AGED CARE SERVICES PATIENT COMPLAINTS AND FEEDBACK GUIDELINE

Target audience

This guideline is applicable to all Alfred Health staff, volunteers and Associated Providers covered by the *Aged Care Act* 2024 (**Act**).

Purpose

Alfred Health and our Associated Providers, supports and encourages feedback about the care and services we provide. Complaints and feedback are valued and help us to improve the quality of care that we provide. This guideline outlines how complaints and feedback are received and responded to for patients who are covered by the Act.

Summary

The Act provides that all aged care services must have a complaints and feedback management system. Alfred Health respects the sensitivity of such information and has processes in place to ensure any material is securely stored in our systems.

Effective complaint and feedback processes enable services to:

- uncover issues and gaps in service delivery
- enhance the quality of care
- gain deeper insight into the preferences and needs of older people
- resolve concerns before they escalate into formal complaints
- foster trust and build strong, positive relationships with older individuals and their formal supporters.

Definitions

Aged Care Worker means a person who is engaged to provide funded aged care services. This can be as an employee, contractor or volunteer of the Registered Provider or Associated Provider.

Associated Provider refers to organisations that Alfred Health engages with to deliver care to our patients. For example, the aged care facilities where our Transition Care Program (**TCP**) brokers beds, or a company that provides respite for Carers through Carer Services.

Complaint is an expression of dissatisfaction with care or a service and this is provided by our clinicians, an aged care worker, an Associated Provider or a Responsible Person.

Feedback is a broader term that includes any comments, suggestions, or observations about aged care services. Feedback can be positive as well as negative.

Patient is inclusive and used when referring to older persons, consumers, carers, clients, families and other support people.

Responsible Person is someone who is in charge of, or has a significant influence, over the operations of Alfred Health's aged care services. It is also any person who has responsibility for overall management of the nursing services delivered in Alfred's aged care services.

Supporter is a person an older person chooses to formally help them make and communicate their own decisions about their aged care, without making those decisions on their behalf.

Table of Contents

GUIDELINE

1. Complaints and feedback management system

1.1 Receiving a complaint or feedback

Complaints and feedback can be made by anyone. Complaints and feedback can be given in a variety of ways, for example informally, verbally, in writing, through surveys or focus groups. Complaints and feedback can be received, and responded to, by any Alfred Health employee or worker from an Associate Provider and there are no costs associated with this process. Staff receiving complaints and feedback must respond promptly in a manner that is appropriate, person-centred, and effectively addresses the concerns raised. Complaints may also be made directly to external agencies, such as the Aged Care Quality and Safety Commission.

Staff receiving a complaint or feedback should actively listen, empathise and maintain respectful behaviour to the person making the complaint. Staff must establish:

- Name and contact details for the person making the complaint (if not the patient)
- Details of the complaint, including the names of anybody/any service involved, dates and times the issue/concern occurred
- Offer support, including translation and advocacy services, if required
- Advise that making a complaint will not impact the client or their care

1.2 Confidentiality

Staff receiving a complaint or feedback should explain how confidentiality works. Specifically, that they will respect and support the confidentiality of the person making the complaint or feedback in line with legislative requirements.

1.3 Anonymous complaints or feedback

People making a complaint or providing feedback can choose to remain anonymous. Complainants must indicate that they wish to remain anonymous when they make the complaint or provide feedback. If a complaint or feedback is anonymous, staff must advise the complainant:

- That their identity will not be known (due to the lack of personal information documented)
- That they will not receive updates on the complaints progress or outcome, and will not be able to provide further information
- They will not have review rights regarding the complaint's outcome

1.4 Associated Providers

When a complaint or negative feedback arises from the actions of an Associated Provider, Alfred Health is ultimately responsible for addressing it. Associated providers may also receive complaints or feedback from anyone, including a patient, supporter or advocate related to care or service delivery provided by an Alfred Health employee. Staff receiving complaints or feedback regarding staff or service delivery of an Associated Provider should respond as outlined in this guideline.

When positive feedback is received, this should be fed back to the Associated Provider in a timely manner.

1.5 Acknowledging a complaint or feedback

Complaints and feedback must be acknowledged either verbally or in writing in a timely manner. All verbal complaints and negative feedback should be acknowledged and, where possible, resolved straight away. All written complaints and negative feedback should be acknowledged upon receipt. Staff have the authority to resolve simple complaints and negative feedback but must escalate complaints and negative feedback that pose risks or need more investigation to their line manager. Open disclosure must be used when handling complaints and negative feedback. Staff should:

- Acknowledge that something has gone wrong and either apologise or express regret
- Thank the complainant for bringing the issues to their attention
- Explain the process that will be undertaken to review the issue and the response times (if it can't be resolved immediately)
- Ask the individual who raises the issue how often they would like to be contacted in relation to it
- Document that open disclosure has occurred

1.6 Assessing the complaint or negative feedback

To effectively review a complaint or negative feedback, the responsible staff member should:

- Ask for any supporting documentation and identify the outcome the person wants and if this is possible (restorative outcomes, see below)
- Ensure that the issues and concerns are understood and defined
- Interview the patient (if not the person who has raised the issue), relevant staff or Associated Provider key contacts
- Review all types of information related to the issue
- Seek legal support if required
- Identify system issues, risks and actions for improvement
- Escalate all of the above to line manager

Restorative outcomes reflect Alfred Health's commitment to restoring trust and reassurance in the care and safety we provide. The responsible staff member may decide to prioritise one or more parts of the issue to respond to any immediate risk. This may include consulting with Legal Services.

1.7 Responding to the complaint or negative feedback

Once the responsible staff member has completed their assessment of the issue, the outcome should be communicated to the person who raised the issue and the patient (if not otherwise involved). Responses may include:

- Checking or confirming understanding of the complaint or negative feedback
- An explanation of the review and what it found (what and why the issue occurred)
- Proposed or undertaken solutions and actions
- An explanation why a resolution may not be possible. Sometimes alternatives, like mediation or external complaints options, may need to be explored.
- An apology
- Closing the conversation with the complainant – including checking that the complainant is happy with how the complaint or negative feedback has been handled and resolved.

Table 1: Example of local approach- Communication Complaint	
CHECK	Mrs Thompson, I understand you've been waiting for your podiatry appointment and haven't received any updates about your scheduled visit? I've spoken with your podiatrist, and she's happy for me to work with you to resolve this. Please be assured that raising this concern will not affect your care.
ACTION	I've reviewed your referral and spoken with our podiatry team. It appears there was a delay in confirming your appointment. We have now scheduled your podiatry visit for next Wednesday at 10am. Does this arrangement suit you?
APOLOGY	I apologise for the delay and lack of communication. I understand how important regular foot care is for your health and mobility, and this is not the standard we aim to provide.
CLOSE	Thank you for letting us know about this issue. I will remind our team about the importance of timely updates for our patients If you have any further concerns, please do not hesitate to raise this with any staff member.

If the matter is serious, complex or likely to be disputed, all verbal communication should be followed up with a detailed written explanation.

In the event that a complaint or negative feedback has been assessed and found to be unsubstantiated, details should be documented, and an explanation should be provided to the individual who alerted Alfred Health to the issue, including other ways they can make a complaint or negative feedback.

1.8 Internal review

If the complainant is dissatisfied with the outcome, a coordinated approach (internal review) can be undertaken by the Patient Feedback Office (process outlined in Alfred Health's Patient Complaint Management Guideline).

Unresolved complaints can also be directed to an external advocacy agency, such as Aged Care Quality and Safety Commission or Older Persons Advocacy Network (OPAN), to review the complaint or feedback.

1.9 Unreasonable complaints

On occasion a complainant may pursue their complaint to a point which could be considered unreasonable. Unreasonable conduct can be characterised as follows:

- Unreasonable Persistence: where a complainant refuses to acknowledge or accept reasonable explanations or attempts at resolution. The complainant may continue to attempt contact after a complaint has been considered as closed.
- Unreasonable Demands: where a complainant introduces issues that are clearly beyond the scope of Alfred Health's scope of responsibility or requests an outcome that is unrealistic or disproportionate to the issue.
- Unreasonable lack of cooperation: where it is difficult to define what the complaint is about, often characterised by substantial amounts of information, continuous problem re-definition and lack of clarity or honesty regarding the facts.
- Unreasonable arguments: complaints exaggerated, communication of irrational beliefs and conspiracy theories.
- Unreasonable behaviour: where a complainant is rude, abusive or threatens violence towards staff or self.

If the individual/(s) involved is a current patient, the appropriate Manager and/or Department Head may need to create a management plan, which may include regular, time-limited opportunities for new issues to be discussed.

Strategies to assist with managing unreasonable behaviour include:

- assisting the complainant to define the issue/s
- identifying unreasonable arguments and setting them aside
  setting expectations around behaviour and no tolerance for abusive, threatening, or violent behaviour.

When all attempts have been made to appropriately respond to an issue and a reasonable response has been provided, the individual who raised the issue will be advised in writing that the matter is closed. This decision is to be approved by the Director of Patient Experience Consumer Engagement in consultation with the responsible Managers, Directors/Department heads. The complainant may also be redirected to the Aged Care Quality and Safety Commission.

Any new issues raised by the complainant will be reviewed by the Patient Feedback Office with support from the Director of Patient Experience Consumer Engagement.

1.10 Withdrawing a complaint or feedback

A complainant can withdraw a complaint or feedback, in writing or by verbal request. If a complaint or feedback is withdrawn, no further action will be taken. If the complaint or feedback was in regard to a service delivered by an Associated Provider, the Associated Provider will be advised that the complaint or feedback has been withdrawn as soon as possible.

1.11 Recording a complaint or feedback

All complaints and negative feedback should be entered into RiskMan (feedback entry) within two business days of receipt, including complaints about Associated Providers. All conversations related to a complaint must be documented, including those related to open disclosure. All investigations and outcomes should be added to the open entry on completion. Entries should be closed once the outcome is known and the complaint is resolved.

If feedback is negative in nature and requires action, this should be followed up as described above.

All other feedback, whether positive or negative, should be entered into RiskManQ and all other processes above followed.

2. Helping people make complaints

The Act and associated rules require that Alfred Health ensures that patients, their supporters, and others are:

- Informed of alternative avenues for lodging complaints beyond the service provider.
- Aware of the appropriate external bodies to contact when the provider is unable to satisfactorily resolve their concerns.
- Understanding of the sources of support available throughout the complaints process, including advocacy services and the Commission.
- Aware of their right to have support or escalate their complaint directly to the Commission if they feel uncomfortable raising it with the service provider.

3. Advocates

Advocates can be involved to support the patient or their supporters at any time in the complaint process. An advocate can only be involved with the consent of the patient.

An advocate can:

- Support decisions makings that affect a person's quality of life
- Provide information about older people's rights and responsibilities and discuss their options
- Raise an issue with the provider or the Commission

Advocacy can be sought from external organisations, such as Older Persons Advocacy Network (OPAN).

4. Accessibility

Patients and supporters may require accessibility help from staff. This may involve support with literacy, communication, navigating cultural and language differences, or addressing physical, mental, cognitive, and sensory needs. Staff should provide support to ensure patients and their supporters are able to communicate their concerns and seek the appropriate response from Alfred Health.

5. Translating and interpreting

Where patients or their supporters speak a language other than English, professional translation services can be used to support the complaints and feedback process (refer to Alfred Health's Patients Requiring Language Services Guideline).

6. Monitoring

Complaints and feedback trends and themes are to be analysed and reported locally. This is undertaken to ensure that systemic issues are communicated and improvement opportunities identified. Complaint reports are distributed to the appropriate governance and program/divisional areas based on this review.

Ongoing issues should be reported to Director/Department Head and reviewed. Any issues related to risk management will be reported to the appropriate governance committee. Trends related to associated providers will be discussed at regular meetings.

Key related documents

Key aligned policy

- Aged Care Service Provision Policy
- Aged Care Services Whistleblower Protection Guideline
- Open Disclosure following an Adverse Event
- Patients Come First Policy
- Patient Complaint Management Policy
- Patient Complaint Management Guideline

- Patient Feedback
- Patients Requiring Language Services Guideline
- Statutory Duty of Candour and Open Disclosure Following an Adverse Event Policy

Key legislation, acts & standards:

- *Charter of Human Rights and Responsibilities Act 2006* (Vic)
- *Aged Care Act 2024* (C'wealth)
- *Privacy and Data Security Act* 2014 (Vic)
- *Freedom of Information Act* 2002 (Vic)

Keywords

Complaints; complaint management; feedback; open disclosure; aged care; advocate

Governance

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