

Issue Resolution and Incident Management Policy

The purpose of this policy is to ensure continuous improvement of Ontime Healthcare services, systematic handling and recording of complaints, issues and incidents, increasing satisfaction of all stakeholders, managing the complaints and learning from and eliminating systematic and repeated problems.

The guiding principles that people with disability have a right to have a say about and be involved in decisions affecting their lives must inform the approach to complaints management and resolution.

To ensure that the needs of people with disability are addressed in relation to complaints or issues that affect them, registered NDIS providers must ensure that both the person involved in the complaint and any affected person with a disability are appropriately involved in the resolution of the complaint, and kept informed of the progress of the complaint, including any action taken, the reasons for decisions made, and options to have decisions reviewed.

The objectives of the issue resolution policy are to:

1. Assist Ontime Healthcare with the timely and effective management of complaints.
2. Establish a standard approach to complaints handling including the development of performance indicators to monitor compliance.
3. Ensure that all staff are aware of their responsibilities and are empowered to manage complaints.
4. Ensure clear and accurate documentation of all complaints and they are recorded on the system and against the appropriate nurse

Ontime Healthcare is committed to seeking regular feedback on its performance from both staff and customers. This is done through the use of feedback forms and formal customer checks and ad hoc feedback received.

Ontime Healthcare defines a complaint as an expression of dissatisfaction or unmet expectation by or on behalf of a client. It could relate to any aspect of our services, performance or the way we do our business.

Some complaints are able to be resolved immediately and if so should be dealt with as quickly as possible. This procedure should be initiated when complaints have not been adequately resolved though day to day interactions or otherwise require more formal attention.

The issue resolution policy will include investigating the root cause of the complaint and identifying any continuous improvement opportunities, particularly with recurring complaints. All issues raised are recorded in the issues register and addressed.

The procedure will:

- ensure there is a functionality to provide feedback in a variety of ways
- be communicated to staff as part of induction process and regularly promoted by management in staff meetings
- ensure any issues are escalated to the relevant manager
- ensure the issue is investigated and resolved, then recorded in the issue resolution folder and the relevant systems as required
- ensure all escalated issues will then be discussed at the monthly operations meeting

Feedback from our customers and staff provides us with unique information about the quality and performance of Ontime Healthcare. Management of a complaint provides the opportunity for complainants to have their issues resolved effectively, ensures that any identified risks are managed appropriately and that action is taken to minimise or eliminate those risks.

COMPLAINTS PROCEDURE

Complaints are referred to the Care Co-ordinator of the program



The Care Coordinator will speak with the client at the earliest opportunity, preferably within 2 business days and attempt to resolve the concern to the satisfaction of all parties through listening, clarification, negotiation and mediation. It is acknowledged that it may take some time, and several meetings to resolve complaints.



The Care Coordinator will record the complaint, the process used and any resolution achieved in the complaints register.



If the complaint is not resolved, the Care Coordinator should ask the client to put the complaint in writing. The Care Coordinator must notify the Program Manager of the complaint.



If the client or their advocate does not wish to speak with the Care Coordinator about a complaint, they may make telephone appointment to speak with the Program Manager.



The Program Manager will speak with all relevant people and attempt to resolve the issue. The findings and actions will be documented and will be provided to all relevant people.



If the complaint has not been resolved, the client or their advocate may make an appointment to speak with the relevant Group Manager, who will investigate and attempt to resolve the complaint.



If the complaint has not been resolved at this level, the complaint may be referred to the General Manager of We Care4U. The General Manager will investigate the complaint and following an investigation, will provide a report to the client within two weeks of the complaint being made. The client may discuss the report with the General Manager, and if the complaint is still not resolved, it will be referred to an external process.



Clients may be referred at any stage to Seniors rights Victoria PH: 1300 368 821 or E-mail: info@seniorsright.sorg.au

RECEIVING COMPLAINTS

Complaints may be received in person, over the telephone or in writing. Staff at all levels must accept complaints and know what action they can take to resolve them. The Complaints Officer will oversee and manage all complaints received.

With complaints received verbally staff should:

- Acknowledge receipt of the complaint
- Ensure the complainant understands we will begin an investigation and commence within 1 business day.
- Commence actioning the complaint as soon as possible

Registering Complaints

Once received:

- All complaints must be registered electronically on Venus and noted against the relevant area in either a staff or customer
- All complaints and issues raised are documented in the issues register located on our K drive: K:\Ontime Healthcare\Ontime - All staff\Complaints. Any issues logged are discussed at weekly operational meetings and are also raised and reviewed at monthly director meetings.
- If related to a nurse the complaint must also be registered on the HR system along with the eventual findings and the outcome

Investigate

All complaints require to a greater or lesser degree a fact-finding process in order to determine what has happened and what course of action is required in response. All issues must be investigated by the Quality Manager in the first instance and if not available then the General Manager.

Consideration is required to determine:

- what information to obtain
- where it is to be obtained
- how it should best be collected (interview, site inspection, phone call, email),
- how it is communicated (report, statement)

Respond

Once the information has been analysed, the person managing the complaint outlines findings and recommendations for action. Actions taken by Ontime Healthcare to resolve a complaint must be based on the evidence, address any system, process or practitioner issues, and are informed by the principles of public interest and good clinical governance.

Resolution

The target for finalising complaints is 5 business days. Final responses will be confirmed in conjunction with the General Manager and Directors as required and then a response provided back to the complainant and anyone else as required.

The investigating officer may have further queries and offer to meet the complainant with the key staff involved. If there is a reason why a specific issue cannot be addressed this should be stated. Include details of further action available to the complainant. All information and outcomes must be documented on Venus and the HR system.

As far as possible, the manager should ensure that staff members who have been involved are given the opportunity to see the final response before it is sent for final signature. The final response will be:

- Sent to the complainant and the related party
- Copied to the relevant Manager
- Copied to any requesting parties to which the patient has given consent
- Copies saved on our HR system.

REPORTABLE INCIDENTS AND COMPLAINTS - NDIS

A reportable client incident is an event or circumstance that occurred during service delivery, Reportable Incidents are serious incidents or allegations, which result in harm or has the potential to harm a client. An incident that has occurred 'during service delivery' is an incident that occurs during

provision of an in-scope service and/or as a result of, or related to, a deficiency or a potential failure in service provision.

Incident Management System

As outlined in the NDIS (Incident Management and Reportable Incidents) Rules 2018, incidents that must be recorded and managed include incidents where harm, or potential harm, is caused to or by a person with disability while they are receiving NDIS supports or services. The incident management system must include procedures for identifying, assessing, recording, managing, resolving and reporting incidents. NDIS providers must keep records about incidents, and must document their incident management NDIS Quality and Safeguards Commission 1 system and make it available to workers and participants.

What must be reported

The following reportable incidents (including allegations) arising in the context of NDIS supports or services must be reported to the NDIS Commission:

- the death of a participant;
- serious injury of a participant;
- abuse or neglect of a participant;
- unlawful sexual or physical contact with, or assault of, a participant;
- sexual misconduct committed against, or in the presence of, a participant, including grooming of the participant for sexual activity;
- the use of a restrictive practice in relation to a participant, other than where the practice is authorised and used in accordance with the participants approved behaviour support plan.

How to report

From 1 July 2019 providers will be able to report through the NDIS Commission's website:

<https://www.ndiscommission.gov.au/providers/provider-responsibilities/incident-management-and-reportable-incidents>

When to report

Most reportable incidents must be notified to the NDIS Commission within 24 hours of a provider's key personnel being made aware of the incident. A more detailed report about the incident and actions taken in response to it is required within five working days. The NDIS Commission must be notified of the use of unauthorised restrictive practices within five business days of a provider's key personnel being made aware of the incident. If there is harm to a participant, it must be reported within 24 hours as the relevant reportable incident category, such as serious injury or abuse. A final report may also be required within 60 business days of submitting the five-day report. The NDIS Commission will advise providers if a final report is required.

Recording reportable incidents

All reportable incidents will be recorded in the issue register.

The Complaint Officer is responsible for reporting incidents that are reportable to the Commissioner.

- Step 1: Submit an Immediate Notification Form
To notify the NDIS Commission of a reportable incident, download and complete the [Reportable incident – Immediate notification form](https://www.ndiscommission.gov.au/sites/default/files/documents/2018-07/NDIS%20Reportable%20Incident%20Form%20-%20Immediate.pdf) (<https://www.ndiscommission.gov.au/sites/default/files/documents/2018-07/NDIS%20Reportable%20Incident%20Form%20-%20Immediate.pdf>) which should be completed within 24 hours of the incident and emailed to: reportableincidents@ndiscommission.gov.au.
- Step 2: Submit a detailed report
A more detailed report about the incident and actions taken in response to it should be completed within five business days using the Reportable incident: 5 day notification form (<https://www.ndiscommission.gov.au/sites/default/files/documents/2018-07/NDIS%20Reportable%20Incident%20Form%20-%205%20Day%20notification.pdf>)
- Step 3: Submit a final report, if required
A final report within 60 business days of submitting the five-day report may be required as

advised by the NDIS Commission.

ONTIME CONTACT DETAILS

To make a complaint or to report an incident contact the Complaint Officer: Anthony Zalakos

P: 1300 527 034

E: info@ontimehealthcare.com.au

NDIS

If the issue relates to an NDIS service provided and is unable to be resolved, the person making the complaint will be directed to the official NDIS Quality and Safeguards Commission on 1800 035 544 or access the complaint contact form located on the NDIS Quality and Safeguards Commission website. Further escalation processes are outlined by this commission.

SOURCE/REFERENCES

- ISO 9001:2015 (E) 5.1.2 Customer Focus
- ISO 9001:2015 (E) 78.2.1 Customer Communication
- ISO 9001:2015 (E) 9.1.2 Customer Satisfaction
- ISO 9001:2015 (E) 10 Continual Improvement
- National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018
- National Disability Insurance Scheme Act 2013 (the Act)
- Effective Complaint Handling Guidelines for NDIS Providers
- NDIS Code on Conduct
- Fact sheet: How to make a complaint (NDIS)
- NDIS (Incident Management and Reportable Incidents) Rules 2018