



## CheckUP Feedback Policy and Procedure

### 1. Introduction

CheckUP is committed and involved with the establishment, implementation and review of a customer focused, and continually improving business environment.

We welcome feedback and shall accept feedback up to three months after occurrence of the event. Feedback also includes compliments, complaints, and clinical incidents.

### 2. Related documents

- Internal Feedback Form (F029)
- External Feedback Form (F032)
- Clinical Incident Policy and Procedure (O151)
- Open Disclosure Policy (O152)
- Compliments and Complaints Register
- Clinical Incidents Register

### 3. Purpose

This policy aims to identify service improvements, increase customer satisfaction, strengthen customer input into our services, acknowledge areas of excellence and respond effectively and independently to feedback provided.

### 4. Principles

The core principles of an effective feedback system are:

- Visibility – the feedback system needs to be promoted and publicised internally and externally.
- Access – service providers, stakeholders and service recipients should have easy access to information about how to provide feedback.

- Responsiveness – all complaints will be responded to quickly and within specified time targets and all other feedback will be acknowledged within specified time targets.
- Accountability – regular reporting on the feedback process.
- Safety - ensuring that the recipients or consumers of CheckUP's contracted health services/providers receive high quality and safe healthcare services.

## 5. Compliments

There are occasions when CheckUP is complimented on the services we provide. These occasions highlight where we have met or exceeded the expectations of our service providers, stakeholders and service recipients. Compliments provide a very clear indication of what service providers, stakeholders and service recipients value about CheckUP and the work we do. Information about the compliments we receive often goes unrecognised because unlike complaints, compliments require little action on our part. When it is appropriate compliments should be acknowledged.

Recording information about the compliments that we receive serves the following purposes as it:

- indicates which aspects of our service, service providers, stakeholders and service recipients value;
- helps CheckUP to build a balanced picture of how our service impacts on our Service Providers, Stakeholders and Service Recipients service providers, stakeholders and service recipients;
- gives CheckUP the chance to share and reinforce among managers and staff examples of good practice in customer service; and
- helps to build morale and provide due recognition for a job well done.

## 6. What is a complaint or clinical incident?

A complaint is defined as an expression of dissatisfaction with a service offered or provided, or a concern regarding some aspect of the health service that requires a response.

A clinical incident is defined as an event or action that staff, clinicians or consumers identify and threatens the safety of the service recipient and/or the professional integrity of the service provider or health professional.

CheckUP has a commitment to ensuring the identification and management of clinical risks and incidents. It is an integral part of business practice and quality management and is in keeping with its Clinical Governance and Risk Management Frameworks.

The Clinical Incident Policy and Procedure (O151) document and Clinical Incident Report Form (F034 - internal), are designed to provide a structured and consistent process, based on best practice to identify, prevent, manage and investigate clinical incidents in a timely manner, and act to improve future services based on the outcomes of the clinical incident investigation.

In addition, CheckUP is committed to a culture of reporting and open disclosure, both within its own organisation and by contracted service providers.

CheckUP recognises that non-clinical incidents resulting from interactions with consumers may also result in adverse effects on consumers. CheckUP manages these consumer interaction incidents in the same manner and with the same seriousness as clinical incidents.

Examples of non-clinical incidents relevant under this policy include:

- an administrative error relating to a consumer that may cause consumer harm
- an interaction between a consumer and an employee or contracted service clinician with insufficient qualifications or experience to effectively manage the queries or information
- allegation or suspicions of criminal conduct or fraud by a contracted service employee or clinician, in relation to client care that may have resulted in patient harm



## 7. Who can provide feedback?

Service providers, stakeholders, service recipients and other interested parties can provide feedback which may constitute a compliment, complaint, clinical incident or combination of these.

## 8. Management review

CheckUP acknowledges the need to conduct an audit annually, review processes, analyse data and evaluate performance to measure suitability, adequacy, effectiveness and efficiency of its feedback process for continuous improvement.

Regular satisfaction surveys and discussion forums capture compliments and complaints ready for processing of these records into our feedback records. Our feedback process is promoted on our website.

## 9. Monitoring performance

CheckUP monitors its performance through the collection of data reported in its monthly review and annual internal audit reviewed by management.

## 10. How to provide feedback

CheckUP welcomes all feedback, positive or negative, about the service received from and/or experience with CheckUP. While it is nice to receive positive feedback, if we are doing anything that can be improved, we want to know about it. Feedback can be provided through the team that works with the service provider, stakeholder or service recipient or by contacting CheckUP directly (contact details as per below).

All information about the service provider, stakeholder or service recipient, the person providing the feedback (where they are different) and the complaint will be treated with the utmost confidentiality; however, it may be necessary to release some details in order to

properly investigate the feedback. The service provider, stakeholder or service recipient is welcome to invite a person of their choice to assist them through the feedback process.

Providing feedback is a simple process. The options include:

1. Talk with someone at CheckUP, either in person at our office: -  
**Level 2/36 Russell Street, South Brisbane or phone 3105 8300**

OR

2. Put the feedback in writing. The Feedback Form (F032) can be completed or feedback can be provided via a written letter or email. CheckUP staff can be asked to assist with providing the feedback form or advising on how to submit the feedback. Provide the letter or form to any CheckUP staff member or mail to: -  
**CheckUP Australia, PO Box 3205, South Brisbane Qld 4101**

OR

3. Go to:  
[https://www.checkup.org.au/page/Contact\\_Us/Let\\_Us\\_Know\\_What\\_You\\_Think/](https://www.checkup.org.au/page/Contact_Us/Let_Us_Know_What_You_Think/) to complete the online Feedback Form.

If a service provider, stakeholder or service recipient is not able or comfortable providing feedback directly to CheckUP, we are happy to accept feedback from an advocate on their behalf.

Feedback should include:

- i) the compliment/complaint/clinical incident/suggestion for improvement – which product/service, when the event occurred, how it affected the service provider, stakeholder or service recipient and which steps have been taken; and
- ii) name and email address for correspondence - in order for the compliment/complaint/clinical incident to be acknowledged/followed-up please provide your name and email address as we are unable to respond directly to your feedback without this information.
- iii) the outcome sought.

**Note:** – we may need to involve other people in our investigation process but would do so where it was necessary and reasonable in the circumstances, which would include taking into consideration any objection from the service provider, stakeholder or service recipient or their representative to which the feedback relates.

## 11. What happens next?

- When feedback is received by a staff member, it is recorded on the Internal Feedback Form (F029), which is then forwarded to senior management to be acknowledged or actioned.
- Details of the feedback are recorded in CheckUP's Compliments and Complaints Register.
- If this feedback relates to a clinical incident, it is recorded on the Clinical Incident Report Form (F034) and documented in the Clinical Incident Register. Refer to the Clinical Incident Policy and Procedure (O151) for further action.
- Acknowledgement of the communication with us.
- Conduct an initial assessment of the feedback.
- Investigate the matter, where necessary.
- Where contact details are supplied - communicate with the person who provided the feedback about our decision on the matter and the reason for the decision, where this is necessary for the nature of the feedback.
- Discuss proposed and actual actions and offer a remedy if applicable.
- Where applicable, take corrective and/or preventative actions to proactively improve CheckUP's records and practices.
- Where applicable, reflect on the process and initiate changes aimed at cultural change.
- If the outcome has resulted in an improvement, this is documented on CheckUP's Quality Improvement Process Register and followed up on.

If you do not receive a letter within seven (7) days, you can send us an email at:

[info@checkup.org.au](mailto:info@checkup.org.au) or call us on (07) 3105 8300.

CheckUP is committed to quality improvement, and you raising your concerns greatly assists us to improve our service delivery and to maintain your professional integrity.



<b>This document is uncontrolled once printed</b>			
<b>Version number</b>	7	<b>Changes Last Made:</b>	21 August 2020
<b>Approved by:</b>	<i>An Maura Kelly</i>		
<b>Changes to this version:</b>	<ul style="list-style-type: none"><li>- Changes to incorporate clinical incidents</li><li>- Number 6 to include clinical incident definition</li></ul>		
<b>Superseded on:</b>	N/A		
<b>Last Review Date:</b>	17 January 2020	<b>Next Review Date:</b>	17 January 2021