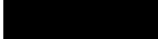




Dear 

Thank you for your application under the ACT Freedom of Information Act 1989 (the Act) received by ACT Health on 1 June 2016, in which you requested *"All current internal and external policies on handling of feedback and complaints, all procedures for handling of feedback and complaints, all statistics on 'feedback' and complaints made to the ACT Health in the most recent complete annual report year."*

As Deputy Director-General, I am an officer authorised to make a decision with respect to a request for information, under section 22 of the Act.

After conducting a search of all relevant records, ACT Health has identified 33 pages of documents in its possession that meet the scope of your request. I have decided that all documents will be released in full. In addition, you requested statistics on feedback and complaints made to the ACT Health in the most recent complete annual report year. In the most recent complete annual report year, 2014-2015, there were:

	July 14 – June 15
Compliments	3249
Comments and complaints	1492
<b>Total</b>	<b>4598</b>

My decision is appealable under the Act. This means that, if you are dissatisfied with this outcome, you have the right to seek a review under section 59 of the Act. If you wish to seek a review you should write to:

The Principal Officer  
C/- FOI Coordinator  
Executive Coordination  
Health Directorate  
GPO Box 825  
CANBERRA ACT 2601

You have 28 days from the date of this letter to seek a review of the outcome or such other period as the Principal Officer permits.

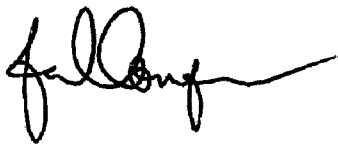
Under section 54 of the Act, if you are concerned about the processing of your request or related administrative matters, you may complain to the Ombudsman, who may

conduct an independent investigation into your complaint. There is no fee for this, and contact details are as follows:

The Ombudsman  
GPO Box 442  
CANBERRA ACT 2601

If you have any queries concerning the processing of your request, or would like further information, please contact the Freedom of Information Coordinator on (02) 6205 1340 or via email at [HealthFOI@act.gov.au](mailto:HealthFOI@act.gov.au).

Yours sincerely

A handwritten signature in black ink, appearing to read 'Ian Thompson', with a long horizontal flourish extending to the right.

Ian Thompson  
Deputy Director-General  
Canberra Hospital and Health Services  
ACT Health

17 June 2016

## SCHEDULE OF DOCUMENTS

### FOI16/23 Complaints Procedures and Policies

FOLIO	ITEM	DATE	STATUS	REASON FOR EXEMPTION	Internet publication – YES/NO – if no, why not
1	Policy Consumer Feedback Management in the Health Directorate	May 2015	Release in full		
2	SOP Consumer Feedback Management in ACT Health	May 2015	Release in full		
3	Policy Conciliation of Complaints through the Human Rights Commission	August 2015	Release in full		
4	SOP Conciliation of Complaints through the Human Rights Commission	Sept 2015	Release in full		
5	E-Health and Clinical Records Branch Standard Operating Procedure – Complaints and feedback process	Oct 2013	Release in full		



## Policy

# Consumer Feedback Management in the Health Directorate

### Policy Statement

The Health Directorate is committed to implementing a consumer, family and carer centred approach to health care. We have also endorsed the use of the Australian Charter of Healthcare Rights, which includes the consumers' right to comment on their care and have their concerns addressed. Feedback provides many benefits and the Health Directorate values receiving feedback as part of quality improvement practices.

The Health Directorate is committed to ensuring that:

- All feedback received by the organisation is dealt with in a manner that is effective and complete with the overall aim of resolving issues quickly and amicably.
- Wherever possible feedback is addressed locally. If this is not possible, staff should involve their managers promptly.
- All feedback is logged into the RiskMan Feedback Module so the organisation can better manage identified issues and improve practices based on a complete picture of feedback received.
- An approved response to written feedback is to be provided within 35 calendar days to the consumer.

This policy is to be read in conjunction with the associated Standard Operating Procedure (SOP) – *Consumer Feedback Management in the Health Directorate* and it aligns with the guidelines of the Listening and Learning Standards.

### Purpose

This policy and associated SOP outline the Health Directorate's approach to the process of managing feedback and provide specific advice on systems in place to support all staff in providing a timely response.

It is widely recognised that well managed consumer feedback can lead to:

- Improved relationships with consumers
- Service improvements
- Understanding of the consumer and carer perspective of the health care system
- Reduced frustration and anger
- Enhanced quality and safety of the health care system
- Better understanding of the health care system
- A culture of reporting and accountability
- Enhancement of the reputation of the health care service

This policy emphasises the importance of receiving and responding to feedback promptly.

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## Scope

Feedback is comprised of complaints, compliments or comments and all provide valuable insight into the provision of health care from the perspective of those who engage with Health Directorate services.

Feedback received from any consumer, their family, carers or other interested parties regarding services provided by the Health Directorate are covered in this policy.

This policy and SOP are specific to management of consumer feedback, they do not address:

- Staff feedback on workplace issues
- Feedback about services other than those provided by the Health Directorate, for example Calvary Health Care
- Feedback from external service providers regarding service level interactions with the Health Directorate
- Feedback from advocacy groups regarding systemic issues
- Consultation feedback
- The broader aspects of consumer and carer engagement and support; refer to the
  - Australian Charter of Healthcare rights
  - Consumer and Carer Participation Framework and Policy
  - Consumer Feedback Standards- Listening and Learning
  - A Guide to community Consultation

## Lodging Feedback

There are many ways to lodge feedback, for example, comments in person at the point of service, lodging electronic feedback or filling in a consumer and carer feedback form.

Feedback boxes are located in Health Directorate service areas for the return of feedback forms. These boxes **must** be emptied weekly (as a minimum) by the Consumer Feedback and Engagement Team (CFET) on the Canberra Hospital campus and the senior member of staff on the community based services who forward the forms through to the CFET for processing.

## Process for Managing Feedback

Refer to the *Consumer Feedback Management in the Health Directorate SOP*.

## Declining to Respond to a Complaint

Due to the resources required to develop a response to feedback, the Health Directorate may decline to respond if:

- The same incident has been raised by the same person, investigated several times by the organisation and responded to
- The complaint concerns a service based outside of the Health Directorate
- The complaint is vexatious; this decision will be made collaboratively between the Division Executive Director, the Deputy Director-General Canberra Hospital and Health Services (if applicable) and CFET
- The complaint is the subject of legal proceedings and is being managed through other processes

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Prior to declining to respond to feedback, the Health Directorate must ensure that it has fully investigated the concerns outlined. If it is decided that a response will not be developed, the author of the complaint will be advised in writing of the reasons for the decision by CFET.

### **Official Records**

Once an investigation has been completed and the complainant has been sent a signed and dated response letter, operational areas must ensure that these documents are sent to CFET for centralised filing.

Documents relating to the investigation of staff relating to misconduct are retained by the People, Strategy and Services Branch.

### **Confidentiality of Consumers**

There are situations where feedback is received from someone other than the consumer involved in the case. For example, another family member may lodge a complaint with or without the consumer's knowledge. In accordance with the Health Records (Privacy and Access) Act 1997, no personal information about the care of a consumer is to be provided to another person without the consumer's permission, even if they are listed as next of kin. In these situations, CFET staff obtain permission through the Release of Information (ROI) process prior to sending the feedback to the service area for investigation and response. If the consumer involved in the case does not agree to the ROI, CFET staff will inform the complainant as to why the case cannot be investigated.

To protect confidentiality, feedback is to be kept separate from a consumer's medical records. Health Directorate staff will not know that a complaint has been lodged unless they are required to participate in an investigation.

### **Confidentiality of Staff**

Any staff member identified in a complaint must be afforded privacy and natural justice through the following:

- The staff member's manager must not discuss the details of the complaint with anyone other than their direct supervisor
- The staff member identified in a complaint will have the opportunity to review the complaint in full, provide a response and be informed of any proposed actions and the reasons for that decision
- Any staff member mentioned in a complaint will be provided with support and assistance from their Manager, and offered external support services as necessary

### **Aboriginal and Torres Strait Islander Peoples**

If the author of a complaint regarding a clinical service of the Canberra Hospital identifies as Aboriginal or Torres Strait Islander, staff responding may consider contacting the Aboriginal and Torres Strait Islander Liaison Service for advice and assistance in responding appropriately to the feedback. If the feedback is being resolved through a family meeting, the family may request the support of an Aboriginal and Torres Strait Islander Officer and their attendance during the meeting. Staff should ensure that consumers are aware of this service.

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## Roles and Responsibilities

### *All staff*

All staff members of the Health Directorate are required to:

- Be aware of the Consumer Feedback Management Policy and SOP
- Adopt this policy as the basis for managing feedback encountered in their daily positions
- Recognise that good communication and customer service has an important role in the prevention of complaints
- Attempt to resolve issues quickly in the local area. If this is not possible provide and encourage the other avenues for management such as offering to speak with a manager or CFET (in accordance with the Consumer Feedback Management SOP)
- Ensure they do not make reference to received feedback in the medical record

### *The Consumer Feedback and Engagement Team*

The CFET is responsible for:

- The coordination of all feedback
- Allocation of feedback to the appropriate area for investigation and response
- Continuous liaison with the author and communication of any problems or delays
- Continuous liaison with areas investigating the complaint and providing alerts of due dates
- Conducting a family meeting in collaboration with the relevant service area
- Preparing letters of response to feedback, including acknowledgement and drafting final responses for the Deputy Director General of Canberra Hospital and Health Services (DDG CHHS)
- Recording on Riskman actions arising from the feedback that are not completed prior to the response being sent and forwarding to a committee or team for their action list.
- Liaise with the division to determine expected completion dates and record completed date on Riskman with supporting evidence provided by the division.
- Providing status and trend reports to Divisions
- Providing education and training to staff from any area regarding consumer and carer engagement and the feedback management process

### *Operational Areas*

Operational areas are required to:

- Adopt this policy and SOP as the basis for managing feedback
- Ensure adequate feedback forms are available for use
- Investigate feedback and take action to address concerns raised
- Provide evidence of completed actions identified as a result of the feedback
- Forward any outstanding actions to the relevant committee or advise CFET of any team action and expected completion date
- Provide evidence of the completed action to CFET

### *Executive Directors*

Executive Directors are responsible for:

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- Delegating the relevant person or team to investigate each case and obtain dot points to assist in drafting a response.
  - Executive Directors who do not report through the DDG CHHS are required to delegate to the relevant person or team to prepare a response letter and to approve and sign the response letter.
  - Executive Directors who report to the DDG CHHS are required to ensure that dot points are provided to the CFET contact and Review each response letter drafted by CFET to be approved by the DDG CHHS prior to submitting for signature; however the DDG CHHS may delegate the role of drafting and signing of the response letters to the Executive Director.
- Making a decision regarding reimbursement for lost property or other costs sought
- Ensuring that actions identified as a result of feedback is followed up by delegating to a committee, team or relevant individual

Monitoring trends in feedback, reinforcing compliments and implementing quality improvement practices to address trends in complaints received

#### **Deputy Director-General CHHS**

The Deputy Director-General Canberra Hospital and Health Services is responsible for:

- Reviewing and signing all written responses on behalf of the CHHS before they are sent back to the person who submitted the feedback

### **Evaluation**

- **Outcome Measures**
  - 80% of feedback requiring a response are responded to within 35 calendar days
  - 100% of feedback will be acknowledged within 5 working days by CFET
- **Method**
  - Audits of timelines and overdue feedback using the RiskMan database conducted by CFET, and provided to operational areas on a regular basis

### **Related Standards, Legislation and Policies**

#### **Related Legislation**

*Health Records (Privacy and Access) Act 1997*

*Human Rights Act 2004*

*Health Practitioner Regulation Act 2009*

*Discrimination Act 1991*

*Freedom of Information Act 1982*

*Territory Records Act 2002*

*Public Interest Disclosure Act 1994*

#### **Standards**

ACHS EQuIP 5

ACSQHC Standard 2- Partnering with Consumers

Australian Charter of Healthcare Rights

Australian Standard on Complaint Handling (AS ISO 10002)

Consumer Feedback Standards- Listening and Learning

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## Related Policies

Violence & Aggression by Patients, Consumers or Visitors Prevention & Management Policy (DGD11-093) and related SOPs

Workplace Safety Policy (CED10-040)

Open Disclosure Policy (CED10-008)

Consumer and Carer Participation Framework (DGD11-094 )

Engaging and Consulting with the Aboriginal and Torres Strait Islander Communities in the ACT, The Health Directorate Guide (DGD12-008)

## Definitions

**Consumer-** Refers to any consumer, patient or client of the Health Directorate. In the Health Directorate the term 'Consumer Feedback' relates to feedback received from anyone who has engaged with Health Directorate Services, including family members or carers.

**Natural Justice-** The staff members must be given the opportunity to prepare and submit their response to a complaint; and all decisions made must be unbiased and given in good faith.

**RiskMan-** There is a feedback module within the RiskMan database for recording, tracking and reporting compliments, comments and complaints for use by CFET. This is separate module to incident reported but they can be matched when required.

**Vexatious -** Without sufficient grounds and serving only to cause annoyance.

## References

Australian Council for Safety and Quality in Health Care. Complaints management handbook for health care services, Commonwealth of Australia. 2005

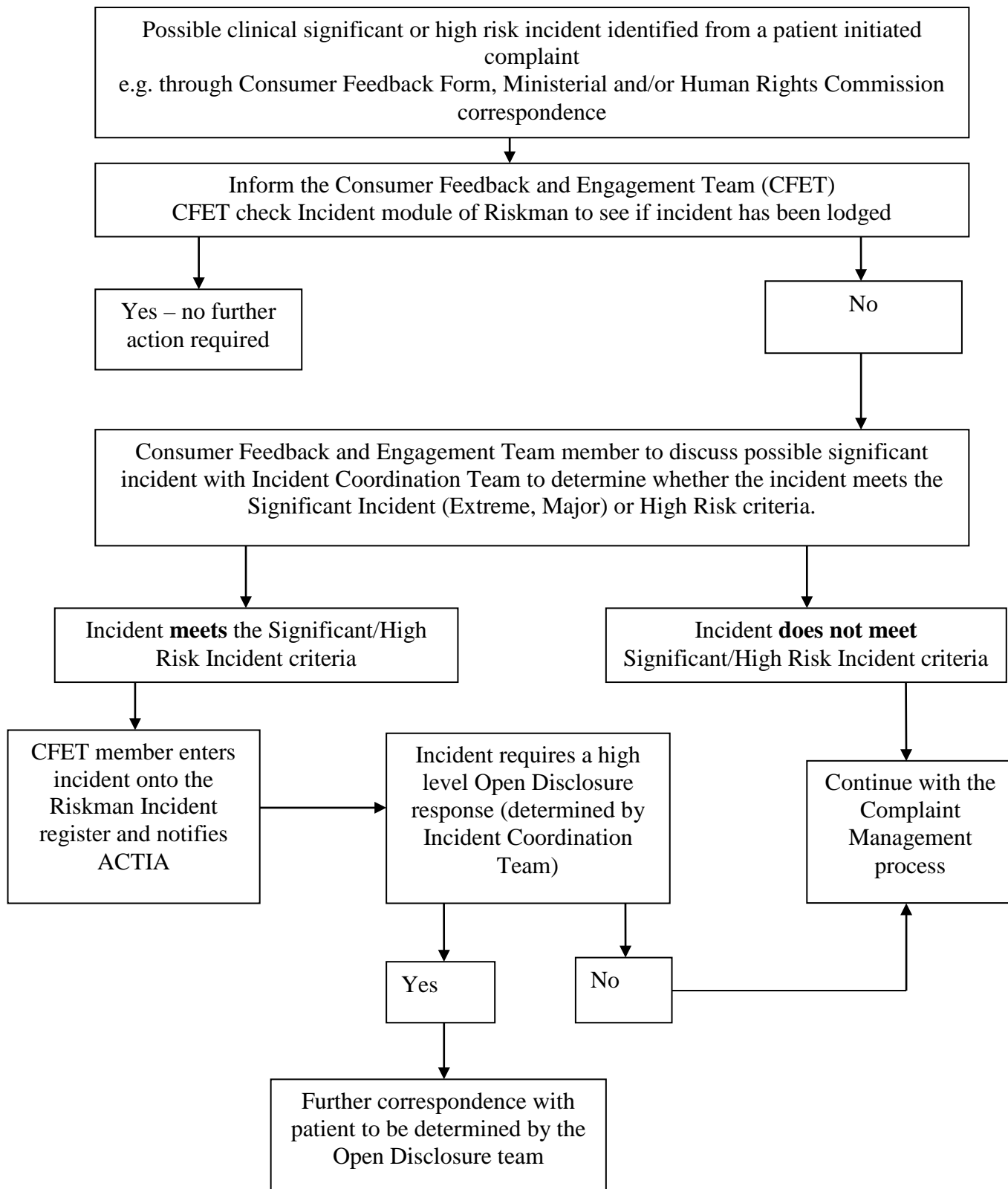
Government of South Australia. Policy guideline: Consumer feedback and complaints management guideline. 2009.

**Disclaimer:** *This document has been developed by Health Directorate, <Name of Division/Branch/Unit> specifically for its own use. Use of this document and any reliance on the information contained therein by any third party is at his or her own risk and Health Directorate assumes no responsibility whatsoever.*

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## Clinical Significant Incidents identified through Consumer Feedback

*Note:* Refer to the ACT Health Significant Incident Procedure for definitions of incidents that are considered significant or high risk incidents, and the process (including timeframes) for Significant Incident reporting.



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# Standard Operating Procedure

## Consumer Feedback Management in ACT Health

### Purpose

ACT Health is committed to implementing a consumer and carer centred approach to health care and continuously working to improve our services. This Standard Operating Procedure (SOP) provides direction regarding ACT Health's approach to managing feedback received by the organisation. It is to be read in conjunction with the Policy – *Consumer Feedback Management in ACT Health*.

### Scope

Feedback regarding the care and associated services of any consumer, received by themselves, their families, carers or other interested parties are covered in this SOP. All staff within ACT Health must adhere to this SOP and corresponding Policy.

### Procedures

#### 1. Compliments and Comments

Feedback is not only comprised of complaints as comments and compliments are also regularly received by ACT Health. If a formal compliment is received by a service area the staff involved should pass the details on to the Consumer Feedback and Engagement Team (CFET) for inclusion into the feedback data collection system.

It is also important for any compliments to reach the relevant area and staff involved. Therefore when the CFET receives a compliment it must be distributed to the relevant division who will forward it to the staff involved..

If the author requests a response to their comment or compliment it will be managed via CFET in the same process as Section 5 of this SOP.

#### 2. Preventing the Need for Complaints

ACT Health encourages feedback as a way of improving service provision. However, ACT Health also aims to improve the healthcare experience and reduce the need for complaints.

Generally, people lodge complaints for the following reasons:

- An unpleasant experience within the health system
- They did not receive adequate information or explanations
- They are unhappy with the outcome of their care
- They do not want their experience to happen to anyone else

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Poor communication between staff, healthcare consumers and their family is one of the most common reasons for people to complain. Therefore, staff in operational areas must do the following to assist in the prevention of complaints:

- Communicate effectively with consumers and their family about their health issues, treatment options and how care may be delivered
- Ensure the explanation is understood
- Take the time to find out the consumer's expectations
- Involve the consumer, and when appropriate their carer or family, in as many aspects of their care as possible

The Listening and Learning Standards and the Charter of Healthcare Rights are available to support good communication between staff, consumers, carers and other family members.

### 3. Local Management of Complaints

In the first instance feedback should always be managed face to face with the complainant at the point of service using the following process:

- Listen to the person and show empathy
- Attempt to identify the problem and the outcomes sought by the complainant
- As appropriate, provide an explanation and apologise for their experience (refer to ACT Health *Open Disclosure* Policy)
- Offer solutions and determine if they are acceptable to the complainant
- Confirm with the complainant that they are satisfied, or if not, that the matter should be discussed with the service manager
- If the complaint relates to another area, contact the CFET to come and speak with the person
- A summary of any feedback **must** be forwarded to the CFET to make a record into RiskMan, even if the concerns have been resolved

Staff must remember that involving their service managers as quickly as possible will greatly assist in investigation and resolution of the issue.

Staff must be aware that the same principles of consumer confidentiality covered elsewhere in this SOP and associated policy apply when dealing with complaints locally.

### 4. Involvement of Service Managers and Directors

In cases where the complainant does not feel comfortable providing feedback to those directly delivering care or a service, or the issue cannot be resolved at the point of service, the appropriate senior manager or director must continue the feedback management process. The CFET can be contacted to assist.

Where appropriate, a complaint may also be resolved through a phone call. In these situations Executive Directors or Senior Managers may contact the complainant directly to address the concerns they have raised and then write to them to confirm the outcome. CFET must also be informed in writing of this outcome so the case may be recorded and closed.

A face to face meeting with the complainant or with their family may be the best way to resolve complex issues or complex feedback. This can be at the request of the complainant or the relevant Executive Director. The CFET can assist Divisions if this approach is required.

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If the complainant is still not satisfied, managers are to explain the alternative ways that the matter can be forwarded to the CFET for development of a formal written response.

## **5. Management of Written Feedback**

Written feedback received by ACT Health is coordinated by the CFET, Office of the Deputy Director General Canberra Hospital and Health Services. The usual feedback cycle is summarised at [Attachment 1](#).

If contact details are provided on a written complaint and/or a response is requested, phone contact, an email or a formal letter will be sent to the complainant in five working days by the CFET acknowledging the feedback, providing information about the procedures that follow and details of the CFET staff contact for any enquires. The CFET then log the case into RiskMan and allocate feedback to the relevant Division or Branch where the incident occurred for investigation and preparation of a written response. Divisions must ensure the feedback received is related to a service of their area and, if not, return the feedback to the CFET within two working days for reallocation.

The relevant Deputy Director General (DDG) or Executive Director (ED) is responsible for sending the approved, dated and signed response letter to the complainant within 35 days and forwarding a copy to the CFET for centralised filing. At the 20 day mark the complainant should be contacted with an update if the formal response is going to be delayed.

[Attachment 2](#) provides a summary of key points to include in a response letter.

If a person complains about the same issue to more than one staff member and/or the Human Rights Commission and/or the Health Minister, the CFET will advise the complainant that only one response will be provided to them.

If the complaint relates to more than one Division within the Canberra Hospital & Health Services, or ACT Health, the CFET will allocate the response to the area with the most prominent issues requiring a response for coordination and drafting of the response letter. The area must then ensure the major issues belong to them and, if not, return the feedback to the CFET within two working days for reallocation. The response must be prepared in collaboration with the other areas involved in the complaint.

### ***Timeframe for Responding***

- An acknowledgement letter is sent to the complainant within five working days by the CFET
- A signed and dated response letter is to be sent to the complainant by the relevant DDG within 35 calendar days

## **6. Actions Identification and Completion**

Actions identified as a result of feedback provided are required to be monitored and completed. Evidence of completed actions or of a referral to a committee or team for ongoing action must be provided to CFET to close off the action component of the complaint.

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If possible the action is to be completed prior to the response being sent to the consumer. A summary of how the action was completed must be provided to the CFET and the response provided to the consumer should reflect that this action has occurred and been completed.

If the action is identified as being resolved by referring to a committee or team the minutes should reflect this action and the proposed plan to complete, updates during the completion and final completion date and outcome. There may be instances where further monitoring may be required and the committee or team will be responsible to action and record all monitoring.

If the action is unable to be completed prior to the response being sent to the consumer but is to be completed by an identified individual or team where no minutes are available the divisional representative must liaise with CFET to identify an expected completion date and to provide evidence when the action has been completed. CFET must enter the action into Riskman with the agreed completion date and liaise with the division to ensure that the action is completed and closed on Riskman.

## 7. Outcome Rating of Incidents

Significant incidents may be identified by anyone and can be described as those that have an outcome rating of Extreme or Major. The identification of significant incidents from consumer feedback, and subsequent lodgement on the Riskman Incident reporting system will ensure capture of all significant incidents and near misses throughout ACT Health. Additionally, it will allow correlation and accurate reporting of significant incidents between both modules of Riskman; and ensure all significant incidents are subject to the clinical review process.

Extreme and major incidents are described below.

### ***Extreme Incidents***

Incidents with an extreme outcome rating include:

- Patient death unrelated to the natural course of the underlying illness and/or differing from the immediate expected outcome of patient management
- Death of a consumer in custody (under a Mental Health Order or Psychiatric Treatment Order or in police custody)
- All national core sentinel events:
  - Procedures involving the wrong patient or body part resulting in death or permanent loss of function
  - Suicide of a patient in an inpatient unit
  - Retained instruments or other material after surgery requiring re-operation or further surgical procedure
  - Intravascular gas embolism resulting in death or neurological damage
  - Haemolytic blood transfusion reaction resulting from ABO incompatibility
  - Medical error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs
  - Maternal death or serious morbidity associated with labour or delivery
  - Infant discharged to the wrong family
- Death of a worker (includes ACT Health staff, volunteers, contractors or students) or visitors following a workplace incident

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**Major Incidents**

Incidents with a major outcome rating include:

- Major and permanent loss of function (sensory, motor, physiological or intellectual) or disfigurement, unrelated to the natural course of the underlying illness or differing from the expected outcome of patient management
- Inappropriate storage or exposure of consumer clinical records in a public area +/- breach in patient privacy and confidentiality
- Inappropriate destruction of consumer clinical records by an ACT Health staff member
- A hostage situation

**High Risk Incidents**

High risk incidents can have an outcome rating of insignificant, minor or moderate. They are defined as:

- An event that would have resulted in a significant incident should it have eventuated (a significant near miss). For example:
  - Identification of an incorrect medication or dose of medication prior to administration that may have caused a poor outcome
  - Incorrect limb marked for surgery but identified prior to operation commencing
- Incidents that could attract significant media attention
- Possible significant incidents (significant incident status unclear until further review is conducted)

If an incident matching any of the above criteria is alluded to or described in a piece of feedback, a search of the Riskman database should be performed to determine if an incident report has been submitted.

If no record of the incident is found, the Consumer Feedback and Engagement Team officer should advise a member of the Incident Coordination Team to determine whether it meets the significant incident criteria.

If the incident does meet the criteria for a significant incident, the Consumer Feedback and Engagement Team Officer is to enter the incident onto the Riskman incident database so consideration can be given by the medico-legal team for notification to ACTIA.

See flow chart '*Clinical Significant Incidents Identified Through Consumer Feedback*' at [Attachment 3](#).

**6. Health Services Commissioner**

If the complainant is not satisfied with the response provided by ACT Health, they may make a complaint to the Health Services Commissioner (HSC). In some cases complaints are provided directly to the HSC. These cases are managed within ACT Health as follows:

- The HSC is responsible for liaison with the complainant
- HSC send a formal letter regarding the complaint to the Director General (DG), it is added to TRIM for formal response and a copy is forwarded to the Health Feedback Inbox

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- A copy of the correspondence is emailed to the Deputy Director-General (DDG) Canberra Hospital & Health Services Inbox and Executive Officer for action.
- Operational areas may be requested to investigate a case and prepare a response, as directed by the relevant DDG.
- Responses must be sent back to the DDG CHHS for signature, before being returned to the HSC; the response is also copied to the DG office and the Review Officer at the HSC
- A copy of the final signed and dated response must be forwarded by the Office of the DDG to the CFET, via the Health Feedback inbox for inclusion into the RiskMan database.
- Final documents are returned to the Office of the DDG Canberra Hospital and Health Services for forwarding to the appropriate area for filing.

When the matter has been closed, the relevant line manager is responsible for providing feedback on the outcome to the individual staff members involved in the case.

## 7. The Health Minister

Consumers can also send their health feedback directly to the Health Minister. These cases are not managed by the CFET and are processed via TRIM as above. The CFET will also track this feedback through RiskMan for inclusion in the organisation's reports and statistics.

## Evaluation, Related Legislation and Policies

Refer to the Consumer Feedback Management Policy

## Definitions

**Consumer-** Refers to any consumer, patient or client of ACT Health. In ACT Health the term 'Consumer Feedback' relates to feedback received from anyone who has engaged with ACT Health Services, including family members or carers.

**TRIM-** An electronic records management system used to register, track and search electronic records of corporate value to the organisation.

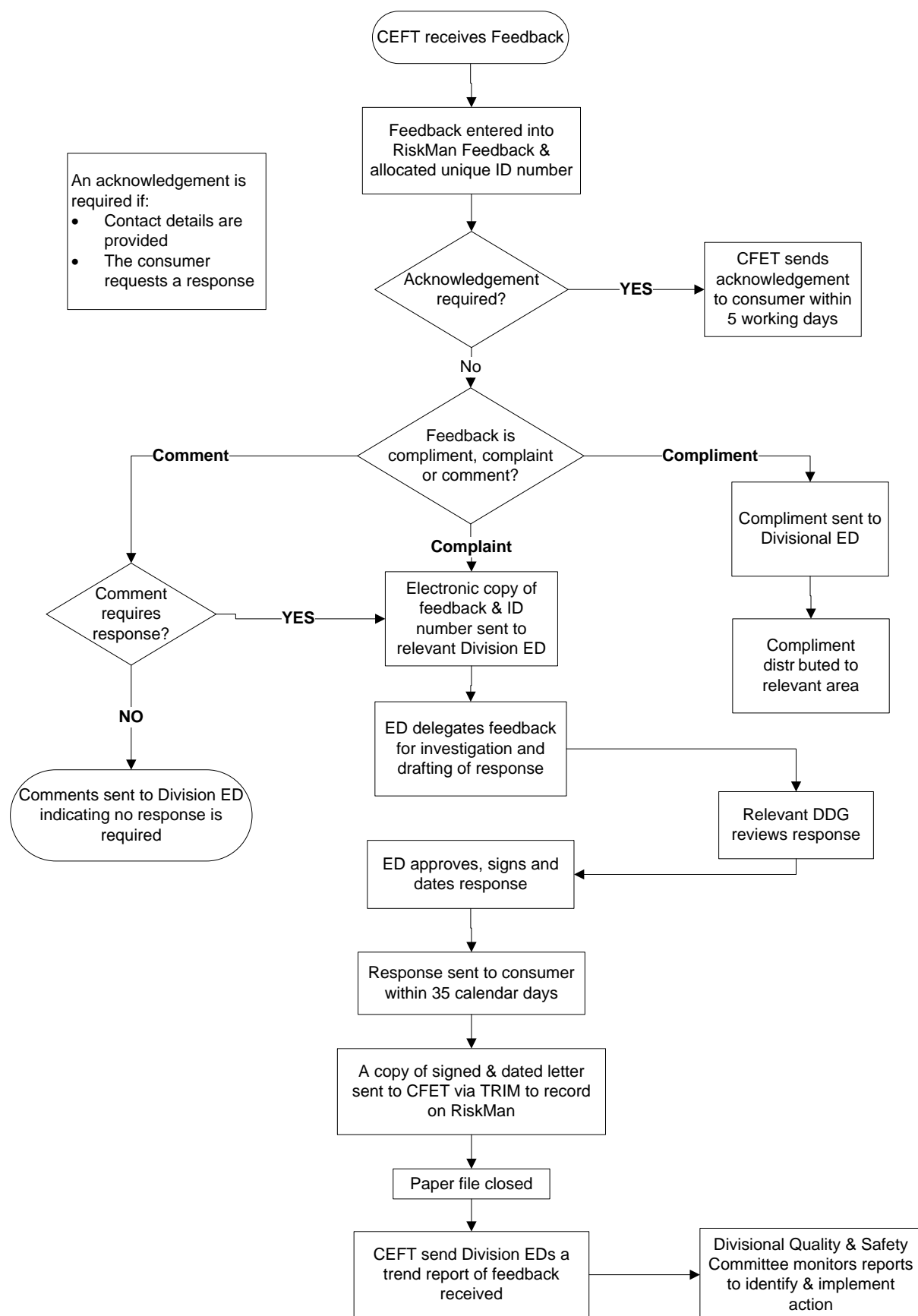
## References

- Australian Council for Safety and Quality in Health Care. *Complaints management handbook for health care services*, Commonwealth of Australia. 2005
- Government of South Australia. *Policy guideline: Consumer feedback and complaints management guideline*. 2009.
- Shemwell DJ, Yavas U, Bilgin Z. *Customer-service provider relationships: an empirical test of a model of service quality, satisfaction and relationship-oriented outcomes*. International Journal of Service Industry Management. 1998: 9(2):155-168.

## Attachments

1. Summary of the feedback process
2. Key aspects of a response letter

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Attachment 1**Summary of the feedback process**

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Attachment 2**Key aspects of a response letter**

All formal responses to consumer feedback must be:

- Factually correct
- Include an acknowledgement of the consumer's experience and feelings
- Address each of the points the consumer has raised with a full explanation and specific details about the investigation that was conducted, for example sources of information or what was discovered
- If there is a reason why a specific issue cannot be addressed this must be stated
- Give details of action taken as a result of the feedback
- Provide the full name, position and a contact telephone number of the contact person for further queries/discussion
- Offer to meet the consumer with the key staff involved if appropriate
- Include details of further action available to the consumer, for example the HRC

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DGD12-012	1.0	June 2012	May 2015	Dec 2016	CFET, DDG CHHS



## Policy

# Conciliation of Complaints through the Human Rights Commission

### Policy Statement

The Human Rights Commission (HRC) provides a fair and accessible process for dealing with complaints about health services through the Health Services Commissioner. ACT Health has made a commitment to respond to issues relating to complaints about public sector health services in a timely and systematic manner to ensure patient care and safety is maximised and to promote system changes to address problems where identified. The conciliation process is often used to aid in resolving a complaint about health services.

### Purpose

This policy and standard operating procedure outlines the agreed process between ACT Health, Calvary Health Care ACT (Calvary Public Hospital), HRC, ACT Government Solicitor (ACTGS) and ACT Insurance Authority (ACTIA) in dealing with complaints made by members of the public in relation to Health services where the complaint progresses to conciliation.

This policy and standard operating procedure will inform staff of the appropriate processes and authorisations required for engaging in conciliation with clients through the HRC process, where applicable. This will also ensure that ACT Health and Calvary representatives are fully prepared when entering conciliation. This includes seeking advice on liability and the appropriateness of financial compensation, if any. Sometimes in resolving the complaint a claim for financial compensation might be made. However, the primary goal of the process is not compensation and neither party should enter conciliation with the view that discussion of compensation is the main issue for consideration; it is merely one issue that may arise. If that issue is resolved at conciliation, the relevant parties sign a binding legal agreement and the matter is closed thus reducing the risk of claims and resultant legal costs in matters arising from complaints.

It is important to note that where a complainant's prognosis is uncertain it may not be possible to make an accurate assessment of damages, especially in relation to future economic loss, until the uncertainty is resolved. This does not necessarily prevent conciliation however substantial preparatory work may need to be undertaken beforehand.

### Scope

This policy applies where all parties agree that conciliation is a suitable method of dispute resolution, even where substantial claims may be potentially involved.

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This policy applies to all ACT Health divisions, branches, sections and units and is aimed at providing relevant information to ensure effective and efficient participation for matters that are referred to the HRC for conciliation. The budget for financial compensation arising from this process rests within Insurance and Legal Liaison Unit.

The HRC will refer all Calvary Public Hospital complaints directly to the Chief Executive of Calvary Health Care ACT for management and they will be responsible for all costs in relation to Calvary Public Hospital matters. In the rare event that a complaint encompasses both Hospitals, coordination and management of the complaint will be made on a case by case basis depending on the allegations.

## **Roles & Responsibilities**

### **ACT Government Solicitor (ACTGS)**

If financial compensation is being or potentially could be considered through conciliation, the matter must be referred to the ACTGS for advice.

The role of the ACTGS is to provide advice to the relevant agency and ACTIA about liability issues and the potential for settlement, including what might be a reasonable amount to offer in the way of compensation, if any. ACTGS will also prepare legal documents that may be required throughout the course of the matter.

The ACTGS does not make any decisions in regards to compensation or settlement. Those decisions are made by the relevant delegate and communicated to the relevant Executive Director through the Manager, Insurance and Legal Liaison Unit (and, where necessary, after consultation with the ACTIA).

### **ACT Insurance Authority (ACTIA)**

The ACTIA, a statutory authority responsible to the ACT Treasurer, provides insurance coverage in relation to all activities undertaken by ACT Health and the public component of Calvary Health Care ACT. In accordance with the policy conditions, ACT Health/Calvary Health Care ACT (Public) is required to notify ACTIA as soon as it first becomes aware of a claim or incident that could give rise to a claim within mandatory timeframes (within the financial year of cover). This ensures that adverse events are insured if a claim eventuates.

ACTIA is also the authority responsible for instructing ACTGS in all insurable matters and will pay for any legal costs upon acceptance of notification.

### **Human Rights Commission (HRC)**

The HRC promotes the human rights and welfare of people living in the ACT and provides an independent, fair and accessible one-stop shop for complaints of unlawful discrimination, and complaints regarding health services, services for older people, disability services and services for children and young people. More specifically, the Health Services Commissioner's mandate is to deal with complaints about the provision of health services and services for older people, and complaints about contraventions of the privacy principles or of a consumer's right of access to his or her health records under the *Health Records (Privacy and Access) Act 1997*.

If the Health Services Commissioner receives a complaint about a health practitioner, the Commissioner must advise the national board for the practitioner's health profession about the complaint. The national board and Commissioner must try to reach agreement about how the complaint is to be dealt with (see *Health Practitioner Regulation National Law (ACT)*, s 150).

Conciliation of a complaint involves an impartial conciliator from the HRC who assists the parties to resolve the complaint, usually by holding a conciliation conference. Further information on the conciliation process can be obtained from the HRC publication - Guide to Conciliation under the *Human Rights Commission Act 2005*.

A complaint must be closed by the HRC where the matters raised by the complaint have been, or are being, dealt with by a court or tribunal, or have been dealt with by the Commission. This does not necessarily mean that the Commission will close a matter because a person has lodged a notice of intention to issue legal proceedings, simply to ensure that legislative timeframes for commencing proceedings are not missed. If you become aware that a notice of intention has been lodged, please contact the HRC. They will contact the complainant and advise whether or not the Commissioner has decided to close the complaint.

## Evaluation

### Outcome Measures

- Acceptance and application of uniform procedure by ACT Health staff; and
- Reduction in the number of HRC complaints progressing to litigation.

### Method

- ILLU will maintain an ongoing liaison with the HRC to ensure compliance with this policy and SOP;
- ILLU will conduct a quarterly analysis of new legal claims; and
- Results will be advised to the Director-General through quarterly claims update reports.

## Related Legislation, Policies and Standards

*Human Rights Commission Act 2005*

*Insurance Authority Act 2005* *Civil Law (Wrongs) Act 2002*

*Health Records (Privacy and Access) Act 1997*

*Health Practitioner Regulation National Law (ACT) Act*

## References

Consumer Feedback Management Policy and SOP

## Attachments

Conciliation of Complaints through the Human Rights Commission SOP

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# Standard Operating Procedure

## Conciliation of Complaints through the Human Rights Commission

### Purpose

To provide ACT Health staff with an understanding of the processes involved with any complaint that may require conciliation through the Human Rights Commission (HRC).

### Scope

This Standard Operating Procedure (SOP) pertains to all staff of ACT Health and Calvary Health Care ACT (Calvary Public Hospital) operates in conjunction with the over arching Conciliation Of Complaints through the Human Rights Commission Policy.

### Procedure

1. When a complaint is received from the HRC, where the respective public Hospital is named as a respondent, a summary of the complaint is to be reported through the Riskman Consumer feedback reporting system by the Consumer Feedback and Engagement team (CFET) or Patient Liaison Officer at Calvary and referred to the line area for a response;
2. A copy of the Riskman report along with any supporting documentation is to be forwarded via email, by the Medico Legal Coordinator/Director Calvary QSR unit (QSR), to ACTIA with a cc to the Manager, Insurance and Legal Liaison Unit (ILLU);
3. Depending on the circumstances of the complaint, ILLU may instruct the ACTGS to act in the matter and to provide advice including reviewing the response letter;
4. The final response is provided to the HRC who will liaise with the complainant in order to resolve the matter. Where the complainant's issues have been resolved, the HRC will formally advise that the matter is closed;
5. Where the HRC or Complainant decides that the issues have not been resolved satisfactorily, the complaint may be referred to conciliation. In most cases, it is envisaged that the complaint can be resolved in one conference, where no new issues are raised that require further investigation or advice. However, more complex matters ought to be structured in two stages, where applicable:
  - a. 1st conciliation to deal with immediate issues of concern; and

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- b. Subsequent conciliations, when issues of evidence and quantum are able to be comprehensively determined.

In some matters (and subject to consultation with ACTIA and ACTGS) it may be appropriate for agency representatives to attend an initial conference prior to the receipt of any response or advice from ACTGS where factual issues could be discussed. Attendance will be on the proviso that legal issues will be the subject of advice from ACTGS at a later point.

The following steps should be taken when the complaint is referred to conciliation:

6. Advice should be sought from ACTGS regarding appropriate settlement, including guidance on liability and financial compensation, if appropriate and regardless of the amount of compensation. ;
7. ACTGS will generally advise that conciliation can proceed, that further work needs to be undertaken prior to conciliation or that conciliation is inappropriate. ACTGS will advise the timeframe for completing further enquires, which must be communicated to HRC by agency representatives.
8. Advice from ACTGS is received by the ILLU/QSR.
  - a. Where ACTGS advise that conciliation is inappropriate, the process should be stopped and you should consult with your Executive Director; or
  - b. Where a recommendation is made on suitable settlement and/or financial reimbursement, the ILLU/QSR will provide instructions to the appropriate Executive Director. The ILLU/QSR will liaise with ACTIA when their authority is required where amounts exceed the insurance excess.
9. Agency representatives attend conciliation conference/s;
10. Where financial reimbursement or compensation is agreed, the agency representative will advise the ILLU/QSR, who will arrange for a Deed of Release and Indemnity to be drafted by ACTGS. In cases involving persons under 18, it may be necessary for a court to approve the terms of any settlement; and
11. Upon receipt of the signed Deed of Release and Indemnity, the ILLU/QSR, will arrange payment of the agreed financial settlement and seek reimbursement through ACTIA, where applicable.

A simple flow chart is provided at attachment A and should be referred to in conjunction with the more detailed process above.

### **Timeframes**

Parties will aim to settle complaints within 12 months however this will be affected by factors including the nature of the complaint, the extent of any claim for compensation, legal issues and the availability of evidence; it may be difficult to accurately assess the length of time needed for these matters to be addressed.

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## Out of pocket expenses

If the complainant or the complainant's family has suffered out-of-pocket expenses as a direct result of the adverse event, a form of financial reimbursement may be considered. It is important to note that such payments may be made without admitting liability for any claim in negligence.

Prior to entering into any agreement for reimbursement of reasonable out- of- pocket expenses formal written approval must be sought from the relevant Director-General/Chief Executive through the ILLU/QSR, prior to exercising the delegation.

## Legal professional privilege

When a client seeks legal advice from a lawyer, the nature of the lawyer/client relationship gives the client the right to claim privilege over non-disclosure of the advice. You should be aware that if you discuss with the complainant or the conciliator any advice that ACTGS has provided, you are likely to waive legal professional privilege over that advice.

For example, if a Directorate representative attends a conciliation and states that the Directorate has received legal advice that recommends that the claim for \$20,000 compensation is excessive, then this could constitute waiver of the entire advice, and the HRC or the complainant may insist upon reading all of a written advice, or being told all of an oral advice. Even stating that ACT Health is acting in accordance with legal advice may be sufficient to waive privilege over that advice.

It would not waive privilege over any legal advice if only the fact that ACT Health had received legal advice was divulged, and no indication was given about whether the advice is being followed or not. The key is whether the content of the advice is in any way divulged, even indirectly.

## Privacy and Confidentiality

Section 66 of the *Human Rights Commission Act 2005*, provides that a communication made, or a document prepared in relation to conciliation is not admissible in later proceedings. Otherwise, the usual obligations set out in the *Health Records (Privacy and Access) Act 1997* and the *Privacy Act 1988 (Cth)* apply to conciliations before the HRC.

## Legal issues in relation to apologies

In some circumstances it may be considered appropriate to make a formal apology to the claimant. It is important to be aware of the effect of an apology in certain circumstances.

If an incident occurred before 9 September 2003, it is possible that an apology may be taken to be an admission of fault or liability for the incident. If you intend to make an apology for any incident that occurred before 9 September 2003, you must seek advice from the ACTGS.

Under the *Civil Law (Wrongs) Act 2002* an apology in relation to an incident that occurred on or after 9 September 2003 is not to be taken as an admission of liability, so it is open to you to make an apology. If it is not your intention to admit liability or fault for the incident please seek advice from the ACTGS about the wording of the apology.

However, if there is any allegation of defamation or discrimination by the claimant, or if the incident might relate to a workers' compensation claim, it is important to carefully consider whether an apology is appropriate, as to do so may be taken as an admission of liability or fault in these circumstances.

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## Statutory limitation periods for litigation

There is a time limit within which civil proceedings in respect of personal injury to a plaintiff must be filed in Territory courts. This is generally known as the limitation period, and it is usually 3 years. Exceptions to the general limitation period are children, where the limitation period is 6 years, and in other cases up to 12 years.

The limitation period starts from either:

- The day the injury happened; or
- If the injury is, or includes, a disease or disorder, the day that the injured person first knows that the injury is related to someone else's act or omission.

This is set out in section 16B of the *Limitation Act 1985* and further advice in relation to specific circumstance should be sought from ACTGS.

It is important to note that it is a matter for the complainant to seek advice about the relevant statutory limitation period in relation to their own particular claim. The information provided above is for the readers benefit only. It is inappropriate for any officer involved in conciliation to provide any advice about the limitation periods applicable to any particular claim.

## Medicare payback

In cases where the amount of compensation agreed upon is more than \$5,000, the *Health and Other Services (Compensation) Act 1995* requires that certain procedures must be followed. Most importantly, the complainant is required to pay back any amount that Medicare may have paid out in relation to the injury. It should be made clear to the complainant in the course of settlement discussions that he or she will be required to pay back to Medicare any amounts, and that this payback amount will be taken out of the settlement monies. If the complainant wishes to know how much he or she will have to pay back, it is up to the complainant to obtain from Medicare a Notice of Past Benefits, which is an indication of the payback amount.

The complainant may elect to have the Territory pay to Medicare the exact amount set out in the Notice of Past Benefits, or 10% of the settlement amount. Where the latter is elected, Medicare will either refund the overpaid amount or request payment of an outstanding amount directly to the complainant. This option should be discussed and agreed prior to signing the Deed of Release and Indemnity.

The claimant and respondent are also required to sign a notice of judgment or settlement which advises Medicare of the settlement. Where the Territory is paying the amount set out in a Notice of Past Benefits the claimant is required to sign a statutory declaration confirming that they have not received any amounts from Medicare other than those included in the Notice.

## Centrelink payback

Some complainants may have received Centrelink benefits that relate to the personal injury within the subject of the complaint. In this case, the complainant will have an obligation to pay back that amount to Centrelink under subdivision C of the *Social Security Act 1991*. Centrelink may send a notice to the Territory stating that it intends to recover a certain amount from the Territory in respect of a complainant. If the Territory has received a Centrelink notice, the Territory must notify Centrelink when compensation becomes payable within 7 days. It is an offence for the Territory to fail to do so. If the full amount of

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compensation is paid to the claimant without taking out the Centrelink payback, Centrelink may recover the payback amount from the Territory regardless.

### **Deed of Release and Indemnity**

The complainant will usually be required to sign a Deed of Release and Indemnity as part of the settlement. This deed has the effect of preventing the complainant from making a further claim in respect of the same injury. It should be made clear in the course of settlement discussions, that the Territory's offer is contingent upon the complainant agreeing to sign the Deed of Release and Indemnity. It is a matter for the complainant whether he or she wishes to seek independent legal advice about the deed. ACT Health representatives should be careful not to provide any legal advice to the complainant about the deed.

Where the case involves persons under 18 it may be necessary for a court to approve the terms of any settlement in order to make the Deed of Release and Indemnity legally binding.

### **Conciliation agreement**

Carefully consider whether to sign any agreement about which you have not received advice from the ACTGS, particularly if it contains any admissions about the incident. If you are in doubt, seek advice from the ILLU/QSR or ACTGS.

## **Evaluation**

Refer to Policy

## **Related Legislation, Policies and Standards**

*Human Rights Commission Act 2005*

MOU between ACT Health and Human Rights Commission 2008-2010

*Limitation Act 1985*

*Social Security Act 1991*

*Health and Other Services (Compensation) Act 1995*

*Civil Law (Wrongs) Act 2002*

*Health Records (Privacy and Access) Act 1997*

*Health Practitioner Regulation National Law (ACT) Act*

## **Definition of Terms**

**Conciliation** –A method of alternative dispute resolution in which the HRC acts as an impartial third party to help parties clarify issues and resolve matters raised in a complaint

**Complainant** – The party who initiates the complaint

**Respondent** – The party who responds to a complaint

## **References**

Consumer Feedback Management Policy and SOP

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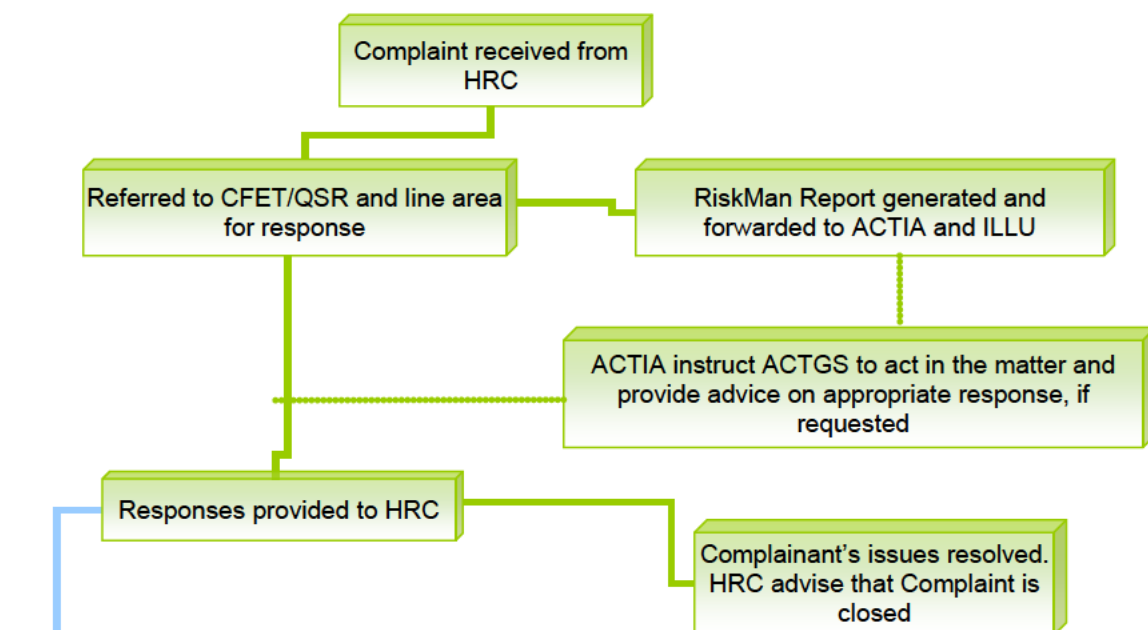
**Attachments***Attachment A - HRC Complaints process flow chart*

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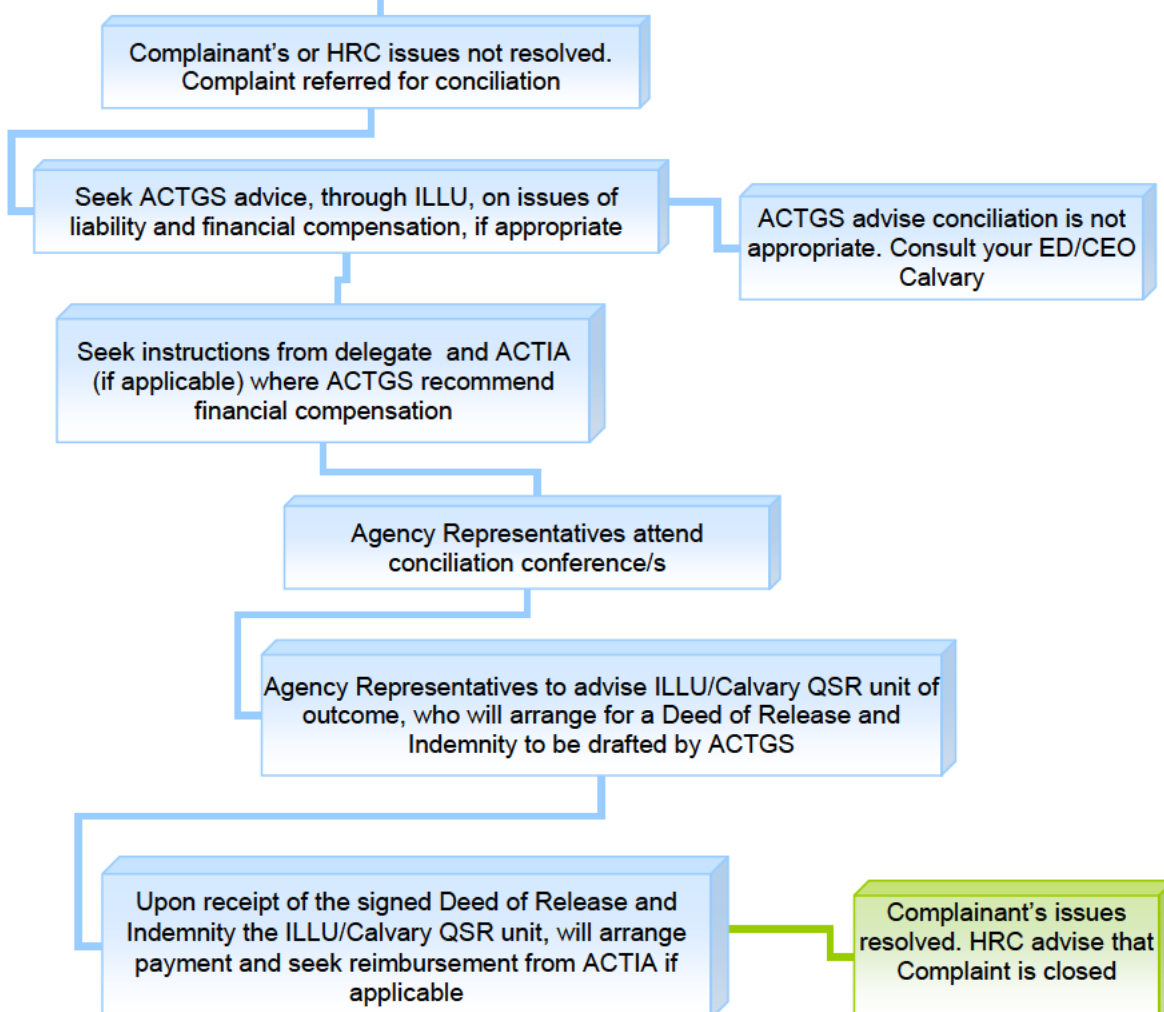
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## ATTACHMENT A – HRC COMPLAINTS PROCESS FLOWCHART<sup>1</sup>

FINALISED PRIOR TO CONCILIATION



CONCILIATION PROCESS



<sup>1</sup> The first section of this flow chart is included for reference only. The intent of this SOP is to address the process once HRC complaints progress to conciliation.

## E-Health and Clinical Records Branch Standard Operating Procedure

### Complaints and Feedback Process – Clinical Record Service

#### Purpose

This Standard Operating Procedure (SOP) outlines the process for Clinical Record Service (CRS) staff in managing and responding to feedback, compliments and complaints.

#### Scope

This SOP relates to all Clinical Record Service staff. All feedback, both positive and negative, should be reported to the Consumer Engagement Team to support centralised management/capture of ACT Health feedback. Where possible, the feedback will be managed locally and promptly. Informal feedback will be captured and reported monthly using the informal feedback spreadsheet (see appendix for example). Where the complaint or issue requires a formal response from the CRS or another area, the Consumer Engagement Team (CET) will assist in liaising with the other areas and coordinating this response.

#### COMPLIMENTS

Written and/or verbal compliments from patients, members of the public or other health directorate or government staff should be forwarded to your immediate supervisor who will enter the details on the informal feedback spreadsheet and senior management will advise the Consumer Engagement Team monthly.

Compliments received about the performance of individual staff members will be announced at the next department or team meeting and may prompt a Staff Recognition Award.

#### COMPLAINTS

Anyone contacting the CRS and making a verbal complaint **must** be treated with respect, sensitivity and above all, confidentiality.

When a complaint is received (by telephone, in person), if possible ask the complainant to wait while you advise the Deputy Director or an alternate member of the management team so they can speak directly to the complainant and possibly resolve the issue straight away.

Where the Deputy Director or member of the management team is not available, please take note of the following:

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- Name and contact details of the complainant
- Name and details of patient (if different to complainant)
- Date of incident/complaint
- Details of the issue/complaint
- The desired action or outcome of the complainant

Use the “CRS Complaint template” (see appendix for example) to document the information above, save the template using the person’s name and date of visit as the file name, and attach it to an email to the Deputy Director or other manager, with a copy to the Director.

Advise the complainant the Deputy Director will contact them as soon as possible then pass the details onto the Deputy Director or other member of the management team for immediate attention. Remember to include your name in case further clarification of the details is required.

Complaints received about:

- The performance of individual staff members should be referred to a member of the management team
- Senior CRS staff this should be referred to the Director. Where the Director is unavailable use the “CRS Complaint template” to document the details and email it to the Director.

### ***Management Team Action:***

The type and nature of complaints and feedback received by the Clinical Record Service varies greatly however, the following are the 7 most common complaints:

1. My record is inaccurate
2. My record is incomplete
3. My GP still hasn’t received a discharge summary
4. My name/address/contact details are wrong
5. My privacy has been breached
6. My records/information went to the wrong address
7. Riskman referred to CRS for privacy breach (misuse of user account)

NB: Complaints relating to the quality of clinical care cannot be addressed by the CRS and should be forwarded to the Consumer Engagement Team for their immediate action.

Initial steps for any complaint are:

1. For issues that require a formal response, advise Consumer Engagement of the complaint immediately
2. For issues that can and/or have been dealt with within the CRS, CET notification will occur monthly using the informal feedback spreadsheet
3. Investigate the complaint/issue
4. Draft a written response and forward to the Director for endorsement

Procedures for investigating and managing specific clinical record issues are as follows:

#### **1. My record is inaccurate**

- Confirm with the patient the details of how they believe their record is inaccurate

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- Check the record
- Identify the inaccuracy and assess its significance:
  - If the inaccuracy is significant and could lead to adverse patient outcomes e.g. “it says I am a Jehovah’s Witness and can’t have transfusions, but that’s not true. I am not a Jehovah’s witness and I can have blood products”, steps need to be taken to remove the incorrect information from general view (refer to internal CRS Correction of errors SOP)
  - NB Privacy Principle 7: Alteration of health records (Health Records (Privacy and Access) Act) prevents deletion of part of a record even if the information is later found or claimed to be inaccurate
    - If the error is unlikely to lead to an adverse patient outcome, ask the patient to submit a letter advising of the error for inclusion on the record
      - Advise the patient in writing of action taken and complete the informal feedback spreadsheet for reporting to the Consumer Engagement Team

## 2. My record is incomplete

- Confirm with the patient the information they believe is missing from their record
- Check the record
- If you can confirm that the record is incomplete
  - Update the record with the missing information or ask the patient to submit a letter advising of the missing information for inclusion on the record
- If the reported missing information is found to be on the record, advise the patient that you have confirmed that their record is not incomplete
- Advise the patient in writing of action taken and complete the informal feedback spreadsheet for reporting to the Consumer Engagement Team

## 3. My GP still hasn’t received a discharge summary

- Confirm with the patient the date(s) of hospitalisation and their GP’s details
- Check the record
  - If a discharge summary has been sent, confirm GP details and advise the patient of the date and method of despatch
  - If a discharge summary has not been despatched but is present in the record, organise despatch to the nominated GP, update ACTPAS with the GP’s details if necessary and advise the patient
  - If the record does not contain a discharge summary, advise the patient and undertake to follow-up with the GPLU or the clinical unit for a discharge summary to be written ASAP
- Advise the patient in writing of action taken and complete the informal feedback spreadsheet for reporting to the Consumer Engagement Team

## 4. My name/address/contact details are wrong

- Confirm with the patient which details they believe are incorrect and attempt to determine which IT system may be affected. e.g. if the details were wrong on a letter alerting them to their next OP appointment, the error may be in ACTPAS, but if it was on a letter from the Equipment Loan Service, the error may be in a different system or database
- Check the record
  - Check that the details are correct in ACTPAS, and contact the Clinical Unit despatching the letter as they may not use ACTPAS to generate the letters

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- Arrange for the patient details to be updated, if necessary
- Advise the patient in writing of action taken and complete the informal feedback spreadsheet for reporting to the Consumer Engagement Team

#### 5. My privacy has been breached

- Attempt to ascertain from the complainant
  - Exactly how and when they believe their privacy has been breached
  - The identity of the person they believed breached their privacy e.g. “my ex works at the hospital and they have said they looked up my record”
- Attempt to identify which IT system may be implicated
  - For CRIS – ask the CRIS Manager to run an audit report of the patient’s record (by usercode if the name of the alleged perpetrator is known)
  - For ACTPAS – run an audit viewer report
  - For Pathology – advise Consumer Engagement and ask them to liaise with Pathology
  - For the Clinical Portal – contact E-health support and ask for an audit report
  - For Medical Imaging – contact the Administration Manager for Medical Imaging
- If the audit report suggests that a potential breach has occurred, lodge a Riskman Incident Report and notify People Strategy and Services Branch (PSSB) by including them on the distribution list of the incident report. Consumer Engagement will be advised via the incident reporting system
- PSSB will follow up with the staff member’s manager and may assist with any investigation of the alleged misconduct
- Draft a letter of acknowledgement to the patient advising them that the matter is being investigated and they will receive further correspondence from the Consumer Engagement Team

#### 6. My records/information went to the wrong address

- Ascertain from the complainant the circumstances of the records/information that went to the wrong address e.g. what information was sent and why
- Gather evidence and attempt to identify the source of the records/information
- If the source was the Clinical Record Service (wrong address)
  - Ask if they have the envelope and can they return it to us
  - Ask if they gave any special delivery instructions
  - Ask what action(s)/outcome they would like
  - Determine how the records/information was despatched (registered mail, courier, internal mail) by checking the ROI (registered mail and courier receipts should be documented in the ROI)
  - If by registered mail, contact Australia Post and ask for an investigation
  - If by courier, contact courier company and ask for investigation
  - If internal mail, contact mail room and ask for investigation
  - Log a Riskman incident report
  - Verify the address recorded for the complainant in the relevant information system(s) or database(s) (E.g. ACTPAS, ROI)
  - Prepare a response to the complainant detailing the actions taken and outcome giving attention to addressing their specific requirements for CRS Director’s and/or CIO’s review and signoff
  - Ensure that the response is sent and all stated actions are completed

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- Finalise the Riskman (CET will be notified automatically)
- If the source was the Clinical Record Service (wrong information sent)
  - Ask what information was missing or included that should not have
  - Ask if they gave any special delivery instructions
  - Ask what action(s)/outcome they would like
  - Retrieve the original request (only possible if ROI or a faxed call-back request)
  - Log a Riskman incident report
  - Verify the details of the request from the original documents
  - Compare what was sent with what was requested
  - Prepare a response to the complainant detailing the actions taken and outcome giving attention to addressing their specific requirements for CRS Director's and/or CIO's review and signoff
  - Ensure that the response is sent and all stated actions are completed
  - Finalise the Riskman (CET will be notified automatically)
- If the source was ACTPAS
- Determine what was sent (E.g. appointment letter from Cardiology)
- Confirm the correct address with the complainant
  - Investigate the incident (which will include discussing with relevant clinical area via the Riskman report)
  - Prepare a response to the complainant detailing the actions taken and outcome giving attention to addressing their specific requirements for CRS Director's and/or CIO's review and signoff
  - Ensure response is sent and all actions taken
  - Finalise the Riskman (CET will be notified automatically)

#### 7. Riskman referred to us for privacy breach (misuse of user account)

- Follow the steps listed at point 5, as required, to investigate the incident
- Document your investigation, findings and controls implemented, as relevant and/or add a journal entry

#### ***Written responses to consumer complaints/feedback***

The response to all written complaints and feedback will be drafted by the CRS and reviewed by the CRS Director and Consumer Engagement team to ensure that the wording is accurate, honest, respectful, compassionate and sensitive. A sample written feedback template for writing to the consumer is available in the Consumer Feedback Management SOP

In compliance with the Consumer Feedback Management SOP a signed and dated response letter to the complainant must be sent within 35 days with a copy to CET for centralised filing. At the 20 day mark the complainant should be contacted with an update if the formal response is going to be delayed.

#### ***Referral of Complaints***

Some complainants do not wish to have their concerns dealt with by the department they are complaining about and therefore should be referred to the Consumer Engagement Team by the manager the complaint was initially referred to.

Some complainants may be unhappy with the outcome of the investigation of their complaint by the department. In this situation staff should refer the matter to one of the CRS managers. The Manager will discuss this with the CRS Director/CIO.

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## **CRS Staff should never refer any complainant to the Minister.**

### **Evaluation**

This SOP will be reviewed as indicated unless a change in practice necessitates an earlier revision.

Measures include:

- Complaints and feedback reports
- Compliance against the 20 day and 35 day timeframes specified in the Consumer Feedback Management SOP
- Staff Recognition Awards presented
- CRS process reviews

### **Related Legislation and Policies**

- Consumer Feedback Management Policy (DGD12-012)
- Consumer Feedback Management in the Health Directorate SOP (DGD12-012)
- Health Directorate Consumer Feedback Standards
- Health Directorate *Open Disclosure* Policy
- The Listening and Learning Standards and the Charter of Healthcare Rights

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## Appendix

### Informal Feedback Spreadsheet

This spreadsheet is located on G:\Medical Records\General

It includes drop-down selections in the type of feedback, mode received and resolved columns.

Feedback Record Sheet				Area:	Month:	
Date Received	Type of Feedback	Consumer Name (optional)	Mode Received	Outline	Outcome	Resolved
	Complaint					
	Compliment					
	Comment					

### CRS Complaint Template

This spreadsheet is located on G:\Medical Records\General and is a protected Word document. It contains a drop-down list for the type of feedback.

#### Consumer Feedback – Telephone Complaint

DATE: 11/07/2013 1:10 PM

Callers Name:

Patients Name:

UR:

DOB:

Phone number:

Address:

Email:

Staff member:

Type of Feedback: (Select from list)

Details:   
(Select from list)  
Compliment  
Complaint  
Comment/Feedback

What action does the person want?

Steps Taken:

Authorised By:

Judy Redmond, CIO, E-Health and Clinical Records Branch

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