

Resolving Complaints

We do not act as an advocate for complainants or providers. Our role is to bring an impartial view to each complaint and work with both parties to achieve a fair resolution.

If our work reveals shortcomings within a particular service, we will discuss a remedy with the provider. If we believe that the service provider was reasonable, we will inform the complainant that this was the case.

We will advise the complainant and the provider of the outcome in writing.

Interaction with boards

While the Office of Health Review is a conciliatory body, registration boards have important regulatory and disciplinary functions.

We work cooperatively with the various registration boards to ensure that complaints are dealt with by the appropriate organisation.

If a board and the Director of our office agree that a complaint is suitable for conciliation, it may be referred to us.



For health or disability service complaints, please contact:

Office of Health Review

Telephone: (08) 9323 0600

Freecall: 1800 813 583

Facsimile: (08) 9221 3675

email: mail@healthreview.wa.gov.au

web: www.healthreview.wa.gov.au

Post: PO Box B61 Perth WA 6838

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This brochure is available on audio tape, in Braille or community languages on request.

Interpreting services are available from the Translating and Interpreting Service (TIS) on 13 14 50.



AN INTRODUCTION TO THE

OFFICE of HEALTH REVIEW

FOR HEALTH SERVICE PROVIDERS

The Office of Health Review works closely with health service providers and consumers to resolve disputes and achieve fair and positive outcomes when a complaint arises.

What is the Office of Health Review?

The Office of Health Review is an independent body that has the power to deal with health service complaints under the Health Services (Conciliation and Review) Act 1995.

What do we do?

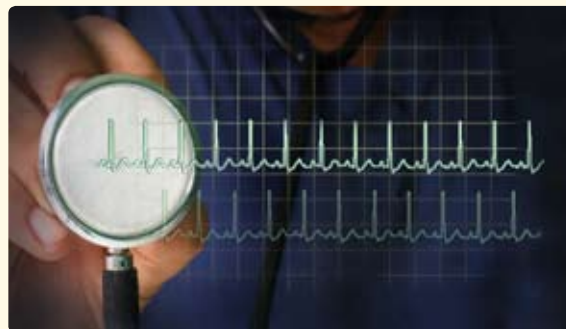
We act impartially and in confidence to help resolve complaints about health services.

Our other functions include:

- reviewing the causes of complaints and suggesting ways of reducing them
- advising providers on how to handle complaints
- inquiring into broader issues of health care arising from complaints.

Note: The Office does not deal with matters that:

- are more than a year old
- have already been decided by a court or tribunal
- are vexatious, trivial or without substance.



What complaints do we deal with?

The office can deal with complaints that allege a provider has:

- acted unreasonably in the way a service has been provided
- provided a service that was not ideally suitable or adequate for the user's needs
- acted unreasonably by denying or restricting the user's access to records
- breached patient confidentiality
- charged an excessive fee, or acted unreasonably about a fee.

We can consider whether a public provider has unreasonably refused a health service.

How we handle complaints

We usually seek a response from the service provider after receiving a written complaint from a consumer.

Depending on the nature of the complaint, the provider may wish to contact their insurer or other representatives.

A complaint may be resolved early with our assistance, or it may proceed to conciliation or investigation. Wherever possible we try to deal with complaints informally and in a cooperative manner.

We try to bring about a resolution as quickly as we can, although complex issues may take more time to resolve.

The fact that the provider openly addresses the complainant's concerns is often sufficient in itself to resolve the matter.