

## Revised Health Complaint Handling Standards 2023

The revised Health Complaint Standards (the Standards 2023) aim to strengthen and improve complaint handling systems across the Victorian health sector. They will provide a common benchmark that all health service providers will need to meet, offering consistency for consumers, complainants, health service providers and other stakeholders. Each standard includes guiding principles that aim to support effective complaint handling processes by all health service providers. Some standards provide performance indicators, for example, five working days in which to respond to complaints, and others do not provide specific metrics. Health service providers should develop their own performance indicators to measure their success in complaint handling and guide continuous improvement.

The revised five health complaint standards complement existing standards and good practice guides across other jurisdictions and reinforce the importance of consumer feedback and person-centred care and good governance in health services. Key documents used include, but are not limited to:

- the National Safety and Quality and Health Service Standards, devised by the Australian Commission on Safety and Quality in Health Care<sup>1</sup>, and
- Australian Standard AS 10002:2022 - Guidelines for complaint management in organisations<sup>2</sup>, and
- the Victorian Ombudsman's 'Good practice guides related to complaint handling'<sup>3</sup>.



1. POLICIES AND PROCEDURES



2. EFFECTIVE COMMUNICATION



3. FAIR AND IMPARTIAL REVIEW & RESPONSE



4. TRANSPARENT RESOLUTION



5. CONTINUOUS IMPROVEMENT & RECORD KEEPING

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<sup>1</sup> Australian Commission on Safety and Quality in Health Care, The HSQHS Standards available at <https://www.safetyandquality.gov.au/standards/nsqhs-standards> (accessed 28 November 2023)

<sup>2</sup> AS 10002:2022 Guidelines for Complaint Management in organisations (ISO 10002:2018, NEQ), Published 25 March 2022.

<sup>3</sup> Good Practice Guides, Victorian Ombudsman. Available at <https://www.ombudsman.vic.gov.au/learn-from-us/practice-guides/> (accessed 28 November 2023)



1. POLICIES AND  
PROCEDURES

**STANDARD 1 –Policies and procedures: health service providers have a complaints management system which enables timely acknowledgement and resolution of the complaint.**

**Guiding principles for implementation**

- 1.1 The health service provider<sup>4</sup> has a complaints management system which includes, but is not limited to, complaint management policies, processes, and response time frames defined by the complexity of the complaint and needs of the consumer. Service providers should aim to finalise complaints within 90 days.
- 1.2 The health service provider ensures all staff are appropriately trained for their role in the complaint handling processes and complaint management system.
- 1.3 The health service provider can receive complaints in a range of ways, with information about how to make a complaint easily available and accessible<sup>5</sup> to any person who is provided or offered a health service, and their care partners.<sup>6</sup>
- 1.4 The health service provider acknowledges receipt of the complaint within three (3) working days.<sup>7</sup>
- 1.5 The health service provider communicates expectations to the complainant about what will happen next and when, and any conditions that may change these expectations.
- 1.6 Health service providers offer alternative avenues for raising a complaint where a complainant does not feel safe or comfortable raising their issue directly with their provider. Escalation avenues are available such as internal appeal processes, refer to external agencies (e.g. HCC) or refer for legal guidance.

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<sup>4</sup> Refer to HCA (2016) Part 1 for definition of Health service

<sup>5</sup> Accessible: Accessible means that making a complaint is easy for all consumers by reducing barriers. The health service provider adopts deliberate measures to recognise the challenges of people of all communities. This includes using simple language, information in different languages, access to information using assisted digital technologies and assistance by trained staff to lodge a complaint.

<sup>6</sup> Care Partners: A care partner is a person with authority to support and assist an individual meet their self-care deficits. Adapted from Bennett PN, et al. Care partner: A concept analysis. Nurs Outlook. 2017;65(2):184-194. doi: 10.1016/j.outlook.2016.11.005.

<sup>7</sup> When choosing how to provide acknowledgement of a complainant, considerations include the complainant's expressed preference for means of communication, and the medium used to make the complaint.



## 2. EFFECTIVE COMMUNICATION

### **STANDARD 2 – Ensure clear and concise communication with complainants, actively listen to their concerns, confirm accurate understanding, and provide relevant updates throughout the resolution process.**

#### **Guiding principles for implementation**

- 2.1 The health service provider gives information about how a complaint<sup>8</sup> may be made and the process for making a complaint in a manner that is easy to use and includes how to get assistance to make a complaint.
- 2.2 The health service provider has systems and procedures that support timely and regular communication with the complainant, in a way that they prefer.<sup>9</sup>
- 2.3 The health service provider informs the complainant about what the complainant needs to do, when it needs to be done and offers to support their participation in a complaint resolution process.
- 2.4 The health service provider gives the complainant regular updates on the progress of their complaint, explanation for any delay, prompt notification when further information is required, and timely updates about any change.
- 2.5 The health service provider uses processes and technology to makes it easy for complainants to raise concerns with their health service provider, make contact with their health service provider to share new information relevant to their current complaint, or to request an update.
- 2.6 Where possible, the health service provider makes reasonable adjustments to support the complainant to fully participate in the complaint process, including ensuring culturally safe interactions for all and provide appropriate translation services as required for persons from culturally and linguistically diverse backgrounds.<sup>10</sup>

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<sup>8</sup> Complaint: An expression of dissatisfaction made to or about an organization, related to its products, services, staff or the handling of a complaint, where a response or resolution is explicitly or implicitly expected or legally required.

Feedback: Comment, negative or positive, about their experiences and services intended to reinforce quality improvements at the service without the expectation of a response from the provider.

<sup>9</sup> If the preferred communication style is verbal, the health service provider must complement verbal communication with electronic or written information and keep a record of the communication.

<sup>10</sup> Inclusion and Diversity: Recognition and respect of diversity all people and communities, including but not limited to culturally and linguistically diverse people, LGBTIQ+ people, those living with a disability, younger and older people, those living with socio-economic disadvantage, rural communities, support people and other priority populations.



3. FAIR AND  
IMPARTIAL  
REVIEW &  
RESPONSE

**STANDARD 3 – Fair and impartial review and response: conduct a thorough and unbiased review of complaints, ensure all relevant information and different perspectives are considered before reaching an outcome.**

**Guiding principles for implementation**

- 3.1 Where possible, the health service provider avoids conflicts of interest. When a conflict of interest is identified, it is declared and managed.<sup>11</sup>
- 3.2 The health service provider asks the complainant about the outcome they are seeking early in the process.
- 3.3 The health service provider aims to resolve complaints within 90 days<sup>12</sup> and handles the complaint in an impartial fair, timely and efficient manner.
- 3.4 The health service provider's complaint review process includes consultation with staff, review of relevant records and review of correspondence with the complainant.
- 3.5 The health service provider provides the complainant with information about the information and facts considered when managing their complaint.
- 3.6 The health service provider ensures all staff managing complaints are trained in effectively communicating responses, especially to those dissatisfied with the outcomes.
- 3.7 The health service providers value diversity and inclusion. Complaint handling process are culturally safe and respectful, free from racism, bias and other forms of discrimination.
- 3.8 Complainants are provided with reasonable assistance to make a complaint, including, but not limited to, writing and translation services where required.
- 3.9 The health service provider employs a policy of non-intimidation and reprisal, ensuring complaints can be made safely and access to health care remains unaffected.
- 3.10 The health service provider follows relevant laws and policies when responding to complaints. In Victoria, all public sector agencies actions are compatible with the [Charter of Human Rights and Responsibilities Act \(2006\)](#) and [Health Complaints Act \(2016\)](#).<sup>13</sup>

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<sup>11</sup> Where possible, the person managing review of a complaint must be independent of the provider/s that are the subject of a complaint.

<sup>12</sup> See **Health Complaints Act 2016**, S6 2c

<sup>13</sup> Available at <https://www.legislation.vic.gov.au/in-force/acts/charter-human-rights-and-responsibilities-act-2006/015>



## **STANDARD 4 – Transparent resolution: provide complainants with a clear explanation of the findings, the reasons behind a resolution decision, and any actions taken to address the complaint.**

### **4. TRANSPARENT RESOLUTION**

#### **Guiding principles for implementation**

- 4.1 The health service provider processes monitor the progress of complaints. All steps in complaint management and resolution are efficient and timely.
- 4.2 The health service provider seeks complaint resolution outcomes that are least formal, clear, fair, proportionate and address the complainant's needs where possible.
- 4.3 The health service provider considers risk to the person and public and the complexity of issues raised when estimating timeframes and allocating resources to complaint management.
- 4.4 The health service provider ensures both the complainant and those the complaint is about have the opportunity to comment on the response to the complaint before the complaint is finalised.<sup>14</sup>
- 4.5 The health service provider provides information to the complainant in an accessible manner, and checks their understanding of the information considered, any actions taken, the reasons for decisions made, and the outcome reached.
- 4.6 Complaint resolution may not always satisfy all parties. Therefore, the reasons for a decision must always be communicated,<sup>15</sup> along with any internal or external review processes available to the complainant.

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<sup>14</sup> Further information is available at Victorian Ombudsman's '*A good practice guide to handling complaints*'

<sup>15</sup> [https://www.safetyandquality.gov.au/our-work/clinical-governance/open-disclosure#:~:text=Open%20disclosure%20is%20the%20open,%20or%20'we%20are%20sorry'\)](https://www.safetyandquality.gov.au/our-work/clinical-governance/open-disclosure#:~:text=Open%20disclosure%20is%20the%20open,%20or%20'we%20are%20sorry')) and the **Health Services Act 1988**



5. CONTINUOUS  
IMPROVEMENT  
& RECORD  
KEEPING

**STANDARD 5 – Continuous improvement and record keeping: regularly review and evaluate complaint handling processes, identify areas for improvement, implement corrective actions and monitor effectiveness to enhance overall complaint management.**

**Guiding principles for implementation**

- 5.1 The health service provider records all complaints, regardless of the severity or form in which the complaint is received.
- 5.2 The health service provider handles and stores complaint data separately from the complainant's health records and in accordance with all relevant privacy and data security laws.
- 5.3 The health service provider has a complaint data system which captures, tracks and codes complaint issues and actions taken in a systematic and meaningful way.
- 5.4 The health service provider systematically invites each complainant for feedback on the management of their complaint.
- 5.5 The health service provider regularly analyses complaint data to identify potential trends and uses analysis to inform actions to continuously improve the quality of their health service.
- 5.6 The health service provider captures complaint data in a manner which provides sufficient evidence for a third party to audit, monitor and report on the progress of complaints.