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Owner **Melanie Tasker**
Area **S1-Clinical Governance**
Applicability **St John of God Organisation**

CG0012 0001 Complaints Management Procedure

Our Vision - We are recognised for care that provides healing, hope and a greater sense of dignity, especially to those most in need.

Our Mission - To continue the healing mission of Jesus.

RELATED DOCUMENTS

This procedure is to read in conjunction with –

1. [CG0012 Consumer Feedback Policy](#)

PROCEDURE

Complaints Procedure

1. Caregivers must –
 1. Respond to verbal complaints with empathy and in a manner which encourages the complainant to express their concerns.
 2. Not document complaints in the patient's health record.
 3. Not disclose confidential patient information to a third party even if the complaint was made by the third party on behalf of the patient, unless the patient has provided consent.
 4. Arrange for the services of a professional interpreter if the complainant has been identified as a non-fluent English speaker or as being hearing impaired in accordance with PC0007 Inclusion and Diversity for Patients, Clients and Consumers Policy.

Assessment and Acknowledgement of Formal Complaints

1. The caregiver responsible for complaints management must –

1. Upload a copy of the written complaint into the electronic Complaints Management module in RiskMan
2. Risk rate complaints and rate complaints as high risk where:
 - An assessment using the SJGHC Risk Matrix results in a high risk rating (in accordance with GO GRC0008 0000 0001 SJGHC Risk Assessment Criteria).
 - The complaint has been received from an external agency or the Complaints Ombudsman
 - The complaint relates to breach of professional standards.
3. Report high risk complaints to the Divisional Chief Executive Officer (CEO), their delegate or the relevant management committee for information and action if appropriate.
4. In consultation with the CEO or their delegate, report complaints with potential legal implications to Group Legal before commencing an investigation.
5. Acknowledge all formal complaints within five calendar days (WA Department of Health requires acknowledgement within five business days for Midland Public Hospital) and advise the complainant of anticipated resolution timeframe.

Investigation

1. The caregiver responsible for complaints management must –
 1. Assign responsibility for investigating the complaint to the appropriate director, manager or caregiver in accordance with individual hospital protocols.
 2. Monitor progress and record key actions and issues in the Complaints Management module in RiskMan.
2. The caregiver responsible for investigating the complaint will –
 1. Offer to meet with the complainant to clarify details if necessary.
 2. Review relevant documentation.
 3. Obtain input and explanations from relevant caregivers.
 4. Request written statements from caregivers as necessary and upload to the Complaints Management module in RiskMan.
 5. Provide progress updates to the manager responsible for complaints management or delegate as agreed.
3. The caregiver responsible for complaints management, in consultation with the appropriate director or their or delegate, must –
 1. Notify key stakeholders regarding the nature of the complaint as soon as practicable, including notification of the medical practitioner where relevant.
 2. Determine the basis for the complaint and identify the key issues by clarifying specific details

- including dates and relevant events, and obtaining explanatory statements from caregivers.
3. Identify the root cause, contributing factors and required improvement actions if appropriate.
 - a. This includes seeking input and clarification from any involved parties and any relevant others including other caregivers, carers or consumers, and the relevant ward/team/department or service manager(s), review of the medical record and review of other relevant documentation.
 - b. This can also include identifying contributing factors and site or organisational improvement actions.
 4. Provide a formal written response to the complainant within 35 calendar days (WA Department of Health requires a formal written response within 30 business days for Midland Public Hospital), and if not resolved, provide an explanation regarding the delay and update the complainant no less than every 15 calendar days.
 5. The response provided to the complainant should reflect the requirements specified by the complainant and include relevant contact details to raise any queries.
 6. Upload a written record of the response against the complaint entry in the Complaints Management System (RiskMan).
 - a. This will include the response letter, email or written record of the verbal response provided depending on the method used to respond to the complainant.
 7. Record the complaint as closed and recorded as such in the Complaints Management System.
 8. Where the complainant is not satisfied with the response provided –
 - Offer the complainant an opportunity to meet with hospital representatives to discuss their concerns under the principles of Open Disclosure Policy.
 - If the complainant remains dissatisfied with the outcome provide information on processes for raising the complaint with the relevant Complaints Ombudsman or external agency.
 9. Follow the workplace investigation policy and other group workforce policies for any formal investigation relating to caregiver performance or conduct.
 - a. For some high risk or complex complaints, the Complaints Manager may also consider facilitating a root cause analysis or other structured investigation process, to identify contributing factors and ensure that relevant divisional or organisational improvement actions are identified.

Reporting

1. The caregiver responsible for complaints management will provide routine reports on formal complaints to relevant committees, which must include:
 1. The number of:
 - New complaints

- New complaints considered high risk
 - Complaints acknowledged within required timeframes
 - Complaints closed within required timeframes
 - Complaints referred to and from external agencies
2. Categorisation, trends and themes
 3. Progress against agreed improvement actions.

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Approval Signatures

Step Description

Approver

Date

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