



TCP/RRP Complaints Management Processes

Transition Care Program (TCP)

Residential Respite Pilot (RRP)

Contents

1.	Background	3
	Transition Care Program (TCP) and Residential Respite Program (RRP)	3
2.	Purpose and intent	3
3.	Scope	4
	3.1. Definitions and Terms	4
4.	Complaints Management Process for TCP and RRP	5
	4.1. Making a Complaint	5
	4.2. Initial Seriousness Assessment and Risk Management	7
5.	Complaints Management Process	9
5.	Alignment to WA Health Complaints Management Mandatory Policy [MP 0130/20]	10
	5.1. Complaints Management Toolkit	10
	5.2. Reporting	11
6.	Delegation and Authorisation	11
	6.1 Approval Authority	11
	6.2 Complaints Management Procedure Annual Approval	12

1. Background

Transition Care Program (TCP) and Residential Respite Program (RRP)

Transition care is short-term care that seeks to optimise and improve the functioning and independence of older people after a hospital stay. The aim of the Transition Care Program (TCP) is to provide older people with an option to improve functional independence and enable them to either return home if possible or provide support to secure permanent residential care while maximising their abilities.

TCP aims to:

- provide increased opportunity and resources for older people with chronic disease and/or complex needs discharged from a hospital to improve or maintain their physical, cognitive and psychological functioning and to facilitate improved capacity in activities of daily living;
- enable a greater number of older people to return home whenever possible, or to enter residential care with a higher level of functional and cognitive ability and independence than would otherwise have not been possible;
- reduce the rate of re-admission to hospital of recently discharged frail older people with chronic disease and/or complex needs; and
- improve the quality of life of participating frail older people with chronic disease and/or complex needs.

TCP transition care can be delivered in either:

- a facility-based residential setting (e.g. an aged care home)
- a community setting (e.g. a person's home); or
- a mixture of both.

The RRP program supports aged care homes to provide temporary respite care to older patients after a hospital stay. RRP aims to Support the discharge of older patients who are medically ready for discharge but need time before making a choice about permanent aged care.

Both programs are funded jointly by the State and Commonwealth Governments, with the regulatory authority provided under the Quality and Safeguarding Commission for Aged Care.

2. Purpose and intent

The purpose of this document is to explain how complaints can be made and will be managed within the TCP and RRP Programs. This information is for and relevant to WA Health TCP and RRP staff, TCP and RRP contracted service providers as well as TCP and RRP care recipients and representatives.

This document should be read in conjunction with:

- WA Health Complaints Management Mandatory Policy [MP 0130/20]
- [WA Health Complaints Management Guideline](#)
- [Complaints Management Toolkit](#)
- [Clinical Incident Management Policy \[MP 0122/19\]](#)
- Notifiable and Reportable Conduct Policy [MP 0125/19]

3. Scope

The complaints management processes described in this document applies to all care recipients (or their representatives) and service providers contracted or engaged by WA Health under the TCP and RRP. The Department is committed to the provision of high quality, professional services and acknowledges service providers and care recipients have the right to complain and provide feedback to foster improvement in the quality of the service they provide and receive.

Additionally, within the Contract Management of these services, WA Health ensure all contract requirements are met to ensure the quality of services. Initial steps in making a complaint should be made directly to the service provider, complaints can also be made directly to HADSCO.

3.1. Definitions and Terms

Term	Definition
Service Provider	Service provider who delivers transition care services (TCP or RRP) as contracted by WA Health
Care Recipient	The individual receiving services from a transition care provider
Representative	<p>A representative of a care recipient is:</p> <ul style="list-style-type: none">a) a person nominated by the care recipient as a person the care recipient wishes to participate in decisions relating to his or her care; orb) a partner, carer, or close relation of the care recipient; orc) a person who holds an enduring power of attorney given by the care recipient to decide the health care and other kinds of personal services the care recipient is to receive; or <p>a person appointed by a state or territory guardianship board (however described) to decide the health care and other kinds of personal services the care recipient is to receive.</p>
Transitional Care Program	<p>Commonwealth funded short-term care that seeks to optimise and improve the functioning and independence of older people after a hospital stay.</p> <p>The Department is the approved provider of TCP in Western Australia.</p>
Residential Respite Program	The Respite Pilot supports aged care homes to provide temporary respite care to older patients after a hospital stay.
Department	Western Australian Department of Health.

Term	Definition
Complaint	An expression of dissatisfaction by or on behalf of an individual consumer/carer/representative regarding any aspect of a service provided by an organisation where a response or resolution is explicitly or implicitly expected or legally required. Anonymous complaint: where the complainant for whatever reason chooses to withhold identifying details.
HADSCO	Health and Disability Services Complaints Office is an independent authority that resolves complaints about health, mental health and disability services in WA.
Aged Care Quality and Safety Commission	Is the national regulator of aged care services, for health, safety, and the wellbeing of older Australians.

4. Complaints Management Process for TCP and RRP

The WA Health Complaints Management Guideline includes the following information which is applicable and should guide all processes for the management of complaints in TCP and RRP:

- Enables the collection, assessment, acknowledgement and investigation of complaints and complaint resolution
- Undertakes an initial assessment of serious risk and required response.
- Allows Complaints to be made anonymously
Receives complaints via a number of mechanisms including written and social mediums
- Determine the most appropriate pathway
- Collects demographic information and where appropriate complaint outcomes to inform continuous improvement

The following processes and activities are noted specifically for TCP and RRP:

4.1. Making a Complaint

Aligned to the TCP Guidelines, service providers are required to inform care recipients (or their representatives) in the recipient agreement of internal and external mechanisms for addressing complaints made by, or on behalf of, the care recipient as well as the reporting requirements.

Reported complaints are verified and followed up through existing contract management meetings and quality audits.

Recipients of TCP or RRP (or their representatives) can lodge a complaint the following ways:

- **Direct to service provider:** In the first instance, care recipients (or their representatives) are encouraged to discuss concerns and complaints directly with the service provider.
- The Service Providers contractual obligations relating to provider complaints management as outlined in the TCP Contract Management Plan:
 - **Section 5.5:** Service providers must report to the State any complaints unable to be resolved and/or complaints referred to the Aged Care Quality and Safety Commission and/or Disability Services Complaints Office, within 5 working days of that referral.
 - **Section 6.2.2:** Service providers must notify the State within one (1) working day of receipt of any complaint that may pose a risk to the State in terms of loss of reputation or comprise a breach of contract or a breach of a State or Commonwealth law.
- **Service provider to WA Health:** Service providers may lodge or escalate complaints to WA Health.
- **Direct to WA Health:** Care recipients (or their representatives) may lodge or escalate complaints to WA Health directly with the TCP and RRP Program Managers.

The following roles are identified as the contact points for TCP and RRP:

- **TCP:** Manager, Transition Care Program
Email: TCP@health.wa.gov.au
- **RRP:** Manager, Residential Respite Pilot
Email: RRP@health.wa.gov.au

Additional Information for care recipients (or their representatives) on how to lodge a complaint is available on the [TCP WA Health website](#).

- **Direct to external provider:** Care recipients (or their representatives) may also direct their complaint externally to:
 - The WA Government Health and Disability Services Complaints Office (HaDSCO) to discuss options or request a complaint form on (08) 6551 7600 or 1800 813 583; or
 - The Aged Care Quality and Safety Commission on 1800 951 822 or via post. Further details on the [Aged Care Quality and Safety website](#).
- **Assistance in lodging a complaint:** Throughout Australia there are advocacy agencies who provide independent and confidential services free of charge. For more information on WAs Advocacy organisation – contact Advocare Inc.
 - P: 08 9479 7566 1800 655 566 (Free Call Country)
 - E: rights@advocare.org.au
 - W: advocare.org.au

4.2. Initial Seriousness Assessment and Risk Management

The Seriousness Assessment Matrix (SAM) is used to determine the seriousness of the complaint. It is used for early identification of complaints where escalation is required due to the seriousness of the events within.

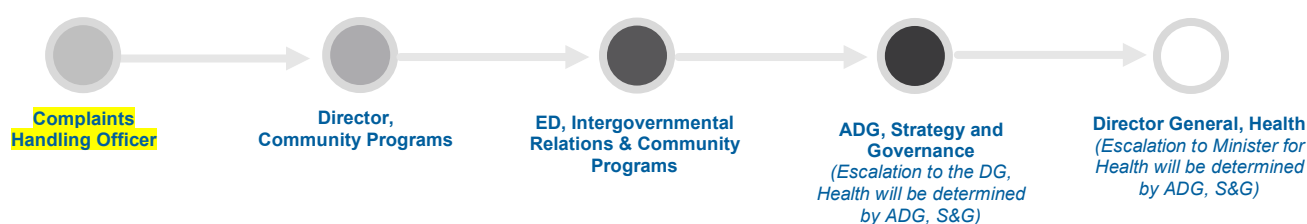
		Seriousness of event				
		INSIGNIFICANT	MINOR	MODERATE	MAJOR	EXTREME
Likelihood of event recurrence	FREQUENT (almost certain)	3	3	2	1	1
	PROBABLE (likely)	3	3	2	1	1
	OCCASIONAL (possible)	4	3	2	2	1
	UNCOMMON (unlikely)	4	4	3	2	1
	REMOTE (rare)	4	4	3	3	1

PROBABILITY CATEGORIES	DEFINITION
Frequent (almost certain)	Expected to occur again, either immediately or within a short period (likely to occur most weeks or months)
Probable (likely)	Will probably occur in most circumstances (several times per year)
Occasional (possible)	Probably will recur, might occur (may happen every one to two years)
Uncommon (unlikely)	Possibly will recur (could occur in two to five years)
Remote (rare)	Unlikely to recur – may occur only in exceptional circumstances (may happen every five to 30 years)

Risk rating	Risk classification
1	Extreme risk
2	High risk
3	Moderate risk
4	Low risk

Where a complaint is identified as related to an event where notifiable and reportable conduct has occurred the TCP and RRP staff will act in accordance with [Notifiable and Reportable Conduct Policy \[MP 0125/19\]](#) which sets out the minimum requirements for recording and reporting.

The following notification rules and escalation pathway will be followed:



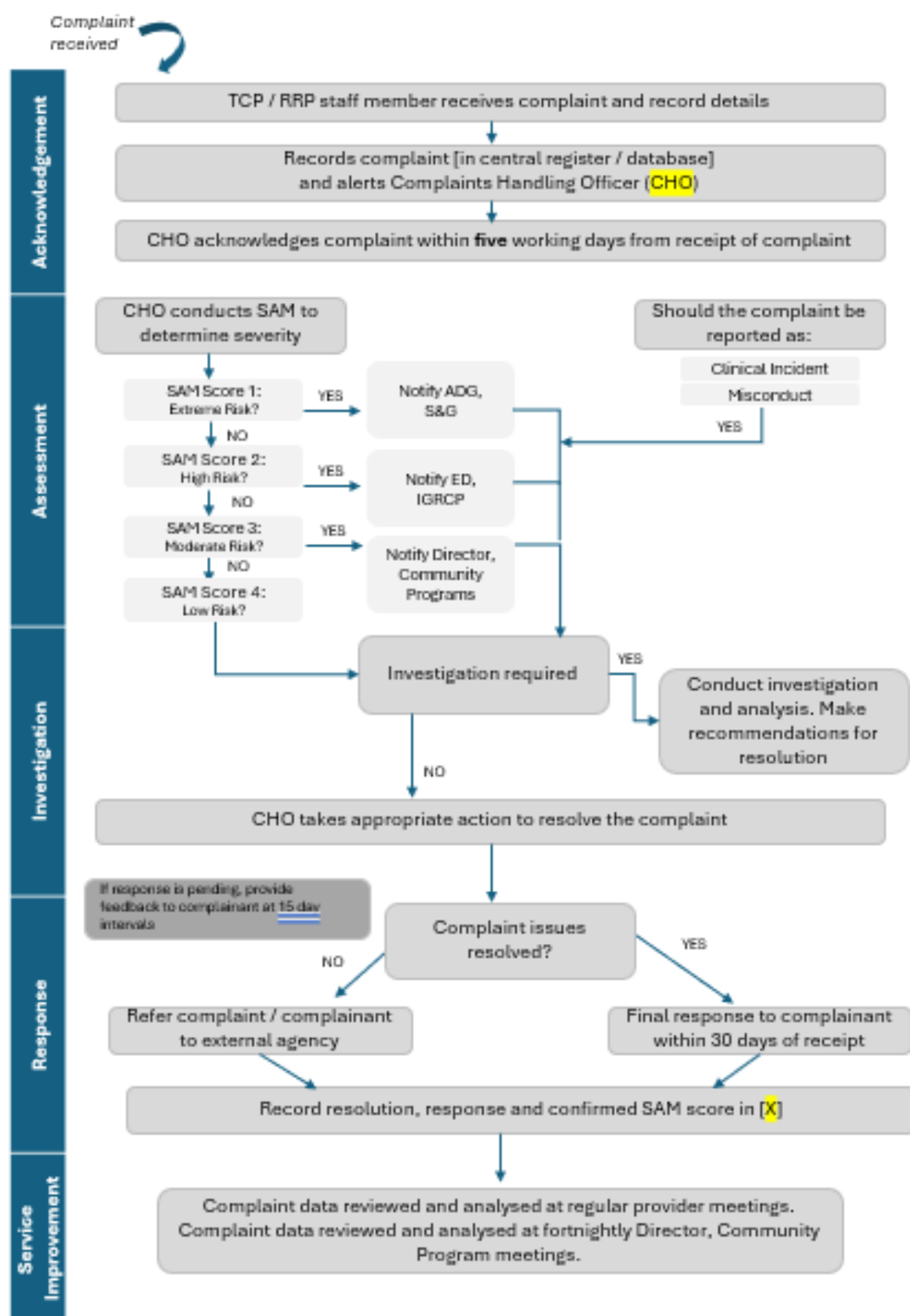
Risk rating	Risk classification	Final point of notification / escalation	Timeframe for notification
1	Extreme	ADG, Strategy and Governance	24 hours
2	High	ED, Intergovernmental Relations & Community Programs	24 hours
3	Moderate	Director, Community Programs	24 hours
4	Low	N/A – managed by the Service Manager	N/A

Note: Complaints relating to Media or Reputational Risk, that may register as Low Frequency, will likely by nature be escalated, and referred within 24 hours.

WA Health does not impose timeframe limits for lodging complaints by consumers of TCP or RRP or their carers/representatives, though timely complaints will assist in the investigation and achievement of positive outcomes.

Complaints Management Process

The following process overview is adapted from the WA Health Complaints Management Guideline:



5. Alignment to WA Health Complaints Management Mandatory Policy [MP 0130/20]

This process should be implemented in line with the WA Health Complaints Management Mandatory Policy [MP 0130/20].

As per the policy, all WA Health entities must maintain systems and processes that provide a consistent approach to the management of complaints, including utilising the complaint management system.

Complaints must be managed in accordance with the principles of respect, the right to privacy, transparency, fairness, accountability, and responsiveness in an environment of continuous service improvement.

WA health entities must respond to complaints received from a third-party organisation on behalf of the consumer as per the policy requirements. Third-party organisation may include but are not limited to the Health and Disability Services Complaints Office (HaDSCO), Aged Care Quality and Safety Commission, Ombudsman Western Australia and advocacy services, including the Mental Health Advocacy Service, Advocare Carers WA, and the Health Consumers' Council.

The following matters are out of scope for the WA health policy and this document:

- Staff complaints relating to other staff, or any aspect related to work health and safety matters are out of scope of this policy and must be managed in accordance with relevant mandatory policies and associated local WA health entity's policy.
- Other forms of consumer feedback including compliments, contact and concerns.

The WA Health Complaints Management Mandatory Policy and all requirements within are applicable to the services purchased from contracted health entities where it is explicitly stated in the contract between the contracted health entity and the State of Western Australia or WA health entity. The State of Western Australia or WA health entity's contract manager is responsible for ensuring that any obligation to comply with this policy by the contracted health entity is accurately reflected in the relevant contract and managed accordingly.

5.1. Complaints Management Toolkit

The following resources are available to assist WA Health TCP and RRP staff with complaints management. Refer to the [Complaints Management Toolkit](#) for more information.

Toolkit	Template
Recording Complaints	Suggested reporting fields – Complainant and Consumer
	Suggested reporting fields – WA Health entity
Reporting forms and checklists	Example form – Frontline Staff complaint management
	Example form – WA Health entity complaint form

	Example form – Complaint Management Record Form
	Example form – Investigation Checklist
	Example form – Complaint Evaluation Survey Form
	Response Checklist
Sample letters	Example Letter – Acknowledgement of Complaint
	Example Letter – Advice about Complaint Resolution
	Example Letter – Confirmation about Complaint Resolution
	Example Letter – Response to Vexatious Complaints
	Example Letter – Response to Complaint Where Complaint Included Allegations of Misconduct

5.2. Reporting

As per section 6.2.2 of the TCP Contract Management Plan, the following information is to be included as part of the Provider's Annual Report:

- All complaints that are unable to be resolved between the Provider and the complainant; and
- All complaints that are referred to one or more of the governmental complaints management agencies listed in the Western Australian Transition Care Program Operational Guidelines. Service improvement reporting as part of monthly meetings.
- Complaints reporting as part of Director, Community Programs fortnightly report.

6. Delegation and Authorisation

6.1 Approval Authority

The following position is the minimum authority required to approve annual reviews of the TCP and RRP Complaints Management procedure document.

Position: Assistant Director General, Strategy and Governance Division

6.2 Complaints Management Procedure Annual Approval

XX Approval	
Name:	Position:
Signature:	Date: __/__/____
Comments:	
XX Review Approval	
Name:	Position:
Signature:	Date: __/__/____
Comments:	