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# Purpose

The purpose of this procedure is to describe how REDIMED will respond to any customer feedback in a timely manner.

# Scope

The procedure shall apply to all REDIMED sites.

# Reference Documents

REDIMED Quality Policy & Procedures Manual QRPL1 Section 9.1

Analysis of Customer Services, Requirements & Feedback QRP5

Customer Feedback Policy BDPL1

Customer Feedback Register (Located in the Staff Information Board Folder in Sub Folder Customer Feedback.

Customer Feedback Form BD1

# Definitions

# Flowcharts (Other Images)

# Procedures

**Formal** **Complaint/ compliment by the client/customer/staff**

* The Customer Feedback form is located: I:\Staff Information Board\Customer Feedback
* Hard copy versions will be available at reception for patients.
* An electronic version will become available on the website.
* It is the submitting individual’s right to remain anonymous if the wish.

A complaint or compliment may be made formally or informally by anyone who uses REDIMED. This includes injury managers, insurers, patients, carer’s and visitors. It is important that we are document complaints/ compliments so we can continuously improve the service REDIMED provides and track our actions taken towards resolving issues.

The pathway by which a complaint/compliment can be received and recorded is as follows: Any feedback is to be recorded by the client/ patient who will directly fill out a feedback form or by an internal staff member filling out the feedback form on behalf of the person making the complaint/ compliment addressing the internal/external communication.

**Procedure:**

1. Any customer feedback (complaint/compliment) made to any employee by phone call, email or face to face is to be recorded by that staff member on the Feedback template and presented to their team leader who will ensure all necessary sections of the feedback form are complete. If the complaint does not directly related to that particular persons department, it is the responsibility of person receiving the complaint to direct the feedback to the respective Team Leader.
2. The Team Leader will assign the relevant rating category.
3. The team leader will then fill in all necessary fields of the feedback tracker stored in IDrive/staff Information board/customer feedback/feedback register
4. If a complaint or compliment is made about a staff member, the relevant persons must write a detailed statement and pass onto a client relationship team member.
5. The client relationship team member will allocate a *unique company reference number* to the complaint/ compliment and store all statements, correspondence and investigations in a confidential restricted folder in I drive. This information will be used by authorised company personnel and executive management to assess and investigate the complaint/ compliment or incident, and as part of the process for identifying and implementing solutions, resolutions, rewards, risk assessments, preventative and improvement measures.
6. Any email correspondence or phone message notes must also be passed onto the client relationship team member to be stored confidentially.
7. If a staff member or team leader receives a complaint, it must also be noted into genie according to the relevant patient. Details of the complaint do not need to be recorded into genie for confidential reasons, however a reference to the company allocated unique incident number must be made.
8. The client relationship team will save the correspondence into the restricted file, as per above procedure.

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| **Non Urgent** | **Urgent** | **Priority** | **Critical** |

Category definitions and escalation procedures:

* Non urgent- Unlikely to affect patient care/treatment outcomes or have financial repercussions for REDIMED
* Urgent- May have patient care or financial repercussions for REDIMED
* Priority- Likely to affect patient care/treatment and/or financial repercussions for REDIMED
* Critical- Will adversely impact REDIMED/Client/Patient
  + - Please Note: Any Priority or Critical events must be escalated to the Quality and Risk Manager and the Client Relationship Team Leader for review and to ensure the Executive team is informed. The Q&R will raise an Improvement Request and coordinate a preventative or corrective action plan.
* In the case of any Non-Urgent/Urgent feedback, the Team Leader should make contact with the customer/ patient to inform them the complaint has been received and action will be taken to resolve the issue or thank them for their compliment.

Time Frames for Response

* + Non urgent- Team Leader will log feedback into the registry and make contact with appropriate parties to action solution within 30 days
  + Urgent- Team Leader will log feedback into the registry make contact with appropriate parties to action solution within 7 days
  + Priority- Team Leader will escalate feedback to the Quality & Risk Manager and Client Relationship Team Leader to action within 2 days
  + Critical- Team Leader will escalate feedback to the Quality & Risk Manager and Client Relationship Team Leader to action within immediately.
    - If for some reason the specified time line cannot be met, the Team Leader is annotate the appropriate rationale and forward to concerns to the Quality and Risk manager ASAP.
* All open/pending feedback forms are to be saved by date of submission in I:\Staff Information Board\Customer Feedback until the appropriate solution has been actioned, at which time it will be moved into the restricted folder for archive purposes.
* If a feedback form is submitted as a hard copy, the respective Team Leader will delegate an electronic version be created by completing the feedback template on I drive or arrange for the hard copy to be scanned into I drive and saved in a restricted folder (I:\Staff Information Board\Customer Feedback/CF Archive. The hard copy is then destroyed.
* The Client Liaison Officer and Quality & Risk Manager will then investigate and work with the appropriate parties to come up with a solution for the issue.
* The Client Liaison Officer is always available to discuss any issue with the Team Leaders to ensure all outcomes are actioned and communicated to relevant stake holders.

1. The root Cause will be determined after an investigation has taken place by the staff member who it has been assigned to the investigation process is as follows:

* The assigned staff member will liaise with all relevant parties to establish what, why, where and when the occurrence happened.
* Relevant parties will meet to discuss the solution and course of action.
* If the feedback is non urgent the improvement request will be followed up 6 months from the date resolved. The follow up will determine if the implementations put in place have been effective. If the issue has been resolved, then the person assigned to follow up can close it after the review period.
* If it is urgent, priority or critical, the improvement request must be followed up within 3-6 months and closed by the Quality and Risk Manager once the issue has been resolved.
* If the issue has not been resolved after these time periods, a review will be carried out again in another 3-6 months. The issue will remain open until the implementations have been put in place to stop it occurring again.

1. When filling out the feedback register, please note that the “Root cause” is determined by the following categories:

* Administrative/ clerical includes any feedback relating to paperwork not being sent off or put up for medical providers to complete. Appointments being rescheduled, deleted or moved, phone correspondence not being passed on to the relevant people, files not being put up or notes not being completed.
* Interpersonal communication includes any feedback that involves conflict between a REDIMED staff member and a patient or client. For example inappropriate comments, rudeness or unprofessional attitude.
* Medical Service Provision includes feedback received about the delivery of medical care including Medical practitioner and specialist consults, physiotherapy, hand therapy, pre-employment assessments and exercise rehabilitation. Issues can include but not limited to; shortened treatment times, incomplete or misunderstood medical advice and patient dissatisfaction with treatment.
* Time management can include patient wait times, Medical providers running behind schedule and late notice given to patients for changes to appointments.
* Positive Feedback is any testimony or positive affirmation of practitioners, staff abilities or experiences at REDIMED

1. Once the solution has been resolved, the Client Liaison Officer will make contact again with the customer/ patient (if needed) to assure them the solution has been implemented.
2. The feedback form can then be signed off as completed with a follow up date to be determined if the action taken has been successful/unsuccessful and whether other course of action will need to be taken.

# Appendices

Customer Feedback Policy BDPL1

Customer Feedback Form BD1

Customer Feedback Register (Located in the Staff Information Board Folder in Sub Folder Customer Feedback.

Improvement Request (IR) QR5