

SA Health

# CONSUMER, CARER AND COMMUNITY FEEDBACK AND COMPLAINTS MANAGEMENT

Guide and Resources  
2021-2024



Government  
of South Australia

SA Health

[sahealth.sa.gov.au](https://sahealth.sa.gov.au)

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# 1. INTRODUCTION

SA Health values the contribution consumers, carers and the community can make in improving health services, including service planning, designing care and service monitoring and evaluation and is committed to robust consumer and community engagement.

Consumers, carers and the community have a unique lived experience in relation to their own health and their perspective on how care is actually provided. Consumer, carer and community feedback and complaints are a unique source of information for health services on how and why incidents and adverse events occur and how to prevent them. As well as increasing safety, better complaints management can act to reduce risk and increase trust, through open communication and a shared learning<sup>1</sup>.

This Guide and Resources supports and should be read in conjunction with the Consumer, Carer and Community Feedback and Complaints Management Strategic Framework 2021 - 2024 (the Framework).



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<sup>1</sup> Better practice Guidelines on Complaints Management for Health Care Services, Australian Council for Safety and Quality in Health Care, July 2004

## 2. PRINCIPLES AND GUIDELINES

Consumer, carer and community feedback and complaints management outlined in the Framework, is underpinned by the following principles that act as a foundation for health services.

The following principles provide a foundation for health services to ensure actions to improve health services informed by consumer, carer and community feedback and complaints and that consumer complaints processes are transparent, meaningful, respectful and empowering.

- 2.1 **Consumer-centred and responsive** – consumer, carer and community complaint systems and mechanisms are respectful of the unique culture, beliefs, values and personal characteristics of the individual. The health service is responsive to those who may have difficulty in expressing a grievance or making a complaint.
- 2.2 **Visible and transparent** – leaders are visible in their commitment to being better informed by consumer, carer and community feedback and complaints to provide better health care.
- 2.3 **Accessible and outward-reaching** – consumer, carer and community feedback and complaint mechanisms are responsive to the range of personal, cultural and structural barriers that can impact on consumers', carers' and community's ability to provide feedback and make a complaint, including the factors that contribute to their decision whether to or not to make a complaint.
- 2.4 **Objective and fair** – consumer, carer and community complaints are dealt with in an equitable, objective, unbiased and impartial manner as a means to ensure the complaint handling process provides an objective evaluation that is fair, objective and reasonable.
- 2.5 **Integrated and systemic** – consumer, carer and community feedback and complaints management is integrated into core business activities of health services.
- 2.6 **Private and confidential** – consumers, carers and community groups have the right to expect that their privacy and confidentiality will be maintained as part of the investigation process.

## 3. GUIDELINES

In the context of the principles the SA Health consumer, carer and community feedback and complaints management guideline is premised on the national Better Practice Guidelines on Complaints Management for Health Care Services, which includes the following core guidelines;

- 3.1 **Commitment to consumers and quality improvement** – leaders in the health care service promote a consumer-focused approach to complaints as part of a continual quality improvement program.
- 3.2 **Accessible** – the service encourages consumers, carers and the community to provide feedback about the service, including concerns and complaints, and makes it easy to do so.
- 3.3 **Responsive** – the service acknowledges all complaints and concerns and responds promptly and sensitively.
- 3.4 **Effective assessment** – the service assesses complaints to determine appropriate responses by considering risk factors, the wishes of the complainant and accountability.
- 3.5 **Appropriate resolution** – the service deals with complaints in a manner that is complete, fair to all parties and provides just outcomes.
- 3.6 **Privacy and open disclosure** – the service manages information in a fair manner, allowing relevant facts and decisions to be openly communicated while protecting confidentiality and personal privacy.
- 3.7 **Gathering and using information** – the service records all complaints to enable review of individual cases, to identify trends and risks, and report on how complaints have led to improvements.
- 3.8 **Making improvements** – the service uses complaints to improve the service, and regularly evaluates the complaints management policy and practices.

## 4. GENERAL

- 4.1 SA Health will ensure that consumers, carers and the community are aware of their right to provide feedback which includes the right to give advice and ideas, make suggestions, give compliments and make complaints, and the process for doing so.
- 4.2 SA Health staff will have access to the Consumer, Carer and Community Feedback and Complaints Management Framework which identifies the expected role of staff at all levels in gathering feedback and the process for capturing, reporting and actioning responses.
- 4.3 It is important that all staff are aware of and utilise agreed processes for reporting and escalating serious complaints to senior managers and/or designated complaints management staff (eg Consumer Advisers).
- Consumers, carers and the community should be able to give feedback and/or make a complaint to any health service staff and at any point of contact with the health service.
  - Complainants should be informed if and when their complaint is escalated and the reasons for escalation.
- 4.4 Responsibility for consumer, carer and community complaints management should be allocated to designated staff who are trained, supported and supervised to do so.
- Complainants should be provided with contact details of the person/s managing their complaint.
- 4.5 Complaints management staff report to appropriate senior/executive line management with responsibility for clinical governance for ongoing support and supervision.
- 4.6 It is recognised that consumer, carer and community complaints dealt with by the service responsible for delivering the care are best positioned to determine the most effective actions and outcomes, implement quality improvement actions and monitor and evaluate change to resolve the consumer's complaint.
- 4.7 It is important that the person providing feedback feels heard and all necessary steps are taken to ensure the feedback is dealt with effectively.
- 4.8 SA Health staff will courteously, professionally and objectively provide appropriate advice to any person or organisation wishing to provide feedback about South Australian public health services.
- 4.9 SA Health staff will apply the principles of natural justice, equity of access and cultural appropriateness and will assist people with special needs.
- For example:
- > access to an interpreter, if needed, including someone who can interpret for people who may have an intellectual disability
  - > a reader, translator or assistant for people who are not sufficiently literate in English or their own language or whose visual impairment makes reading difficult
  - > materials in plain English
  - > alternative ways for people to access information ie via audio or visual media
  - > adequate signage for people with vision impairment
  - > a signer or broadcast facilities for those who are profoundly deaf or have hearing difficulties
  - > building access for people with a physical difficulty eg wheelchair access, provision for an assistant, assistance dog
  - > See also *Consent to Medical Treatment and Palliative Care Act 1995*, in conjunction with the *Guardianship and Administration Act 1993*.
- 4.10 Consumer, carer and community complaints must be lodged within two years from the day on which the complainant first had notice of the circumstances giving rise to the complaint. However, the Chief Executive SA Health, through written request may extend this period if satisfied doing so is appropriate for the particular case.
- 4.11 Health services actively encourage and facilitate feedback and complaints from carers, consumer advocates and representatives who may support individual consumers or communities.
- 4.12 Feedback and complaints management identifies a fair and just outcome for all parties.
- 4.13 A fair feedback and complaints management process that ensure impartiality and acts to support and protect the welfare of the complainant is vital to the credibility and accountability of the health service and success of any complaint's management process.

- 4.14 Access to feedback and complaints systems requires mechanisms that:
- are well publicised and promoted and are available to the wider community as well as to consumers, patients and carers within health services.
  - make it easy for people to provide practical suggestions and ideas for service improvements and voice their concerns and problems.
  - provide opportunity to share compliments, suggestions and ideas that reflect good consumer experience and safe quality health care.
  - provide a range of options and platforms for people that best meets their individual needs. This may include being adaptable to meet such needs as a person's: developmental age, physical ability, intellectual capacity, language, technology, communication, information, cultural, support and social needs.
  - health services actively encourage and facilitate feedback and complaints from carers, consumer advocates and representatives who may support individual consumers or communities.
  - targeted feedback and complaints management processes for vulnerable, at risk individuals and communities ensures their concerns and experiences are acknowledged and appropriately responded to; they can communicate the barriers they face in accessing the health services they need and their rights are safeguarded.

## 5. CONSUMER, CARER AND COMMUNITY FEEDBACK

- 5.1 Staff and clinicians should ensure that all consumer, carer and community feedback including ideas, advice, suggestions, and compliments have been recorded in the Safety Learning System (SLS) Consumer Feedback module, as this information is valuable for quality improvement processes.
- Consumer, carer and community feedback that can be acknowledged, addressed and resolved at the point of service should be acknowledged and resolved in accordance with local procedures.
- 5.2 It is the responsibility of the health service to respond to all complaints with an appropriate level of investigation and resolution. Where a safety and quality improvement is identified as a consequence of the complaint, the health service will action and monitor the change accordingly.
- The health service may wish to inform the complainant that changes to practice or quality improvements made have occurred, as a result of their feedback.
- 5.3 It is important that positive feedback is given to the person(s) to whom it related and to their managers.
- In some circumstances, it may also be appropriate for this feedback to be given to the Chief Executive Officer / General Manager and on occasions, the Chief Executive, SA Health.
- 5.4 It is also important that all ideas, advice and suggestions given by consumers, carers and the community are considered and where necessary appropriate action is taken.

## 6. PRIVACY AND CONFIDENTIALITY

- 6.1 Complainants should be informed of:
- the nature of information that needs to be gathered.
  - whether patient medical records and other documents will need to be accessed.
  - who may access this information as part of the complaints management process.
  - what will be documented about the complaint.
  - where information about the complaint will be stored.
- 6.2 It should be explained to the complainant that although the health service will endeavour to maintain confidentiality, there may be some circumstances where it is necessary, with the complainant's consent, to reveal certain information to staff, services or external complaints bodies, so that they can respond appropriately to the complaint.
- 6.3 When handling complaints, health services will:
- only collect, use and disclose personal information where it is necessary to do so to fully and appropriately investigate the complaint and identify appropriate resolution, or where authorised or required by law.
  - secure any personal information collected to prevent loss, misuse, unauthorised access or disclosure.
  - not include any information about the complaint in the consumer's health / medical record, only if related to clinical aspect of care (ie medication related complaint)

## 7. ANONYMOUS FEEDBACK AND COMPLAINTS

- 7.1 Consumers, carers and members of the community have the right to give anonymous feedback or make complaints, and their right to do so is respected. SA Health services will receive and act on anonymous feedback including complaints to the extent that they are able with the information provided.
- 7.2 Where the identity of the person giving feedback or making a complaint is identifiable, care is taken not to reveal their identity or breach their privacy by including using de-identified and redacted information.
- 7.3 Where possible anonymous complaints should be advised of the difficulties that occur when investigating complaints that are made anonymously. They should be informed of confidentiality, as applied to the consumer, care and community feedback and complaints management process. They should be encouraged to reveal their own and/or the subject's identity.
- 7.4 On occasion, it may be possible to identify the complainant from the complaint details, their voice or handwriting (if it is a written complaint). However, the complainant's wishes to remain anonymous should be respected and care must be taken not to reveal their identity, or breach their privacy, including using de-identified and redacted information.
- 7.5 While difficult, an inquiry may still be possible and is warranted if the complaint raises significant public health and safety concerns.

## 8. CULTURAL SAFETY

- 8.1 Cultural safety identifies that health consumers are safest when health professionals have considered power relations, cultural differences and patients' rights. Part of this process requires health professionals to examine their own realities, beliefs and attitudes.
- 8.2 Cultural safety is not defined by the health professional, but is defined by the consumer's experience – the individual's experience of care they are given, ability to access services and to raise concerns.
- 8.3 Staff and clinicians should ensure that all consumer, carer and community feel culturally safe and are appropriately supported to provide feedback or make a complaint.
- 8.4 All staff should recognise and understand essential features of cultural safety including:
- an understanding of one's culture
  - an acknowledgement of difference, and a requirement that caregivers are actively mindful and respect of difference(s).
  - informed by the theory of power relations, any attempt to depoliticise cultural safety is to miss the point.
  - an appreciation of the historical context of colonisation, the practices of racism at individual and institutional levels, and their impact on First Nations people's living and wellbeing, both in the present and the past.
  - its presence or absence is determined by the experience of the recipient of care and not defined by the caregiver.

Refer to: [Equity of access to Health care policy directive, incorporating interpreting and translating requirements](#)

## 9. COMPLAINT MANAGEMENT PROCESS

Complaints management requires a standardised approach to consumer complaints in a timely manner, including and not limited to:

- > engaging with complainants to ascertain their reasons and expectations for outcomes and gaining their consent
- > actively working with the complainant, staff and services in the investigation of complaints
- > identifying and actioning satisfactory complaint outcomes and resolutions
- > communicating with the complainant, and/or their representative to determine a satisfactory resolution and outcome of complaint
- > communicating with the complainant, and/or their representative to inform them that changes or quality improvements made have occurred, as a result of their feedback.
- > analysing complaints data as a collective to identify systemic problems, gaps and deficiencies in services, policy and practice
- > evaluation and monitoring of complaints processes, systems and policy
- > reporting of complaints data to identify trends, patterns and risks to consumers and workforce to inform shared knowledge and learning.

The complaint process has seven (7) steps (see Flowchart):

### 9.1 Step 1 – Receive

- > Consumer feedback, that is a complaint, compliment, suggestion and advice can be provided to any SA Health staff member either in person, via telephone or in writing (including emails).

Staff at all levels must accept feedback and know what action they should take to enable the feedback to be managed effectively.



## Complaint received

- > Where appropriate, at the point of receiving a complaint, the staff member should ensure that the consumer is safe and able to access treatment that they require, especially in the case of an acute condition.
- > When a consumer, carer or community complaint is received verbally, it is important to make a comprehensive record of the conversation and concerns, including all necessary details (names, address, hospital numbers, identified providers etc).

A summary discussion should occur at the end of the conversation confirming the content and nature of their complaint, and to ensure that it is a factual account of their complaint.

- > If the consumer, carer or community complaint involves an incident, immediate action should be taken to support and treat the person and to prevent further injury to that person and others.
  - It is important to ensure the incident has been reported into the Safety Learning System (SLS) Patient Incident module, and dealt with in accordance with the [SA Health Patient Incident Management and Open Disclosure Policy Directive and Patient Incident Management Toolkit](#). If this has not occurred, the person who identified the incident is responsible for logging it in the Patient Incident Management module of SLS.
  - The complaint record in the Consumer Feedback module should be linked to the relevant incident record in the Incident Management module of the SLS.
  - Refer to the SLS Consumer Feedback User Guide for instructions on how to link consumer feedback record to incident record.

## 9.2 Step 2 – Register and acknowledge

- > All consumer, carer and community complaints, compliments, advice and suggestions are to be recorded in the Safety Learning System (SLS) Consumer Feedback module to enable the identification of trends and risks. This information can be used to improve services and produce reports on aggregated complaint information.
- > Consumer feedback should be acknowledged within two (2) working / business days or on receipt, and in accordance with local procedures.
  - The majority of complaints are acknowledged at the point of service or via telephone by a local staff member or Consumer Advisory Service.
  - Acknowledge that their complaint is taken seriously, and appropriate action is being taken. Provide clear information and an explanation of the complaints process. Also provide complainant with the:
    - contact details of the person managing the complaint
    - expected timeframes for resolution.

Tip: If there is a generic email address for consumer feedback and complaints, consider using an automated email response to acknowledge receipt of feedback received via emails.

## Complaint classification

- > Complaints recorded in SLS should be classified. Classifications are based on the National / SA Health complaints categories and sub-categories (resource) and aligned to the Charter of Rights alignment to the SA Health and National health complaints categories and sub-categories.
- > The nature of the consumer, care and community complaints should be considered and the appropriate person assigned to coordinate its management.
- > Consumer, carer and community complaints should be dealt with by the unit involved, where possible, with support from a manager or Consumer Adviser.

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.
- > If the complainant does not feel comfortable making a complaint to those directly delivering the service, the appropriate line or senior manager should be sought to speak with the complainant.

- > If a consumer, carer or community complaint cannot be resolved at the point of service;
  - this should be acknowledged
  - the complaint be escalated to the Consumer Adviser or a senior manager, with complaints management responsibility and,
  - a formal complaint management process should start.
- > If the complainant will not speak with a local manager, alternative ways to make a complaint must be offered. For example; speaking with the Consumer Adviser, senior manager or other appropriate staff, this may include Aboriginal Liaison or Health Officer, Multicultural liaison contact, the Health and Community Services Complaints Commissioner (HCSCC), or other appropriate advocacy services.
- > Information should be provided to the complainant on:
  - how they will be kept informed of the process of their complaint and how, and when they will be contacted
  - how and when the complainant will be informed about the resolution, and any other information or actions that might be requested of the complainant.
- > Where a complaint relates to a person in SA Health residential aged care, the person making the complaint should be made aware that they have the right to lodge a separate complaint with the Aged Care Quality and Safety Commission on 1800 951 822 or via [www.agedcarequality.gov.au/making-complaint](http://www.agedcarequality.gov.au/making-complaint)

They can do so if they are not happy with the health services response, and at any time if they are not comfortable lodging a complaint directly with the health service.
- > Where a complaint relates to an NDIS Participant, the person should be made aware that they have the right to lodge a separate complaint with the NDIS Commission on 1800 035 544 or via <https://www.ndiscommission.gov.au/contact-us>

### 9.3 Step 3 – Initial assessment

- > The purpose of the assessment process is to classify the complaint by using the SA Health and national complaints categories, and sub-category definitions, the HCSCC Charter of Rights and Severity Assessment Measure (SAM), to determine appropriate action.
- > Ensure the assessment process is appropriate for the assessed level of seriousness of the complaint and issue raised.
- > The initial assessment should be conducted in a manner that ensures fairness to any staff concerned.
- > Issues for resolution should be clearly identified. These include the key concerns and expected outcomes raised by the complainant, as well as any other issues that are identified by the health service.
- > The relevant parties involved should be identified.
  - The relevant parties are those key people involved with the complaint process, plus those involved within the event that is the subject of the complaint.
  - Relevant parties may not always be a respondent to the complaint, but may be key people in the provision of the health service under inquiry.
- > Complaints about the competence, deliberate or wilful behaviour of an individual staff member should be reported and managed via the health services' performance management system. Issues of this nature should be addressed by senior management.
- > In some circumstances consumer consent may need to be obtained to progress the complaint. In this instance, the consent may be verbal (when complaint is made over the telephone or face to face) or may be requested in writing.
 

Consumers, carers and the community should be informed of the requirement for consent as part of the formal acknowledgement of the complaint.
- > Consent is required from the consumer (person who experienced the issue / problem) whenever:
  - the consumer is a minor
  - another person is making the complaint on behalf of the consumer who received the treatment eg an advocate is making the complaint on their behalf (the complainant), except where the complainant holds an Enduring Power of Guardianship or an enacted Advance Care Directive / Shared Decision Maker (SDM) for the consumer.

- the complaint investigation requires the obtaining of information about the consumer's health status and history from outside the health service eg: from private practitioners or hospital, or another health service.
- confidential information is to be provided to a third party.
- > When written consent is required health services are to have the consumer sign the consent form or, if the consumer is a child, is deceased, too ill or lacks mental capacity, have the advocate, guardian, person with the Enduring Power of Guardianship or executor sign on the consumer's behalf.
  - Explain to the person signing the consent form how the information is to be used.

#### Severity Assessment Measure (SAM)

Severity Assessment Measure (SAM) is a numerical score applied to a complaint, based on the severity of the event that triggered the complaint. Severity can be measured as either extreme, major, moderate or minor and outlines key stakeholders / actions to be taken by relevant staff to manage the complaint.

Key factors in determining the severity may include:

- extent of injury
- length of stay
- level of care required
- actual or estimated resource costs
- impact on quality health care service delivery
- > Classify the complaint using the SA Health and national complaints categories, sub-category definitions, the HCSCC Charter of Rights and Severity Assessment Measure in the Safety Learning System (SLS) Consumer Feedback module.

#### 9.4 Step 4 – Investigate

- > Information collection – all consumer complaints require, to a greater or lesser degree, a fact-finding process to determine what has happened, and what course of action is required in the response.

When determining what information is required, the health service should give careful consideration to where the information can be obtained, and how it will be collected, and recorded.

- > This should include whether there is a need for an interpreter and/or specialist or expert advice / review.
- > Reference should be made to applicable standards / policies / procedures / and information should be collected as to whether these were adhered to.
- > Analysis and review – as information is collected, it must be analysed and reviewed. This includes identifying disputed facts, any inconsistencies, the reliability of information, whether further information is required and what systematic and performance factors led to the event.

### 9.5 Step 5 – Respond

- > Once the information has been analysed, the person managing the complaint determines findings and recommendations for action.

Actions taken by a health service to resolve a complaint must be based on the evidence, address any system issue or process or practitioner issues. They must be informed by the principles of natural justice, public interest and good clinical governance.

- > Options for appropriate action may include:
  - offering an explanation and an apology
  - developing or amending a policy or procedure or process
  - education and training of staff or public
  - confirm / reassure appropriate clinical care was provided
  - compensating for out of pocket expenses / replacement of items lost or damaged
  - waiving fees
  - modification of the environment
  - requesting a formal review
  - ongoing monitoring of an issue
  - notification to an external regulatory agency
  - mediation meeting between complainant and staff
  - complaint resolution meeting with complainant and staff
  - taking no action.
- > The health service must ensure the outcome and recommendations are clearly communicated to the consumer, carer, community, staff and management. Outcomes and recommendations should be integrated into quality improvement systems through appropriate implementation and subsequent reviews of effectiveness.

### 9.6 Step 6 – Resolution

- > Complaints can be resolved in person at point of service, or via telephone.
  - an invitation to the complainant to discuss the resolution with the complaint handler (either via telephone or face to face meeting), and provide contact details for further enquiries or discussion.
- > If responses are required in writing,

As far as possible, or appropriate, the complaint handler should ensure department / unit head and staff members who have been involved with the complaint or the investigation are given the opportunity to review the final response before responding to the complainant.
- > The final response will be in the form a letter from the Chief Executive Officer or their delegate. The final response must be factually correct and:
  - include an acknowledgement of the complainant's experience
  - address each of the points raised by the complainant, including their expressed expectations for resolution with a full explanation of:
    - what was discovered
    - what action has been taken as a result of the complaint
    - or give the reason(s) why it is not possible to address a specific issue
  - provide clear information about the complainants rights to seek further internal review of the resolution.
  - provide clear information about the complainants rights to seek external review of the complaint and resolution, and contact details of external complaint bodies.
- > Any further correspondence or contact from the complainant will be dealt with by the area managing the complaint. The Consumer Advisor or line manager will deal with the points raised within the correspondence and ensure they are included in the Consumer Feedback module record in SLS.

- > The target for finalising complaints is 35 working days from the date of receipt of the complaint.

If at 35 working days, the complaint has not been concluded, staff should contact the complainant via telephone to advise them of the delay, and provide:

- an apology for the delay
  - a full explanation of the delay
  - details of the results of the enquiry to date, and if possible including the date by which a full response can be expected.
- > If a final response is further delayed, contact should be made with the complainant until the final response is sent, unless otherwise indicated.

For example: it may incite aggression from the complainant, may 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 LHN / health service Chief Executive Officer / General Manager, line manager or Consumer Adviser should also contact the complainant to discuss the delay and alleviate any anxiety this delay might cause.
- > If the complaint is in relation to an adverse event, and a Root Cause Analysis (RCA) under Part 8 of the *Health Care Act 2008 (SA)*, is being undertaken, it may not be possible to provide the complainant with a response until the RCA is complete. It should be remembered that the issues raised by the complainant may not have been addressed in the RCA investigation.

The purpose of the RCA investigation is to identify issues within the system that contributed to, or resulted in the occurrence of the adverse event or incident, and to provide recommendations for measures to prevent reoccurrence of a similar event or incident .

### 9.7 Step 7 – Follow up preventative action

Follow up preventative action, monitoring and evaluation should be undertaken in line with local policies and procedures.

## 10. NOTIFICATION

- > In some cases the consumer, carer and community complaints raise issues that require mandatory external notification or referral because:
  - the complaint should be managed by another agency (Department of Human Services, Commonwealth Aged Care Complaints Resolution Scheme etc).
  - the complaint requires mandatory notification to another agency such as SA Policy, the Coroner or the Australian Health Practitioner Agency (AHPRA). This may only become apparent once preliminary investigation is commenced.
  - where the complaint is notified or referred to an external agency, the complainant should be informed of the referral and the reasons for the referral, including relevant contact information.
- > Any complaint that has the potential for a legal claim must be discussed with the appropriate or delegated position in the organisation and reported to the Department of Health and Wellbeing Claims Manager. Indicators for this may include the following:
  - the complainant follows up the complaint with a request for medical records under Freedom of Information (FOI).
  - there is an indication of potential compensation.
- > the content of the complainant's correspondence provides an indication that a claim may be contemplated, particularly if the complainant indicates that he/she has allegedly suffered an injury.

This should not interfere with the aim of resolving the complaint quickly and amicably.

## 11. UNRESOLVED CONSUMER, CARER AND COMMUNITY COMPLAINT

If a complainant is unsatisfied with the resolution and/or outcomes of their complaint, this should be recorded in Consumer Feedback module in Safety Learning System (SLS).

- > The staff and/or Consumer Adviser should provide the complainant with information about their right to make a complaint to an independent external agency or person, and provide contact details of relevant agencies.

If a complainant is unsatisfied following the health service's response to their complaint, the options available to them include:

- escalation to a Consumer Adviser, where complaint has been handled at the health service level in the first instance
  - review by another senior staff member, if considered by the Chief Executive Officer / General Manager
  - contact Health and Community Services Complaints Commissioner (HCSCC) at [www.hcsc.sa.gov.au](http://www.hcsc.sa.gov.au) or telephone 08 8226 8666 or 1800 232 007.
  - contact NDIS Commission on 1800 035 544 or via <https://www.ndiscommission.gov.au/contact-us>
  - contact Aged Care Quality and Safety Commission on 1800 951 822 or via <https://www.agedcarequality.gov.au/making-complaint/lodge-complaint>
  - contact the Australian Health Practitioner Regulation Agency (AHPRA) at [www.ahpra.gov.au](http://www.ahpra.gov.au) or telephone 1300 419 495.
  - seek independent review by another external agency / person.
- > It should be noted that deciding if and to whom they would like to raise a concern, the following information should be provided:
    - the consumer, carer or community member may submit a complaint to a health complaints organisation (eg HCSCC), if the person is seeking to raise a concern or refer their complaint for:
      - an explanation
      - an apology
      - a refund or compensation

- access to their health records or to have them amended
  - a change in policy or practice at a hospital, medical / dental practice, pharmacy, ambulance or community health service.
- the consumer, carer or community member may submit a complaint to the Australian Health Practitioner Regulation Agency (AHPRA), if the person is seeking to raise a concern or refer their complaint, if they consider;
- a health practitioner’s behaviour is placing the public at risk
  - a health practitioner is practising their profession in an unsafe way
  - a health practitioner’s ability to make safe judgements about their patients might be impaired because of their health.

## 12. CONSUMER REQUESTS INDEPENDENT REVIEW

Consumer requests for independent review of their complaint should be in writing to the LHN Chief Executive Officer or General Manager. The complainant can be offered assistance to seek a review, if they do not have the capacity, for any other reason to provide a written request.

- > On receipt of the request it should be referred to the Chief Executive Officer / General Manager and managed in keeping with the local health service procedures.
- > Complainants can be provided with information about or referred to the Health and Community Services Complaints Commissioner (HCSCC) for independent review.
- > Complainants can be provided with information about or referred to the Office of the Chief Psychiatrist (OCP) for consumers receiving mental health services.
  - The OCP has a statutory role with powers and functions relating to the administration of the *Mental Health Act (2009)*, and the standard of mental health care in South Australia.
  - OCP has a procedure for responding to feedback and complaints. The OCP can facilitate feedback or a complaint to an LHN / SA Ambulance Services (via the SLS Consumer Feedback module), and generally will not interfere in matters that should be or are being addressed locally.
  - Where extenuating factors are evident that mean an investigation by the OCP is indicated, a further OCP investigation process will be activated (in accordance with the OCP Investigations Framework).
  - Wherever possible, the OCP aligns its own feedback and complaints handling procedures to current departmental policy, noting it has additional statutory powers to obtain information, beyond those available to Departmental officials.
- > Complainants can be provided information about or referred to the NDIS Commission on 1800 035 544 or via <https://www.ndiscommission.gov.au/contact-us>
- > Complainants can be provided information about or referred to the Aged Care Quality and Safety Commission on 1800 951 822 or via <https://www.agedcarequality.gov.au/making-complaint/lodge-complaint>

## 13. DECLINING TO DEAL WITH A CONSUMER, CARER OR COMMUNITY COMPLAINT

The health service may decide to decline to deal with a complaint because:

- > It has already provided an appropriate response to the consumer, carer or community member concerning the issue raised.
- > It is outside the jurisdiction, for example the complaint concerns a Commonwealth funded aged care service. Aged Care Quality and Safety Commission at [www.agedcarequality.gov.au/making-complaint](http://www.agedcarequality.gov.au/making-complaint) or telephone: 1800 951 822
- > 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 is taken in assessing consumer, carer and community complaints to ensure that every effort is made to understand the information the complainant is attempting to convey. If complaints are declined, complainants should be advised of the reasons for the decision, as well as other agencies that may be able to assist them with their concerns.

Care is taken in responding to a person who has made numerous previous complaints to resist the temptation in assuming that a new complaint may lack credibility and ensure that each complaint is taken in its individual merits and handled with administrative fairness that maintains respectful interactions.

## 14. UNREASONABLY PERSISTENT COMPLAINANT BEHAVIOUR

While the behaviour of the majority of complainants is appropriate, there may be a small number of individuals whose behaviour, for a range of reasons, may be perceived by staff to be unreasonable.

It is important to acknowledge the person may have legitimate reasons to make a complaint. They may have experienced unacceptable practices or decisions or be seeking different processes and outcomes from those generally offered.

The labelling of a person as unreasonable is recognised as discriminatory, may be stigmatising and may result in unacceptable consumer complaints management.

- > Care must be taken by staff to act with administrative fairness and maintain respectful interactions when managing the complaint.
- > Care should be taken in responding to a person who has numerous previous complaints to resist the temptation in assuming that a new complaint may lack credibility and ensure that each complaint is taken in its individual merits and handled with administrative fairness that maintains respectful interactions.
- > Effective management of unreasonably persistent behaviour requires skilful complaints management. Health services should ensure that appropriate staff receive adequate training to develop these skills.

Contact Health and Community Services Complaints Commissioner (HCSCC) on 8226 8666 to request training on Unreasonably persistent complainant behaviour training.



- > Negative labelling can lead to negative responses toward a person or group and can lead to negative actions, however unconscious or unintended. It is important to focus on observable behaviour, not the person. Unreasonably persistent complainant behaviour can generally be recognised and described within the following categories:
  - recurring and progressive complaints – repeated complaints by the same person about the same or similar issues
  - unreasonable persistence, demands, lack of cooperation, arguments and other unreasonable behaviours such as implied or actual threats.
- > It is important to acknowledge that a person who may be perceived to behave unreasonably;
  - may have legitimate reasons to make complaints and may have experienced unacceptable practices or decisions by a health service
  - may be seeking different processes and outcomes from those generally offered by complaint resolution processes and therefore may need different strategies.
- > The effective management of these behaviours is important to:
  - minimise the adverse impact of unreasonable complaint conduct on resources, processes and performance of consumer complaint handlers
  - minimise staff stress
  - minimise the possible detriment, adverse impact and stress to the complainants whose conduct is unreasonable but who may have a valid issue
  - ensure consistency of consumer, carer and community complaint management and handling processes.
- > If a complainant becomes aggressive or violent, in addition to the Consumer, Carer and Community Consumer Feedback and Complaints Management Framework and guideline, the [SA Health Preventing and Responding to Challenging Behaviour Policy Directive](#) and [Challenging Behaviour Safety Management \(WHS\) Policy Guideline](#) should be followed.

## 15. MAINTENANCE, STORAGE, RETENTION AND DESTRUCTION OF CONSUMER FEEDBACK DOCUMENTATION

- > Consumer, carer and community feedback and complaints documentation should not be kept in a patient medical record.
- > All consumer feedback should be recorded in the Consumer Feedback module in Safety Learning System.
- > The delegated officer managing the feedback should be responsible for maintaining the consumer, carer and community feedback and complaints record in the SLS, and the relevant information fields during the management of the feedback or complaint.
- > All correspondence should become part of the consumer, carer and community feedback and complaints record by uploading them into SLS. This includes files notes which should record the subject matter of telephone conversations and other actions.
- > All hard copy documentation should be stored in a secure location that can only be accessed by authorised staff.
- > The site of secure location should be detailed in local procedures.
- > As outlined in the [SA Health Corporate Records Management Policy Directive](#), records and documents must be systematically retained, stored and archived for at least the minimum length of time stipulated by the relevant current records disposal schedule approved by the State Records Council of SA.

Records and documents will only be altered, destroyed or deleted in accordance with the provisions of the *State Records Act 1997* or under normal administrative practice as defined in General Disposal Schedule 30. Sentencing of records must be supervised by a Records Manager and disposal of records must be authorised by Executive management before disposal takes place.

The disposal process ensures appropriate destruction of records including protectively marked information. Records subject to a Freedom of Information request, legal action or State Records disposal freeze must not be destroyed even if the minimum retention period has been reached.

Retention and destruction of all documentation must be in accordance with the records disposal scheduled approved by State Records Council of SA.

## 16. REPORTING REQUIREMENTS

Standard reporting requirements form part of the health service agreement.

- > Monthly reporting requirements:
  - Local Health Networks, SAAS and health care services are required to ensure that all their consumer feedback and complaints data for the previous month is up-to-date in the SLS Consumer Feedback module, by the tenth working day of each month.
  - monthly reports are available on the **Quality, Information and Performance (QIP) Hub**.  
  
Go to: Clinical / Safety and Quality / Consumer Feedback reports on:
    - number of complaints and compliments
    - number of acknowledged and resolved complaints
    - categories
    - feedback type, method, outcome, HCSCC Charter of Rights (Consumer Feedback detail report)
  - Key performance indicators include:
    - Complaints acknowledged < 2 working days – target = 90%
    - Complaints resolved < 35 working days – target = 90%
  - health services are also required to report on complaints received from or on behalf of veterans to the Department of Veterans' Affairs.
- > Annual reporting requirements:
  - Local Health Networks, SAAS and health care services are required to complete a Safety and Quality Account Report to demonstrate its achievement and ongoing commitment to improving and integrating safety and quality activity. The account will provide information about the safety and quality of care delivered by the LHN, including performance against key quality and safety measures and patient safety priorities, service improvements and integration initiatives on feedback systems and complaint management.

- Annual reports may be provided to the HCSCC by DHW, to inform the Commissioner's Annual Report to the Minister and to Parliament.
- Annual reports are provided to the Department of Premier and Cabinet (DPC), as part of the Premier and Cabinet Circular 013 – Annual Reporting requirements on public complaints.

LHN's, SAAS and health care services are required to contribute to the DPC Annual Report to provide and report on local public complaints, and local service improvement activities resulting from complaints or consumer suggestions.

- The Goals Measure Analysis has been developed to assist LHN, SAAS and health care services to demonstrate compliance against the Framework goals.
- > Health services may find the self assessment guide a useful tool for assessing the performance of their consumer, carer and community feedback and complaints management processes and improvements made to their systems.
  - Suggested outcome indicated are based on the Best Practice Guidelines on Complaints Management for Health Care Services, and have been adapted for SA Health.
  - A pattern of recurrent low-level complaints about a service or staff and/or similar issue should be identified and reviewed. Such patterns may be early signs of a significant / escalating safety or quality risk, or denial of patient rights under the:
    - Health and Community Services Complaints Commissioner (HCSCC) Charter of Rights
    - Australian Charter of Healthcare Rights, Australian Commission on Safety and Quality in Health Care, second edition (2019).

## 17. OPEN DISCLOSURE

Open disclosure is a process that requires an open, honest and timely discussion between a health service and the consumer, their family and carers. It is separate and distinct from a consumer complaints management process, but principles for open disclosure may be effectively implemented to achieve successful resolution and outcomes, as a part of a complaints management process.

Open disclosure is entered and monitored in the Safety Learning System, and can form part of a resolution process.

Open disclosure should be consistent with the [SA Health Patient Incident Management and Open Disclosure Policy Directive and Toolkits](#), and the [Australian Open Disclosure Framework, Australian Commission on Safety and Health Care](#).

If making an open disclosure;

- > Staff should have participated in open disclosure education and training in relation to processes, and act in accordance with the [SA Health Patient Incident Management and Open Disclosure Policy Directive and Toolkits](#)
- > Care must be taken to not release any information that is prohibited by legislation.

## 18. RELEVANT SA HEALTH POLICIES, PROCEDURES AND GUIDELINES

- > Consumer, Carer and Community Feedback and Complaints Management Framework, Guide and Resources
- > Equity of Access to Health Care Policy Directive
- > Charter of Health and Community Rights Policy
- > Guide for engaging with Aboriginal People
- > Aboriginal Cultural Learning Framework
- > Aboriginal Workforce Framework 2017-2022
- > Aboriginal Health Impact Statement Policy
- > Aboriginal Community and Consumer Engagement Strategy, Country Health SA LHN
- > NDIS Serious Reportable Incidents Policy
- > Partnering with Carers Policy
- > Patient Incident Management and Open Disclosure Policy
- > Corporate Records Management Policy Directive

## 19. OTHER RELEVANT RESOURCES

- > Australian/New Zealand Standard – Guidelines for complaints management in organisations
- > Australian Commission on Safety and Quality in Health Care (ACSQHC) Australian Safety and Quality Framework for Health Care
- > ACSQHC National Safety and Quality Health Service Standards
- > ACSQHC National Statement on Health Literacy: Taking Action to Improve Safety and Quality
- > National Aboriginal Cultural Respect Framework 2016-2026 developed by the National Aboriginal and Torres Strait Islander Standing Committee for the Australian Health Minister's Advisory Council.
- > ACSQHC National Safety and Quality Health Service Standards: User Guide for Aboriginal and Torres Strait Islander Health
- > Aged Care Standards
- > Aged Care Visitor Access Code
- > Australian Government Guidelines on the Recognition of Sex and Gender
- > Premier and Cabinet Circular PC039 Complaint Management in the South Australian Public Sector
- > Ombudsman SA Complaint Management Framework
- > NDIS Practice Standards
- > South Australian Aboriginal Languages Interpreters and Translators Guide. South Australian Government
- > State Records of SA General Disposal Schedule 30 – State Government Agencies in South Australia

## For more information

Clinical Governance Unit  
SA Health

Telephone: 8226 2567



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