Title: **Section 8 – Continuous Improvement**
8.1 – Risk Assessment & Management
8.1.4 – Patient Feedback

GREAT OCEAN ROAD HEALTH

Authorised by: **CEO | Version Date: *20/05/2025***

LORNE medical centre

APOLLO BAY medical centre

TARGET AUDIENCE
All Lorne and Apollo Bay Medical Centre Staff

POLICY & PURPOSE
Our practices encourage patients and other people to give feedback, both positive and negative, as part of our partnership approach to healthcare, and we have processes in place for responding to feedback.

The Practice Manager has primary responsibility for examining issues raised by patients and facilitating improvements in the practice

Opportunities are available for patients and other visitors to tell us, 'How we are doing.' Our Suggestion Box in the waiting room allows patients to give us personal feedback on a day to day basis. We aim to follow-up ideas and acknowledge notes of appreciation where we can.

Where possible, patients are encouraged to raise any concerns directly with the practice team and attempts are made for a timely resolution of such concerns within the practice in accordance with our complaints resolution process. (Refer to Section 5 Complaints)

We seek structured /systematic patient experience feedback at least once every 3 years which meet the requirements outlines in the RACGP publication "Learning from our patients". Feedback collected includes, but is not limited to, the following 6 categories that are considered critical to patient experiences within healthcare facilities.

- Access and availability
- Information provision
- Privacy and confidentiality
- Continuity of care
- Communication skills of the clinical staff
- Interpersonal skills of clinical staff

The data collected is analysed and the findings, including any improvements made, are communicated back to our patients.

As part of our Risk Management Activity, a log of incidents, including complaints, is maintained in an event log and the incident is noted on the patient's history.

PROCEDURE
At any time, patients may provide feedback or make a complaint.

- A notice is displayed in the waiting room and in the practice information sheet advising how to make a complaint to our practice. We also advise the contact information for the Victorian health complaints agency and the commonwealth agency.
- The Suggestion Box is located at reception and reception staff ensure there is an attached pen and paper available.
- Staff are trained to ensure patients of the practice feel confident that any feedback or complaints made at the practice will be handled appropriately.

At least every 3 years we use a systematic method for collection patient experience feedback.

We have purchased or downloaded a copy of the RACGP publication "Patient Feedback Guide*" 5th Edition* and we meet the requirements outlined in this publication.

We collect feedback using an approved questionnaire.

Data collected is analysed to identify potential opportunities for quality improvement. (Refer Section 8 Accreditation and Continuous Improvement)

We communicate the findings of our feedback and any improvements made back to our patients using either a poster in the waiting room, newsletters, our website or individually as appropriate.

RELATED and SUPPORTING INTERNAL DOCUMENTS

GORH Feedback Form 2021
Complaint Form Template

RELEVANT LEGISLATION ACTS and STANDARDS

- RACGP Standards, 5th Edition

REFERENCES

COMPLIANCE and EVALUATION

Regular document revision and review of relevant 'VHIMS-CS' Reports

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ALTERNATIVE SEARCH WORDS

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