

Strategic Objective:

1. Excellence In Service Delivery



POLICY : 1.4 Quality Improvement

PROCEDURE: 1.4.13 **Client Feedback**

Approval By: Controlled Documents Committee **Approval Date:** 25/01/2018

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Purpose This procedure seeks to ensure that QEC is shaped by and responsive to the needs of its clients, carers and community, by defining processes which ensure meaningful feedback. Any compliment, comment or complaint must be dealt with seriously, efficiently and effectively - this includes feedback from clients, carers, family members and guardians.

Target Audience All QEC employees, students and volunteers

Definitions **Feedback** refers to any comment, compliment or complaint expressed either verbally or in writing about the service.

Procedure
1. Principles
QEC values feedback as a way to ensure our services are responsive to client needs and experiences. All staff are provided with information about the importance of client feedback as part of their induction.

The following principles guide QEC's approach to client feedback:

1.1 Accessible: Feedback opportunities and processes are available and accessible, with range of options offered. Clients are encouraged to use an advocate if required.

1.2 Responsive and fair: Feedback is responded to in a timely, efficient, impartial and confidential manner. Complaints will always be acknowledged and respected.

1.3 Integrated: Feedback systems are integrated with risk and quality approaches. Feedback will be shared across the organisation, to enable a collaborative approach to process improvements, and to allow QEC to celebrate our achievements.

1.4 Valued: Feedback is an important tool for improving our services. Complaints identify weaknesses in our systems and assist QEC in making changes to improve services. Compliments confirm our strengths and demonstrate the areas in which we excel.

2. Receiving Feedback

Clients are informed of the following processes for providing feedback on admission to QEC:

- All clients are provided with a feedback form
- Via the "contact us" form on the QEC website
- In person, via the phone or face to face.

Any person who has been a user of QEC services may provide feedback.

3. Responding to feedback

3.1 The primary function of responding to complaints is to address the concerns of the client. This may include:

- Acknowledging the feedback / concerns / complaint
- Giving an apology and an explanation
- Provide assurance that the matter has been investigated and action taken to prevent recurrence.

3.2 In the first instance upon receiving a *verbal complaint* the staff member will speak to the client to try and resolve the issue as soon as

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possible. Early attention to problems leads to early resolution. If the complaint can be resolved immediately, the staff member should record a short file note of the issue and outcome.

3.3 If the person wishes to document their feedback, staff should refer them to one of the feedback options listed at section 2.

3.4 In the case of serious complaints (complaints that may have legal implications) managers will inform the CEO, who will make a determination about whether to notify our insurer (VMIA), the Board and/or the relevant funding body.

3.5 Feedback should be responded to within two working days (either verbally or in writing). For more complex complaints, or where resolution may take a while, staff should ensure that clients are regularly informed of updates and any delays expected.

3.6 Where a complaint is not resolved, the client should be given the option of making contact with a senior manager and/or the address of the Health Complaints Commissioner.

3.7 The staff member who first learns of a complaint, is responsible for ensuring that the feedback is recorded on RiskMan and actioned appropriately.

3.8 The Systems & Risk Manager is responsible for ensuring report/documents are, stored electronically in the Risk Management System, RiskMan.

Client feedback flowchart is attached at Appendix One.

4. Feedback Analysis and Reporting

All client feedback is analysed for trends and systems improvements by the Executive management team on a monthly basis. Feedback trends are reported to the Board quarterly.

Related Documents

Key Legislation, Acts and Standards

HUMAN SERVICES STANDARDS

1. Empowerment	1.1	People understand their rights and responsibilities	Y
	1.2	People exercise their rights and responsibilities	Y
2. Access & Engagement	2.1	Services have a clear and accessible point of contact	
	2.2	Services are delivered in a fair, equitable and transparent manner	Y
	2.3	People access services most appropriate to their needs through timely, responsive service integration and referral	
3. Wellbeing	3.1	Services Adopt a strengths-based and early intervention approach to service delivery that enhances peoples wellbeing	

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	3.2	People actively participate in an assessment of their strengths, risks, wants and needs	
	3.3	All people have a goal-orientated plan documented and implemented	
	3.4	Each person's assessment and plans are regularly reviewed, evaluated and updated. Exit/transition planning occurs as appropriate	
	3.5	Services are provided in a safe environment for all people, free from abuse, neglect, violence and/or preventable injury	
4. Participation	4.1	People exercise choice and control in service delivery and life decisions	
	4.2	People actively participate in their community by identifying goals and pursuing opportunities including those related to health, education, training and employment	
	4.3	People maintain connections with family and friends, as appropriate	
	4.4	People maintain and strengthen connection to their Aboriginal or Torres Strait Islander culture and community	
	4.5	People maintain and strengthen their cultural, spiritual and language connections	
	4.6	People develop, sustain and strengthen independent skills	

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1. Clinical	1.1	Consumers/patients are provided with safe, high quality care throughout the care delivery process	Y
	1.2	Consumers/patients and communities have access to health services and care appropriate to their needs	Y
	1.3	Appropriate care and services are provided to consumers/patients	Y
	1.4	The organisation provides care and services that achieve effective outcomes	Y
	1.5	The organisation provides safe care and services	Y
	1.6	The governing body is committed to consumer/patient participation	
2. Support	2.1	The governing body leads the organisation in its commitment to improving performance and ensures the effective management of corporate and clinical risks	
	2.2	Human resources management supports high quality health care, a competent workforce and a satisfying working environment for staff	
	2.3	Information management systems enable the organisations goals to be met	
	2.4	The organisation promotes the health of the population	
	2.5	The organisation encourages and adequately governs the conduct of research to improve the safety and quality of health care within organisations	

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3. Corporate	3.1	The governing body leads the organisations strategic direction to ensure the provision of quality, safe services	Y
	3.2	The organisation maintains a safe environment for employees, consumers/patients and visitors	Y

CHILD SAFE STANDARDS

1	Strategies to embed an organisational culture of child safety, including through effective leadership arrangements	
2	A child safe policy or statement of commitment to child safety	
3	A code of conduct that establishes clear expectations for appropriate behaviour with children	
4	Screening, supervision, training and other human resources practices that reduce the risk of child abuse by new and existing personnel	
5	Processes for responding to and reporting suspected child abuse	
6	Strategies to identify and reduce or remove risks of child abuse	
7	Strategies to promote the participation and empowerment of children	Y

Other Key Legislation, Acts and Standards

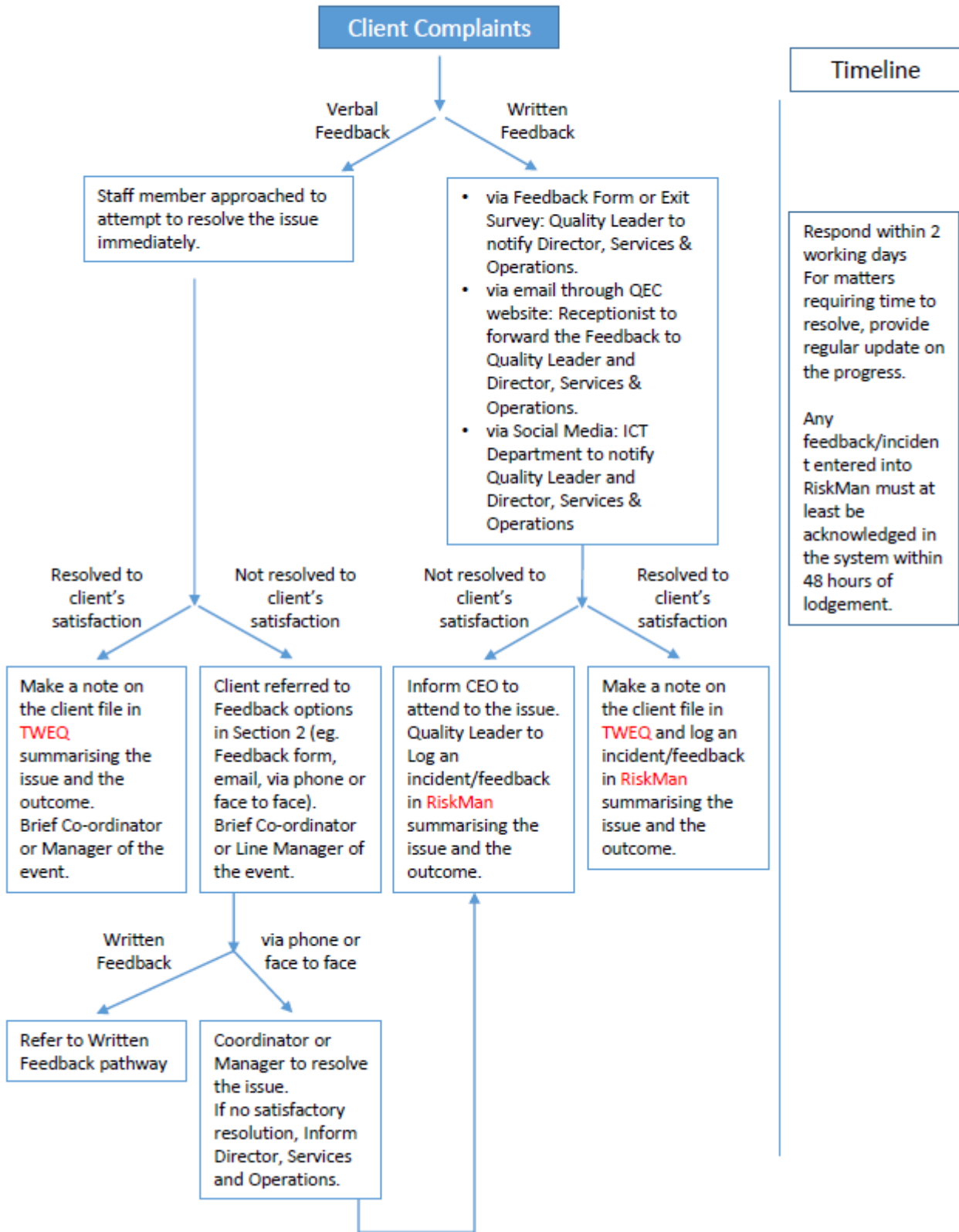
- Public Sector Management & Employment Act 1998 (G0109)
- Code of Conduct for the Victorian Public Sector April 1995 (G0109)
- Whistleblowers Protection Act 2001
- Managing Grievance Records – Office of Public Employment
- [Office of the Health Services Commissioner – Guide to Complaint Handling in Health Care](#)
- Charter of Human Rights and Responsibilities Act (Vic) 2006
- Equal Opportunity Act 2011
- Privacy & Data Protection Act 2014 (formerly the Information Privacy Act 2000)

Key words

Feedback, complaints, compliments, concerns.

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1.4.13 Appendix 1 Client Feedback Flowchart: Client Complaints



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1.4.13 Appendix 1 Client Feedback Flowchart: Client Compliments

