

COMPLAINTS MANAGEMENT POLICY

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PURPOSE AND SCOPE

A robust complaints management process allows Albany Community Hospice (ACH) to utilise consumer feedback to increase consumer and staff satisfaction, and to make system improvements. This system works within a framework of procedural fairness/natural justice and confidentiality.

Comments and complaints from consumers provide unique information about their needs and the quality of care they receive. Open discussion of consumers' concerns helps health care professionals to understand potential problems and how to improve their service to the public.

This policy, as amended from time to time, applies to all directors, staff, contractors, contractors' employees and volunteers of Albany Community Hospice, hereafter referred to as employees.

DEFINITION OF TERMS USED

Complaint	Where a consumer, stakeholder or member of the community expresses dissatisfaction with standards, services, practices or policies of ACH and seeks or expects ACH to take some form of action in response.
Compliment	Where a consumer, stakeholder or member of the community expresses satisfaction, praise or commends the standards, services, practices or policies of ACH.
Consumer	A person or organisation that receives a service from ACH.
Feedback	Where a consumer, stakeholder or member of the community wishes to provide a suggestion, constructive idea or opinion for service improvement for ACH or to express satisfaction or mild dissatisfaction with ACH standards, services, practices or policies.
Stakeholder	A person or organisation that has an interest in the performance or success of SWHA, this does not include the Board of Directors, SWHA members or employees of SWHA.

POLICY STATEMENT

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Albany Community Hospice (ACH) is committed to providing safe, quality care at the point of care for every single patient and their family/carers, every single time.

Hospice values and recognises all feedback from consumers and other interested stakeholders, and acknowledges this contribution in our pursuit of continual quality improvement for exceptional quality delivery.

Principles

All complaints are investigated and handled in a fair and thorough manner, using the following principles:

1. *Open*: the complaint resolution process is open and transparent. Complaints and feedback are treated as a potential learning experience for all involved.
2. *Accessible*: information is available in clear language and in accessible formats. Complaints may be received in writing or verbally.
3. *Responsive*: complaints are dealt with promptly, seriously, sensitively and without bias.
4. *Good faith*: a person raising a complaint is expected to participate in the process in good faith, clearly identifying the issues of the complaint and providing all relevant information.
5. *Confidential*: the process protects the complainant's identity, at their request and to the extent possible, given the need to investigate and respond to the complaint.
6. *Completeness*: the process aims to determine the relevant facts, establish common ground and verify explanations and expectations, whenever possible.
7. *Relationship building*: the outcome sought minimises detrimental impacts on ongoing relationships.

An effective complaints investigative procedure offers the opportunity to determine an accurate series of events within the complaints context and to identify how things might be performed differently in the future to achieve better outcomes.

A thorough investigation should include;

- gathering all the relevant documentation (e.g., medical records, rosters, policies and procedures, product details etc.)
- an interview/s with the complainant and/or significant others
- an interview with staff members involved in the incident
- further research as required and an analysis of the available evidence
- generating options for resolution and proposing a course of action

Complaints Management Procedure

- All staff must be familiar with the Complaints Management Policy.
- Any member of staff may take a complaint from a consumer. The complaint may be verbal or in writing, by post, electronic or telephone and can also be made anonymously.
- If the complaint is not in written form, the details of the complaint will be recorded on the consumer feedback form and submitted to the Hospice Manager for further action.
- The Hospice Manager will reply to the complainant initially with a face to face meeting, telephone or letter of acknowledgement.
- The complaint will be entered onto the Feedback Register. An investigation will commence within three working days.
- Once the matter has been investigated, the Manager will provide feedback to the complainant and any other interested party.

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- If the complaint cannot be resolved at a clinical level, the BOM must take ownership of the complaint for resolution.
- ACH Complaints Management is linked to the Risk Management and Quality Improvement process so where appropriate a CIM form should be completed and submitted.
- An in-house solution must be the priority at all times.
- An external mediator may be used in extreme situations.
- Complaints will be used to inform education needs for staff.
- The Hospice Manager will report to the Medical Advisory Committee and BOM on complaints, the resolutions, and how they have informed quality improvement activities.

All events declared must be able to be verified.

All discrepancies discovered in the information gathering process must be documented and researched.

Ideally, there should be evidence that all mandatory standards have been met, and that relevant local policies have been adhered to by Clinical Staff. If this is not the case, this will also need to be investigated further.

All research and outcomes will contribute to Quality Improvement.

Annually complaints will be reported to the Health and Disabilities Services Complaints Office.

REFERENCES

- Department of Health, (2009). Western Australian Health Complaint Management Toolkit 2009.
- <https://www.safetyandquality.gov.au/wp-content/uploads/2012/01/complntmgmthbk.pdf>

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