

CONSULTATION DRAFT
Consumer, Carer and Community
Feedback and Complaints
Strategic Framework
2020 – 2023

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Contribution of consumers, carers and community

SA Health values the contribution consumers, carers and the community can make in improving health services, including service planning, designing care and service monitoring and evaluation. SA Health is committed to robust consumer, carer and community engagement. Consumers, carers and the community have a unique lived experience in relation to their own health and their perspective on how care is actually provided. Consumer, carer and community feedback and complaints are a unique source of information for health services on how and why incidents and adverse events occur and how to prevent them. As well as increasing safety, better complaints management can act to reduce risk and increase trust, through open communication and a shared learning¹.

The Consumer, Carer and Community Feedback and Complaints Strategic Framework (the Framework) has been developed to ensure there are mechanisms in place to actively manage consumer, carers and community feedback and complaints to meet their health care needs and to develop and improve services.

Department for Health and Wellbeing

Produced by Safety and Quality Unit

Project Consultant: Health Consumers Alliance of SA Inc (HCASA)

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Message from the Minister for Health and Wellbeing

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Overview

Introduction

SA Health is committed to engaging and partnering with consumers, carers and the community and values the positive contributions they make, through feedback and complaints, in improving health care service quality, equity and management.

The Framework provides direction for the Department of Health and Wellbeing (DHW), Local Health Network (LHN) Governing Boards and SA Ambulance Service (SAAS) to effectively seek and manage feedback and complaints to identify and address gaps and improve health care services.

Purpose

The Framework outlines the responsibilities for all of SA Health to strengthen and improve consumer, carer and community feedback and complaints management to drive safety and quality improvement. It identifies SA Health's principles, core values and goals around the importance of consumer, carer and community feedback. The Framework supports DHW, LHN Governing Boards and SAAS to meet national, state and legislative responsibilities and demonstrate transparency and accountability to the public.

Operationalising and Implementing the Framework

LHN Governing Boards are required, in accordance with the [Charter for Local Health Network Governing Boards](#) and section 33A(1)(b) of the *Health Care (Governance) Amendment Act 2018² (the Act)* 'promote consultation with health consumers and members of the community about the provision of health services...'. LHN Governing Boards and SAAS will develop and publish a Consumers, Carers and Community Feedback and Complaints Strategy.

LHN Governing Boards and SAAS, in accordance with *the Act* will develop mechanisms to ensure consumers, carers and the community are aware of and can readily access feedback and complaints processes consistent with this Framework and report against the five strategic goals, their key areas and consumer outcomes.

The Framework sets out SA Health's statewide responsibilities including our principles, core values and key actions when seeking and managing feedback and complaints with consumers, carers and the community.

LHN Governing Boards and SAAS are required to review their Community Feedback and Complaints Strategy every three years.

Monitoring and Reporting

SA Health, consistent with obligations to oversee, monitor and promote improvements in the safety and quality of health services will:

1. Develop and issue additional state-wide policies and directives to apply to the DHW, LHNs and SAAS in line with the Framework
2. Monitor and evaluate the performance data of LHNs and SAAS and take remedial action if agreed targets are not met.

LHN Governing Boards and SAAS must provide regular and annual reporting of relevant information and outcomes to DHW as evidence of compliance with the National Safety and Quality Health Service Standards.

Consumer, carer and community feedback and complaints reporting will be in line with safety and quality and SLS reporting requirements and methodologies as part of the health service Safety and Quality Report. LHN Governing Boards and SAAS will review this data for quality improvement and public reporting. Consumer, carer and community feedback and complaints data is available on the Clinical Data Hub. KPIs, clinical services, safety and quality and performance data are also available

on 'Dashboards' within the Quality, Information and Performance (QIP) HUB and LHN Analytics and Reporting Service (LARS) platforms.

Measuring success

The DHW, LHNs and SAAS will measure success outcomes in accordance with this Strategic Framework and relevant Standards and Frameworks. This Strategic Framework demonstrates compliance/excellence against the following:

- > *National Safety and Quality Health Service Standards*³, in particular Standard 1: *Governance for Safety and Quality in Health Service Organisations* and Standard 2: *Partnering with Consumers*, and the other consumer centred items across the Standards.
- > *Australian Safety and Quality Framework for Health Care*⁴, which specifies three core principles for safe and high quality, care including; consumer centred; driven by information and organised for safety.
- > *National Disability Strategy 2010-2020*⁵, which recognises the need for greater collaboration and coordination by all government, industry and communities to address the challenges faced by people with disability. In particular Strategy 2 *Rights, protection, justice and legislation 2.6 Improve the reach and effectiveness of complaints mechanisms* and Strategy 6: *Health and Wellbeing 6.3 Ensure a strong interface between disability services, Local [Health]¹ Networks with links to local communities and health professionals*
- > *Aged Care Quality Standards*⁶ in particular Standard 6: Feedback and Complaints which requires an organisation to have a system to resolve complaints which must be accessible, confidential, prompt and fair and should support all consumers to make a complaint or give feedback.
- > *Country Health SA Reconciliation Action Plan 2018-2020*⁷, which acts to embed actions towards reconciliation in organisational culture and advance objectives to achieve true reconciliation.
- > *Aboriginal Health Care Framework* (in development for publication in 2020)

Legislation

This Strategic Framework is consistent with the *Health Care Act 2008, s33, (2)(e) and (4), the Health Care (Governance) Amendment Act 2018 s33 (2)(e), (4) and s33A and s7 of the Health Care (Governance) (No2) Amendment Bill 2019.*

Other relevant legislation;

- > *Health and Community Services Complaints Act (2004)*
- > *Carer Recognition Act (2010)*
- > *Mental Health Act SA (2009)*
- > *Racial Discrimination Act (1975)*
- > *Disability Discrimination Act (1992)*
- > *Privacy Act Commonwealth (1988)*
- > *Australian Privacy Principles*

¹ Note: National Disability Strategy 2010-2020 – amendment in this strategy for the purpose of consistency and currency in the context of this Framework *National Hospital Networks and Medicare Locals* amended to Local Health Networks

Consumer Rights

All consumers, carers and community groups and individuals, have the right to give feedback and make a complaint about health services without concerns of reprisal.

SA Health recognise that vulnerable consumers, carers and communities are more likely to experience health disadvantage. Individuals and communities living with health disadvantage share an historic and cumulative negative experience of the health care system and are less likely to give feedback or complain.

The views of vulnerable consumers, carers and communities living with health disadvantage are central to the design, delivery and evaluation of health care policy and services which impact them. Access to feedback and complaints mechanisms that meet their needs is crucial to this.

Vulnerable consumers, carers and communities living with health disadvantage may, at any time in their care, self-identify within and across the following groups:

Consumers experiencing reduced autonomy

- > Consumers and communities experiencing reduced autonomy are amongst the most vulnerable and are less likely to give feedback or make a complaint as they may fear and/or experience reprisal.
- > Consumers and communities may experience reduced autonomy for example; people receiving mental health services and/or made subject to compulsory treatment orders; people with cognitive impairment; people living in supported accommodation; people living in aged care residential care; refugees and people living in detention; and people in prisons requiring healthcare, and individuals and communities experiencing stigma and/or discrimination.

Aboriginal and Torres Strait Islander Peoples⁸

- > The health of Aboriginal people should be seen within the historical context and consideration given to the impacts of colonisation, marginalisation, loss of land, language and culture, to ensure consumer, carer and community engagement processes are culturally appropriate.
- > Aboriginal people experience more life risk factors, poorer health and less acceptable outcomes in a range of life areas when compared to other South Australians. As a result, Aboriginal people are among the most disadvantaged population groups in the community.

People living with disability⁹

- > People living with long-term disability are among the most disadvantaged and invisible groups in the community, with comparatively poor health outcomes, social exclusion, lack of access to essential services and a health system that often fails to meet their needs.
- > These poorer health outcomes include aspects of health that are unrelated to the specific health condition associated with their disability. Not all of a person's health conditions are related to their disability and the person's disability should not unduly bias diagnosis of unrelated health conditions. There is a significant burden of undiagnosed illness with only 29% of health conditions diagnosed and treated appropriately in people with disability.
- > Mainstream health services are not always well informed or well equipped to respond to the needs of people with disability.

Migrant and refugee communities¹⁰

- > Migrant and refugee individuals and communities have significant ethnic, cultural national, linguistic, political and social diversity.
- > Migrants and refugees frequently lack established family networks, support systems, community structures and resources and may be unfamiliar with services and experience challenges accessing them. They may have limited English proficiency, lower levels of formal education.

- > Migrants and refugees may live with long-term health conditions and disability, have experienced trauma and torture and may be mistrustful of people in authority and service providers, including health services.

People or groups experiencing stigma and discrimination (in any population or group)

- > Stigma is an attitude of disgrace that sets a person or a group apart from others, which leads to stereotyping and derogatory and judgemental labels and perceptions about a person or group.
- > Negative attitudes and beliefs toward a person or group can create prejudice and leads to negative actions and discrimination. Many individuals and groups who experience health disadvantage also experience stigma and discrimination.
- > Individuals and groups may experience stigma related to their health condition, which can lead to an individual or group experiencing stigma and discrimination. This may mean individuals or groups may reluctant to seek and/or access the health care they need and want.
- > Individuals or groups experiencing stigma and discrimination are less likely to make a complaint if they experience stigma or discrimination from health providers.

The Framework, in acknowledging and supporting the rights of consumers, carers and the community, is underpinned by the following Charters, Conventions, Strategies and Legislation;

Charters

- > *Charter of Health and Community Services Rights* Health and Community Services Complaints Commission
- > *Australian Charter of Healthcare Rights* Australian Commission on Safety and Quality in Health Care second edition (2019)
- > *Charter of Aged Care Rights* Aged Care Quality and Safety Commission (2019)

Conventions

- > *Convention on the Rights of Persons with Disabilities* United Nations
- > *Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* United Nations

Strategies/Frameworks

- > *National Disability Strategy 2010-2020* An initiative of the Council of Australia Governments
- > *Reconciliation Framework for Action 2014-2019* Department for Health and Wellbeing
- > *Aboriginal Health Care Framework 2019-2024* (in development)
- > *Aboriginal Health Care Plan 2010-2016*¹¹

Definitions

Carer	A carer refers to a person who provides care, support and assistance for a family member or friend or as part of a kinship system. This includes someone who is frail, aged, has a disability, a medical condition, including terminal or chronic illness or who has a mental illness. Carers can include children caring for parents and guardians.
Consumer	Consumers are recognised as users or potential users of health services including their family, carers and other members of the person's support network (as identified by the person) who has an important role in the person's health care decision making and in care giving. ¹² In mental health, the definition of a consumer refers to the user or potential user of health services and does not include their family, carer or other support persons. Consumers are commonly identified by health services as <i>patients, clients, participants or service users</i> at point of care.
Consumer Adviser	<p>A Consumer Adviser is an experienced health service staff member who has specific training and expertise in complaints handling and management to inform safety and quality improvement. Consumer Advisers are responsible for advising, facilitating and communicating with consumers and/or their identified support network (or advocate) throughout the complaints management process to resolution.</p> <p>Consumer Advisers work with services and governance systems to monitor and ensure complaints are appropriately investigated, reported and resolved to a satisfactory level for both the health service and the consumer, and advising consumers of external complaints processes when this does not occur.</p> <p>The naming convention for a Consumer Adviser is unique to the health service. Some health services use a decentralised model for complaints management where complaints management is the responsibility of designated senior management roles.</p>
Consumer Advocate	A Consumer Advocate is a person who supports, promotes and defends the interests of a consumer or community by supporting an individual or standing up for a just cause. A consumer advocate is able to provide the perspective and direct needs, goals and expectations of the person or cause for which they advocate.
Consumer Advisory Group	<p>Consumer Advisory Group (however named) is an advisory group established by a health care service, which comprises consumers, community members and carers, including those from diverse and hard-to-reach groups who use the organisation's services.</p> <p>The Consumer Advisory Group provides a structured partnership between consumers, carers and the health care service on safety and quality issues, patient experiences, consumer centred care and other issues such as co-design of health and medical research, as identified in its terms of reference.</p>
Consumer-Centred Care	Consumer-centred care is an approach to care delivery that values, recognises and respects the person using health and

	<p>community services as an equal partner in planning, developing and monitoring their care to meet their needs. It requires care providers to actively position the person at the centre of shared decisions about their care and support needs. A consumer centred approach to care involves:</p> <ul style="list-style-type: none"> > Treating consumers and/or carers with dignity and respect communicating and sharing information between consumers and/or carers and their health professional(s) > Encouraging and supporting participation in decision making > Fostering collaboration with consumers and/or carers and healthcare organisations in the planning, design, delivery and evaluation of health care.¹³ <p>Internationally, different sectors, services and groups use the terms 'patient-based', 'person-centred', 'relationship-based', 'patient-centred' or patient and family-centred care.</p>
Complaint	<p>A complaint is an expression of dissatisfaction or concern about, or harm by a health care service requiring action. The consumer, their family, carers or a person or organisation advocating on their behalf, including a health professional or service provider, may make a complaint. A complaint may be a single issue or concern at the point of care that staff may be able to readily resolve to the satisfaction of the consumer, or may be current or previous issues or concern with more than one service of staff involved, which requires a coordinated review and investigation by multiple people.</p> <p>Complaints vary in complexity, the level of which is indicated by factors such as the:</p> <ul style="list-style-type: none"> > Degree of underlying, causative issues that may have precipitated the complaint > Range of inter-dependent issues (including multiple services and individuals involved) > Potentially unresolvable nature of the complaint (ie difficult to achieve satisfactory outcome for all parties) > Unpredictable nature of complaint outcome > Level of investigation and examination of the events and/or circumstances that led to the consumer making the complaint. > Level of resource intensiveness of the complaint management process due to any or all of these factors > Potential for litigation <p>All complaints imply the obligation of the health service for appropriate response and resolution and where identified, change for improvement.</p> <p>It is the responsibility of the health service to respond to all complaints through an appropriate level of investigation and resolution. Where a safety or quality improvement is identified as a consequence of the complaint, the health service will action change accordingly.</p>
Feedback	<p>Consumer feedback includes suggestions, ideas, opinions, compliments, comments and expressions of interest. Consumer feedback also includes consumer complaints. It may take the form</p>

	of a general comment and may be positive or negative. Consumer feedback guides and informs health service decision-making, quality improvement and is an essential component of measuring consumer experience.
Consumer or Community Representative	A consumer or community representative is a person who voices collective perspectives and takes part in decision making as a representative of those consumers and communities. Representatives may be nominated and given authority by an organisation or group and be accountable to them. They have a responsibility to remain informed by and inform the organisation or group of discussions and issues arising from the representation ¹⁴ .
Complainant	A complainant refers to the person making the complaint. This person may be the consumer, family member or carer, or advocate identified by the consumer to represent them. An advocate may be an external individual or organisation who, including a health professional or service provider, with the consumers consent, makes a complaint on behalf of the consumer or supports them to make a complaint.
Complaint Management	Complaint management refers to the individual case-by-case and systemic handling of consumer complaints to drive safety and quality improvement. Complaints management requires a standardised process for responding to consumer complaints in a timely manner including: <ul style="list-style-type: none"> > Engaging with complainants to ascertain their reasons and expectations for outcomes and gaining their consent > Actively working with the complainant, staff and services in the investigation of complaints > Identifying and actioning satisfactory complaint outcomes and resolutions > Communicating with the complainant, and/or their representative to determine a satisfactory resolution and outcome of the complaint > Analysing complaints data as a collective to identify systemic problems, gaps and deficiencies in services, policy and practice > Evaluation and monitoring of complaints staff, systems and policy > Reporting of complaints data to identify trends, patterns and risks to workforce and consumers to inform shared knowledge and learning.
Complaint Taxonomy	Complaint taxonomy refers to the standardised classification of complaints relating to such factors as complexity, severity and type of problem and whether then underlying issues relate to the care environment, safety, quality, communication, systems, processes and or clinical performance.
Diversity	In the context of this framework diversity means ensuring inclusion of the voices and experiences of the broadest range of individuals and groups including but not limited to; <ul style="list-style-type: none"> > Aboriginal and Torres Strait Islander peoples and communities > People of Culturally and Linguistically Diverse backgrounds

	<ul style="list-style-type: none"> > People living in regional and rural remote communities > People living with disability > People who have lived or living experience of mental illness > LGBTQI+ communities > Family structures and roles > Age and lifespan perspectives > Health and illness conditions (such as people who may be long term users of the service, chronic health conditions) > People experiencing homelessness > People in prison > Trauma affected persons > Religious and spiritual groups and belief systems > Emerging communities (such as new migrant communities, refugees including those who have experienced, torture, trauma, grief and loss)
Engagement	<p>Engagement within the health context refers to an active and sharing relationship between health services, consumers, carers and community groups, which can become a partnership.</p> <p>Effective and active partnerships exist when people are treated with respect, information is shared and explored with them and participation and collaboration in healthcare processes are encouraged and supported to the extent consumers choose.¹⁵</p>
Governance	<p>Governance incorporates the set of processes, customs, policy directives, laws and conventions affecting the way an organisation is directed, administered, or controlled. Governance arrangements provide the structure through which the objectives (clinical, social, fiscal, legal, human resources) of the organisation are set and the means by which the objectives are to be achieved. They also specify the mechanisms for monitoring performance.</p>
Incident	<p>An incident refers to any event or circumstance that resulted or could have resulted in unintended and/or unnecessary mental or physical harm to a person and/or a complaint, loss or damage. An incident may be identified by either the health service or the consumer. An incident may be brought to the attention of a health service through the complaints process.</p>
Investigation	<p>Investigation is a standardised but flexible process that follows the instigation of a complaint from a consumer, their family, carer or advocate. The person conducting the investigation remains impartial and aims to achieve a mutually satisfactory resolution and outcome and informs organisational and systemic improvement. An investigation may be undertaken in response to complaints.</p> <p>An investigation may be an internal process, undertaken at service level and/or in collaboration with a Consumer Adviser. It may also be an investigation, mediation or other complaints resolution process undertaken by an external party such as a regulatory or complaints body (eg Health and Community Services Complaints Commissioner (HCSCC), Office of the Chief Psychiatrist (OCP) or other relevant body.</p> <p>Investigation may include;</p>

	<ul style="list-style-type: none"> > Collecting relevant facts including review of supporting documents (eg clinical notes) > Reviewing relevant policy, procedure and standards. > Analysing the information collected > Making findings about events and underlying causes > Considering strategies and making recommendations for improvement > Conducting interviews with staff and with consumers, family and carers > Drafting reports and/or written responses to formal questions
Lived Experience	<p>Lived experience refers to the subjective perception of a person's experience of health or illness and is the representation of the experiences and choices of that person and the knowledge that they gain from these experiences and choices.</p> <p>People who have a lived or living experience of mental illness bring their knowledge and understanding (as individuals or in groups) gained from their direct is the knowledge and understanding individuals (and groups) have gained from their direct experience living with mental illness and recovery.</p>
National Safety and Quality Health Service (NSQHS) Standards	<p>The National Safety and Quality Health Service (NSQHS) Standards were developed by the Australian Commission on Safety and Quality in Health Care with the Australian Government, state and territory partners, consumers and the private sector. The primary aim of the NSQHS Standards is to protect the public from harm and improve the quality of healthcare. They describe the level of care that should be provided by health service organisations and the systems that are needed to deliver such care.</p>
NSQHS Standard 2 Partnering with Consumers	<p>The Standard: Partnering with Consumers¹⁶ aims to create health service organisations in which there are mutually beneficial outcomes by having:</p> <ul style="list-style-type: none"> > Consumers as partners in planning, design, delivery, measurement and evaluation of systems and services. > Patients as partners in their own care, to the extent that they choose. <p>The Partnering with Consumers Standard recognises the importance of involving consumers in their own care and providing clear communication to patients. Together with the Clinical Governance Standard, this Standard underpins all the other standards. It outlines the core actions of:</p> <ul style="list-style-type: none"> > Clinical governance and quality improvement systems to support partnering with consumers > Partnering with consumers in their own care > Health literacy > Partnering with consumers in organisational design, measurement and evaluation
Negotiation	<p>Negotiation of complaints outcomes and actions is the process of complaints management staff, other relevant service providers and complainants (and/or their family and carer) attempting to work through their differences and reach a mutually agreeable solution. Negotiation is a two-way process that requires participants to</p>

	actively listen to each other, explore options and identify common ground. In relation to complaints management, negotiation is most effective after there has been an investigation and identification ¹⁷ .
Open disclosure	<p>Open disclosure is a process of providing an open, consistent approach to communicating with consumers and their carer/support persons after an incident or adverse event. Open disclosure should be consistent with the SA Health Patient Incident Management and Open Disclosure Policy.¹⁸</p> <p>It is separate and distinct from a consumer complaints management process. Effective complaints management may, however, use principles of transparent and honest process as a meaningful process to successfully resolve complaints. Open disclosure can form part of a complaint resolution process.</p>
Patient Reported experience measures (PREMS)	<p>Patient Reported Experience Measures (PREMS) are standardised tools that enable consumers to provide feedback about their views and observations on aspects of health services they have received and their experience of the service at a point in time. This includes their views on:</p> <ul style="list-style-type: none"> > Accessibility and physical environment of services (for example, waiting times, user friendliness of signage); > Aspects of consumer-clinician interactions (such as whether the clinician explained procedures clearly, or responded to questions in a way the consumer could understand)
Patient Reported outcomes measures (PROMS)	<p>Patient Reported Outcomes Measures (PROMS) are questionnaires which consumers complete. They ask for the consumers' assessment of how:</p> <ul style="list-style-type: none"> > Health services and interventions have, over time, affected their quality of life, daily functioning, symptom severity; > Other dimensions of health which only consumers can truly know
Peer Support Worker	Peer Support Workers (however named) are employed by a health service and use their lived experience (of a specific health condition) to support other individuals or groups affected by that condition. (eg Lived Experience (Mental Health) Peer Support Worker).
Record of complaint	A record of complaint is a documented complaint, which records the initial verbal or written statement of the complainant or their representative. Complaints are entered and monitored in SLS
Risk Management	Risk is the chance of something happening that will have a negative effect. It is measured by consequences and likelihood. In the context of this Framework, risk management is the design and implementation of a program to identify, avoid or minimise risks to consumers, carers and the community, the workforce and the health service. ¹⁹ This includes management of clinical risk management, which is the probability of occurrence of harm and the severity of that harm. ²⁰ Clinical, administrative and manufacturing activities health services undertaken to identify, evaluate and reduce the risk of injury to patients and visitors, and the risk of loss to the organisation itself. Corporate risk management includes activities of the health service to identify

	potential financial or reputational liabilities, exposure or dangers.
Safety and Quality Improvement	<p>Safety and quality improvement refer to the systematic, ongoing effort of the workforce and consumers to raise an organisation's performance as measured against a set of standards or indicators and lead to better health outcomes, care, system and individual performance and shared learning and education to safeguard high standards of care.</p> <ul style="list-style-type: none"> > Safety improvement - is the reduction of risk of unnecessary harm associated with health care to an acceptable minimum. An acceptable minimum refers to the collective notions of current knowledge resources available and the context in which care was delivered, weighed against the risk of non-treatment or other treatment. > Quality improvement - is the continuous review and adaptation of the health service functions and processes to increase the probability of achieving desired outcomes and improving care to better meet the needs of consumers. > Systems improvement - is changes made to operational methods, processes or infrastructure and can address root causes and sub problems.
Safety Learning System (SLS)	SLS is an electronic system used by SA Health for reporting and managing events, including information on new incidents and consumer feedback. SLS includes data, which can be used to identify trends and areas of risk and record outcomes for consumers
Serious Assessment Matrix (SAM)	SAM is a numerical score applied to a complaint, based on the type of event that triggered the complaint, its likelihood of recurrence and its consequence, which is used to determine the risk, associated with a complaint.
Support person	<p>A support person is an individual, who has a relationship with the consumer and who is identified by the consumer as their support person. In the context of this Framework a support person may include;</p> <ul style="list-style-type: none"> > Family members, next of kin or part of a kinship system > Carers > Friends including neighbours who may fill this role > The person's partner > Guardian of substitute decision maker > Cultural, community or religious representative > Formal Advocate or a Trained Consumer Advocate > Treating Health Professional or Service Provider

Principles of Consumer Feedback and Complaints Management

Consumer engagement is acknowledged as a critical component in improving the quality of care provided by health care services.²¹ Consumer, carer and community feedback and complaints provide a valuable source of insight into safety and quality related problems within healthcare organisations and can identify gaps in service delivery and care.^{22 23 24}

Consumer, carer and community feedback and complaints management is underpinned by a set of principles that act as a foundation for health services. The SA Health principles provide a foundation for health services to ensure actions to improve health services informed by consumer, carer and community feedback and complaints and that consumer complaints processes are transparent, meaningful, respectful and empowering. These principles lead into a set of core values and suggested goals and activities for SA Health to set and meet the principles of consumer feedback and complaints management.

SA Health has outlined six principles for consumer, carer and community feedback and complaints management.

Consumer, carer and community feedback and complaints systems are:

Principle 1: Consumer-Centred & Responsive

- > Consumer complaint systems and mechanisms are respectful of the unique culture, beliefs, values and personal characteristics of the individual. The health service is responsive to those who may have difficulty in expressing a grievance or making a complaint
- > Consumer feedback and complaint processes are flexible and responsive to the unique needs and circumstances of consumers, carers and communities to better enable them to give feedback and make complaints
- > Complainants are responded to in a timely manner and receive clear information about the complaint handling process and all determined outcomes and actions of their complaint

Principle 2: Visible & Transparent

- > Leaders are visible in their commitment to being better informed by consumer feedback and complaints to provide better health care
- > Complaints management mechanisms, and how to use them, are openly promoted to consumers, carers and the community across a range of platforms to ensure early identification of problems, improved service delivery and care, and enhanced performance of the organisation and its staff
- > Complainants are informed about how their complaint will be managed, including who to contact, timeframes and the outcomes of their complaint and right to respond
- > Consumers, carers and the community expect that health services will respond to their complaint using principles of openness, honesty and transparency; to acknowledge when something has gone wrong; to change practices in the future, to ensure quality improvement, and for this improvement be applied across other prevalent practice and policy.²⁵

Principle 3: Accessible & Outward Reaching

- > Consumer, carer and community feedback and complaint mechanisms are aware of and responsive to the range of personal, cultural and structural barriers that can impact on consumers', carers' and community's ability to provide feedback and make a complaint, including the factors that contribute to their decision whether to or not to make a complaint.
- > Access to feedback and complaints management systems requires mechanisms that:
 - > Are well publicised and promoted and are available to the wider community as well as within health services
 - > Make it easy for people to voice their concerns
 - > Are user friendly and provide flexible processes to meet individual needs and circumstances

- > Provide a range of options and platforms for people that best meets their individual needs. This may include being adaptable to meet such needs as a person's; developmental age, physical ability, intellectual capacity, language, technology, communication, information, cultural, support and social needs
- > Encourage and facilitate access to vulnerable consumers and communities
- > Encourage feedback and complaints from carers, consumer advocates and representatives who may support individual consumers or communities.

Principle 4: Objective & Fair

- > Consumer, carer and community complaints are dealt with in an equitable, objective, unbiased and impartial manner as a means to ensure the complaint handling process provides an objective evaluation that is fair, objective and reasonable.
- > Each complaint is treated on its merits and without prejudice arising from any previous contact between the complainant and the health service.
- > An impartial complaints investigation is vital to the credibility and accountability of the health service and success of any complaint's management process.
- > The complaints management process identifies a fair and just outcome for all parties.

Principle 5: Integrated & Systemic

- > Consumer, carer and community feedback and complaints management is integrated into core business activities of health services.²⁶
- > Complaints handling is the responsibility of all staff at all levels (in addition to designated complaints management staff) and can lead to more timely, efficient and effective resolution of problems.
- > Serious complaints should be escalated to senior staff
- > Those responsible for delivering a service program are often best placed to determine the most effective actions and outcomes, implement quality improvement actions and monitor and evaluate change to resolve a consumer's complaint.

Principle 6: Private & Confidential

- > Consumers, carers and the community have the right to expect that their privacy and confidentiality will be maintained as part of the complaint management process. Complainants' personal details and any other sensitive information they may disclose as part of their complaint or during complaint handling may require protection
- > Where an advocate acts as a complainant, consent of the person is sought to ensure the advocate is acting on their behalf and to maintain privacy and confidentiality.
- > To ensure privacy and confidentiality, consumer and carer feedback and/or complaints are not documented in patient medical records.
- > Staff involved in complaints handling, including those involved as part of an investigation, are aware of their legislated obligation to ensure and maintain privacy and confidentiality in relation to the complainant.

Core Values

This section sets out SA Health's core values for consumer, carer and community feedback and complaints management. These core values are fundamental in guiding LHNs and SAAS to successfully plan, manage and implement feedback and complaints management activities.

The three values of consumer, carer and community feedback and complaints management practices are outlined as follows:

Value 1: Positive culture that values feedback and complaints

Welcoming and valuing consumer feedback and complaints as a commitment to good customer service and improving health care delivery

1. Health services value consumer, carer and community feedback and complaints and recognise their importance to strengthening trust and relationships, identifying problems and service gaps and improving consumer and carer experience and outcomes.
2. Health services welcome and value complaints create an atmosphere where people are confident and feel safe to report concerns and poor health care experiences.
3. Health services foster a culture that openly welcomes consumer, carer and community feedback and complaints. Health services recognise that consumer, carer and community feedback and complaints can provide important information on how to improve consumer safety, identify risk and implement quality improvement.
4. Consumer, carer and community suggestions, ideas and compliments provide an opportunity for celebration and shared learning to ensure good practice influences systemic improvement and best practice
5. Health services foster a culture of open disclosure including; openness, honesty, transparency and sincere apology, when mistakes are made to ensure prompt action to address the impact and rectify the mistake.

Value 2: Inclusive and safe

Strengthening mechanisms for individuals and communities living with health disadvantage to provide feedback and complain

1. Consumer feedback and complaints systems are inclusive and safe for consumers, carers and communities living with health disadvantage. Inclusion recognises that all people have the right to give feedback and/or make a complaint. Mechanisms are in place to better facilitate this process in a way they feel comfortable and safe to do so.
2. Actively seeking and gathering feedback and complaints from individuals and communities living with health disadvantage helps to eliminate health inequality and inequity, ensure the unique insight and experience of consumers, carers and communities living with health disadvantage are better understood and addressed.
3. Targeted feedback and complaints management processes for vulnerable individuals and communities ensures that they:
 - > Have their concerns and negative experiences acknowledged and appropriately responded to
 - > Have their views, experiences and wishes genuinely considered and influence safety and quality improvement
 - > Can communicate the barriers they face in accessing the health services they need
 - > Have the rights of the most vulnerable members of the community safeguarded.²⁷

Value 3: Respects the complainant

Acknowledging, respecting and caring about the people who give feedback and make complaints as contributing important information and experience to identify service safety risks, gaps and problems

1. Consumers' and carers' perspectives are unique given their firsthand experience, at every stage of the care pathway. Consumers, carers and community groups are legitimately positioned, through this experience, to evaluate the care and services received in terms of whether their care goals, needs and expectations have been met and their assessment of their outcomes of care.²⁸
2. Consumers, carers and community groups are sensitive to, and able to recognise, a range of problems in healthcare delivery,²⁹ some of which may not be identified by traditional systems of healthcare monitoring (eg incident reporting systems, retrospective case reviews) or observable by staff who do not view the service through a service user perspective.
3. While the behaviour of the majority of complainants is appropriate, there may be a small number of individuals whose behaviour, for a range of reasons, may be perceived by staff to be unreasonable. It is important to acknowledge the person may have legitimate reasons to make a complaint. They may have experienced unacceptable practices or decisions or be seeking different processes and outcomes from those generally offered. The labelling of a person as unreasonable is recognised as discriminatory, may be stigmatising and may result in unacceptable consumer complaints management. Care is taken in responding to a person who has made numerous previous complaints to resist the temptation in assuming that a new complaint may lack credibility and ensure that each complaint is taken in its individual merits and handled with administrative fairness that maintains respectful interactions.³⁰
4. Consumers, carers and community groups have the right to give anonymous feedback and make complaints and their right to do so is respected. Care is taken not to reveal their identity or breach their privacy including using de-identified and redacted information.

Goals

The Goals within the Framework provide health services with key actions to implement a local consumer feedback and complaint mechanism and processes. A health service is required to have practices in place that encourage and support staff to actively seek consumers, carers and community feedback and effectively manage complaints. This ensures safe consumer centred care, shared decision making and evaluating safety and quality for health excellence.

The five goals of consumer, carer and community feedback and complaints management practices are outlined as follows:

Goal 1: Building capacity for effective feedback and complaint handling

Staff knowledge, skills and commitment at all levels is essential to effective consumer feedback and complaints handling

Key Areas	Outcomes
The health service's charter and business plan include a consumer, carer and community feedback and complaints framework to ensure transparent oversight.	<ul style="list-style-type: none"> > Consumer, carer and community feedback and complaints influence the governance of the health service > Consumers, carer and community groups are informed of and have access to the health service's consumer, carer and community feedback and complaints framework > The feedback and complaints process is accessible to consumers, carers and the community in a format that meets their needs
All staff have the knowledge and skills to effectively receive, handle, and where indicated escalate or refer feedback and complaints	<ul style="list-style-type: none"> > Consumers, carers and the community (or an advocate) have access to information that their feedback and complaints are managed by all staff with appropriate expertise and training including procedures on how to effectively receive, handle and escalate complaints. > Complainants have access to information on how their complaint is managed with appropriate oversight, monitoring and evaluation to ensure a high standard of performance. > Consumer, carer and the community are able to give feedback and/or make a complaint through an advocate of their choosing
Trained complaints management staff report to appropriate senior/executive line management	<ul style="list-style-type: none"> > Responsibility for consumer, carer and community complaints management is allocated to designated staff who are trained, skilled and experienced in the management of complaints > Designated complaints management staff are appropriately supported and supervised by as part of clinical governance processes

Goal 2: Welcoming and enabling feedback

Health services actively facilitate feedback and complaints as part of working in partnership with consumers, carers and the community, to improve health care

Key Areas	Outcomes
Staff at all levels have clear knowledge and information about the feedback and complaint process to proactively link and support	<ul style="list-style-type: none"> > Consumers, carers and the community have access to flexible feedback and complaints processes to best meet their individual needs > Consumers, carers and the community are afforded

consumers, carers and the community to access the process	multiple opportunities throughout their health care journey to give feedback and/or make a complaint Vulnerable consumers, carers and communities have access to flexible feedback and complaints processes that are sensitive and responsive to their unique circumstances, needs and experience
Visible and accessible information for consumers, carers and the community that explains their right to give feedback, comment and complain at all points of entry into the health system	<ul style="list-style-type: none"> > Consumers, carers and the community have access to information about their rights to give feedback and make a complaint > Consumers, carers and the community have access to information about their rights as part of the consumer complaints process

Goal 3: Effective and efficient complaints handling

Complaints handling policy and process ensure fair, transparent, rigorous and timely review to identify actual and potential problems and make improvements

Key Areas	Outcomes
The complaints management process is simple, clear and responds flexibly to the needs of the complainant	<ul style="list-style-type: none"> > Consumers, carers and the community have access to a range of options and choices to make a complaint in a form that meets their individual needs > Consumer, carer and community complaints processes ensure minimum handling to reduce unnecessary barriers and delay to making a complaint
Complaints management is based on objective, fair and transparent processes and procedures	<ul style="list-style-type: none"> > Health service policies and processes ensure that consumers, carers and the community receive and experience objective, fair and transparent complaint handling and assurance that their complaint will not compromise their treatment or care > Complaints management staff act to ensure timely and appropriate escalation, investigation, risk management and complaint resolution
Complaint handling is consistent with the principles and practices of open disclosure	<ul style="list-style-type: none"> > Complainants are given: <ul style="list-style-type: none"> > Mechanisms, processes, and an opportunity to relate their experience > A factual explanation and timelines of the complaint handling process > A factual explanation of the outcome of the investigation > A factual explanation of the identified outcomes and actions to manage the event and prevent recurrence > Information on privacy and confidentiality including mechanisms for anonymity

Goal 4: Acknowledging and communicating with complainants

Open and structured communication with complainants ensures they are part of identifying and determining the best outcomes to improve care

Key Areas	Outcomes
Structured and active response to the complainant which ensures: <ul style="list-style-type: none"> > Early identification of the expectations of the complainant > Prompt acknowledgement of complaint 	<ul style="list-style-type: none"> > Complainants are provided with information about the complaint handling process immediately upon making a complaint > Complainants are advised of the role and responsibility staff, and where relevant, the Consumer Adviser, at the commencement of the complaint

<ul style="list-style-type: none"> > Clear information about the process of complaint handling > Identified decisions and actions outcome of the complaint > Rights of appeal > External notification/referral 	<p>process</p> <ul style="list-style-type: none"> > Complainants are consulted about their expectations of outcomes at the commencement of the complaint process > Complainants receive prompt notification and formal acknowledgement of their complaint > Complainants are informed about their rights and mechanism for review and/or appeal if they are not satisfied with the outcome of their complaint > Complainants are given information about relevant external agencies and their rights to make a complaint to such agencies.
<p>Consumer Advisers, and other designated complaints management staff, maintain structured and routine communication with the complainant throughout the complaint handling process</p>	<ul style="list-style-type: none"> > Complainants receive ongoing, information and feedback throughout the complaint handling process > Complainants are able to speak directly to a Complaints Adviser during any part of the complaint handling process > Complainants are consulted as part of determining and negotiating outcomes and actions for resolution

Goal 5: Feedback and complaints drive systemic improvement

Consumer, carer and community feedback and complaints are responded to on a case-by-case basis and focused on a systemic safety and quality improvement management approach to improve care

Key Areas	Outcomes
<p>The collection and use of consumer feedback and complaints is built into safety and quality improvement systems, strategies and frameworks and linked directly to organisational development and engagement strategies and activities</p>	<ul style="list-style-type: none"> > Consumers, carers and the community are actively facilitated to provide feedback and/or make a complaint > Consumer, carer and community feedback and complaints data informs safety and quality monitoring and evaluation > Consumer, carer and community complaints, wherever possible, are dealt with at point of care to ensure prompt resolution
<p>Complaints management performance and processes are routinely monitored and evaluated</p>	<ul style="list-style-type: none"> > Consumers, carers and the community are involved in developing protocols and mechanisms for consumer feedback and complaints management > Complainants reported satisfaction and experience data is part of the monitoring and evaluation of complaints management service and staff > Consumer advisory groups receive feedback and complaints reports that highlight and explain trends, patterns, safety and quality issues and risk to inform their recommendations, advice and shared decision-making
<p>Consumer, carer and community feedback and complaints de-identified data is published in a format that is accessible/interpretable to the public, as a method of quality improvement and a measure of service quality</p>	<ul style="list-style-type: none"> > The community have access to a range of publicly reported information about health service feedback and complaints > The community have access to publicly reported information about quality improvement actions undertaken by health service's in response to their feedback and complaints

Responsibilities

All responsibilities are in accordance with this Strategic Framework

Department for Health and Wellbeing

The Chief Executive Department for Health and Wellbeing will:

- 2.1 Ensure there is a transparent system for consumer, carer and community feedback and complaints management including monitoring and evaluation processes in accordance with this Framework
- 2.2 Ensure there is a system that communicates to consumers and carers their rights to comment and/or complain. Their rights will be consistent with the Framework, the HCSCC Charter of Health and Community Services Rights in South Australia and the National Safety and Quality Health Service Standards
- 2.3 Ensure there is a system for monitoring the performance of LHNs and Services in their implementation, monitoring and evaluation of consumer, carer and community feedback and complaints consistent with this Framework and the National Safety and Quality Health Service Standards

Deputy Chief Executive, Department for Health and Wellbeing, Commissioning and Performance will:

- 3.1 Monitor the performance of LHNs consumer feedback systems and provide feedback and make recommendations for improvements to assist LHNs consistent with the Framework and the National Safety and Quality Health Service Standards
- 3.2 Have access to LHN consumer, carer and community feedback and complaints data to review and evaluate performance and adherence consistent with the Framework
- 3.3 Oversee, monitor and promote improvement in safety and quality in response to consumer, carer and community feedback and complaints
- 3.4 Review reports accessed via the SLS feedback data, conduct trend analysis and consult with LHNs in the development and implementation of Statewide strategies for consumer, carer and community feedback and complaints management system improvement
- 3.5 Coordinate and publish information/reports to external bodies and the community, on patient safety and measuring consumer experience, including consumer, carer and community feedback and complaints in formats that are accessible to meet the needs of the community
- 3.6 Provide advice to LHNs in response to specific enquiries about consumer, carer and community feedback and complaints management and legislative requirements

Local Health Networks and SAAS

LHN Governing Boards and SAAS Executive will:

- 4.1 Ensure consumer, carer and community feedback systems are transparent and accountable and at the centre of driving safety and quality improvement in accordance with this Framework
- 4.2 Monitor consumer, carer and community feedback and complaints information, outcomes and evaluation reporting in accordance with the Framework
- 4.3 Ensure an evaluation strategy is in place to assess compliance with and measure excellence against the Framework
- 4.4 Ensure sufficient resources are in place to enable systems and mechanism for effective consumer, carer and community feedback and complaints management
- 4.5 Ensure all consumer, carer and community complaints with the potential to result in substantial risk or harm to consumers, carers and the community are immediately escalated to the Chief Executive DHW
- 4.6 Facilitate an environment that actively seeks and values consumer, carer and community feedback and complaints as an indicator of health service safety and quality and to drive improvement

LHN and SAAS Chief Executive Officers and Executive Directors will:

Facilitate a Consumer and Community Feedback and Complaints Management Strategy

- 4.7 Promote the Framework to assist staff to understand and adhere to their responsibilities for implementation, evaluation and reporting of consumer, carer and community feedback and complaints management systems and mechanisms
- 4.8 Ensure systems and mechanisms are in place to effectively implement the Framework
- 4.9 Build an environment where consumer, carer and community feedback and complaints are handled seriously and thoroughly, with sensitivity, respect and cultural safety
- 4.10 Ensure health units and services, within their area of delegation and control, have systems in place to receive consumer, carer and community feedback, investigate and respond to consumer, carer and community complaints, implement the actions necessary to reduce the likelihood of similar complaints reoccurring and record this information in the SLS
- 4.11 Support workforce capabilities and cultural competence to effectively manage consumer, carer and community feedback and complaints
- 4.12 Ensure consumer participation in the monitoring, implementation and evaluation of the LHN consumer, carer and community feedback and complaints strategy in accordance with the Framework
- 4.13 Ensure evaluation for continuous improvement of consumer, carer and community feedback and complaints management performance, practices and processes
- 4.14 Establish mechanisms for shared learning from consumer, carer and community feedback and complaints

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Relevant Legislation

The Minister for Health and Wellbeing, the Chief Executive, Department for Health and Wellbeing, Local Health Network Governing Boards and Chief Executive Officers have obligations under the following Acts and Standards.

Health and Community Services Complaints Act 2004 (SA)	Health and Community Services Complaints Act 2004 (SA) Version: 18.3.2019
Health Care Act 2008 (SA)	Health Care Act 2008 (SA) Version: 1.7.2019
Carers Recognition Act 2005 (SA)	Carers Recognition Act 2005 (SA) Version: 22.10.2018
Disability Discrimination Act 1992	Disability Discrimination Act 1992 Version: 19.4.2018
Mental Health Act 2009 (SA)	Mental Health Act 2009 (SA) Version: 22.10.2018
Privacy Act 1988	Privacy Act 1988 Version: 12.03.2014
Australian Privacy Principles	Australian Privacy Principles
Racial Discrimination Act 1975	Racial Discrimination Act 1975 Version: 29.1.2016

Relevant Charters, Conventions, Strategies and Frameworks

The Minister for Health and Wellbeing, the Chief Executive, Department for Health and Wellbeing, Local Health Network Governing Boards and Chief Executive Officers have obligations under the following Charters, Conventions, Strategies and Frameworks.

Charters

Charter of Health and Community Services Rights second edition 2019	Charter of Health and Community Services Rights Health and Community Services Complaints Commission
Charter of Aged Care Rights 2019	Charter of Aged Care Rights Aged Care Quality and Safety Commission

Conventions

Convention on the Rights of Persons with Disabilities	Convention on the Rights of Persons with Disabilities United Nations
Convention against Torture and Other	Convention against Torture and Other Cruel,

Cruel, Inhuman or Degrading Treatment or Punishment Optional Protocol

[Inhuman or Degrading Treatment or Punishment Optional Protocol](#)
United Nations

Strategies and Frameworks

National Disability Strategy 2010-2020

[National Disability Strategy 2010-2020](#)
Council of Australian Governments

Reconciliation Framework for Action 2014-2019

[Reconciliation Framework for Action 2014-2019](#)
Department for Health and Wellbeing

National Safety and Quality Health Service (NSQHS) Standards

[National Safety and Quality Health Service \(NSQHS\) Standards](#)
Australian Commission for Safety and quality in Health Care

Country Health SA Reconciliation Action Plan 2018-2020

[Country Health SA Reconciliation Action Plan 2018-2020](#)
Department for Health and Wellbeing

Relevant SA Health policies, procedures and guidelines

- > SA Health Charter of Health and Community Rights Policy
- > SA Health Partnering with Carers Policy 2015
- > SA Health Guide for Engaging with Aboriginal People 2013
- > SA Health Patient Incident Management and Open Disclosure Policy 2016
- > Carer Participation Position Statement
- > SA Health Aboriginal Cultural Learning Framework
- > SA Health Aboriginal Workforce Framework 2017-2022
- > SA Health Aboriginal Health Impact Statement policy

Other relevant resources

- > [ACSQHC Australian Safety and Quality Framework for Health Care](#)
- > [ACSQHC National Statement on Health Literacy: Taking Action to Improve Safety and Quality](#)
- > [National Aboriginal Cultural Respect Framework 2016-2026 developed by the National Aboriginal and Torres Strait Islander Standing Committee for the Australian Health Minister's Advisory Council.](#)
- > [ACSQHC National Safety and Quality Health Service Standards: User Guide for Aboriginal and Torres Strait Islander Health](#)
- > [South Australian Aboriginal Languages Interpreters and Translators Guide. South Australian Government.](#)
- > Australian Government Guidelines on the Recognition of Sex and Gender

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- ² Health Care (Governance) Amendment Act 2018
[https://www.legislation.sa.gov.au/LZ/V/A/2018/HEALTH%20CARE%20\(GOVERNANCE\)%20AMENDMENT%20ACT%202018_8/2018.8.UN.PDF](https://www.legislation.sa.gov.au/LZ/V/A/2018/HEALTH%20CARE%20(GOVERNANCE)%20AMENDMENT%20ACT%202018_8/2018.8.UN.PDF)
- ³ National Safety and Quality Health Service Standards Australian Commission on Safety and Quality in Health Care second edition <https://www.safetyandquality.gov.au/standards/nsqhs-standards>
- ⁴ Australian Safety and Quality Framework for Health Care
<https://www.safetyandquality.gov.au/sites/default/files/migrated/Australian-SandQ-Framework1.pdf>
- ⁵ National Disability Strategy 2010-2020
file:///C:/Users/Allison%20Willis/Desktop/national_disability_strategy_2010_2020.pdf
- ⁶ Aged Care Quality Standards Aged Care Quality and Safety Commission
<https://www.agedcarequality.gov.au/providers/standards>
- ⁸ (SA Health website [Aboriginal Health](#))
- ⁹ National Disability Strategy 2010 – 2020 Strategy 6 Health and Wellbeing <https://www.dss.gov.au/our-responsibilities/disability-and-carers/publications-articles/policy-research/national-disability-strategy-2010-2020>
- ¹⁰ New and Emerging Communities in Australia Enhancing Capacity for Advocacy Federation of Ethnic Communities' Council of Australia 2019 <http://fecca.org.au/wp-content/uploads/2019/05/New-Emerging-Communities-in-Australia-Enhancing-Capacity-for-Advocacy.pdf>
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- ¹² Health Consumers New South Wales, 'Who is a health consumer'
- ¹³ ACSQHC definition, 2017, page 5
- ¹⁴ HCASA Position Statement Working with Health Consumer Advocates and Representatives, 2019, page 1
- ¹⁶ HCASA Position Statement Consumer Centred Health Care in SA, 2019, page 1
- ¹⁶ ACSQHC National Safety and Quality Health Service Standards second edition, 2017, page 14
<https://www.safetyandquality.gov.au/standards/nsqhs-standards>
- ¹⁷ Complaints Management Handbook for Health Care Services Australian Commission for Safety and Quality in Health care (2005) <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/complaints-management-handbook-health-care-services>
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- ¹⁹ ACSQHC National Safety and Quality Health Service Standards second edition, 2017, Standard 1; page 5
- ²⁰ Australian Open Disclosure Better communication, a better way to care. Framework Australian Commission on Safety and Quality in Health Care 2013 (under review at the time of drafting this Framework)
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