Webinar 2: Better Together: Transforming healthcare complaints

Wednesday 2 April 2025, 11:00am – 12:00pm AEDT

This session provides insights from **Metro South Health** regarding their "Have Your Say" initiative, which is an inclusive and person-centred system for handling complaints and compliments. This initiative maximises accessibility for consumers by offering multiple submission options available in ten different languages.

Webinar panellists include:

- Nicola Rogers | Principal Consumer Liaison Advisor (Advanced Clinical Lead) | Metro South Health
- Jodie Nixon | Consumer Partnership Manager | Metro South Health
- Warren J Stubbs | Consumer Partner | Metro South Health
- Anna Voloschenko | Consumer Partner | Metro South Health
- Anna Flynn | Program Director, Partnering with Consumers | ACSQHC

The webinar generated a lot of audience engagement and many more insightful questions than our panel members were able to answer in the live Q&A session. The Metro South Health team has kindly provided responses to the outstanding questions for our network members.

Q&A

1. **Congratulations! Numerous consumers have provided feedback to your organisation, which is commendable. Can I ask if they are paid consumers or if they are all volunteers? Consumer time is just as valuable as clinical time.**

   We have a remuneration system that supports Consumer Partners (CPs) on strategic and National Standard committees. We support some remuneration for working groups. We encourage staff to be transparent about whether remuneration is available so CPs can make a choice. We also use other forms, such as food for meetings, thank you and appreciation cards, etc.

2. **Do you also collect complaints or concerns through the PREMs survey, and does this align with the revised complaint system?**

   PREMS is only for patient experience (as it is not identifiable). There is a clear message that if you have a complaint, it needs to go through the complaints system.

3. **Congratulations on the wide variety of consumers. May I ask if you advertised for consumers, or how did you achieve such a wide variety?**

   We use multiple mechanisms. This includes word of mouth via Health Consumers Queensland and reaching out to the community and NGOs.

4. **What is your process following a complaint being submitted online? Do you have to log this through another program for it to then be managed by the correct department?**

   The online submission is automatically sent to the relevant complaints and compliments unit. This is then investigated by the unit and manually reported by the unit into the designated Queensland Health risk reporting system.

5. **Does this approach cover the whole region (community, primary, secondary, tertiary care) as a system, or is it focused on the hospital/health services?**

   This approach pertains to our Hospital and Health Service (Metro South Health). We are trying to link better with our Public Health Network (primary care groups).

6. **Does demographic data collection of feedback include intersectionality?**

   Yes, consumers using the online form can select as many of the demographic cohorts as they identify with.

7. **During your meetings that have consumer reps what are some methods committee members use to ensure that consumer reps feel confident to discuss their experiences?**

   Variety of methods - executive support, training the chairs, pre-meeting sessions, allocated slots in the agenda. Support from the Consumer Partnering team from onboarding to development through face-to-face and online learning is also available.

8. **Are consumers part of a Root Cause Analysis investigation following a serious adverse event?**

   We have done a pilot with a Consumer Partner on a clinical incident review. We are trying to develop a pathway. It is also important that clinician disclosure occurs, so we understand what the impacted family wants from the review.

9. **Can you share how you close the loop and get feedback to consumers about the experience and actions implemented as a result of feedback?**

   For complaints and compliments, we close the loop with the consumer individually during the resolution phase. This can include discussing/sharing information specific to their healthcare encounter. Where possible and appropriate, it can also include any broader strategic/improvement work that is planned or in progress. More broadly, across our health service, we have a template that says "You Said, We Did" that can be displayed on waiting area walls. We encourage all staff to close the loop with all engagement activities.

10. **Do you have consumers who reflect your demographics? For example, Aboriginal and Torres Strait Islander consumers, multicultural consumers, etc?**

    Our Consumer Partners represent our community. For example, 30% identify as living with a disability, 20% speak a language other than English at home, and 14% identify as being Aboriginal and/or Torres Strait Islander (this is higher than our community demographics).

11. **Do you involve a consumer perspective in the complaint review/investigation and in formulating the findings?**

    Yes. We make acknowledgement contact (phone or email) within 5 days to connect with the complainant and best understand what outcomes they would like from the review/investigation. We don't involve formal Consumer Partners in the complaint review/investigation process.

12. **Any tips on merging the various sources of patient experience and consumer feedback in your reporting?**

    We make sure we use all relevant data sources in different audits. For example, in comprehensive care, we would use patient experience that looks at being involved as much as you wanted, information explained in a way you could understand, and complaints related to pressure injuries/plans of care/restraints, etc.

13. **How does receiving and responding to feedback in languages other than English affect your response times? In NSW, we are working towards 35 days for investigation and response.**

    Our target timeframe for all complaints is closure within 35 days. If translation is needed, we factor this into our planning so we can still meet the 35-day goal where possible; however, if a case needs extra time for this purpose, we document this justification in our risk reporting system.

14. **How does the Health Service complaint and compliment system interface with the statewide system?**
    Currently, the submission portal (entry to process) and the statewide reporting (end of the process) are not integrated. The online submission is automatically sent to the relevant complaints and compliments unit. This is then investigated by the unit and manually reported by the unit into the designated Queensland Health risk reporting system. We're hoping future iterations of our statewide risk reporting can have an integration option with our system to automatically feed the information in.

15. **Thank you for a great presentation. I am interested in learning more about the uptake of feedback via video or voice recordings online. What have been your wins and unexpected challenges with these feedback mediums to date? I think it is a great initiative and something I think could be transferable across project work seeking consumer feedback.**

    We were mindful of these challenges from the outset, but it is absolutely necessary to have appropriate and continuing IT support, and a plan for being able to fund future translations when pages require updating.

16. **Do you seek feedback from complainants about how their complaints were managed (after the complaint is closed)? If so, how do you do this?**

    We don't currently collect consumer experience data from people who make complaints or compliment us. However, we would like to introduce this in the coming years. We would need to develop the methodology for this, and we anticipate we would use the literature on Patient-Reported Experience Measures as our guide.

17. **I love that you created such a flexible and accessible consumer feedback system with options for languages and methods of providing feedback. Did you notice a marked increase in feedback received from diverse groups, i.e. people with disability or from multi-cultural groups and First Nations peoples?**

    We do too! Due to the multitude of confounding variables at play, we are unable to say definitely without rigorous analysis. However, we have certainly improved our alignment with the FECCA checklist for CALD-friendly feedback and complaints mechanisms (available at FECCA working document Access and Equity_v5c).

18. **Amazing consumer engagement mechanisms and systems! Did you see improved trends in PREMs over time overall? Given the improved mechanisms to receive feedback, was feedback management capacity significantly increased, and how did Metro South manage this? (as our capacity is already significantly stretched).**

PREMs data is a bit like a clinical indicator. You can't look at it in isolation. So, if you use it to identify a problem and make a change, the PREMs data may not change as a result.

Like most health services internationally, we are broadly experiencing increasing workloads for our Complaints and Compliments units. Due to the multitude of confounding variables at play, we are unable to say definitely without further rigorous analysis whether the increase is attributable to the improved accessibility of our system. Individual facilities have advocated for increased resourcing when and where needed.

19. **How are patient feedback and resulting actions shared with the broader community - not just individual complainants or respondents?**

    Broadly across our health service, we have a template that says "You Said, We did" that can be displayed on waiting area walls. We encourage all staff to close the loop with all engagement activities.

20. **This is very impressive! What is your process of quality control for these consumers? How often do you reassess their involvement, and what factors do you take into account?**

    We could do a separate webinar on this question. We have used a systems approach. This includes a formal orientation and onboarding, Consumer Network meetings four times a year, annual evaluations, and regular access to support staff to problem-solve any issues.

21. **Your online feedback form is great. Does this information automatically feed into your incident and feedback management system? Or is this done manually by a member of staff?**

    Currently, the submission portal (entry to process) and the statewide reporting (end of the process) are not integrated. The online submission is automatically sent to the relevant complaints and compliments unit. This is then investigated by the unit and manually reported by the unit into the designated Queensland Health risk reporting system. We're hoping future iterations of our statewide risk reporting can have an integration option with our system to automatically feed the information in.

22. **I often see complaints from older people feeling bullied into residential care. Do you feel that complainants should be allowed support, and how do you resolve complaints over multiple areas? For example, an older person is sent to a hospital from a residential facility, the residential facility refuses to take them back, and the older person is advised that they are not allowed to leave the hospital. Complaints then go across the health care system and the residential system; how do you manage this?**

Wherever a complaint is within our health service (even if it goes across multiple facilities), we aim to provide the complainant with a single, cohesive response. Unfortunately, we are not able to do this across multiple health services or agencies.

23. **Are Consumers with lived experience involved in accessing the diverse range of HHS Training modules and programs for the range of clinical staff and supporting staff knowledge of the training needed for staff to improve consumer and carer outcomes?**

    All our training programs are coproduced. Consumers are also able to access the training modules.

24. **Do you have links with your open disclosure and complaint management processes?**

    Complaints and Clinical Incidents have dedicated, separate processes within our health service; however, at times, they do intersect. If the clinical incident is identified via the complaints pathway, the Consumer Liaison Service will provide information to inform the initial triaging and any information the consumers may be seeking to ensure a person-centred transition from one process to the other.

25. **I am keen to understand how you obtain consent to investigate complaints, particularly if the complaint has come from someone other than the patient. Also, do you use implied consent as part of your consent process?**

    Metro South Health considers that the statutory duty of confidentiality applies to Consumer Liaison Services. As such, we explicitly seek consent from the appropriate persons/authority during the complaints process. The Consumer Liaison Officers receive training in this regard and can seek tailored advice where needed from the Metro South Health Consumer Liaison Advisor Service or Legal Services.

26. **Do you recruit continually or try to tackle this only once a year?**

    It's a continual process. We do five formal orientation programs a year and ad-hoc if needed for urgent.

27. **We still see a lot of committees without consumer partners; what can we do better to ensure that consumer partners are included in every meeting, not just some?**

    Be strategic with the ones that matter (Standard 1, 2 and 5). We need executive buy-in for it to be a success.

28. **How do you field/respond to complaints and feedback from consumers who are intoxicated/under the influence/aggressive?**

    All staff are encouraged to use de-escalation strategies. We have an organisation-wide acceptable behaviour framework to support all staff in this regard. If a complainant displays ongoing behaviour that is not acceptable during the complaints process, our staff are encouraged to be guided by the Queensland Ombudsman model for identifying and developing strategic response to unreasonable complainant conduct.

29. **In your feedback form, do you have the option for people to provide a suggestion or advice, so it is not a compliment or complaint?**

    No, this has been removed as we now receive these predominantly through the Patient Reported Experience Measures and patient satisfaction survey pathways.

30. **Is there scope for AI or translation technology now or in the future to be used to support the translation of complaints forms and feedback?**

    This is something we are keen to explore but are not yet using.

31. **Do you accept complaints/compliments anytime? For example, if a consumer presented to a service and then made a complaint 2 years later, is this still investigated and responded to?**

    Yes.

32. **How transferable are these systems to small specialist private hospitals, such as mental health or AOD?**

    Our system is used across our health service, which includes our specialised Addiction and Mental Health Directorate and our small rural hospital. We have not encountered difficulty adopting this system across facilities of this nature.

33. **Do you have a system for shared learnings from your compliments, i.e. if one area is doing exceptionally well with consumer communication, say at the ward level, is this investigated and transferred for the benefit of other areas?**

    We don't have a whole-of-health service system. However, the usual business for all areas is to first share with the respective team to positively acknowledge and reinforce the behaviour and share the reward for effort. More broadly, there's a bit of variety, but ultimately, we try to share widely. One of our facilities (a large hospital) shares a daily compliment to divisional leaders. Another one (a medium-sized hospital) puts a de-identified example in the regular

staff newsletter. Another directorate (small hospital) invites areas with high numbers of compliments to speak to forums so we can celebrate their work and adapt their strategies in other areas.

34. **What does 'complex' mean in the context of complaints that differs from usual complaint management? Does this refer to HCCC complaints? How are 'complex' complaints categorized, and do you have any relevant documents that your services use?**

    Complaints can be complex for a variety of reasons, and I don't believe there is currently an agreed definition in the literature or best practice documents. When the Consumer Liaison Advisor positions were established, we consulted with our existing Consumer Liaison Services to get their perspective on which complaints were the most complex to manage. Based on our consultation, we devised criteria for our service that cover complaints that cover multiple health services/agencies, complaints that involve multiple facilities within our health service, complaints that are media sensitive and complaints that have been escalated to the Minister for Health after we have attempted direct resolution with the complainant. We also accept other complaints of significant clinical/interpersonal complexity by exception where needed.

35. **Are compliments ever provided to the general public for them to review? Considering that consumers may respond positively if they see the compliments (i.e. electronic notice board in the main foyer)**

    We don't currently do this. We would love to, assuming we had appropriate mechanisms to deidentify and share publicly.

36. **How does this initiative affect carers?**

    In Metro South Health, we acknowledge that the key people supporting patients can offer valuable insight, as well as patients. Therefore, we accept feedback about a consumer's experience of healthcare from anyone: patients, carers or family members, staff members, advocates, groups of consumers or consumer organisations, members of the community, an MP, or external bodies. Whilst feedback can be made by anyone, we explicitly seek consent from the appropriate persons/authority during the complaints process to balance the valuable insight a patient's key support people can share against a patient's right to privacy.

37. **Where can we access the publication Jodie referred to?**

The Symphony of Consumer Partnering and Clinical Governance: An Organizational Review Using the RE-AIM Framework - Nixon - 2024 - Health Expectations - Wiley Online Library.

38. **This is fantastic work, thanks for sharing. I'm not familiar with Metro Health South. I wonder whether your remit covers mental health services and whether you utilise the same consumer engagement and feedback process for these services as other services.**

    Yes, it does. Our redesigned complaints/compliments system is used across our health service, which includes our specialized Addiction and Mental Health Directorate.

    Our consumer partners come through all the same processes regardless of where they will partner.