

Triage form – to be used in addition to ECDSxx

Details:

Compl Assessor:

Date received:

Date triaged:

Complaint period:

Consumer/s:

Complainant/s:

Provider/s:

Other parties:

Decision maker (if assigned at triage):

SCA/TL on inbox:

Commissioner Flag(s)

Media Flag

Coroner involvement

Name of Coroner:

Referral from Council/Ombudsman

Referral from advocacy

Acknowledgement letter required?

Notes to Admin:

ECDS contact details checked against complaint -

By:

Date:

Third party complaint:

	Name	Date confirmed	Support	Consent to disclosure
Consumer			<input type="checkbox"/>	<input type="checkbox"/>
Activated EPOA			<input type="checkbox"/>	<input type="checkbox"/>
Welfare guardian			<input type="checkbox"/>	<input type="checkbox"/>
Parent/guardian			<input type="checkbox"/>	<input type="checkbox"/>
Executor			<input type="checkbox"/>	<input type="checkbox"/>
Other			<input type="checkbox"/>	<input type="checkbox"/>

NB: Where the complainant is the consumer's representative, we only need to ascertain they have been properly appointed – support/consent is not relevant.

Previous complaints:

Consumer/s:

Complainant/s:

Provider/s:

Summary of Complaint:

Outcomes sought:

Issues:

PRIMARY ISSUE:

COMPLAINT KEYWORDS:

SERVICE TYPE CATEGORY:

Triage decision:

Decision	Comments

Attendees:

Letter	Reviewing senior	Date final draft approved
Early resolution		
s14		
Further s14		
Expert advice		
Provisional		
Final		

Is this complaint an early resolution?

Yes → Hand file in for closure

No → Complete closure checklist before handing file in for closure

Complexity Classification: Outcome					
	1	2	3	4	5
Outcome	Priority Allocation? AAT?				
Factors	Level 1	Level 2	Level 3	Level 4	Level 5
Nature of concern raised	Minor issues – manner, immaterial delay (eg wanting to see GP), concerns about facilities, concerns about being under MHA	Communication issues, lower level clinical issues	Minor-moderate harm to consumer, serious concerns about communication / manner, potential delay	Moderate harm to consumer, ongoing concerns, potential impact on other consumers, potential systems issue, informed consent. Significant near miss.	Death of consumer, serious / permanent impact, systematic issues such as failed referrals, test results, boundary violation, impact on other consumers, serious consent issues. Serious breach of ethical/professional standards
Time	Single episode	Single episode	Single / few episodes of care	Ongoing care over a period of 6 months or more	Ongoing care over a period of 6 months or more
Number of Providers	Single / individual	Single Individual	DHB – team environment	DHB / more than one individual	DHB, multiple individuals, multiple institutional providers
Previous complaints about provider	None	None	Yes	Yes	Yes – breach and findings
Other organisations	None involved	None involved	Regulatory authority involved	RA / ACC	ACC Harm notification
Priority	Outside jurisdiction Better resolved between parties			Consumer vulnerability	Ongoing risk to public safety (for example, harm notification from ACC) Number of commissioner flag(s) / identical or very similar facts to previous breach opinions. Person specific factors (e.g terminal illness) Pattern of complaints

	Owner	Closer
Have we written to all the parties that are subject to the complaint?		
Have we removed any parties that are no longer subject to the complaint?		
Has a scanned copy of any posted/couriered correspondence been saved to ECDS?		
If we told the consumer/complainant that we are intending to make educational comment to provider, have we done so in the final to the provider?		
If we outlined recommendations to the provider provisionally, are these reflected in the final to the provider?		
Has a due date for the recommendations been given to the provider?		
Has a reminder been set for the Recommendations Officer? (For provider referrals & advocacy referrals)		
Did we tell the consumer/complainant that we intend to bring their concerns to the attention of a third party/other agency/organisation/DHB – have we actioned this in the final?		
Have all the relevant providers been loaded onto ECDS? – including individual providers, not just their group/organisation.		
Is the primary issue correct?		
Have all relevant complaint keywords been selected?		
Have relevant commissioner issue flags been selected?		
Is the service type category correct?		
If there was coronial involvement – have we written to the coroner as part of the final?		
If this complaint was referred to us by a regulatory authority – have we written to them as part of the final?		
Has the delegation been filled out correctly?		
Is the complaint type correct – especially if the decision changed from OJ to Non-investigation or vice versa?		
Have you set the closing date as the date the letters were dated and sent – and not the date you are closing the complaint?		
If the threshold for a regulatory authority MOU referral was triggered – did we do a s59(4) letter to the Board/Council?		
Have the ECDS contact details been checked and confirmed as correct? – if not, please check or take back to CA to check		
Do all letters that have gone out on the file have a 'sent date'?		
Have any in-house advisor information packs been placed on the shelf?		
Has each recommendation been added individually with a due date?		
Are there extra volumes to this complaint – if yes, put black dots on them and put files in closed file room.		
Have all post it notes been removed from the file?		
Has the triage form been completed in full? If not, return to the CA to complete		
Has a flag been added to the file to indicate recs/FRA/PR?		
Have all actions on ECDS that are flagged for deletion been deleted?		
Have all previous reminders been closed (excluding reminders for Recs Officer)?		
Have all handling matters that are no longer applicable been deleted?		