

Lake Macquarie Medical Centre

Santorini Apartments, 15/24-26 Brooks Parade, Belmont, NSW 2280
Telephone 4945 0322 Fax 4945 9968

Complaints and Feedback Mechanisms

Purpose

- Provide clear, accessible, timely and fair processes for patients, carers, staff and the public to provide feedback or make complaints, and to use feedback for continuous improvement.

Scope

- Applies to all practice staff, contractors and volunteers. Covers complaints and feedback about clinical care, administration, access, privacy, staff behaviour, facilities and systems.

Definitions

- Feedback: positive or negative comments, suggestions or compliments.
- Complaint: an expression of dissatisfaction requiring a response or action.
- Complainant: patient, carer, relative, staff member or member of the public providing feedback or making a complaint.

Access and awareness

- Information about how to provide feedback or make a complaint is clearly displayed in reception with a collecting box if you do not wish talk to the staff, on the practice website and in patient information materials.
- Staff provide assistance to complainants to lodge feedback, including interpreter services and alternative formats for people with disability.
- Anonymous feedback is accepted and recorded but may limit the practice's ability to investigate or respond.

How to provide feedback or make a complaint

- In person at reception, by phone, in writing (letter/email), or online feedback form.
- Complainants are advised of expected timeframes, the process, confidentiality safeguards and options for external review.

Receipt and acknowledgement

- All complaints received are logged in the practice's complaints register or quality system.
- Acknowledge receipt within 2 business days (or sooner) and provide the complainant with the name and contact details of the person managing the complaint and an outline of the process and expected timeframes.

Triage and risk assessment

- Complaints are triaged by our practice nurse Grace McKenna as a complaints officer to determine urgency, risk to patient safety and need for immediate action.
- Urgent or high-risk complaints (e.g., immediate patient safety concerns) are escalated to the clinical lead Dr Tian Zhuang and investigated promptly.

Investigation process

- Investigations are fair, timely, proportionate and documented. Steps include:
 - Collect and review relevant clinical records, correspondence, staff statements and other evidence.
 - Consult clinicians or other staff involved as required.
 - Offer the complainant opportunity to provide further information and to discuss concerns.
 - Maintain confidentiality and comply with privacy legislation when handling information.

Response and resolution

- Provide a written response that addresses issues raised, explains findings, outlines actions taken or proposed, and offers apology or remediation where appropriate.
- Aim to provide a preliminary response within 5 business days and a full response within 15 business days. If investigation requires more time, notify the complainant with reasons and revised timeframe.
- Offer options for resolution, e.g., clinical review, further appointment, explanation, apology, staff training or system changes.

Confidentiality and privacy

- Maintain confidentiality of complainants and staff, disclosing information only on a need-to-know basis or where required by law.
- Record all investigation notes, correspondence and outcomes in the complaints register and/or quality system in accordance with privacy and record retention policies.

Support for staff and complainants

- Support is available for staff involved in complaints (supervision, debriefing, Employee Assistance Program).
- Advise complainants of advocacy support options if required.

Escalation and external review

- If unresolved or the complainant requests external review, provide information about relevant external complaint bodies and regulators (e.g., state/territory health complaints commission, AHPRA, Health Ombudsman) and how to contact them.

- Comply with mandatory reporting obligations when required.

Monitoring, reporting and improvement

- Complaints are analysed regularly for trends, safety issues and opportunities for improvement.
- Outcomes and corrective actions are reported to the practice clinical governance committee/management and used to inform training, policy changes and system improvements.
- Maintain a register of actions, implementation dates and responsible persons. Track completion and effectiveness of corrective actions.

Training and responsibilities

- Staff are trained on receiving, managing and documenting feedback and complaints on induction and regularly thereafter.
- Roles and responsibilities for managing complaints are defined (e.g., Practice Manager/ Complaints Officer, Clinical Lead).

Record keeping and retention

- Keep records of complaints, investigations, correspondence, outcomes and actions in accordance with legal and practice retention requirements.

Review

- The complaints and feedback process is reviewed at least every 24 months or sooner following significant incidents, regulatory changes or identified needs for improvement.

Contact

For feedback or complaints contact: Lake Macquarie Medical Centre, Complaints Officer: Grace McKenna, Phone: 0249450322, Email: lakemacmc@gmail.com, Address: 15/24/26/2026. External complaint bodies NSW Health Care Complaints Commission: 1800 043 159. Email: hccc@hccc.nsw.gov.au

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