



1 Purpose

The purpose of this document is to provide complaints handling information to interested parties, such as how to make a complaint, where to make a complaint, and what complainants might reasonably expect when making a complaint which is related to RHealth.

2 Definition

A complaint is defined as negative feedback from any source in respect of any RHealth services and can be either written or verbal and be made by the person accessing such services, or through a third party.

3 Policy Statement

RHealth affirms that people have a right to question and inform decisions made and services provided. We take complaints seriously and manage them in a confidential, timely, objective, transparent and meaningful way. We achieve this by:

- a. maintaining the confidentiality of all parties in line with policy and legislative requirements;
- b. acknowledging that the common goal is to achieve an outcome acceptable to all parties;
- c. acting in good faith and in a calm and courteous manner;
- d. showing respect and understanding of each other's point of view and value difference, rather than judge and blame;
- e. respecting and acknowledging the need for cultural appropriateness;
- f. ensuring complaints are handled objectively and confidentially, and that complainants are not unfairly treated as a result of making a complaint; and
- g. recognising that all parties have rights and responsibilities which must be balanced.

4 Awareness and Accessibility

Our service values the feedback of members, clients, and the wider community as a mechanism to support our continual improvement of our services. Accordingly, RHealth shall ensure that this complaints handling information is accessible by all interested parties.

The complaints handling process shall be free of charge to the complainant.

5 Complainant will Not be Disadvantaged

RHealth shall not cease providing a complainant with services; shall not refuse the complainant with access to those goods or services; or otherwise recriminate against any complainant, because they have made a complaint to, or about RHealth or RHealth's commissioned/contracted service provider/s. This does not, however, preclude RHealth from taking necessary action to ensure service continuity and quality and safety of care.

6 How to make a Complaint

Complaint can be made by completing a RHealth Feedback form, which is available from any member of RHealth staff and can be accessed via the RHealth website: <https://www.rhealth.com.au>

NOTE: Complainants will be asked to put their concerns in writing and provide all relevant supporting documentation.

7 Responsiveness

All complaints will be acknowledged and responded to as soon as practicable. Our aim is to acknowledge receipt of complaints within three business days of receipt.

Complaints will be dealt with in a timely manner and complainants will be kept informed about the progress of their complaint and anticipated timeframes.

RHealth, shall endeavour to resolve/close out complaints, wherever practicable, within 35 business days.

Allegations of suspected harm, or risk of harm to a person, or possible victims of crime, will be actioned immediately by urgent referral, or reporting to the relevant agency.

8 Confidential

Personally identifiable information concerning the complainant shall be available where needed, but only for the purposes of addressing the complaint within RHealth, or RHealth's contracted service providers, and personal information shall be actively protected from disclosure, unless the complainant expressly consents to its disclosure, or disclosure is required by law.

9 Managing the Complaint

Where possible complaints will be dealt with as quickly as possible, by a senior manager, referred to as RHealth's Complaints Handling Management Representative, who is appointed by the RHealth Chief Executive Officer (CEO).

Where the RHealth Complaints Handling Management Representative believes they will have to share a confidence with another person or clinical commissioned service provider in order to resolve an issue, or the nature of a complaint requires that a third party has to be informed in order to meet legislative requirements, they will inform the complainant, or the client's carer or family (as applicable) of the need prior to any further discussions on the matter.

The complaint will be documented and any notifiable requirements in relation to the complaint considered.

The complainant will normally be asked to provide information regarding how the situation could be rectified to their satisfaction.



If possible, the problem will be resolved as soon as reasonably practicable. If this is not possible, the complainant will be advised that the issue will be given high priority and dealt with as soon as possible.

RHealth's corrective action decision/s shall be tailored to the nature and severity of the complaint and must be subject to any statutory requirements. To address a complaint, RHealth may:

- a. assess the claims made in the complaint;
- b. gather relevant information concerning the complaint;
- c. investigate and assess relevant information to the complaint;
- d. refer the complaint to an independent external party (as required) – to investigate, assess, and conduct an independent review of relevant information to the complaint, providing a recommended respond to the complaint.

Where mediation is required all parties will have the right to agree to the appointment of the mediator.

Serious matters, such as the following, are to be immediately brought to the attention of the RHealth CEO:

- a. the safety, health or wellbeing of a person using the service was, or is, being compromised while that person is, or was, in the presence of RHealth personnel or an RHealth contractor; and/or
- b. relevant legislation has been contravened.

The RHealth CEO will take the lead in having such matters investigated and dealt with in a timely manner.

10 Follow-Up and Review

Each complaint will be viewed as an opportunity for improvement. After the complaint has been dealt with, RHealth will analyse the complaint to determine if any policy or procedural changes need to be implemented.

The RHealth CEO, or delegated Complaints Handling Management Representative, will follow-up to confirm that complaints have been successfully resolved to relevant parties' satisfaction.

Complainants will be contacted by the Complaints Handling Management Representative to determine if they were satisfied with the way the issue was resolved, and other relevant parties will be also be consulted about the outcome from a service delivery perspective.



12 Monitoring, Evaluation and Review

Through the RHealth Quality Management System internal auditing process, this policy will be reviewed to ensure compliance with legislative requirements, and unless deemed necessary through the identification of practice gaps, RHealth will review this policy annually. The review processes will seek to identify and address any systematic barriers to complaints, and feedback mechanisms, with a view to continual improvement.

Complainant's feedback shall be used as an input into the review process.

13 Complainant's Right of Appeal

If you are not satisfied with our decision and the outcome, you are entitled to seek review of the outcome of your complaint. An application to have your decision internally reviewed must be made to RHealth within 20 business days of the date of the letter communicating the original decision.

When a review is requested by a complainant, an internal review will be conducted by an Executive Manager, or external agent, who was not involved in the original investigation and assessment of the complaint.

Complainants are to be made aware that:

- a. such a review is not a new investigation of their complaint;
- b. the review process will consider:
 - i. the process adopted by the original investigating officer and whether it was appropriate to identify the validity of the complaint and where applicable, address the concerns raised; and
 - ii. the merit of the conclusions and whether they were clearly and appropriately explained to the complainant; and
- c. the second review will finalise the complaint (subject to the finalisation of any additional matters referred back to the Complaints Handling Management Representatives for consideration); and
- d. complainants may also choose to directly engage with an external body, such as the Commonwealth Ombudsman (see contact details below) to seek a review of RHealth's handling and/or the outcome of the complaint.

14 Complaints Process – Overview Diagram

