


Document No.	4011	<b>COMPLIMENTS, COMPLAINTS AND FEEDBACK POLICY AND PROCEDURE</b> 
Revision Date	22 Sep 2015	
Revision No.	1.3	
Page No.	1 of 4	

## 1.0 Revision History

Revision Date	Revision No.	Change	Reference Sections
8 Mar 2013	New	Supersedes Complaints Management Document No. 4011 transitioned to CNWQML	Medicare Local accreditation standard 1.6
20 Aug 2013	1.1	Policy approved	
1 Jul 2015	1.2	Policy transitioned from trading as CNWQML	
22 Sep 2015	1.3	Added RACGP & ISO standards and changed to reflect Medical Practice in Normanton	RACGP 4 <sup>th</sup> edition Standards 2.1.2, 3.1.1, 3.1.3, 4.2.1

## 2.0 Persons Affected

All employees, external stakeholders and clients North and West Remote Health Limited (NWRH Ltd).

## 3.0 Policy

NWRH Ltd is committed to providing high quality health care directly to clients and indirectly through mutually beneficial partnerships with key stakeholders. This policy aims at ensuring all compliments, complaints and feedback are managed in a consistent and timely manner.

All feedback will be considered and managed with respect for the individual's confidentiality in sensitive matters and the right to provide feedback without any fear of reprisal. All feedback is viewed as an opportunity for improvement and not as an attempt to place or apportion blame.

NWRH Ltd believes that welcoming feedback and clearly documenting such assists in our:

- ongoing dedication to providing client centered, accessible, availability and friendly services
- continuous and rigorous review and improvement to service delivery
- commitment to respect and integrity.
- privacy and confidentiality
- continuity of care
- Communication & interpersonal skills of clinical staff

This policy and its procedure relates to clients and stakeholders feedback. Any compliments, complaints or feedback that NWRH Ltd staff have should be managed through Ticket (a program found on Tardis) and internal reporting lines as stipulated in NWRH Ltd organisational structure and grievance policy where applicable.

## 4.0 Definitions

**Feedback** for the purpose of this document the term will encompass compliments, complaints and general suggestions given to NWRH Ltd.

RACGP Publication "Learning from our patients"

## 5.0 Procedures

Providing compliments, complaints and feedback is encouraged at all time from all parties having contact with NWRH Ltd. To facilitate this 'Compliments, Complaints and Feedback Forms' (Forms 4011A & 4011B (Normanton only)) will be available in NWRH Ltd facilities IT System Tardis. Collection boxes will be readily available for the receipt of these forms at each of our locations.

The feedback boxes will be emptied by the person nominated below and addressed in line with the processes outlined in this policy.

Lower Gulf Offices: Practice Manager/Clinical Team Leader

Longreach: Team Leader, Support Services

Mount Isa: Team Leader, Support Services

Normanton Medical Centre works within the AGPAL Accreditation model seeking structured/systematic patient experience feedback at least once every three years which meet the requirements outlines in the RACGP publication "Learning from our patients". These results are feedback to community through PowerPoint Presentation in the waiting room. Findings of the Medical Centre feedback and any improvements made back to the clients using the waiting room Power Point presentation or individually as appropriate. A notice is also displayed in the practice information brochure advising how to make a complaint to our practice, providing contact information for the State/Territory health complaints agency and the commonwealth agency.

### Compliments

- Staff Member receiving compliment should acknowledge and thank the person extending the compliment
- Where sufficient detail is available to do so inform the Team Leaders and specific staff members that the compliment has been received
- Record in the Compliment on Tickit following link set up on TARDIS (<https://nwrh.tod.net.au/incidents/new/6b3ae4cc4a97701ea5f2be4ed9e47fc2>).

### Complaints

- If receiving a complaint verbally, staff should respectfully listen to and acknowledge the complaint
- If the complaint pertains to a circumstance that can be explained or corrected immediately the complaint should be addressed at the time it is expressed
- Generalised feedback that is not an explicit complaint should be addressed following the complaints process to ensure that improvements are made where possible.
- If unable to correct the complaint immediately report to Line Manager and if the Complainant is present inform them that you are doing so and request permission for the appropriate staff member/s to contact the complainant for further information or clarification as required.
- Refer to Escalation Process below for steps to follow when reviewing a complaint.
- Line Managers are responsible for reviewing and correcting factors contributing to the complaint and ensure that these changes are implemented and documented.
- Line Managers are to offer any staff mentioned in a complaint the opportunity to respond to the complaint as part of the review.
- All matters where patient harm has been reported must be considered to be of a serious nature and escalated immediately; please refer to serious reportable complaints section and escalation process.
- All written complaints should be responded to in writing if personal detail is available to do so.

- Complaints should be entered into the Compliments and Complaints Register on TARDIS to allow for ongoing review of service provision and continuous quality improvement.
- Where required complaints will be reported to the funding bodies as per the funding agreement.
- Serious reportable complaints

Any complaint that claims patient harm, significant and unjustified deviation from clinical guidelines or unlawful acts by a staff member is to be considered as a serious complaint and must be reported immediately to the Senior Team Leader who then reports to the General Manager Operations (GMO) or Chief Executive Officer (CEO) for urgent review and action.

Staff registered under Australian Health Practitioners Regulatory Authority (AHPRA) are bound by the mandatory reporting requirements under the relative health board rules stipulated by their profession. The recording of a complaint pursuant to a staff member's professional conduct and NWRH Ltd undertaking an internal review to address raised concerns does not override individual obligations under these or any other obligations under Commonwealth or State legislation or regulations.

## **6.0 Associated Forms**

Form 4011A: Compliments, Complaints and Feedback Forms

Form 4011B: Client Feedback Form (Normanton) only

Form 4013A Risk Assessment

## **6.0 References:**

- Australian Health Practitioner Regulatory Board,
  - Health Quality and Complaints Commission, Internal complaints and compliments management policy (Aug 2012)
- Learning from our patients – RACGP publication  
RACGP 4th Edition Guidelines

# Complaint Process Flowchart

Complaint is received and reviewed; factors contributing to the complaint have been identified.

Is this a serious reportable offence?

Yes

Report on Ticket and Immediately contact your Team Leader

Team leader needs advice

Yes

Team Leader report to Senior Team Immediately

NO

Is there potential to generate legal action or harm NWRH reputation

Yes

Report on Ticket and Immediately contact your Team Leader

Yes

Team Leader report to Senior Team Immediately for Executive Decision.

NO

Have any risks been identified?

Yes

Can you address these factors?

Refer complaint to your Line Manager. As part of review Line managers are to offer any staff mentioned in complaints opportunity to respond.

Refer through organizational reporting lines as required

NO

Complete risk assessment

Have any risks been identified?

Implement changes

Document complain and follow up actions in Tickit

Provide a response to the Complainant