

# COMPLAINTS MANAGEMENT POLICY

## PART A - PURPOSE AND CONTEXT

1.0 This policy details the procedure for all staff of CAIRNS OBSTETRICS AND GYNAECOLOGY to follow when faced with a customer/patient/visitor/employee complaint.

1.1 This policy aims to:

- maintain procedural fairness in the handling of complaints;
- ensure consistent complaint investigations; and,
- establish mechanisms to monitor the types and number of complaints received by the CAIRNS OBSTETRICS AND GYNAECOLOGY'S staff.

1.2 For the purposes of this policy a complaint will be defined as *“an expression of dissatisfaction or concern regarding the provision of CAIRNS OBSTETRICS AND GYNAECOLOGY's service(s), a decision or action made by CAIRNS OBSTETRICS AND GYNAECOLOGY, or a service provider engaged by CAIRNS OBSTETRICS AND GYNAECOLOGY.”*

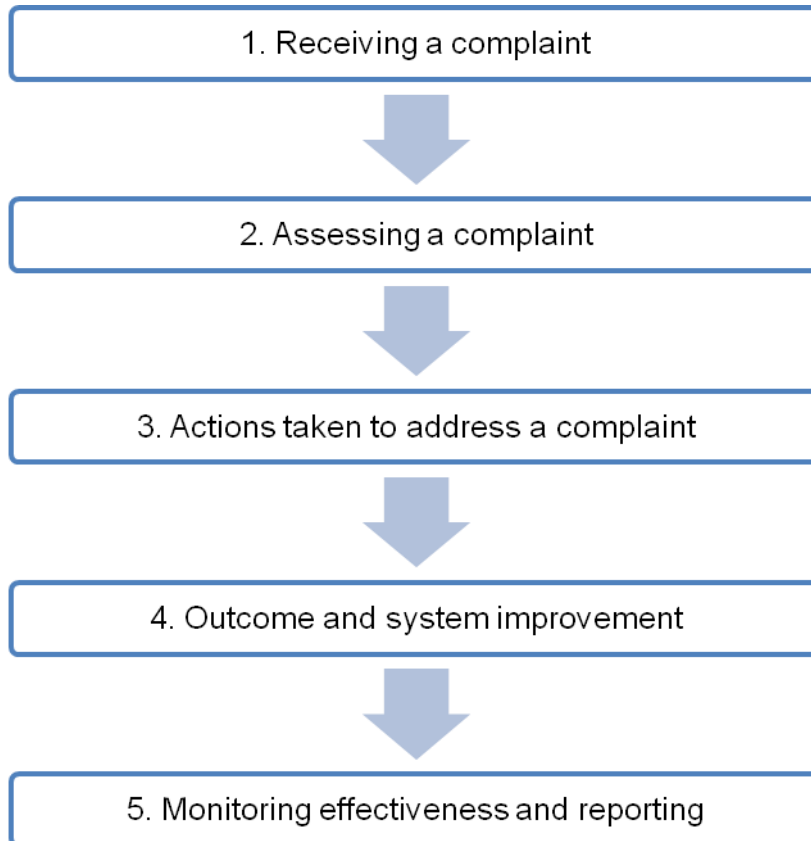
1.3 Despite a large number of issues meeting the aforementioned definition of a complaint are routinely raised verbally with staff/receptionists/nurses etc. during the course of their duties. In the interest of efficiency, if these issues are able to be resolved to the complainant's satisfaction and in a timely manner, they are not required to be extensively investigated or reviewed.

1.4 All staff must be aware of the types of people that may make a complaint within CAIRNS OBSTETRICS AND GYNAECOLOGY. These may include:

- a member of the public;
- an existing patient;
- a former patient;
- co-worker/employee;
- an independent contractor or service provider; and/or,
- a complainant's family member or friend.

## PART B – COMPLIANT HANDLING PROCESS

2.0 There are five (5) phases involved in managing a complaint made to CAIRNS OBSTETRICS AND GYNAECOLOGY:



### 1. Receiving a complaint

#### Medium of contact

Complaints may be received by *CAIRNS OBSTETRICS AND GYNAECOLOGY* through any mode of communication in order to express dissatisfaction. Such contact can be made:

- in person;
- by telephone;
- via the online contact form;
- in writing;
- by fax; and or,
- by email.

## **Documenting the issue**

When a complainant wishes to elevate an issue that has not previously been provided in writing and is unable to obtain assistance to do so, the staff member receiving the complaint must document the issue, in writing, preferably by using the complaint form (either in a printed version or via the online contact form) and/or by documenting the circumstances surrounding the complaint in the patient notes.

Where a staff member (such as a consultant or nurse) does not have the immediate resources to document the complaint, the customer/patient/visitor etc. is to be directed to either the designated complaints handling manager or reception to assist.

Where possible the complainant should verify that all information has been recorded accurately and all issues sufficiently documented. **Refer to the Feedback Form**

## **Reasonable assistance for complainants**

As far as practicable, reasonable assistance should be provided to people who wish to make a complaint. Such assistance may include (for example):

- providing aid if a complainant has language difficulties or is visually or hearing impaired; or,
- advising complainants where they can obtain further information (CAIRNS OBSTETRICS AND GYNAECOLOGY's rooms, where a copy of the complaint policy is held available).

## **2. Assessing a complaint**

Effective complainant management by frontline staff/reception etc. for the initial stages of a complaint is important in achieving the resolution of a complainant's concerns, and may prevent a complaint being escalated.

If the complaint issue does not fall within the services provided by *CAIRNS OBSTETRICS AND GYNAECOLOGY*, reasonable assistance should be provided to the complainant to identify the most appropriate avenue available to them in order to resolve their concerns.

Where it is determined that a complaint falls within the services provided by *CAIRNS OBSTETRICS AND GYNAECOLOGY*, the staff member will refer the complaint to the principal, (Dr. Natalie [Kieseey-Calding/admin@cairns-obgyn.com.au](mailto:Kieseey-Calding/admin@cairns-obgyn.com.au)/ 07 4031 5811) for consideration.

A potential third party entity/representative may be required by *CAIRNS OBSTETRICS AND GYNAECOLOGY* to address complaints outside of the scope of *CAIRNS OBSTETRICS AND GYNAECOLOGY*'s immediate services.

Such third parties may include the Principal's Medical Defence Organisation (MDO), Employer Association (i.e. Australian Medical Association Queensland) and or a legal or financial partner.

### **Determining complaint category**

When assessing a complaint, a determination will be made as to whether the complaint will be assigned as a category A, B or C. This assessment will determine how the complaint will be managed.

#### **Category A Complaint**

- may relate to a single issue;
- involves minimal risk to the complainant, *CAIRNS OBSTETRICS AND GYNAECOLOGY* or engaged service provider;
- will not require a detailed investigation; and,
- will be suitable for local resolution.

Category A complaints are usually to be managed at the local level i.e. by reception etc.

#### **Category B Complaint**

- may relate to one or more issues;
- involves a low degree of risk to the complainant, *CAIRNS OBSTETRICS AND GYNAECOLOGY* or engaged service provider;
- may require a more detailed investigation; and
- should involve consultation as to whether it will be suitable for local resolution.

Category B complaints would usually be managed by the principal, (Dr. Natalie [Kieseey-Calding/admin@cairns-obgyn.com.au](mailto:Kieseey-Calding/admin@cairns-obgyn.com.au)/ 07 4031 5811).

If assessed as Category A or Category B, the designated administrative officer may—

- assist in investigating and determining the causes and outcome of matter with the local level staff member; or,
- solely investigate, and determine the causes and outcome of the matter.

#### **Category C Complaint**

- may involve a serious or significant risk to the complainant, *CAIRNS OBSTETRICS AND GYNAECOLOGY* or engaged service provider;

- will involve a formal investigation; and
- is not suitable for local resolution.

Category C complaints must be handled by the principal, (Dr. Natalie Kieseey-Calding/admin@cairns-). The designated administrative officer must sign off on the outcome of the complaint and bring it to the attention of senior management/practice principal.

## **Determining the Complaints Management Timeframe**

### **Acknowledgement**

All Category B and C complaints must be acknowledged in writing, either by sending an email or posted letter, within **five (5) working days** of the complaint being received by CAIRNS OBSTETRICS AND GYNAECOLOGY.

### **Resolution**

The timeframe that applies to resolving a complaint will depend on an assessment of:

- the urgency of the issue and the impact if the complaint is not resolved quickly;
- the likelihood that the complaint can be quickly resolved;
- the complexity of the issue; and or,
- the use of a third party representative.

Complainants at Categories B and C are to receive written acknowledgement and advice about the outcome of their complaint within required timeframes.

The following timeframes must be applied:

- for complaints that have been assessed as either Category A(if not resolved at local level) or category B, a **14 working day timeframe** applies from when the complaint was first received.
- for complaints that have been assessed as Category C, a **21 working day timeframe** applies from when the complaint was received by the department.

### **Timeframe extensions**

If the complaint is unable to be finalised within the required timeframe, an extension letter must be sent to the complainant as soon as possible advising them and providing them with an expected finalisation timeframe.

The designated administrative officer/practice manager/senior nurse/principal etc. (Ultimately Dr. Natalie Kieseey-Calding/07 4031 5811/admin@cairns-obgyn.com.au) must take all reasonable measures to ensure timeframes are met prior to sending an extension letter to the complainant.

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If an expected finalisation timeframe is unable to be provided, the designated administrative officer/practice manager/senior nurse/principal etc. (Ultimately Dr. Natalie Kiesey-Calding/07 4031 5811/admin@cairns-obgyn.com.au) must endeavour to provide an outcome within 21 working days of the date of the extension letter.

### **Trivial and vexatious complaints**

Caution should be exercised when determining if a complaint is trivial, vexatious, frivolous or made in bad faith.

There are some factors to be considered that may indicate if a complaint is trivial, frivolous, vexatious or has been made in bad faith. These factors include:

- constant complaints from the same complainant against one person or body about the same issue;
- a complainant seeking to revisit the same issue after an initial investigation and subsequent review when no new evidence or material is provided;
- a complainant making repetitive complaints and then withdrawing them;
- using complaints about another person as an attempt to divert attention from the complainant's own situation;
- making a complaint based on false statements of fact; and,
- a complainant making ongoing complaints on an issue which has previously been determined to be trivial, frivolous or made in bad faith.

Assessment may determine that the complaint lodged requires no further action because it was assessed to be vexatious or frivolous in nature. In this instance staff and the designated administrative officer will document the following information:

- notify the complainant/s in writing of the outcomes of the complaint assessment, advising that no further action will be taken and that the complaint is closed, for instance, the complainant may be advised that the complaint lacked sufficient grounds, or that the complaint had been previously lodged and managed;
- notify the complainant that if they are dissatisfied with CAIRNS OBSTETRICS AND GYNAECOLOGY's findings or any aspect of the complaints management process, they may refer their complaint to the principal.

### **Anonymous complaints**

Anonymous complaints will be accepted and recorded. However, there will be limitations as to how thoroughly an anonymous complaint can be investigated.

## **Identifying possible bullying, harassment or discrimination**

[This clause is to be read in conjunction with the Health Care Provider's ***Bullying, Harassment and Discrimination Policy***]

All staff are to identify discrimination throughout the complaints process.

### **3. Actions taken to address a complaint**

#### **Acknowledging the Complaint**

A complaint is required to be acknowledged, in writing, either by letter or email, within 5 business days of the complaint being received.

If the complainant is a member of the public, telephone contact may be made with the complainant during the complaint management process, if verification and/or clarification of the details of the complaint is required. **[Refer Appendix B Acknowledgment letter template]**

#### **Deciding whether to investigate a complaint**

The following factors must be considered by staff and or the designated administrative officer when deciding to investigate a complaint:

- the seriousness and/or systemic nature of the issue/s raised;
- the level of risk to the complainant, CAIRNS OBSTETRICS AND GYNAECOLOGY and/or the engaged service provider;
- the history or level of the CAIRNS OBSTETRICS AND GYNAECOLOGY's involvement;
- recommendations from external parties;
- consequences for current case involvement;
- the likelihood of a productive investigation.

It is important to consider:

If a decision or incident that forms the substance of a complaint occurred more than 12 months prior to the date that the complaint is lodged, the decision to investigate the complaint may be at the discretion of the designated administrative officer. This will be only considered unless the complaint involves an allegation of discrimination.

## **Investigation approach**

A standard approach to investigating a complaint may include:

- a review of any relevant internal policies and procedures;
- gathering of necessary information, consultation with relevant persons and assurance of a thorough understanding of the issues;
- observance of natural justice;
- establishment of facts, including analysis of any evidence for quality, corroboration or contradiction;
- consideration of relevant policies and procedures and assessment criteria;
- consideration of the merits of the original decision making process, if relevant.

## **Review Documentation**

For Category C complaints, the designated administrative officer must detail how his or her came to their recommendation. This may include reference to:

- the documents used to inform the decision (these should be attached);
- a background; and,
- how the conclusion was determined.

This will provide a record of the process applied to inform the review decision. All documentation should be recorded, and placed on file after the complaint review has been finalised.

## **4. Outcome and system improvement**

### **Remedies**

During the review process, consideration should be given to what remedy and systems improvement may be required.

Remedial action that may be appropriate and reasonable to remedy errors and deficiencies in service include (for example):

- an explanation;
- a change of decision;
- formal or informal dispute resolution;
- an apology;



- correction of misleading or incorrect records; and or,
- the review or amendment of/to CAIRNS OBSTETRICS AND GYNAECOLOGY's policies and procedures.

### **System improvements**

When developing system improvement recommendations, consideration should be given to the extent the action will:

- prevent the recurrence of similar complaints; and,
- promote the continuous improvement of CAIRNS OBSTETRICS AND GYNAECOLOGY's services.

System improvements can include:

- policy and procedure review (see quality improvement register);
- practice review; or,
- staff training and other professional developmental activity.

## **5. Monitoring Effectiveness and Reporting**

Recording of complaints information allows for any reporting requirements of CAIRNS OBSTETRICS AND GYNAECOLOGY to be met, and allows for identification of any trends or system issues that may inform improvements to products and services delivered.

Quarterly analysis of complaints is appropriate to identify and address any systemic issues, including improvements to products and services, policies and procedures, and staff training needs.

Such reporting will include:

- the number, types and outcomes of complaints received;
- department of each complaint i.e. Consulting, Nursing, Administration etc.
- the time taken to resolve complaints;
- the number of complaints that were not resolved within the required timeframe; and,
- complaint issues and trends that identify practice improvement opportunities.

## **PART D – HEALTH CARE PROVIDER STAFF AND COMPLAINTS MANAGEMENT**

3.0 Where a complaint is a result of an employee's actions, omissions or lack of service, appropriate performance management tools may be considered.

3.1 If the complaint is centered on bullying, harassment or discrimination employees must refer to the *Bullying, Harassment and Discrimination Policy*.

## **PART E – DIFFICULT PATIENTS AND CANCELLATION OF TREATMENT**

4.0 Pending of the actions and omissions of a patient lodging complaints and the nature of these complaints, if said patient becomes difficult, is discriminatory or displays bullying or harassing behaviours staff will need to refer to CAIRNS OBSTETRICS AND GYNAECOLOGY's *Managing Difficult Patients Policy*.

4.1 If a patient's behaviour is in breach of the aforementioned policy or continues over an extended period of time, staff dealing with said patient may need to (with Principal approval) terminate the treatment of said patient. **[Refer to Appendix B Termination of Treatment Letter]**

## **PART F – REVIEW OF POLICY**

5.0 CAIRNS OBSTETRICS AND GYNAECOLOGY in accordance with any legislative change will review the terms and conditions of this policy to ensure all content is both accurate and up to date.

5.1 Notification of any additional review(s) or alteration(s) to this policy will be provided to you within 3 months notice. If change occurs you are required by the Health Provide to review this policy as appropriate via the website or by obtaining a printed copy from the rooms.