

ADMISSION STATUS:		
Inpatient	<input type="checkbox"/>	Public <input type="checkbox"/>
Outpatient	<input type="checkbox"/>	Private <input type="checkbox"/>
Not relevant	<input type="checkbox"/>	Community Patient <input type="checkbox"/>
Mental Health Patient	<input type="checkbox"/>	Voluntary <input type="checkbox"/>
		Involuntary <input type="checkbox"/>
		Visitor <input type="checkbox"/>

LEVEL	CATEGORY	√
Insignificant	No injury or increased level of care or length of stay. Consumer issues investigated, complaint acknowledged and logged, no further action warranted.	<input type="checkbox"/>
Minor	Increased level of care. The complaint could have been resolved with support or input from staff involved.	<input type="checkbox"/>
Moderate	Permanent lessening of bodily functioning. Possible risk of legal action.	<input type="checkbox"/>
Major	Major permanent loss of function. Significant issues with standards, quality of care or denial of rights. Complaints with clear quality assurance implications. Threat of legal action, writ, and Ministerial notification.	<input type="checkbox"/>
Extreme	Long-term or severe damage, including death. Serious adverse outcome, grossly substantiated compromised care or professional misconduct. Highly probable legal action.	<input type="checkbox"/>

CATEGORIES OF COMPLAINT:		√	Sub-code
1.	Access	<input type="checkbox"/>	
2.	Communication	<input type="checkbox"/>	
3.	Decision making	<input type="checkbox"/>	
4.	Quality of Clinical Care	<input type="checkbox"/>	
5.	Costs	<input type="checkbox"/>	
6.	Rights, Respect and Dignity	<input type="checkbox"/>	
7.	Grievances	<input type="checkbox"/>	
8.	Corporate Services	<input type="checkbox"/>	
9.	Professional Conduct	<input type="checkbox"/>	

CONSUMER OBJECTIVE	OUTCOME/RESOLUTION FOR THE COMPLAINT	RECOMMENDATION/ACTION TAKEN
Receive an explanation	Concern registered	Quality improvement activity, including risk management initiatives and system wide changes initiated
Explanation provided	Explanation provided	Policy and / or procedure written or modified
Obtain and receive an apology	Apology provided	Training/education of staff provided.
Obtain a refund/compensation	Costs refunded	Staff member/contractor counselled and offered performance support.
Access to services	Service provided	Duties changed
Change procedure effected	Change in practice/ procedure/effected	Formal warning given.
Change in the policy	Change in the policy effected	Formal warning documented on personnel record
The hospital/health service will accept and acknowledge its responsibility for the complaint.	Compensation received	Registration Board notified
	The hospital/health service will accept and acknowledge responsibility for complaint	No further action required
		RISK ASSESSMENT SCORE

Health Service/Hospital Change - Process/quality improvement initiated

	Date	Signature		Date	Signature
Registration			Outcome Entered		
Acknowledgment			Reported to CE/GM/ HSM		
Update Sent			Reported to Chief Psychiatrist		
Final Response			Patient/client referred to OHR		

01/07/03