

CONSUMER FEEDBACK MANAGEMENT

PROCEDURE[®]

DOCUMENT SUMMARY/KEY POINTS

Managing consumer feedback is the responsibility of everyone at Sydney Children's Hospitals Network (SCHN).

- This document provides a suggested framework for dealing with consumer feedback at SCHN in accordance with:
 - NSW Ministry of Health (MoH) Policy Directive Complaint Management Policy:
https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2020_013
 - NSW Ministry of Health Complaint Management Guidelines:
https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2020_008
 - ims+ Notifying Consumer Feedback User Guide:
https://imsplus.health.nsw.gov.au/_data/assets/pdf_file/0004/1189057/ims_User_Guide_Notifying_Consumer_Feedback.pdf
 - ims+ Managing and Reviewing Consumer Feedback User Guide:
https://imsplus.health.nsw.gov.au/_data/assets/pdf_file/0007/1189024/ims_User_Guide_Managing_and_Reviewing_Consumer_Feedback.pdf
- The focus of this procedure is on a patient and family centred approach to consumer feedback: complaints, compliments, suggestions and observations.
- Where staff at the point of service resolves 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.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st November 2021	Review Period: 3 years
Team Leader:	Consumer Experience Manager	Area/Dept: Clinical Governance Unit

- Consumer feedback highlights key areas of our services that can be enhanced or improved. The SCHN values consumer feedback and staff are encouraged to approach feedback with a lens of opportunity and quality improvement.

CHANGE SUMMARY

- Procedure has been revised to reflect the new incident management system, ims+, and the revised NSW Health Complaints Management Policy and Guidelines.
- Title change. Previous title: Patient Complaints Management Procedure (SCHN Policy Number 2015-9074 v3).

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
https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2020_013
 - MoH Complaint Management Guideline (and SCHN Coversheet):
https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2020_008
 - ims+ Managing and Reviewing Consumer Feedback User Guide:
https://imsplus.health.nsw.gov.au/_data/assets/pdf_file/0007/1189024/ims_User_Guide_Managing_and_Reviewing_Consumer_Feedback.pdf
 - ims+ Notifying Consumer Feedback User Guide:
https://imsplus.health.nsw.gov.au/_data/assets/pdf_file/0004/1189057/ims_User_Guide_Notifying_Consumer_Feedback.pdf

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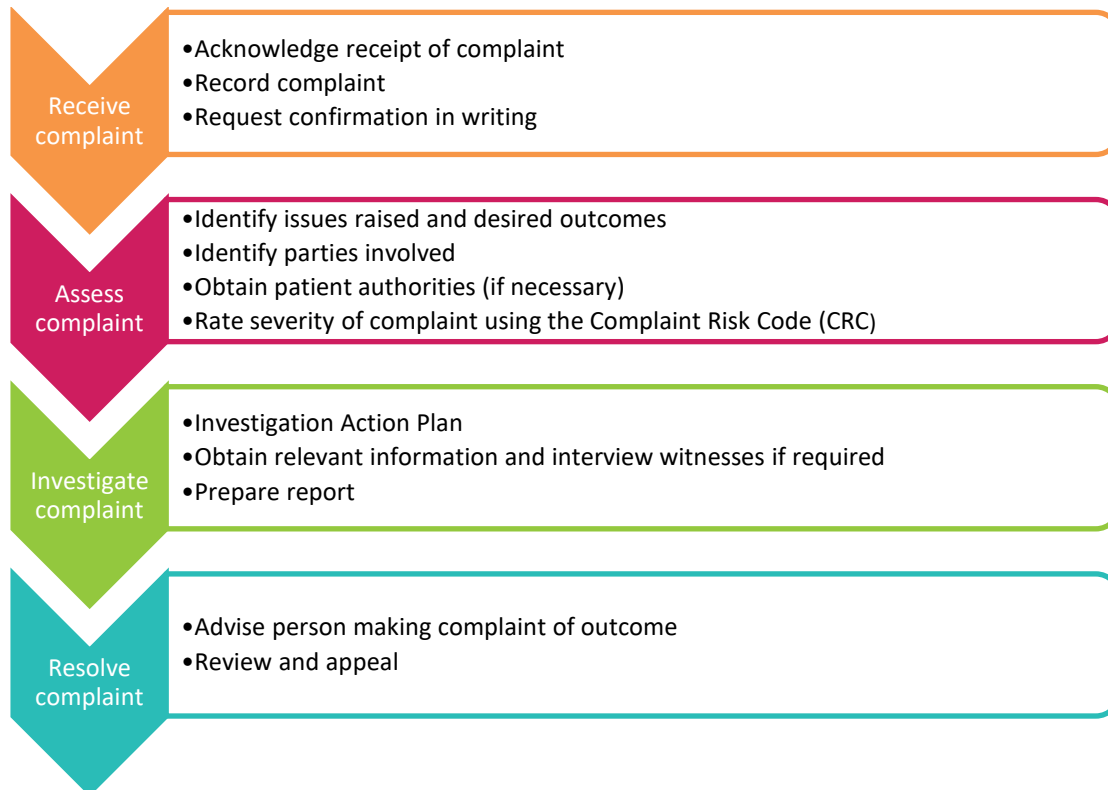
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1 Patient and Family Complaint Management

At SCHN, 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 resolve complaints at first contact. The Patient Friend or CGU staff can provide assistance as required.

The four major stages in the complaint handling process are



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.

Note: Further guidance on how to manage a front line complaint can be found in the NSW Health Complaint Management Guidelines [GL2020_008](#).

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 CGU can support and provide guidance to the line manager in the above instances, as can the relevant Program Directors.

The role of the Patient Friend

- Consumers can self-refer or may be referred to Patient Friend by any member of staff or volunteer.
- The Patient Friend acts as an advocate for patients and their families / carers (consumers) and as a liaison between the Hospital and consumers.
- 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 consumers wishing to lodge a complaint or seeking advice about the complaints management process, but this is not always indicated or required.
- The Patient Friend can provide an explanation about the complaints process, progress the complaint on a family's behalf or provide 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 consumers.

Complaint escalation process

- Proceeds as follows:
 - Line Managers or Heads of Departments
 - Program Directors
 - Patient Friend
 - SCHN Consumer Experience Manager
 - SCHN Director of Safety, Quality and Governance or Executive Director of Medical Services and Clinical Governance.

For details, refer to [Appendix 1](#) and the [Flowchart 1](#) 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 or Heads of Department or Program Directors for initial investigation.
- The Patient Friend and other CGU staff can be involved at all levels of the complaint escalation process.

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

- Managers, Department Heads or Program Directors are expected to investigate and action complaints, and enter progress into ims+ **within 1-2 weeks (5- 10 working days)** of receiving the complaint. If delays are experienced, communication between teams, the complainant and the Patient Friend is important.
- Final response (in person, over phone or written) by either Managers, Department Heads or 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 maximum **within 20 days of receiving the complaint**.
- If there is only one ward or department involved in the complaint, the Manager, Department Head or Program Director is responsible for communicating the outcome of the complaint with the complainant, unless the Patient Friend directs otherwise.

Note: Managers are responsible for updating the ims+ Consumer Feedback entry for the complaint. All correspondence relating to the complaint is to be uploaded to the Consumer Feedback module.

- 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 (KPI):
 - 5 days to acknowledge a complaint
 - 35 days to respond to a complaint

Note: Services and department areas are responsible for documenting and finalising these complaints in the ims+ Consumer Feedback module.

- Patient Friend to follow up to ensure complaint response is finalised within 35 days of receipt as per Ministry of Health KPI.

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 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, Department of Family and Community Services). 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 Executive Director of Medical Services and Clinical Governance via the Patient Friend, where they can be managed on a more discretionary basis.

3 Suggestion or observation

Suggestions or observations

Suggestions and observations provide insights into what consumers believe is working well, and how we can improve our services. This feedback is entered in the ims+ Consumer Feedback module and actions/outcomes are recorded.

Suggestion boxes

Suggestion boxes are located on each ward. Consumers can provide feedback using these suggestion boxes. The feedback from suggestion boxes is collected by the CGU. The feedback is entered into ims+ Consumer Feedback module and assigned to relevant departments for actioning.

Observations and suggestions management process

- Observation or suggestion is entered into ims+ Consumer Feedback module
- The observation or suggestion is referred to the Managers or Department Head for their management
- If relevant, and contact details are provided, contact consumer to acknowledge feedback and advise actions taken
- Managers are responsible for updating and finalising the ims+ Consumer Feedback entry

Refer to [Flowchart 2](#) for management process.

4 Compliments

Compliments are expressions of praise, encouragement or gratitude that are provided about SCHN services or staff. They provide valuable feedback about the level of satisfaction with service delivery.

Compliments provide:

- valuable indicators of the effectiveness of a service
- useful insights about the aspects of service that are most meaningful to people
- examples of good practice which can be shared throughout the department
- an opportunity to recognise the efforts of staff and boost morale.

Whoever receives the compliment is responsible for acknowledging the feedback and entering it into ims+ Consumer Feedback module.

Compliments management process

- Receive and acknowledge compliment
- Enter into ims+ Consumer Feedback module
- Send feedback to relevant team members so staff can be acknowledged
- Managers are responsible for updating and finalising the ims+ Consumer Feedback entry

Refer to [Flowchart 3](#) for management process.

5 Storage of consumer feedback records

- All consumer feedback records should be stored in the ims+ Consumer Feedback Module.
- It is important that all complaint records are kept separately from the patient's medical record and are entered into ims+ Consumer Feedback Module.
- Records of consumer feedback (complaints, compliments, observations, suggestions) must be retained for a minimum of 30 years.
- If the Patient Friend has not been involved in the management of consumer feedback, the service area must enter this feedback into the ims+ Consumer Feedback module.
- If the Patient Friend or CGU has been involved in the management of a complaint, the Patient Friend will initiate the complaint within the ims+ Consumer Feedback module. It is then the responsibility of the relevant manager to update and finalise the ims+ Consumer Feedback entry.

6 Use of consumer feedback within SCHN

Consumer feedback highlights key areas of our services that can be enhanced or improved. The SCHN values consumer feedback and staff are encouraged to approach feedback with a lens of opportunity and quality improvement.

Wards and Departments are encouraged to review their Consumer Feedback data on a regular basis, and identify trends and opportunities for improvement.

Consumer feedback data is also reviewed by the CGU and tabled at Patient Experience Governance Group, Quality Safety Committee and other SCHN committees biannually. The SCHN also provides a monthly report to Ministry of Health on KPIs.

7 Incident management

In some instances, staff may identify a clinical incident as part of the complaints handling process. Where this occurs, staff are also required to follow processes outlined in the [Incident Management – SCHN Practice Guideline \[2006-8324\]](#), in addition to the complaints handling process.

If a complaint involves an incident that is the equivalent of a Harm Score 1 or relates to serious adverse events, sentinel events, long-term damage, grossly substandard care, professional misconduct or death that require investigation, the complaint handling process may be terminated to enable the Incident Management procedure to be initiated. At the completion of the Incident Management process, if a family still has concerns these can be addressed via the Consumer Feedback procedure.

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Appendix 1: Complaint Risk Code, Escalation and Management

Process

- The MoH Complaint Handling Policy outlines that complaints should be rated using the Complaint Risk Code (CRC).
- The CRC correlates with a set of actions that guide SCHN to the level of response appropriate to the complaint. It also provides a clear course of action for handling the complaint.
- The CRC is calculated by applying the consequence category and the likelihood category.

Consequence category

Category	Description
Significant	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.
Major	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.
Moderate	Issues that may require investigation. Potential to impact on service provision/ delivery. Legitimate consumer concern, especially about communication or practice management, but not causing lasting detriment. Potential for legal action.
Minor	No impact on or risk to the provision of health care or the organization. Complaint could be easily resolved at the frontline.
Minimum	Misconceived, trivial or vexatious

Likelihood category

Category	Description
Frequent	Recurring, done, found or experienced often.
Probable	Will probably occur in most circumstances several times a year
Occasional	Happening from time to time, not constant, irregular
Uncommon	Rare, unusual but may have happened before.
Remote	Usually a "one off", slight/vague connection to healthcare service provision.

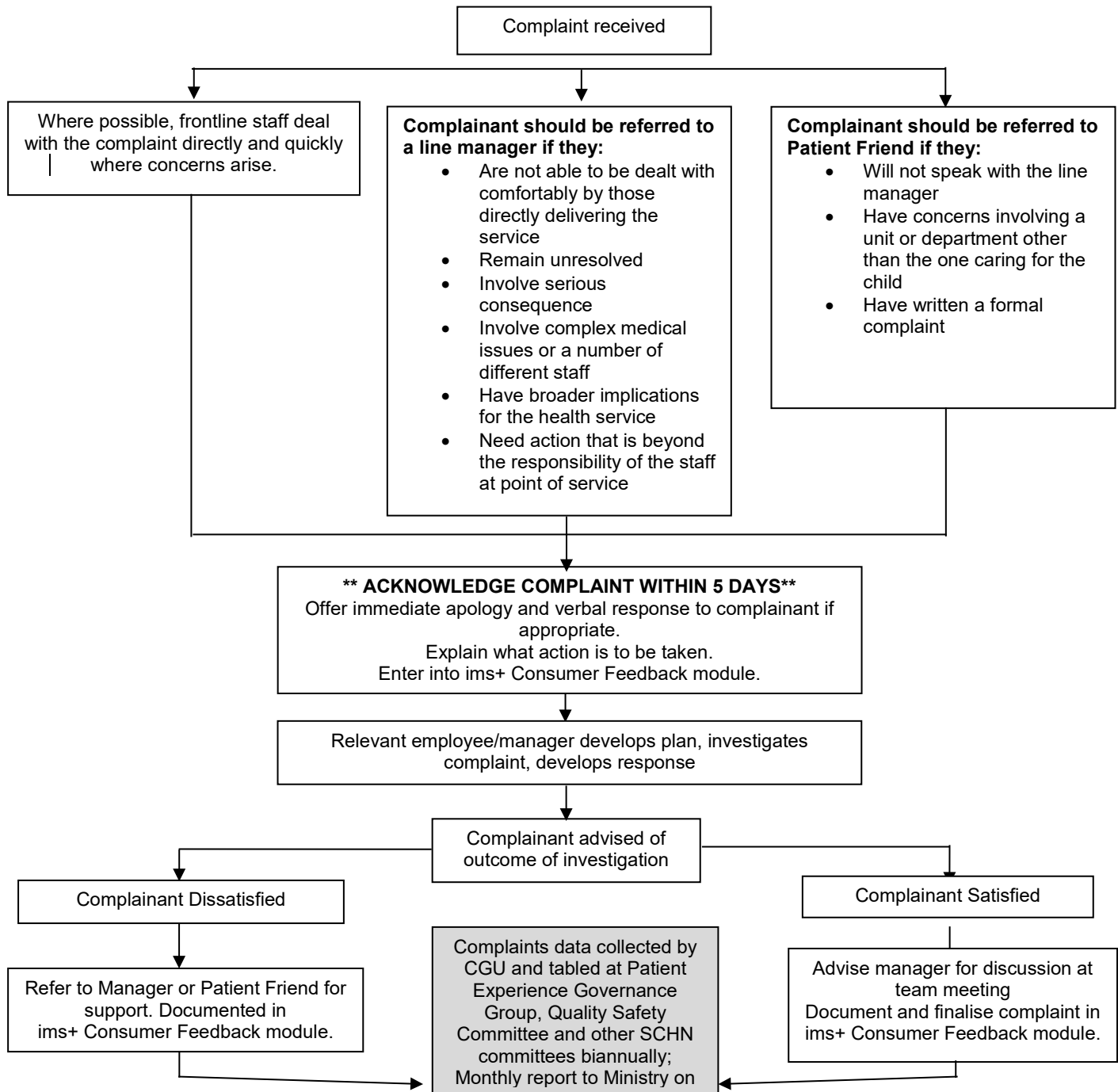
Complaint Management Risk Assessment Matrix

Severity of Complaint	Probability of Recurrence				
	Frequent	Probable	Occasional	Uncommon	Remote
Serious	1	1	1	1	2
Major	1	1	2	2	3
Moderate	2	2	2	3	3
Minor	3	3	3	4	4
Minimum	3	3	4	4	4

Complaint Risk Code

CRC	Description	Management
1	<ul style="list-style-type: none"> Equivalent to a Harm Score 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 Executive Director of Medical Services and Clinical Governance is notified. A Reportable Incident Brief (RIB) and Preliminary Risk Assessment (PRA) is completed Formal Investigation – Serious Adverse Event Review (SAER) commenced Response to the complaint will be put on hold pending the outcome of the SAER The SCHN Medico-Legal Manager should be advised if there are possible legal or Coronial issues which arise, or a TMF notification is required. For more information on the Incident Management process refer to Incident Management – SCHN Practice Guideline [2006-8324]
2	<ul style="list-style-type: none"> Equivalent to a Harm Score 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 Executive Director of Medical Services and Clinical Governance and other appropriate Executive members are notified if there are clinical issues involved A formal investigation may be undertaken in accordance with the Incident Management – SCHN Practice Guideline [2006-8324] The SCHN Medico-Legal Manager must be advised if there are possible legal issues which arise, or a TMF notification is required.
3	<ul style="list-style-type: none"> Equivalent to a Harm Score 3 or Harm Score 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 or 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 or unit or department 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 or department. Patient Friend will escalate as appropriate. The SCHN Medico-Legal Manager must be advised if there are possible legal issues which arise, or a TMF notification is required.
4	<ul style="list-style-type: none"> Equivalent to a Harm Score 3 to Harm Score 4. No impact on or risk to the provision of health care or the organisation Complaint could be easily resolved at the ward or unit level 	<ul style="list-style-type: none"> Complaint is managed at the ward or unit or department 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 or unit manager, or where it involves more than one ward or department. Patient Friend will escalate as appropriate.

Flowchart 1 – Responding to a complaint

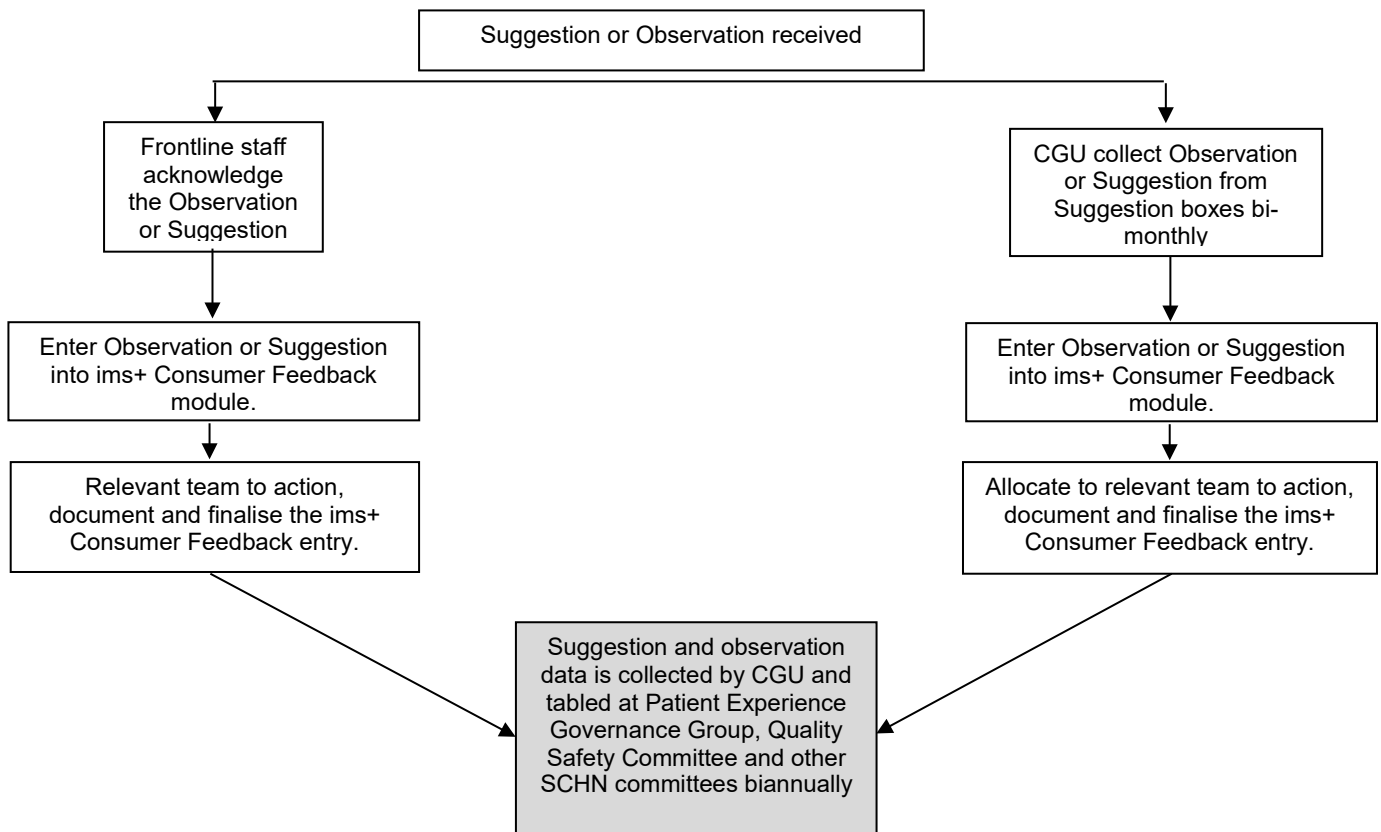


Note: Complaints that are equivalent to a Harm 1 score should not follow this flowchart, and should be immediately escalated as per the Management process outlined in [Appendix 1](#).

Note: Entering complaints into ims+ Consumer Feedback module

Per the Ministry of Health Complaints Management Policy, there is an expectation that all complaints requiring detailed investigation or follow up are entered into ims+ Consumer Feedback module.

Flowchart 2 – Responding to Suggestions and Observations



Flowchart 3 – Responding to a compliment

