

COMPLAINT MANAGEMENT SELF-ASSESSMENT GUIDE

Allocate a rating between 1 and 5 against each of the practices described below. It is important to engage a range of perspectives from managers, clinicians, administrators and consumers to ensure a comprehensive review is undertaken.

1 = your service is a leader in this area

2 = your service is exceeding the guidelines

3 = your service meets the guidelines in this area

4 = your service has processes in place but has not yet reached the indicator

5 = your service does not meet the indicator

OUTCOME INDICATORS ¹	OUTCOME MEASURES	SELF ASSESSMENT RATING				
1. Commitment to consumers and quality improvement						
1.1 Leaders in the service promote consumer-focused care as part of continual improvement and safety of care and service.	Percentage of senior managers trained in complaints management within organisation.	1	2	3	4	5
1.2 All managers of the service hold responsibility for, and have an understanding of, effective complaints management.	Percentage of senior managers trained and accredited in complaints management within organisation.	1	2	3	4	5
	Percentage of all job/person specifications that include a requirement to be fully conversant with complaints management policy.					
1.3 The service has a complaints management policy and procedures that staff can describe and routinely use, appropriate to their role and responsibilities.	All organisations across SA Health have ready access to the Consumer, Carer and Community Feedback and Complaints Management Strategic Framework, Guide and Resources.	1	2	3	4	5
1.4 The service provides adequate resources to maintain the complaints management system, especially for staff training, appropriate administrative support and staffing.	Each organisation can readily identify the level of resources dedicated to the delivery of the complaints management services including staffing and associated costs incurred per annum (ie FTE staffing costs, training, administrative support etc).	1	2	3	4	5
1.5 An appropriately skilled and senior member of staff is responsible for the complaints management system, and reports to senior management.	Identification of a specific unit/team/ individual that has been formally trained and accredited and is responsible for the effective delivery of the complaints management process within the respective organisation.	1	2	3	4	5

OUTCOME INDICATORS ¹	OUTCOME MEASURES	SELF ASSESSMENT RATING				
2. Accessible						
2.1 The service makes information available to consumers in a number of ways, so consumers are aware of the complaints management policy, what they can expect when lodging a complaint and the availability of the independent health care complaints commissioners.	Complaints management policy is readily accessible to consumers, staff and other stakeholders via multiple types of media (ie pamphlets, brochures, web sites, within patient information packs).	1	2	3	4	5
2.2 The service actively seeks feedback from consumers and their families and offers a range of methods for them to raise concerns, complaints and suggestions for improvement.	All patient information packs include information in relation to complaints processes. At least 90% of surveyed respondents indicate that the process to raise complaints was effectively communicated and understood by the respective organisation.	1	2	3	4	5
3. Responsive						
3.1 Clinicians and other staff are able to resolve complaints at the point of service, and refer complaints that require further action, consistent with the Consumer, Carer and Community Feedback and Complaints Management Strategic Framework of the service.	Number and per cent of complaints resolved at origin of service. Number and per cent of complaints referred for further action.	1	2	3	4	5
3.2 Clinicians and staff are able to respond appropriately to minimise the likelihood of dispute or conflict.	At least 90% of complaints acknowledged within two (2) working / business days.	1	2	3	4	5
3.3 The service acknowledges within two (2) working / business days complaints not resolved at the point of service (formal complaints) and informs complainants about the complaints process, what they can expect and the availability of external health care complaints commissions.		1	2	3	4	5
3.4 The service resolves complaints promptly, within reasonable target time frames that are set out in the Consumer, Carer and Community Feedback and Complaints Management Strategic Framework and within this timeframe in 90% of cases.		1	2	3	4	5

OUTCOME INDICATORS ¹	OUTCOME MEASURES	SELF ASSESSMENT RATING				
4. Effective assessment						
4.1 The service assesses all complaints to determine the most appropriate dispute resolution process, taking into account the seriousness and complexity of the complaint and the wishes of the complainant.	<p>Percentage of senior managers trained and accredited in complaints management within organisation.</p> <p>All complaints are captured by the Severity Assessment Measure (SAM).</p>	1	2	3	4	5
4.2 The Consumer, Carer and Community Feedback and Complaints Management Strategic Framework of the service sets out the circumstances where external bodies, such as professional registration boards, the health care complaints commissions, coroners, police and other regulators, will be consulted or notified.	Confirmation that the organisation's complaints management framework incorporates contact processes for key stakeholders (ie identification of professional registration boards, health care complaints commissions, coroners, police and other regulators).	1	2	3	4	5
5. Appropriate resolution						
5.1 The service reviews formal complaints to determine the events that occurred, the underlying causes of the complaint and corrective action.	<p>Identification of the number of formal reviews of the complaints processes undertaken per annum by site (including reviews undertaken as part of health accreditation processes).</p> <p>Percentage of formal reviews that have resulted in corrective strategies being implemented.</p>	1	2	3	4	5
5.2 The complaints resolution process used by the service is equitable, objective and fair to all parties.	At least 90% of consumers and staff indicate the complaints process was equitable, objective and fair.	1	2	3	4	5
5.3 The service provides just outcomes for complainants that are appropriate to the circumstances.	At least 90% of consumers and staff indicated the complaints process provided a just outcome appropriate to the circumstances.	1	2	3	4	5

OUTCOME INDICATORS ¹	OUTCOME MEASURES	SELF ASSESSMENT RATING				
6. Privacy and open disclosure						
6.1 The service investigates and resolves complaints in a confidential manner.	1	2	3	4	5	
6.2 At the time of a formal complaint is first acknowledged, the service informs complainants about how their personal information is likely to be used.	1	2	3	4	5	
6.3 The service collects and stores complaints records separately from the patient medical records and ensures identifying personal information in the record is accurate, and stored and used in accordance with privacy obligations.	1	2	3	4	5	

OUTCOME INDICATORS ¹	OUTCOME MEASURES	SELF ASSESSMENT RATING				
7. Gathering and using information						
7.1 The methods used by the service to record complaints facilitate review of individual complaints and analysis of trends and patterns in complaints for the purpose of clinical governance.	<p>Each organisation uses and maintains a complaints information system that captures the following data (as a minimum):</p> <ul style="list-style-type: none"> > site > functional service area > Severity Assessment Measure (SAM) > month/year > health complaint category/sub-category > source > complaint resolution timeframes (date recorded, date resolved). 	1	2	3	4	5
7.2 The service uses a risk management system to identify, analyse, evaluate, and manage risks in a way that enables minimal losses and maximum opportunities.	Confirmation that all complaints are recorded using the agreed risk management system for SA Health (including SAM).	1	2	3	4	5
7.3 The service collects sufficient information to allow monitoring and review the complaint management system and compare performance with relevant policies and standards.	Provision of regular complaints reports (based on data elements as per 7.1 above) that enable trend comparisons and support and facilitate effective decision making.	1	2	3	4	5
7.4 The service regularly provides complaints information to clinicians and staff and offers a forum for staff to discuss the outcomes of complaints, the lessons learned from complaints, and how recommendations resulting from complaints have been implemented and monitored.	<p>Number/frequency of formal meetings held in functional service areas to discuss outcomes of complaints and lesson learned.</p> <p>Formal record of meeting held.</p> <p>Number/frequency of reviews undertaken to measure outcomes of actions from meetings.</p>	1	2	3	4	5
7.5 The service periodically provides public information about its consumer feedback, including complaints, as part of quality improvement reporting.	Number/frequency of public reports issued by sites in relation to complaints management and resolution.	1	2	3	4	5

OUTCOME INDICATORS ¹	OUTCOME MEASURES	SELF ASSESSMENT RATING				
8. Making improvements						
8.1 Executive management or senior managers routinely use complaints information as part of clinical governance, quality improvement, planning, and to inform staff training and professional development.	Confirmation that complaints reports are regularly tabled at executive management and clinical governance meetings.	1	2	3	4	5
8.2 The service monitors complainant staff satisfaction with the complaint process and the outcomes of complaints resolution.	At least 90% of consumers and staff indicated satisfaction with the complaints process.	1	2	3	4	5
8.3 The service continually monitors and regularly compares the performance of the complaints management system with the complaints management policy and external standards.	Reviews/audits/surveys are undertaken at least on an annual basis.	1	2	3	4	5
8.4 The service involves consumers and staff in the design and evaluation of the complaints management system.	The existence of a joint staff/consumer complaints group.	1	2	3	4	5

¹ Adapted from the Better Practice Guidelines on Complaints Management for Health Care Services, Australian Commission on Safety and Quality in Health Care – July 2004 (formerly known as Australian Council for Safety and Quality in Health Care)

Further information

Safety and Quality Unit

Telephone: 8226 2567

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