

PATIENT COMPLAINTS MANAGEMENT PROCEDURE[®]

DOCUMENT SUMMARY/KEY POINTS

Managing complaints is the responsibility of everyone at SCHN

- This document provides a suggested framework for dealing with a complaint at SCHN in accordance with:
 - NSW Ministry of Health Policy Directive Complaint Management Policy:
http://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2006_073
 - NSW Ministry of Health Complaint Management Guidelines:
http://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2006_023
- The focus of this procedure is on a patient and family centred approach to complaints. Where staff at the point of service resolve complaints at first contact, escalation can be avoided and complaints can be resolved directly and quickly to the satisfaction of all parties.
- The SCHN Clinical Governance Unit (CGU) provides SCHN staff with a central point of coordination of complaints. All complaints received by a department or ward in relation to another service should be referred to the Patient Friend for coordination.
- For the purpose of this document, the term 'relevant manager' applies to any SCHN staff member with managerial or supervisory responsibility. The relevant manager is identified on a case-by-case basis by the area involved, CGU, or the Patient Friend when managing individual complaints.

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|------------------------|---|--|
| Approved by: | SCHN Policy, Procedure and Guideline Committee | |
| Date Effective: | 1 st July 2018 | Review Period: 5 years |
| Team Leader: | Network Manager - Patient and Family Engagement | Area/Dept: Clinical Governance Unit |

CHANGE SUMMARY

- Updated web links have been included

READ ACKNOWLEDGEMENT

- All Managers should sign-off having read this Procedure.
- All staff with direct face to face or telephone contact with the general public must have a clear understanding of this procedure.
- It should be read in conjunction with the
 - MoH Complaint Management Policy
http://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2006_073 and
 - MoH Complaint Management Guideline (and SCHN Coversheet):
http://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2006_023

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1 Patient Complaint Management

At the Sydney Children's Hospitals Network, effective management of complaints is a central strategy for improving health services.

Ideally most complaints will be dealt with directly and quickly at the point where the problem arises. Escalation of complaints may be avoided where staff have clear authorisation to resolve complaints at first contact. Often, no changes to procedures are required as many complaints involve an acknowledgement of the complainant's perspective, an explanation of events and validation of the complainant's satisfaction with the explanation. The Patient Friend/Clinical Governance Unit staff will provide assistance as required.

Complaints should be referred to a line manager if they:

- Remain unresolved
- Involve serious consequences
- Involve complex medical issues or a number of different staff
- Need action that is beyond the responsibility of the staff at point of service
- Require escalation or reporting to an external body under any other NSW Health Policy Directive.

The Patient Friend and Clinical Governance Unit can support and provide guidance to the line manager in the above instances, as can the relevant Program Directors.

The four major stages in the process are:

- Receive and acknowledge the complaint
- Assess the complaint
- Investigate the complaint
- Resolve the complaint.

The key actions for staff when receiving a complaint are to:

- Actively listen to the complainant
- Empathise, understand and acknowledge the complainant's viewpoint
- Apologise that they have had a poor experience (if appropriate)
- Assure steps are taken promptly to investigate and resolve their concerns.

Further information and guidance on how to manage a front line complaint can be found in the NSW Health Complaint Management Guidelines [GL2006_023](#).

The role of the Patient Friend

- The Patient Friend acts as an advocate for patients and their families / carers and as a liaison between the Hospital and families.
- The Patient Friend assists staff, parents and carers with the handling and coordination of complaints, but is not responsible for the management of complaints.
- The Patient Friend can be the first point of contact for families and carers wishing to lodge a complaint or seeking advice about the complaints management process. It is

important to note that the involvement of the Patient Friend is not always indicated or required if the complainant's issues are being dealt with by the area directly.

- Families / Carers can self-refer or may be referred by any member of staff, Hospital Chaplains or Volunteers.
- The Patient Friend provides an explanation about the complaints process, progresses the complaint on a family's behalf or provides assistance as requested.
- The Patient Friend can attend conciliation or family meetings to support resolution of concerns.
- The Patient Friend provides education and training to assist staff to work effectively with parents and carers and to enable them to manage communication and all feedback, in particular complaints.
- A brochure regarding [Complaints, Compliments and Concerns](#) is available on the internet and in wards and departments throughout each hospital for patients and families.

Complaint escalation process

- Proceeds as follows:
 - Line Managers/Heads of Departments
 - Patient Friend
 - Program Directors
 - Network Manager Patient and Family Engagement/ Network Manager Medico-Legal / Network Head Clinical Governance/ Director of Clinical Governance Medical Administration.

For details, refer to [Table 1](#) and the [Flowchart](#) for management processes.

- On occasion, the Patient Friend can be the first point of contact, in which case they will direct concerns received to Managers / Heads of Department / Program Directors for initial investigation.
- The Patient Friend and other Clinical Governance Unit positions can be involved at all levels of the complaint escalation process.
- It is important to note that the Patient Friend is an option for families to consult with but is not always indicated or required.

Ideal timeframes when complaint is referred to Ward or Department by Patient Friend

- Managers / Department Heads / Program Directors are expected to investigate and action complaints, and report back to Patient Friend ideally within 1-2 weeks (5- 10 working days) of receiving the complaint. If delays are experienced, communication between teams is important.
- Final response (in person, over phone or written) by either Managers / Department Heads / Program Directors to be completed or forwarded to the Patient Friend as soon as possible to achieve the best outcome possible for the family, or at a minimum within 20 days of receiving the complaint. Patient Friend to be provided with copies of all correspondence.

- Patient Friend to follow up to ensure complaint response is finalised within 35 days of receipt as per Ministry of Health Key Performance Indicator [KPI].
- Relevant service and department areas are expected to manage any complaints they receive directly from patients, where the Patient Friend and CGU are not involved, within the Ministry of Health Key Performance Indicators:
 - 5 days to acknowledge a complaint
 - 35 days to respond to a complaint

2 Declining to deal with a complaint

There are certain situations where a complaint can be declined, or boundaries set around contact between the complainant and the health service. In all instances, these should be referred from the relevant manager to the Patient Friend or CGU for appropriate management and escalation.

SCHN may decide to decline to deal with a complaint because it is:

- **Outside its jurisdiction:** (for example, a complaint about another health district or non-SCHN health service, Family and Community Service). If a complaint is received that is deemed to be outside jurisdiction, it should be referred to the Patient Friend to redirect the complainant to the most appropriate service or body.
- **Under investigation** by some other competent person or body, or has been / is the subject of legal proceedings;
- **Deemed to be vexatious, ill-intentioned or trivial** – these complaints will be referred to the Director of Clinical Governance by the Manager of the Service / Head of Department / Program Director / Patient Friend, where they can be managed on a more discretionary basis.

3 Storage of complaint records

- The storage of complaint records is managed by the Patient Friend, when the Patient Friend has been involved.
- It is important that all complaint records are kept separately from the patient's medical record and are entered into IIMS.
- Records of complaints must be retained for a minimum of ten years.

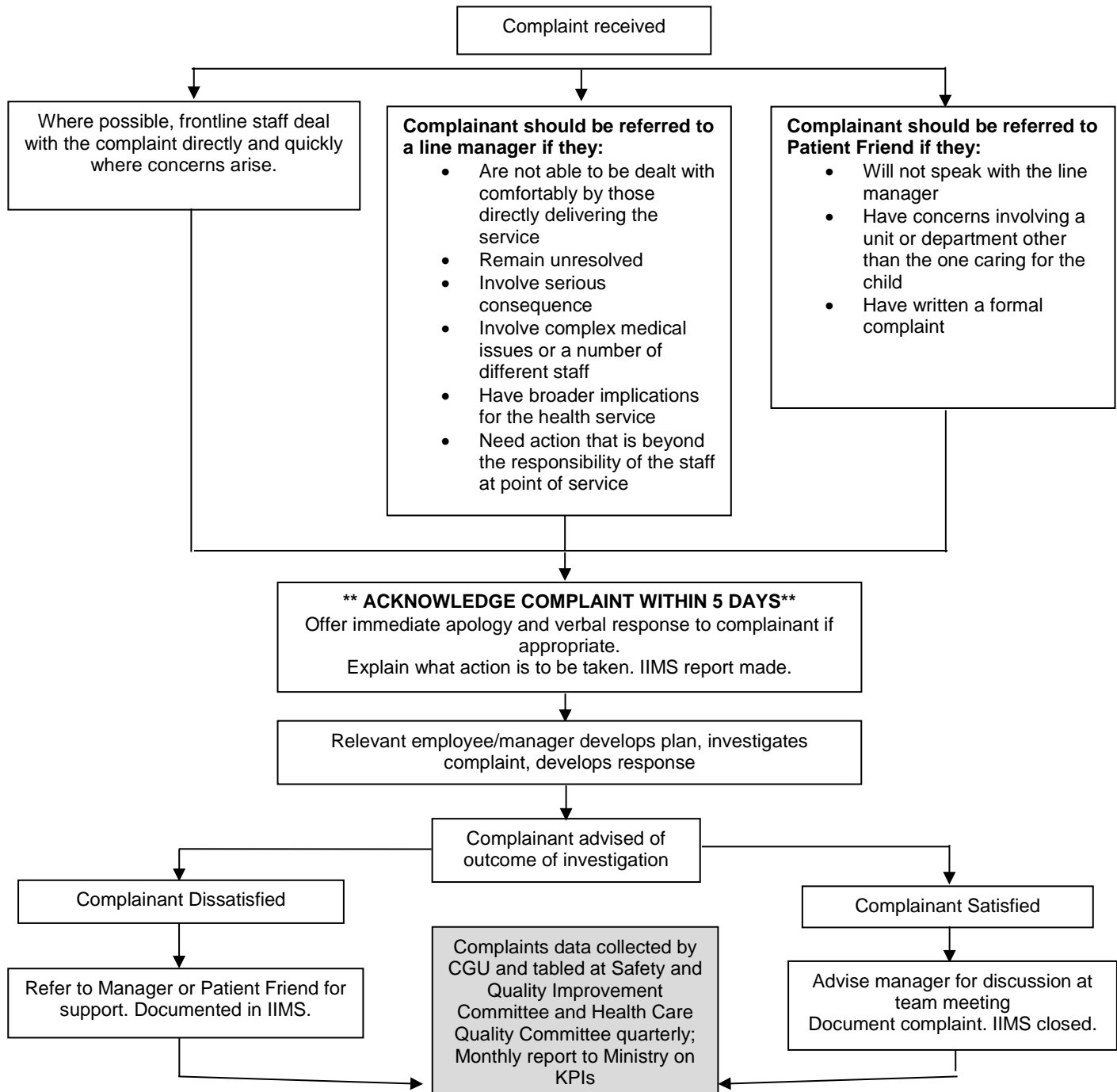
If the Patient Friend has not been involved in the management of a complaint, the service area should enter this complaint onto IIMS. Otherwise, it is the responsibility of the Patient Friend to ensure the complaint is recorded in IIMS.

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Table 1: Complaint Escalation / Management Process

| Category | Description | Management |
|-----------------|--|--|
| Serious | <ul style="list-style-type: none"> Equivalent to a SAC 1 Serious issues regarding serious adverse events, sentinel events, long-term damage, grossly substandard care, professional misconduct or death that require investigation. Highly probable legal action and Ministerial notification. | <ul style="list-style-type: none"> The Director of Clinical Governance is notified. A Reportable Incident Brief (RIB) is completed Formal Investigation - Root Cause Analysis (RCA) commenced Response to the complaint will be put on hold pending the outcome of the RCA Standard letter will be sent outlining this process to the complainant and setting out how they can participate Medico-Legal Manager should be advised if there are possible legal or Coronial issues which arise, or a TMF notification is required. |
| Major | <ul style="list-style-type: none"> Equivalent to a SAC 2 Significant issues of standards, quality of care, or denial of rights. Complaints with clear quality assurance or risk management implications or issues causing lasting detriment that require investigation Threat of legal action and Ministerial notification | <ul style="list-style-type: none"> Refer to line management and Patient Friend The Director Clinical Governance and other appropriate Executive members are notified if there are clinical issues involved Network Medico-Legal Manager must be advised if there are possible Legal issues which arise, or a TMF notification is required. A formal investigation may be undertaken. |
| Moderate | <ul style="list-style-type: none"> Equivalent to a SAC 3 / SAC 4 <p>Issues that:</p> <ul style="list-style-type: none"> Require formal investigation at ward/ unit level Have potential to impact on service provision/delivery Are a legitimate consumer concern particularly complaints about communication or practice management, but not causing lasting detriment Potential for legal action. | <ul style="list-style-type: none"> Where appropriate, the complaint is managed at the ward/ unit manager level Where appropriate notify executive lead Patient Friend may be contacted for advice if efforts to resolve the complaint are unsuccessful or if the complaint is outside the sphere of knowledge or portfolio of the ward/unit manager, or where it involves more than one Ward/Department. Patient Friend will escalate as appropriate. Network Medico-Legal Manager must be advised if there are possible Legal issues which arise, or a TMF notification is required. |
| Minor | <ul style="list-style-type: none"> Equivalent to a SAC 3 / SAC 4 No impact on or risk to the provision of health care or the organisation Complaint could be easily resolved at the ward/ unit level | <ul style="list-style-type: none"> Complaint is managed at the ward/ unit manager level Patient Friend may be contacted for advice if efforts to resolve the complaint are unsuccessful or if the complaint is outside the sphere of knowledge or portfolio of the ward/unit manager, or where it involves more than one Ward/Department. Patient Friend will escalate as appropriate. |
| Minimum | <ul style="list-style-type: none"> Minor, vexatious or misconceived. | <ul style="list-style-type: none"> Complaint is managed by the ward/ unit manager Patient Friend may be contacted for advice if efforts to resolve the complaint are unsuccessful or if the complaint is outside the sphere of knowledge or portfolio of the ward/unit manager DCG and relevant Network Managers should be advised Managers should be well supported through their line management in the event of a vexatious complaint, as well as support provided by the Patient Friend and Clinical Governance Unit. |

Flowchart – Responding to complaint received by Ward or Department (Minimum – Moderate level of Severity as per Table 1)



Note: Major and serious complaints should not follow this flowchart, and should be immediately escalated as per the Management process outlined in [Table 1](#).

Note: Entering complaints into IIMS

As per the Ministry of Health Complaints Management Policy, there is an expectation that all complaints requiring detailed investigation or follow up are entered into IIMS. This can be completed either by the relevant area or by the Patient Friend.