

COMPLAINTS POLICY AND PROCEDURE

BACKGROUND

Complaints provide individuals with the opportunity to provide feedback on a service received, and they enable an organisation to reflect and review how a service was delivered. There are two outcomes that can be derived from a complaint: redress for an individual where something has gone wrong, and broader system improvements which benefit others who access an organisation's services in the future. Effective complaints management can assist both the individual making the complaint, through timely and quality outcomes, and the organisation, through tracking systemic issues and supporting continuous improvement programs for services delivered. As part of delivering effective health services, we should consider how to proactively and effectively manage complaints.

The Policy operates within a legal framework which may impose restrictions and obligations to the management, reporting or escalation of complaints. Legislation pertinent to the management of complaints about the WA health system includes:

- Health and Disability Services (Complaints) Act 1995
- Health and Disability Services (Complaints) Regulations 2010
- Mental Health Act 2014
- Disability Services Act 1993
- Carers Recognition Act 2004
- Freedom of Information Act 1992
- Corruption, Crime and Misconduct Act 2003

The National Safety and Quality Health Service Standards (NSQHS Standards) second edition aim to protect the public from harm and improve the quality of health service provision.

The NSQHS Standards include requirements for consumer feedback which underpin this Policy (refer to NSQHS Standards 1 and 2). This Policy is supported by the Australian Charter of Healthcare Rights.

This Policy is also underpinned by the Australian/ New Zealand Standard Guidelines for complaint management in organisations (AS/NZ 10002:2014). Where a Health Service Provider delivers care to children and young people their complaints management system must be child focused in accordance with Principle 6 of the National Principles for Child Safe organisations.

APPLICABILITY

The Policy is relevant to the management of complaints lodged by a consumer of a Westcare Ambulance health service in Australia, or their carer/representative.

Consumer feedback other than complaints (i.e. compliments, contacts and concerns) are encouraged to be collected and recorded; however, are not within the scope of this Policy.

The Policy recognises that there are several health complaint management agencies that

are available to consumers and carers, including the Health and Disability Services Complaints Office (HaDSCO) and the Ombudsman Western Australia.

Additionally, advocacy services, including the Mental Health Advocacy Service, Carers WA and the Health Consumers' Council can assist and support consumers and carers with a complaint.

Consumers and carers may also wish to lodge complaints against health practitioners directly with the Australian Health Practitioner Regulation Agency (AHPRA) or specific professional boards such as the Nursing and Midwifery Board of Australia.

APPROACH

While it is recognised that Health Service Providers may encounter limitations in the management of anonymous complaints, they must investigate and attempt to resolve such complaints to the greatest extent possible.

As a minimum they must be recorded as an anonymous complaint in all complaint reporting.

Westcare Ambulance shall identify feedback as a complaint if the nature of the feedback is expressing dissatisfaction and considered:

- moderate (requiring comprehensive assessment or investigation),
- major (relates to a significant incident causing lasting detriment and requires investigation)
- severe (relates to issues about serious adverse events including death or serious physical or psychological injury/harm requiring clinical incident management investigation).

TIMEFRAME FOR LODGEMENT OF COMPLAINTS

No timeframe limits shall be imposed by Westcare Ambulance on a consumer or their carer/representative lodging a complaint following an incident, although it is acknowledged that time may diminish our capacity to investigate the event(s).

This Policy also recognises that HaDSCO involvement is limited to two years after the incident unless there is a reason for the delay in lodging the complaint (Health and Disability Services (Complaints) Act 1995 s.24).

ACKNOWLEDGMENT OF COMPLAINTS

Westcare Ambulance must have a central point of coordination to manage complaints. Complaints must be acknowledged within five working days of receipt of the complaint.

A complaint is to be considered to have been received by Westcare Ambulance on the day that it is:

- received by the Health Service Provider via ordinary post
- handed to a staff member in person (if written)
- described to, and recorded by, a staff member (if verbal)
- placed into the Health Service Provider's suggestion/complaints box
- posted on a website

- emailed to a Health Service Provider's customer service unit
- submitted to the Health Service Provider by the completion of an online complaints form
- received by a Health Service Provider from an external organisation, e.g. HaDSCO, Minister for Health, Patient Safety Surveillance Unit.

To ensure that Health Service Providers adhere to response timeframes, these modes of correspondence should be checked frequently and regularly by the responsible officer.

Once contact is made, the complainant must be provided with information about:

- the complaints management process including if any component of the complaint is to be redirected to another Health Service Provider management process
- contact details for the complaints handling officer(s) or relevant staff member
- expected timeframes for resolution of the complaint including any identified constraints
- the function of advocacy agencies, such as the Health Consumers' Council and Carers WA and where relevant the Mental Health Advocacy Service in the complaint process

ASSESSMENT OF A COMPLAINT

Health Service Providers shall assess each complaint to determine the:

- complaint issue(s)
- need to develop a child safety investigation plan if the complaint involves a child or young person
- other management requirements including the level of language or cultural support required by the complainant
- seriousness and risk
- confidentiality considerations and patient authorisation
- investigation requirements.

RESPONSE TO COMPLAINT

Health Service Providers shall demonstrate commitment to the resolution of complaints in a timely manner by adhering to the following time frames:

- resolution of complaints within 30 working days of receipt
- advise the complainant if there is a delay and provide updates on the progress of the investigation at 15 working day intervals with the first update
- due 30 working days following the receipt of the complaint.
- Escalate to the relevant senior executive/s if the matter cannot be resolved within three months.
- If a complaint is lodged via an external agency, the Health Service Provider shall endeavour to adhere to the timeframes specified above; however, it is acknowledged that the timeframe may be set by the external agency with input from the Health Service Provider as a 'respondent'.

RECORDING OF COMPLAINTS

Health Service Providers must record all complaints separately from the medical

records of consumers. If information that is critical to the consumer's ongoing diagnosis or treatment arises throughout the investigation of the complaint, the clinically relevant information may be recorded in the patient's medical file but must exclude any reference or inference to the complaint or the investigation.

When making records of complaints in the management system, Health Service Providers shall document complaints data in accordance with the following reporting requirements:

- categorisation of complaint issues
- date of complaint resolution and the outcome
- initial and confirmed SAM scores and their relevant risk management information
- information pertaining to the investigation and the decision-making process
- recommendations made, and service improvements identified
- correspondence with the complainant
- electronic records of the complaint and response to the complainant
- evaluation outcomes of planned service improvements.

Health Service Providers must retain records of all complaints for a minimum of seven years in a central location. Longer periods apply in some circumstances and records staff must be familiar with these in accordance with the requirements of the State Records Act 2000 and the Patient Information Retention and Disposal Schedule Policy.

EDUCATION AND TRAINING

Health Service Providers are required to implement processes and systems to ensure staff are inducted and proficient in the skills required for aspects of the complaint management process they are involved in, including complaints from specific consumer groups, such as Aboriginal, Culturally and Linguistically Diverse, people with mental health issues, persons with a disability, children and young people, and LGBTI people.

It also includes ensuring relevant staff have the skills required to participate in and facilitate complaint investigation. Relevant staff must also be proficient in monitoring and assessing the effectiveness of recommendations. Health Service Providers must also ensure the processes implemented for training are evaluated on a regular basis to ensure the training provided is effective in preparing staff to participate in such processes.

