

Procedure



Consumer Feedback Management

1. Purpose

Wide Bay Hospital and Health Service (WBHHS) is committed to ensuring the provision of safe, high quality health care to the community who have entrusted their care to us. This safe and high-quality care is underpinned by the WBHHS Strategic Plan (2018-2022) entitled 'Care Comes First...Through Patients' Eyes'. The strategic plan along with the Clinical Governance and Consumer Engagement Frameworks articulate the integral role consumers have in receiving and contributing to Quality Care Every Day to ensure our consumers and community have confidence in the care we provide.

This procedure describes the processes for receiving, investigating, and responding to consumer feedback from patients, families, carers, and advocates. Feedback may take the form of compliments, general feedback, or complaints. The purpose of this procedure is to provide a principle based best practice framework to enable staff to receive, acknowledge, report, manage, analyse, respond, resolve, and learn from feedback in an effective and timely manner to improve services and care.

2. Scope

This procedure relates to all WBHHS employees (permanent, temporary and casual) and all organisations and individuals acting as its agents including Visiting Medical Officers and other partners, contractors, consultants and volunteers: ([Appendix 1: Roles and Responsibilities](#)).

This procedure does not apply to any complaint considered to constitute corrupt conduct, professional misconduct, fraud or conduct in breach of the Code of Conduct for the Queensland Public Service which may subsequently require referral to the Australian Health Practitioners Regulatory Authority and/or Crime and Corruption Commission. Feedback of this nature must be referred to Human Resource Services for professional stream management.

Complaints relating to breaches in confidential information and privacy are referred to Human Resource Services.

Consumer Feedback Process Flows and Appendices

[Appendix 1: WBHHS Roles and Responsibilities](#)

[Appendix 2: Consumer Feedback Process Flow](#)

[Appendix 3: Consumer Feedback Investigation and Resolution Pathway](#)

[Appendix 4: Consumer Feedback Escalation Pathway](#)

[Appendix 5: Consumer Feedback Form](#)

[Appendix 6: STARS Guiding conversations with patients making complaints](#)

3. Principles

The WBHHS Consumer Feedback Procedure and processes are aligned with the following principles of AS/NZS 10002:2014 Guidelines for Complaint Management in Organisations:

- enabling complaints
- managing complaints
- managing parties (complainant or feedback provider)
- accountability
- learning and prevention

Consumer feedback is supported by the Australian Charter of Healthcare Rights.

The WBHHS Consumer Feedback Procedure is aligned with the Australian Commission on Safety and Quality in Health Care (ACSQHC) National Safety and Quality Health Service (NSQHS):

- Standard 1: Clinical Governance



- Standard 2: Partnering with Consumers

These standards set the overarching requirements for the effective implementation of all other NSQHS standards. This procedure is also aligned with the Aged Care Quality and Safety Commission (ACQSC) [Aged Care Quality Standards](#) (ACQS) Standard 6.

Access to consumer feedback processes should be:

- visible
- transparent
- accessible
- provided without charge or detriment.

4. Enabling Complaints and Feedback

Feedback can be provided or obtained in several ways, including:

- Face-to-face at the point of care
- Via telephone (to the appropriate department or the Clinical Governance Support Unit (CGSU))
- WBHHS online feedback: https://www.health.qld.gov.au/widebay/consumer_feedback
- Compliments, Suggestions and Complaints feedback form: [\(Appendix 5: Consumer Feedback Form\)](#).
- In writing to CGSU: WBHHS, PO Box 592, Hervey Bay, QLD, 4655
- Via email to: WBHHS-CGSU@health.qld.gov.au
- Via external agencies e.g. Office of the Health Ombudsman

5. Managing Complaints and Feedback

The preferred method for responding to complaints is to respond directly to the complainant as soon as possible. Whilst an early, responsive conversation may be uncomfortable; timely action can avert a more difficult conversation later. If an immediate resolution is not possible or further investigation is required, the complainant should be advised that their feedback has been acknowledged and the actions taken at initiation.

Overall responsibility for the investigation and management of consumer feedback, both positive and negative, rests with the team/department/unit providing the service.

Complaint management needs to be responsive, efficient, and timely with resolution prioritised. Complaints are required to be managed with objectivity, fairness, and transparency. Complaints are to be managed equitably with open communication through the legislated frame of privacy and confidentiality.

If during the course of a complaint investigation a perceived or real conflict of interest arises, either from the complainant or WBHHS staff, the complaint investigation needs to be undertaken by parties external to the department/unit against which the complaint was lodged. Matters related to conflict of interest need to be referred to Human Resource Services.

Staff are to be empowered to implement the organisation's complaints management systems and processes. The organisation has systems and processes in place to ensure the safety of staff involved in complaints management including identity protection and professional indemnity.

The organisation needs to ensure that the complaints management system has clear accountability, continuous improvement, and mechanisms for the prevention from ongoing disputes.

Privacy / Consent / Guardianship

All staff involved in complaints management will abide by the confidentiality provisions as set out in the Hospital and Health Boards Act 2011.

Personal information provided by consumers as part of feedback is subject to the provisions of the *Privacy Act 1988 (Commonwealth)*, the *Information Privacy Act 2009 (Qld)* and the *Human Rights Act 2019 (Qld)*. The collection of personal information for complaints management restricts the use and release of that information to the purpose of consumer feedback management. Where personal information is proposed to be used for any purpose other than the specific feedback, consent must be obtained for the intended purpose and recorded in RiskMan ®.

To ensure the privacy of all patients (including children) when complaints are made by a third party (e.g. grandparent, relative, friend) staff should ensure no personal information about the patient is provided



e.g. do not ask “can I confirm their address is...”, instead ask the third party to provide all details known and record these to be checked at a later time.

Complaints about a patient’s care and treatment made by a third party require the patient, or legal guardian’s consent to investigate and provide a response to the third party. A legal guardian is a person who has legal authority to care for the patient (including children).

- Status of a parent or legal guardian should initially be checked in HBCIS.
- Next of Kin (NOK) or First Contact in HBCIS does not necessarily stipulate status as a legal guardian.
- Parents of children under the age of 18 years are considered to be the child’s legal guardian/s, unless an alert exists identifying an alternative care provider/Court Order. Details of legal orders should be checked in the patient’s medical record prior to information being provided to a third party.
- In the situation of shared parental responsibility, the Court Order stipulating responsibilities should be checked in the patient’s medical record. It is the responsibility of both parents, not the WBHHS, to communicate with each other and decide who should be listed as first contact on the HBCIS record unless a court order or domestic violence order is in place.
- A valid Enduring Power of Attorney (EPOA) document, on its own, does not constitute legal authority to receive information and make decisions on a patient’s behalf.
- An EPOA may relate to personal, financial, and/or accommodation decisions – this should be checked to ensure appropriate delegation has been made for information relating to personal and health matters.
- A patient with a valid EPOA document must be deemed to lack capacity to make decisions specific to the concerns being raised (within the scope of the EPOA as stated above) before responsibility for consent and receipt of information can be transferred to the appointed EPOA.
- The responsibilities and rights of an EPOA cease upon a patient’s death.

Where guardianship is uncertain, the Social Work Department can assist with identifying if court orders are in place and Legal Services (WBHHS-LegalServices@health.qld.gov.au) can assist with interpreting orders.

Information can be shared with a Mental Health consumer's nominated support person. If a consumer is very unwell, collateral information may be gained from other sources (family/friends) until information can be shared with the consumer's permission with others as stated in a consent form. Information can also be shared if a consumer is placed under the Guardianship Act. QH also have a Memorandum of Understanding with QPS for the sharing of information.

Patient confidentiality is maintained after a patient is deceased. Information should not be provided to a third party unless it can be determined that the third party had sufficient personal interest (which can only be approved by a health professional) in the patient’s care and treatment, **AND** it is likely the information would have been shared or consent provided when the patient was alive. This can be demonstrated by the person being listed as NOK or a contact in HBCIS, **AND** documentation in the medical record of their involvement in discussions with the patient and staff during treatment provided by WBHHS, or responsibility to provide care and/or support to the patient at home. Further advice can be sought from WBHHS-LegalServices if required.

Consumer feedback is recorded in the enterprise RiskMan® information management system - Consumer Feedback (CF) application.

Related emails or feedback forms should be scanned/saved as PDF files and uploaded to Riskman. Documentation or forms relating to feedback **ARE NOT TO BE ATTACHED** to the patient’s medical record. Once scanned, physical documentation can be processed for shredding/destruction utilising secure bins.

Where written or electronic correspondence contains identifiable private patient information, responses to patients/consumers should be sent by WBHHS via registered post (printed letters) or a secure encrypted email platform such as Kiteworks.

If interest is indicated (feedback form) to be involved in developing and implementing improvements through consumer engagement, patient/consumer details should be sent to the WBHHS Consumer Engagement team.

Quality improvements implemented from consumer feedback are to be recorded in the Cgov Quality Improvement Register Tracker (QIRT). When opportunities arise, consumer engagement stories should be provided to the internal communication department for sharing in internal publications and marketing.



5.1 Consumer Feedback Process

Compliments

Compliments accepted at the point of service delivery are entered into Riskman by the receiving officer. Details of the compliment are to be forwarded to the line manager. If the compliment names a staff member, the compliment is to be forwarded to the staff member as well. Compliments received directly by service units/teams do not need to be sent to CGSU once entered into Riskman.

Compliments that are received by the CGSU are forwarded to the relevant department for staff acknowledgement and entry into Riskman by the unit. CGSU can provide guidance on entering compliments related to patient care if required. Once reviewed by the unit / line manager, compliments should be closed within Riskman.

Where a compliment is received there is no requirement to provide an acknowledgment in writing, however the consumer or the advocate providing the compliment should be thanked for their feedback.

It is important that employees are made aware of the receipt of compliments by displaying cards and letters in visible and accessible places (e.g. communication/notice boards). The operational manager is to seek permission from employees and redact any medical-in-confidence information if required. Where relevant, consumer compliments should be considered as potential local evidence of meeting action items within the NSQHS Partnering with Consumers Standard.

General Feedback (including Suggestions and Enquiries)

General Feedback can be accepted by the relevant unit and entered directly into Riskman. Alternatively, General Feedback received outside of operational departments/ units/ wards and divisions is to be forwarded to CGSU for entry into Riskman and forwarding to the relevant department for staff acknowledgement and actioning as required.

All general feedback is to be discussed at departmental level and escalated as required.

Contact may be made with the patient/consumer to acknowledge and discuss their general feedback in more detail, particularly if there are questions relating to care or service provision or to invite the patient/consumer to be involved in developing and implementing their suggestion/s.

Once reviewed by the unit / line manager, any actions taken should be entered into the outcome section and the General Feedback can then be closed within Riskman.

Complaints

A complaint is an expression of dissatisfaction made to or about an organisation, related to its products, services, staff or the handling of a complaint.

All complaints are encouraged to be initially managed at the point of service by the clinical, administrative, or operational staff. Immediate acknowledgement and resolution of a minor or negligible complaint is to occur at the point of service.

Where the complaint is of a moderate nature, the complaint should be acknowledged and escalated to a senior clinical, administrative, or operational staff member. Senior staff members may include, but are not limited to: Directors, Managers, Clinical Directors, Nursing Directors etc. CGSU should be included in email correspondence for noting action being taken directly by the service unit staff and to assist in maintaining the Riskman report if required.

Where the complaint is of a major or severe nature, the complaint should be acknowledged and escalated to CGSU or relevant Executive Director.

Where the complaint raises the possibility of a clinical incident, the departmental manager must also initiate the management of the clinical incident consistent with the WBHHS Clinical Incident Management Procedure. It is important that complaint management and resolution processes remain separate from the clinical incident management process. The complaint resolution process is not delayed due to clinical incident management.

The complainant should receive an acknowledgement of their complaint as soon as possible and within 5 calendar days. Ideally, the acknowledgement should be verbal to allow for early communication establishment with the consumer. All complaints are required to be acknowledged within 5-business days.

The complainant is to be informed WBHHS will aim to provide a verbal or written response (based on consumer preference) within 35 calendar days. Complex concerns may take longer to review and



resolve, and the consumer is to be advised that they will be kept informed as to the progress of the resolution process and any potential delay to meeting the 35-day deadline. WBHHS minimum threshold for this key performance indicator is 80% compliance within timeframe.

Receiving a Complaint

It is important to listen carefully and actively to information provided by the complainant. When a consumer identifies concerns with a service, the first course of action should not be to offer a feedback form and advise that complaints are to be made in writing. This is contrary to best practice, particularly for complaints of negligible or minor severity.

Empathise and acknowledge the complainant's feelings and provide an apology. If taking notes, paraphrasing and reading back the complainant's concerns assist with clarification and understanding. It is important to determine what the complainant wants to occur as a result of the complaint; however, staff must not promise something which is unachievable.

Resolve the complaint, if possible, within the context of patient consent if the complainant is not the patient or commit to doing something immediately to facilitate commencing resolution regardless of who will ultimately resolve the complaint. Offer the patient access to further services, for example Aboriginal and Torres Strait Hospital Liaison Service or Interpreter Services where appropriate. Thank the complainant for their feedback and reassure them that their concerns are important and will be investigated. Ensure the departmental manager is aware of the complaint. Promptly document the complaint, verbal conversations, actions, decisions, and reasons for decisions in RiskMan® or contact CGSU for assistance to lodge if required.

When assessing all complaints, it is important to identify any human rights which may have been reported. If you have any concerns regarding possible human rights violations, there is a requirement to escalate this to your line manager to assist with mandatory reporting.

If trigger words are used by a consumer including, but not limited to "legal, media, self-harm, breach of privacy or confidentiality" the person taking the complaint should escalate to their line manager.

Acknowledging a Complaint

The preferred method of acknowledgement is verbal unless otherwise indicated.

It is important to ensure that patient safety and care is optimised immediately before progressing action related to the complaint management process.

Where the complaint is assessed at point of service as negligible or minor, the complainant's concerns should be received at the point of service and recorded in Riskman. Completion of acknowledgement and due date is not required in Riskman for complaints that are resolved at point of service. Complaints of negligible or minor severity can be closed in Riskman after entry of the action taken in the outcome section by the line manager.

Where the complaint is assessed as moderate or above, advise the complainant that their complaint will be escalated to a more senior staff member, noting that initial actions can be undertaken by the person receiving the complaint. Upon escalation the senior staff member will contact the complainant and provide further acknowledgement as soon as possible and no later than five calendar days of receipt of the complaint. All actions are recorded in RiskMan in the progress note, outcome, or journal sections. Contacting the complainant directly (by phone) is the preferred acknowledgement method.

Where a third party (not including Specific External Complaints further below) has provided the complaint, such as a consumer advocate, or an external agency assisting with the complaint, both the consumer and the third party are to receive an acknowledgment of receipt of the complaint, usually through the process of seeking patient consent to investigate and release information to a third party. Acknowledgement to the third party should be via telephone where possible. Alternatively, via a suitable generic email account, dependent on where the incoming correspondence was received i.e. MD18 or CGSU.

In the situation of a consumer advocate or entity who would not normally meet the requirements of 'sufficient personal interest' the third party is to be advised that further communication about the matter will continue through the consumer only, unless otherwise requested by the consumer (as the subject of the complaint) or required under law by an agency assisting the complainant.

Reporting a Complaint



All consumer complaints are to be recorded by the person receiving the complaint in the RiskMan® system or forwarded immediately to CGSU for assistance to lodge as soon as practical after receiving the information. Information recorded should include a summary of the complaint (including key concerns), decisions made, reasons for the decision, and records of verbal conversations about the complaint. This practice ensures WBHHS meets its legislative obligations regarding complaint reporting, and that there is an integrated approach to management of patient complaint information across the service.

All Complaints are required to have an initial complaint severity assessment and triage undertaken by the reporter to ascertain the level of management response and escalation requirements.

Managing a Complaint

The level of escalation and requisite responsibilities should be aligned with the severity assessment rating as outlined in the table below. This will assist WBHHS with referral of complaints to the most appropriate level in the organisation for support, investigation, management and timely resolution.

The severity assessment will be confirmed/ amended as part of the escalation assessment process with subsequent actions documented. All escalations will be recorded in the RiskMan complaint journal.

Severity	Complaint Severity Definition	Responsibility
Negligible	No impact or risk to provision of care or the organisation <ul style="list-style-type: none"> No impact on the provision of care No potential organisational impact 	Clinical team
Minor	Issues not causing lasting detriment, that can be or should be investigated and resolved at the point of service. <ul style="list-style-type: none"> Can or should be able to be investigated and resolved at the point of service. Issues not causing lasting detriment 	Clinical team
Moderate	Issue not causing lasting detriment that may require investigation (eg: about organisational or professional issues, communication and practice management issues that are repetitive or not minor in nature) <ul style="list-style-type: none"> Organisation or professional issues that should be investigated. Communication and practice management issues (where repetitive or not minor in nature) Issues not causing lasting detriment 	Clinical Directors, Nurse Unit Managers, After Hours Nursing Coordinators, Operations Directors
Major	Issues causing lasting detriment, that require investigation (related to standards, quality of care or denial of rights) <ul style="list-style-type: none"> Significant issues of standards, quality of care or denial of rights Issues causing lasting detriment 	Director of Clinical Governance Support Unit, Directors of Medical Services, Directors of Nursing, Directors of Allied Health, Director Human Resource
Extreme	Issues about serious adverse events, long term damage or death that require formal investigation. <ul style="list-style-type: none"> Serious adverse outcome, grossly sub-standard care, or unsatisfactory professional conduct Issue causing long term or severe damage or death 	Executive Director Fraser Coast, Executive Director Bundaberg and Rurals, Executive Director of Governance, Executive Director Mental Health and Specialised Services, Executive Director Human Resource

Minor and negligible complaints resolved at point of service can be closed upon resolution.

All complaints that are assessed as moderate or above are required to have a structured follow-up, feedback and reporting schedule that is discussed with, and agreed to, by the complainant.

All complaints assessed as major or extreme require immediate escalation to the relevant Director or Executive and assistance to manage provided by the CGSU.

If a complaint is unable to be resolved verbally by staff at the point of service, then consideration should be given to an in-person meeting with relevant clinical, administrative and/or operational staff to provide



feedback upon conclusion of further analysis. Should a written response or a summary of meeting/s be requested, CGSU will facilitate the drafting of a response for Executive or Director sign-off.

The 'breifing up' of a complaint to a more senior staff member is not an automatic transfer of management and can be utilised as an action undertaken to assist with management at point of service. The escalation to the senior staff member could be in the context of awareness, advice, obtaining required approvals to resolve the concerns or seeking further empowerment for ongoing management and resolution and de-escalation of the complaint.

If an escalation for ongoing management is accepted it is the responsibility of the relevant senior staff member to contact the complainant, ensure consent is obtained (if not already) and all concerns related to the complaint are captured including the preferred mechanism of response. After escalation it is the responsibility of the relevant manager/ director/ executive to amend the complaint severity assessment within RiskMan if required.

Analysing a Complaint

When analysing a complaint, the responsible entity is to ensure that patient consent is obtained to investigate. A review of the complaint needs to be undertaken with relevant clinical, administrative, and operational staff and includes analysis of the care provided and informed by,

- The specific concerns as identified and documented in the complaint.
- The patient's clinical / medical record
- Recollections or statements from staff involved in the patient's care (relevant to the complaint)

As part of the analysis process all complaints assessed as moderate or above are to consider if an external review is required by relevant staff members who are not connected with the clinical, administrative, and operational source of the complaint. It is important that the principles of transparency, objectivity, procedural fairness, and natural justice are upheld at all times. If there are any concerns that this can't be achieved then consideration needs to be given to outsourcing the review to another clinical, administrative, or operational team. Advice can be sought through the escalation process and senior management.

Any delays in the analysis of a complaint should be forecasted and shared with the complainant. It is important that any delays are recognised early, and regular contact be established with the complainant to advise on actions taken and potential impacts to anticipated target timeframes.

Analysis feedback on major and extreme complaints from clinical, administrative, and operational departments is required to the CGSU within 14 days of receipt of the complaint.

It is recognised there may occasionally be a requirement to extend the 35-calendar day timeline to accommodate an appropriate investigation and response. Any extension of the 35-day timeline must be escalated to the Manager of CGSU and communicated to the complainant.

Responding to a Complaint

The preferred method of responding to a complaint is determined by the complainant; however, best practice supports direct contact (face-to-face, telephone or telehealth portal) rather than written correspondence. Where complaints are severity-assessed at point of service as minor or negligible the response and outcome (preferably verbal) should be provided to the complainant directly, with action taken documented in RiskMan and the complaint closed.

Complaints with a severity assessment of moderate or above, should be responded to via telephone or face-to-face contact (dependent on any environmental or public health limitations that may be in place). This may include meeting with the complainant, their family and relevant clinical, administrative, and operational staff. Face to face meetings conducted in an open and transparent manner allow all parties to ask further questions, seek confirmations, provide explanations about the reasoning behind decisions. To assist with face-to-face meetings the Clinical Excellence Division Clinician Disclosure STARS tool ([Appendix 6 STARS Tool](#)) can be utilised to assist with the meeting.

If requested by the complainant at acknowledgement, or as a summary following direct resolution, a written response can be provided. All written responses are to ensure that the HEART response framework is considered and incorporated, where appropriate within the written response.

- **H**umanise the response,
- **E**mpathise with the experience,
- **A**ddress all concerns and themes,



- **R**eassure and/or apologise, and
- **T**ake action, if required.

Resolving a Complaint

Closure of a complaint is undertaken when direct resolution (telephone call or face-to-face discussion) has occurred and the complainant indicates they are satisfied with the outcome, or when a response letter has been signed by the facility Executive Director and sent to the complainant. Written responses should include the CGSU contact telephone number, should further concerns be identified as well as providing the Office of the Health Ombudsman (OHO) contact details to seek an independent opinion if required.

The complainant is responsible for contacting CGSU if they are not satisfied with the outcome.

If the consumer is unsatisfied with the response from WBHHS, the complaints review process should be engaged as described below. Where this continues to be unsuccessful the complainant is to be directed to contact the OHO, the Queensland Human Rights Commission or the Aged Care Quality and Safety Commission. The OHO can receive complaints about public, private and community-based health services and providers in Queensland.

Complaint Review Process

Where complainants have advised, the complaint was not resolved to their satisfaction the complaint will be escalated to the relevant clinical, operational, or administrative Director for review. After review of all relevant information the Director will contact the complainant and acknowledge their concerns and listen further to their concerns to ascertain if any specific matters related to the complaint have been overlooked.

If matters have been overlooked, then an apology will be provided to the complainant and further investigations will be undertaken until resolution. If after reviewing the complaint all matters have been addressed then the complainant will be referred to the OHO for an independent assessment.

Where complainants advise they are dissatisfied with the outcome of the complaint review process, they can request an internal review of the decision be undertaken by the CGSU. The CGSU will facilitate a review of the complaint by either the Manager or Director of CGSU.

Specific Internal Complaints

Multiple Divisional / Departmental Complaints

Multiple divisional/ departmental complaints will be managed by one single appointed source. This will facilitate and improve information and thematic flow, coordination and accuracy for the complainant, clinical, administrative, and operational staff, and the responsible senior staff member. The appointment of a responsible senior staff member to manage the complaint will be determined by the location of where the largest proportion of the complaint resides within the organisation or as directed by the Chief Operating Officer or Executive Director of Mental Health and Specialised Services.

Mental Health Complaints Regarding Mental Health Act 2016

General complaints are dealt with via the Safety Improvement Coordinator or via MD18.

Complaints about treatment and care of patients must be received, acknowledged, and assessed in accordance with established WBHHS procedures. The Authorised Mental Health Service (AMHS) administrator must notify the Chief Psychiatrist of complaints relating to significant non-compliance with the Mental Health Act and for specified critical incidents.

Independent Patient Rights Advisers and other staff of AMHS must provide assistance to patients and their support persons in making a complaint, if requested.

In assessing any AMHS complaint, regard must be given to the Chief Psychiatrist policy: 'Right of a Patient to Request a Second Opinion.' This applies if an AMHS has not been able to resolve a patient complaint or complaint made by an interested person for the patient, about the patient's treatment/ care.



Compensation or Reimbursement Complaint

Claims for compensation or reimbursement may be identified from consumer feedback including OHO's. If compensation and reimbursement of quantifiable loss or damage is requested by a patient, a determination is required to be made by the Chief Operating Officer. To assist in making this determination all relevant information regarding the request including complaint information and out of pocket expense receipts is to be included in a brief to the COO from the senior staff member managing the complaint.

Claims for lost dentures should include early notification to Wide Bay Oral Health Services following efforts to locate the item/s, to seek assistance for replacement of dentures for eligible patients.

Consumers who are seeking compensation for non-quantifiable matters such as pain, suffering and disability are to be advised to seek independent legal advice.

Patient Reported Experience Measures Survey (PREMS)

PREMS is a survey questionnaire that consumers provide to WBHHS regarding their recent hospital experience following discharge. The Department of Health has advised that survey feedback from patient's experiences is unable to be utilised in the complaint process, unless consumers have specifically approved or consented to their experience being utilised. Certain "trigger" words within PREMS are notifiable, and discretion is to be utilised if contact should be made based on the context of survey feedback.

First Nations Complaints

All complaints involving first nations peoples should be afforded the opportunity and choice to engage with the Aboriginal and Torres Strait (ATSI) Liaison officer for assistance and guidance on ongoing management and communication to ensure consumers receive meaningful feedback.

Non-English Speaking Complaints

All complaints received by consumers from a non-English speaking (NES) background should be afforded the opportunity and choice to involve the relevant interpreter for assistance and guidance on ongoing management and communication.

Complaints about another Hospital and Health Service (HHS)

If at any stage through the management of a complaint WBHHS staff become aware that the complaint could potentially or actually relate to care delivered at another HHS (public and/or private) the CGF will check if the patient/complainant is happy for CGSU to refer the concerns to our equivalent department (e.g. RBWH PLO) or if they would like the contact details to do themselves.

Vexatious / Querulous Complaints

WBHHS will consider all complaints on merit and acknowledge that there is more than one pathway for the management of difficult complainants. It is important to understand that each complainant is often at different points along their complaint journey and that we should always understand that care comes first through patient's eyes.

WBHHS retains the right to refuse to progress a consumer complaint if it is established that it is vexatious, aggressive, repetitive, persistent, or querulous. If a staff member believes that this is applicable to the complaint the matter should be initially raised with their line manager who can further escalate to the CGSU, if required.

Complaints assessed as being vexatious should be escalated to the WBHHS Legal Services for advice and feedback prior to a final decision on the management plan.

After feedback has been received and a decision made that the complaint is vexatious/querulous the WBHHS CGSU will write a letter for Executive sign-off notifying the complainant that the complaint has been handled to the satisfaction of WBHHS and inform the complainant that they can refer their complaint to an external independent organisation such as OHO.



For ongoing vexatious and/or querulous complaints WBHHS will assign a single point of contact within the CGSU to consistently manage the case, typically through a centralised email correspondence account.

Social Media Complaints

All social media complaints are to be referred to the WBHHS Media and Communications team who will liaise with the CGSU to undertake a review of the complaint. The review will determine if further escalation and management is required.

Anonymous Complaints

Anonymous complaints are recorded in the RiskMan system for monitoring of issues but will not receive a response. Complainants who contact WBHHS by phone or email and elect to remain anonymous are advised at time of complaint that they will not receive a response. Complainants that use the feedback form or online portal anonymously will not be contacted. Anonymous feedback will be reviewed for severity and clinical relevance to be sent to the unit manager for awareness or the Executive Director for noting.

Child Safety Complaints

Following the 2012 Queensland Child Protection Commission of Inquiry (QCPOI), recommendations were made to Queensland Health surrounding the handling and management of complaints processes for child safety matters. These recommendations refer to complaints made by, or on behalf of a child, on the actions or inactions of a health service or health professional in relation to a child protection matter e.g. failure of a health professional to report a clinical presentation in relation to a child protection matter to the Department of Communities Child Safety & Disability Services. These complaints generally originate from a third party e.g. police, ambulance officer, child safety, community visitor.

Any concerns of this nature should be escalated immediately to the WBHHS Child Protection Liaison Officer's (CPLO's).

Aged Care Complaints

If a complaint relating to a residential aged care resident is unable to be resolved through the complaints management process, then the consumer/ carer can refer the matter to the Aged Care Quality and Safety Commission (the Commission) who are able to provide further support, information, and options, to resolve the complaint.

Ryan's Rule

Ryan's Rule is a stepwise clinical escalation process which is designed for patients, families, guardians and carers can raise concerns when they feel that the consumers health condition is deteriorating. Ryan's Rule is not a mechanism for general complaints.

Specific External Complaints

Office of the Health Ombudsman, Ministerials, Members of Parliament, AHPRA

All external authority complaints are received and recorded into RiskMan by MD18 and forwarded to the appropriate Executive or Manager and CGSU for coordinated management to investigate and develop a response. Clinical Governance Facilitators, and Oral and MH&SS Safety Improvement Support Officer, will assist MD18 staff as required.

Information, privacy, confidentiality complaints

All complaints that may involve information privacy or confidentiality issues are to be assessed by the Information Privacy Confidentiality Officer via email WBHHS-LegalServices@health.qld.gov.au. The advice obtained can then be utilised to ascertain if a direct response to the complainant will be provided by the Information Privacy Confidentiality Officer or will be incorporated into a broad complaint response.



Discrimination or Human Rights complaint

If the consumer is unsatisfied with the response from WBHHS, they may contact the Queensland Human Rights Commission. This agency is for complaints received under the Anti-Discrimination Act 1991 including complaints of discrimination, sexual harassment, vilification, victimisation, and other breaches of the Anti-Discrimination Act 1991 and for complaints against public entities under the Human Rights Act 2019.

The Human Rights Act 2019 (Qld) has set a 45-business daytime frame for a response to be made to a consumer who makes a complaint of having their human rights breached. If a complaint remains unresolved (no response within the timeframe or they feel the response is inadequate) the consumer can complain to the Queensland Human Rights Commission.

Staff Support

People who have a complaint about a product, service, staff, or the handling of a complaint may be angry, irritated, rude, hurt, impatient, persistent, distressed, grieving, furious, emotional, aggressive, sarcastic, loud, and make unreasonable demands. These emotions can make communication with the consumer difficult for staff and can impede the collection of information related to the source of the complaint. While it is important to acknowledge and empathise with the emotions being experienced by consumers, staff are not expected to accept behaviour such as verbal or physical aggression. Staff do have the right and will be supported, to terminate telephone calls (after providing a verbal warning to the complainant) or remove themselves from a situation if they feel threatened in any way.

WBHHS also acknowledges that the role of consistently accepting and acknowledging complaints over a sustained period of time could have detrimental adverse affects on staff. Line managers are to consistently monitor complaint fatigue within their staff and enact strategies to ensure staff don't develop compassion fatigue when dealing with complaints.

Staff can be further supported to access the Converge Employee Assistance Program by their line manager and are encouraged to submit workplace incidents, if required.

Monitoring and Evaluation of the Consumer Feedback System

The ongoing monitoring and evaluation of the WBHHS consumer management system will be undertaken utilising the ACSQHC PICMoRS framework.

Process – consumer feedback procedure will be contemporary, established, maintained and available on both the WBHHS intranet and internet website sites and communicated to staff.

Improvement strategies – will be identified and actioned with each systematic review of the procedure eg: point of service complaints resolution training package.

Consumer participation – each systematic review will be informed and dually constructed with the input of the WBHHS Consumer Reference Group

Monitoring – each systematic review of the procedure will inform ongoing qualitative and quantitative effectiveness metrics to further compliment current compliance (DoH Service Level Agreement) metrics.

Reporting – continue to be undertaken through established Management/ Executive and Board level Safety and Quality meetings as well as the annual WBHHS Quality of Care Report

Safety and Quality systems – utilise consumer feedback data to inform other enterprise wide safety and quality systems.

6. Primary Policy

- [WBHHS Clinical Governance Framework](#)

7. Supporting / Relating documents

Legislation/ Directives/ Standards

- [Hospital and Health Boards Act 2011](#)
- [Health Ombudsman Act 2013](#)
- [Public Service Act 2008](#)



- Australian Commission on Safety and Quality (ACSQ) in Health Care – National Safety and Quality Health Service (NSQHS) Standards 2nd Edition: [ACSQ National Standard 1 – Clinical Governance](#) and [ACSQ National Standard 2 – Partnering with Consumers](#)
- Department of Health Customer Complaint Management Policy
- Department of Health Customer Complaint Management Guideline
- Australian/New Zealand Standard – Guidelines for complaints management in organisations (AS/NZS 10002-2014)
- [Queensland Health Handbook for managing consumer complaints 2018](#)
- [The Australian Charter of Healthcare Rights](#)

Procedures / Guidelines

- WBHHS-PRO-0055 Clinical Incident Management
- Factsheet – [Key principles for consumer complaints management](#)
- Factsheet – [Managing angry or aggressive complainants](#)

Forms

- [Consumer Feedback Form](#)

8. Definition of Terms

Term	Definition / Explanation / Details
Compliment	Any expression of praise, by or on behalf of an individual consumer or group of consumers, regarding the provision of a health service.
Enquiry	An act of asking for information.
Suggestion	Any expression of an idea or plan put forward for consideration regarding the provision of a health service.
Complaint	A complaint is an expression of dissatisfaction made to or about an organisation, related to its products, services, staff or the handling of a complaint, where a response or resolution is explicitly or implicitly expected or legally required.
Feedback	Opinions, comments and expressions of interest or concern, made directly or indirectly, explicitly, or implicitly to or about WBHHS, its services, staff, or the handling of a complaint.)
Vexatious	<p>A vexatious matter is one made in bad faith, instituted without sufficient ground, and serves only to cause annoyance. A complaint may be regarded as vexatious where:</p> <ul style="list-style-type: none"> The purpose of the complaint is to harass, annoy, delay or cause detriment. The complainant persists in pursuing a complaint where the complaint process has been fully and properly implemented and exhausted and provides no new and relevant information. The complainant makes excessive contact or seeks to impose unreasonable demands or expectations on resources, such as responses being provided more urgently than is reasonable or necessary. The complainant displays aggressive or abusive behaviour such as abusive language, threats, rudeness or has threatened physical violence towards staff.
Querulous	<p>Querulous complainants often want vindication, retribution, or revenge as part of their compensation. Querulous is a particular type of behaviour exhibited by:</p> <ul style="list-style-type: none"> Obsession and being pedantic about the complaint to the minute detail. Being inflexible and rigid at one level, while constantly adding to and reframing the complaint.



	<ul style="list-style-type: none"> • Focusing on the principle and the perceived injustice rather than the substance or facts of the complaint • Attempts to co-opt others who are assisting in the complaint resolution. • Excessive preoccupation with the complaint which may lead to social and family isolation, loss of outside interests and/or monies. • Disproportionate and inappropriate anger. • Comments about being victimised, ignored, lied to, fobbed off and humiliated. • Persistent complaining usually supported by a large quantity of written material. • Complaining after the case has been investigated and closed.
--	--

9. Procedure revision and approval history

Executive Sponsor		Executive Director of Governance			
Author		Director Clinical Governance			
Approval Authority		Health Care Standards Committee			
Keywords		Complaint; Compliment; Consumer; OHO; Ombudsman; External MP; Ministerial Feedback; Consent; Privacy			
Supersedes		WBHHS-PRO-0003 Consumer Feedback Management V3.0			
Version	Approved	Effective	Authority	Comment	Review
7.0	12/09/2018	12/09/2018	Executive Director of Governance	Endorsed	01/09/2021
8.0	15/06/2022	15/06/2022	Health Care Standards	Review	01/06/2025
8.1	21/11/2023	21/11/2023	Health Care Standards	Amendment	01/06/2025
8.2	12/08/2024	12/08/2024	Director Clinical Governance	Amendment	01/06/2025

Authorised by Executive Director of Governance

10. Appendices

- Appendix 1 – WBHHS Roles and Responsibilities
- Appendix 2 – Consumer Feedback Process Flowchart
- Appendix 3 – Consumer Feedback Investigation and Resolution Pathway
- Appendix 4 – Consumer Feedback Form
- Appendix 5 – STARS Guiding conversations with patients making complaints.



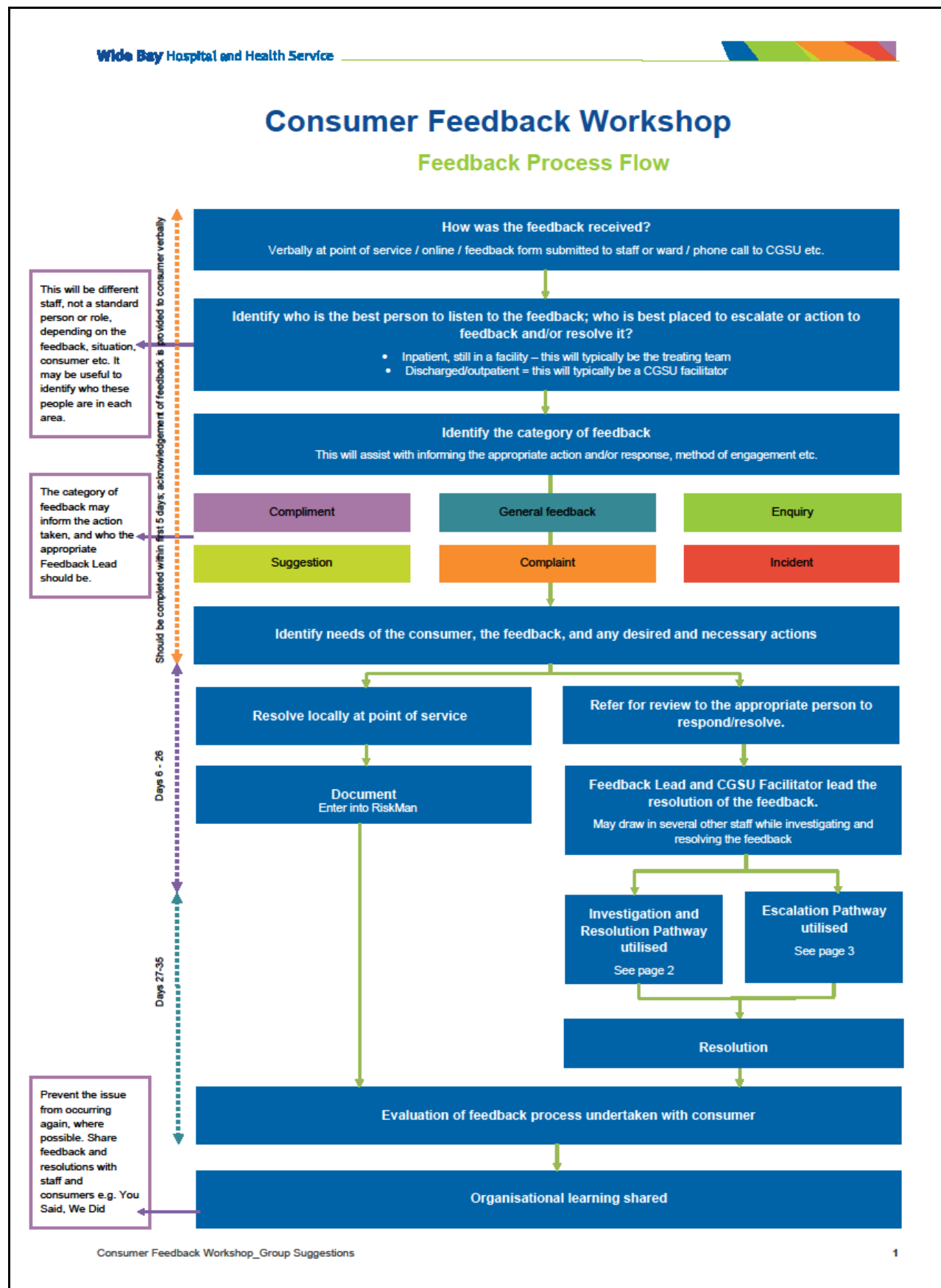
Appendix 1: Roles and Responsibilities

Position	Responsibilities
WBHHS Board	<ul style="list-style-type: none"> Ensure complaints are regularly reviewed in accordance with policy and are reported. Review reports on aggregated and trend analysis of complaints. Ensure sufficient resources are available to support the complaints management system
Chief Executive	<ul style="list-style-type: none"> Ensure that patient feedback and complaints are reviewed at the highest level of governance in the organisation, including that the responsibilities listed in this procedure are upheld in line with NSQHS Standard 1: Clinical Governance Standard.
Executive Directors	<ul style="list-style-type: none"> Ensure systems are in place to analyse and implement improvements in response to complaints. Ensure accountability within their Directorate for compliance against the procedure. Approve responses as required
Executive Services Staff	<ul style="list-style-type: none"> Manage the MD-18 email account and forward complaints received through the Executive office (e.g. OHO, Ministerial, Board, Medico legal referral) to the Executive Director of Governance, Executive leads and the CGSU.
Health care Standards Committee	<ul style="list-style-type: none"> Provide support for the identification of and recommendations relating to trends and issues concerned with consumer complaints management. The Committee shall receive monthly reports that indicate the level of performance against key performance indicators (KPIs).
Clinical Governance Support Unit	<ul style="list-style-type: none"> Receive complaints, compliments, and suggestions for improvement via the WBHHS CGSU telephone number and e-mail address (specifically for direct consumer use only). Acknowledge the complaint by telephone, email or letter advising of the 35-day timeframe for the hospital to investigate and respond. Enter the complaint in Riskman. Referral of complaints to divisions and departments. Manage complaints severity assessed as major or extreme. Consistently manage vexatious and querulous complaints on behalf of divisions and departments. Provide monthly report on complaints management performance to Safety and Quality Committees. Provide organisational wide training on point of service management of complaints. Conduct investigations of complaints objectively, fairly, confidentially and in a timely manner. Establish the facts associated with the complaint from all parties concerned. Ensure that the principles of natural justice and procedural fairness are upheld throughout the investigative process. Ensure actions taken are promptly recorded in Riskman journal, along with saving and recording feedback received within the G:drive folder (and Riskman where appropriate).
Directors – Medical, Nursing, Allied Health, Operations, Administration	<ul style="list-style-type: none"> Ensure all staff are aware of and comply with this procedure. Manage moderate complaints, suggestions for improvement and feedback received in their department by leading discussions, meetings and negotiation with the complainant and relevant staff. Ensure compliance with established KPI's. Utilise the STARS framework to assist in resolving complaints. Provide advice on matters related to conflict of interest.
Line Managers	<ul style="list-style-type: none"> Ensure all staff are aware of and comply with this procedure. Manage complaints, suggestions for improvement and feedback received in their department by leading discussions, meetings and negotiation with the



	<p>complainant and relevant staff.</p> <ul style="list-style-type: none"> • Proactively assist and support staff to resolve minor complaints at the point of service using the service recovery model. • Ensure that complaints are adequately assessed, reviewed, and acted upon in a fair and timely manner. • Review information for complaints relating to area of responsibility in order to identify risks and make recommendations for improvement. • Ensure consumer and employee rights are upheld throughout the complaint management process. • Line Managers notify the appropriate Director if there is a conflict of interest with a complaint, concerns of impartiality or ability to work with the complainant is in question. • Implement any service level changes that arise from consumer feedback and enter into the Cgov QIRT system. • Ensure that all documentation and information for complaints are finalised and recorded in Riskman. • Review compliments, ensure entry into Riskman, forward to staff where appropriate and close the Riskman report. • Conduct investigations of complaints objectively, fairly, confidentially and in a timely manner. Establish the facts associated with the complaint from all parties concerned. Ensure that the principles of natural justice and procedural fairness are upheld throughout the investigative process.
All Staff	<ul style="list-style-type: none"> • Assist consumers to provide feedback. • Assist with the resolution of complaints at point of service, wherever possible, and within their delegation. • Document consumer feedback in RiskMan.

Appendix 2: Consumer Feedback Process Flow





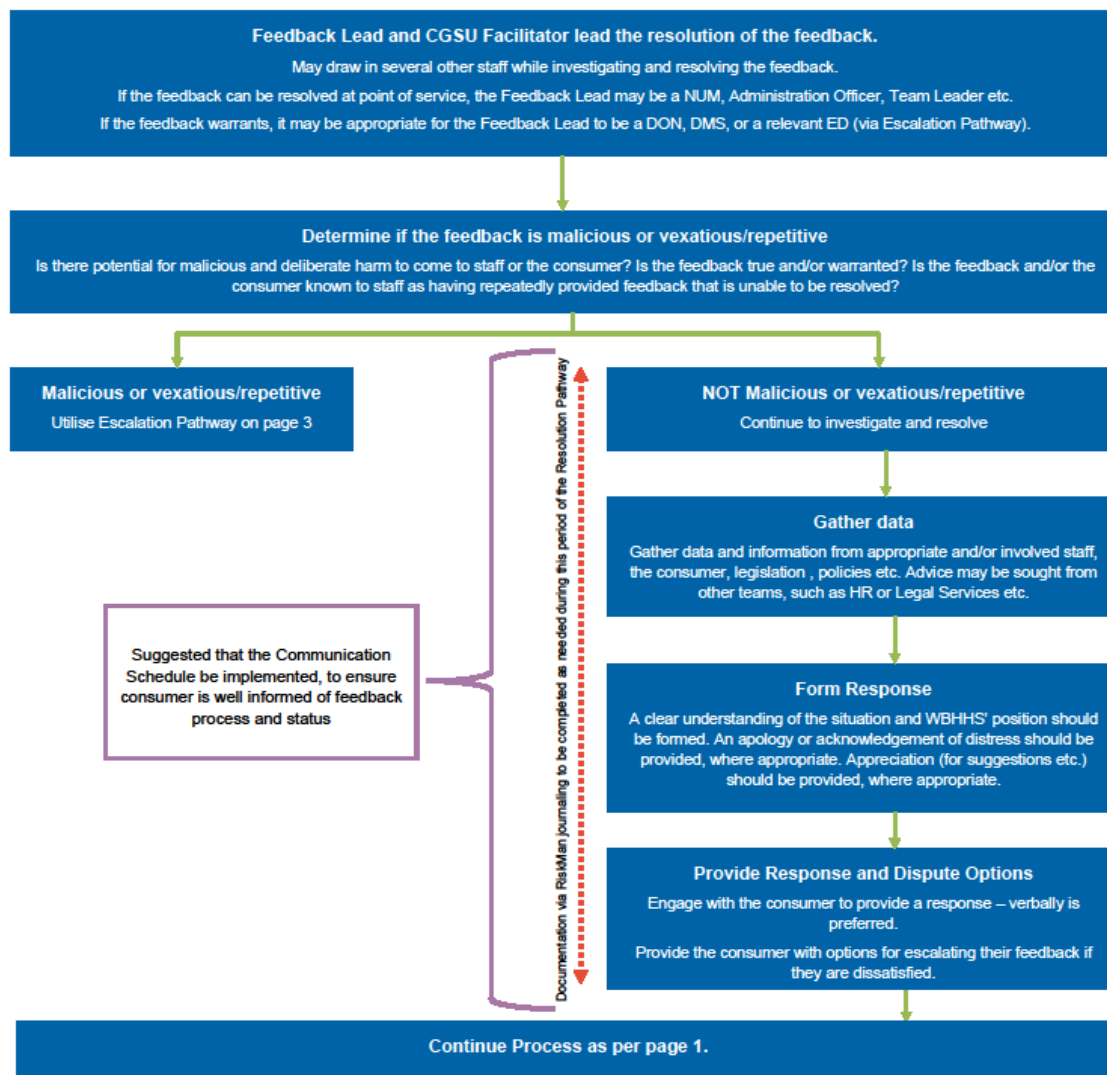
Appendix 3: Consumer Feedback Investigation and Resolution Pathway

Wide Bay Hospital and Health Service



Consumer Feedback Workshop

Investigation and Resolution Pathway Suggestions and Ideas



Suggested Communication Schedule

By Day 5 – acknowledge receipt of feedback

By Day 12 – consumer to receive contact from feedback Lead re: status of feedback resolution and plan moving forward

By Day 19 – consumer to receive contact from feedback Lead re: status of feedback resolution and plan moving forward

By Day 26 – feedback is resolved, and response has been given to consumer

Days 30 – 35 – Consumer evaluation sought

This Schedule is a guide only – feedback may be resolved earlier than the 35 day time frame, consumers may not want to be contacted during the process etc.

Consumer Feedback Workshop_Group Suggestions

2



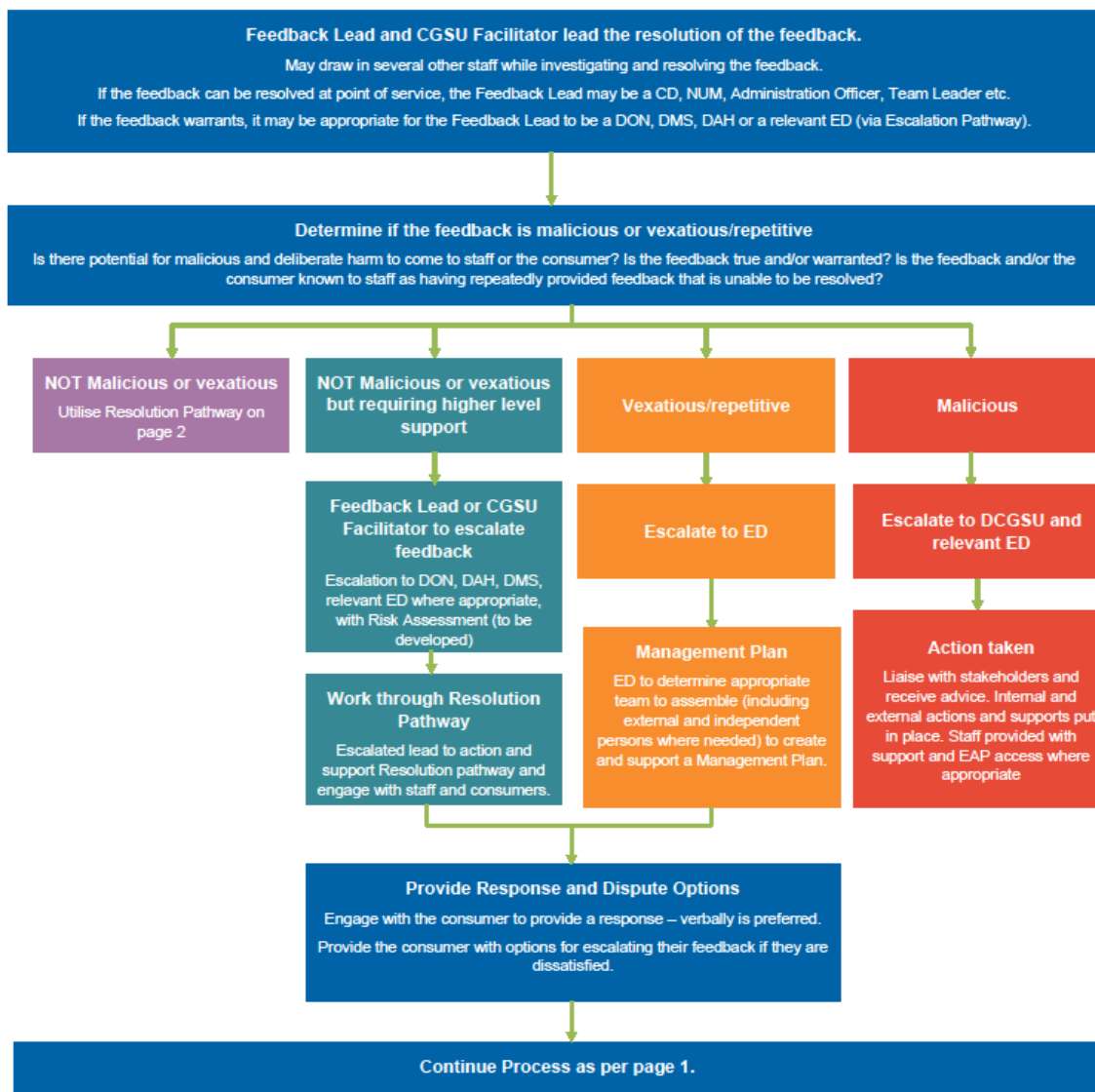
Appendix 4: Consumer Feedback Escalation Pathway

Wide Bay Hospital and Health Service



Consumer Feedback Workshop

Escalation Pathway Suggestions and Ideas



Note

The success of this (or any) proposed Consumer Feedback Management Process will be dependent upon resourcing. Specifically, an Implementation Plan and Tool Kit for Staff will need to be developed, with investment in staff training to be prioritised.

The plan outlined in this document is based on the premise that staff will be comfortable and competent in resolving feedback at point of service, and will have an understanding of the requirements of escalated feedback.

Collateral will need to be developed to promote the Process, simplify access for consumers and encourage engagement at point of care.



Sorry – Tell me about it – Answer Questions – Response – Summarise

Sorry:

- Acknowledge the event and the consumer's emotions.
- Express appropriate apology including saying sorry.

Tell me about it:

- Listen to the patient's story.
- Prompt open ended questions to elicit the patient's story and experience.

Answer Questions:

- Summarise the key elements of the story.
- Allow the patient to ask questions they feel are important for them.
- Note the questions the consumer is seeking answers to.
- Stick to facts –answer questions carefully and honestly –avoid speculation.

Response:

- Provide thoughts as to how the clinician and organisation provide ongoing care.
- Make an explicit statement about follow-up.
- Provide contact point for future questions.
- Outline actions that have been already taken or lessons already learned if applicable.
- Outline investigations being undertaken and when answers will be known and when to expect contact.

Summarise:

- Mention key points in a logical order. Do not introduce any new information. Reaffirm your apology if appropriate.

Adapted from the Queensland Health STARS® Clinical Disclosure Tool