



The Office of Health Review Conciliation Process - Information for people who have a complaint about a health service

The Office of Health Review's conciliation process aims to assist you and the person or organisation that you have a complaint about (the provider) to find a solution that suits you both.

The Office of Health Review (OHR) operates under the *Health Services (Conciliation and Review) Act 1995* (the HS Act) and the *Disability Services Act 1993* (the DS Act).

The fundamental principles of the conciliation process are that it is:

- Confidential – information that is disclosed during the conciliation process cannot be directly or indirectly recorded or discussed (at any time) with a third party. The information obtained can also not be used in a court or tribunal setting.

If you require further information about confidentiality please talk to your Case Manager.

- Voluntary – we cannot compel anyone to participate in conciliation and we cannot force them to agree to a resolution or outcome that they are not satisfied with.
- Impartial – OHR staff do not favour, represent or advocate for either party.

The information below explains more about the conciliation process, and how your complaint will be managed. This information is a guide only. We may change our processes slightly to meet the individual needs of both parties.

The Assessment Phase

When we receive your written and signed complaint form a member of our Assessment Team will write to you to confirm that we have received your complaint. They may also ask you to provide more information about your complaint. When all of the necessary information has been received the Assessment Team will assess your complaint to determine whether it falls within our legislation. It is important to note that by accepting a complaint, we are not validating the allegations in the complaint, rather we are acknowledging that under the legislation this Office is able to help to manage the complaint

If your complaint does not fall under the HS Act or the DS Act we will try and direct you to another organisation that may be able to assist you.

The Conciliation Phase

Once a complaint is accepted it is allocated to one of our Case Managers. Your Case Manager will contact you to discuss your complaint, and how we can try and assist you to resolve it. They may ask to meet with you at this point to discuss your complaint further.

We will also contact the provider to explain that we have received your complaint. We will ask the provider whether they will take part in the conciliation process and we may ask to meet with them.

Once your Case Manager has spoken to you and to the provider we will write to you to confirm that your complaint has been accepted and give you details about the next steps in the process. At this stage we may need to access copies of your health records or other documents.

Conciliation Meetings

A conciliation meeting gives you the opportunity to meet with a provider and discuss your concerns face to face. Your Case Manager attends and runs the meeting. You may also choose to ask a friend, relative or support person to come along.

Meetings generally take place at OHR, or at the provider's place of work. We can also use teleconference or video conference facilities. If you have any special requirements we will always try to accommodate these.

We usually set aside two hours for a conciliation meeting. Sometimes the meetings do not take this long, but complex complaints may take longer to discuss. The meeting will be run according to the agenda prepared by your Case Manager. Everyone attending the meeting will be given the agenda in advance in order to prepare for the meeting.

You will not be charged anything to come to a meeting. However, we cannot refund money that you have spent to attend the meeting.

Paper-based Conciliation or 'Shuttle' Conciliation

It is not always possible to have a conciliation meeting or we may decide that a meeting is not the best way to manage your complaint. In these situations, we will use a paper-based process or a 'shuttle' process.

In a paper-based process we will write to the provider and ask them to provide a written response to your complaint. We ask them to provide as much information as necessary to deal with the issues that you have raised and answer any questions that you have asked. We will share this response with you and will try and assist you both to find a resolution to your complaint.

In a shuttle approach we may speak to you and then to the provider, either in person or on the telephone. Again we will talk to both parties to try and assist in resolving the complaint.

Finalising Conciliation

When a mutually acceptable solution has been found to the complaint, the complaint is closed.

If you and the provider are not able to reach an agreement then your Case Manager can still recommend to the Director that the case be closed. Alternatively, your Case Manager may recommend that the Director investigate your complaint or refer it to another agency.

It is important to note that we are not able to guarantee that the provider will agree to the outcomes that you are seeking. Financial outcomes can be particularly difficult to conciliate, and your Case Manager will discuss this with you at the beginning of the process.

At the end of the conciliation process your Case Manager will draw up a Conciliation Report. This document summarises the details of the complaint, the outcomes that you were seeking and the result of the conciliation process. Under the Legislation a copy of this report must be sent to you, the provider, and, if the provider is a registered provider, their registration board.

Throughout the conciliation process your Case Manager will be available to provide information and answer any questions that you may have.