

Incident, Complaints and Feedback Management Policy

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Document Control

Document Revision History

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V1.0	December 2015	Updates to complaint instruction page + adding severity level 4	Wendy Bowker
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Document Approval

Approver Name	Title	Signature/Electronic Approval	Date
Maureen Robinson	GM Clinical Governance		December 2015
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Documents Relevant to this Document

Document	Title	Date
Healthdirect Australia Clinical Governance Framework 2014		
Healthdirect Australia Risk Management Framework 2012		
Healthdirect Australia Incident and Feedback Management Procedures Manual 2015		
Healthdirect Australia Privacy Policy 2014		

Table of Contents

1	Introduction	7
1.1	Purpose	7
1.2	Scope.....	7
1.3	Principles	7
1.4	People.....	9
1.5	Responsibilities.....	9
1.6	Timeframes for resolution	10
2	The Incident Management Process	11
3	Identification and Notification Phase	13
3.1	Identification	13
3.2	Incident Response Plan	18
3.3	Notification	20
3.4	Registration and progress tracking	21
4	Investigation and Analysis Phase.....	22
4.1	Investigation and review methods.....	22
4.2	Cross jurisdiction Investigations.....	24
4.3	Legal Considerations.....	25
4.4	Analysis and improvement	25
4.5	Analysis of risk.....	26
5	Feedback and Reporting Phase.....	26
5.1	Risk reporting	27
5.2	Service provider reporting	27
5.3	Open disclosure of investigation results	27
Appendix 1.	Glossary of Terms	29
Appendix 2.	Timeframes for the resolution of incidents, complaints and feedback.....	31
Appendix 3.	Principles of open disclosure	32
Appendix 4.	How to make a Complaint	33
References	35

Policy Document Information

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Policy Number	POL0041
Overview	Provides the policy requirements for management of all clinical incidents, complaints and feedback made to and about Healthdirect Australiaservices
Related Documents	<p>Healthdirect Australia Clinical Governance Framework 2014</p> <p>Healthdirect Australia Risk Management Framework 2012</p> <p>Healthdirect Australia Incident and Feedback Management Procedures Manual 2015</p> <p>Healthdirect Australia Privacy Policy 2014</p>
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Acronyms used in this document

Acronym	
CEO	Chief Executive Officer
CGAG	Clinical Governance Advisory Group
CMO	Chief Medical Officer
DoH	The Department of Health
DRABC	Danger, response, Airway, Breathing, Circulation
DSAG	Digital Services Advisory Group
E	Extreme
GM	General Manager
GP	General Practitioner
H	High
HEAPS	Human Error and Patient Safety (incident analysis tool)
IT	Information technology
JCAC	Joint Customer Advisory Committee
L	Low
M	Medium
OD	Open Disclosure
RCA	Root Cause Analysis
SIDC	Service Improvement and Development Committee
WH&S	Workplace Health and Safety

A glossary of terms used is provided at Appendix 1 to this document.

Other relevant Healthdirect Australia documents

The following policy documents are relevant to this Service Incident, Complaint and Feedback Management Policy.

- Healthdirect Australia Clinical Governance Framework 2012
- Healthdirect Australia Risk Management Framework 2012
- Healthdirect Australia Incident and Feedback Management Procedures Manual 2015
- Healthdirect Australia Privacy Policy 2014

1 Introduction

1.1 Purpose

The purpose of the Incidents, Complaints and Feedback Management Policy is to document Healthdirect Australia and all associated service provider's responsibilities for identification, notification, investigation, reporting and analysis of incidents, complaints and feedback.

The policy makes explicit the process to be undertaken that ensures and requires a consistent approach to the management of incidents, complaints and feedback in order that health professionals, managers and staff respond effectively to them, when and as they occur.

The intent of this policy is to identify a model that aligns clinical governance structures and processes across Healthdirect Australia's many services, that ensures standardised responses to all incidents, complaints and other feedback and that also requires that quality improvement strategies are implemented.

1.2 Scope

This policy applies to the management of incidents, complaints and feedback. These include clinical, systems, financial, operational, data and reputational incidents and complaints made to or about, and feedback provided to or about Healthdirect Australia, contracted services and other services with which we have a service agreement. This policy does not include the management of information technology (IT) incidents. This policy is applicable to all staff.

The policy defines the components of incident, complaint and feedback management to be used, in a consistent manner by service providers and Healthdirect Australia. The severity and therefore the priority assigned to the incident is assessed against the Healthdirect Australia severity rating and prioritisation definitions found at Section 1.2 of this document. The management of all incidents, complaints and feedback places an emphasis on minimising harm, identifying contributing factors, improving performance, preventing recurrence, reducing risk, disseminating learnings to health professionals and consumers and openly disclosing the results of investigations to key parties.

Healthdirect Australia considers and manages all incidents, complaints and feedback in the same way. As a complaint or other feedback may reveal a serious incident or a matter that is reported as an incident may (after review) be more appropriately classified as a complaint, Healthdirect Australia's management strategy does not differentiate on this criterion. The incident, complaint or feedback is therefore managed according to the severity identified when first reported.

This is elaborated in section 1.2. For reader ease, the remainder of this document mostly refers to incident management, but is equally applicable to complaints and feedback management

1.3 Principles

All incidents and feedback received by Healthdirect Australia are managed according to the principles established in the Better Practice Guide to Complaint Handling developed by the Commonwealth Ombudsman,¹ and principles identified by Healthdirect Australia for incident management,² both of which are listed below:

¹ Commonwealth Ombudsman *Better Practice Guide to Complaint Handling* (2009)

² Adapted from NSW Health *NSW Health Incident Management Policy* (2011)

- **Fairness** - Complainants can expect that feedback to Healthdirect Australia will be treated with impartiality, confidentiality and transparency.
- **Accessibility** – Service and site users can expect that there are options for them to provide feedback and that strategies to promote awareness of the options are effective.
- **Responsiveness** – Site users and callers can expect that the Healthdirect feedback management system will respond to the needs of all complainants including those with special needs, those who are vulnerable or make unreasonable demands or display bad behaviour.
- **Efficiency** – Feedback including complaints is handled in a way that is proportionate and appropriate to the matter about which the complaint is made. All complaints simple or complex receive continuing consistent attention and are resolved as quickly as possible. Those requiring more specialised attention are reviewed by skilled staff or appropriately referred.
- **Prioritisation of action** – Actions to assist in the investigation (review) of incidents are prioritised in order to facilitate timely and effective reviews of high impact incidents.
- **Integration** – Healthdirect Australia treats enquiries and complaints as core business and the management system is integrated in all of the organisation's business activities. Service providers are contractually required to provide data pertaining to incidents and complaints within set time frames and to enact response plans according to their Incident and Feedback management policy, which is required to align with that of Healthdirect Australia. Service Improvement and Development Committees are in place for all services, to enable communication and planning for quality improvement opportunities or areas of risk identified for the business, both internally and for our service providers.
- **An obligation to act** – There are clearly defined roles and responsibilities in the incident management process that are acknowledged and understood by the key stakeholders.
- **A just culture** – Incidents are reported and acknowledged without fear of blame or retribution and individuals are treated fairly in an open and honest manner.³
- **An emphasis on learning** – The policy is focused towards learning from incidents in order to create a patient safety learning culture by reporting and investigating incidents and complaints, developing and implementing recommendations, to improve health service delivery and to improve the experience and outcomes for all users of Healthdirect Australia services.⁴

³ Marx D. *Patient Safety and the "Just Culture": A Primer for Health Care Executives*. New York, NY: Columbia University (2001). Available at: http://www.mers-tm.org/support/Marx_Primer.pdf

⁴ Western Australia Department of Health. *Clinical Incident Management Policy* (2011)

1.4 People

Healthdirect Australia has in place, effective incident, complaint and feedback management processes overseen by a dedicated manager and with executive support provided by the Chief Medical Officer, Clinical Governance.

- The staff responsible for managing incidents and feedback have the necessary skills and experience to ensure that legislative requirements, risk mitigation and consistent communication and documentation are rigorously maintained.
- Complainant satisfaction is desirable and transparent communication with all stakeholders is provided.
- Staff have access to training as necessary and a mentoring process is in place within the clinical governance team.

1.5 Responsibilities

Healthdirect Australia interacts with many service providers and health services in multiple jurisdictions in the course of delivering health services in Australia. Healthdirect Australia has a responsibility to ensure that all services contracted by the company have processes for implementing their policies, that are in alignment with Healthdirect Australia for the identification, notification, investigation, reporting and analysis of incidents, complaints and feedback.

The responsibilities for staff of Healthdirect Australia, service providers and jurisdictions regarding these incident, complaint and feedback management functions are broadly described below.

Healthdirect Australia is responsible for:

- Fostering a supportive culture to enable quality improvement from incident, complaint and feedback resolution.
- Ensuring staff are trained in incident management and able to investigate incidents and action recommendations.
- Notifying incidents, complaints and feedback identified via the clinical.governance@healthdirect.org.au email box.
- Providing acknowledgement to the notifier when we are the receiving organisation
- Registering all incidents, complaints and feedback in a database for tracking analysis and reporting.
- Ensuring timely notification to our insurers, of all incidents that have the potential to become claims.
- Participating in the investigation of incidents and complaints in collaboration with service providers, if appropriate.
- Participating in the implementation of recommendations from investigations where the recommendations apply to Healthdirect Australia.
- Facilitating a mechanism to ensure currency of incident, complaint and feedback information between Healthdirect Australia, service providers and health services, in accordance with privacy legislation.
- Facilitating the conduct of a cross-service provider Root Cause Analysis investigation when required.
- Communicating relevant and timely information to stakeholders via the Healthdirect Australia Service Directors, including updates on the progress of investigations underway.
- Participating in Service Improvement and Development Committees (SIDCs).
- Providing open disclosure or feedback to the family, carer or caller where appropriate.

- Providing reports to the CE,CGAG,DSAG,SIDCs, Healthdirect Australia Board as required, and other stakeholders.
- Identifying education needs emerging from incident management.
- Disseminating learnings within the company, to all stakeholders and to the wider health community.

Service Providers are responsible for:

- Ensuring staff are trained in incident management and able to investigate incidents and action recommendations.
- Taking immediate action if required, and undertaking the severity assessment and prioritisation of response.
- Providing acknowledgement to the notifier when they are the receiving organisation.
- Registering all incidents, complaints and feedback in a database for tracking, analysis and reporting.
- Notifying all incidents, complaints and feedback identified, to Healthdirect Australia via the clinical.governance@healthdirect.org.au email box and via phone contact as per Appendix 5 (where deemed to be a Level 1).
- Investigating all incidents, complaints and feedback in collaboration with Healthdirect Australia and other stakeholders.
- Participating in clinical reviews of serious incidents.
- Providing a preliminary, progress and final report on outcomes from Level 1 incidents and complaints as per contractual requirements.
- Reporting outcomes and recommendations for all incidents, complaints and feedback to Healthdirect Australia.
- Participating in Service Improvement and Development Committees.
- Providing open disclosure or feedback to the family, carer or caller where appropriate.

Jurisdictions including the Commonwealth are responsible for:

- Notifying incidents, complaints and feedback identified to Healthdirect Australia via the clinical.governance@healthdirect.org.au email box and via phone contact as per Appendix 5 (where deemed to be a Level 1).
- Providing acknowledgement to the notifier if they are the receiving organisation.
- Working with Healthdirect Australia to facilitate participation in any RCA investigation by Healthdirect Australia and service providers, where a public hospital or health service is involved.
- Communicating via the Healthdirect Australia Service Directors about serious incidents and complaints.
- Assisting Healthdirect Australia to determine and arrange open disclosure or feedback to the family, carer or caller where appropriate.

1.6 Timeframes for resolution

Healthdirect Australia is committed to the most efficient resolution of all incidents and complaints notified to us. Timeframes for the resolution of all incidents, complaints and feedback can be found at Appendix 2.

It is not possible for Healthdirect Australia to enforce strict timeframes for all resolutions, as our processes are often dependent on the processes and timeframes set by other bodies, over which Healthdirect Australia has no control. These include the public, the jurisdictions and health services.

For example where Healthdirect Australia facilitates the RCA investigation of a Level 1 incident across and/or involving different health services, the timeline will be in alignment with the policy of the jurisdiction within which the incident occurred and is being investigated.

2 The Incident Management Process

There are many steps that need to be taken to effectively manage health care incidents and complaints. As these steps may be taken in different ways and by different individuals, it is important that responsibilities for each are assigned and clear and that responsibility owners are accountable for these.

Diagram 1 identifies both the incident management steps and the responsibilities of Healthdirect Australia, the service providers and the jurisdictions in the management process. Detail of each part of the process follows the flow chart.

Diagram 1 identifies that there are three phases of incident and complaints management.

1. The identification and notification phase involves:

- 1.1 Incident identification
- 1.2 Severity rating and prioritisation
 - 1.2.1 Actual consequence
 - 1.2.2 Likelihood of its recurrence
 - 1.2.3 Risk assessment
 - 1.2.4 Appropriate action
- 1.3 Incident response plan
 - 1.3.1 Risk mitigation
 - 1.3.2 Media management
- 1.4 Notification
 - 1.4.1 Complainant contact
- 1.5 Registration and progress tracking

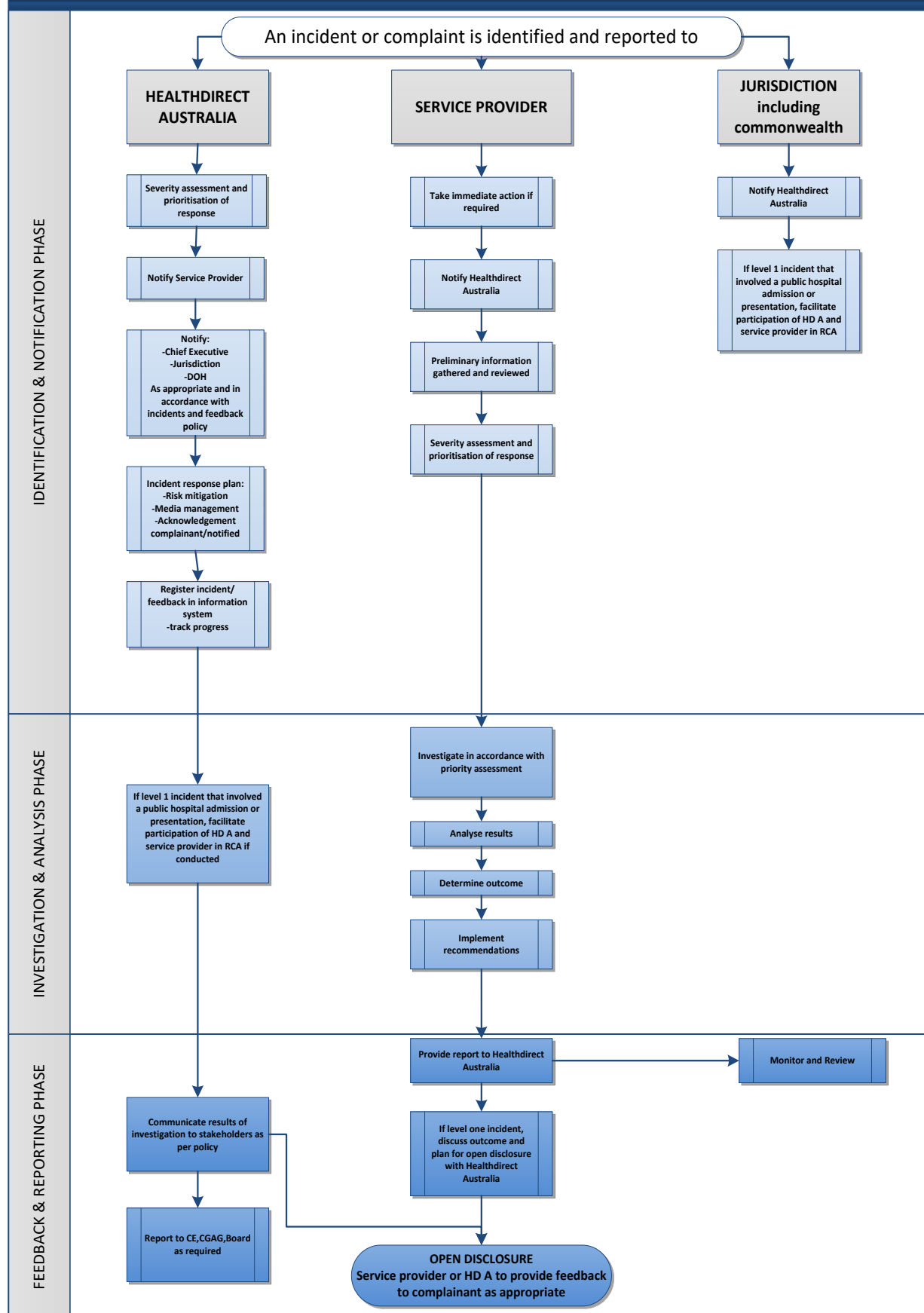
2. The investigation and analysis phase includes:

- 2.1 Investigation and review methods
- 2.1 Cross jurisdictional investigations
- 2.3 Legal considerations
- 2.4 Analysis and service improvement
- 2.5 Analysis of risk

3. The feedback and reporting phase includes:

- 3.1 Risk reporting
- 3.2 Service provider reporting
- 3.3 Open disclosure of investigation results

Diagram 1. Incident and Feedback Management Flow Chart



3 Identification and Notification Phase

3.1 Identification

The first step in this phase is to identify that an incident or complaint has occurred. It is essential that Healthdirect Australia and all service providers foster an environment that is supportive of the identification of as many incidents, complaints or feedback about any of our services, as possible.

Healthdirect Australia, service providers, States, Territories and the Commonwealth can identify incidents and complaints, through a variety of pathways including the media, audits and case review processes and internal and external incident, complaint and feedback notification mechanisms.⁵

There are many types of incidents that may occur in the delivery of Healthdirect Australia services. These include clinical incidents; for example incidents that result in harm to a caller or other service user from, for example delays in gaining access to appropriate services, recommending the wrong treatment or care. They may include non clinical incidents such as service outages.

Incidents may also relate to the management of data including: privacy, confidentiality, consent, security, quality, integrity and organisation. Equipment quality, reliability and maintenance issues may contribute to a clinical incident or complaint and be identified through routine reporting and documentation processes.⁶

Complaints or enquiries, may relate to any aspect of the service delivered. Clinical enquiries eg a GP questioning the end point reached by a nurse for a caller to Healthdirect, will be investigated to identify possible clinical incidents.

Incidents may be difficult to identify, especially in services where Healthdirect Australia is not the service provider. Healthdirect Australia has in place a process to manage online service feedback, to notify complaints, incidents or issues requiring further review from online digital services or other service providers.

No matter whether an incident or complaint has been identified by Healthdirect Australia, the service provider or a jurisdiction, it is incumbent upon the incident or complaint identifier to notify the incident through the appropriate channels for management. Once identified, timely notifications between stakeholders are essential to ensure that the next steps in the incident, complaint and feedback management process can be implemented.

3.1.1 Third party notifications

It is desirable for incident and complaint notifications made by a third or fourth party to include confirmation of the service user's consent to be contacted regarding the issue.

This will enable Healthdirect Australia to contact the person directly to review and to establish more accurate details of the incident/complaint, to ensure the most effective management of the matter.

⁵ The Police may also report a death to us that is being investigated by the Coroner. A call made to healthdirect around the time of the death, may or may not be relevant to the death. The Coroner may simply require information about the call. Healthdirect Australia will however treat such an inquiry as an incident until proven otherwise.

⁶ Stewart M, Liu A, Westbrook J and Coiera E. *Clinical Governance in the Telehealth Arena. A literature scan.* (NHCCN Commissioned, unpublished work) (2012)

Incidents reported to Healthdirect Australia by a third or fourth party e.g. the caller's GP, without confirmation of the caller's consent for contact, will be investigated as thoroughly as possible whilst complying with privacy legislation.

1.2 Severity Rating and Prioritisation

Many incidents occur in a health service every day. These will include a small number of sentinel events that have resulted in serious harm or consequence for the person suffering the event, there will be a much larger number of less serious events that have resulted in a moderate consequence and perhaps an even larger number of incidents that have resulted in very minor or no harm to the service user.

Incidents are not all managed in the same way; serious incidents need to be managed differently from minor incidents or complaints.

At this point in the process all incidents are allocated a numerical rating based on the level of severity of the incident or complaint. This allows a determination of the urgency and priority of response and the actions required.

Incidents are rated and prioritized using the following steps:

3.1.2 Determine the Consequence

Actual and potential consequence

There are two basic types of incidents. An "actual" incident i.e., one that is actually completed and a near miss incident is an incident that has occurred that did not cause harm."⁷ Both an "actual" incident and a "near miss" usually have the potential (under different circumstances) to have a greater or more severe consequence. All incidents may be evaluated for both their actual and potential consequence. There is a great deal of benefit in investigating near misses especially if the potential consequence of the near miss could have been a Level 1 or Level 2 event.

Healthdirect Australia will use discretion when determining whether an in-depth review is conducted on an incident or near miss that has the potential for a more severe consequence.

The Risk Categories defined for Healthdirect Australia are:

- Clinical
 - Financial
 - Systems
 - Operations
 - Reputation
 - Workplace health and Safety
 - Market
 - Legal
 - Political
 - Portfolio/project
- The clinical risk consequence levels have been defined as follows.⁸

⁷ Medical Journal of Australia Shared Meanings: preferred terms and definitions for safety and quality concepts, William B Runciman, Med J Aust (2006);

⁸ Healthdirect Australia *Healthdirect Australia Risk Management Framework* 2012

CONSEQUENCE					
	Severe An event/outcome that would threaten the survival of the organisation.	Major An event/outcome that would threaten the survival or continued effective function of some aspect of the organisation.	Moderate An event/outcome Would not threaten an aspect of the organisation, but would mean that it would be subject to significant review or changed ways of operating.	Minor An event/outcome that would threaten the efficiency or effectiveness of some aspect of the organisation, but would be dealt with internally.	Insignificant An event/outcome that would be dealt with by routine operations.
Clinical	A consumer has died as a result of receiving a Healthdirect Australia service. The death is unrelated to the natural course of an illness and differs from the expected outcome of management for the consumer. May include clear negligence on the part of Healthdirect Australia or a service provider.	A consumer suffering permanent injury as a result of receiving a Healthdirect Australia service. The injury is unrelated to the natural course of the consumer's illness and differs from the expected outcome of management for the consumer. May include clear breach of compliance or with negligence on the part of the company or the Service Provider or a breach of privacy relating to user's personal and sensitive information.	A consumer suffering harm and/or permanent reduction of bodily function as a result of receiving a Healthdirect Australia service. The injury results in hospitalisation, surgery and an increased level of care.	A consumer requiring an increased level of care or referral to another service as a result of receiving a Healthdirect Australia service.	No harm to a consumer as a result of receiving a Healthdirect Australia service.

3.1.3 Determine the Likelihood

For risk assessments to be effective there needs to be a structured approach across the organisation to assessing likelihood of recurrence. To that end, Healthdirect Australia will utilise the following likelihood rating system when analysing risks:

	Descriptors	Clinical
Almost Certain	Expected to occur in most circumstances (guide: expected to occur more regularly than once a year)	May occur every week or month
Likely	Probably occur in most circumstances (guide: expected to occur approximately once a year)	May occur every year
Possible	Could occur at some time (guide: expected to occur once every 2 years)	Within 1 -2 years
Unlikely	Not expected to occur (guide: expected to occur once every 5 years)	Within 2 – 5 years
Rare	Exceptional circumstances only (guide: expected to occur less frequently than once every 5 years)	Within 5 – 30 years

3.1.4 Determine the risk score

At this time a Level 1 and some Level 2 incidents will require the assessment of any immediate risks that need to be managed by the relevant Healthdirect representatives. The Incident Response Plan will document the necessity for management strategies to be implemented, when there is a risk to the company involving one or more of the following elements: clinical, reputational, operational, financial, legal, WH&S, system or media.

Further review of the residual risk to the organisation will be assessed following the investigation of the incident and the identification of the causal and contributing factors associated with the incident.

Service providers are also required to rate the severity of the incident or feedback, take immediate action as required to ensure service user safety, notify it to Healthdirect Australia and to develop an appropriate response plan. Where a media issue has been identified, interactions will be managed in alignment with Healthdirect Australia processes and all enquiries referred to Healthdirect Australia.

The risk levels represented below correspond to the Healthdirect Australia Risk Management Matrix.

Extreme-Level 1	High-Level 2	Medium-Level 3	Low-Level 4
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Healthdirect Australia Risk Matrix

Likelihood	Consequence				
	Insignificant	Minor	Moderate	Major	Severe
Almost certain	M	M	H	E	E
Likely	L	M	M	H	E
Possible	L	M	M	H	H
Unlikely	L	L	M	M	H
Rare	L	L	L	M	M

Some examples of how the risk levels apply in relation to Healthdirect Australia Services are further described below:

Level 1 Incident

An extreme risk incident related to or following interaction with a Healthdirect service. Including but not limited to:

- A report of an unexpected death or suicide or major permanent loss or disability after an assessment by or contact with a Healthdirect Australia service
- Any case that attracts sustained adverse media

- A breach of privacy where there is resulting irreversible harm to an individual or the company. For example: the breach or potential breach has led or may lead to physical emotional, reputational, financial or legal repercussions, at a personal or organisational level and includes any privacy breach that was notified to The Privacy Commissioner.

A near miss Level 1 clinical incident would include where there was a reasonable likelihood of a death, major permanent loss or disability occurring.

Level 2 Incident

A high risk incident related to or following interaction with a Healthdirect Australia service. Including but not limited to:

- Serious or life threatening consequences for a person after an assessment by or contact with a Healthdirect Australia service.
- Delayed treatment or management of a serious or life-threatening condition.
- Attempted suicide.
- An unexpected hospitalisation or surgery
- A serious case that is reported by the media
- A breach of privacy where there is resulting harm to an individual or the company. For example: the breach or potential breach has led or may lead to reputational, financial or legal repercussions, at a personal or organisational level.

A near miss Level 2 clinical incident would include where there was a reasonable likelihood of serious permanent injury or life-threatening consequences for the person affected.

Level 3 Incident

A medium risk incident related to or following interaction with a Healthdirect Australia service. Including but not limited to a:

- caller provided with incorrect care advice or a disposition that delayed their treatment or where the affected person/s require an increased level of healthcare, such as an infection not being treated early enough with antibiotics.
- breach of privacy that lead to individual concern and organisational risk, such as a staff's personal phone number being provided to a consumer or other service.
- near miss Level 3 clinical incident where there was a reasonable likelihood that the person affected would have required an increased level of care.

Level 4 Incident

A low risk incident or feedback about a Healthdirect Australia service that does not pose a risk to the service user or the business. Including but not limited to a:

- caller encounter summary is found to contain the incorrect spelling of a caller's name.
- breach of privacy where an email was sent to the wrong person, with no adverse effect.
- near miss Level 4 clinical incident where there was no likelihood of harm to a service user or the organisation.

In many healthcare environments, near miss incidents are readily identifiable. In telephone and online health services, near miss incidents are not easily identified. There are however two mechanisms by which a near miss may be detected:

Self over-ride is when a service user is provided advice or information by a Healthdirect Australia clinician or website which is not followed. The patient subsequently seeks a second opinion and

finds the Healthdirect Australia advice or information is incorrect; the patient has averted the risk of harm by not following the (incorrect) advice or information.

This is a near miss incident to which Healthdirect Australia would only be alerted through a complaint made by a health service, a health professional, a jurisdiction, and the police as part of a coronial investigation, a jurisdictional complaints commission, a peak body or the consumer.

Clinician over-ride may occur when a clinician over-rides the disposition or advice provided by the guidelines or on a website, to avert the risk of an adverse outcome for the caller. This is identified by the clinician themselves during a call, a secondary clinician during the process, or by a routine call audit.

3.2 Incident Response Plan

During the process of allocating a severity rating and ensuring that appropriate notifications occur for an incident or complaint, immediate consideration is given to the prioritisation of the response required. When the severity rating of the incident has been determined, Healthdirect Australia will prioritise the response required and develop and implement an Incident Response Plan that is tailored to the incident.

In the event of a Level 1 incident or complaint, urgent notification to the Healthdirect Australia CE or delegate, the Commonwealth and the appropriate jurisdiction is required, to enable a jurisdictional response to be formulated if required. This process will be enabled through the use of the Healthdirect Australia Emergency Incident or Complaint Contact list found at Appendix 5 and standardised internal communication flows.

The Incident Response Plan may not be recorded in writing at the time it is actioned, as the actual response may be considered to be a higher priority. This may be documented retrospectively.

Table 1 documents the appropriate response and actions to be taken in relation to each level of incident or feedback rating.

Incident Level	Priorities of the incident or feedback response plan for Healthdirect Australia
1 Extreme	<p>Clarify outcome for service user.</p> <p>Develop a response plan, including urgent assessment of risk element/s and implementation of remedial strategies where necessary.</p> <p>Report the incident to Healthdirect Australia CE or delegate, the relevant jurisdiction and the Commonwealth immediately.</p> <p>Review preliminary report received from service provider in accordance with contractual requirements.</p> <p>Consider media management and legal issues</p> <p>Facilitate an RCA investigation where necessary, in collaboration with the service provider and other stakeholders.</p> <p>Document and aggregate incident data and ensure that improvements to services are made as appropriate.</p>

	<p>Monitor, review and report to Executive on investigation outcomes and implemented strategies</p> <p>Communicate with complainant, family and other stakeholders.</p> <p>Potential Level 1 incidents will be investigated in the same way.</p>
<p>2</p> <p>High</p>	<p>Clarify outcome for service user.</p> <p>Develop a response plan, including urgent assessment of risk element/s and implementation of remedial strategies where necessary.</p> <p>Report the incident to Healthdirect Australia CEO or delegate, the relevant jurisdiction and the Commonwealth.</p> <p>Review preliminary report received from service provider in accordance with contractual requirements.</p> <p>Consider media management and legal issues and ensure existing controls are in place and operating effectively.</p> <p>Ensure that an investigation or review is undertaken, incident data are aggregated and improvement activities are developed and implemented.</p> <p>Monitor, review and report to management on investigation outcomes and implemented strategies. Communicate with complainant, family and other stakeholders.</p>
<p>3</p> <p>Medium</p>	<p>Clarify outcome for service user.</p> <p>Develop a response plan, including urgent assessment of risk element/s and implementation of remedial strategies where necessary.</p> <p>Report the incident to Healthdirect Australia CEO or delegate, the relevant jurisdiction and the Commonwealth.</p> <p>Review preliminary report received from service provider in accordance with contractual requirements.</p> <p>Consider media management and legal issues and ensure existing controls are in place and operating effectively.</p> <p>Ensure that an investigation or review is undertaken, incident data are aggregated and improvement activities are developed and implemented.</p> <p>Monitor, review and report to management on investigation outcomes and implemented strategies. Communicate with complainant, family and other stakeholders.</p>
<p>4</p> <p>Low</p>	<p>Clarify outcome for service user</p> <p>Develop a response</p> <p>Handle through day-to-day operations and formal policies and continue activity as normal, ensuring existing controls are in place and operating effectively.</p>

Ensure that an investigation or review is undertaken, incident data are aggregated and improvement activities are developed and implemented.

Monitor, review and report to management and communicate strategies to stakeholders complainants and families within contractually agreed time frames.

3.2.1 Risk mitigation

When an incident is identified, any actions that can be undertaken immediately to address the risk of the incident recurring should be prioritised. For example if a guideline was found to have been misleading or confusing for a triage nurse leading to an error, the guideline and the nurse's interpretation of it would be reviewed immediately. Changes to the guideline or training for the nurse would be implemented as necessary, thus reducing the risk of recurrence.

3.2.2 Media management

Media management may not always be required. If however it is deemed to be necessary, it is recognised that media management following the reporting of a serious incident is complex and requires planning to develop effective management strategies.

Healthdirect Australia and the service provider involved will ensure that the following foundations are considered in their plan:

- A current tested media plan, with key Healthdirect Australia media contacts is clearly identified.
- Key media contacts are trained for normal operations and crisis management.
- Engagement with media contacts is maintained at all times to develop relationships and credibility that will be beneficial during a crisis.
- Effective and regular communication occurs between executive leaders and the team involved, particularly the key media contact nominated by Healthdirect Australia, about current issues or concerns.
- Key Healthdirect Australia and service provider media contacts are available to the media when background information and stories are required.
- Clinical Governance is responsible for the review of all documentation for clinical accuracy before it is distributed outside the company.
- Transparency and accurate communication by the organisation are assured.
- All staff refer all media inquiries to the Healthdirect Australia CE, or delegate.

3.3 Notification

Early notification of incidents, complaints and feedback is essential for effective management. Healthdirect Australia requires that service providers advise preliminary details as soon as possible after the incident has been identified and notified to them, or to Healthdirect Australia. The details required about the incident or feedback is as follows:

- Date of the incident or complaint
- Time of the incident or complaint
- Location and jurisdiction in which it occurred
- Service user name(s) (notify if third party involved)
- Service user age
- Presenting issue
- Description of the incident as known at that time

- Any immediate action taken
- Incident/complaint reference number/s

The service provider will provide to Healthdirect Australia, a preliminary report, on the initial review of the incident, in accordance with contractual requirements. This will be following call recording review where appropriate. This will be provided within four working days for Level 1 incidents.

All Level 1 incidents and feedback require immediate verbal notification to the relevant Healthdirect Australia Service Director, followed by an email notification to the clinical.governance@healthdirect.gov.au email address. All incidents, complaints and feedback should also be notified via this centralised process to ensure a timely response.

This information will be provided to the relevant jurisdiction by the Healthdirect Australia Service Director via the jurisdictional representative. All correspondence between the service provider, Healthdirect Australia and the jurisdiction involved must be managed in accordance with the privacy and security procedures relevant to their organisation.

The designated Clinical Governance staff member will communicate with the service provider's appointed Customer Relations Manager on all matters related to the investigation and report and be copied in to any additional communications using the following designated email address; clinical.governance@healthdirect.gov.au

A notification may be provided to the Company's Legal Counsel and Company Secretary at the earliest opportunity, following a risk assessment if deemed to be appropriate.

In rare circumstances, when it is believed that a claim may eventuate, the Legal Counsel and Company Secretary will issue the notices required under the Company's Professional Indemnity and Medical Malpractice Policies and ensure all parties are aware of the restraints that may be imposed by legal privilege in the management of the incident.

3.3.1 Complainant contact

Notifications will be acknowledged in writing as soon as possible by the service that received the incident or complaint notification. At this point an initial review of the incident will be undertaken to determine the next steps in the management process.

Depending on the nature of the notification, the complainant, the person involved in the incident or their family member or carer will be contacted to provide an assurance to the notifier or person involved, that an investigation will be undertaken and that they will be contacted again when it is completed to provide them with more information about the incident or complaint.

Complainants will be offered the opportunity to have an advocate to speak on their behalf, and assist with their complaint. This may provide comfort to a complainant who perceives that there is a conflict of interest in Healthdirect Australia reviewing their incident or complaint.

Healthdirect Australia encourages feedback regarding all services and consumer advice regarding how to make a complaint is provided on websites and other company collateral. A summary of the process is provided at Appendix 4.

3.4 Registration and progress tracking

At this point in the management process the incident or complaint is recorded in the Healthdirect Australia Incident Management System. The system is configured to provide automatic notifications of the incident to those people who are responsible for the management of any aspect of the

incident. This system is also used to record additional information about the incident or complaint as this information comes to hand.

4 Investigation and Analysis Phase

Investigation and analysis is used to establish the course of events and to identify the contributing factors. The goal of any investigation is to identify

- What happened
- Why it happened and
- How to prevent it from reoccurring.

It is essential that any investigation or review of an incident or complaint focusses on identifying the system issues that allowed and/or led to the incident and not on the individuals who were involved in the incident. It is rare that an incident results from a blameworthy act. A systems approach is more likely to result in changes that will prevent recurrence. All parties need to understand that poor individual performance may occur due to ineffective systems e.g. inadequate training, poor policy, ineffective guidelines, inaccurate, incorrect or out of date information, that is not necessarily the individual's responsibility.

4.1 Investigation and review methods

There are several methods that can be used to investigate an incident or complaint. All Level 1 incidents will be investigated using the Root Cause Analysis (RCA) method of investigation and staffs are to be trained appropriately to conduct such investigations. As the RCA method is very effective but resource intensive, there is no requirement for an RCA to be used to investigate a Level 2 incident. Healthdirect Australia will not require the use of a specific method for reviewing or investigating Level 2, Level 3 and Level 4 incidents and complaints. Healthdirect Australia and the service providers may use any other effective method for this purpose. Some suggested methods are provided below.

4.1.1 Root Cause Analysis (RCA)

Root cause analysis (RCA) is a problem solving method aimed at identifying the root causes of problems or events. The practice of RCA is predicated on the belief that problems are best solved by attempting to address, correct or eliminate the root causes, as opposed to merely addressing the immediately obvious symptoms, sometimes known as the primary causes. By directing corrective measures and improvement strategies at the root causes, it is more probable that problem recurrence will be prevented. Usually there is a chain of events and a wide variety of contributory factors leading up to the incident. The investigation team needs to identify which of these contributory factors have the greatest impact on the incident and, more importantly still, which factors have the greatest potential for causing future incidents.

There may be several effective strategies that address the root causes of a problem, which should be tested for effectiveness and implemented accordingly. RCA is often therefore considered to be an iterative process; frequently viewed as a tool of continuous improvement.

An RCA will not include investigating the professional competence of a person in relation to the event or apportioning blame for the event.

Root cause analysis is not a single, sharply defined method; there are many different tools, processes and philosophies for performing RCA. All jurisdictions provide tools for RCA and other

investigative methods on their web sites. Some of these tools are imbedded in the Incident and Complaint Management policies of the relevant jurisdiction.

4.1.2 Call review

An appropriate method for reviewing an incident reported in relation to a telephone service will include a call review. A review of the call recording will be performed by the service provider. On some occasions, it will also be appropriate for a member of the Healthdirect Australia clinical governance team to review the call. This would be for the purpose of providing an independent opinion when this may be required.

- The review is to establish if there was any evidence that protocol was not followed, or if there were other contributing factors able to be identified from listening to the call. A call review will also be conducted for all “Clinical Enquiries” or concerns, identified by health professionals referred to in (section 1.1, p 11). Call reviews will consider all aspects of the interaction including but not limited to the following: 9
- Guideline used and compliance with the guideline
- Questioning process (DRABC and presenting information)
- Listening process (by the nurse)
- Past Medical History
- Disposition reached
- Home care recommendations
- Instructions for managing worsening symptoms
- All questions answered (but not necessarily asked) and issues addressed
- Any action taken or recommendations, including response to complainant in accordance with open disclosure guidelines.
- Notifications made
- Development of a ‘therapeutic relationship’ and tone of voice, empathy displayed.

4.1.3 The London Protocol¹⁰

The London Protocol is an investigation method developed for health services by Charles Vincent that could be considered to be a variant of the RCA method. The protocol ensures that comprehensive interviews and a framework of contributory factors are used for investigation, analysis and recommendation development.

This structured process involves the utilisation of both clinical experience and expertise by enabling close analysis of the incident to reveal the events leading to the adverse outcome, with data obtained from staff interviews and the development of a detailed incident flow chart to highlight any obvious departure from good practice.

4.1.4 Human Error and Patient Safety (HEAPS) incident analysis tool

The HEAPS incident analysis tool utilises a proactive approach to identifying and learning from errors to improve patient/user safety. The tool is used to identify patient, task, practitioner, team, workplace and organisational factors.¹¹

⁹ Medibank Health Solutions. *Clinical and Operational Governance Framework* 2012.

¹⁰ Charles Vincent. *Systems Analysis of Clinical Incidents: The London Protocol* Accessed August 2012 Sydney

¹¹ Errormed. *Human Error and Patient Safety (HEAPS) Incident Analysis Tool* 2005

4.1.5 Clinical Case Review

A clinical case review is a multi-disciplinary forum brought together to provide comprehensive review and critical analysis of a specific clinical case and related process that is of a non-serious and non-urgent nature. This provides a mechanism for continuous quality improvement in clinical care. It draws on the contribution and expertise of senior clinicians and clinical support staff. Where effective systems and processes have been utilised in the case, these should be noted by the team. Where system weaknesses are brought to light, recommendations will be focussed on system improvements.¹²

4.1.6 Content review

Where there is feedback or a complaint about content on a Healthdirect Australia website, a review is undertaken by the clinical governance team to ensure the content is current and evidence-based and aligned with the six dimensions of quality; safe, appropriate, accessible, consumer-focussed, effective and efficient.

Where information is found to be incorrect, out-dated or misleading, or there is an information gap identified, the clinical team will review and make recommendations for improvements and will work with digital teams to implement improvements. In some cases external expertise may be required to ensure accuracy and currency of information.

4.2 Cross jurisdiction Investigations

As Healthdirect Australia provides services across the whole of Australia, an incident may occur that involves a caller, patient or service user from any state or territory. If the incident is a Level 1 incident that has involved the use of a Healthdirect Australia provided service and the hospitalisation of the person involved, it is likely that the hospital in which the person was last provided care will undertake an RCA on the incident. It is a policy requirement of most states and territories that an incident of this level of severity will be investigated using the RCA method.

Ideally, such an RCA would examine the patient's journey from end to end. In order to achieve this, Healthdirect Australia service providers (and other related services including Ambulance services in NSW and WA) would participate in some way in the RCA, to provide information that relates to the person's contact with that service. This may include digital services (Healthdirect Australia websites) healthdirect, the After Hours GP Helpline or Ambulance services.

If identified that such an incident has occurred, Healthdirect Australia will contact the respective jurisdiction to do all that is possible to facilitate this participation in the RCA, should one be undertaken. Contact details for the jurisdictional representative are to be found at Appendix 5. Timeframes for completion of the RCA under these circumstances will be based on jurisdictional requirements and affected by RCA organisational arrangements of the hospital or healthcare service involved.

Should a Level 1 incident be identified that did not involve a hospitalisation, it is the responsibility of the service provider to instigate and conduct the RCA. Such an RCA must involve all service providers that made contact with the caller, in order that an end to end review of the incident can be achieved.

¹² Department of Health and Families Northern Territory Government. *Clinical Case Review Team Terms of Reference*; 2010

The preferable timeframe for completion of this process is four calendar weeks. This can however be affected by complainant responsiveness and other factors beyond the control of Healthdirect Australia.

4.3 Legal Considerations

Some jurisdictions provide legislative protection or qualified privilege for RCA team members and for the working documents produced by the RCA process. At present only NSW and WA legislation provides for privilege to be conferred on a Healthdirect Australia representative to participate on an RCA team.

Western Australia Health policy states that Healthdirect Australia will participate in an RCA on an incident that involves a caller to healthdirect Australia.

No other jurisdiction provides for this involvement at the date of finalisation of this policy.

Where legal privilege or insurance implications have been identified, legal advice will be sought by the CE and notification may be made to the Healthdirect Australia Board, States and Territories and the Commonwealth.

4.4 Analysis and improvement

The purpose of analysis is to understand how and why the incident occurred and to identify ways of improving the system in order to prevent a recurrence of the incident. Analysis must take place at the service delivery level and also at Healthdirect Australia level. Not only should the results of each individual incident or complaint investigation be analysed, but the aggregated results of many incident investigations should also be analysed, in order that additional service improvements may be identified.

Healthdirect Australia will ensure that service providers have suitably qualified and trained staff to analyse monitor and review performance of all complaint and incident management processes.

Healthdirect Australia designated, suitably qualified, trained and supervised clinical governance staff will collaborate with service providers and jurisdictions regarding actions and outcomes of incidents and will provide a report to the Healthdirect Australia Executive and the Commonwealth where appropriate.

Both Healthdirect Australia and the service provider will be responsible for determining improvements and for implementing those that are relevant to the service and for monitoring performance in relation to those recommendations. Examples of strategies that service providers may use to improve systems and mitigate risks include; reviewing and updating protocols and guidelines, changing referral practices, providing remedial education, training or coaching staff, implementing environmental and process changes, replacing faulty equipment, reviewing documentation, improving communication and data storage practices and undertaking media management strategies.¹³

Recommendations, actions and outcomes become the focus of every investigation, as service users, staff and all stakeholders require improvements and prevention of incidents and complaints. Recommendation development is based on the following principles:

¹³ Western Australia Department of Health. *Clinical Incident Management Policy* (2011)

- Consumers have access to services and trained staff to provide feedback, make complaints or recommendations for improvement.
- Consumers are involved in consultation with staff/services regarding service development and improvements.
- Incident and feedback data are utilised to inform policy development and improvement proposals in consultation with service providers.
- Healthdirect Australia and service providers utilise a structured review and improvement system that provides information from all activities, such as; clinical performance indicators to measure the safety and quality of the service/s and support a culture where planned, responsive improvements are achievable.
- Healthdirect Australia and service provider's joint quality and safety committees, SIDCs (Service Improvement and Development Committees) review incident and complaint outcomes and recommendations to monitor continuous quality improvement and alignment with organisational goals.

4.5 Analysis of risk

At this point in the incident and complaints management process there is an analysis of the level of risk associated with the findings of the investigation. The investigation of all incidents, whether it is through an RCA or another method, will identify risks in the system. These risks should be analysed using the Healthdirect Australia Risk Matrix and then evaluated to determine the appropriate action to be taken on the risks. The risks will then be recorded in the Healthdirect Australia risk register. The risk register is an effective tool for assisting in the management and continuous monitoring of risks in the organisation and potentially preventing or limiting the occurrence of future incidents.

5 Feedback and Reporting Phase

Following the investigation and analysis of a Level 1 incident, there is a need to provide feedback to the complainant or incident identifier and to provide reports to those responsible for management and governance of relevant organisations.

The service providers will report results of investigations to Healthdirect Australia in alignment with service level agreements and incident management policy.

Outcomes of all level 1 and high priority incidents will be reported to:

- The Executive, the Clinical Governance Advisory Group, Digital Services Advisory Group and the Board as required.
- The relevant service funder, by the Service Director.
- Consumers and staff as appropriate.

Reports will be written in plain English with limited jargon and few acronyms.

The Healthdirect Australia Clinical Governance division has responsibility for maintaining the incidents and complaints database and for developing and providing the above reports to the groups and individuals identified above, via the monthly performance reporting process.

Investigation reports and other information will be provided to Jurisdictions and the Commonwealth when appropriate.

5.1 Risk reporting

Reporting risk is also an important component of the overall risk management program within Healthdirect Australia. To ensure risks are afforded the appropriate visibility, it is necessary to establish a formal risk reporting regime that provides:

- the Healthdirect Australia CE and the Board with an understanding of the overall risk profile/exposure across Healthdirect Australia;
- data that can be used to establish trends in the risk exposure across Healthdirect Australia
- respective stakeholder communities with an understanding of the risk exposure for each of the functions undertaken within Healthdirect Australia.

A risk management report is provided to the Board quarterly. The Risk Manager is responsible for the development of these reports and for the development of answers to any risk related issues the Board may raise.

Any clinical risks that are identified are referred to the Clinical Governance Advisory Committee (CGAG). This committee is critically responsible for managing and advising on clinical risk for Healthdirect Australia. This includes active management and reporting of clinical risk management, supported with and by clinical governance, incident management, quality, and safety frameworks and mechanisms as deemed appropriate by CGAG and as directed by the Board.¹⁴

5.2 Service provider reporting

Healthdirect Australia requires that service providers give to Healthdirect Australia, monthly reports on the following:

- Number of incidents
- A description of the incidents reported
- Risk rating
- Event outcomes
- Results of investigations /recommendations
- Improvements planned and improvements implemented
- Complaints
- Compliments

Healthdirect Australia includes these data in the relevant monthly reports to the shareholders.

5.3 Open disclosure of investigation results

Open disclosure refers to the process undertaken to provide timely information and honest feedback to consumers, carers and families related to incidents and complaints.

Evidence demonstrates that there are three things a person needs following involvement in a health care incident:¹⁵

1. To have someone say that they are sorry that this incident occurred
2. To find out what went wrong and why the incident occurred

¹⁴ Healthdirect Australia. *Healthdirect Australia Risk Management Framework* (2012)

¹⁵ Australian Council on Safety and Quality in Health Care. *National Standard For Open Disclosure* (2004)

3. To be assured that measures were being taken to, as far as possible, prevent the same thing happening to someone else.

The “open disclosure” process is continuous; it does not occur only at the conclusion of the incident investigation process. It commences when the incident has been identified and notified and continues until all issues that have been identified, have been addressed with the person (or their family) involved in the incident, and they have received all available information from the investigation of the incident or complaint.

Following the investigation of a Level 1 incident by the service provider, and following the delivery of the report on that investigation to Healthdirect Australia, a discussion will take place between the service provider (or providers if more than one service was involved), to determine the most appropriate way to provide feedback to the person involved. A determination will be made about who will disclose and the nature and timing of that disclosure. Consideration will also need to be given to the most appropriate people to be present at the disclosure meeting. If for example a jurisdictional Health Care Complaints Commission has been involved in investigating the incident, it may be appropriate for a representative from that Commission to be present.

Healthdirect Australia and all service providers are to ensure that all incident management processes are aligned with The National Open Disclosure Standard.¹²

It must be noted however that an expression of regret that an incident has occurred, does not constitute an admission of liability. Further, any written communication or written public statement expressing regret must first be approved by the Company’s Insurers.

Healthdirect Australia and service provider expectations of the process of Open Disclosure:

- Open disclosure should be provided by an experienced manager/clinician who preferably, has been involved in the investigative/review process and is therefore able to provide open and timely and well informed communication.
- It is important if possible for the same person to be the contact for the entire open disclosure process; from beginning to end; to assist the development of a trusting relationship with the service user.
- It is essential that staff are familiar with policy and are trained in the open disclosure procedure, so they can respond appropriately to the expectations of service users whilst observing the principles of open disclosure as documented in the National Open Disclosure Standard which can be found at Appendix 3.
- Where possible, service users harmed by an incident, or their family member should be informed of the investigation outcomes and the actions to be implemented, and given the opportunity to contribute.
- It is important to inform affected staff on the lessons learned and actions to be taken to address issues as a result of reporting incidents, to enhance a positive reporting culture.
- Providing open feedback in a consultative process with the complainant and staff involved is a crucial step in the quality improvement process for incident and complaint management.
- Healthdirect Australia will ensure all persons involved in the incident, including the person affected and their advocates are provided with timely and appropriate feedback given under the principles of Open Disclosure. This may involve providing access to translation services or advocacy services to the service user or family / carer.

Appendix 1. Glossary of Terms

The following terms and definitions apply specifically to Healthdirect Australia telephony and online services.

Clinical Governance	The framework through which healthcare organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. ¹⁶
Clinical Enquiry	A question or concern raised by a health professional about a guideline used, disposition reached or advice/information provided by a Healthdirect Australia service provider. ¹⁷
Clinician	Medical practitioner, nurse or allied health practitioner. ¹⁷
Complaint	An expression of dissatisfaction with service from a health care professional, consumer, carer or family. ¹⁸
Escalation	An issue or an enquiry that has been identified by a user of the My Aged Care Gateway or the Service provider that requires a response outside the contact centres ability to resolve.
Framework	A basic structure underlying a system, concept, or text. ¹⁹
Healthcare Incident	An event or circumstance during health care which could have, or did, result in unintended or unnecessary harm to a person and/or a complaint loss or damage. ¹⁸
Legal Privilege	Legal professional privilege protects the disclosure of certain communications between a lawyer and a client when these communications are for the dominant purpose of seeking or providing legal advice, or for use in existing or anticipated legal proceedings. ²⁰
Near Miss	An incident that has occurred that did not cause harm. ¹⁸
Online/Digital Services	Refers to Healthdirect, Pregnancy, Birth and Baby, Healthdirect, mindhealthconnect, MyAgedCare and the National Health Services Directory websites.
Open Disclosure	The process undertaken to provide timely information and honest feedback to consumers, carers and families related to incidents and complaints. ¹⁶
Privacy Breach	The provision of information without consent where a service user's personal details are not managed in accordance with Healthdirect Australia's Privacy Policy.

¹⁶ Scally and Donaldson. A First Class Service. Quality in the New NHS (1998). National Health Service.

¹⁷ Defined by Healthdirect Australia.

¹⁸ William B Runciman *Shared Meanings: preferred terms and definitions for safety and quality concepts*, Med J Aust (2006); 184 (10): 41

¹⁹ Oxford Dictionary © Oxford University Press (2014).

²⁰ Victorian Government Solicitors Office; *Understanding legal professional privilege* (2012).

¹⁶ Australian Council on Safety and Quality in Health Care. *National Standard For Open Disclosure* (2004).

Qualified Privilege	(Legislated protection from disclosure to courts and tribunals of documents and reports produced, or made, by health staff engaged in service quality improvement activities. This protection is utilised by some jurisdictions during quality improvement processes such as Root Cause Analysis ²¹ Also referred to as statutory immunity.
Risk	The chance of something happening that will have a negative impact. It is measured in terms of consequences and likelihood. ¹⁷
Root Cause Analysis	A systemic process whereby the factors which contributed to an incident are identified. ¹⁸
Service Provider	An organisation contracted by and responsible for the provision of Healthdirect Australia services.
System Failure	A fault, breakdown or dysfunction within an organisation's operational methods, processes or infrastructure. ¹⁷
Substantiated (Complaint/feedback)	Proven or supported by evidence. ¹⁹
Unsubstantiated (Complaint/feedback)	Not proven or supported by evidence. ¹⁹

²¹ Western Australia Department of Health. *Guidelines for quality improvement committees seeking qualified privilege under the Health Services (Quality Improvement) Act 1994* (2010).

Appendix 2. Timeframes for the resolution of incidents, complaints and feedback

The following are the timeframes set by Healthdirect Australia for resolution of incidents and complaints and for providing feedback to consumers.

1. Level 1 incidents, complaints and feedback.

1.1 Level 1 incidents, complaints, media related issues or service outages are to be notified immediately to Healthdirect Australia, by the service provider, the jurisdiction, or the first entity that received the notification..

1.2 Healthdirect Australia will then immediately notify the relevant jurisdiction, the Commonwealth and Healthdirect Australia CE.

1.3 A preliminary report from the relevant service provider will be forwarded to Healthdirect Australia within four working days to confirm initial findings and any urgent actions necessary to be taken.

1.4 A progress report from the relevant service provider will be provided within 10 working days to update Healthdirect Australia and other stakeholders and to confirm that there is an investigation underway and provide any new information discovered.

1.5 A final report, on the investigation will be provided by the relevant service provider, to Healthdirect Australia, within the timeframe specified in jurisdictional policy.

2. Level 2 and 3 incidents, complaints and feedback.

2.1 **All** incidents, complaints and feedback are to be notified to Healthdirect Australia.

2.2 An acknowledgement will be provided by the receiving organisation to the complainant/ notifier within 2 working days, with an outline of the process and expected timeline for resolution.

2.3 Service providers will investigate and provide outcomes and recommendations for lower level incidents, complaints and feedback according to their contractual requirements.

Communication with the DoH, jurisdictions and other health services.

Initial notifications of incidents and complaints and ongoing communications providing updates to the DOH, jurisdictions and other health services will be provided through the relevant Healthdirect Australia Service Director to the designated representative in accordance with these timelines.

Appendix 3. Principles of open disclosure

The national Open Disclosure Standard attempts to address the interests of consumers, health care professionals, managers and organisations, and other key stakeholder groups. The eight principles on which the standard is built are.

- 1. Openness and timeliness of communication** – When things go wrong, the patient and their support person should be provided with information about what happened, in an open and honest manner at all times. The open disclosure process is fluid and may involve the provision of ongoing information.
- 2. Acknowledgment** – All adverse events should be acknowledged to the patient and their support person as soon as practicable. Health care organisations should acknowledge when an adverse event has occurred and initiate the open disclosure process.
- 3. Expression of regret** – As early as possible, the patient and their support person should receive an expression of regret for any harm that resulted from an adverse event.
- 4. Recognition of the reasonable expectations of patients and their support person** – The patient and their support person may reasonably expect to be fully informed of the facts surrounding an adverse event and its consequence, treated with empathy, respect and consideration and provided with support in a manner appropriate to their needs.
- 5. Staff support** – Health care organisations should create an environment in which all staff are able and encouraged to recognise and report adverse events and are supported through the open disclosure process.
- 6. Integrated risk management and systems improvement** – Investigation of adverse events and outcomes are to be conducted through processes that focus on the management of risk. Outcomes of investigations are to focus on improving systems of care and will be reviewed for their effectiveness.
- 7. Good governance** – Open disclosure requires the creation of clinical risk and quality improvement processes through governance frameworks where adverse events are investigated and analysed to find out what can be done to prevent their recurrence. It involves a system of accountability through the organisation's chief executive officer or governing body to ensure that these changes are implemented and their effectiveness reviewed.
- 8. Confidentiality** – Policies and procedures are to be developed by health care organisations with full consideration of the patient's, carer's and staff's privacy and confidentiality, in compliance with relevant law, including Commonwealth and State/Territory Privacy and health records legislation.

Appendix 4. How to make a Complaint

Any person may make a complaint, including:

- the person who experienced the problem.
- a parent or guardian of the person or child concerned.
- a relative, friend or representative chosen by the person concerned for the purpose of making the complaint.
- a health service provider or other concerned person.

If a complaint is made on behalf of the person who experienced the problem, written authority from that person will assist Healthdirect Australia to process the complaint. Written authority is also required to access the medical records of the person who experienced the problem. Signed authority from the person who experienced the problem is not required if they are under the age of 18 or deceased.

What can you complain about?

A complaint may be about any health service provider or service associated with Healthdirect Australia. This includes:

- practitioners such as doctors, nurses, psychologists, dietitians health coaches and others, regarding the clinical care and treatment of a patient, or their professional conduct, and
- health service organisations such as public or private hospitals, clinics, medical centres, day surgery centres, ambulance Services, telephony services such as ;nurse triage and after hours GP and others, affecting the clinical care or treatment of a patient.
- health practitioners who currently do not require registration to practise in NSW, such as naturopaths, psychotherapists, dietitians, massage therapists and others.
- information services such as; The National Health Service Directory and websites such as;, Pregnancy Birth and Baby, mindhealthconnect, Healthdirect and myagedcare.

How do I lodge a complaint?

A complaint can be lodged directly either :

1. via our centralised complaint system: clinical.governance@healthdirect.gov.au
2. by calling Healthdirect Australia- the corporate office on **02 9263 9000- (business hours only)**
3. by completing the form found on the 'Contact Us' pages on websites managed by Healthdirect Australia, including: *mindhealthconnect. Pregnancy Birth and Baby, National Health Services Directory, healthdirect website and myagedcare*. The form may also be found via the 'Feedback' page on The Carer Gateway.

Advocacy

A complainant may have an advocate speak on his/her behalf to assist with their complaint.

An advocate may be a family member, a friend or a health professional such as a family GP. Healthdirect Australia will need to be advised when an advocate is to be used, so that the correct information is shared and privacy is not compromised.

What do I need to include in my complaint?

A written complaint should include:

- Who was involved?
- What happened and when?
- What are you concerned about?
- Have you done anything else to address this matter?
- What do you want to happen now?

Extra information and copies of other relevant documents should be attached to your written complaint. It is also important that you have the consent of the person who received the treatment to access their health records.

What does Healthdirect Australia do when my complaint is received?

Once Healthdirect Australia receives a complaint, it will be logged in a secure data base, you will be sent an acknowledgement and the relevant health service provider will be provided with the details to investigate the complaint.

All service providers, including our information services, have internal medical and nursing advisers who can review the case and provide clinical advice.

Each notification of an incident, complaint or feedback provided is assessed for severity and priority of the response to be provided. Some issues require a rapid response and this is factored in to the response plan.

Healthdirect Australia will acknowledge your complaint within 2 working days. The duration of the investigation part generally depends on how serious the issue is and how what type of investigation is required.

How can I resolve concerns about my health care?

It is a good idea to provide your complaint directly to Healthdirect Australia so we can work with you to resolve the complaint. Here are some tips for resolving your concerns directly with Healthdirect Australia.

- a complaint that relates to the immediate health or safety of a person should be made without delay.
- complaints about sexual or physical assault should be made to the police.
- ensure that you are sending your complaint through the right channel.
- provide as much information as possible about your contact with the service to enable Healthdirect Australia to fully investigate.
- have a clear idea what your expectations are about your complaint, and how it will be satisfactorily resolved for you.

Is there anything else I need to know?

If you are not satisfied with our response you can:

- contact your state or territory Department of Health
- contact a Healthcare Complaints Commission in your state or territory to discuss your complaint.

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