

## Complaint Management Policy

**Document Number** PD2006\_073

**Publication date** 29-Aug-2006

**Functional Sub group** Corporate Administration - Information and data  
Corporate Administration - Governance  
Clinical/ Patient Services - Governance and Service Delivery  
Clinical/ Patient Services - Incident management

**Summary** Support clinicians and managers to respond effectively to clinical and corporate complaints that arise in the NSW Health system.

**Replaces Doc. No.** Complaints Handling Frontline - better practice guidelines - issued 1998 [GL2005\_061]  
Complaints Data Collection - Statewide [PD2005\_288]

**Author Branch** Legal and Regulatory Services

**Branch contact** Legal and Regulatory Services

**Applies to** Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations, Affiliated Health Organisations - Declared, Public Health System Support Division, Community Health Centres, Dental Schools and Clinics, NSW Ambulance Service, Public Health Units, Public Hospitals

**Audience** All staff, including managers, clinicians and contractors

**Distributed to** Public Health System, Community Health Centres, Dental Schools and Clinics, Divisions of General Practice, Government Medical Officers, Health Associations Unions, Health Professional Associations and Related Organisations, NSW Ambulance Service, Ministry of Health, Public Health Units, Public Hospitals, Private Hospitals and Day Procedure Centres, Private Nursing Homes, Tertiary Education Institutes

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**File No.** 05/6761

**Status** Active

**Director-General**

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

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**Author Branch** Clinical Excellence Commission

**Branch contact** Clinical Excellence Commission 02 9269 5500

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**COMPLAINT MANAGEMENT POLICY**

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## 1. Introduction

Complaints and compliments provide unique information about the quality of health care from the perspective of consumers and their carers. Management of a complaint provides the opportunity for complainants to have their issues resolved effectively, ensures that any identified risks are managed appropriately and that action is taken to minimise or eliminate those risks.

A key component of complaint management is the systematic recording of issues, risks, complaints, and their resolution, which is achieved through the Incident Information Management System (IIMS).

This policy applies to all complaints about health services made by members of the public or external organisations.

For the purposes of this policy, the term “health services” refers to Public Health Organisations and the Ambulance Service of NSW.

## 2. Objectives

The objectives of the complaints policy are to:

1. Assist health services with the timely and effective management of complaints.
2. Establish a standard approach to complaints handling including the establishment of performance indicators to monitor compliance.
3. Ensure that health service staff are aware of their responsibilities and are empowered to manage complaints

## 3. Principles<sup>1</sup>

The Complaint Management Policy Directive and associated Guidelines are underpinned by the following guiding principles:

- Health services are committed to consumers and quality improvement.
- Consumers and their carers are encouraged and enabled to provide feedback about the service, including complaints.
- All complaints are acknowledged and responded to promptly and sensitively.
- Complaints are assessed by considering risk factors, the known facts, the wishes of the complainant and accountability of health service staff.

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<sup>1</sup> Based on 2004 Better Practice Guidelines on Complaints Management for Health Care Services - A product of the Australian Council for Safety and Quality in Health Care (the Council) sponsored “Turning wrongs into rights: learning from consumer reported incidents project”, endorsed by the Australian Health Ministers Conference in July 2004

- All complaints are dealt with in a manner that is effective, complete, fair to all parties and provides just outcomes.
- Complaint information is openly communicated while protecting confidentiality and personal privacy.
- All complaints are recorded to enable review of individual cases, to identify trends and risk and report on aggregated complaint information.
- Complaint management policy, practices, and data are regularly evaluated and the information is used to improve services.

## **4. Roles and Responsibilities**

Effective complaint management requires a whole-of-organisation approach with clear points of accountability for reporting and feedback, as follows:

### **4.1 Chief Executive is responsible for:**

- Encouraging an environment where complaints are handled seriously and thoroughly.
- Ensuring an effective complaint management system is developed and in place for the health service.
- Ensuring appropriate resources are available and utilised for effective complaint management.
- Reporting to registration boards in accordance with the provisions of the Health Services Act 1997.
- Ensuring appropriate actions are implemented to eliminate or minimise similar problems from occurring.
- Nominating an executive staff member within the health service who is responsible for:
  - Ensuring monitoring and risk rating of all complaints.
  - Ensuring local actions are implemented to eliminate or minimise similar problems from occurring.
  - Reporting trended complaint data at least every quarter to the Health Care Quality Committee and other relevant groups within the health service.
  - Providing a copy of the report tabled at the Health Care Quality Committee to the Quality and Safety Branch, NSW Department of Health.
  - Implementing policies and local procedures that support staff, including staff training on complaint management.

### **4.2 Director of Clinical Governance is responsible for:**

- Providing a single, publicly recognisable point of contact for the receipt and management of serious complaints from members of the public and staff, regardless of whether those complaints are of a clinical or corporate nature.

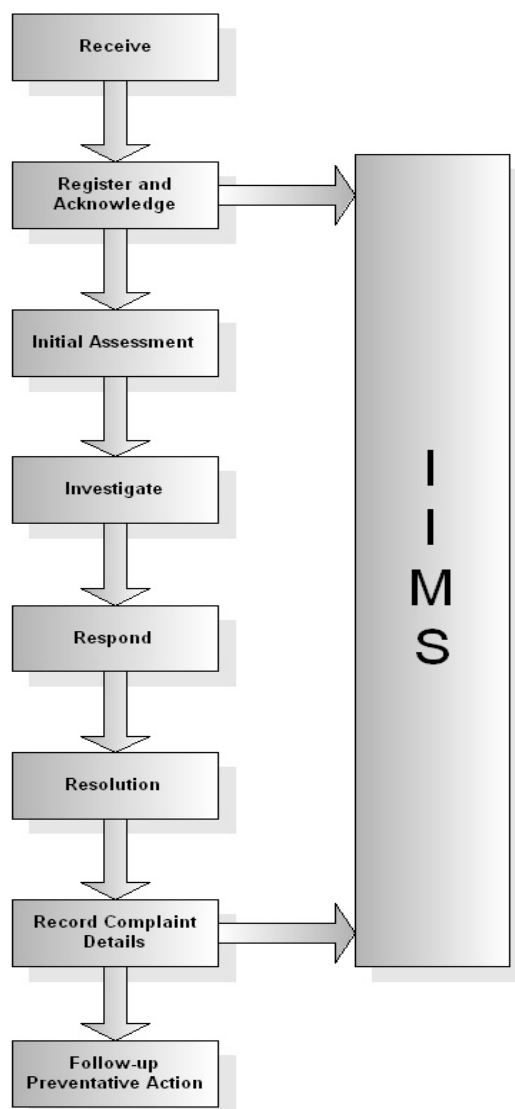
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- Having a designated AHS Senior Complaints Officer available 24 hours a day, 7 days a week.
- Ensuring the proper process for managing complaints is followed by the organisation.

#### 4.3 NSW Department of Health is responsible for:

- Reviewing and evaluating the implementation and effectiveness of complaint management policy.
- Reviewing reports provided by health services on complaint data and trend analysis.
- Ensuring a statewide report on complaint information is produced annually.
- Providing advice to the system in response to specific queries about complaint management.
- Providing advice to the Minister for Health on issues of public concern/media or public attention that arise from complaint management.

#### 5. Steps in the Complaint Management Process



## 5.1 Receiving Complaints

Complaints may be received in person, over the telephone or in writing. Staff at all levels must accept complaints and know what action they can take to resolve them.

With complaints received verbally staff should:

- Give a calm explanation of what happened if they do know why it happened.
- Offer an apology if warranted.
- Encourage the complainant to discuss their concerns with the relevant clinician or other staff.
- Speak to the relevant clinician or other staff on behalf of the complainant.
- Advise the complainant of the complaint management process.
- Know when to refer the complaint on.
- Comprehensively record the conversation and concerns, along with all necessary details (names, addresses, hospital numbers, identified providers, etc.)
- If possible, provide a copy of the completed record to the complainant to ensure they agree that it is factually correct.
- Advise them of the appropriately identified person if they wish to send any written correspondence.
- Commence actioning the complaint if possible.

## 5.2 Registering and Acknowledging Complaints

As soon as a complaint is received:

- It must be registered in IIMS via the Complaint Notification Form. If it involves a clinical incident, the complaint form must be linked to the Clinical Incident Form.
- Acknowledge its receipt within five calendar days. Acknowledgement may be verbally or in writing. Written acknowledgements should:
  - Explain the complaints process
  - Identify contact person/details for the complainant
  - Expected timeframes and what might be requested from the complainant, eg patient authorities.
- Assess the complaint and assign it to the relevant person to co-ordinate its management.

## 5.3 Initial Assessment

The purpose of the assessment process is to:

- classify the complaint appropriately to determine appropriate action
- ensure the process is commensurate to the seriousness of the complaint and the issues raised
- ensure fairness to any clinicians/staff concerned.

There are several steps a health service must take in assessing a complaint:

### **Identify the issues raised**

- Identify the issues for resolution, which includes the key concerns raised by the complainant, as well as any other issues that arise or are identified by the health service.
- If any or all of the issues are unclear, before progressing the matter, clarify them with the complainant.

### **Identify the parties involved**

- The relevant parties are those key people involved with the complaint plus those involved with the incident that is the subject of the complaint. They may not always be a respondent to the complaint, but may be key people in the provision of service under inquiry.
- If individual clinicians are identified in a complaint then they must be advised of the concern in keeping with the directives of the Management of a Complaint or Concern about a Clinician PD2006\_007.

### **Obtain Patient Authorities**

Patient authorisation is required whenever:

- The complaint relates to the treatment received by the patient and the complainant is not the patient.
- The complaint is made by a Member of Parliament on behalf of their constituents.
- The complaint investigation requires information outside the Health Service

In these instances, an authority to release information is required in order to provide confidential information to the third party.

Health services are to:

- Have the patient sign the authority
- If the patient is a child, is deceased or too ill, the person responsible, guardian, person with power of attorney or executor is able to sign on the patient's behalf.
- Obtain an authority when information on the patient's health status and history must be obtained from outside the health service, for example from private practitioners or hospitals, or from another Area Health Service.
- Explain to the person signing the authority how the information is to be used.

### **Rate the severity of the complaint**

Rating the severity of the complaint may be assisted by using the Severity Assessment Code (SAC) as per the Incident Management Policy (PD2006\_030).

The notifying staff member will give the complaint an Initial SAC rating in IIMS that will be subsequently confirmed by a manager with an Actual SAC rating.



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The initial severity assessment will help determine:

- who will deal with the complaint,
- who needs to be notified both internally and externally and
- the best method to achieve resolution.

Assessment results include:

- Provide information, reassurance, or an apology for perceived unsatisfactory conduct or service.
- Conduct a face-to-face meeting using facilitated resolution or mediation.
- Conduct an investigation using Root Cause Analysis or other investigative methodology.

## **5.4 Investigate the complaint**

### **Information collection**

All complaints require to a greater or lesser degree a fact-finding process in order to determine what has happened and what course of action is required in response. Consideration is required to determine:

- what information to obtain
- where it is to be obtained
- how it should best be collected (interview, site inspection, phone call, e-mail), and
- how it is communicated (report, statement)

Health services should:

- Consider who may be appropriate to provide specialist or expert advice/review.
- Consider whether information is needed from external agencies or from other areas in the hospital.
- Consider whether information needs to be secured.
- Construct a chronology of events, or flow chart, particularly if the matter is complex.
- Identify who may be interviewed and the appropriate order of interviews.
- Consider if an interpreter is required.
- Consider whether an on-site investigation is appropriate.
- Develop questions for the key parties based on the analysis of the issues and information required.
- Determine the applicable standards/procedures/policies and whether they were adhered to.

### **Analysis and review**

As information is collected, it must be analysed and reviewed. Analysis includes identifying:

- what can be agreed upon between the parties
- what facts are in dispute
- is information provided relevant and reliable
- sufficient information has been gathered to determine whether particular standards have been met

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- whether there are inconsistencies
- whether independent verification has been obtained
- what systemic and performance factors led to the outcome.

## 5.5 Respond

Once the information has been analysed, the person managing the complaint makes findings and recommendations for action. Actions taken by a health service to resolve a complaint must be based on the evidence, address any system, process or practitioner issues, and are informed by the principles of public interest and good clinical governance.

Options for appropriate action may include:

- Offering an apology
- Waiving fees
- Develop or amend policy/procedure
- Training/education of staff or public
- Modification of the environment
- Requesting a formal Review
- Ongoing monitoring of an issue, or
- No action recommended

The health service must ensure that the outcome and recommendations are clearly communicated to the consumer, staff, and management, and integrated into quality improvement systems through appropriate implementation and subsequent review of effectiveness.

## Complaint Resolution - Final Response

The target for finalising complaints is 35 calendar days.

Final responses will be in the form of a letter from the Chief Executive or their delegate. The final response must be factually correct and:

- Include an apology. NB: This is not necessarily about accepting blame or fault, but will sometimes be an acknowledgement of the complainant's experience and their feelings.
- Address each of the points the complainant has raised with a full explanation or give the reason(s) why it is not possible to comment on a specific matter.
- Give specific details about the investigation, i.e. sources of information, what was discovered, etc
- Give details of action taken as a result of the complaint
- Provide the name and telephone number of the facility manager or investigating officer for further queries/discussion.
- Offer to meet the complainant with the key staff involved. If there is a reason why a specific issue cannot be addressed this should be stated.
- Include details of further action available to the complainant.

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As far as possible, the facility/complaint manager should ensure that department heads and staff members who have been involved are given the opportunity to see the final response before it is sent for final signature.

The final response will be:

- Sent to the complainant and include a copy of the Area Health Service Complaints Brochure.
- Copied to the relevant Manager.
- Copied to any requesting parties to which the patient has given consent e.g. Solicitor, HCCC and/or MP's.
- Copies to the corporate record system record.

Any further correspondence from the complainant, which is being dealt with under the local procedure, will be acknowledged within five calendar days. The facility manager/delegated officer will deal with the points raised within the complaint and ensure it is logged in IIMS.

Timeframes for answering further correspondence will be as those for the first response.

## **6. Framework for Complaint Management**

Complaints can be managed:

- At point of service
- Through a staged process
- Through referral to an external body/agency

### **6.1 Point of Service Complaints**

Ideally, most complaints will be dealt with directly and quickly at the point where the problem arises. Escalation of complaints may be avoided where staff have clear authorisation to resolve complaints at first contact.

Often, no changes to procedures are required as many complaints involve an acknowledgement of the complainant's perspective, an explanation of events and validation of the complainant's satisfaction with the explanation.

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.

### **6.2 Escalation process**

Complaints are referred to the next level of management when the matter is outside delegation or is unresolved.

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The escalation process proceeds as follows:

- Immediate line manager.
- Facility manager and/or Patient Liaison Officer as appropriate.
- Senior Complaints Officer.

In cases where the complainant does not feel comfortable in making a complaint to those directly delivering the service, the appropriate line or senior manager should be sought to speak to the complainant. If the complainant will not speak with a local manager, they must be offered alternative ways to make their complaint, such as to the Senior Complaints Officer. The recipient of the complaint must then inform the complainant of the course of action that will be taken next.

Complaints should be dealt with by the unit involved where possible, with support from a complaints manager. However, for more serious matters or those with broader implications for the health service, senior management and the executive must be notified and participate in the resolution.

Depending on the type of complaint, it may be necessary to alert the health service's insurer or obtain legal advice. This should not interfere with the aim of resolving the complaint quickly and amicably.

## **7. Complaint Handling Considerations**

### **7.1 Anonymous complaints**

Anonymous callers should be advised that an investigation is made more problematic if they do not divulge identities as this severely limits the service's ability to obtain information. They should then be informed of confidentiality, as applied to the complaint management process, to encourage them to reveal their own and/or the subject's identity.

The complainant needs to be informed:

- there will be disclosure of information to any respondents identified;
- there is "nothing off the record" in information provided to the service;
- what will happen with the information given to the service.

However, the complainant's wishes should be respected, as an assurance of absolute confidentiality cannot be given.

Anonymous written complaints may reveal the identity of the complainant or it may be apparent from the complaint details. An inquiry may still be possible and may be warranted if the complaint raises public health and safety concerns or where external agencies may need to be notified.

### **7.2 Old Complaints**

Normally a complaint will be made within 12 months from the event that caused the problem. If the passage of time has been considerable, it may affect the health service's capacity to investigate a complaint and these constraints should be discussed with the complainant. Although it may not be possible to

investigate the facts of the case, attempts should be made to achieve resolution.

### **7.3 Declining to deal with a complaint**

A health service may decide to decline to deal with a complaint because it is:

- vexatious or frivolous,
- is outside jurisdiction, or
- the subject matter of the complaint (or part) has been or is under investigation by some other competent person or body or has been or is the subject of legal proceedings.

Care needs to be taken in assessing these complaints to ensure that every effort is made to understand the information the complainant is attempting to convey.

If a complaint has been declined, complainants should be advised of the reasons for the decision as well other agencies that may be able to assist them with their concerns.

### **7.4 Mandatory notifications**

In some cases a complaint raises issues that require mandatory external notification or referral because:

- the complaint should be managed by another government agency (Department of Housing, Department of Community Services, Commonwealth Aged Care Complaints Resolution Scheme, etc) or
- the complaint requires mandatory notification to another agency, such as the Police, the Coroner or the NSW Department of Health.

This may only become apparent once preliminary inquiries are made.

Other external bodies that may need to be involved in a complaint include:

- Health Care Complaints Commission
- Commonwealth Aged Care Complaints Resolution Scheme
- Coroner – in the case of a reportable death
- Professional registration body, e.g. Medical Board
- Medical defence organisation
- Health provider's insurer or legal adviser
- ICAC
- Ombudsman's Office
- NSW Police
- Audit Office

### **7.5 Complaints and RCAs**

Some complaints will also be subject to a Root Cause Analysis (RCA) investigation. When this is the case, it is often not possible to fully respond to the complaint until the RCA investigation of the complaint is complete. However, during the RCA investigation, it should be remembered that the issues raised in the complaint might not always be the same as those raised in the RCA investigation.

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A separate investigation may be required as the RCA process should not be relied upon, by itself, to address complaints.

## **7.6 Progress Reports for complaints exceeding 35 days to resolve**

If at 35 calendar days from the date of acknowledgement, the complaint has not been concluded; a detailed progress report must be sent, under the signature of the facility manager with:

- An apology for the delay;
- A full explanation of the delay;
- Details of the results of the enquiry to date if possible; the date by which a full response can be expected.

A copy of the letter will be sent to the Clinical Governance Unit and a record made on IIMS.

Should a complaint response be delayed further, a holding letter will be sent every 20 days until the final response is sent, unless otherwise indicated, for example, it will incite aggression from the complainant, will be seen as harassing the complainant, or it is not appropriate as litigation is involved.

Where possible and where likely to be of benefit, the facility manager or the investigating officer should also contact the complainant to discuss the delay and alleviate any anxiety this delay might cause.

## **7.7 Unresolved Complaints**

If a complainant remains dissatisfied following the service's response, they have several options available to them, which may include:

- Review by another senior member of staff or the Senior Complaints Officer
- Independent review by external agency/person
- Referral to HCCC

Complainants have the right to pursue their complaint until it is resolved to their satisfaction. However, there are reasonable limits in terms of dealing with continued contact and correspondence with dissatisfied complainants and matters that might be frivolous or vexatious complaints. Health services should make every attempt to resolve the issues that have been made.

At this, stage, where it is felt appropriate, services are encouraged to suggest to complainants that a face-to-face meeting may be helpful. If the complainant agrees, they should be involved in determining who should be present.

## **7.8 Independent Review Request**

Requests for an independent review will only be considered if made in writing. Once received by any member of staff the review request should be referred immediately to the Health service's senior complaints manager.

## 7.9 File Maintenance

The delegated officer managing the complaint will be responsible for maintaining the appropriate corporate file or record and the relevant IIMS fields during the management of the complaint.

Copies of letters/memos sent including up-date letters, acknowledgement letters, letters requesting information or clarification, letters notifying parties of a complaint, should become part of the corporate record system. File notes should record the subject matter of telephone conversations and other actions.

These files will be kept in accordance with the State Records Act.

Complaint records are not to be kept with a patient's medical file.

## 8. Performance Indicators

The following process performance measure is to be developed and reported to the Chief Executive by the health service:

- Documented local policies and procedures consistent with this Policy Directive are in place in each health service by **24th November 2006**

The following performance indicators are to be included in the quarterly reports to the Health Care Quality Committee:

- Within five calendar days acknowledge receipt of each complaint (Benchmark – 100%)
- Within 35 calendar days finalise the outcome of each complaint and advise the complainant (Benchmark – 80%)
- The proportion of complaints received from consumers where matters closed by the health service were reviewed or escalated upon the complainant's request.

## 9. Definitions

### **Ambulance Service of NSW**

The Ambulance Service of NSW as defined in the Health Services Act 1997.

### **Apology**

An apology is an expression of sympathy or regret, or of a general sense of benevolence or compassion, in connection with any matter whether or not the apology admits or implies an admission of fault in connection with the matter.

### **Area Health Services (AHS)**

Organisations constituted under the Health Services Act 1997 that are principally concerned with the provision of health services to residents within a designated geographic area.



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## **Clinician**

A health practitioner or health service provider regardless of whether the person is registered under a health registration act.

## **Complainant**

Any member of the public or external organisation making a complaint. A complainant may choose to remain anonymous.

## **Complaint**

A complaint is:

1. An expression of dissatisfaction with a service offered or provided, or
2. A concern that provides feedback regarding any aspect of service that identifies issues requiring a response.

## **Department**

NSW Department of Health.

## **Complaint management**

Involves notification and acknowledgement, assessment, information collection, analysis and review, and appropriate action.

## **Clinical Governance**

Clinical governance can be considered as the responsibility of governing bodies to demonstrate sound strategic and policy leadership in clinical safety and quality, to ensure appropriate safety and quality systems are in place and to ensure organisational accountability for safety and quality.

## **Grievance**

A personal complaint or difficulty about a work related issue that affects a staff member and that he/she considers to be discriminatory, unfair or unjustified.

This includes:

- A workplace communication or interpersonal conflict.
- An occupational health and safety issue.
- An allegation of discrimination within the meaning of the Anti-Discrimination Act 1977, including harassment.
- Concerns regarding allocation of work, job design, or performance management.
- Concerns regarding the interpretation and application of conditions of employment.

An employee grievance (i.e. expression of unfairness or injustice) is not a complaint and processes for dealing with a grievance differ from those processes that deal with a complaint.

## **Health Service**

Refers to Public Health Organisations and the Ambulance Service of NSW.



## **IIMS**

NSW Health Incident Information Management System. A database and system for recording the details of a complaint, including its management and outcomes.

## **Incident**

Any unplanned event resulting in, or with the potential for, injury, damage or other loss.

## **Incident Management**

A systematic process for identifying, notifying, prioritising, investigating and managing the outcomes of an incident.

## **Investigation**

### 1) Incident investigation

The management process by which underlying causes of undesirable events are uncovered and steps are taken to prevent similar occurrences.

### 2) Complaint investigation

The process of using inquiry and examination to gather facts and information in order to solve a problem or resolve an issue.

## **Jurisdiction**

A sphere of authority:

- 1) the limits within which any particular power may be exercised, e.g. the NSW Police Service, the Department of Community Services; or
- 2) within which a government or a court has authority, e.g. the NSW Government, the State Government of Victoria, the Coroner's Court of NSW, the Mental Health Review Tribunal.

## **KPI**

Key Performance Indicator.

## **Notification**

The process of entering or documenting data about a complaint into the IIMS.

## **Parties**

Persons or bodies who are in a dispute that is handled through a dispute resolution process.

## **Public health organisation (PHO)**

An area health service, statutory health corporation or an affiliated health organisation in respect of its recognised establishments and recognised services as defined in the Health Services Act 1997. For the purposes of this policy, the relevant statutory health corporations and affiliated health organisations are set out in Appendix B of the Policy Directive (PD2006\_030) Incident Management Policy.

## **Public interest**

Anything affecting the rights, health, or finances of the public at large.

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## **RCA (Root Cause Analysis)**

A method used to investigate and analyse a clinical SAC 1 incident to identify the root causes and factors that contributed to the incident and to recommend actions to prevent a similar occurrence.

## **SAC (Severity Assessment Code)**

A numerical score applied to an incident based on the type of event, its likelihood of recurrence and its consequence. A matrix is used to stratify the actual and/or potential risk associated with an incident.

## **Vexatious or Frivolous Complaints**

Vexatious or frivolous complaints are those matters that are clearly insufficient in substance or are not calculated to lead to any practical result having one or more of the following characteristics:

- Essentially illogical, e.g. no cause or relationship is effectively established between an alleged act and its alleged consequences.
- Whilst not logically impossible, requires a great deal of faith to agree to the likelihood, e.g. a complainant alleges they have become caught in a web of conspiracy.
- Can be often characterised by the complainant ignoring requests to provide specific information to back up the original, somewhat illogical, complaint.
- Can be of little or no weight or importance or not worth serious attention.
- Can be one that is manifestly futile.

## **10. Related Policies**

This Policy forms part of a suite of incident, complaint and accountability documents operating in NSW Health. When a complaint is made, managers must consider whether action is also required in accordance with other policies and guidelines.

- Complaint or Concern about a Clinician - Principles for Action (PD2006\_007) January 2006. Describes the principles for managing complaints or concern regarding all clinicians and outlines the roles and responsibilities for ensuring all complaints or concerns are managed by the health service, and outlines the legislative responsibility for doing so.
- Complaint or Concern about a Clinician - Management Guidelines (GL2006\_002) January 2006. Sets out an operational framework for the use of health services when dealing with a complaint or concern about an individual clinician and guides for the process for implementing the NSW Health Policy Directive Complaint or Concern about a Clinician - Principles for Action (PD2006\_007).
- Complaint involves system related incidents - Incident Management Policy (PD2006\_030). Advises staff on how to respond effectively to all clinical and corporate incidents that occur in the health system. It outlines

the requirements for submission of a Reportable Incident Brief. The requirement for open disclosure is also included in the policy.

- Disciplinary matters - A Framework for Managing the Disciplinary Process in NSW Health (PD2005\_225). A framework of principles for disciplinary policy and procedures to ensure matters are dealt with effectively in health services.
- Grievances - Effective Grievance Resolution: Policy & Better Practice (PD2005\_584). Requires the Department of Health and health services to have in place a local workplace grievance management system and procedures that facilitate prompt, fair and flexible management of all workplace grievances, with a focus on effective resolution.
- Matters relating to child protection - Child Related Allegations, Charges and Convictions Against Employees (PD2006\_025), and Protecting Children and Young People (PD2005\_299), noting the specific reporting and investigation requirements outlined in these policies.
- Harassment matters - Harassment Policy & Procedures (PD2005\_223) Procedures and Policy to be followed regarding the non-toleration of harassment in the Department of Health.
- Possible corrupt conduct - Reporting Possible Corrupt Conduct to the Independent Commission Against Corruption (PD2005\_173). Specifies when, what and how corrupt conduct is to be reported.
- Possible criminal conduct – Criminal allegations, charges and convictions against employees (PD2006\_026). Sets out the mandatory requirements for responding to any allegation, charge or conviction against a Health Service employee where it involves a criminal matter.
- Protected disclosures – Disclosure by staff of corrupt conduct, maladministration and serious waste – Protected Disclosure Procedures in Health Services (Policy and Guidelines for the Development of) (PD2005\_135)
- Lookback Policy – (PD2006\_070). Sets out the process for a consistent, coordinated and timely approach for notifying and managing potentially/affected patients when necessary.
- Open Disclosure Policy – (PD2006\_069). Establishes a standard, direct approach in communicating with patients, families/carers and other stakeholders after incidents involving potential injury, damage, loss or other harm to patients.