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Guide to
Complaint Handling in
Health Care Services
Foreword

The Health Services Review Council (‘HSRC’) is established under the Health Services (Conciliation and Review) Act 1987. The HSRC is an advisory body, assisting the Minister and the Health Services Commissioner with the health complaints system.

The HSRC recognises that consumer complaints are an inevitable part of any health system. We believe that dealing promptly and effectively with complaints has considerable benefits for health organisations, including better quality health care, reduced likelihood of litigation, and substantial savings in the direct and indirect costs arising from adverse incidents, complaints and claims.

This Guide is designed to assist health service providers to develop and implement effective complaint handling practices. An important aspect of this is supporting staff to deal with and learn from complaints. For this reason the HSRC has also developed and piloted a training kit to enhance the information contained in this Guide.

We are grateful to the Victorian Department of Human Services, who funded the project. We also wish to thank the many health professionals who gave their time and expertise to participate in focus groups, to provide information, to comment on drafts, to attend meetings and to participate in pilot training programs.

We congratulate health service providers on their good work and their willingness to make changes in order to improve the quality of the health care they provide. We commend this Guide to you as a useful tool in this endeavour.

Health Services Review Council
2005
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About the Guide

A bungled investigation can quickly turn a reasonable complainant into a hurt, damaged and angry former consumer–plaintiff.

Why complaints are important

Complaints are a vital form of consumer feedback that provides unique and valuable information to an organisation concerned with quality improvement and risk management.

The challenge for health service providers is how to capture and use this information productively to improve the quality, safety and accessibility of the health care system for consumers. Complaints and other comments from consumers are a valuable learning tool.

Successful complaint handling

There are many benefits to be gained from an improved complaint handling system. Fundamentally, handling complaints well is consistent with the core values of a health provider – in a complex, often fraught environment, it is in the interests of patients’ health and wellbeing. Dealing with complaints quickly and effectively also reduces stress on staff.

It is clear from research, both in Australia and overseas, that better communication with consumers by health professionals and organisations significantly reduces the likelihood of litigation.

A successful system results in:

- prompt and speedy resolution of complaints,
- reduced costs (direct and indirect) involved with complaint handling,
- better risk management, potentially limiting the number of complaints that may become formal legal claims,
- promotion of better health care outcomes,
- better quality assurance, by providing feedback on service delivery,
- more satisfied consumers.

How this Guide can help

Complaint handling systems vary from organisation to organisation because health service providers have different needs, depending on size and whether they are in a regional or metropolitan area. Although this Guide was designed for public hospitals, it is equally useful for other health providers. The principles and procedures described here can be used by all health providers, large or small – they apply both to health services provided within an institution and to those provided in the community.

The Guide builds on existing systems and processes. It assumes that organisations already have a clear set of quality goals, procedures and policies to achieve identified standards.

The Guide can be used to evaluate an existing complaint handling system to see where improvements can be made and also can be used as an aid to setting up a new system. The emphasis is on practical tools to make complaint handling easier and more integrated across the whole organisation, and to ensure that organisations use information collected from consumers effectively.

These tools are designed to be used by all staff within the organisation, not just a designated complaints officer. In this system staff are empowered to deal with complaints at the point where they arise.

Staff training is a fundamental aspect of a successful system and the related training kit is designed to help all staff manage complaints better.
How the Guide works

The Guide is divided into discrete sections. It can be read as a whole, or individual sections can be used separately. The components are as follows:

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
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<tbody>
<tr>
<td>1. Guiding principles</td>
<td>This section explains the principles underlying the approach to complaint handling. It explains how the complaint handling system can be integrated into the work of the whole organisation. It also shows how the principles translate into practice and shows the desired practice indicators relevant to each principle.</td>
</tr>
<tr>
<td>2. Organisational foundations</td>
<td>This section describes the crucial system requirements that are needed – promotional strategy, recording systems, staff training and feedback systems (to ensure that complaints can be used to generate change where needed).</td>
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<tr>
<td>3. Complaint handling process</td>
<td>This section sets out the steps involved in handling an individual complaint and provides a flow chart for easy reference.</td>
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<tr>
<td>4. Complaint handling skills</td>
<td>This section is designed to be used as an aid to staff training and awareness. It includes tips on minimising conflict and how to deal with difficult situations, as well as some communication skills and strategies.</td>
</tr>
<tr>
<td>5. Setting up your system</td>
<td>This section contains practical tools, including an audit tool to evaluate an existing system and a description of how to set up a system. It includes sample forms and a letter. There is also an example of a one-page checklist that can be used to promote complaint handling to staff.</td>
</tr>
<tr>
<td>6. Using the SAM Matrix</td>
<td>This section explains the Seriousness Assessment Matrix (SAM), which has been developed as a complaint assessment tool. It is a way of determining the level of seriousness of a complaint and therefore who should be informed and be responsible. It includes a description of the matrix, a diagram of the matrix and sample scenarios showing how the matrix is applied.</td>
</tr>
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Other resources

The approach adopted in this Guide is in line with trends in other Australian states and nationally. There are other useful resources available to assist health organisations with complaint handling. It is recommended that they be referred to as well.

– part of the project ‘Turning Wrongs into Rights: Learning from consumer reported incidents’.


– contains useful case studies and examples of risk reduction strategies developed in response to a sentinel event.


1. Guiding principles for an effective complaint handling system

National trends
Key objectives
An integrated system
Guiding principles
Putting the principles into practice

THERE YOU GO... IF YOU WANT TO MAKE A COMPLAINT AGAINST DR JEKYLL & MR HYDE, YOU’LL NEED TWO FORMS
Guiding principles for an effective complaint handling system

National trends

Over the past ten years or so there has been an increasing recognition within Australia and internationally of the importance of open communication to improve patient safety and the quality of health care. There is an increasing emphasis on creating an environment where mistakes or adverse outcomes are used to improve systems and processes, rather than focussing on individual behaviour and looking for someone to blame.

National standards have been developed, and many states are developing their own frameworks for reporting on complaints and adverse events.

Key objectives

All health service providers should have a comprehensive complaint management process that includes the following objectives:

• to provide an efficient, fair and accessible mechanism for handling consumer complaints,
• to recognise, promote and protect consumer rights,
• to collect data and monitor complaints for the purpose of improving the quality of health service delivery.

An integrated system

The complaints system should be integrated into the work of the whole organisation. This means that:

• complaints are used to identify gaps in the quality of the service,
• investigation of complaints is collaborative, and
• information is shared among management teams (including clinicians and quality improvement teams), administrators and consumers.

A complaint handling system is similar to an incident reporting system. Both provide critical information that can be used to promote positive change in the organisation.

In a fully integrated system, complaints can highlight adverse events that may otherwise have been overlooked. Furthermore, complaints data can be aggregated with incidents data to provide more complete information.

Creating a system where feedback is encouraged allows for consumers to make positive comments as well as complaints. This goes hand in hand with an organisational culture where staff are encouraged and supported to report ‘near misses’ and adverse events without fear of reprisal or blame.

Feedback loop

![Feedback Loop Diagram]
Guiding principles

The complaints management system outlined in this Guide is underpinned by seven guiding principles. The way in which complaints are handled may vary from organisation to organisation, but the underlying principles remain the same.

These principles can be incorporated as a core component of service delivery and understood by staff at all levels.

At the end of this section there is a table showing how each principle works in practice. This is supplemented by an audit tool in the section on ‘Setting up your system’, which allows each organisation to assess their own performance.

Seven guiding principles

1. Quality improvement – Complaints management is an integral part of the quality improvement approach that has been adopted by the health service.

2. Open disclosure – The health service has a policy of open disclosure in relation to adverse events and complaints.

3. Commitment – The health service and its senior management are fully committed to an integrated complaints management system and will provide the necessary support for it to operate effectively.

4. Accessibility – The health service encourages consumers and staff to give feedback about the service and makes it easy for them to do so.

5. Responsiveness – The health service has a consumer-focused approach, being receptive to complaints and treating complaints seriously.

6. Transparency and accountability – The complaints process is clearly articulated, open and accountable to both staff and consumers.

7. Privacy and confidentiality – The health service respects the privacy and confidentiality of consumers and the information received during the complaints process, while at the same time making its decisions open and accountable.

1. Quality improvement

Complaints management is an integral part of the quality improvement approach that has been adopted by the health service.

Quality improvement in health care is a systematic process by which the quality of patient care is continually evaluated and improved. An effective complaints management system makes a vital contribution to this process.

The link between complaints and quality improvement is a form of risk management – quality and risk are intrinsically related. Lessons learnt from complaints are used to identify any changes needed and to avoid the same problems occurring again.

A quality improvement approach focuses on system improvements rather than individual blame. In practice, there may be implications for a particular staff member or group of staff – a complaint or incident may highlight the need for staff to receive extra support, more supervision or further training in an aspect of their work. For example, an increase in infection outbreaks on a particular ward may be addressed by a variety of measures, including clearer protocols for staff in relation to hand
washing and training for staff in infection control. Collection of good data is essential for quality improvement to work. Complaints, feedback from consumers, staff observations and adverse events all provide useful information. All staff should be supported to participate in this – including medical (both employees and visiting doctors), nursing, allied health, cleaning, catering and administrative staff.

Quality improvement is a continuous and dynamic process. All health service providers need quality assurance committees who meet on a regular basis to monitor patient care and implement improvements.

2. Open disclosure

The health service has a policy of open disclosure in relation to adverse events and complaints.

The Open Disclosure Standard published by the Australian Council for Safety and Quality in Health Care in July 2003 says that:

‘The elements of open disclosure are an expression of regret, a factual explanation of what happened, the potential consequences and the steps being taken to manage the event and prevent recurrence.’

The principles of open disclosure are equally relevant to complaints as well as to adverse events.

The Standard emphasises the importance of communication with patients in a way that is respectful of their individual needs (see Appendix C of the Standard). This is discussed further in the section on ‘Complaint handling skills.’

The Victorian Department of Human Services has supported the implementation of the Open Disclosure Standard through selected pilot sites and eventually through all health services.

When using the Open Disclosure Standard, it is important to be aware of the following issues:

- It is critical to ensure that appropriate staff are involved in communication with the patient.
- Those involved in providing information to patients should have adequate training and be fully informed about the issues involved in open disclosure.
- Open disclosure, of necessity, involves medico-legal issues. It is about providing appropriate information to consumers, without necessarily an admission of liability.

In Victoria, under the Wrongs Act 1958, an apology or an expression of sorrow or regret is not to be taken as an admission of liability unless the expression of regret provides a ‘clear acknowledgement of fault’.

Similarly, following an adverse outcome, a reduction or waiver of fees does not constitute an admission of liability at law.

However, if in the course of open disclosure, facts or objective information are provided, that information could later be used in litigation. It is only the expression of regret or sorrow or the waiver or reduction of fees that are protected by the Victorian legislation.

Guiding principles for an effective complaint handling system

2

Summary of open disclosure principles

1. **Openness and timeliness of communication** – information should be provided in an open and honest manner.
2. **Acknowledgement** – adverse events should be acknowledged to the patient and their support person as soon as practicable.
3. **Expression of regret** – the patient and their support person should receive an expression of regret for any harm from an adverse event as early as possible.
4. **Recognition of the reasonable expectations of the patient and their support person** – they can expect to be fully informed, to be treated with empathy and respect, and to be given support.
5. **Staff support** – staff should be encouraged to recognise and report adverse events and supported through the open disclosure process.
6. **Integrated risk management and systems improvement** – investigations should focus on the management of risk and on improving systems of care.
7. **Good governance** – adverse events should be analysed and there should be a system of accountability so that changes to prevent recurrence are implemented and their effectiveness reviewed.
8. **Confidentiality** – the privacy and confidentiality of patients, carers and staff should be protected, in accordance with state and federal law.

For the full principles, refer to the Standard (see Other resources, p. 4).
3. Commitment

The health service and its senior management are fully committed to an integrated complaints management system and will provide the necessary support for it to operate effectively.

One of the most significant factors in the success of a complaints management system is leadership and commitment from senior staff. The governing body of the organisation must provide policy leadership and organisational structures to support that policy.

Management plays a critical role in the creation of an environment that views complaints positively and encourages learning. The senior levels of the organisation need to be open to the outcomes of investigation of complaints, and be prepared to respond constructively.

All health organisations should have a clear complaints process, which is co-ordinated by a senior staff member to ensure that complaints are dealt with effectively and promptly.

Management commitment to structural support in the form of systems, tools and resources is also essential.

Commitment is also required from all stakeholders across the organisation, including doctors, nurses, allied health and administration staff. All staff need to be willing to participate actively in resolution of complaints as part of their everyday work and to implement change as a result if necessary. Staff should be given the necessary training and support to do so.

4. Accessibility

The health service encourages consumers and staff to give feedback about the service and makes it easy for them to do so.

The complaints management system should be accessible and promoted throughout the organisation to both consumers and staff. It should be clear to patients, their families and staff how to make a complaint or offer feedback. The promotional material should make it clear that comments are welcome.

Complaints processes should be user-friendly, making it easy for consumers to make a verbal or written complaint. Consumers can talk to any staff member about their concerns. If the staff member cannot help, they can call in a more senior person to assist, or direct the consumer to the appropriate person – such as the unit manager or complaints manager.

Accessibility of a complaints system involves practical considerations. For example, staff need to be aware of the existence of the complaints manager and know how the complaints process works in the organisation. Consider also the need for the complaints process to function 24 hours a day, seven days a week.

It is important that the complaints process is accessible for people who speak languages other than English and for people with physical or intellectual impairments (see the section on ‘Complaint handling skills’ for further discussion of communication issues). Promotional material can be made available in other languages.

5. Responsiveness

The health service has a consumer-focused approach, being receptive to complaints and treating complaints seriously.

Health organisations should be receptive to complaints rather than viewing them as a nuisance or a waste of time. Complaints should be seen as an important source of constructive feedback and treated as a matter of priority.

Health care is a partnership. Consumers must not be victimised or discriminated against if they complain, nor should they be treated as a nuisance. This may take the form of negative attitudes – comments from staff such as ‘If you come into our hospital you have to be prepared to follow our rules’ should be discouraged.

Patients and their families and friends have a right to complain about the provision or standard of any service at any time, using their preferred communication method. This is set out in the Victorian Public
6. Transparency and accountability

The complaint system should be consistently applied, open and fair. The organisation should clearly articulate the steps involved in the process and the options available for resolution. The consumer should also be informed about their right to complain to the Health Services Commissioner if they are not satisfied with the organisation’s process.

The person complaining should be kept informed about the status of the complaint throughout the process. If possible, they can be involved in discussion about outcomes. They should also be given information at the end about what steps the organisation has taken as a result of their complaint.

Health providers also have a responsibility to the wider community to be transparent about the safety of their health care. Information about complaint trends and steps the organisation has taken to address problems should be publicly available, e.g. through the organisation’s Quality of Care Report or annual report.

7. Privacy and confidentiality

All complaints will be treated confidentially, with information used only for the primary purpose for which it was obtained. Information about complaints should be stored separately from the medical record and should not form part of the medical record.

The privacy of those involved should be protected, as much as possible, during the complaints process. Investigations should be conducted discretely and staff should be alerted to the importance of not gossiping about what has happened. This applies, not only to the privacy and confidentiality of consumers, but equally importantly to the privacy and confidentiality of staff.

All health organisations need to be mindful of their responsibilities under state and federal privacy, health records and freedom of information laws. Nevertheless, it is important that relevant facts are communicated to the people involved and that there is open communication about the investigation process and outcomes.
## Putting the principles into practice

Using the guiding principles, the table below demonstrates the components of an integrated system. An audit tool has been included in the Section on ‘Setting up your system’ to enable health service providers to assess whether their current practice accords with the desired practice indicators outlined in the table below.

<table>
<thead>
<tr>
<th>Key principle</th>
<th>Desired practice</th>
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</table>
| **Quality improvement** | • Quality and risk management teams are in place to analyse data and inform organisational changes.  
• Information about complaints and other feedback from consumers is regularly reported to senior management and quality and risk management teams.  
• Lessons learnt from complaints are used for system improvements.  
• Complaint trends are reviewed regularly by quality and risk management teams.  
• Findings from complaints are regularly communicated to staff. |
| **Open disclosure**    | • The organisation has adopted the national standard on open disclosure.  
• Staff involved in giving information to patients are fully informed about the issues relevant to open disclosure.  
• Staff are encouraged and supported to report adverse events.  
• Information from open discussion of adverse events is shared throughout the organisation and used to inform clinical practice and organisational processes. |
| **Commitment**        | • Adequate resources are provided to support an effective complaints management system.  
• There are clear policies in place for adverse events, incident reporting and complaint handling.  
• All health providers have a complaints process overseen by a designated complaints manager who has the support of senior management.  
• Staff across all levels of the organisation are trained in complaint handling and able to deal with first point of contact.  
• Staff responsible for investigating and resolving complaints are trained in complaint handling and have a systems focus.  
• Staff are encouraged to make suggestions and identify problems even if a complaint is not made – there is a system in place for staff to report concerns.  
• The organisation has an easy-to-use recording system to track complaints.  
• Complaints data is collated to identify patterns and trends and to report to senior management and quality and risk management committees. |
| **Accessibility**      | • Information is widely available to consumers on how to make a complaint, including:  
  a general information package, brochures, posters and signage that explain how consumers can lodge complaints or provide general feedback and where they may do so. These should be available throughout the organisation.  
• There are multiple access and referral points within the organisation and these are actively promoted to consumers.  
• The access and referral points and related information are user-friendly for the most disadvantaged members of the community.  
• Information and signage are available in relevant community languages.  
• The complaint process is easy for all consumers to use.  
• Complaints can be made 24 hours a day, seven days a week. |
<table>
<thead>
<tr>
<th>Key principle</th>
<th>Desired practice</th>
</tr>
</thead>
</table>
| Responsiveness                | • The organisation encourages a culture of receptiveness. Complaints are not seen as a personal attack but rather as a useful means to achieving better patient care.  
  • Complaints are dealt with in a timely manner.  
  • Communication from consumers is responded to promptly.  
  • Staff have a positive attitude towards dealing with complaints.  
  • Communication with consumers is open and responsive to their needs.  
  • Consumers are treated with respect and dignity.  
  • Consumers are given whatever help they need to make their complaint.  
  • Consumers' rights are upheld in accordance with the Victorian Public Hospitals Patient Charter.                                                                                                                                                                                       |
| Transparency and accountability| • A clear process is communicated to consumers.  
  • Each complaint is received and investigated on its own merit.  
  • Consumers are kept informed of the progress of the complaint.  
  • There is continuity of staff dealing with the complaint.  
  • Principles of procedural fairness are observed.  
  • Relevant key individuals are promptly informed of complaints.  
  • Consumers are informed of the outcome of the complaint.  
  • Information on trends identified by aggregated complaints data is publicly available, e.g. through the Quality of Care Report or annual report.                                                                                                                                              |
| Privacy and confidentiality    | • All complaints are handled according to the requirements of the *Health Records Act 2001* and *Information Privacy Act 2000*.  
  • Information gathered during the complaint process is used only in order to deal with and resolve the complaint or to address broader issues arising from the complaint.  
  • Information is shared with staff only on a 'need-to-know' basis.                                                                                                                                                                                                                  |
2. Organisational foundations

Policies
Promotion
Staff training and support
Complaints manager
Recording systems
Tracking
Data collection
Reporting
For a complaint system to function effectively, there are some crucial organisational elements that must be in place. These require commitment from senior management and adequate resourcing.

**Policies**

The organisation needs to have policies on how complaints will be handled and on how adverse events will be treated. These policies need to be clear to all staff. In addition, all parts of the organisation should establish clear protocols for dealing with a major mishap or critical incident. Some practical issues to include are:

- Consider whether any equipment needs to be isolated for later examination.
- Senior members of staff must be informed immediately.
- The patient’s family should be informed.
- Staff, the patient and their family may need counselling or other forms of support to deal with distress and other emotions.
- An account of the facts of the incident should be written as soon as possible after the event – this should not include speculation on the causes of the mishap.

**Promotion**

The organisation demonstrates that it actively seeks feedback from consumers and their families through the way it promotes the complaint process.

The complaint process should be advertised widely and it should be clear to patients and their families how they can make comments about the service or express their concerns. The overriding message from the organisation needs to be that all feedback is welcome, whether positive or negative.

This can be done by placing signs or posters on each ward (perhaps near the desk area), inviting patients and their families to raise any concerns with staff on duty. The first point of contact is at the ward level.

The promotional signs can explain that if there are still unresolved issues, contact can be made with the complaints manager. That person's contact details need to be clearly identified.

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**Promotional suggestions**

- Use posters throughout the organisation advertising how to give comments. The posters need to be eye-catching and inviting.
- Have pamphlets explaining how to make a complaint widely available throughout the organisation – in different languages and displayed at prominent points.
- Provide written information about how to make a complaint at significant times, e.g. admission and discharge.
- Give accurate verbal information about how to make a complaint when asked.
- Make feedback sheets available in prominent places, together with suggestion boxes.
Staff training and support

An organisation that is committed to better complaint handling will ensure that its staff are properly trained. The section on ‘Complaint handling skills’ will assist with this, as will the related training kit.

The complaint system needs to be promoted to staff. Its effectiveness will be greatly enhanced if there is a commitment from staff throughout the organisation. Staff need to know that there is a complaint system, how it works, and why it is important.

Dealing promptly with enquiries and complaints

Complaints are an everyday part of staff responsibility. All staff should be able to deal with enquiries from consumers about how to make a complaint. They may need to explain how the complaint procedure works and answer any questions or anxieties the consumer may have about making a complaint.

All staff should also be trained to deal with complaints themselves. Dealing with complaints promptly at the point where they arise should be seen as a priority throughout the organisation.

In a complex work environment such as a health service, there will often be competing priorities. At times staff will have to decide what needs their attention first. Nevertheless, managers can give staff practical support by recognising that sorting out a complaint is part of the core business of the organisation.

Support for staff

Importantly, staff need to be supported through the complaint process. It can be quite confronting to be the subject of a complaint and it is important that staff feel they will be listened to and given the opportunity to put their point of view. They also need to feel that they have the support of their management team.

Training as a result of a complaint

Staff may need training as a consequence of issues highlighted by a complaint. The organisation should commit itself to providing continuing training as needed.

Problems identified by staff

In an integrated system, staff are also able to raise issues or make suggestions. This is often done informally by talking to the line manager or by discussing matters at staff meetings. However, it can be useful to have a written record of staff concerns, especially if action is needed from more senior staff.

The same form that is used for consumer complaints can also be used for staff to report. This is a systematic way of ensuring that staff concerns become part of the quality improvement process.

All staff can act on problems experienced by consumers, whether or not an actual complaint is made. For example, many patients may be talking about parking difficulties. Further investigation reveals that construction work has commenced nearby. If this is registered as a concern by staff in the complaint recording system, senior management can be made aware of the impact on patients and visitors. They can then negotiate with local council to relax parking restrictions during the construction period.

Everyone in the organisation has a crucial role to play in improving health care services. All staff should be encouraged to participate in the system by identifying problems straightaway. Even cleaning and catering staff have a part to play. For example, the person responsible for delivering meals may notice that a patient is eating very little – the catering staff member should alert a member of the nursing staff as soon as possible.

Cross-departmental meetings held at the ward level on a regular basis will pick up problems identified by people doing different types of job. Staff should be encouraged to communicate freely with staff who have other areas of responsibility.

Create an open environment in which patients and staff feel free to express their concerns and where management structures back that up.
Complaints manager

The organisation needs to decide how the complaint system will be co-ordinated and monitored, and who will be responsible for ensuring that complaints data is used.

Importantly, a designated complaints manager needs sufficient seniority to do the job effectively. In a small organisation, the complaints manager may have other responsibilities as well. In a large organisation, responsibility for different aspects of the complaint system may be taken by different staff.

The title given to this position varies from organisation to organisation, e.g. Complaints Liaison Officer (CLO), Patient Advocate, Patient Representative. In this Guide the term complaints manager is used as a generic term for the position.

In general terms, the complaints manager is responsible for co-ordinating complaint handling and ensuring that complaints are acted on. This may involve providing back-up and support to enable staff to resolve complaints themselves. It is not necessarily the job of the complaints manager to resolve the complaint.

Complaint/feedback forms filled in by staff at the point of service can be given to the complaints manager for assessment even if the complaint has been resolved. This will enable monitoring of trends and evaluation of the complaint process.

The complaints manager may also be responsible for dealing with written complaints received by the organisation and complaints referred by other staff. This is discussed further in the section on ‘Complaint handling process’.

Recording systems

All complaints need to be recorded in some way, even if they are informal or minor. If many similar complaints are recorded about a minor issue this may highlight the need for wider action. The sample complaint form in the ‘Tools’ section can be used for all types of complaints.

It can also be used to record staff comments or to note general problems observed by staff, even if no complaint is made by a consumer. Not only will a good recording system facilitate accountability to consumers, it will also enable tracking of complaints, which is essential to an integrated system.

However, it is important that the recording system is kept simple. It should not be too time consuming for staff or restrictive for consumers. The organisation can use a manual system or a computerised system. Regardless of which is used, a staff member should be able to fill in a complaint form quite quickly.

If the consumer has already put their complaint in writing, they don’t need to fill in a form as well – the complaint form can easily be filled in by a staff member.

Tracking

Once the complaint is recorded, there must be a system for tracking complaints. A computerised system will enable ‘flags’ to be sent to relevant staff for them to take action – this is discussed in the section on the SAM matrix. This can also be done manually in a smaller organisation.

The complaints manager is responsible for co-ordinating complaints. Monitoring of complaints progress, particularly more serious complaints, should be a regular agenda item at quality and risk management meetings.

Data collection

To ensure that systemic problems can be identified and dealt with, it is most important that organisations have adequate data collection tools. This will enable data to be aggregated and analysed to identify trends. This will also ensure wider transparency and public accountability, which are key aspects of a high quality health care system.

There is a range of data collection software available. Complaints data needs to be linked into whatever system the organisation is using for its risk management strategy. This will enable adverse events to also be picked up through the complaints management system.

Good data collection means the organisation can:
- learn from mistakes,
- identify systemic issues,
- reduce risk in the future.
Reporting

This is an essential element of an integrated system. There must be systems set up to report on the outcome of complaints, as well as a system for analysing and reporting on trends identified by complaints.

Reporting has three main components:
- Reporting to the consumer, family or friend who made the complaint (this is discussed further in the section on ‘Complaint handling process’).
- Reporting to the quality systems of the organisation and to senior management – to enable decisions to be made regarding organisational change, policies and resourcing.
- Reporting to staff – both to staff involved in a complaint and, if there are broader issues involved, to other staff to inform them of changed procedures/policies and to facilitate learning and change. Complaints can be used as a concrete example of why change might be needed.

The organisation needs to identify who is responsible for what. Line managers generally have a responsibility for reporting on quality issues. Complaints managers will also be responsible for reporting on trends and outcomes and are usually responsible for reporting back to the consumer.

<table>
<thead>
<tr>
<th>Key features of a complaint system</th>
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<tr>
<td>• easy for consumers to complain/give feedback</td>
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<tr>
<td>• straightforward process that is easy to understand</td>
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<tr>
<td>• staff adequately trained in complaint handling</td>
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<tr>
<td>• means of recording complaints and monitoring complaint management</td>
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<td>• complaints dealt with promptly</td>
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<td>• responsibilities of staff adequately defined</td>
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<td>• clear outcomes</td>
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<td>• staff and consumer informed about outcomes</td>
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<td>• reporting system</td>
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3. Complaint handling process

What complaints are
Types of complaint
Point of service complaints/enquiries
Complaints needing investigation
  Step 1: Assessment
  Step 2: Information gathering
  Step 3: Resolution/outcome
  Step 4: Implementation
External complaints – role of the Health Services Commissioner
What complaints are

Complaints are an expression of dissatisfaction – they may be an informal, verbal complaint or they may be a formal, written complaint. Consumers complain about various aspects of health care, ranging from the minor to the catastrophic. However, even the most minor complaint can reveal issues that potentially affect patients’ health outcomes, and all complaints should be taken seriously.

Consumers are not only focused on themselves when they make a complaint – they are often concerned with the quality of the health system generally. The sorts of outcomes consumers commonly want are:

• an explanation,
• an apology,
• to get reassurance,
• to prevent the same thing happening to other people.

Sometimes people are also seeking compensation for financial loss.

Types of complaint

Complaints can be grouped into three broad categories – some complaints will move through all three. These categories are as follows:

Point of service complaints/enquiries

These are straightforward complaints, which can be dealt with promptly and to the health consumer’s satisfaction at the point of service. Sometimes all that is needed to resolve an issue is for the consumer to speak directly to the staff involved.

Complaints needing investigation

More serious or complex matters or unresolved complaints may need to be referred to more senior staff or the complaints manager. There is a need for investigation and a clear outcome identified. This may involve different levels within the organisation.

External complaints

These are complaints that are unresolved by the organisation. They need to be referred on to external bodies or insurers to deal with. Also, some complaints first come to the organisation from the Health Services Commissioner.
Point of service complaints/enquiries

Ideally, most complaints should be dealt with directly and quickly at the point where the problem arises – with as little formality as possible.

Often, no changes to procedures are required – most complaints involve an acknowledgement of the consumer’s perspective and an explanation.

If the complaint is made to staff at the point of service, they should first assess whether they can deal with it themselves (informal or straightforward complaint) or whether they need to refer it to their line manager or the complaints manager (a more formal, serious or complex complaint).

If staff at point of service decide they can deal with the consumer’s concerns, the strategies and tips in the section on ‘Complaint handling skills’ will help. For example, it is important to listen carefully to what the consumer is saying to make sure staff understand what the problem is.

Staff need to know what action they can take to resolve complaints. For example:
• They can give an explanation of what happened – but ONLY if they do know why it happened.
• They can offer an apology if warranted. This acknowledges that the consumer has been listened to.
• If it is a problem relating to a clinical issue, they can encourage the consumer to discuss it with the relevant doctor or other health professional. If the consumer is still not satisfied, they can lodge a complaint.
• The staff member can speak to the relevant doctor or other health professional on behalf of the patient.

Immediate follow up and feedback to the consumer can avoid an escalation of the complaint.

Recording

Even if a complaint is resolved at the point of service, the complaint and action taken can be recorded on the feedback form (see sample form in the ‘Tools’ section). Sometimes staff are busy and complaints are quickly resolved – staff may feel they don’t have time to record the complaint. For a minor matter it may not be warranted. Staff will need to use their discretion about this.

The organisation needs to decide how much data it wants collected and how it will be recorded. Nevertheless, in general, staff should be encouraged to record complaints as often as possible for quality improvement purposes. This will enable monitoring of similar complaints across the organisation.

Recorded complaints are given to the complaints manager to collate – a seriousness assessment can be done and the complaint given a rating (this process is described in detail in the section on ‘Using the SAM matrix’).

When to refer a complaint on

Complaints should be referred to the complaints manager if they:
• are 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,
• need to be dealt with by someone with more authority.

Staff need to be informed about what the system is in their organisation so that they understand when to involve the complaints manager.
Complaints needing investigation

The complaints manager is responsible for co-ordinating complaints referred by other staff and written complaints made by consumers, as well as complaints that have come from the Health Services Commissioner.

The steps involved in complaint handling are as follows:

- **Step 1: Assessment**
- **Step 2: Information gathering**
- **Step 3: Resolution/outcome**
- **Step 4: Implementation**

Some complaints may be dealt with quite quickly, with minimal need for investigation. For complaints requiring any degree of investigation, it is important to keep the consumer informed throughout the process.

At the end of this section there is a flow chart of the complaint management process, showing the steps and feedback loop.

**Step 1: Assessment**

The seriousness of the complaint or problem needs to be assessed – this can be done using a seriousness assessment matrix (a suggested matrix is described in detail in the section on ‘Using the SAM matrix’).

The organisation needs to decide who will do this assessment. Ideally it can be done by the staff member who receives the complaint – the assessment can then be reviewed by the complaints manager. Some organisations may prefer the unit manager or complaints manager to do the seriousness assessment.

The seriousness assessment will determine:
- who will deal with the complaint, and
- who needs to be notified.

As much as possible, complaints should be dealt with by the unit involved, with support from the complaints manager. However, for more serious matters or those with broader implications for the organisation, senior management and the Board will need to be notified at least and possibly also participate in the resolution.

If a software system is used for the matrix and incorporated into the organisation’s computerised data collection system, it will automatically notify the designated senior staff. Otherwise, this can be done manually.

At some point, depending on the type of complaint, it may be necessary to alert the organisation’s insurer or even obtain legal advice. Each organisation will have their own policy about this. However, this should not interfere with the aim of resolving the complaint quickly and amicably.

**Step 2: Information gathering**

The purpose of investigating a complaint is to establish what happened by gathering information, prepare a report where warranted and formulate resolution options. This may include recommendations for changes to clinical, management, administrative or environmental systems to minimise the likelihood of a similar incident occurring in the future.

**Approach**

It is important to keep an open mind when gathering information. Don’t make assumptions about what has happened and don’t draw conclusions until all the information is assembled.

The complaints system is non-punitive. When analysing what went wrong or why there is a problem, systems should be examined to see how changes can be made and how individuals can be supported to prevent recurrence.

**Talk to the consumer**

The person dealing with the complaint first needs to ensure they have full information about the complaint and desired outcome. Talk to the person who has made the complaint to ensure that there is clear understanding of all aspects involved and of what the complaint is about.

A complaint/feedback form should be filled in – this can be done by the staff member if necessary and checked with the consumer. It is important at this stage to make sure that you have the consumer’s ‘story’ as they present it. Take it down as they say it, without filtering or interpreting the information. This is so that you have a complete picture of the consumer’s perspective and the context of what happened. You can then ask questions to clarify or expand on what they have told you.

The consumer should also be given the chance to ask questions. The person taking the complaint has a responsibility to explain to the consumer how the complaint procedure works –
what will happen next, who will get back to the consumer, and how long it is likely to take. In some cases it may also be useful to refer them to a support/advocacy group.

When talking to the consumer it is important for the staff member not to be defensive and to maintain a courteous and professional approach.

**Keep the consumer informed**

When dealing with a complaint that involves some investigation and gathering of information, keeping in regular contact with the consumer is important.

If there are a number of different personnel to get information from, this may take time. If so, contact the consumer, by telephone if possible, to let them know what is happening and where the complaint process is up to. Be direct and as honest with them as possible.

Most people understand that delays are inevitable, but they need to know that action is being taken. Even if there is no progress, a regular telephone call can go a long way towards establishing good faith and will help resolve the complaint in the long run.

**Talk to the staff**

Ensure that all relevant people are consulted about the complaint, while protecting the confidentiality of those involved. It is important to keep accurate records of the steps in the investigation, including all discussions, information gathered and conclusions reached.

A successful investigation is conducted objectively, with an open mind and without bias. This means focusing on the facts of what happened, rather than relying on people's feelings or interpretations. However, remember that any staff members involved may be feeling a degree of anxiety or stress about what has happened, depending on the circumstances. This will be helped by giving them the opportunity to explain their perspective fully and clearly. Staff need to be listened to and supported.

Sometimes information received from different staff members will be inconsistent. It is common for different people to have different perceptions of the same event. The person investigating the complaint needs to bear this in mind.

**Be efficient**

Try not to let the investigation drag on. Timely resolution is good for both staff and consumers. Set timelines at the outset and try to stick to them.

**Support for staff is an important part of investigating complaints.**

**Step 3: Resolution/outcome**

Resolving a complaint should be seen as a joint problem-solving exercise. Once all the relevant information is to hand, discuss options for resolution with staff and the consumer. These may include:

- **meetings** between the patient, their family and staff
  – see the section on ‘Complaint handling skills’ for tips on running meetings. For some complaints, more than one meeting is needed.
- **an explanation**
  – giving information to consumers can go a long way towards resolving complaints and is consistent with open disclosure principles. Ensure the explanation is factual and understood by the consumer.
- **an apology**
  – staff do not need to be afraid of apologising for mistakes – an apology is not the same as an admission of liability and it can be a powerful aspect of complaint resolution. (See the section on ‘Guiding principles’ for a discussion of apologies and open disclosure.)
- **an undertaking to review** policies and procedures with a view to improving outcomes.

It can be helpful to analyse what happened and why by gathering together key staff members. This will help identify resolution options and any policy or procedural changes needed. It is most important that staff be involved in complaint resolution and given the opportunity to suggest outcomes.

The case studies in the Sentinel Event Program annual report (see Other resources, p. 4) are useful examples of how risk reduction strategies and systemic changes can be developed. This approach is equally relevant to many complaints.
The organisation needs to decide what it considers a realistic outcome, balancing the needs of the consumer against the needs of the organisation as a whole. Take into account what the consumer wants, while recognising what is reasonable. Use the complaint to make practical changes that will benefit all patients.

Outcomes involving individual staff

Although the focus is on systemic issues, the role of the staff cannot be ignored. The individuals concerned should be encouraged to talk about what is happening and offered support if needed. There is help available for professionals who are having problems at work, e.g. medical defence organisations offer counselling, communication training etc.

If there are concerns about the professional conduct of an individual, consider also the need for referral to the relevant registration body.

Step 4: Implementation

Ensure that the outcome is clearly communicated to the consumer, staff and management, and that it is integrated into quality improvement systems.

The following should be done:

- Enter the resolution/outcome into the relevant complaints data collection tool.
- Implement any actions decided on as part of the resolution.
- Provide information to quality improvement teams, risk managers and managers of relevant training programs.
- Provide information on complaints and outcomes to senior management, including the Board of management.
- Monitor effectiveness of outcomes.

It is also important to report back to the consumer, family member or friend who made the complaint. Make sure the consumer is told about any specific changes that the organisation has made as a consequence of their complaint and how the effectiveness of outcomes will be monitored.

In addition, ensure that any changes identified by quality or risk management teams are communicated adequately to staff and are implemented and monitored.

In a small community, the organisation may sometimes need to inform the public about general changes to procedure or approach, in order to retain the community’s support or restore confidence in the organisation.

Tips for successful resolution

- Do not become defensive.
- Be flexible and problem-solving in approach.
- Approach it as a joint problem.
- Identify the consumer’s key issues and concerns.
- Identify any constraints to your power.
- Look for outcomes that will satisfy both parties.
- Try to establish objective principles, without rigidly rejecting the consumer’s subjective concerns.
External complaints – role of the Health Services Commissioner

Sometimes a complaint cannot be resolved by the organisation. If so, consumers can be referred to the Health Services Commissioner’s Office.

The Health Services Commissioner offers an independent, neutral, confidential service. Complaints are resolved through conciliation, which parties participate in on a voluntary basis. The office does not adjudicate complaints and cannot make binding decisions.

Sometimes a consumer will go direct to the Health Services Commissioner without first having complained to the health service provider. In this case, the Commissioner will send the organisation a copy of the complaint and ask for the organisation’s written response.

One of the benefits of having a complaint conciliated through the Commissioner’s office is that both parties are supported to reach a resolution. Because the office is independent, it can increase the consumer’s confidence in the process.

Health service providers are welcome to contact the Commissioner’s office for advice on complaint handling and for support in their work, regardless of whether a complaint has been lodged with the Commissioner or not.

External bodies who may be involved in a complaint

- Health Services Commissioner
- Coroner – in the case of a reportable death
- professional registration body, e.g. Medical Practitioners Board
- medical defence organisation
- health provider’s insurer or legal adviser
Flow chart of complaint management

Point of service

If YES
Resolve and record

Step 1
Assessment

If NO
Record and refer to unit manager or complaints manager
Do seriousness assessment – who will deal with complaint?

Step 2
Information gathering

What happened?
– talk to consumer
– talk to all relevant staff
– check medical records and test reports

Step 3
Resolution/outcome
Report back to consumer, staff, management

Outcomes
– meetings
– explanation/information
– apology
– review policies and procedures
– training

Refer to external organisations if necessary

Step 4
Implementation

Quality improvement
(systems, staff training etc)
4. Complaint handling skills

Why people complain
Communication techniques
Skilful complaint handling
Dealing with difficult situations
Consumer-focused communication
Conducting meetings
Debriefing and improving skills
Why people complain

Many complaints about health services relate to communication issues. These range from not getting enough attention through to discourtesy or rudeness.

A health care organisation is a complex environment, involving many competing demands. Patients and their families are inevitably dealing with a degree of stress, simply by being in a hospital.

Some consumers find it hard to complain, while others complain quickly, loudly and often. People have different responses to stressful situations. This can be hard for staff to manage, particularly if they are under pressure themselves.

Communication techniques

One of the key issues health service providers need to address in their complaint handling strategy is how to improve communication with their service users.

This can be done in a pro-active way to prevent complaints from arising. For example, in an outpatients clinic, it would reduce boredom and frustration if patients were told how long their wait is likely to be – this would allow them to go to the cafe or walk outside and be back in time for their consultation.

Once a complaint is made it is vital to understand exactly what the complaint is about. Many people are unclear what they want from a complaint. They may also give too much information when they complain because they’re not sure what is relevant. The staff member needs to use a combination of active listening and questioning techniques to find out what the core issues are. What techniques are used will depend on the circumstances and how much time the staff member has.

Active listening

Listening is the single most important part of complaint handling. Many people simply want the opportunity to be heard and to give voice to their anxiety or frustration.

For communication to be effective, it is important to listen properly to what the other person is saying and to make the other person feel that they are being listened to. Active listening involves giving the other person your whole attention, not interrupting unnecessarily, establishing eye contact and using positive body language.

As appropriate, the following techniques can be used:

• Clarifying questions, e.g. ‘Would you mind repeating that’, ‘I’m not sure I’ve understood you. Could you explain what you mean by ...’
• Paraphrasing, e.g. ‘As I understand you ...’, ‘What you seem to be saying is ...’
• Reflecting feelings, e.g. ‘You appear to be feeling ...’
• Summarising/checking, e.g. ‘Am I right that your main concern is ...’
A poor listener:
- is easily distracted,
- reacts to emotive words,
- interrupts frequently,
- tunes out to ‘uninteresting’ information,
- jumps to conclusions,
- finds fault with the message,
- is thinking of what they want to say while the other person is talking.

Open-ended questions
These are broad in scope and are used to get as much detail as possible. They allow the consumer to choose the information to give – this will give a more complete picture, but it may include irrelevant detail as well as useful information. Using open-ended questions may be time-consuming, depending on the situation, and is not useful if the other person is confused or inarticulate.

Examples of open-ended questions are:
- Can you tell me what happened?
- Can you explain the problem with your arm in more detail?
- What would you like to see happen?

Closed questions
These require a specific answer. They are used to follow up on specific details and to clarify particular aspects of what the other person has said. It enables the staff member to target specific pieces of information – often things that are relevant to a health professional but which a non-health professional may not realise are important. Using closed questions is useful if time is limited or the other person is confused or emotional.

Examples of closed questions are:
- Have you ever broken your arm before?
- How long have you been waiting?
- Would you like to see a different doctor?

Skilful complaint handling
Being able to deal with complaints skilfully on the spot is an aspect of good service. The underpinning attitude for a health service provider should be one of respect and concern for the patient’s needs. If complaints are met with a friendly, open manner, they are more likely to be resolved.

It is in the interests of both the organisation and the patient that complaints are resolved quickly and effectively. This can be done by providing timely, accurate, complete, up-to-date information. An early apology or information may defuse the situation.

It is also important to explain to the consumer what they can expect from the health service and to follow through on commitments. Don’t make promises that can’t be kept – it is better to be realistic and honest about any limitations or expected time delays.

Although complaint handling is about problem solving, the person’s feelings should not be overlooked. A significant part of the resolution may be acknowledging the person’s feelings. This is particularly important in a health care setting. Staff in health organisations need to maintain a balance between being neutral/objective and being personal.

Tips for complaint handling
- Be confident in your ability to help.
- Remain flexible – don’t be too rigid in your approach.
- Communicate clearly – check if you’re being understood.
- Know your limits – be willing to get help from someone else or pass the problem on to someone with more knowledge, time or authority.
- Try to remain calm and think clearly.
- Strike a balance between logic and emotion.
Dealing with difficult situations

Some complaints are not easily dealt with. Being confronted with someone who is angry or emotional can be personally quite hard. Different staff members will have a different response, depending on their individual personalities, life experience and the other pressures they are dealing with at the time. Nevertheless, it is important to try to remain calm and not get caught up in the heat of the moment. The conflict will be resolved more quickly if the staff member keeps a clear head.

There are a variety of reasons why people might be upset or difficult to deal with in a health setting. For example, they may be frustrated at delays, they may be worried about what’s happening, they might be in pain, and they might be confused. Some people have a ‘short fuse’ and are quicker to react to these feelings – sometimes this is based on previous bad experiences.

They may also be struggling with language difficulties and not understand what is being said. Even if their first language is English, people may not understand technical medical language.

Whatever the reason, don’t assume the ‘difficult’ person is being unreasonable. Apply the same standards of communication to them as you would to anyone asking a question or expressing a concern calmly. Very often, all that is needed is someone to take time to talk to the person, listen to their concerns and tell them what is happening.

Using empathy to diffuse anger

Empathy is the ability to understand another person’s thoughts and feelings from their perspective. Often people are angry because no one has listened to them properly – they may be hurt or frustrated under their anger. It is therefore important to listen without interruption to what the person is saying – even if they are swearing or being incoherent at times.

Once the person has had a chance to express their point of view, you may need to ask questions to clarify. Remember, however, that tone of voice is extremely important. Try not to make the person feel that you are cross-examining them – rather, make it clear that you are asking questions out of a desire to help.

Some useful phrases are:
- ‘Yes, I see’ (while listening).
- ‘I appreciate what you are saying.’
- ‘I just want to check that I have understood you correctly’ (repeat or paraphrase back to them).

However, it is most important not to simply placate an angry person. Treat their complaint seriously and try to focus on the issue at hand rather than focussing on the person’s emotions or behaviour and how to control it.

Using assertive language to manage aggression

Another strategy for dealing with someone who is being aggressive is to use assertive language. This is not the same as being aggressive in response. Sometimes the staff member will need to manage their own anger.

One way of doing this is to use neutral language while you are speaking to the aggressive person. Also, be clear about how you can help – tell them what you can do, not what you can’t.

Being assertive involves:
- Use neutral tone and pitch.
- Avoid emotive words and labelling the other person.
- Avoid sentences beginning with ‘you’ or words like ‘should’ or ‘must’.
- Don’t become apologetic.

Get help if needed

There will be occasions when someone becomes physically threatening. If this happens the staff member will need help from other staff. Occasionally staff will need to call security or the police. The organisation should have clear protocols about when security should be called and how this happens.
Consumer-focused communication

The Open Disclosure Standard (see Other resources, p. 4) places particular emphasis on communication with patients and their support people as part of a consumer-focused approach. Appendix C of the Standard contains a useful summary of particular patient circumstances to pay attention to.

When a patient dies
In this situation communication with the family and other support people should be sensitive, empathic and open. Consider if grief counselling is needed. If the death is reported to the Coroner, ensure that the family are kept fully informed about this process, particularly if an autopsy is involved.

Children
If the patient is under 18, communication will be with the young person and their parents. The amount of information given to the young person will depend on their age, their degree of maturity and the wishes of the young person and their parents. Tact may be needed if there is conflict between an older young person and their parents.

Patients with mental health issues
Patients are entitled to all relevant details about their treatment, regardless of whether they have a mental illness or not. However, it is acceptable to consider the timing of the information and the need for a support person to be present – this will be based on a clinical assessment of how the information will affect the patient’s health and the patient’s ability to understand what is said.

Patients with cognitive impairment
Even if a patient has a condition that limits their ability to understand what is happening to them, they should be given as much information as possible. Consider whether there is someone with a power of attorney relating to medical treatment who needs to be involved in decision-making.

Patients who do not agree with the information provided
Sometimes there is a communication breakdown between the patient and health professionals. If this happens, consider the following strategies:
• involve a support person for the patient,
• offer the patient and support person a different contact person to discuss the issues with, e.g. another member of the treating team,
• encourage the patient to consider other options, e.g. involve the organisation’s complaints manager if not already done; ask the Health Services Commissioner to help conciliate.

Language or cultural diversity
It is important to consider the need for interpreter services, particularly if complex issues need to be discussed. Even if a patient has everyday English, they may need help with medical terminology if English is their second language. All health providers should at least have access to a telephone interpreter service. It is usually not adequate to rely on family members to interpret.

There may also be cultural considerations that need to be taken into account. For example, women from some cultures may not be able to discuss intimate matters with a male.

To make it easier for people whose first language isn’t English, the organisation should be willing to accept written complaints in other languages – the organisation can then get the complaint translated.

Aboriginal or Torres Strait Islander patients
Many Aboriginal or Torres Strait Islander people mistrust people in authority and are fearful of health services, often associating them as places where people go to die. They may also be unconfident about asking questions. It is important to use plain language, not medical jargon, and to reassure these patients and their families that the health service is there to help.

Other communication requirements
Some patients have physical conditions that affect communication and access, e.g. hearing or sight impairment. For someone with a mobility disability, any discussions should be held in an accessible place.

Strategies for difficult situations
• LISTEN to what the person is saying (even if they are yelling) – they may have a valid point or an important piece of information.
• DO NOT ask them to calm down – this is likely to inflame them further.
• EXPLAIN clearly what is happening and why.
• KEEP YOUR TONE even and not condescending.
• APOLOGISE for any delays or mistakes, or at least express empathy for their plight – this can help defuse a situation, especially if done before it escalates. However, it is important to be sincere in an apology – it does more harm to apologise if you don’t mean it.
• LOOK FOR SOLUTIONS – be flexible about this – there may be a way of solving the problem by doing something differently to how it was planned or is usually done.
Conducting meetings

Convening a meeting between the consumer and staff is often an effective way of resolving a complaint. The purpose of a meeting may be any of the following:

• to give the consumer the chance to ask questions and understand what has happened,
• to enable the staff to hear the consumer’s concerns in their own words and to explain their perspective,
• to work out a suitable resolution,
• to brainstorm possible outcomes.

Before the meeting

Preparation and planning are important ingredients of a successful meeting. Make sure the relevant staff members are present and brief them on what the complaint is about and what the purpose of the meeting is. Consider whether the organisation may need to take action or change procedures – if so, then the head of the department or someone with sufficient authority to make decisions needs to be there.

Decide how long is likely to be needed and check on everyone’s availability – allow plenty of time. Sometimes medical staff won’t be available for the whole meeting, but can attend for part of the time.

Tell the consumer beforehand who will be there from the organisation and give them the opportunity to suggest particular people who they would like to talk to. The consumer may like to bring someone with them for support and to help them remember what is discussed.

Remember to organise a room that is big enough for the number of people attending and arrange for water, tea and coffee to be available.

Consider whether an interpreter is needed.

At the meeting

At the start of the meeting, welcome everyone and make the introductions. The exact format of the meeting will vary depending on the situation and what happens during the meeting. This should be kept flexible.

However, in general, make sure everyone has the chance to speak uninterrupted and has the opportunity to ask questions. The person running the meeting needs to make sure everyone understands what has been said.

Open communication should be encouraged. However, at the same time, the discussion needs to be focussed on the issues and work towards a resolution. It may be necessary to summarise the issues in order to keep things moving along.

There may not be agreement at the end of the meeting – any unresolved areas need to be acknowledged. It should be clear to all parties what the outcome of the meeting is and what action will be taken next, if any.

Debriefing and improving skills

An often overlooked aspect of complaint handling is the need to debrief with trusted colleagues later. Dealing with upset or angry people can be stressful and staff may need to deal with their own reactions by discussing what has happened with someone else.

It is also a useful learning exercise to reflect on one’s own emotional response, and to analyse what worked and what didn’t. This can be done as a whole department at a staff meeting or during a review of procedures.

Even straightforward complaints can be used as a learning exercise by reflecting on how the complaint was dealt with and sharing lessons learnt with colleagues. Debriefing after a meeting with consumers is also helpful, as a way of improving how complaints are handled.
5. Setting up your system/tools

Audit tool
Sample complaint management procedure
Complaints register
Complaint/feedback form
Sample acknowledgement letter to consumer
Dealing with complaints – checklist for staff

**Cartoon:** This is the table we use to assess our performance... & I think we need a new table!
Each organisation needs to decide how their complaints/feedback system will work most effectively in their particular circumstances. Because each organisation is different, the aim of this Guide is not to set out a prescriptive system, but rather to make suggestions and provide some sample tools. These are intended to promote discussion and prompt ideas.

The system can be either computerised or paper-based. Ideally, it should fit easily into the current management structure so that it is easy to use and maintain. There needs to be strong acceptance from staff throughout the organisation.

Regardless of how the system is set up, the important elements are:

- There is a recording method for tracking complaints.
- Complaints are assessed in order to generate action from the appropriate level.
- Staff are aware of their responsibilities in the system and understand their role.
- Issues raised by complaints are reviewed and fed back into the work of the hospital.

The use of a seriousness assessment tool for prioritising and tracking complaints is discussed in the next section on ‘Using the Seriousness Assessment Matrix (SAM)’.

**Reviewing systems regularly**

Complaints management should be a dynamic process. The organisation needs to monitor its systems regularly and decide what is working and what isn’t working with its consumers. Then changes can be made accordingly.

**Audit Tool**

Organisations can use the table on the next page to assess their own performance with regard to complaint handling. The organisation can check how their current practice compares with the desired practice indicators as set out in the earlier section on ‘Guiding principles for an effective complaint handling system’. The table works through the key principles and lists the practice indicators for each one.

If action is required to implement different practice, it is important to decide who is responsible for taking action. At the end of the table, there is provision for looking at the tasks to be done, deciding what takes priority and setting goals for when new practices will be implemented.
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<thead>
<tr>
<th>Key principle – desired practice</th>
<th>Describe current practice</th>
<th>Action required – by whom, when</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Quality improvement</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality and risk management teams are in place to analyse data and inform organisational changes.</td>
<td>Information about complaints and other feedback from consumers is regularly reported to senior management and quality and risk management teams.</td>
<td>Lesson learnt from complaints are used for system improvements.</td>
</tr>
<tr>
<td>Complaint trends are reviewed regularly by quality and risk management teams.</td>
<td>Findings from complaints are regularly communicated to staff.</td>
<td></td>
</tr>
<tr>
<td><strong>2. Open disclosure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The organisation has adopted the national standard on open disclosure.</td>
<td>Staff involved in giving information to patients are fully informed about the issues relevant to open disclosure.</td>
<td>Staff are encouraged and supported to report adverse events.</td>
</tr>
<tr>
<td>Information from open discussion of adverse events is shared throughout the organisation and used to inform clinical practice and organisational processes.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 3. Commitment

<table>
<thead>
<tr>
<th>Adequate resources are provided to support an effective complaints management system.</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are clear policies in place for adverse events, incident reporting and complaint handling.</td>
</tr>
<tr>
<td>All health providers have a complaints process overseen by a designated complaints manager who has the support of senior management.</td>
</tr>
<tr>
<td>Staff across all levels of the organisation are trained in complaint handling and able to deal with first point of contact.</td>
</tr>
<tr>
<td>Staff responsible for investigating and resolving complaints are trained in complaint handling and have a systems focus.</td>
</tr>
<tr>
<td>Staff are encouraged to make suggestions and identify problems even if a complaint is not made – there is a system in place for staff to report concerns.</td>
</tr>
<tr>
<td>The organisation has an easy-to-use recording system to track complaints.</td>
</tr>
<tr>
<td>Complaints data is collated to identify patterns and trends and to report to senior management and quality and risk management committees.</td>
</tr>
<tr>
<td>Key principle – desired practice</td>
</tr>
<tr>
<td>----------------------------------</td>
</tr>
<tr>
<td><strong>4. Accessibility</strong></td>
</tr>
<tr>
<td>Information is widely available</td>
</tr>
<tr>
<td>to consumers on how to make a</td>
</tr>
<tr>
<td>complaint, including: a general</td>
</tr>
<tr>
<td>information package, brochures,</td>
</tr>
<tr>
<td>posters and signage that explain</td>
</tr>
<tr>
<td>how consumers can lodge</td>
</tr>
<tr>
<td>complaints or provide general</td>
</tr>
<tr>
<td>feedback and where they may do</td>
</tr>
<tr>
<td>so. These should be available</td>
</tr>
<tr>
<td>throughout the organisation.</td>
</tr>
<tr>
<td>There are multiple access and</td>
</tr>
<tr>
<td>referral points within the</td>
</tr>
<tr>
<td>organisation and these are</td>
</tr>
<tr>
<td>actively promoted to consumers.</td>
</tr>
<tr>
<td>The access and referral points</td>
</tr>
<tr>
<td>and related information are</td>
</tr>
<tr>
<td>user-friendly for the most</td>
</tr>
<tr>
<td>disadvantaged members of the</td>
</tr>
<tr>
<td>community.</td>
</tr>
<tr>
<td>Information and signage are</td>
</tr>
<tr>
<td>available in relevant community</td>
</tr>
<tr>
<td>languages.</td>
</tr>
<tr>
<td>The complaint process is easy</td>
</tr>
<tr>
<td>for all consumers to use.</td>
</tr>
<tr>
<td>Complaints can be made 24 hours</td>
</tr>
<tr>
<td>a day, seven days a week.</td>
</tr>
<tr>
<td><strong>5. Responsiveness</strong></td>
</tr>
<tr>
<td>The organisation encourages a</td>
</tr>
<tr>
<td>culture of receptiveness.</td>
</tr>
<tr>
<td>Complaints are not seen as a</td>
</tr>
<tr>
<td>personal attack but rather as a</td>
</tr>
<tr>
<td>useful means to achieving better</td>
</tr>
<tr>
<td>patient care.</td>
</tr>
</tbody>
</table>
Complaints are dealt with in a timely manner.

Communication from consumers is responded to promptly.

Staff have a positive attitude towards dealing with complaints.

Communication with consumers is open and responsive to their needs.

Consumers are treated with respect and dignity.

Consumers are given whatever help they need to make their complaint.

Consumers’ rights are upheld in accordance with the Victorian Public Hospitals Patient Charter.

---

6. **Transparency and accountability**

A clear process is communicated to consumers.

Each complaint is received and investigated on its own merit.

Consumers are kept informed of the progress of the complaint.

There is continuity of staff dealing with the complaint.

Principles of procedural fairness are observed.
<table>
<thead>
<tr>
<th>Key principle – desired practice</th>
<th>Describe current practice</th>
<th>Action required – by whom, when</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6. Transparency and accountability (continued)</strong></td>
<td>Relevant key individuals are promptly informed of complaints.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consumers are informed of the outcome of the complaint.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Information on trends identified by aggregated complaints data is publicly available, e.g. through the Quality of Care Report or annual report.</td>
<td></td>
</tr>
<tr>
<td><strong>7. Privacy and confidentiality</strong></td>
<td>All complaints are handled according to the requirements of the Health Records Act 2001 and Information Privacy Act 2000.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Information gathered during the complaint process is used only in order to deal with and resolve the complaint or to address broader issues arising from the complaint.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Information is shared with staff only on a ‘need-to-know’ basis.</td>
<td></td>
</tr>
</tbody>
</table>
List areas where action is required:

Priorities for improvement over the next 12 months:

Review the complaint handling system again at the end of 12 months.
Sample Complaint Management Procedure

1. Complaint entered in Department Complaint Register by frontline complaint handler.
2. Assigned a complaint number.
3. Complaint handler tries to resolve complaint locally.
4. Complaint handler identifies the Seriousness/Probability Score using SAM.
   - SAM score of 3, 2 or 1 generates an automatic flag to: Department Manager and complaints manager
   - SAM score of 2 or 1 generates additional automatic flags to: Executive Management, Quality Team, Director of Medical Services, Director of Nursing
5. If unresolved locally, complaint referred to Department Manager or complaints manager.
6. Complaint investigated.
7. If an adverse event (actual or ‘near miss’) is associated with complaint, complete an incident report.
8. Resolution/outcomes determined.
9. If unresolved, refer to Health Services Commissioner if appropriate.
10. Provide information on outcomes to consumer, staff, executive management and quality teams.

Role of complaints manager

The complaints manager is responsible for:
- monitoring all registered complaints,
- investigating complaints/co-ordinating investigation,
- communicating with consumer,
- liaising with external bodies such as the Health Services Commissioner,
- maintaining complaint data,
- ensuring outcome is reported to consumer and staff,
- ensuring relevant legislation is adhered to, i.e. privacy, public records,
- preparing a formal report to Executive Management on a regular basis.

Reporting

The organisation needs to decide what information should be reported on. The report to management can include the following:
- number of complaints – and whether active or closed,
- breakdown of complaints, cross-tabulated by department and type of complaint,
- detailed report on the more serious complaints (classified as 1 or 2 in SAM),
- number of complaints requiring legal advice,
- how complaints have been resolved and what changes have been implemented.

There also need to be reports to staff meetings – particularly if complaints are showing communication or staff behaviour to be a problem.
Complaint/Feedback Form

Feedback, suggestions or complaints about our health service are appreciated and are taken seriously.

Date: ________________

Consumer

Name (Ms/Mrs/Mr): ____________________________________________
Address: ____________________________________________________
Telephone: home ________________ work ________________ mobile __________
Name of patient _____________________________________________
If you are not the patient, what is your relationship to the patient? ___________________________
Is an interpreter needed?  ☐ No  ☐ Yes – preferred language? ___________________________

Details

Hospital Department __________________________________________
Date of incident/s ___________________________________________
Approximate time of incident/s _________________________________
Name of relevant staff member (if known) _________________________
What happened? ____________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
What outcome would you like? _________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Upon completion, please give this form to a staff member.
Complaint follow-up record

(to be completed by staff member) Complaint number __________________________

1. Receipt of complaint/feedback

Date of receipt: _______________________________________________________________

Staff member receiving complaint: ______________________________________________

Department: __________________________________________________________________

How was complaint communicated? ☐ in person ☐ in writing ☐ telephone

2. Action taken

Detail immediate action taken and whether resolved at point of service: __________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

3. Seriousness assessment

Record seriousness assessment rating and who referred to for action or information:

<table>
<thead>
<tr>
<th>SAM score</th>
<th>Referred to</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Local level</td>
</tr>
<tr>
<td></td>
<td>Complaints manager</td>
</tr>
<tr>
<td>3</td>
<td>Local level</td>
</tr>
<tr>
<td></td>
<td>Complaints manager</td>
</tr>
<tr>
<td></td>
<td>Department manager</td>
</tr>
<tr>
<td>2/1</td>
<td>Complaints manager</td>
</tr>
<tr>
<td></td>
<td>Department manager</td>
</tr>
<tr>
<td></td>
<td>Executive management</td>
</tr>
<tr>
<td></td>
<td>Quality team</td>
</tr>
<tr>
<td></td>
<td>DOM, DON</td>
</tr>
</tbody>
</table>

Follow up required? By whom? __________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
4. Information gathering

Person responsible for gathering information: ________________________________

Discussion with complainant/patient (record dates and names): ________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Interviews with clinicians and other relevant staff (record dates and names): ________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

List relevant documents (records, test results etc.): ________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

5. Outcome

Detail what action is taken (e.g. explanation, apology, review of procedures, change of practice, staff training, referral to quality and risk management teams). Include details of who is to do what and by when.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
6. Feedback

Outcome communicated to consumer (give details of verbal feedback or attach copy of letter):

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

Outcome communicated to staff: __________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

Resolved?

Not resolved? Why?__________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

7. Referral

Referred to legal: Yes ☐ No ☐

Referred to external body (specify who): __________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________
Sample acknowledgement letter to consumer

[On corporate letterhead]

[Address]

[Date]

Dear [insert name],

I have received your complaint about [brief description]. Thank you for bringing your concerns to our attention. We value feedback from patients and their families as it enables us to improve services and provide better health care.

Your complaint is currently being investigated. I will keep you informed of progress and hope to resolve your complaint as soon as possible.

If you have any queries or would like to discuss anything in the meantime, please feel free to contact me on [insert telephone no. and days available if part-time].

Yours sincerely,

[name and position title]
Dealing with complaints—checklist for staff

Complaints are a valuable source of feedback for the health service. All patients and their families and friends have the right to make a complaint about any aspect of their health care. They should be treated with respect and their complaint attended to quickly.

What to do when receiving a complaint

- Introduce yourself.
- Listen carefully to what the consumer is saying.
- Try to see things from their point of view.
- Clarify anything you’re not sure about.
- Deal with the issue on the spot if possible.
- Write down the details on the complaint/feedback form.
- Thank the person for their feedback.
- Tell them what will happen next.

What NOT to do when receiving a complaint

- Be defensive or take it personally.
- Blame others.
- Make assumptions without checking your facts.
- Argue with the consumer.
- Be dismissive – it takes courage to complain.

Difficult situations

- Remain polite and respectful.
- Focus on the issue at hand, rather than the personalities.
- Take time to understand what the problem is – there may be an easy solution.
- Be prepared to listen, without getting caught up in emotions – the person wants to be heard.
- Be patient.
- Provide information or an expression of regret as appropriate.
- Ask another staff member for help if necessary.
6. Using the Seriousness Assessment Matrix (SAM)

Benefits of SAM
How the organisation uses SAM
Doing a SAM assessment
Sample scenarios
Using the Seriousness Assessment Matrix (SAM)

Benefits of SAM

A systems approach to complaints that encourages early intervention is an effective strategy for risk minimisation. This is a non-punitive approach that emphasises prevention in the interests of good quality health service provision.

The Serious Assessment Matrix (SAM) was developed to enable health care providers to implement effective and consistent risk minimisation strategies. If incorporated into the organisation’s computer system, it is a tool for gathering and analysing data generated at the point where complaints arise.

SAM is also a method for prioritising complaints and determining the level of action required in response to an incident or complaint. It uses a rating system numbered 1 to 4, with 1 being the most serious. The rating determines who needs to be informed about the incident or complaint and who is responsible for taking action.

The SAM assessment is based on a rating hierarchy related to severity of risk and frequency of occurrence. As more information is gathered about a complaint, the level of seriousness and the probability may need to be revised and the rating changed. However, using SAM when a complaint is first received ensures a consistent approach to complaint management and ensures that resources are applied when there is the greatest opportunity to reduce risk.

The use of an assessment matrix as an aid to complaint handling has been promoted nationally and in other states. See the national Complaints Management Handbook and the Queensland Making Feedback Work for You, listed in the Other resources, p. 4.

The SAM matrix has been endorsed by the Victorian Department of Human Services for use in public hospitals. Other organisations are also encouraged to use it.

How the organisation uses SAM

SAM is best implemented as an electronic data-gathering tool that can be used by all staff across the organisation. A benefit of implementing SAM electronically is that the software automatically generates ‘flags’ to designated staff for information or action, once the SAM rating, or score, is applied.

However, SAM can also be used effectively as a manual assessment tool. The rating will still determine which staff need to be notified.

For SAM to work effectively, it is important that staff be designated across the organisation to take responsibility for complaints that are flagged to them. This does not necessarily mean that they are handling the complaint. Their role may be to monitor trends. Roles need to be clearly defined and each staff member needs to understand what part they are playing in the quality improvement process.

SAM can also be used as a training resource. It is an educational tool to encourage staff to think about the complaints they are observing or receiving and respond to them in a pro-active, consumer-focused manner. The related training kit will help with this.

<table>
<thead>
<tr>
<th>PROBABILITY</th>
<th>SERIOUSNESS</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Catastrophic</td>
<td>Major</td>
<td>Moderate</td>
<td>Minor</td>
</tr>
<tr>
<td>Frequent</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Occasional</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Uncommon</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Remote</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Doing a SAM assessment

When a consumer makes a complaint, SAM should be applied to determine the level of action required. By applying a seriousness category (see Figure 2), together with a probability category (see Figure 3), the staff member obtains a Seriousness/Probability Score (SPS).

The SPS correlates with a set of actions and gives the staff member a guide as to what level of response is appropriate for the complaint. It also gives the complaint handler a clear course of action and ensures that the complaint is reflected accurately in the complaint management system. The SPS generates awareness alarms (or flags) to relevant staff in the complaint management process (see Figure 4).

Seriousness

Key factors in determining seriousness include extent of injury, length of stay, level of care required, actual or estimated resource costs and impact on quality health care service delivery generally.

The seriousness categories can be used for both adverse events and potential events, or ‘near misses’. For adverse events, severity is assigned on the actual condition of the consumer. If the event is a close call, severity is assigned on the most likely scenario.

<table>
<thead>
<tr>
<th>Seriousness rating</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor</td>
<td>No impact on or risk to the provision of health care or the organisation.</td>
</tr>
<tr>
<td>Moderate</td>
<td>Issues that may require investigation – potential to impact on service provision/delivery.</td>
</tr>
<tr>
<td>Major</td>
<td>Significant issues affecting quality of service provision/delivery or issues causing lasting detriment requiring investigation.</td>
</tr>
<tr>
<td>Catastrophic</td>
<td>Issues regarding serious adverse events, sentinel events, long-term damage or death that require investigation.</td>
</tr>
</tbody>
</table>

Figure 2: Seriousness categories

Probability

The probability assessment will be based on the knowledge or experience of the staff member doing the assessment. This may be revised by the complaints manager or a more senior staff member, who will have more detailed knowledge of other similar incidents.

<table>
<thead>
<tr>
<th>Probability</th>
<th>Frequency with which the incident occurs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remote</td>
<td>Usually a ‘one off’, slight/vague connection to healthcare service provision.</td>
</tr>
<tr>
<td>Uncommon</td>
<td>Rare, unusual but may have happened before.</td>
</tr>
<tr>
<td>Occasional</td>
<td>Happening from time to time, not constant, irregular.</td>
</tr>
<tr>
<td>Frequent</td>
<td>Recurring, often done, found or experienced.</td>
</tr>
</tbody>
</table>

Figure 3: Probability categories
SAM score

Whether SAM is done electronically or manually, the combination of the seriousness and probability categories will generate a score, or rating. This will show what action is needed.

<table>
<thead>
<tr>
<th>S/P Score</th>
<th>Action required to handle complaint</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Generally resolved at the local level (difficult to manage complaints can be referred to complaints manager). Manage by routine procedure – record the complaint, collate, analyse and report on the data.</td>
</tr>
<tr>
<td>3</td>
<td>Where appropriate, resolved at the local level. Report generated to: the manager of the relevant department and complaints manager. Record the complaint, collate, analyse and report on the data.</td>
</tr>
<tr>
<td>2</td>
<td>Refer to complaints manager. Report generated to: manager of the relevant department, Executive Management and the quality team. Director of Medical Services and Director of Nursing notified if there are clinical issues involved and/or Root Cause Analysis investigation undertaken at the discretion of management. Record the incident, collate, analyse and report on the data.</td>
</tr>
<tr>
<td>1</td>
<td>Immediate action required. Report generated to: manager of the relevant department, Executive Management and the quality team. Director of Medical Services, Director of Nursing and complaints manager notified. Root Cause Analysis investigation commenced. Reportable Incident Brief completed and forwarded to relevant parties as per legislative reporting requirements.</td>
</tr>
</tbody>
</table>
Sample scenarios

The following scenarios show how SAM is applied to different situations. Note that the initial seriousness rating may change when the issue is viewed from a wider perspective, i.e. quality/risk management. It does not mean the frontline complaint handler has acted incorrectly.

Scenario 1
Patient complains that a cup of tea was delivered cold. Support staff informs catering who promptly rectify the problem with a hot cup of tea. Frontline complaint handler deems the issue minor with a probability rating of uncommon, thereby generating a SAM rating of 4.

This was resolved at the local level and doesn’t require further action. However, if the same type of problem starts occurring often, the rating would become 3, which would mean the relevant department manager would need to take action to find out why it’s happening and to ensure it stops happening. For example, there may be a problem with the urns in the kitchen and they may need replacing.

Scenario 2
Consumer arrives late for clinic appointment and explains he had trouble finding a car park. He has missed the appointment and is informed he will need to make a new appointment. The consumer complains about the inflexibility of staff when his lateness is attributable to a known issue, i.e. poor parking facilities.

Frontline complaint officer (nurse) deemed this a minor issue (does not impact on or present a risk to the provision of health care or the organisation), but with a probability rating of frequent (common complaint received at the clinic reception area). According to SAM this complaint would receive a rating of 3, indicating an investigation may be appropriate.

This type of complaint needs to be dealt with at a more senior level than the clinic nurse because it has organisation-wide implications. It is also likely to keep recurring. As an interim measure, staff in the outpatients department need to alert patients before they come that parking is a problem and they should allow extra time.

When notified of this complaint, the complaints manager may deem it to be of moderate seriousness because of the continuing disruptive effect on the appointment system – that would increase the rating to a 2.

Scenario 3
A woman is admitted to hospital by ambulance following a car accident. Her blood is tested and the result is 0+. It is determined that she needs immediate surgery and she is transferred to a larger hospital with intensive care facilities. Following her admission to the second hospital various tests are done preoperatively. A staff member makes a mistake reading the blood test results on the documents supplied by the transferring hospital and her blood type is recorded as A+.

During surgery the woman receives 2 pints of A+ blood and clotting problems subsequently develop. It is determined that she is a ‘bleeder’ and she is given two more transfusions over the next 48 hours. The woman has renal failure and has to undergo further surgery. She is still extremely unwell. A week after her admission, the medical staff consider the possibility of the wrong blood type. They telephone the first admitting hospital to check on her blood type and the mistake is discovered.

This is a catastrophic event, with serious implications for the woman’s future health. It will attract a SAM rating of 1 if deemed uncommon or 2 if deemed remote. This may depend on whether any similar incidents have previously occurred.

This complaint will be reported to executive management and quality teams. There are serious system-wide implications affecting patient care throughout the organisation. Immediate steps must be taken to change the procedures for checking blood types, blood testing and transfusion.
...AND IT ALL ENDED HAPPILY EVER AFTER!