***PURPOSE:***

* Casterton Memorial Hospital (CMH) values employee and consumer participation and encourages both positive and negative feedback. The organisation aims to present open and accountable services that reassure consumers that their feedback is welcome and will be dealt with fairly and timely. It is acknowledged that the organisation will not always be able to meet expectations; however feedback is seen as an essential component of understanding how our services are perceived. This feedback may be used in determining quality improvement initiatives and working towards addressing identified gaps.

***TARGET AUDIENCE:***

* All Casterton Memorial Hospital employees and all consumers (see definitions section)

***POLICY STATEMENT:***

* Complaints and feedback will be dealt with in a confidential manner respecting the rights of the complainant / consumer.

CMH will act within the principles of State and Commonwealth Complaint Management guidelines and relevant legislation within which the organisation operates

***PROCEDURE:***

* Through a number of regulatory and Legislative frameworks within which CMH operates, consumers are able to make a complaint about health services they receive. This includes public or private hospitals, community health services, registered provides like doctors and dentists or non-registered provides such as counsellors and alternative therapists
* **Employee Education**

CMH employees will be encouraged, inducted, and educated on accepting both positive and negative feedback for the purpose of evaluating and improving CMH service delivery.

* **Consumer Engagement**

CMH will provide information on the complaint and feedback process to all consumers through the various consumer information booklets and brochures. ‘Suggestions Comments Compliments Complaints’ Brochures are also accessible throughout the facility and on the CMH web page.

Consumers provide feedback to CMH about their awareness of the complaints process and how their complaints were managed through service feedback surveys.

Consumers are involved in the development, delivery and evaluation of consumer complaint resources.

* **Positive Feedback**

CMH welcomes positive feedback or compliments from consumers via questionnaires, open door policy, phone, letters or suggestion forms/box. Positive feedback will be included with quality activity. Feedback and compliments will be shared with employees and appropriately acknowledged.

* **Point of service complaints/enquiries:**

These are straightforward complaints, which can be dealtwith promptly to the consumer’s satisfaction at the point of service. At times, all that is required to resolve an issue is for the complainant to speak directly to the employees involved.

* **Procurement Complaints**

A procurement complaint is an issue or concern expressed by a contractor or supplier in relation to the procurement process and probity applied by Casterton Memorial Hospital when carrying out a procurement activity. The complaint should be a letter, email or fax lodged with the CEO or Chief Purchasing Officer (Corporate Services Officer).

The investigation of the complaint will be overseen by independent personnel.

Casterton Memorial Hospital is to inform the Health Share Victoria (HSV) Board within five working days of any complaint that could not be resolved to the satisfaction of both parties.

Casterton Memorial Hospital must disclose in its annual report the following information in relation to each complaint received:

* Procurement activity to which the complaint relates
* Status of the complaint confirming
* Whether the complaint was resolved
* Whether it is still under investigation or
* Whether it could not be resolved.

A complainant can refer a complaint to the HSV Board for review if they are not satisfied with the findings and actions of Casterton Memorial Hospital. This could be related to the management of the complaint or the application of the Health Purchasing Policies Complaints submitted to the HSV Board must be lodged by letter, email or fax within 10 working days of the receipt of the findings by the organisation to:

The Chair

HSV Board

Health Purchasing Victoria

Level 34, 2 Lonsdale Street

Melbourne Victoria 3000

The complainant must provide the following material:

* Evidence that Casterton Memorial Hospital did not correctly apply Health Purchasing Policies in relation to a procurement activity;
* Evidence that Casterton Memorial Hospital complaints management procedures were not applied correctly;
* A copy of all relevant correspondence between the complainant and Casterton Memorial Hospital in relation to the nature of the complaint; and
* Any additional material requested by the HSV Board to assist in the findings.
* **Complaints needing investigation other than Procurement issues:**

***For procurement refer:*** *Hospital Policy ‘Procurement Governance’ Section 3 ‘Procurement Complaint Management’*

Unresolved complaints may need to be referred to more senior personnel, either Chief Executive Officer (CEO) or Manager Nursing Services (MNS). If there is a need for further investigation, the complaint will be delegated to the appropriate senior person which may involve different levels within the organisation.

* All complaints must be directed to CEO/MNS.
* Complaint or copy of complaints to be directed to QO for logging into VHIMS.
* Employees may assist the complainant to document on the form checking with the complainant to ensure the wording is correct and the issue is captured in the complainant’s words.
* The QO will monitor written complaints.
* The CEO or as delegated, where required, will rate the severity of the complaint and delegate responsibility for investigation to the appropriate person.
* Responses should be clear and informative.
* Investigations should resolve factual issues and consider options for resolution.
* Where a complainant is not satisfied with CMH response, information should be provided regarding external review options.

**ACCESSIBILITY:**

* Information on how to make a complaint is widely distributed throughout the facility and CMH website which explains methods and avenues to lodge complaints.
* Complaint resources are included in information packages for consumers of hospital services.
* **External Complaint Resolution:**

These are complaints that cannot be resolved by the organisation. They may be referred to external bodies such as the Health Complaints Commissions, HPV, NDIS or CMH Insurers to manage. Some complaints come directly to the organisation from external bodies such as the Health Complaints Commissioner. The CEO will be the CMH Complaints Officer for any external complaints.

* **Time Frames:**
* Complaints that are not resolved at a service level are to be acknowledged in writing or by phone within 2 working days of receipt of the complaint. The acknowledgement provides contact details of the person who is handling the complaint.
* Formal complaints are investigated with the aim of being resolved within 30 days
* If the complaint is not resolved within this time frame, the complainant and employees who are directly involved in the complaint will be provided with an update either in writing or verbally.

**NOTE:** All written responses and correspondence to the complainant will be under the signature of the CEO.

* **Reporting and accountability:**

The Quality Officer will:

* Ensure complaints are registered on the CMH VHIMS system.
* Follow up that appropriate responses are provided to the complainant.
* Prepare a monthly report for the Quality Committee on the complaints received for the month and action taken / to be taken which is reported to the Quality Committee and Board of Directors.
* Maintain a Consumer Feedback register, with records of informal feedback and formal complaints
* Ensure complaints are kept securely with restricted access.

The CEO or as delegated will:

* Refer the complaint for further investigation as required.
* Respond to the complaint and follow up any concerns, in conjunction with the consumer as appropriate, being responsive to needs.
* Identify possible systemic issues and refer for action where indicated.
* Participate with Statutory complaint bodies as requested.
* Coordinate and correspond with Victorian Managed Insurance Authority (VMIA) on behalf of Casterton Memorial Hospital for insurance claims, in relation to complaints, in accordance with VMIA guidelines.
* **Definitions**

***Consumer*** – encompasses patients, clients, volunteers, suppliers, contractors and visitors

***CEO*** - Chief Executive Officer

***QO*** *-* Quality Officer

***NDIS*** – National Disability Insurance Scheme

***Feedback*** - Encompasses all consumer comments both positive and negative relating to Casterton Memorial Hospital’s services and performances. Feedback can be formal or informal and is important to the organisation because it is the voice of the consumer.

***Complaint*** - Expressions of dissatisfaction by or on behalf of a consumer that can relate to any aspect of the care interaction of services provided. Complaints are of value as they provide a viewpoint on how the service did not meet the expectations of the consumer and can reveal gaps in the quality of service provision.

***Complainants’ Rights and Responsibilities*** *-* Complaint handling procedures recognise that it is fair and reasonable for complainants to:

* Be reassured that their complaint will not affect their ongoing involvement with Casterton Memorial Hospital
* Be given a clear explanation of the complaint management process including status of complaint progress when enquiring
* Be expected to provide reliable and sufficient detail to ensure a review of the complaint issues
* Be able to articulate the outcome they are seeking
* **Evaluation**

This document will be reviewed in the event of any change in legislation, best practice, and accreditation recommendations or within three years. The Board of Directors through the Quality, Safety & Risk Management Committee oversees monitoring of complaints and response timeframes.

* **Key Aligned Documents**

CMH Brochure: “Suggestions Comments Compliments Complaints”

CMH ‘Suggestion Sheet”

CMH Policy: Incident Reporting

CMH Policy: Open Disclosure – Adverse Events

CMH Policy: Risk Management

CMH Policy: Quality Improvement

CMH Policy: Consumer Rights & Responsibilities

CMH Policy: Consumer Participation

CMH Policy: Procurement Governance

CMH Policy: NDIS guidelines

* **Key Legislation, Acts & Standards**

National Safety Quality Health Service (NSQHS)

Australian Aged Care Quality Agency

Community Care Common Standards Guide

Aged Care Act 1997

Health Services Act – s134 HPV

Freedom of Information Act

Privacy Act 1988 –Data Protection Laws

Mental Health Act 1986

Health Complaints Act 2016

Health Records Act 2001 (Vic)

*NDIS Scheme Act 2013 Complaints Management and Resolution Rules 2018*

* **References**

*Guide to Complaint Handling In Health Care Services. Health Services Review Council 2005, reviewed 2011*

*Guidelines for the Aged Care Complaints Commissioner*

*DHHS: Better Practice guide to complaint handling in Aged Care*

*Commonwealth Ombudsman: Better practice guide to complaint handling*

*Barwon South West Procurement Reform Committee*

*NDIS Quality and Safeguards Commission*

*Aged Care Complaints Commissioner Phone 1800 550 552*

*Health Complaints Commissioner Phone 1300 582 113*

*Victorian Ombudsman Phone 1800 806 314*

*Victorian Privacy Commissioner Phone1300 666 444*

*Office of Australian Information Commissioner Phone 1300 363 992*

*Freedom of Information Commissioner Phone 1300 842 364*

*NDIS Commission Phone 1800 035 544*

***PROCESS:***

|  |  |  |
| --- | --- | --- |
| **Rating** | **Ownership & Resolution** | **Escalation & Action** |
| **Routine** | **Point of Service** | **Ownership****Employee receive:**Resolved by personnel receiving the complaint at the point of service. **Resolution**As soon as practicable at the point of service in line with guidelines | **Escalation process:**Employee unable to resolve refer to Line Manager for resolution. *Refer to CEO/MNS as relevant*QO Record on VHIMS **Action**Record journal entries in VHIMS of steps taken to resolve the complaint |
| **Involved** | **Ownership****Employee Receive**If outside staff ability to resolve at point of service, refer to Line Manager for management. Record on VHIMS**Resolution**As soon as practicable at the point of service in line with Guidelines  | **Escalation process:**Line Manager unable to resolve refer to senior personnel for resolution*CEO/MNS*Record and sends to relevant Line Manager to request feedbackComplaint to QO for recording on VHIMS**Action**Record journal entries in VHIMS of steps taken to resolve the complaint |
| **Complex** | **Senior Personnel** | **Ownership****Employee receive**Line Manager recognises the complexity of the complaint issue and escalates to senior personnel.**Case Review and Open Disclosure**Refer to Executive to undertake Case Review to verify complaint and gather information for written response and / or Open Disclosure consultation.**Resolution**As soon as practicable at the point of service in line with Guidelines  | **Action:** To CEO/MNS for managementTo QO to record on VHIMSQO follows up with CEO/MNS to draft a response.Case Review Report (if undertaken) – brief completed and forwarded to relevant parties as appropriateQO records the complaint on VHIMS. Reviewer record journal entries of steps taken to resolve the complaint and comment on any review undertaken. |
| **Highly Complex** | **Ownership****Employee receive**Line Manager recognises the complexity of the complaint issues and escalates to senior personnelInform Executive if not already involved.**Case Review and Open Disclosure**Executive may request Case Review undertaken to verify complaint and gather information of the written response and / or Open Explanation family meeting**Resolution**As soon as practicable at the point of service in line with Guidelines  | **Action: To CEO/MNS for management**To QO to record as appropriate.QO follows up with CEO/MNS to draft a response.Case Review Report – brief completed and forwarded to relevant parties and / or as per legislative reporting requirements.QO records the complaint on VHIMS, Reviewer record journal entries of steps taken to resolve the complaint and comment on any review undertaken. |



**Risk Rating**

|  |  |
| --- | --- |
| ***Category (See CMH Policy)*** | ***Risk Rating*** |
| Likelihood of Adverse Event occurring.   *(Almost Certain, Likely, Possible, Unlikely, Rare*) | Likely |
| Consequence *(Insignificant, Minor, Moderate, Major, Extreme)* | Moderate |
| Overall Risk Rate  (Extreme, High, Medium, Low) | Medium  |

**Monitoring**

|  |  |
| --- | --- |
| Monitoring Method (audit, survey, KPI, Clinical Indicator, Incident reports) | Incident Reporting, Audits |
| Associated Standard (NSQHS, HACC, ACSA)   | NSQHS Standard 1 Governance for Safety and Quality in Health Service OrganisationsHACC – Common Care Standards 1 Effective ManagementAged Care Accreditation Standards – Std 1 |

**Signed Off: …………………………………………………………….**

 **Chief Executive Officer**

**Date: …………………………………………**

**Author:** Heather Rees, Quality Officer

**Validated:** Mary-Anne Betson NP, RM, Cert Crit Care, Nurse Immuniser,MN, MNP, Cert IV Tng & Ass

 Consumer Participation Forum

**Approved:** Executive

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