



VetPartners

Operational Policy

CLIENT COMPLAINTS AND CONCERNS Australia & New Zealand

Document Control and Version History

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A. POLICY - Overview

A.1 Why is this important?

This document has been written to ensure that client complaints and concerns are handled in a consistent and professional manner.

A.2 When does this apply?

This document applies to those handling client complaints and concerns.

A.3 Whom does this apply to?

This policy applies to all VetPartners Employees and Contractors.

A.4 What we expect?

VetPartners is committed to providing an exceptional level of customer service, in order to do so, it is imperative that all client complaints or concerns are handled in an efficient, consistent and professional manner by all team members and reported in a timely manner.

It is important that all team members are trained and aware of the client complaint policy to ensure that all concerns are handled in a professional and timely manner.

A.5 What do the terms mean?

Employee	A person employed by VetPartners under which ever employment instrument.
Team member	Any Employees, locums, volunteers, contractors or partners working for a VetPartners business unit
Complaint/Concern	A complaint or concern, for the purposes of this document, is defined as an expression of dissatisfaction regarding the level of service or care afforded to the client by VetPartners or its team members.
Manager	Line manager of an Employee of VetPartners.
Regional Manager (RM)	Manager overseeing a Region of veterinary practices within VetPartners.
Veterinary Manager (VM)	Manager overseeing the veterinary operations within a region for VetPartners.
Practice Manager (PM)	Manager overseeing the overall veterinary practice operations.
Clinical Leader (CL)	Person responsible for overseeing the delivery of clinical care within a practice.
Clinical Review Committee (CRC)	The purpose of the Clinical Review Committee (CRC) is to provide independent, objective, non-judgemental, clinical review and recommendations to support our Veterinarians, Regional Managers, clinics and hospitals. The CRC is purely a supportive body not a regulatory or punitive one.
Veterinary Surgeons Board (VSB)	The VSB has the legislative responsibility in Queensland for the regulation of veterinary science.
Veterinary Practitioners Board (VPB)	The object of the VPB is to regulate the provision of veterinary services in NSW to ensure that acceptable standards are required to be met by veterinary practitioners.
Veterinary Council of New Zealand (VCNZ)	VCNZ are responsible for protecting the public interest by ensuring vets are competent to practise.

B. PROCEDURE - How it works in practice

B.1 The clinical incidents and complaints portal

We have developed an online portal that allow all clinical incidents and complaints to be lodged, however small. (Please note you still need to record any information relevant to the incident in your clinical records). Some examples of incidents include:

- Adverse patient events
- Client complaints where clinical expectations are not met
- Medical or surgical misadventure
- Unexpected patient death
- Zoonosis or WH&S hazards leading to adverse patient outcome
- Customer service complaints
- Near misses

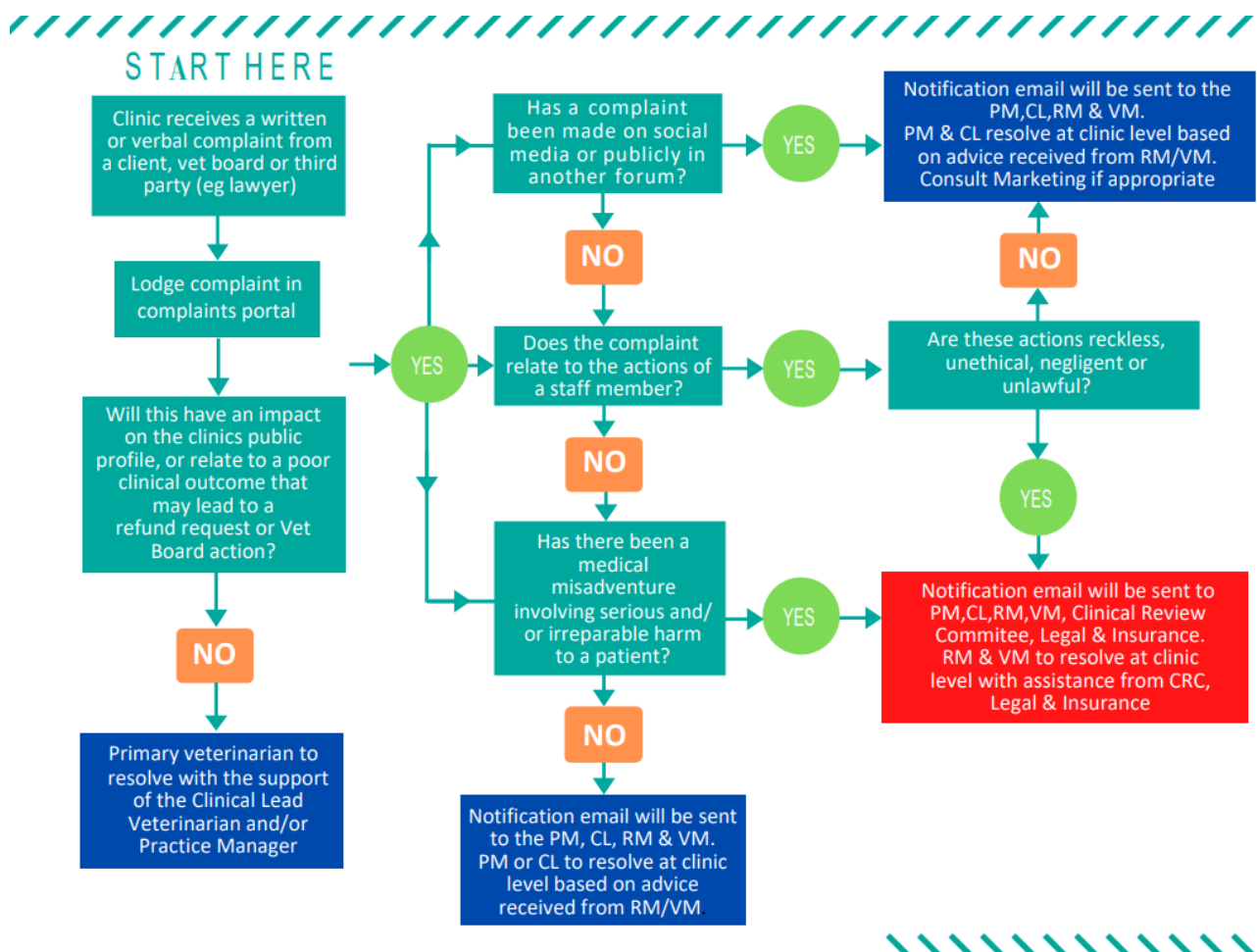
Depending on the severity of the incident, the complaint will be escalated to the appropriate parties along with tips and guidance on how to handle the complaint at each stage. (See escalation chart in B.2). The responsibility of handling the complaint will still be with the team members involved at the practice, but depending on the severity, you can expect a greater level of support from your Regional Manager (RM) or Veterinary Manager (VM).

Complaints and incidents that are likely to go to the VSB/VPB or VCNZ and those that might result in legal action will automatically be escalated to our new 'Clinical Review Committee' and our legal and insurance team. The Clinical Review Committee consists of senior veterinarians from across the business who have experience in dealing with the VSB/ VPB/ VCNZ and in some cases have actively been involved with those regulatory bodies.

The purpose of the Clinical Review Committee (CRC) is to provide independent, objective, non-judgemental, clinical review and recommendations to support our Veterinarians, Regional Managers, clinics and hospitals. The CRC is purely a supportive body not a regulatory or punitive one.

The information that we collect through the portal will be collated and will help us provide general information in an anonymous manner, to help mitigate risk around similar complaints through our quarterly newsletters. It will also be used to provide feedback to the Veterinary Advisory Committee (VAC), who will look to use this information to help develop minimum standards of care and inform future training initiatives.

B.2 Accountability



B.3 Complaint Levels

Complaint Level	Indicator of Complaint Level	Complaint Actions
Level 1	<p>Verbal or written complaint made privately to the clinic concerning:</p> <ul style="list-style-type: none"> - Amount(s) charged on an invoice to client (e.g. incorrect or unexpected charges) - Service provided by clinic staff (e.g. lack of communication, minor concern regarding a clinical standard of care or perceived lack of customer service) - Refund requests less than the amount charged to the client <p>Complaints at Level 1 involve:</p> <ul style="list-style-type: none"> - Issues raised by a client which have minimal impact to the clinic's public profile and can be resolved through a conversation (or series of conversations) with the client. 	<p>Complaint should be lodged in the incidents and complaints portal. PM and CL are notified via email.</p> <p>Complaint should be resolved directly by the primary case clinician after discussion with the PM or lead veterinarian</p>

Level 2	<p>Verbal or written complaint made privately to clinic concerning:</p> <ul style="list-style-type: none"> - The outcome(s) of treatment not as expected (e.g. pet was ill after their clinic visit) - An expected standard of clinical care did not meet the expectations of the client - The actions of a staff member that are perceived as unprofessional or below the standards that should be reasonably expected of the clinic <p>OR</p> <p>Complaint about the clinic made publicly (e.g. through social media)</p> <p>Complaints at Level 2 involve:</p> <ul style="list-style-type: none"> - Impact to the clinic's public profile - Full refund requests - Concerns regarding a clinical standard of care that justify additional support from the management team - Where VSB/Vet Council action could eventuate 	<p>Complaint should be lodged in the incidents and complaints portal. PM and CL are notified via email. Alongside your PM and VM</p> <p>Complaint may be resolved by the clinic with support of the VM, or be escalated to the Clinical Review committee, legal, marketing and insurance.</p>
Level 3	<p>Complaint about the clinic received through an external source (e.g. VSB, consumer tribunal, client's legal representative)</p> <p>OR</p> <p>Incident involving serious, life-threatening or unrepairable injury to a pet, or death where VSB/Vet Council is a strong possibility</p> <p>OR</p> <p>Actions of a staff member that are suspected as being reckless, unethical, negligent, wilful or unlawful</p> <p>Complaints at Level 3 involve:</p> <ul style="list-style-type: none"> - Claims or requests from a client for refunds and payments above the amount charged for the service (i.e. compensation for loss) - Potential significant impact to clinic's reputation - High likelihood of VSB/Vet Council action against the veterinarian or clinic and/or legal action against the clinic 	<p>Complaint should be lodged in the incidents and complaints portal. PM and CL are notified via email. Alongside your RM and VM, the Clinical Review Committee, legal, insurance</p> <p>Complaint must only be managed by the clinic with the direct support of the VM after consultation with the insurer and other parties</p>

B.4 Guiding Principles for Dealing with Complaints

Steps 1-6 are undertaken by any Team Member interacting with the client

B.4.1 Step 1: Initial Presentation

All complaints must be acted upon in a timely manner. All complaints should be acknowledged to the client within 24 hours of being received and responded to within 5 business days of the complaint being raised.

If the complaint is made in person or over the phone, politely advise the client you will refer the client to the Practice Manager (PM) or Clinical Lead (CL) Veterinarian (where possible).

Record the details of the complaint including updated contact details for the client in the complaints portal and advise the client that we will respond within 5 business days.

Also update your clinical records with this information and inform your PM and CL. Clearly document all aspects of the complaint in the clinical record including any correspondence or discussion with the client.

Once the portal is completed an email will be sent to your PM and CL outlining the complaint so they can address it. It is possible to upload documents such as clinical histories and complaint letters into the portal. Images can also be uploaded; the maximum file size is 1 MB.

Here is a free online tool to compress an image: [Compress image by Toolur](#)

B.4.2 Step 2: Appropriate Location

If the complaint is raised by the client in the hospital, the clients should be taken into a consult room or a quiet area of the clinic to voice their concern in private without disturbing other clients. Phone calls should be taken in a quiet, private area. Ample time should be allocated to ensure full respect is given to the complaint and it is not rushed.

B.4.3 Step 3: Commencement

When dealing with the complaint the PM or CL should aim to discuss the matter directly with the client. Firstly, thank the client for bringing the matter to your attention and reassure them that we take any feedback seriously. It may help to ask the client if they would mind if notes were taken during the conversation to facilitate addressing their concerns. Explain that our primary aim is to provide the best possible care to their pet and that their feedback will help us to deliver that.

B.4.4 Step 4: Actively Listen

Do not assume anything, stay calm and acknowledge the client's feelings. It is easy (and human nature) to take a complaint personally but remember their concerns are often not directed at an individual but a system, event, or miscommunication. Be polite, respectful and listen to the client's concerns. Listen to understand, not to disprove their concern. It may help to ask open questions to gain further information relating to the complaint and also demonstrate to the client that you are listening to what they are saying. Feeling heard is often the main barrier to resolution for disgruntled clients.

B.4.5 Step 5: Summarise

Once the client has finished explaining their situation, concisely paraphrase what you believe their complaint to be and ask them whether this is correct. Repeat this process until the client is satisfied you have understood their concerns.

B.4.6 Step 6: Advise of Process

Acknowledge their complaint and empathise with the client that you understand why they are frustrated, angry, upset or disappointed.

This does not require agreeing with the client, accepting or placing any blame, or offering any outcomes or refunds to cover any further treatment or procedures. It is reasonable to express your sorrow that the clinic has not met the client's expectations, but do not admit liability or give any undertaking to meet costs etc until the complaint has been appropriately managed via the portal (see step 7 and 8).

Advise that the PM, CL or other managers will be informed of the issue and will be back in contact within 5 business days. Ask how they would prefer future communication – in person, by phone or by email and check details are correct.

Steps 7-8 are undertaken by, or with the guidance of, the PM, CL, RM, VM.

B.4.7 Step 7a: Attempt Resolution

The first rule of attempting resolution is not to admit liability for any event or concern.

Admitting liability invalidates our Professional Liability insurance and it is for this reason, that any concerns that are likely to be taken further by the client, or those involving financial requests must be discussed with your RM or VM before any action is taken.

Instead of accepting liability, you should try to empathise with the client, understand why they are frustrated, disappointed, angry or upset and attempt to address their concerns, if appropriate, or give a plan to resolve the problem, without placing blame on any persons involved.

This may take the form of reassuring them that you will address the matter with the individuals concerned, review policies or procedures, or escalate the matter further if they remain unsatisfied with the outcome.

If as part of this process you believe the client is entitled to a financial credit or refund and it is within your remit to do so, please proceed to offer it by referring to it as “a gesture of goodwill”. Only PM, CL, RM and VM have the authority to offer goodwill gestures (see flow chart in B.3 for authority levels). PM and CL have authority to provide refunds up to \$500.

VetPartners Limit of Authority

Remember, most dissatisfied clients simply wish to be listened to and taken seriously, be understood as to why they are upset and be assured the problem will not occur again where this is practicable. They are not necessarily after financial compensation, and we should not assume that this is the solution to the client's concerns.

B.4.8 Step 7b: Concern Escalation

If the issue cannot be resolved to the client's satisfaction, or you feel it is beyond your remit to address (see flowchart in B.3), ask the client if they wish to escalate their complaint to more senior management. Contact your RM or VM by phone or email as soon as possible to advise of the client's feedback and status of the complaint.

Ensure that all relevant notes, client contact details, history and results (including pathology reports and x-rays) are in the complaints portal, to ensure a thorough assessment can be made. Inform the client that senior management will be in contact once they have reviewed the information. Please then monitor social media for any comments or reviews; if there is any online feedback, please seek advice in managing this from the Marketing team or your RM.

Thank the client for bringing the problem to your attention and that their concerns will be reviewed and, where appropriate, measures will be put in place to reduce the risk that the issue will occur again. Aim for the client's final impression to be positive. If appropriate, it may be prudent for a follow up call/ appointment to be made with the client outlining any actions that have been taken to address the concern raised.

B.4.9 Step 8: Finalise the Matter

If the client remains unsatisfied after all reasonable attempts have been made by all levels of management, the client can be provided with contact details for the appropriate Veterinary Surgeons/Practitioner Board or Council and advised that the clinic will be fully cooperative with any investigation that they may undertake.

B.5 Angry or Aggressive Clients

Dealing with frustrated and upset clients is challenging, and it is important to remember these emotions are not directed at you personally, even though it can feel that way. Try to remain calm and open to the client, listen to them and empathise where appropriate. If the client becomes aggressive, abusive, or you do not feel safe, seek assistance from a colleague or move into an area where there are more people. Advise the client that you cannot continue the conversation until they can communicate in a more appropriate manner.

VetPartners will not tolerate abusive behaviour and if the client fails to respond to requests to refrain from such behaviour, then it is acceptable to ask them to leave the clinic and continue the conversation at a later time when emotions are less intense. Remind yourself that the anger is directed at the system, not you, personally.

B.6 Post-Incident Debriefing

Client concerns should be professionally discussed with team members in an appropriate forum to gain awareness and understanding of the issue and discuss what steps need to be taken to prevent reoccurrence of the situation. This may take the form of one on one meetings with team members involved, or a clinic meeting to discuss and amend protocols.

All team members involved in the incident are required to document their dealings with the client, this includes keeping thorough clinical notes, writing transcripts of conversations with the client into the clinical history to achieve a time stamped way of recording when the conversation took place. It is good practice to include the name of the person you spoke with e.g.; Brian Smith. In some cases, a transcript of events may be required and your RM or VM is best to advise you on these cases.

C. Support

Support can also be gained from VetPartners' Employee Assistance Program provider.

Australia	New Zealand
Assure: 1800 808 374	Assure: 0800 464 387

Employees and Contractors in distress may also seek counselling through independent organisations such as Lifeline (Australia - 13 11 14 or www.lifeline.org.au. New Zealand - 0800 543 354 or www.lifeline.org.nz) or Beyond Blue (Australia - 1300 224 636 or www.beyondblue.org.au).