-style-type: none"> • Medical, hospital and nursing services • Dental services • Psychiatric and psychological services • Pharmaceutical services • Ambulance services • Community health services • Health education services • Services provided by podiatrists, chiropractors, osteopaths, optometrists, physiotherapists, acupuncturists, occupational therapists, speech therapists, audiologists, audiometrists, radiographers, social workers, nutritionists and dieticians, orthoptists, environmental and public health professionals, prosthetists and therapeutic counsellors • Services provided in other allied or alternative health care fields • Welfare services necessary to implement any services referred to above
IIMS	The NSW Health Incident Information Management System. The IIMS incorporates the Advanced Incident Management System (AIMS®) software application as its underlying database.
Incident	An event or circumstance, which could have, or did lead to unintended and/or unnecessary harm to a person, and/or a complaint, loss or damage.
Incident Management	A systematic process for identifying, notifying, prioritising, investigating and managing the outcomes of an incident.
Investigation	1. Incident investigation The management process by which underlying causes of undesirable events are uncovered and steps are taken to prevent similar occurrences. 2. Complaint investigation The process of using inquiry and examination to gather facts and information in order to solve a problem or resolve an issue.
Leaders	Principal partners, executive managers and directors of a service –

	the people with ultimate responsibility for clinical, financial and other forms of governance.
Line Manager	The manager to whom an individual reports
Mediation	Mediation is a process in which the parties to a dispute, with the assistance of a dispute resolution practitioner (the mediator), identify the disputed issues, develop options, consider alternatives and endeavour to reach an agreement. The mediator has no advisory or determinative role in regard to the content of the dispute or the outcome of its resolution, but may advise on or determine the process of mediation whereby resolution is attempted. Mediation may be undertaken voluntarily, under a court order, or subject to an existing contractual agreement.
Near miss	Any event that could have had adverse consequences but did not and is indistinguishable from an actual incident in all but outcome.
Notification	The process of entering or documenting data about an incident or near miss for any of the incident categories into the IIMS. The process whereby parties to a complaint are advised of the complaint being lodged and the resolution strategy being adopted
Open Disclosure	The open discussion of incidents that result in harm to a patient while receiving health care. The elements of open disclosure are an expression of regret, a factual explanation of what happened, the potential consequences of the incident, and the steps taken to manage the event and prevent recurrence.
Patient Representative	A person or office that assists patients who have complaints.
Parties	Persons or bodies who are in a dispute that is handled through a dispute resolution process
Performance	Refers to the knowledge and skill possessed and applied by the clinician in the course of their duties. Performance is also influenced by experience, application and attitude.
Public health organisation (PHO)	This term refers to a AHS, statutory health corporation or an affiliated health organisation in respect of its recognised establishments and recognised services as defined in the Health Services Act 1997.
Reportable Incident Brief (RIB)	The method for reporting defined health care incidents to the NSW Department of Health. The RIB process encompasses clinical and corporate incidents occurring in the health care setting under 4 incident categories: <ul style="list-style-type: none"> • clinical; • staff, visitor, contractor; • property, security, hazard; and • complaints. <p><u>Research and Investigation Authorised Under the Health Administration Act 1982 PD2006 058</u> imposes practical restrictions on the use and flow of information prepared by, at the request of, or solely for the purpose of the Reportable Incident Review Committee including any clinical RIBs submitted to the Department via the RIB reporting system.</p>
Respondent	A person or health service named in a complaint; a person or health service alleged to have been the cause of dissatisfaction; a person or firm against whom a complaint is made. These may include <ul style="list-style-type: none"> • Individual clinicians. • Wards, outpatients, departments.

	<ul style="list-style-type: none"> • Hospitals or community health services. • An Area Health Service. • Program areas, for example, mental health services.
Risk Management	Clinical and administrative activities undertaken to identify, evaluate, and reduce the risk of injury to patients, staff, and visitors and the risk of loss to the organisation itself.
Root Cause Analysis (RCA)	A method used to investigate and analyse a SAC 1 incident to identify the root causes and factors that contributed to the incident and to recommend actions to prevent a similar occurrence.
SAC 1 Incidents	A clinical SAC 1 incident requiring and RCA. See PD2005_634 Definition of a Reportable Incident- Section 20L of the Health Administration Act.
Service	Health care services, being any service that provides for a person's health or wellbeing, including primary and office-based health care, community health care, mental health services, and acute health care services.
Severity Assessment Code (SAC)	A numerical score applied to an incident based on the type of event, its likelihood of recurrence and its consequence. A matrix is used to stratify the actual and/or potential risk associated with an incident.
Subject	The person who received the health service identified in a complaint. Usually termed so in matters where the complainant is not the patient.
Support person	Support person/persons may be any individual, identified by the patient as a nominated recipient of information regarding their care. This may include family, friend, partner or those who care for the patient. Their role is one of support, advocacy when interacting with the health service.

5. Appendices - Sample Forms, Templates and Guides

Appendix 1 - Sample Patient Authority Form

To obtain personal health information from external service providers

(A separate form is to be completed for each clinician or organisation from whom records or information is requested)

I, _____ of _____

hereby authorise officers of the _____ Area Health Service to access (including the right to request, inspect, copy and retain) information held by _____ and relating to _____

including access to the following information:

all medical records

all reports and other correspondence

I also authorise the provision of a report by _____

in response to a request from the Area Health Service.

PARTICULARS:

Full name of person giving Authority: _____

Date of birth: _____

Address: _____

Address at time of treatment: _____

Period of treatment covered by this authority: _____

Signature

Date

Area Health Service use only

File No.:

Officer's Reference:

Sample Release of Information Form

For third party Complaints

I, _____ of _____

hereby authorise officers of the _____ Area Health Service to release information held by _____

to _____

of _____ Phone _____

This authorisation includes release of the following information:

1. all information obtained by the Area Health Service or Facility in relation to the complaint concerning _____ including any investigation report and/or
2. _____
3. _____

PARTICULARS:

Full name of person giving

Authority: _____

Date of birth: _____

Address: _____

Address at time of treatment: _____

Period of treatment covered by this authority: _____

Person giving Authority

Date

Witness

Date

Appendix 2 - Sample Receipt for Goods

For physical evidence collected

File/IIMS No: _____

I,.....(name and designation of Health Service officer) hereby acknowledge receipt of the following item(s) from (name of person providing goods):

[List and brief description of document(s)/item(s)].

1.

2.

3.

Signature: _____

Date: _____

(Health Service Officer)

Signature: _____

Date: _____

(Person Providing Goods)

Appendix 3 - Investigation Action Plan

FILE NUMBER/IIMS REF:

STATUS CODE:

COMPLAINANT:

RESPONDENT:

SUBJECT:

SUMMARY OF COMPLAINT:

Issues		Respondent	Sys/Ind
1.			
2.			
3.			

Handling factors:

Note: Investigators may use this plan in electronic form, which enables the size of text box to be increased as required.

EVIDENCE MATRIX

Issues	Elements to be tested / determined / Standard to be applied (This section is used to identify those aspects which will determine whether the issue is proven or not. It specifies the various areas of information required and the questions to be answered to make a finding regarding the issue. A standard against which events of care may be compared is also noted together with any information required to identify system or process conditions.)	Best method of obtaining information (This section identifies the method by which the information will be obtained. A variety of sources may be required.)	Time frame (What is the timeframe for the requested information?)	Status (What is the status of the issue based on the information obtained?) <i>Status:</i> Not resolved Resolved Information obtained
1.				
2.				
3.				

Completion of information and evidence gathering	
Review & Analysis of Information	
(This section is used to summarise the information obtained pertaining to each issue and identifies where the parties are in agreement and disagreement in relation to the "facts at issue". It includes consideration of the evidence that has been gathered during the investigation. This involves weighing the relevance and credibility of the evidence with reference to the requirements of the relevant legislation/policies/standards/procedures/expert advice.)	
1.	
2.	
3.	
Completion of Investigation: Findings & Recommendations	
Findings	Recommendation
1.	
2.	
3.	

Appendix 4 - Sample Statement Format

Name:

Address:

Occupation:

Date:

This statement made by me accurately sets out the evidence which I would be prepared, if necessary, to give in Court as a witness. The statement is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it anything that I know to be false or do not believe to be true.²

I am..... years old.

I have been legally registered as a for years.

My qualifications are.....

Signature:

Date:

Witness:

² This section is optional. It may be included if the investigator believes that the statement may be rendered in Court. A simpler formula to use is: This statement made by me is true to the best of my knowledge and belief.

Appendix 5 - Investigation Checklist

- Contact the complainant to:
 - Obtain any additional information to fully understand the complaint and clarify issues of concern;
 - identify desired outcome; determine if they have any supporting documentation or witnesses;
 - offer assistance if additional information is required and the complainant requires support, eg, language, sight;
 - provide information on the investigation process and anticipated time frames.
- Register complaint and document significant actions during the investigation.
- Assess the complaint - is there a jurisdiction issue, should the matter be referred to another agency or higher level in organisation? Identify any handling factors.
- Does the investigator have sufficient experience and/or qualifications? Does the investigator have any conflicts of interest? Is the investigator assigned to the complaint suitable? Do we need a small team of people with relevant expertise to conduct the investigation?
- Check previous complaints from the complainant and identified practitioner or service area.
- Are there any immediate safety issues that need to be addressed?
- Maintain confidentiality.
- Analyse the complaint, identify each issue raised, identify relevant parties and identify sources of information including policies and guidelines.
- Seek clinical/professional advice.
- Formulate an investigation plan.
- Gather information - interviews, reports, medical records, policies and guidelines other relevant documentation.
- Continuous analysis - compare information when obtained to identify gaps, inconsistencies or ambiguities in the information. Consult clinical/professional adviser as required. Seek corroborative evidence if conflicts arise in information obtained.
- If systemic issues identified utilise systemic investigative methodologies, eg root cause analysis.
- Ensure requirements of procedural fairness are met:
 - was the respondent given sufficient details of the complaint?
 - was the respondent given an opportunity to respond to the complaint?
 - was the respondent informed of any adverse proposed actions and the grounds for these?
 - were submissions made by the respondent duly considered?
- Prepare an investigation report noting information obtained and recommendations for any corrective action.
- Advise relevant parties of outcome.

Appendix 6 - Sample acknowledgement letter to consumer - 1

[On corporate letterhead]

Reference No:

To: [Name]
Address: [Line One]
[Line Two]
[Line Three]

Insert Date:

Dear [insert name],

I have received your complaint about [insert summary description of complaint].

[Insert apology or expression of regret. For example, 'we are sorry that you experienced a delay in the oncology unit the other day'].

I understand your complaint is about [insert details of the complaint].

We plan to review what has happened to you, why it happened and what we can do to prevent it happening again. As part of our inquiries, we will consider what you have told us and provide a copy of your complaint to the [doctors/nurses/clinicians] who were caring for you. We will also interview those who were caring for you, and examine your medical records and other internal documents and policies. [As the incident has been rated as serious, we will also be notifying insurers/the Department of Health/other].

Our inquiries should be completed within [xx] days/weeks.

If you are not satisfied with the way we handle your complaint, you can contact the NSW Health Care Complaints Commissioner (02) 9219 7444 at any stage.

If you have any queries or would like to discuss anything in the meantime, please feel free to contact me on [insert telephone no. and days available if part-time].

Yours sincerely,

[name and position title]

Appendix 7 - Sample acknowledgement letter to consumer - 2

[On corporate letterhead]

Reference No:

To: [Name]

Address: [Line One]

[Line Two]

[Line Three]

Insert Date:

Dear [insert name],

I have received your complaint about [brief description].

Thank you for bringing your concerns to our attention. We value feedback from patients and their families as it enables us to improve services and provide better health care.

Your complaint is currently being investigated. I will keep you informed of progress and hope to resolve your complaint as soon as possible.

If you have any queries or would like to discuss anything in the meantime, please feel free to contact me on [insert telephone no. and days available if part-time].

Yours sincerely,

[name and position title]

Appendix 8 - Sample Letter confirming a complaint has been resolved - 1

[On corporate letterhead]

Reference No:

To: [Name]

Address: [Line One]

[Line Two]

[Line Three]

Insert Date:

Dear [insert name],

Thank you for discussing your concerns about [insert details about the complaint] on [insert date of telephone discussion or face-to-face meeting].

I wish to confirm that we have agreed to [insert details about agreed facts, any actions taken or promised to be taken].

I understand that you do not want us to take any further action on this matter. Please let me know if there is anything else you would like to discuss with me.

Thank you for taking the time to assist us.

Yours sincerely,

[name and position title]

Appendix 9 - Sample Letter confirming a complaint has been resolved - 2

[On corporate letterhead]

Reference No:

To: [Name]
Address: [Line One]
[Line Two]
[Line Three]

Insert Date:

Dear [insert name],

Thankyou for bringing your concerns to our attention. [Insert apology or expression of regret. For example, 'again we are sorry that you experienced a delay in the oncology unit the other day'].

I understand your complaint is about [insert details of the complaint].

Our investigation/inquiry [explain scope of the investigation what information/evidence was gathered and how].

The specific issues we inquired into included [list the actual issues]

We understand that [provide an analysis of each issue and include the pertinent information and evidence gathered from each source, provide full disclosure to ensure lack of bias.]

Our inquiries concluded that [report the findings in relation to each issue].

In response we are [list what is to be done to prevent a recurrence or remedy situation]

I understand that you do not want us to take any further action on this matter. Please let me know if there is anything else you would like to discuss with me.

Thank you for taking the time to assist us.

Yours sincerely,

[name and position title]

Appendix 10 - Dealing With Complaints – Easy Reference

Complaints are a valuable source of feedback for the health service. All patients and their families and friends have the right to make a complaint about any aspect of their health care. They should be treated with respect and their complaint attended to quickly.

What to do when receiving a complaint

- Introduce yourself.
- Listen carefully to what the consumer is saying.
- Try to see things from their point of view.
- Clarify anything you're not sure about.
- Deal with the issue on the spot if possible.
- Write down the details on a complaint/feedback form for later entry into the Complaint Form in IIMS.
- Thank the person for their feedback.
- Tell them what will happen next.

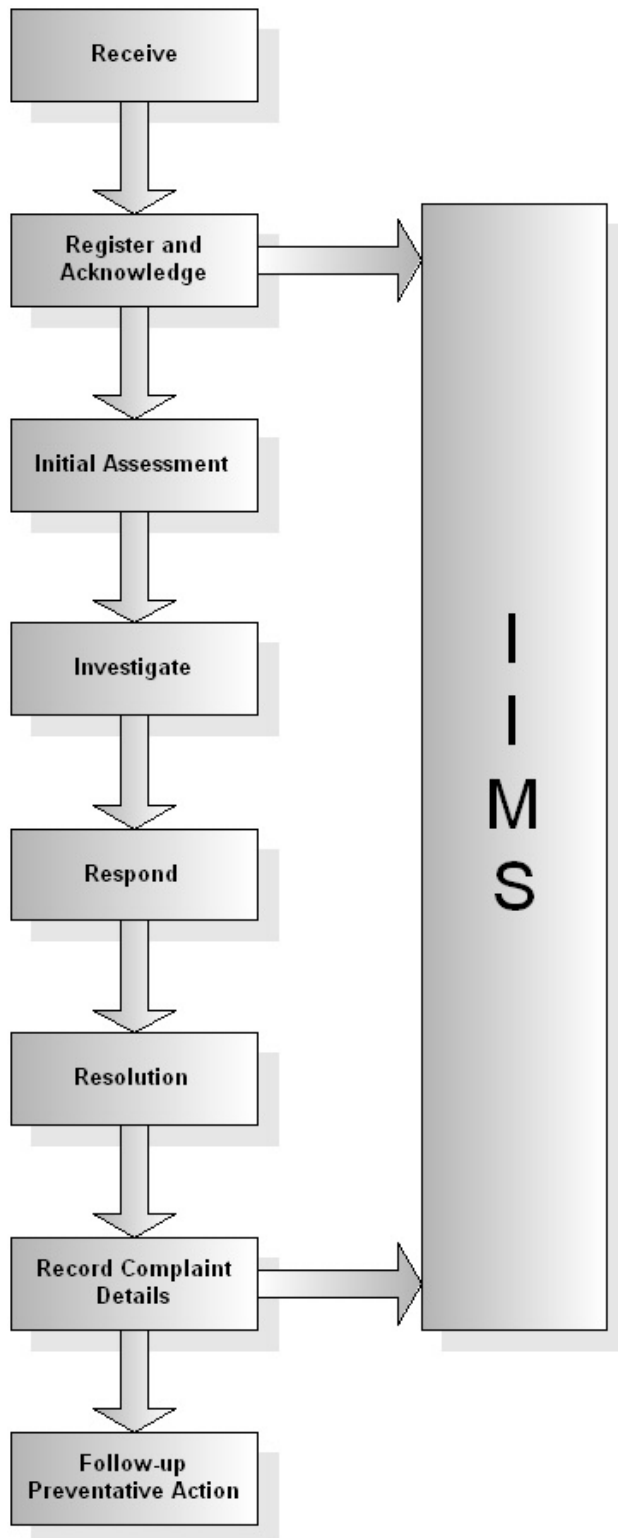
What NOT to do when receiving a complaint

- Be defensive or take it personally.
- Blame others.
- Make assumptions without checking your facts.
- Argue with the consumer.
- Be dismissive – it takes courage to complain.

Difficult situations

- Remain polite and respectful.
- Focus on the issue at hand, rather than the personalities.
- Take time to understand what the problem is – there may be an easy solution.
- Be prepared to listen, without getting caught up in emotions – the person wants to be heard.
- Be patient.
- Provide information or an expression of regret as appropriate.
- Ask another staff member for help if necessary.

Appendix 11 - Complaint Management Policy Flowchart



Appendix 12 - Complaint management principles and criteria

The following table provides the principles that underpin the NSW Health complaints management process as set out in the [Complaint Management Policy \(PD2006_073\)](#). The suggested criteria are drawn from the 2004 Better Practice Guidelines on Complaints Management for Health Care Services and the previous NSW Health Better Practice Complaints Guidelines 1998. The criteria are provided to offer guidance in the application of the principles in local practice.

Principles	Criteria ³
<p>1. Commitment to consumers and quality improvement</p> <p><i>Leaders in the health care service promote a consumer-focused approach to complaints as part of a continuous quality improvement program</i></p>	<p>1.1 <i>The health service provides sufficient human and material resources to ensure all complaints are adequately managed and investigated.</i></p> <p>1.2 <i>The health service has developed and implemented a defined and consistent complaint management process.</i></p> <p>1.3 <i>The health service manages the complaint management process within recommended timeframes.</i></p> <p>1.4 <i>Staff and service providers at all levels receive information about complaint management at orientation and at regular intervals about:</i></p> <ul style="list-style-type: none"> • <i>their responsibility under relevant legislation, codes of practice, policies and industrial awards, including grievance and dispute handling processes,</i> • <i>overall issues, trends and complaints specific to the service and particular work units.</i> <p>1.5 <i>A system exists to review and evaluate staff and other service providers' awareness and understanding of the complaint management process.</i></p> <p>1.6 <i>An education and training program for staff is in place to support the development of skills for complaint management at all levels of the service, including but not limited to:</i></p> <ul style="list-style-type: none"> • <i>The complaints management process and notifying complaints in IIMS.</i> • <i>Communication.</i> • <i>Ethics.</i> • <i>Legislative requirements.</i> • <i>Conflict resolution.</i> • <i>Interpersonal skills.</i> • <i>CALDI and ATSI awareness.</i> • <i>Groups with special needs.</i> • <i>Negotiation/mediation skills.</i> • <i>Investigation skills.</i> • <i>Report writing skills.</i> <p>1.7 <i>The health service regularly reviews and evaluates educational programs to ensure that staff and other service providers have the necessary skills to respond to complaints.</i></p> <p>1.8 <i>Consumers are involved in development and evaluation of the health service's complaint management process.</i></p> <p>1.9 <i>Support is provided to health service staff dealing with complaints.</i></p> <p>1.10 <i>The health service's organisational structure clearly identifies delegated persons responsible for the management of the complaint management process, who have authority—together with senior management—to resolve complaints. The organisational structure should identify an appropriately skilled and senior member of staff to be responsible for the complaint</i></p>

³ Based on 2004 Better Practice Guidelines on Complaints Management for Health Care Services - A product of the Australian Council for Safety and Quality in Health Care (the Council) sponsored "Turning wrongs into rights: learning from consumer reported incidents project", endorsed by the Australian Health Ministers Conference in July 2004

Principles	Criteria ³
	<p>management process, who reports to senior management.</p> <p>1.11 The health service is committed to empowering and enabling frontline staff to resolve complaints within the level of their authority.</p> <p>1.12 The health service undertakes benchmarking with both healthcare and non-healthcare services.</p>
<p>2. Accessible</p> <p>The service encourages consumers to provide feedback about the service including concerns and complaints, and makes it easy to do so.</p>	<p>2.1 Information is made available at all points of entry to the health service through a community information strategy about the complaint management process. Consumer information should cover, at least:</p> <ul style="list-style-type: none"> • The consumer's rights and responsibilities. • The consumer's right to complain. • The range of internal and external avenues for lodging a complaint. • The option to initiate or request external investigation. • Avenues of complaint resolution, appeals and potential outcomes. • Details of the complaints management process, including resolution processes and expected timeframes for response • Continuing support if referral occurs. • Names and contact details of complaint management personnel. • The health service's policies and procedures for complaint management. • That review of decisions can be requested. • That confidentiality will be maintained, legislative requirements notwithstanding. • The availability of the Health Care Complaints Commission to independently review their complaint. • The nature and extent of adverse events in the health system. • Realistic expectations of health care. • Changes to the regulatory framework for health care complaints and consumer rights. <p>2.2 The health service provides information to consumers in a format that they can understand, and provides further explanation of this information when requested.</p> <p>2.3 The health service operates a complaint management process in an environment that recognises the importance of openness, accountability and service improvement.</p> <p>2.4 The health service actively receives and accepts complaints and provides opportunities for patients and consumers to provide feedback about their service using a range of methods, including but not limited to:</p> <ul style="list-style-type: none"> • Questionnaires. • Focus groups. • Consumer councils. • Written consumer surveys. • Telephone surveys. • Face-to-face interviews. • Public education and information campaigns. <p>2.5 The health service recognises that details of a complaint may be accessible by all parties involved under Freedom of Information Legislation</p> <p>2.6 Patients/consumers with special needs (eg. disability, elderly, remote, indigenous, culturally and linguistically diverse) are provided with appropriate information and/or assistance in making a complaint.</p> <p>2.7 The health service offers assistance/support to the complainant in making a complaint.</p> <p>2.8 The health service encourages complainants to bring a family member/support person to any meetings with hospital/health service staff.</p> <p>2.9 The health service provides confirmation of the receipt of a verbal complaint and provides a written summary of the complaint as requested by</p>

Principles	Criteria ³
	<i>the complainant.</i>
<p>3. Responsive and Timely</p> <p><i>The service acknowledges all complaints and concerns and responds promptly and sensitively</i></p>	<p>3.1 <i>The health service attempts to resolve complaints at the point of service and to refer complaints that require further action.</i></p> <p>3.2 <i>The health service responds appropriately to minimise the likelihood of dispute or conflict.</i></p> <p>3.3 <i>The health service acknowledges all complaints within five calendar days of receipt of the complaint.</i></p> <p>3.4 <i>The health service informs the complainant of the approximate time that it will take to resolve the complaint.</i></p> <p>3.5 <i>The health service resolves complaints within 35 calendar days of receipt.</i></p> <p>3.6 <i>The health service advises the complainant of the progress of the investigation at 21 working-day intervals.</i></p>
<p>4. Effective Assessment</p> <p><i>The service assesses complaints to determine appropriate responses by considering risk factors, the wishes of the complainant and accountability</i></p>	<p>4.1 <i>The health service uses the Severity Assessment Code (SAC) to assess all complaints to determine the most appropriate management process, taking into account the seriousness and complexity of the complaint and the requests of the complainant. A complaint may raise a number of issues.⁴</i></p> <p>4.2 <i>The health service ensures that senior management are notified of serious risks rapidly and effectively, enabling prompt and appropriate action.</i></p> <p>4.3 <i>The health service's complaint management process sets out the circumstances whereby external bodies, such as professional registration boards, the Health Care Complaints Commission, the Coroner, police and other regulators, are consulted or notified.</i></p>
<p>5. Appropriate resolution</p> <p><i>The service deals with complaints in a manner that is complete, fair to all parties and provides just outcomes.</i></p>	<p>5.1 <i>The health service has clear and simple processes for complaint management and investigation that are easily understood by complainants and staff.</i></p> <p>5.2 <i>The health service emphasises a joint problem-solving approach in the resolution of complaints.</i></p> <p>5.3 <i>The health service uses investigative methodologies that:</i></p> <ul style="list-style-type: none"> • <i>Are complete and based on facts.</i> • <i>Use relevant documentation, policies and information provided by complainants, other witnesses, clinicians and staff directly involved in a complaint.</i> • <i>Seeks to establish the events that occurred, to identify the underlying causes or contributing factors, and to recommend preventative strategies.</i> <p>5.4 <i>The health service uses equitable, objective and fair complaint resolution strategies with regard to all parties.</i></p> <p>5.5 <i>The health service informs complainants and staff of the outcomes of investigations and provides reasons for its decisions.</i></p> <p>5.6 <i>The health service provides just outcomes for complainants that are appropriate to the circumstances.</i></p> <p>5.7 <i>The health service provides independent review mechanisms for complainants dissatisfied with their complaint management experience.</i></p>
<p>6. Openness</p> <p><i>The service manages information in</i></p>	<p>6.1 <i>The health service investigates and resolves complaints in a confidential manner.</i></p> <p>6.2 <i>The health service informs complainants at the time a formal complaint is</i></p>

⁴ Each issue or complaint element identified in a complaint may require a separate risk rating, although only the most severe rating can be recorded in IIMS.

Principles	Criteria ³
<p>a fair manner, enabling relevant facts and decisions to be openly communicated while protecting confidentiality and personal privacy.</p>	<p>first acknowledged about how their personal information is likely to be used.</p> <p>6.3 The health service collects and stores complaints records separately from patient medical records and ensures that identifying personal information in the records is accurate and stored and used in accordance with privacy obligations and the NSW Health Records Management Statement (PD2005 231).</p> <p>6.4 The health service responds promptly to requests from consumers and their authorised representatives, for access to personal health records and to amend errors in the record. Refer to Privacy Manual (Version 2) - NSW Health (PD2005 593).</p> <p>6.5 The health service has a documented open disclosure policy that is in keeping with the national standard and is understood by relevant staff.</p>
<p>7. Gathering and using information</p> <p>The service records all complaints to enable review of individual cases, to identify trends and risk and report on how complaints have led to improvements.</p>	<p>7.1 The health service manages all consumer complaints, which may include patient/consumer accidents, clinical incidents and clinical adverse events, within IIMS policy and procedures, and reports through the IIMS using the complaint form.</p> <p>7.2 The health service ensures the appropriate systematic recording of complaints and their outcomes. When entering and retrieving complaints data in IIMS, the health service considers the range of topics, the content, level of detail, and the format for statistical reports. At a minimum, such reports include the following information:</p> <ul style="list-style-type: none"> • The number and issue of complaints received. • The type of services or practices about which complaints are made. • Response times against defined parameters. • Demographic details, such as name, age, gender. • Demographic analysis (people, service, department and organisation). • Referral source of the complaint. • Staff resources. • Resolution mechanism and actions planned or taken, including remedies/determinants/results. • Trend analysis of complaints issues. • System changes and outcomes introduced as a result of a complaint. <p>7.3 The health service ensures individual complaints and trends in complaints are analysed for clinical governance and quality improvement purposes. The ward/unit/program area/facility/health service classifies and analyses complaints to identify and rectify recurrent system problems. The reports generated are used to:</p> <ul style="list-style-type: none"> • improve organisational practices and procedures • redesign care and services • give early warning about potential problems • ensure staff are aware of changes in care and service delivery • continually reassess consumer needs. <p>7.4 The health service recognises that hospitals/health services receive compliments as well as complaints. Procedures are in place for the appropriate review and dissemination of this feedback.</p> <p>7.5 Complaints data, investigation outcomes, analysis of trends, and system changes are to be reported regularly, depending on severity, to:</p> <ul style="list-style-type: none"> • the Chief Executive/ General Manager / Service Director • health service committees where appropriate • Quality Management Committee of each health service. <p>7.6 At hospital/health service level, de-identified aggregated data analysis of trends and outcomes from complaints management is communicated to staff at all levels.</p> <p>7.7 Complaint data is provided quarterly to the Area Health Care Quality Committee and the NSW Department of Health. The health service provides regular complaints information to clinicians and staff and offers forums for staff to discuss the outcomes of complaints, the lessons learned from complaints,</p>

Principles	Criteria ³
	<p><i>and how recommendations resulting from complaints have been implemented and monitored.</i></p> <p>7.8 <i>The health service provides periodic public information about its consumer feedback, including complaints, as part of its quality improvement reporting. Reports to the public includes useful information, such as:</i></p> <ul style="list-style-type: none"> • <i>Number and complaint issues in current year compared with previous years.</i> • <i>Common types of outcomes resolution mechanisms.</i> • <i>Initiatives taken to address consumer complaints (QI activities).</i> • <i>Impact of improvements made as a result of the complaints management process.</i> • <i>Performance of the complaints management process compared with the complaints policy.</i> • <i>Summary reports of consumer satisfaction surveys.</i>
<p>8. Making improvements</p> <p><i>The service uses complaints to improve the service, and regularly evaluates the complaint management policy and practices.</i></p>	<p>8.1 <i>The health service routinely uses complaint information as part of clinical governance, quality improvement, planning, and to inform staff training and professional development.</i></p> <p>8.2 <i>The health service ensures that senior clinicians and managers respond to complaints after completing a risk assessment and conduct appropriate investigation, reporting, analysis, review and follow-up.</i></p> <p>8.3 <i>The health service monitors complainant and staff satisfaction in accordance with the complaints resolution process and the outcomes of complaints resolution.</i></p> <p>8.4 <i>The health service monitors continuously and compares regularly the performance of the complaints management process with the complaints management policy and external standards.</i></p> <p>8.5 <i>The health service regularly evaluates policies and practices on complaint management to determine their effectiveness, and make improvements when required.</i></p> <p>8.6 <i>The health service involves consumers and staff in the design and evaluation of the complaints management process.</i></p> <p>8.7 <i>The health service ensures that an evaluation of the complaints management process is undertaken on a regular basis. The results of the evaluations of the complaints management process are reported to the Area Health Care Quality Committee.</i></p>

6. References

1. NSW Health, Better Practice Guidelines for Frontline Complaints Handling, 1998
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 4. NSW Health Care Complaints Commission, Complaint Resolution Training Manual, 2002
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 8. NSW Ombudsman, The Complaint Handler's Tool Kit, June 2000
 9. Victorian Health Services Review Council, Guide to Complaint Handling in Health Care Services, 2005
 10. [Complaint Management Policy \(PD2006_073\)](#)
 11. [Incident Management Policy \(PD2006_030\)](#).
 12. [NSW Health Records Management Statement \(PD2005_231\)](#).
 13. [Privacy Manual \(Version 2\) - NSW Health \(PD2005_593\)](#).
 14. [Research and Investigation Authorised Under the Health Administration Act 1982 \(PD2006_058\)](#)
-

7. Contacts

NSW Department of Health

Street address:

73 Miller Street
North Sydney NSW 2060
Australia

Postal address:

Locked Mail Bag 961
North Sydney NSW 2059
Australia

Telephone:

within Australia 02 9391 9000
outside Australia 61 2 9391 9000

Fax:

within Australia 02 9391 9101
outside Australia 61 2 9391 9101

TTY:

within Australia 02 9391 9900
outside Australia 61 2 9391 9900

e-mail address: nswhealth@doh.health.nsw.gov.au

Website: <http://www.health.nsw.gov.au/index.html>

Quality & Safety Branch

Web page: <http://internal.health.nsw.gov.au/quality/>

e-mail: quality@doh.health.nsw.gov.au

Health Care Complaints Commission

Post address:

Locked Mail Bag 18
STRAWBERRY HILLS NSW 2012

Office address:

Level 13, 323 Castlereagh Street (corner of Hay St) Sydney NSW 2000

Document exchange:

DX 11617 SYDNEY DOWNTOWN

Interpreter service:

People who prefer a language other than English should contact the Commission through Telephone Interpreter Service (TIS) on 131 450.

Telephone: (02) 9219 7444

Toll Free in NSW 1800 043 159

TTY service for the hearing impaired: (02) 9219 7555

Fax: (02) 9281 4585

Email: hccc@hccc.nsw.gov.au

Website: <http://www.hccc.nsw.gov.au/>