

# Consumer Feedback Management Procedure

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**This document is relevant to all WH sites, including Bacchus Marsh, Melton and Caroline Springs**

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## 1. Overview

Western Health (WH) promotes, welcomes and values consumer feedback and acknowledges this is an opportunity for consumers to provide the organisation with information about their experience.

This procedure details WH processes and workflows for responding, investigating and managing consumer feedback. Feedback includes compliments, complaints, enquiries and suggestions. Timely management of consumer feedback assists with governing, reviewing and improving service provision, inclusive of clinical trial and other research related activities.

WH encourages all staff and volunteers to value feedback and to positively approach opportunities to respond to complaints and, where possible, to strive for local resolution of the issue(s) in the first instance. Consumer feedback should direct service improvement.

Note: This procedure does not apply to complaints about WH employees, please refer to the [Disciplinary Procedure](#) for guidance on the reporting and management of these complaints

## 2. Applicability

This procedure relates to all staff and volunteers at WH.

## 3. Responsibility

It is the responsibility of all staff and volunteers working at WH to have an awareness and understanding to adhere to this procedure and participate in consumer feedback management.

The Best Care Governance and Support Division (BCGS) is responsible for overseeing, coordinating and supporting organisational alignment with this procedure.

## 4. Authority

Exceptions to the practices described in this procedure can only be authorised by the Director of Best Care Governance and Support, Chief Medical Officer, Chief Operating Officer or the Executive Director of Nursing and Midwifery.

## 5. Associated Documentation

In support of this procedure, the following Manuals, Policies, Instructions, Guidelines, and/or Forms apply:

Code	Name
	<a href="#">Behaviour Notifications, Contracts and Not Welcome Notices</a>
	<a href="#">Clinical Incident Management and Investigation</a>
	<a href="#">Conflict of Interest</a>
	<a href="#">Consumer Feedback Management Policy</a>
	<a href="#">Disciplinary Procedure</a>
	<a href="#">Formal Complaints</a>
	<a href="#">Health Incident Management System</a>
	<a href="#">Management and Prevention of Workplace Bullying and Harassment</a>
	<a href="#">Open Disclosure</a>
Appendix A	<a href="#">Enquiries Response Guide</a>
Appendix B	<a href="#">Feedback Management Workflow</a>
Appendix C	<a href="#">Complexity Severity Rating (CSR) Definitions</a>
Appendix D	<a href="#">Roles and Responsibilities based on CSR</a>
Appendix E	<a href="#">Western Health Feedback Categorisation</a>
Appendix F	<a href="#">Commission and Advocacy Services Information</a>
Attachment A	<a href="#">Complaint Handling Checklist</a>
Attachment B	<a href="#">Feedback Review Tool</a>
Attachment C	<a href="#">Example Feedback Acknowledgment Template</a>
Attachment D	<a href="#">Receiving Complaints</a>

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Attachment E	<a href="#">Feedback Privacy and Confidentiality Script</a>
Attachment F	<a href="#">Feedback Management Framework</a>
Attachment G	<a href="#">Patient Feedback Form</a>
Attachment H	<a href="#">Clinical Trials Participant Experience Survey (REDCap)</a>

## 6. Credentialing Requirements

State the full credentialing requirements necessary for the clinical practices included in this procedure.

## 7. Definitions and Abbreviations

### 7.1 Definitions

For purposes of this procedure, unless otherwise stated, the following definitions shall apply:

Aged Care Quality and Safety Commission	An independent body, who accredit, assess and monitor aged care services, including complaints resolution, subsidised by the Australian Government
Complaint	An expression of dissatisfaction by or on behalf of an individual consumer / carer regarding any aspect of a service delivered by a Health Service Provider, where a response or resolution is explicitly or implicitly expected or legally required. A complaint can be made verbally or in writing.
Complainant	A person (or organisation) that makes a complaint regarding any aspect of a service delivered by a Health Service Provider. The complainant may not be the person who was involved in the health care episode in which case they are considered a Third Party.
Compliment	An expression of satisfaction and/or gratitude by, or on behalf of, a consumer/carer regarding an aspect of a service delivered by a Health Service Provider
Consumer	Individuals who have used or are current users of a Western Health service. Consumers can be patients, carers, clients, research participants, residents, family members and/or patient's significant other.
Enquiry	Feedback from a consumer regarding any aspect of service where: <ul style="list-style-type: none"> <li>a. The contact is inquisitorial in nature rather than an expression of dissatisfaction; and / or</li> <li>b. The consumer states that they do not wish to lodge a complaint; and/or</li> <li>c. The issue(s) are minor and can be resolved immediately without going through the complaint process (e.g. the complainant is satisfied by immediate actions to resolve the issue).</li> </ul>
Feedback	Information shared, either positive (compliment), neutral (enquiry) or negative (complaint) by a consumer about their experience of the Health Service Provider or the Health Service Provider's performance, which is used as a basis for improvement. This may include suggestions, advice, ideas, opinions, compliments, comments and expressions of interest or general comments.
Health Complaints Commission	An independent body to safeguard rights and resolve complaints about healthcare and the handling of health information in Victoria
Mental Health and Wellbeing Commission	An independent, statutory authority that provide a system-monitoring and oversight role, handle complaints, conduct investigations, and promote effective complaints handling by Mental Health and Wellbeing Service providers (Vic).
Open Disclosure	Open discussion about events that result in harm to a patient while receiving health care with the patient, their family and carers. The elements of open disclosure include an apology or expression of regret, which should include the words 'I am sorry' or 'we are sorry'; a factual explanation of what happened; an opportunity for the patient, their family and carers to relate to their experience; a discussion of the potential consequences of the event; an explanation of the steps being taken to manage the event and prevent recurrence
RiskMan	Electronic incident management reporting system, utilised at Western Health to facilitate mandatory reporting of the Victorian Health Incident Management System (VHIMS) minimum data set to the Department of Health
Statutory Duty of Candour	A legal obligation for health service entities to ensure that consumers and their families or carers are apologised to and communicated with openly and honestly when a serious

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adverse patient safety event has occurred while the patient was receiving care at the health service.

Suggestion Feedback presented as an idea, possible plan, or action that is mentioned for the organisation to consider

## 7.2 Abbreviations

BCGS	Best Care Governance and Support
BCC	Best Care Coordinator
CALD	Culturally and Linguistically Diverse
CEO	Chief Executive Officer
CSD	Clinical Services Director
CSR	Complexity Severity Rating
DD	Divisional Director
DH	Department of Health
DPFC	Dame Phyllis Frost Centre
EAP	Employee Assistance Program
HCC	Health Complaints Commission
MHWC	Mental Health and Wellbeing Commission
NDIS	National Disability Insurance Scheme
OCF	Office of the Chief Psychiatrist
PFL	Patient Feedback Lead
QRG	Quick Reference Guide
SCV	Safer Care Victoria
VHIMS	Victorian Health Incident Management System
WH	Western Health

## 8. Procedure Detail: Feedback Management Process

### 7.1 Receiving Feedback

WH receives feedback through the following channels:

**Phone:** 1800 319 631

**Email:** [feedback@wh.org.au](mailto:feedback@wh.org.au)

#### Verbal Feedback:

- At the point of service delivery:
- In person
- Via phone directly to the local areas (the area where the experience occurred)
- Phone call to the Best Care Feedback Team on phone 1800 319 631

#### Written Feedback:

- WH Best Care feedback email – [feedback@wh.org.au](mailto:feedback@wh.org.au)
- In writing directly to local areas (cards, email, letter, social media)
- [Feedback form](#) on the Western Health Internet or intranet page
- [Patient Feedback Form](#)
- Email from external agencies such as the HCC, MHWC, DH, SCV, Office of the Chief Psychiatrist, Ombudsmen, Minister's Office, etc.
- Completing the WH Clinical Trials Participant Experience Survey (REDCap) available via QR Code on brochures advertising the survey (displayed in clinical trial service areas and surrounds) and on the WH Internet Feedback page.

Feedback received is acknowledged, recorded and actioned according to the type of feedback and how it is received.

### 8.1.1 Feedback from people with special needs or CALD Communities

Support and resources are provided to those who may have difficulties in giving feedback for reasons such as language difficulties and cultural barriers. For example, interpreters can be provided for people with limited fluency in English and young people may require a support person.

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## 8.2 Documenting Feedback

All documentation relating to verbal and written feedback, including emails and correspondence must be entered in the RiskMan Feedback module. Documentation should include a summary of the compliment, complaint or enquiry and all correspondence including, decisions made and reasons for decisions and records of any verbal conversations relating to the feedback item.

## 8.3 Managing Feedback

### 8.3.1 Feedback received at the point of service delivery

- Staff member who receives the compliment, complaint or enquiry will enter directly into the Riskman Feedback module refer to the [Entering a Complaint](#) QRG.
- Staff at the point of care should attempt to manage the complaint locally either resolving the complaint with the complainant or escalating the complaint to the relevant line manager and / or to the Best Care Feedback Team as required.
- The Office for Research must be notified if it is a Research related complaint so the incident can be logged on the Research Complaints Register.

### 8.3.2 Feedback received directly by the Best Care Feedback Team

- BCGS Administration Officer will enter the compliment, complaint or enquiry into the RiskMan Feedback module and distribute via RiskMan to the aligned Best Care Coordinator for triage, review and response.
- If feedback is regarding a current inpatient the Best Care Coordinator will liaise with point of care staff as soon as practicable to acknowledge and respond to the patient in a timely manner.
- If feedback is Research related either in respect to a research participant or to the conduct of a research study it will be referred directly to the Office for Research. It will be reviewed by the Research Program Director or the Manager, Office for Research and as soon as practicable acknowledged, responded to and logged on the Research Complaints Register.

### 8.3.3 Feedback received regarding a Clinician's practice or professional conduct

Where a WH employee is directly named in a complaint, the feedback should immediately be escalated to the Director Best Care Governance and Support.

- The BCGS Administration Officer will enter the complaint into the RiskMan Feedback module de-identifying information and redacting the named clinician
- Enter: *"Feedback received which includes allegations about a clinician's practice or conduct. Feedback has been escalated to relevant DD and CSD for action and investigation"* into the summary section in RiskMan.
- The Director Best Care Governance and Support will communicate the clinician identifying information with the relevant DD and CSD.
- The relevant DD and CSD are responsible for identifying any immediate risks and for identifying actions required to ensure patient, staff or community safety.
- The relevant DD and CSD will consider the feedback and if required will coordinate the investigation. If the DD and CSD confirm no requirement to investigate the reasons for this decision must be documented in a RiskMan journal entry
- The detail regarding the response to the complainant must be documented in RiskMan.
- Matters relevant to any investigation in relation to the clinician will submitted by the divisional operational line to the divisional People and Culture Business Partner and will be stored in the clinicians personal file managed by People and Culture.
- Complaints made about matters relating to non-clinical staff will be escalated to the Director of the relevant service.

### 8.3.4 Feedback received from External Agencies / Third Parties / Statutory Body or Other Authority

WH receives consumer feedback from external agencies, third-party organisations, statutory bodies and other authorities.

Sources of third-party feedback includes, but is not limited to:

- Aged Care Quality and Safety Commission (Aged Care clients)
- Department of Health
- Health Complaints Commission
- Mental Health and Wellbeing Commission
- Minister for Health Office
- NDIS Quality and Safeguards Commission (NDIS participants)
- Office of the Chief Psychiatrist
- Safer Care Victoria
- Victorian Equal Opportunity and Human Rights Commission
- Victorian Member of Parliament Offices
- Victorian Ombudsmen

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The majority of complaints received via Members of Parliament, SCV or the DH, will be addressed to the CEO or a member of the Executive Team. The Best Care Feedback Team will assist with coordination of the investigation and drafting of responses for the CEO / Executive as required.

All third-party feedback should be directed to the Best Care Patient Feedback Team via [feedback@wh.org.au](mailto:feedback@wh.org.au) and the BCGS Patient Feedback Lead must be notified. The feedback will be entered in RiskMan by the Best Care Feedback Team for distribution and action. The response is processed and managed following normal feedback management process as soon as possible and no later than the stipulated timeframe by the party requesting the review.

In response to the feedback, both the consumer and the third party will be informed of the outcome.

### 8.3.5 Feedback received via social media

The WH Public Affairs team is responsible for monitoring WH social media accounts during business hours.

If patient complaints are made to WH social media accounts, the Public Affairs team will advise the complainant via social media of how to submit feedback.

The Public Affairs team will advise the Best Care Feedback Team with a summary of the complaint.

If the complaint is of a serious nature and requires urgent action, the Public Affairs team will send the complainant's feedback to [feedback@wh.org.au](mailto:feedback@wh.org.au). Public Affairs may also further direct the complainant to advise that the feedback has been passed onto the Best Care Feedback Team and provide them with information on how to contact the team and lodge a formal complaint.

### 8.3.6 Enquiries

WH receives enquiries regarding specific points of care across the health service. For guidance on workflows for responses to these enquiries see [Appendix A](#).

## 8.4 Timeframes and Escalation

### 8.4.1 Timeframes

Prompt acknowledgment, investigation and response to feedback ensures consumer confidence and enables timely implementation of improvement to support the provision of Best Care.

General complaints must be acknowledged within three business days and where possible resolved at the time it is made. The investigation and response should be completed within 30 business days of receipt of the complaint.

#### 8.4.1.1 External Agency Complaints

Complaints from external agencies must be acknowledged within three business days. The investigation and response should be completed within 14 business days of receipt of the complaint.

### 8.4.2 Escalation

To support meeting the expected timeframes to manage complaints following receipt of a complaint; coordination, communication and escalation must be adhered to as outlined in [Appendix B: Complaint Investigation/Response Escalation](#).

If the expected timeframes cannot be achieved, the staff members responsible for responding to the complaint (i.e. local area manager or BCC) will provide the complainant with an investigation progress update every 15 business days (at minimum) detailing any delays with resolution provided by the complaint owner until resolution of the complaint is finalised.

## 8.5 Responding to Complaints

WH encourages employees to foster a proactive approach to complaint resolution and where possible, strive for local, point of care resolution of the issue(s) in the first instance.

Where the complaint is Research related, the REDCaP Research Complaints register should be completed highlighting actions taken and any follow up activities that may still be required.

### 8.5.1 Consent

- Consent must be obtained from the complainant to enable access to personal information during the handling of a complaint

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- The request for consent is:
  - In the WH online and paper feedback form
  - Obtained and documented by WH staff during any complaint phone calls
  - Provided via return email for complaints made via email
- Complaints by a third party about a consumer's treatment may be responded to with the consent of the consumer. Consumers must provide consent for any disclosure of confidential information to a nominated third party. Consent may be expressed (i.e. provision of a written authority to disclose information) or implied where consent may reasonably be inferred in the circumstances from the conduct of the individual and the organisation. Complaints relating to consumers who lack capacity (for any reason and including children) are managed through the responsible person (parent or authorised person)
- Complainants will be advised that, in line with WH *Information Privacy Policy*, the personal information collected by the BCGS team will be confidential in accordance with the [Health Records Act 2001 \(Vic\)](#) and the [Privacy and Data Protection Act 2014 \(Vic\)](#).
- For complaints received by WH that are relating to an independent service provider who shares a WH site (e.g. custodial settings unrelated to health, independently owned pharmacy or café like services; in the first instance, the complainant should be directed to share their feedback directly with the relevant service provider. If there is an existing relationship pathway between the organisations, then direct consent should be obtained and documented from the complainant in order to forward on the feedback to the relevant organisation for follow up.

### 8.5.2 Point of Care Complaints

A large proportion of complaints are straightforward in nature and can be resolved at the point of care. Managing complaints when they arise can often avoid the complaint being escalated.

Responding to complaints is a five-step process including:

- Receipt and Acknowledgement
- Assessment
- Investigation
- Response
- Recording and documenting

See [Appendix C: Complaint Handling Checklist](#)

#### 8.5.2.1 Receipt and Acknowledgement of Feedback

Receipt and acknowledgment of feedback ensures confirmation to the consumers that their feedback has been received and actions have commenced regarding the investigation and response.

##### Receipt - Verbal Feedback

Actively listen to the story the consumer / carer is recounting, allowing the time needed to share the story. The HEART approach is recommended when receiving verbal feedback:

- **H**ear the Story
- **E**mpathise
- **A**pologise (where appropriate, for any distress caused – this is not an acceptance of fault)
- **R**espond
- **T**hank them

##### Receipt - Written feedback

Complaint is entered into the RiskMan Feedback module by the staff member who received the feedback, ensuring the appropriate line manager is made aware of the complaint via journal or distribution from RiskMan [Entering a Complaint](#) QRG.

- All written feedback that is provided should be acknowledged by WH at the earliest possible opportunity, and no later than three business days after receipt of the complaint as per [Acknowledging Feedback](#) QRG.
- If research related the Office for Research will be notified so the incident can be logged on the Research Complaints Register

##### Acknowledgement

Acknowledgement of the receipt of complaint is made either in writing (via email) or verbally and the following should be discussed:

- The complaint process and expected timelines
- Personal or health information required and where consent may be required
- Issues of privacy and confidentiality, including [Western Health's Privacy Collection Statement](#)
- The person who is managing their complaint
- Agreed frequency and method of ongoing communication with the person handling their complaint
- That their complaint is handled and stored separately to their health records

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- The *Health Complaints Act 2016*, Complaint Handling Standards 2020 and where they can find these resources (link available on Western Health website)
- Confirmation of the circumstances of the complaint and the outcome sought
- The level of involvement the complainant wants to have in the complaint handling process
- An offer made to provide this information via email where the issue has raised significant concerns for the complainant

### 8.5.2.2 Assessment

- With the information available complaints must be assessed to determine the Complaint Severity Rating, see [Appendix C](#) – Complaint Severity Rating
- WH utilises a four-tier scale to determine the CSR of a feedback item

CSR Rating		
Rating	Classification	Description
1	Extreme	Serious adverse events or incidents, sentinel events, long-term damage, grossly sub-standard care, professional misconduct or death that requires Investigation.
2	High	Significant issues of standards, quality of care or denial of rights. Clear quality assurance or risk management implications or issues causing lasting detriment that require investigation.
3	Moderate	Issues that may require investigation. Legitimate consumer concern, especially about communication or practice management, but not causing lasting major detriment.
4	Low	No impact on or risk to the provision of health care or organisation. Feedback/complaint easily resolved at frontline/point of service.

- **Complaint - Theme ([Appendix E](#))**  
The theming taxonomy provides a structure for allocating feedback to domains, categories, and sub-categories in RiskMan. The taxonomy is based on the taxonomy developed by the Western Australian Department of Health and is aligned with WH Best Care Framework
- **Response format required**  
Confirmation of the format required for the response (email, letter, phone call, family meeting) to the complaint is guided by the nature and complexity of the complaint, in consultation with the Best Care Feedback Team

### 8.5.2.3 Investigate (Information Gathering)

The scope and nature of a complaint investigation will vary depending on the complexity, severity and nature of the issues raised and not all complaints will require a detailed investigation.

The purpose of investigating a complaint is to establish what happened, to whom and how, and to identify system improvements. The focus of the investigation must be on the systems, when analysing what may have gone wrong, or why there may have been a problem. This will determine how changes can be made and how individuals can be supported to prevent recurrence.

The following should be considered when investigating a complaint:

- All complaints should be investigated using the [Feedback Handling Checklist](#) and / or [Feedback Review Template](#) based on the CSR
- If completion of the DES identifies a new clinical incident that has not been investigated or there is no current investigation underway it must be immediately entered into the RiskMan Incident Module and investigated as per *Clinical Incident Management and Investigation* and the PFL must be advised.
- If a complaint is associated with an open clinical incident, and the investigation of the complaint is in progress the investigations should be integrated and linked
- If an investigation for an associated clinical incident has been completed, the associated documentation should be used as the basis of the complaint review

### 8.5.2.4 Respond

- On completion of the investigation, the resolution and actions should be identified and implemented
- Where possible WH staff from the area of complaint origin should provide a direct response to the complainant
- If a family meeting is required to respond to a complaint, the local area should liaise with the aligned BCC to support facilitation of this meeting. Based on the severity of the complaint appropriate individual/s from the local area / division should attend this meeting.
- All complaint responses must include contact details and the role of the HCC or MHWC
- If the complainant remains dissatisfied following investigation completion and provision of response, the complainant has recourse to contact the HCC or MHCC if complaint related to Mental Health and Wellbeing Services
- If the complaint relates to Aged Care Services the complainant may contact the [Aged Care Quality and Safety Commission](#), [Older Persons Advocacy Network](#)

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- If the complaint relates to a participant of the NDIS the complainant may contact the [NDIS Quality and Safeguards Commission](#)
- Contact information and links to these services and other advocacy groups are listed in Appendix H

### 8.5.2.5 Recording and Documentation

To ensure that complaint resolution is clearly documented and can be accurately reported, the following is to occur:

- All received feedback is to be entered in the RiskMan Feedback module by the individual who received the feedback ([QRG Entering Feedback](#))
- Compliments and CSR 3 and CSR 4 complaints, suggestions and enquiries will be auto-posted to RiskMan Feedback module
- CSR 1 and CSR 2 complaints will be automatically distributed to the Best Care Feedback Team for review, triage and posting
- The journal and actions sections of the RiskMan will be used to communicate internally about feedback items and assign tasks, as well as reminders to follow up feedback related tasks
- Any internal e-mail communication about a feedback item should be saved and added to the RiskMan, in the document section
- All relevant e-mail communication between the feedback source and the health service should be added in RiskMan in the document section ([QRG Adding correspondence](#))

### 8.5.3 Reporting and Service Improvement

Reporting complaints, compliments, enquiries and suggestions provides an opportunity for service review and improvement. The development of recommendations is a fundamental component in feedback management and aims to address themes and specific findings identified during investigation:

- All recommendations will be entered in the Recommendations field in Riskman ([QRG Entering Recommendations](#))
- Recommendations should be written in a SMART (Specific, Measurable, Achievable, Realistic, Time-bound) format

Further to recommendations arising from individual feedback, WH:

- Regularly reviews feedback data at a local level, divisional and organisational level
- Provides employees and consumers with feedback on changes in care and service delivery
- May conduct reviews to evaluate complaint handling across WH
- Reviewing and improving the feedback handling process is central to service improvement. Western Health has a mechanism for assessing complainant satisfaction with the feedback process, through completion of a [satisfaction survey](#)

## 8.6 Dealing with Difficult Situations

When responding to complaints, WH employees may experience difficult and possibly confronting situations.

Strategies to manage difficult situations include:

- Keep calm and try not to take it personally
- Remain polite, respectful and professional
- Focus on the specific issue at hand
- Provide information and / or an apology as appropriate
- Do not blame others
- Do not argue with a consumer
- Do not make assumptions
- Listen, without getting caught up in the emotions of others
- Take time to understand the problem(s) as there may be a simple solution
- Involve the Best Care Feedback Team if necessary
- Escalate to Line Manager for assistance

Any employee who observes a person displaying early warning signs of aggression should seek assistance from another staff member. If an employee feels unsafe or physically threatened, they should withdraw and call a Code Grey (dial 2222) immediately.

All staff should be aware of the [Behaviour Notifications, Contracts and Not Welcome Notices](#). This procedure can be used as a reference to support managing difficult consumers and support positive behaviour outcomes.

Staff receiving and responding to complaints may experience stress and anxiety as a result of facing difficult and confronting situations. The Employee Assistance Program (EAP) is a short-term intervention strategy available to all WH staff and enables individuals to seek proactive solutions to situations, to debrief in a safe and confidential way, and to seek support, direction and connection.

EAP is available to be accessed anytime by self-referral via telephone, app or online appointment to the contracted external provider. Refer to [People and Culture](#) for EAP provider contact details and information about the program and access.

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## 8.7 Conflicts of Interest

Conflicts of interest in complaint handling may arise. For example, the person the complaint is about may be the only person with the expertise available to respond to the complaint. This should be made clear in the response to the complainant. Where possible, conflicts of interest in complaint handling are avoided but if they arise, they are declared and managed as required as per the [Conflict of Interest](#) procedure.

## 9. Roles, Responsibilities and Behaviour

Staff Group	Roles and Responsibilities
<b>Executive Team</b>	<p>Understand the feedback management process.</p> <p>Ensure there is an effective process for the management of patient feedback.</p> <p>Approve and sign complaint letters as required.</p> <p>Monitor performance feedback management performance across the health service.</p> <p>Review responses to complaints received via a Statutory Body or other Authority as required.</p>
<b>Divisional Directors/ Clinical Service Directors</b>	<p>Complaint owner for CSR 1 and CSR 2.</p> <p>Facilitate the feedback management process where required.</p> <p>Provide advice to Best Care Feedback Team regarding relevant staff members who can investigate complaints.</p> <p>Promote feedback mechanisms to consumers.</p> <p>Understand and monitor the feedback performance themes relevant to their division.</p> <p>Review responses to complaints received via a Statutory Body or other Authority as required.</p> <p>Review and discuss any cluster reviews involving a named staff member within their Division.</p> <p>Ensure complaint handling KPIs are met.</p>
<b>Operational Managers/ Directors / Head of Unit</b>	<p>Understand the feedback management process.</p> <p>Facilitate the feedback management process, as required.</p> <p>Provide advice to the Best Care Feedback Team regarding relevant staff members who can investigate complaints.</p> <p>Ensure that relevant staff attend patient feedback management training.</p> <p>Understand and monitor the feedback performance themes of areas they manage.</p>
<b>Department/Unit Managers</b>	<p>Complaint owner for CSR 3 and CSR 4.</p> <p>Coordinate complaint investigation.</p> <p>Understand the feedback management process.</p> <p>Ensure complaints made locally are logged onto RiskMan Feedback Module and resolved locally at point of care wherever possible.</p> <p>Complete patient feedback management training session.</p> <p>Facilitate the feedback management process when required.</p> <p>Promote feedback mechanisms to consumers.</p> <p>Understand and monitor the feedback performance themes of areas that they manage.</p> <p>Ensure complaint handling KPIs are met.</p> <p>Ensure compliments are entered onto RiskMan Feedback Module and communicated to relevant team members.</p>
<b>Point of Care (service delivery and support staff)</b>	<p>Promote feedback mechanisms to patients and carers.</p> <p>Understand the feedback management process.</p> <p>Assist with the feedback management process when required.</p> <p>Escalate complaints with direct line managers where immediate resolution is not possible.</p> <p>Enter a feedback item on RiskMan Feedback Module when required.</p>
<b>Director Best Care Governance and Support</b>	<p>Review complaint letters from External / Statutory bodies and those addressed to the CEO / Executive.</p> <p>Implement and support a system where 90% of complaints are closed within 30 business days.</p>

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Staff Group	Roles and Responsibilities
	<p>Ensure there is a robust system for receiving feedback throughout the organisation.</p> <p>Implement and support the feedback management system and associated process for consumers, carers and staff.</p> <p>Co-ordinate the collection and presentation of data in relation to complaints for the Best Care Steering Committee, Board Committee and Quality and Safety (Board) Committee.</p>
<b>Best Care Coordinators</b>	<p>Support complaint handling process to ensure response is in line with the WH procedure, MHCC and JH complaint handling standards.</p> <p>Acknowledge and record complaints received by the BCGS team.</p> <p>Facilitate staff training and coaching.</p> <p>Support front line staff to manage feedback locally.</p> <p>Provide support to staff as required with feedback management.</p> <p>Support staff in entering feedback into RiskMan Feedback Module.</p> <p>Liaise with RiskMan Coordinator in resolving issues relating to RiskMan Feedback Module.</p> <p>Escalate delays of complaint closure in RiskMan Feedback Module to line managers and/or Divisional Directors.</p> <p>Escalate, as required, to the Director Best Care Operations.</p> <p>Monitor Organisation wide complaint numbers for trends and clusters.</p> <p>Collate data in relation to patient feedback.</p>
<b>Consumer / Carer</b>	Provide feedback to the organisation at the local level or to the Best Care Feedback Team.

## 10. Measures

**Appendix G:** Provides business rules for each performance indicators.

Measure	Target	Date Target Due	Frequency of measurement	Person (role) responsible for collection	Person (role) accountable for target	Reporting line (committee)
Complaints closed within 30 business days	90%	Monthly	Data from RiskMan	Patient Feedback Lead	Best Care Operations Manager	Best Care
Category 1 Complaints closed within 30 business days	70%	Monthly	Data from RiskMan	Best Care Coordinators	Best Care Operations Manager	Best Care
Category 2 Complaints closed within 30 business days	85%	Monthly	Data from RiskMan	Best Care Coordinators	Director Best Care Operations	Best Care
Category 3 Complaints closed within 30 business days	95%	Monthly	Data from RiskMan	Best Care Coordinators	Best Care Operations Manager	Best Care
Category 4 Complaints closed within 30 business days	95%	Monthly	Data from RiskMan	Best Care Coordinators	Best Care Operations Manager	Best Care
Research complaints closed within 30 business days	90%	Monthly	Data from Research Complaints Register	Office for Research Staff	Research Program Director	Executive
Complaints acknowledged within 3 business days	95%	Monthly	Data from RiskMan	Best Care Coordinators	Best Care Operations Manager	Best Care

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Research complaints acknowledged within 3 business days	95%	Monthly	Data from Research Complaints Register	Office for Research Staff	Research Program Director	Executive
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## 9. Document History

Number of previous revisions: 6

Previous issue dates: May 2002, October 2005, August 2009, November 2012, February 2016 and February 2020

Minor amendment: Oct 2023 and Oct 2023a

In support of this procedure, the following Manuals, Policies, Instructions, Guidelines, and/or Forms apply:

Code	Name
OP-QR3.1.1	Operational Complaints Management
OP-QR3.1.1	Complaints Management
OP-CM1	Consumer Feedback Management

## 10. References

- [Aged Care Quality & Safety Commission: Standard 6: Feedback & Complaints](#)
- [Australian Code for Responsible Research](#)
- [Better Practice Guide to Complaint Handling in Aged Care Services, Australian Government Department of Health and Ageing, 2013](#)
- [Guide to Complaint Handling in Health Care Services, Health Service Review Council \(2011\)](#)
- [Health Records Act 2001](#)
- [Information Privacy Act 2000.](#)
- [Mental Health Act 2014 \(Vic\)](#)
- [Mental Health and Wellbeing Commissioner website](#)
- [National Safety and Quality Health Service Standards, Standard 1](#)
- [NDIS Quality & Safeguards Commission \(Version 4\): Standard 2](#)
- [Office of Health Complaints Commissioner website](#)
- [Patient Centered Care Improvement Guide, Planetree and Picker Institute, 2008](#)
- [The Australian Charter of Healthcare Rights in Victoria](#)
- Western Health Clinical Trials Governance Framework
- [Western Health Code of Conduct](#)
- [Western Health Research Code of Conduct](#)

## 12. Compliance Requirement

### National Standards:

- Aged Care Quality Standards (Quality Standards)
- Aged Care Quality & Safety Commission: Standard 6: Feedback & Complaints
- Australian Commission Safety and Quality Health Care Clinical Trials Governance Framework
- Complaint Handling Standards National Safety and Quality Health Service Standards (2nd Edition)
- NDIS Quality & Safeguards Commission (Version 4): Standard 2
- National Safety Quality Health Service Standards

### Legislation:

- Charter of Human Rights and Responsibilities Act 2006
- Health Complaints Act 2016
- Health Records Act July 2002 (Victorian)

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- Health Services (conciliation and review) Act 1987
- Health Services Act 1988
- Information Privacy Act (2000) Victorian
- Mental Health Act 2014 (Vic)
- My Health Records Act 2012
- Privacy and Data Protection Act 2014.

### 13. Sponsor

Director, Best Care Governance and Support

### 11. Authorisation Authority

Executive Director of Nursing and Midwifery

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## Appendix A: Enquiries Response Guide

### Specialist Clinics enquiries

#### **Appointment time or appointment rescheduling enquiry:**

All enquiries about appointment time or dates for adult patients (excluding women's clinics) should be referred to the Adult Specialist Clinics phone room.

All enquiries about appointment dates and times for paediatric patients should be referred to the Paediatric Specialist Clinics team.

All enquiries about appointment dates and times for women's clinics should be referred to the Women's Specialist Clinics team.

#### **Specialist clinic wait time and referral management enquiries:**

Western Health aims to ensure equity in access for all of its patients. Referrals in Specialist Clinics are triaged based on clinical need and the clinical information provided in the referral. Patients wait in turn based on the information provided and the clinical nature of their condition. All enquiries about wait times for specialist clinics access should be treated with consistency and fairness. A decision to upgrade a referral or expedite an appointment can only be made by a clinician. When receiving an enquiry about specialist clinics wait times the following process should be followed:

1. Inform the patients about the Western Health referral triage system – noting that patients wait in turn for service depending on the clinical information provided in their referral and the nature of their condition.
2. Inform the consumer that wait times for patients who are triaged as non-urgent in some specialist clinics can be very long.
3. Provide information about how to receive an expedited appointment or a triage category upgrade. Noting that all triage category upgrades are clinical decisions, requiring updated referral information from the original or a new referral source.

### Elective Surgery wait list enquiries

#### **Appointment time or appointment rescheduling enquiry:**

All enquiries about appointment time or dates for adult patients should be referred to the elective surgery bookings office or if appropriate the endoscopy bookings office.

#### **Elective Surgery Wait list enquiries:**

Western Health aims to ensure equity in access for all of its patients. Patients on the elective surgery wait list wait in turn based on an assigned triage category. For a patient to be moved up the wait list they must provide Western Health with an updated referral that outlines deterioration in their clinical condition. All patients who call and enquire about wait times should be given an approximate estimation of the time they may still have to wait. If the patient reports deteriorating health they should be encouraged to return to their GP to get an updated referral that clearly states the nature of the clinical deterioration.

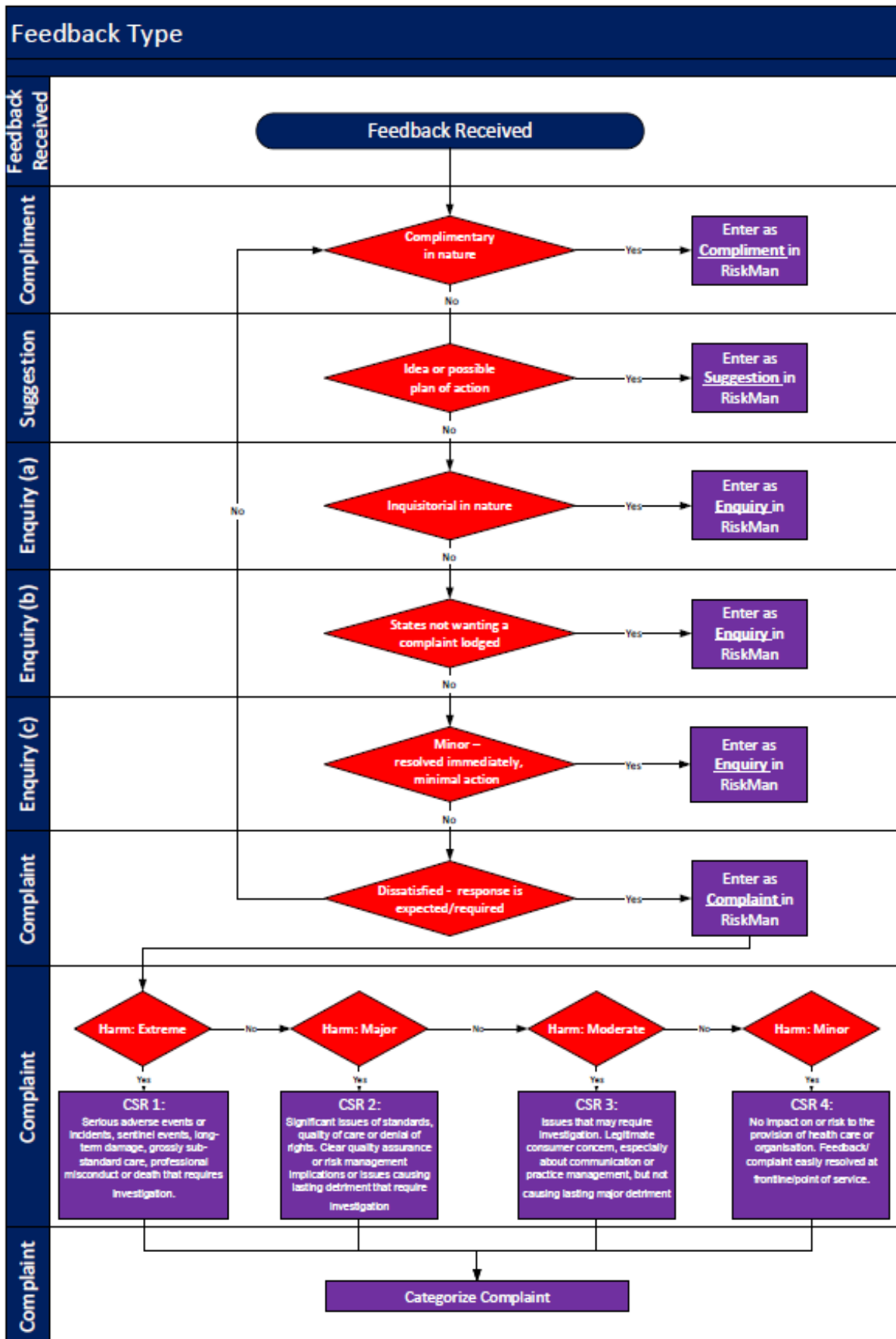
### Research Related Enquiries:

All enquiries related to the experience of a research participant or the conduct of research personnel on a study should be directed to the Office for Research for review by the Research Program Director or the Office for Research Manager.

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Appendix B: Consumer Feedback Management Workflow



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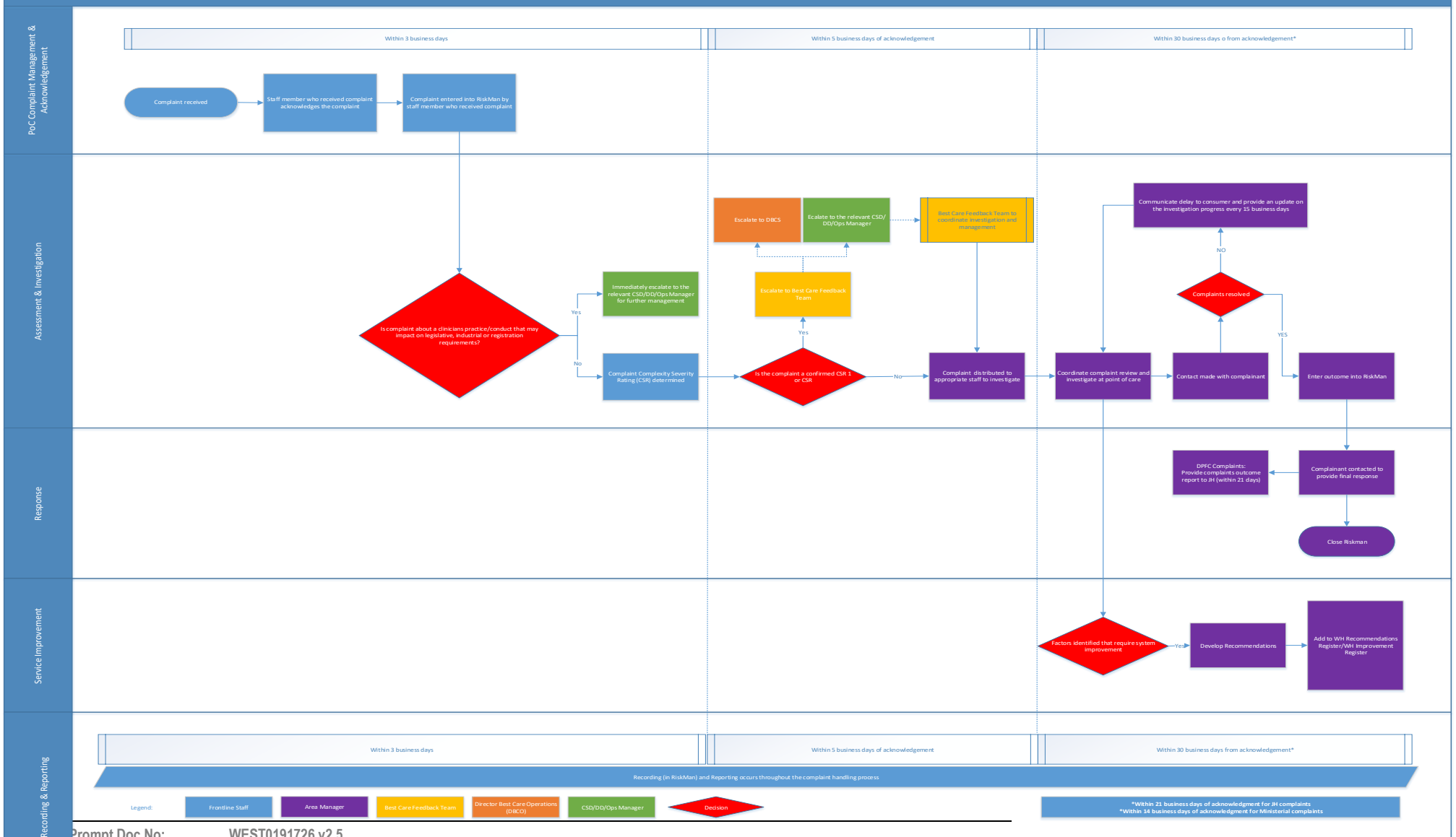
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Complaints Received at Point of Care (PoC)



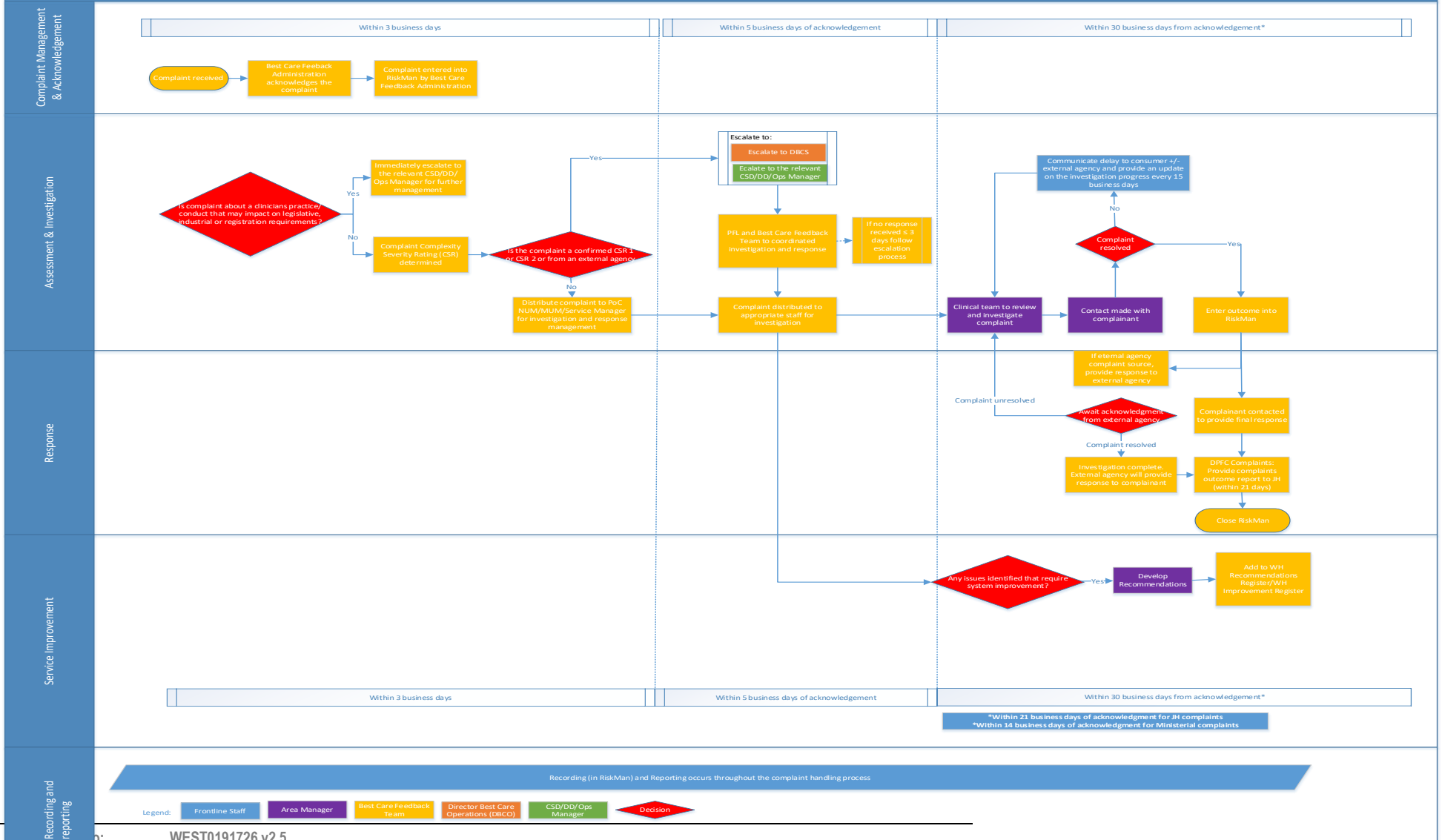
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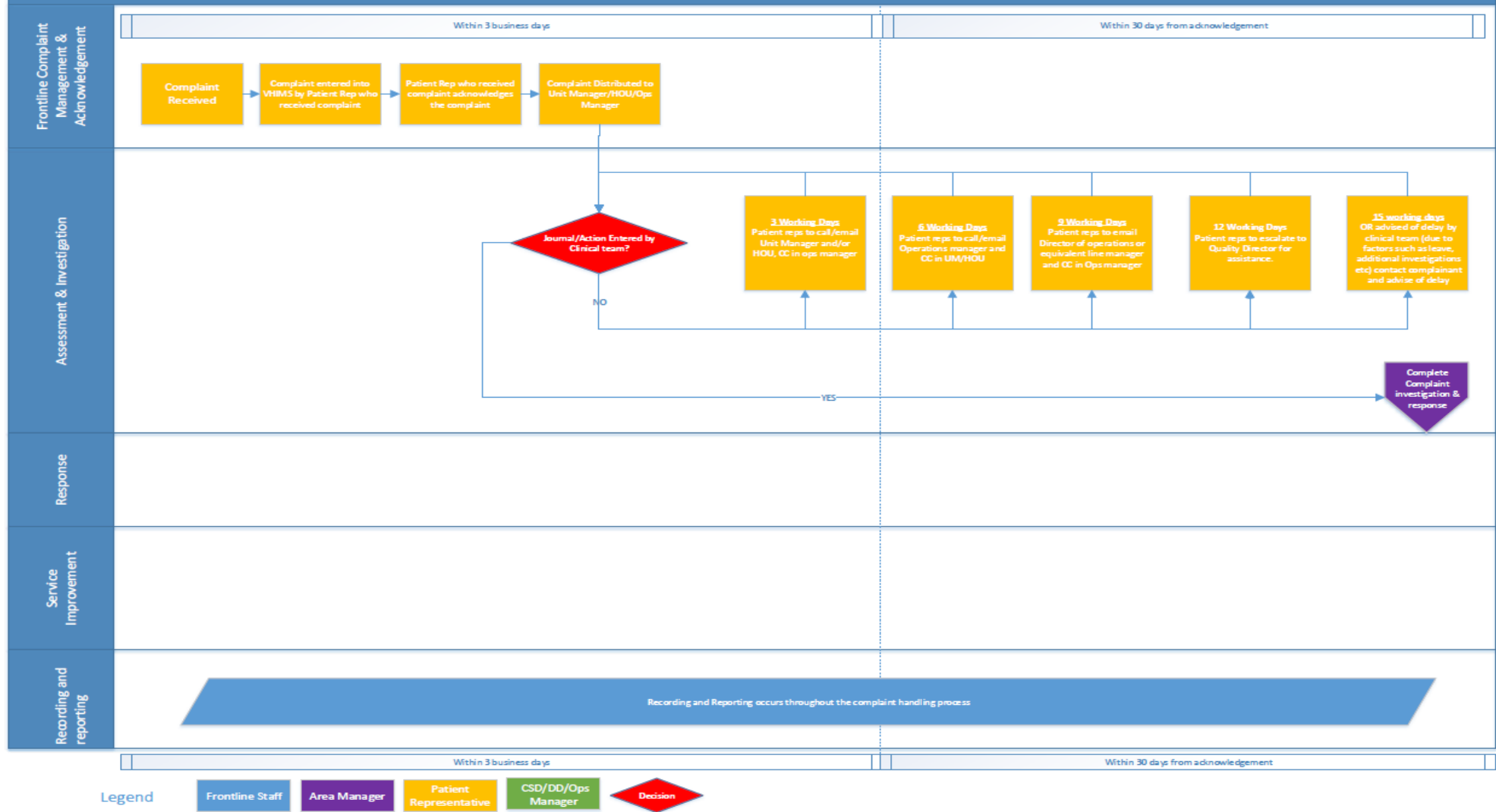
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# Complaints Received by Best Care Feedback Team



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# Complaint Investigation/Response Escalation



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## Appendix C: Complaint Severity Rating (CSR)

### 1. Level of Harm to The Affected Individual

Category	Insignificant	Minor –	Moderate –	Major	Extreme
<b>Consumer</b>	Trivial, vexatious or misconceived complaint. No injury to consumer or impact on their length of stay or level of care required.	No impact on or risk to the provision of health care or the organisation. Feedback/complaint could be easily resolved at the frontline. Significant lapses in customer service (where no injury sustained). Consumer may have required a temporary increased level of care due to the event.	Issues that may require investigation. Legitimate consumer concern, especially about communication or practice management, but not causing lasting major detriment. The consumer may have a permanent lessening of bodily functioning, increased length of stay, required an additional operation or procedure as a result of the event and/or suffered psychological distress.	Significant issues of standards, quality of care, or denial of rights. Clear quality assurance or risk management implications or issues causing lasting detriment that require investigation. Where a consumer has required surgical intervention or has suffered disfigurement or major permanent loss of function as a result of the event.	Long-term damage Grossly sub-standard care or involving a death that requires investigation.
<b>Visitor</b>	No treatment required or treatment refused	Evaluation and treatment with negligible expenses	Medical expenses incurred or treatment of a visitor(s), but not requiring hospitalisation.	Hospitalisation of a visitor(s).	Death of a visitor(s) or significant permanent disability of a visitor(s).
<b>Reputation</b>	Non-headline exposure. Not at fault. Settled quickly. No impact.	Non-headline exposure. Clear fault. Settled quickly by health service response. Negligible impact.	Potential for legal action. Repeated non-headline exposure. Slow resolution. Ministerial enquiry/briefing.	Threat of legal action and Ministerial notification and involvement. Headline profile. Repeated exposure. At fault or unresolved complexities impacting public or key groups.	Highly probable legal action and likely to result in Ministerial censure. Maximum multiple high-level exposure. Loss of credibility and public/key stakeholder support.
<b>Professional Conduct</b>	Innocent procedural breach. Evidence of good faith by degree of care/diligence. Little impact.	Breach resulting in minor harm and investigation. Evidence of good faith arguable.	Negligent breach. Lack of good faith evident. Performance review required. Material harm caused. Misconduct established.	Deliberate breach or gross negligence. Significant harm. Formal investigation. Disciplinary action. Ministerial involvement. Serious misconduct.	Serious and wilful breach. Criminal negligence or act. Litigation or prosecution with significant penalty. Possible grounds for dismissal. Ministerial censure. Criminal misconduct.
<b>Services</b>	No loss of service.	Reduced efficiency or disruption to agency working.	Disruption to users due to agency problems. Potential to impact on service provision/delivery.	Significant loss of service or output, threat to customer service relationships, or long-term harm to reputation of the service.	Complete loss of service or output, serious threat to customer service relationships, or permanent harm to reputation of the service.

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<b>Financial</b>	No, or minor, financial loss less than \$5,000.	Minor financial loss from \$5,000 to less than \$100,000.	Moderate financial loss from \$100,000 to \$3M.	Major financial loss from \$3M to \$20M.	Critical financial loss more than \$20M.
<b>Environmental</b>	Negligible impact. Spontaneous recovery by natural processes. No disruption to access or exposure.	Low level impact. Quick recovery with minimal intervention. Minimal disruption to access or exposure.	Moderate impact. Medium level intervention indicated to bring about recovery. Short to medium term restriction of access or exposure.	High level but recoverable, unacceptable damage or contamination of significant resource or area of environment. Significant intervention, permanent cessation of harmful activity. Long term suspended access, presence or use of resource.	Extensive very long term or permanent, significant, unacceptable damage to, or contamination of significant resource or area of environment. Very long term or permanent denial of access or exposure.

2. Probability of the incident occurring again

PROBABILITY	DEFINITION
Frequent (Almost Certain)	Expected to occur again, either immediately or within a short period (likely to occur most weeks or months)
Probable (likely)	Will probably occur in most circumstances (several times per year)
Occasional (possible)	Probably will recur, might occur (may happen every one to two years)
Uncommon (unlikely)	Possibly will recur (could occur in two to five years)
Remote (rare)	Unlikely to recur – may occur only in exceptional circumstances (may happen every five to 30 years)

3. CSR based on Severity & Probability of incident occurring again

	Complaint Severity Assessment Guide				
	Insignificant	Minor	Moderate	Major	Extreme
Frequent (Almost Certain)	5	3	2	1	1
Probable (likely)	5	3	2	1	1
Occasional (possible)	5	3	2	2	1
Uncommon (unlikely)	5	4	3	2	1
Remote (rare)	5	4	3	3	1

CSR Rating	
Rating	Classification
1	Extreme
2	High
3	Moderate
4	Low
5	Enquiry/Suggestion

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## Appendix D: Roles/Responsibilities based on CSR

Rating	Investigation Team/Stakeholder/ Action Owners	Notification of Complaint	Response Letter Review (if applicable)	Sign Off of Response (if applicable) **
1. Extreme	<ul style="list-style-type: none"> <li>&gt; Relevant manager/s of the local area***</li> <li>&gt; Divisional Director</li> <li>&gt; Director of Operations</li> <li>&gt; Operations Manager</li> <li>&gt; Relevant Divisional Best Care Coordinator</li> <li>&gt; Director Best Care Governance and Support</li> <li>&gt; Patient Feedback Lead</li> </ul>	<p><b>Executive team:</b></p> <ul style="list-style-type: none"> <li>&gt; CEO, CMO, EDO and/or EDON, as required</li> <li>&gt; Director Best Care Governance and Support</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Divisional Director and Clinical Service Director of relevant Division</li> <li>&gt; Director Best Care Governance and Support</li> <li>&gt; CEO, CMO, EDO and/or EDON, as required</li> <li>&gt; Legal team, as required</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Director Best Care Governance and Support</li> <li>OR</li> <li>&gt; CEO, CMO, EDO or EDON as applicable</li> </ul>
2. Major	<ul style="list-style-type: none"> <li>&gt; Relevant manager/s of the local area***</li> <li>&gt; Divisional Director</li> <li>&gt; Operations Manager</li> <li>&gt; Patient Feedback Lead</li> <li>&gt; Relevant Divisional Best Care Coordinator.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Director Best Care Governance and Support</li> <li>&gt; Divisional Director</li> <li>&gt; Operations Manager</li> <li>&gt; CEO, CMO, EDO and/or EDON, as required</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Divisional Director and Clinical Service Director of relevant Division</li> <li>&gt; Director Best Care Governance &amp; Support</li> <li>&gt; Legal team, as required</li> </ul> <p><b>Complaints received from external organisations:</b></p> <ul style="list-style-type: none"> <li>&gt; CEO, CMO, EDO and/or EDON, as required</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Divisional Director and Clinical Service Director of relevant Division, or</li> <li>&gt; Director Best Care Governance and Support</li> </ul> <p><b>Complaints received from external organisations:</b></p> <ul style="list-style-type: none"> <li>&gt; CEO, CMO, EDO and/or EDON, as required</li> </ul>
3. Moderate	<ul style="list-style-type: none"> <li>&gt; Relevant manager/s of the local area***</li> <li>&gt; Head of unit</li> <li>&gt; Best Care Coordinator</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Divisional Director / Ops Manager</li> <li>&gt; Best Care Coordinator</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Relevant manager/s of the local area***, and/or</li> <li>&gt; Best Care Coordinator</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Relevant manager/s of the local area***, or</li> <li>&gt; Best Care Coordinator</li> </ul>
4. Minor	<ul style="list-style-type: none"> <li>&gt; Relevant manager/s of the local area***</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Best Care Coordinator (as required)</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Relevant manager/s of the local area***</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Relevant manager/s of the local area***</li> </ul>

\*For complaints where an employee is directly named, the complaint should be sent to the direct line manager of the named employee

\*\*For complaints addressed to directly to the CEO, the CEO will be the signatory on any response letter.

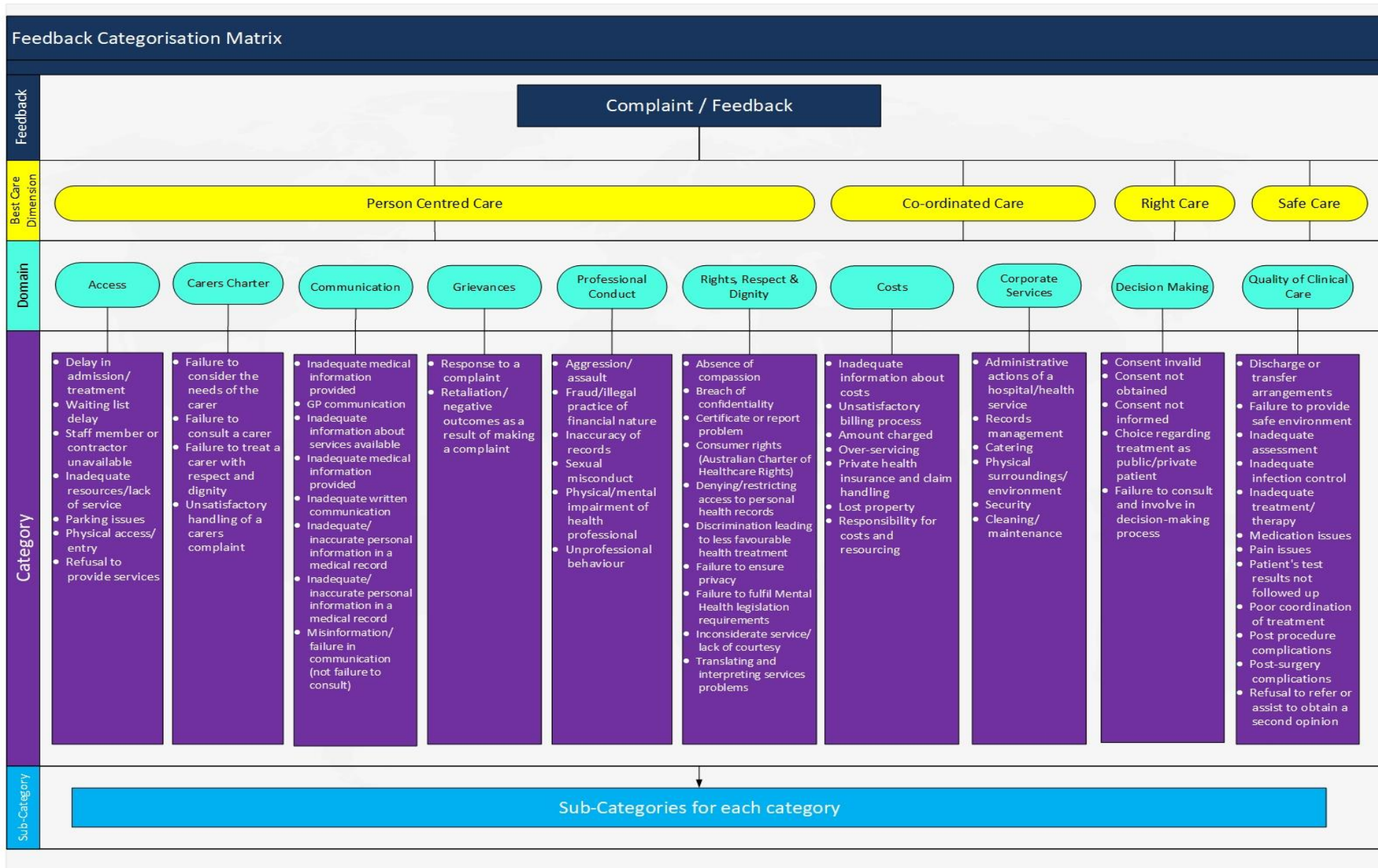
\*\*\*Relevant managers can include Nurse / Midwife Unit Managers, Associate Nurse / Midwife Unit Managers, Team Leaders, Heads of Unit, and Operations Managers

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## Appendix E: Western Health Feedback Categorisation





## Appendix F: Commission and Advocacy Services Information

<p><b>Health Complaints Commissioner</b>          Phone: 1300582 113  <a href="https://hcc.vic.gov.au/">https://hcc.vic.gov.au/</a></p>	<p><b>Mental Health and Wellbeing Commissioner (MHWC)</b>          Phone 1800 246 054  <a href="https://www.mhwc.vic.gov.au/">https://www.mhwc.vic.gov.au/</a></p>
<p><b>NDIS Quality and Safeguards Commission</b>          Phone: 1800 035 544 or TTY 133 677  <a href="http://www.ndiscommission.gov.au">www.ndiscommission.gov.au</a></p>	<p><b>Victorian Advocacy League for Individuals with Disability</b>          Phone: 1800 655 570 <a href="https://valid.org.au/">https://valid.org.au/</a></p>
<p><b>Older Persons Advocacy Network</b>          Phone: 1800 700 600  <a href="https://opan.org.au/">https://opan.org.au/</a></p>	<p><b>Translating and Interpreting Services</b>          Phone 131450 for the <a href="#">Translating and Interpreting Service (TIS)</a></p> <p>For hearing or speech impaired phone the National Relay Service 1800 555 677 then ask for the Commission on the above number</p>
<p><b>The Aged Care Quality and Safety Commission (Commission)</b>          Toll free: 1800 951 822          Address: GPO Box 9819          (In your capital city)          Online complaints form:  <a href="https://www.agedcarequality.gov.au/making-complaint/lodge-complaint">https://www.agedcarequality.gov.au/making-complaint/lodge-complaint</a></p>	

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