



## Care Opinion Response Procedure

### 1. Background

WA Country Health Service (WACHS) is committed to improving the experiences of our patients, and their families and carers by establishing mechanisms through which we can develop, monitor measure and evaluate their experiences for the ultimate outcome of improving the safety and quality of our health service. [Care Opinion](#) (CO) (formerly Patient Opinion) is an independent website where anyone can share their stories about their experience of healthcare, and is one mechanism that WACHS uses to facilitate and learn from consumer feedback.

This procedure outlines the approach to assessing, responding to, and recording CO stories received by WACHS.

### 2. Procedure

#### 2.1 Notification

WACHS Regions can be notified of CO stories about their health services in two ways:

1. Email notification of a story that has been published on CO.
2. Contacted by CO to advise receipt of a story that has been rated as strongly/severely critical by CO that is yet to be published (***see attached Care Opinion Moderation Principles & Execution***).

#### 2.2 Assessment

Regardless of how the Region has been notified, Regional CO Responders must assess the story according to the feedback definitions of the [WA Health Complaints Management Policy](#), (complaint; contact/concern; compliment; suggestion).

This assessment must then determine:

- a) **Whether a story can be resolved immediately** (i.e. contacts; compliment; suggestion).
  - b) **Whether further investigation is required** to determine other key facts and information (i.e. a complaint or possible clinical incident).
- For stories assessed as a complaint or possible clinical incident, the WACHS response post must invite the storyteller to contact the most appropriate staff member. Ideally, this is the person who was directly involved in the case by providing either a direct or generic email address and/or contact phone number (this is at the discretion of the region) for the storyteller to discuss their story further and determine an agreed course of action.
  - If the complainant is not identified, the feedback must be addressed as per the [WA Health Complaints Management Policy](#) which accommodates the submission of anonymous complaints.

- Stories that are assessed as a possible clinical incident are to be referred to the Regional Safety & Quality Team for review. These stories must be managed and actioned as per the [WA Health Clinical Incident Management Policy](#).
  - Stories that refer to alleged health professional malpractice or misconduct is to be referred to the WACHS Regional Director to determine appropriate course of action, as per the [WACHS Discipline Guide](#).
  - Refer to [WACHS Complaints Business Rules](#) and the [Complaints Process Flowchart](#) for the detailed process including required fields to be completed.
- c) Whether a response to the story needs to be escalated** (i.e. to the Regional Director, and/or for the attention of WACHS CE, Chief Operation Officer (COO), WACHS Communications or the Regional Human Resource (HR) Manager).
- For stories rated by CO as strongly or severely critical (Criticality four or five), CO is to immediately notify the health service and withhold publication of the story for five business days. CO is to work with the health service to determine if the story is publishable. If it is deemed publishable, CO is to assist the health service to provide an appropriate response that is to be published simultaneously with the story.
  - **Note:** The WACHS CE and WACHS COO are registered as Responders for all regions in the event that the Regional Director determines that a response from the CE is required.

### 2.3 Recording CO stories in WACHS reporting systems (DATIX CFM, CIMS)

- Any story received via CO is subject to the [WA Health Complaints Management Policy](#) and is to be entered in the DATIX Consumer Feedback Module (CFM) and managed according to the Policy and local/regional processes.
- Stories received via CO are to be recorded in the DATIX CFM by the Region. CO does not require a consumer to identify themselves or provide any demographic information, so these stories may be recorded as in DATIX as “Person involved = unknown”.
- The date that the story was published is considered as the date received by the health service for recording purposes.
- Stories confirmed as a Clinical Incident must be recorded in the Datix Clinical Incident Management System (CIMS) and managed as per the [Department of Health Clinical Incident Management Policy 2019](#)
- Recommendations and actions undertaken for service improvement are also to be recorded in the Datix system. These are to be allocated to a responsible officer for implementation **within six weeks** of the date the story has been published. Service improvements are to be periodically reviewed and evaluated by a relevant committee periodically until the committee is satisfied that effective action has been taken.

### 2.4 Coordination of Responses

- Regions are to work with CO to establish and tailor CO story email alerts to ensure the most appropriate Responders receive notification of stories based on the site (hospital, community health clinic) or service (nursing, medical, PATS etc.) referred to in the story.
- Regions are to develop a process for allocating stories to Responders to ensure all Responders understand their role in responding to stories in a timely and professional way, with a view to reducing duplication of responses.
- In general, only one Responder is required respond to a story. This ensures consistency of response and reduces any possible confusion for the storyteller.
- Responses related to stories of a culturally diverse nature must include input and advice from people who can support a culturally sensitive response, e.g. Regional Aboriginal Health Consultants.
- In some circumstances a Responder may refer to another who may also then respond. For example if the Director of Nursing responds and says, *"I will let our Regional Medical Director know about your story."* Then, the RMD can post a response saying *"I have read your story and discussed it with the DON etc..."*. This demonstrates that the story has not only been read, but discussed / "taken on board".

### 2.5 Closing the loop

#### Communication between author and health service

All stories that indicate a level of dissatisfaction with the health service must have a follow up response posted on Care Opinion within six weeks of the initial story being posted. The follow up response must reflect:

- if the author has made contact with the health service and changes have been made as a result; or
- if the author has not made contact with the health service, the health service reinvites the author to make contact via Care Opinion.

It is important to note that both positive and negative feedback has the potential to be a catalyst for change and service improvement.

#### Stories rated criticality four or five

The follow up response is to identify what changes have occurred as a result of the feedback from the original story, where a change is indicated, or what processes are in place to support future changes. This must occur regardless of whether the author has chosen to remain anonymous or not.

### 2.6 Response style guide and checklist

Posting responses to stories on CO is a way of providing information to the public.

Remember: your response will be seen by everyone who reads CO stories. This includes – patients and their families and carers, peak health bodies and agencies, other health services, State and Federal MPs and health consumer groups. To ensure that all responses are professional and accessible to patients and their families and carers, **Responders must follow the steps and checklist below:**

### Step 1: Read the story and reflect

We recognise that all feedback is an important aspect of improvement to healthcare safety and quality. Read the story and reflect. The story teller is entitled to their perception of what has taken place and the health service is required to understand the author's feelings and not just the facts in responding to and resolving the issue successfully.

If necessary, speak to your staff to understand more about what has taken place.

### Step 2: What should the response say?

- Do you need to apologise?
- Can you explain what normally happens or why things happen?
- Do you need to provide an acknowledgement response to give you time to investigate and respond further?
- Can you give the author options for what to do next?
- Always say what you will do with the feedback.
- Ensure that responders have a photo included, as this is one measure that contributes to the quality of the response. Photos must be in passport photo format, with a slight smile.

### Step 3: How should you say it?

Write in conversational, easy to read, plain English; leave out any acronyms or medical jargon.

- Be polite and constructive.
- Refrain from making promises that cannot be delivered.
- Sign-off the response clearly stating the Responder's name, title, and location (eg. Kununurra Hospital) or region (i.e. WA Country Health Service – Kimberley). This adds a personal touch and increases the perception that the health service is an open and welcoming place.
- Check for spelling and grammar or other typos **before** posting.
- Do not use the same stock response for each story. This can look worse than not responding at all.
- Language often constructs our perception of reality. Use a tone that reflects the WACHS Values: Community, Compassion, Quality, Integrity, Equity and Curiosity.

### 3. Definitions

<b>CO Criticality Score</b>	A score applied to stories received by Care Opinion to assist in story moderation and notification. (See Care Opinion Criticality Rating Definitions in Appendix )
<b>Response</b>	The WACHS reply submitted for posting on the Care Opinion website, in answer to a CO story published about its service.
<b>Responder</b>	In accordance with the WA Health <a href="#">Policy on Use of Official Information, Digital Services (Social Media) and Public Comment</a> , Responders are nominated WACHS staff who have authorisation from the WACHS Chief Executive Officer (CEO) to submit responses to stories posted on Care Opinion about subscribed WA country health services.
<b>Subscription</b>	A paid membership to access, respond to, and use Care Opinion stories, data, and services for consumer engagement and service improvement purposes.
<b>Story author</b>	A member of the public who submits a story about their health care experience to Care Opinion.

### 4. Roles and Responsibilities

#### Governance

WACHS Governance and oversight of the Care Opinion (CO) platform aims to provide direction and guidance particularly in relation to any whole-of-WACHS issues. The Patient Experience and Community Engagement (PEaCE) sub-committee provides over-arching governance across all patient experience matters. Specific roles within the organisation responsible for governance and oversight include:

- Chief Operating Officer.
- Patient Experience and Community Engagement (PEaCE) Manager.
- Regional Executive Sponsor (role).
- Regional CO Coordinators.

Additional input and advice is to be sought from the following areas when required:

- WACHS Safety & Quality.
- WACHS Communications.
- Medical Services, Nursing & Midwifery and other service areas.
- District Health Advisory Council /Consumer Representatives.

### Authority to Respond

- Each region is to nominate at least two staff as the region's CO responders, who are to be able to publish responses to CO stories.
- At least one responder must be the Regional Director, and the other/s a Head of Service (such as the Regional Population Health Director).
- All draft responses to Criticality 0, 1 or 2 stories can be approved by a Tier 5 who has been delegated by the Regional Director.
- All draft responses to Criticality 3, 4 or 5 Care Opinion stories are to be authorised by the Tier 3.
- Once approved by the RD, all Criticality 4 and 5 stories must be approved by the Chief Operating Officer, via the PEaCE team.
- Regions are to refer to the Care Opinion Response Procedure and/or Flowchart to ensure notification of stories assessed as highly/strongly critical are followed up with the most appropriate Responder within the Region.

### Record Maintenance

- Any documents created by WACHS Central Office relating to CO are to be filed in TRIM folder PATIENT EXPERIENCE & COMMUNITY ENGAGEMENT - CARE OPINION – Resources.
- Regions are to store their regional CO related documents in their relevant TRIM folder.
- A CO page is to be established on the WACHS intranet to centrally house documents and resources. All documents are to be linked from the TRIM project folder to the intranet page to maintain currency.

### Responsibilities

#### WACHS Central Office

- Manages the WACHS-CO contract.
- Develops WACHS-wide procedures for WACHS subscription to CO, ensuring it aligns with and meets the requirements of the WA Health Complaints Management Policy and any other relevant policies.
- Promotes a WACHS-wide Communications Strategy and Communications Plan template for Regions to adapt and use for promotion of CO within local regional contexts.
- Provides support and advice to the Regions.
- Provides guidance to the Regions on the promotion of CO to consumers and staff; and use of CO data and reporting for service improvement.
- Coordinates and collects data and information for evaluation.
- Coordinates CO reporting from regions to the PEaCE and Executive committees, and provides other reports as required.
- Establishes and manages WACHS intranet page to house CO documents and resources for staff.
- Is registered as an Administrator under the WACHS CO subscription (see Appendix for CO Subscription role definitions).

### **WACHS Regions (via Regional CO Executive Sponsors)**

- Nominates and resources a CO Coordinator.
- Nominates at least two (2) staff to be authorised CO Responders for the region.
- Promotes leadership and actioning of CO feedback for service improvement at team, site, district, and regional levels.
- Ensures compliance with the WACHS Care Opinion Response Procedure including follow up responses to criticality four and five stories.
- Endorses regional Communications Plans for promotion of CO in the region.

### **Regional CO Coordinators**

- Manage the region's CO subscription (i.e. adding/removing subscribers to the subscription list, and tailoring story alerts to the appropriate responders).
- Lead, plan and coordinate CO in their region, including communications and promotion with key stakeholders.
- Monitor and track stories posted on CO relating to their region's services.
- Liaises with Regional CO Responders to ensure CO stories are responded to according to the WACHS CO Response Procedure.
- Provide reports to the Regional Executive on key issues, story highlights as required.
- Coordinate staff training provided by Care Opinion/PEaCE to relevant staff.
- Are registered as Administrators under the WACHS CO subscription.
- Record changes implemented in the Region as a result of CO stories.
- Ensure there is Responder coverage if nominated responders are on leave (i.e. have at least two nominated responders per site).
- Ensure that all CO stories are logged into Datix CFM.

### **Regional CO Responders**

- Have the authority to draft responses on behalf of the region.
- Provide draft responses to the CO Coordinator.
- Follow the WACHS Care Opinion Response Procedure.
- Advise fellow Responder/s and Regional CO Coordinator of planned leave and ensure appropriate coverage of responses during this time.
- Post responses demonstrating service improvement based on initial CO story, where appropriate.

## **5. Compliance**

It is a requirement of the WA Health [Code of Conduct](#) that employees comply with all applicable WA Health policy frameworks.

A breach of the Code may result in Improvement Action or Disciplinary Action in accordance with the [WA Health Discipline Policy](#) or Breach of Discipline under Part 5 of the *Public Sector Management Act*.

WACHS staff are reminded that compliance with all policies is mandatory.

### 6. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System.

[Records Management Policy](#)  
[Health Record Management Policy](#)

Complaints records are maintained in Datix CFM in accordance with [WACHS Complaints Business Rules](#).

### 7. Evaluation

Monitoring of compliance and effectiveness of this procedure is to be carried out by the WACHS Care Opinion Coordinator and WACHS Regional WACHS Care Opinion Coordinators, every twelve (12) months.

### 8. Standards

[National Safety and Quality Health Service Standards](#)-Standard 2.2, 2.7, 2.8, 2.14  
[Australian Aged Care Quality Agency Accreditation Standards](#) –Standard 3a,3c,3d  
[National Standards for Mental Health Services](#) – Standard 3.2  
[National Standards for Disability Services](#) – Standard 4.4

### 9. Legislation

[Health and Disability Services \(Complaints\) Act 1995](#) (WA)  
[Mental Health Act 2014](#) (WA)

[Disability Services Act 1993](#) (WA)  
[Carers Recognition Act 2004](#) (WA)  
[Freedom of Information Act 1992](#) (WA)  
[Corruption, Crime and Misconduct Act 2003](#)

### 10. References

[Care Opinion Response Flowchart](#)

### 11. Related Forms

Nil

### 12. Related Policy Documents

[WACHS Complaints Business Rules](#)  
[WACHS Complaint Management Procedure](#)



### 13. Related WA Health System Policies

[WA Health Use of Official Information, Digital Services \(Social Media\) and Public Comment Policy](#)

[WA Health Complaints Management Policy](#)

[WA Health Complaints Management Guideline](#)

[WA Health Complaints Management Toolkit](#)

[WA Health Clinical Incident Management Policy](#)

[WA Health Discipline Policy](#)

[WA Health Notifiable and Reportable Conduct Policy](#)

### 14. Policy Framework

[Clinical Governance, Safety and Quality](#)

### 15. Appendices

[Appendix A: Care Opinion Moderation Principles and Execution](#)

[Appendix B: WACHS Care Opinion Response Matrix](#)

**This document can be made available in alternative formats  
on request for a person with a disability**

<b>Contact:</b>	Consultant Patient Experience and Community Engagement (E. Hawkins)		
<b>Directorate:</b>	Operations	<b>EDRMS Record #</b>	ED-CO-16-81768
<b>Version:</b>	2.00	<b>Date Published:</b>	04 September 2020

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.

### Appendix A: Care Opinion Moderation Principles and Execution

#### Moderation principles

There are four principles that guide the CO editorial policy:

- i. Enable a clear, timely, public, constructive conversation about care.
- ii. Make giving feedback safe and easy for patients, service users and carers.
- iii. Encourage authentic feedback, based in personal experience.
- iv. Treat staff lawfully and fairly.

These principles guide the decisions made by the CO moderators. There are guidelines that come from these principles, which help our moderators to decide if and how they are to edit a story.

#### Enable a clear, timely, public, constructive conversation about care

To ensure the conversation is constructive, CO is to:

- a) Reject postings which are primarily commercial, obscene or irrelevant.
- b) Reject postings relating to events which ended over three years ago.
- c) Remove obscene or offensive language, including racist, sexist, homophobic or other discriminatory material.
- d) Limit the length of stories, by heavily editing extremely long postings.
- e) Seek WACHS' advice and input in relation to postings such as those listed above prior to publishing the posting on the website.

To ensure the conversation is clear, CO is to:

- a) Consider changes to the story title to make it more helpful to other users.
- b) Replace upper case (CAPITALS) text with mixed case.
- c) Make minor changes to spelling, punctuation or layout to improve readability.

#### Make giving feedback safe and easy for patients, service users and carers

To avoid identifying individuals, CO is to:

- a) Remove all patient names from postings, even from positive postings.
- b) Remove details which might identify an individual staff member, particularly where we suspect there are small numbers of staff or patients in any one treatment area. This may mean linking the posting to generic rather than specific services, e.g. to a hospital rather than a specialty.
- c) Remove mention of specific dates and times.
- d) Where there are postings that are known to be part of a current, formal complaints or legal, police, coronial, Australian Health Practitioner Regulation Agency or other similar procedure, CO is to follow WACHS' advice in relation to whether they are to be published on the site. In this regard, CO is to seek the advice of WACHS prior to publishing.
- e) If CO is concerned that the author of a posting may be vulnerable, they are to take appropriate action to protect that person. This may include sign posting the person to an appropriate agency for support, not publishing the postings or, in the most serious of cases, CO may contact the appropriate authority.

### **Encourage authentic feedback, based in personal experience**

To avoid generalisation and speculation in postings, CO is to:

- a) Make sure that postings directly report the experiences, reactions or suggestions of patients. For example, general, critical assertions about the whole of WACHS or its Board or Executive are to be removed.
- b) Generally remove suggestions that indicate others should not visit a service.
- c) Remove allegations or speculations about the character or motivations of health care staff or organisations, since authors do not know what motivates particular staff.
- d) Edit to make clear that experiences relate to some staff, not all staff.
- e) Sometimes remove references to the care of other patients. This is because the story should primarily relate to the direct experience of care by the patient themselves.
- f) Sometimes edit direct speech, quoting third parties, to indirect speech.

### **Treat staff lawfully and fairly**

To avoid defaming individual staff members, CO is to:

- a) Remove all staff names from highly critical comments.
- b) In positive postings, CO is to remove all staff surnames. If no first names of staff are given, then refer to the doctor, nurse, team in charge of care and treatment.
- c) Generally remove the name or identifying information about a third party.
- d) Remove identifying information where we suspect there are small numbers of staff in any one treatment area, and it may be possible to identify individual staff members.

### **Moderation Execution**

- When a posting has been moderated, it is assigned a criticality score before publication. This score is designed as a way of communicating to CO and subscribers the criticality of a posting – it is never made public. The scores range from 0, no critical content, to 5, severely critical content (see Table below).
- Criticality is to always be scored based on the most seriously critical part of any posting. So a score of 5 (severely critical) could be given to a posting that contains some very positive comments.
- Postings assigned a criticality of between 0 and 3 inclusive, are published immediately on completion of moderating.
- Posting assigned a criticality of 4 or 5 is to be published after 5 working days, if it is publishable. The subscriber is to be notified, and provided a copy of the moderated story prior to publication. If in consultation with the subscriber a longer delay is requested this may be allowed. Where a response has been provided, wherever possible, CO is to publish the story and response simultaneously.
- When a story relevant to the WACHS subscription is published, CO sends an email alert to the nominated staff. This email has a link that, when followed, enables the posting to be read in full.

**Care Opinion Table of Criticality:**

Criticality	Title	Explanation
0	No critical content	Entirely positive or neutral postings with no hint of criticality
1	Minimally critical	Mention of dissatisfaction with non-clinical, non-personal aspects of care, typically “facilities” issues such as food, parking, or waiting
2	Mildly critical	More specific but still mild criticism, which may also include non-clinical but interpersonal issues such as attitude of staff
3	Moderately critical	Criticism which may include alleged shortcomings in clinical aspects of care. Also includes serious comments about facilities: ‘never cleaned’; ‘father never fed’
4	Strongly critical	Serious criticism of specific unnamed staff or groups of staff, or of clinical care or facilities. Email author to let them know of delay
5	Severely critical	Posting alleges or describes actions or events which may be illegal, grossly negligent, or allege serious misconduct by named members of staff or organisations Email author to let them know of delay



## Appendix B: WACHS Care Opinion Response Matrix

EMAIL NOTIFICATION of published story (with CO Criticality Score 0-3)	1 <sup>st</sup> WACHS CO RESPONSE (to be posted <u>within 48 hours</u> of story being published)	2 <sup>nd</sup> WACHS CO RESPONSE* (to be posted <u>within six weeks</u> of 1 <sup>st</sup> WACHS Response)	WACHS CO IMPROVEMENT POST
<p>Stories with CO Criticality Scores 0-3 are published after moderation and generate e-mail alerts to WACHS responders, administrators and subscribers.</p>	<ul style="list-style-type: none"> <li>• Regional CO Responder reads story and make assessment of story based on WA Health Complaints Management Policy feedback definitions.</li> <li>• For stories assessed as a <b>compliment, suggestion, or contact/concern</b> may be responded to immediately (within 48 hours) with a thank you and a promise to pass the feedback on to the relevant team or staff.</li> <li>• For stories assessed as a <b>complaint, clinical incident, professional misconduct, or serious concern</b>, which require more investigation or information, within 24 hours we must:             <ul style="list-style-type: none"> <li>a) thank the author for providing the feedback and a promise to follow up with further (2<sup>nd</sup>) response; <b>and/or</b></li> <li>b) provide contact details for the author to directly contact the health service for further discussion.</li> </ul> </li> </ul>	<p>All stories that indicate a level of dissatisfaction with the health service must have a follow up response posted on Care Opinion within six weeks of the initial story being posted. The follow up response is to reflect:</p> <ul style="list-style-type: none"> <li>• If the author has made contact with the health service and changes have been made as a result; or</li> <li>• if the author has not made contact with the health service, the health service reinvites the author to make contact via Care Opinion.</li> </ul> <p>It is important to note that both positive and negative feedback has the potential to be a catalyst for change and service improvement.</p>	<p>A further response can be posted to promote the actions that have been taken to improve the service as a result of a story. This can be days, weeks or months after the first and/or second response. However, is important to do this to show that we not only listen, but also act upon the feedback that we receive.</p>

## WACHS Care Opinion Response Procedure

<b>CO CONTACT</b> <b>Receipt of story with CO</b> <b>criticality score 4 or 5</b> <b>(yet to be published)</b>	<b>1<sup>st</sup> WACHS CO RESPONSE</b> <b>(to be posted <u>within 48 hours</u> of story</b> <b>being published)</b>	<b>2<sup>nd</sup> WACHS CO RESPONSE*</b> <b>(if required)</b>	<b>WACHS CO</b> <b>IMPROVEMENT POST</b>
<p>Stories with CO critical scores 4 or 5 are withheld from publication for 5 days.</p> <p>CO is to contact the relevant Regional CO Responder.</p>	<ul style="list-style-type: none"> <li>Regional CO Responder assesses the story information provided by CO using WA Health Complaints feedback definitions and applies a Severity Assessment Matrix (SAM) score.</li> <li>Regional CO Responder works with CO to determine if the story is publishable, and if so, develops a response to be published simultaneously with story.</li> <li>Regional CO Responder and/or Regional Director draft a response and send it to the Patient Experience and Community Engagement (PEaCE) team for review and escalation to the COO. Once the response has been approved by the COO, the PEaCE team send the final approved response to the WACHS CO Responder and Regional Director for final oversight and to progress to CO for publication.</li> <li><b>NOTE:</b> the WACHS CE and the WACHS COO are registered as Responders in the event that it is determined that a response from a high level of WACHS be required.</li> </ul>	<p>If a second response is promised, it must be posted within five working days of the first response.</p> <p>All stories that indicate a level of dissatisfaction with the health service must have a follow up response posted on Care Opinion within six weeks of the initial story being posted. The follow up response is to reflect:</p> <p>The follow up response is to identify what changes have occurred as a result of the feedback from the original story, where a change is indicated, or what processes are in place to support future changes. This must occur regardless of whether the author has chosen to remain anonymous or not.</p>	<p>A further response can be posted to promote the actions that have been taken to improve the service as a result of a story. This may be days, weeks, or months after the first and/or second response. However it is important to highlight how we not only listen, but also act upon the feedback that we receive.</p>

**Escalation of stories which have not received a response within expected timeframes**

The Regional CO Coordinator is to contact the Regional CO Responder/s if stories have not been responded to within the above guidelines, as a reminder.