

# COMPLIMENTS, COMPLAINTS AND SUGGESTIONS

# **Policy**

# **Purpose**

The objective of this policy is to assist Murray PHN and employees in handling feedback and resolving complaints in an efficient, effective, and professional manner, providing principles and guidelines which Murray PHN use to manage compliments, complaints and suggestion. It provides external stakeholders with means of providing feedback and complaints, via email, to feedback@murrayphn.org.au.

# Scope

This policy applies across the organisation. It applies to all employees and Murray PHN contractors regardless of their location. This policy is not intended to cover feedback that is gathered as part of a collective data gathering exercise, such as a survey, nor does it cover feedback provided via social media, which may require an immediate response by Communications.

# **Policy statement**

Feedback in the form of compliments, complaints or suggestions can come from a variety of sources. Consumers, stakeholders and the general public are actively encouraged to provide Murray PHN with feedback through appropriate channels made available through the Murray PHN website, email, telephone and face-to-face. Compliments, complaints and suggestions must be managed effectively to ensure they lead to business improvement.

This policy describes a feedback system underpinned by seven principles:

- **Quality improvement** complaints management is an integral part of the quality improvement approach of Murray PHN.
- Open disclosure Murray PHN adopts an open disclosure approach in relation to complaints.
- **Commitment** Murray PHN is fully committed to an integrated feedback management system and will provide the necessary support for it to operate effectively.
- Accessibility Murray PHN encourages consumers and stakeholders to give feedback about services and initiatives and makes it easy for them to do so.
- Responsiveness Murray PHN has a consumer/stakeholder-focused approach and is receptive
  to receiving complaints treating complaints seriously. All complainants are treated with respect,
  sensitivity, and confidentiality. All complaints are handled without prejudice or assumptions about
  how minor or serious they may be. Our emphasis is on resolving the problem.
- Transparency and accountability the complaints process is clearly articulated, open and accountable.

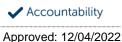


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Approved by: Executive Maintained by: Executive Director Communications

Released: 12/04/2022 Compliments, Complaints and Suggestions, Page 1 of 4 Privacy and confidentiality – Murray PHN respects privacy and confidentiality of individuals and
the information received during the complaints process, while at the same time making its
decisions open and accountable. Complaints may be made confidentially or anonymously if
preferred and complainants will be assured that their identity will be protected.

Murray PHN has additional, specific policies and processes in place for reporting of clinical incidents and of suspected fraudulent or corrupt activity which are made available on Murray PHN's website.

#### **Process**

# 1. Receiving and handling feedback

# The Murray PHN representative receiving the feedback:

- Makes an initial assessment whether that feedback can be acknowledged and resolved immediately, or whether it needs to be escalated for investigation and resolution.
- If the feedback relates to an issue which:
  - is minor in nature
  - o affects only the local operation with no effect on any other location or program
  - o is resolvable, or no action is required:

then the person receiving the feedback should acknowledge the feedback and take appropriate action at the local level to resolve.

• If the feedback is a complaint, it is forwarded to the Complaints Officer, usually by email to <a href="mailto:feedback@murrayphn.org.au">feedback@murrayphn.org.au</a>.

# 2. Recording, acknowledging, and referring a complaint

#### On receiving a complaint, the Complaints Officer will:

- Record the details onto the complaints register
- Determine the most appropriate person to investigate and resolve the complaint (the "Investigation Officer").
- Acknowledge receipt of the complaint to the complainant and the person receiving the feedback, advising the name and title of the person handling the investigation and note there will be an update within seven days.

# 3. Investigating and resolving a complaint

#### The Investigation Officer will then:

- Thoroughly investigate the circumstances surrounding the complaint, recording and maintaining appropriate documentation throughout the process.
- Interview employees or others, if necessary, to determine the sequence of events, while
  maintaining confidentiality as far as practicable, limiting details of the complainant and the
  circumstances of the matter only to those who 'need to know'.
- Keep the complainant informed of progress or the investigation's finding, initially within seven days
  of receipt of the complaint, and then as agreed with the complainant.
- Notify the complainant of the finding of the investigation.
- Notify the Complaints Officer of the investigation's findings for recording and closure.

The finding of the investigation indicates a change to existing policies, procedures or protocols, which would be referred to the relevant Executive team member for consideration and action.

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# 4. Reporting and monitoring complaint activity

At least four times each year, the Complaints Officer will analyse the complaints register to provide summary reports of complaints received, their categories and their resolution.

The Executive Team is responsible for using the reports generated from this policy to critically review policies, procedures and protocols, update the risk register as appropriate and oversee the changes necessary to reduce complaints, incidents and adverse outcomes, thereby improving the quality of our services.

The Board, as part of its governance responsibilities, receives updates in relation to complaints as part of regular compliance reporting.

#### **Definitions**

Term	Definition
Feedback	Receipt of communication from an individual of a service provided by Murray PHN.
Complaint	An expression of dissatisfaction made to or about an organisation, related to its products, services, staff or the handling of a complaint, where a response or resolution is explicitly or implicitly expected or legally required.
Compliment	An expression of praise, commendation or admiration made to an organisation, related to its products or processes.
Complaints Officer	Person with overall responsibility for receiving, recording, referring and reporting on complaints across Murray PHN.
Investigation Officer	Person determined to be most appropriate to investigate and resolve the complaint.
Open disclosure	Process for communication following unexpected healthcare outcomes and harm.
Suggestion	Idea for improvement or innovation to a process or service; action is not explicitly or implicitly expected in relation to the issue/s raised.

# **Relevant legislation**

Privacy Act 1988

Privacy Amendment (Enhancing Privacy Protection) Act 2012

AS 10002:2022 Guidelines for complaints handling in organizations (ISO 10002:2018)

#### Related documents

Title	Location
Enterprise-wide Risk Management Framework	Murray Docs
Stakeholder Engagement Framework	Murray Docs
Clinical Governance Framework	Murray Docs
Privacy Policy	Murray Docs
Whistleblower Policy	Murray Docs
Clinical Incident Reporting Policy	Murray Docs

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# **Document control**

This document will be reviewed every two years and approved by the Executive team.

Date	Author	Modification	Version
07/08/2015	Bruce Baehnisch	Original migrated from iLocal	1
17/01/2016	Bruce Baehnisch	Original LMMML procedure updated and reformatted to Murray PHN template with rebranding and hyperlinks	1.1
June 2020	Aileen Berry, Communications Lead	Updated to new template; legislation, position titles, committee titles, related documents and hyperlinks updated	2
April 2022	Aileen Berry, Executive Director, Communications	Additional reference to social media feedback; related frameworks and policies updated: Stakeholder Engagement, Whistleblower, Clinical Governance and Clinical Incidents	2.1

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