**[Complaints Self-Assessment Tool](https://www.mhcc.vic.gov.au/complaints-self-assessment-tool)** – ref stage 3

Engagement material
**Stage 3: Handling complaints**
**Menu** *[click on items below to go direct to content]*

[**Discussion points 1**](#_Toc139915112)

[**Constraints 1**](#_Toc139915113)

[**Barriers 2**](#_Toc139915114)

[**Advice 2**](#_Toc139915115)

# **Discussion points**

* Those who make complaints know and expect that it takes time to process, investigate, answer and act on their complaint, but to be contacted if time deadlines are not met, and told why
* Clear timelines help to ensure managed and realistic expectations
* Are those who complain given a name and contact details to follow-up if timeframes are not met?
* Can a Quality Improvement staff member be dedicated specifically to complaints handling (or Resolutions Officer role allocated)?
* Does the outcome of an early complaint resolution get recorded for annual reporting?

[**Back to top**](#_top)

# **Constraints**

* There may be lack of clarity around which staff check which complaint-submission methods/collection-points and how often, causing delays
* Acute time, workload and multi-task pressures, especially in inpatient unit and community clinic settings, may make daily checking unrealistic
* The range of staff who might handle different ways of complaining via different routes is wide and diverse: there may be delays, confusion, detours or impediments in recording, logging, notifying, referring or escalating
* Clinical, nursing, allied health and administrative staff may not have hands-on or recent training in effectively handling and responding to complaints

[**Back to top**](#_top)

# **Barriers**

* Sometimes incident details, people/roles, narrative, context and direct complaint quotes are lost or missed when logging a complaint into the system, due to time pressures
* Many database systems for logging complaints are limited in fields, space for text, and features; in ways that restrict or actively discourage the recording of full details. This often results in content that lacks the context and humanity of the complaint, which is alienating to any Lived Experience staff involved, and makes it difficult to understand the true nature of the complaint, which impairs service improvement
* In this process, sometimes assumptions are made that key staff (e.g. Nurse Unit Managers) will later fill-in-the-gaps, reconstruct events and determine veracity at the investigation/analysis stage, which is not always possible

[**Back to top**](#_top)

# **Advice**

* Check every method and mode of complaint submission daily if possible
* Enter complaints promptly, accurately and fully into the system, notifying the relevant people within any set timeframes and with any action required
* Ensure all staff are aware of, and trained in, the ‘what, when, how and who’ of the complaints handling process
* Ensure staff are confident that handling complaints does not begin with identifying who is at fault and assigning blame
* Train staff in positive complaints culture, where complaints are seen as a valuable opportunity to improve services and are actively encouraged and supported by all staff

[**Back to top**](#_top)