



Health Complaints Trends Report 2014-17

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Health Complaints Trends Report 2014-17

Contents

Definition of terms used	iii
Executive summary.....	v
Summary of provider managed complaints.....	vi
Introduction	1
Health Complaints Data Collection Program.....	1
Purpose of this report.....	2
Notes on interpretation.....	2
Data limitations	2
Complaint trends.....	3
Individual making the complaint.....	4
Age and Gender.....	5
Time taken to resolve complaints.....	6
Complaint categories.....	8
Complaints about quality of clinical care	10
Complaints about communication	12
Complaints about access.....	14
Complaints about rights, respect and dignity	16
Complaints about corporate services.....	18
Complaints about cost	20
Outcomes achieved	22
Appendix 1: Health providers prescribed under s75 of the Health and Disability Services (Complaints) Act 1995.....	25

Figures

Figure 1: Received and closed health service complaints (2014-15 to 2016-17) ..3	
Figure 2: Individual making the complaint4	
Figure 3: Age and gender of the individual receiving a service5	
Figure 4: Time taken to resolve complaints.....6	
Figure 5: Complaint categories identified8	
Figure 6: Issues identified in complaints about quality of clinical care.....10	
Figure 7: Issues identified in complaints about communication.....12	
Figure 8: Issues identified in complaints about access.....14	
Figure 9: Issues identified in complaints about rights, respect and dignity16	
Figure 10: Issues identified in complaints about corporate services18	
Figure 11: Issues identified in complaints about cost20	
Figure 12: Outcomes achieved22	

Tables

Table 1: Summary of complaint resolution times for 2014-15 to 2016-17 by sector.....7	
Table 2: Most common complaint categories identified in 2014-15 to 2016-17 ranked by sector9	
Table 3: Most common quality of clinical care issues identified between 2014-15 and 2016-17 ranked by sector.....11	
Table 4: Most common communication issues identified between 2014-15 and 2016-17 ranked by sector13	
Table 5: Most common access issues identified between 2014-15 and 2016-17 ranked by sector15	
Table 6: Most common rights, respect and dignity issues identified between 2014-15 and 2016-17 ranked by sector17	
Table 7: Most common corporate services issues identified between 2014-15 and 2016-17 ranked by sector19	
Table 8: Most common cost issues identified between 2014-15 and 2016-17 ranked by sector21	
Table 9: Most common outcomes identified between 2014-15 and 2016-17 ranked by sector23	

Definition of terms used

Complaint: an expression of dissatisfaction made to an organisation, related to its products, services, staff or the handling of a complaint, where a response or resolution is explicitly or implicitly expected or legally required¹. (Standards Australia/New Zealand Standard, 2014)

Complaint categories: combines complaint issues (defined below) into specific themes.

Complaint issues: the specific issues, or concerns, that an individual has regarding the health or mental health services provided.

Consumer: an actual or potential recipient of health care from a prescribed provider. May also be known as a patient or customer.

Consumer representative: someone who makes a complaint on behalf of the consumer of a health service, for example a carer, guardian or spouse.

Provider type: the sector that a prescribed provider belongs to; public, private or not-for-profit.

Outcome: actions taken by the organisation to resolve the complaint.

¹ Standards Australia. (2014). Guidelines for complaint management in organizations (AS/NZS 10002:2014). Standards Australia, NSW.

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Executive summary

The Health and Disability Services Complaints Office (HaDSCO) is an independent Statutory Authority offering an impartial resolution service for complaints relating to health, disability and mental health services in Western Australia and the Indian Ocean Territories.

HaDSCO is established under the *Health and Disability Services (Complaints) Act 1995* (the HaDSC Act) and also has responsibilities under Part 6 of the *Disability Services Act 1993* and Part 19 of the *Mental Health Act 2014*.

Under Section 75 of the HaDSC Act and the *Health and Disability Services (Complaints) Regulations 2010*, each year HaDSCO collects de-identified complaints data from 25 prescribed public, private and not-for-profit health service providers in Western Australia. This data is collected through HaDSCO's Health Complaints Data Collection Program (HCDCP). A high level summary of the complaints data is provided in HaDSCO's Annual Report each year.

The information provided in this report provides a more in-depth analysis of the complaint trends observed through the HCDCP and, where relevant, provides comparisons with the trends identified in the complaints managed directly by HaDSCO. This report also builds on work previously undertaken by HaDSCO in 2014, which is summarised in the previously published 'Health Complaint Trends Report 2010-14'.

The analysis of the complaints data has shown a number of key trends in terms of complaint numbers, demographics, and the issues raised in complaints, which are summarised on the following page. Of note, complaint numbers have increased since 2014-15, however, timeliness has been maintained, with the majority of prescribed providers closing complaints within 90 days. The most common complaint categories across the complaints received by prescribed service providers related to the quality of clinical care, communication and access, and these were also the three categories most commonly identified in HaDSCO's 2014 'Health Complaint Trends Report 2010-14'.

Complaints present an opportunity for improvement in the delivery of services and provide an insight into the priorities of consumers. In addition to HaDSCO's role to resolve complaints, the Office also has a responsibility to inform, educate and empower service providers to prevent complaints. Accountability, learning and prevention are key guiding principles of the Australian/New Zealand Standard AS/NZS 10002:2014 Guidelines for complaint management in organizations. This report provides a rich source of information which can assist organisations to learn from complaints, inform continuous improvement programs and strengthen service delivery to ensure integrated and coordinated patient-centred care for a sustainable health system.

Summary of provider managed complaints

Complaint trends and demographics

- Complaint numbers have increased since 2014-15. Prescribed provider's complaint closure rates have increased in line with the number of complaints received.
- The majority of health service providers closed 90% of complaints within 90 days.
- Complaints are most likely to relate to a person over the age of 30.
- Complaints are most frequently made by someone on their own behalf.

Complaint issues

- The most common complaint categories across the complaints received by prescribed providers are related to quality of clinical care, communication and access.
- The three primary categories of complaints have remained unchanged since 2010 (see HaDSCO's 'Health Complaint Trends Report 2010-14').

Quality of clinical care

- 'Inadequate treatment', 'Inadequate assessment', the 'Poor co-ordination of treatment' and 'Discharge or transfer arrangements' are the issues most frequently identified in complaints in this category.

Communication

- Dissatisfaction with 'Verbal/non-verbal communication', 'Misinformation or failure in communication (but not 'failure to consult')' and 'Failure to listen to consumer/consumer representative/carer/family' are the issues most frequently identified in complaints in this category.

Access

- Dissatisfaction with 'Delays in admission or treatment', 'Waiting list delay' and the 'Inadequate resources/lack of service' are the issues most frequently identified in complaints in this category.
- Although the frequency of issues within these categories show some variation between the different provider types (public, private, not-for-profit), the categories of complaints have remained consistent over time and constitute the majority of complaints for all sectors.

Complaint outcomes

- The outcomes of complaints are consistent across all service provider types. The most common outcomes were:
 - An explanation or information about services provided;
 - An apology from the service; and
 - Acknowledgement of the individual's views or issues.

Introduction

The Health and Disability Services Complaints Office (HaDSCO) is an independent Statutory Authority offering an impartial resolution service for complaints relating to health, disability and mental health services in Western Australia and the Indian Ocean Territories.

The functions of HaDSCO are set out in our governing legislation; the *Health and Disability Services (Complaints) Act 1995*, Part 6 of the *Disability Services Act 1993* and Part 19 of the *Mental Health Act 2014*. Under these Acts, our main functions are to:

- Deal with complaints by negotiated settlement, conciliation or investigation.
- Review and identify the causes of complaints.
- Provide advice and make recommendations for service improvement.
- Educate the community and service providers about complaint handling.
- Inquire into broader issues of health, disability and mental health care arising from complaints received.
- Work in collaboration with the community and service providers to improve health, disability and mental health services.
- Publish the work of the Office.
- Perform any other function conferred on the Director by the *Health and Disability Services (Complaints) Act 1995* or another written law.

Health Complaints Data Collection Program

Each year, under Section 75 of the *Health and Disability Services (Complaints) Act 1995* and the *Health and Disability Services (Complaints) Regulations 2010* HaDSCO collects complaints data from 25 prescribed public, private and not-for-profit health service providers in Western Australia. The data is collected through annual returns under HaDSCO's Health Complaints Data Collection Program (HCDCP) and is used to identify systemic issues and trends across the health sector. The data collection also provides HaDSCO with the opportunity to work with service providers to improve their complaints management processes.

Only de-identified data is collected from the 25 prescribed service providers. A list of the prescribed health service providers can be found in Appendix 1. The information collected includes:

- Number of complaints
- Demographics of consumers
- Complaint issues
- Complaint outcomes
- Timeliness of complaint resolution

The aggregate data received by HaDSCO includes all complaints received by prescribed providers in a given financial year.

Purpose of this report

This report details the health complaint trends observed from 2014 to 2017 in the complaints data submitted to HaDSCO through the HCDCP. Where possible, comparisons have also been made between the HCDCP data and the complaints data associated with managing complaints made directly to HaDSCO.

The purpose of the report is to:

- Provide an overview of complaint data and emerging trends;
- Provide a profile of the consumers making complaints;
- Compare and contrast trends from complaints received across provider types;
- Give an understanding of what people commonly complain about and what outcomes were achieved for them; and
- Update the trends analysis in HaDSCO's 2014 'Health Complaint Trends Report 2010-14'¹

Notes on interpretation

Unless otherwise stated, all of the data presented in this report is for complaints closed by health service providers during the specified financial years (2016-17 or 2015-16).

One complaint may have multiple objectives, issues, and/or outcomes; a complaint may also be made by more than one person. As a result, the charts included in the Report may not sum to 100%.

Within this report, reference may be made to data associated with complaints managed by HaDSCO. This is in contrast to the data associated with complaints managed by prescribed providers. Highlight boxes are used to distinguish the data associated with HaDSCO managed complaints to the data associated with prescribed provider managed complaints collected through the HCDCP.

Data limitations

There are some limitations associated with the data collected from the HCDCP that impact on the level of analysis that can be undertaken.

Due to the number of categories relating to complaint issues, only the most commonly occurring categories are reported in detail.

Data collected through the HCDCP is aggregate data. This means that:

- Case level outcomes and processes cannot be evaluated.
- Consumer demographics cannot be associated to specific complaint issues or outcomes.

The small number of not-for-profit prescribed providers (and the small number of complaints they receive) mean that this data set is more likely to show variation as a result of changes to one provider's complaints data.

Some of the categories of data supplied by external prescribed providers do not align with the categories of complaints made directly to HaDSCO. For this reason, only some of the data discussed in this report compares the external complaints data collected through the HCDCP with HaDSCO's internal complaints data.

¹ Health and Disability Services Complaints Office (2014) Health Complaint Trends Report 2010-14. Perth, W.A.: Health and Disability Services Complaints Office.

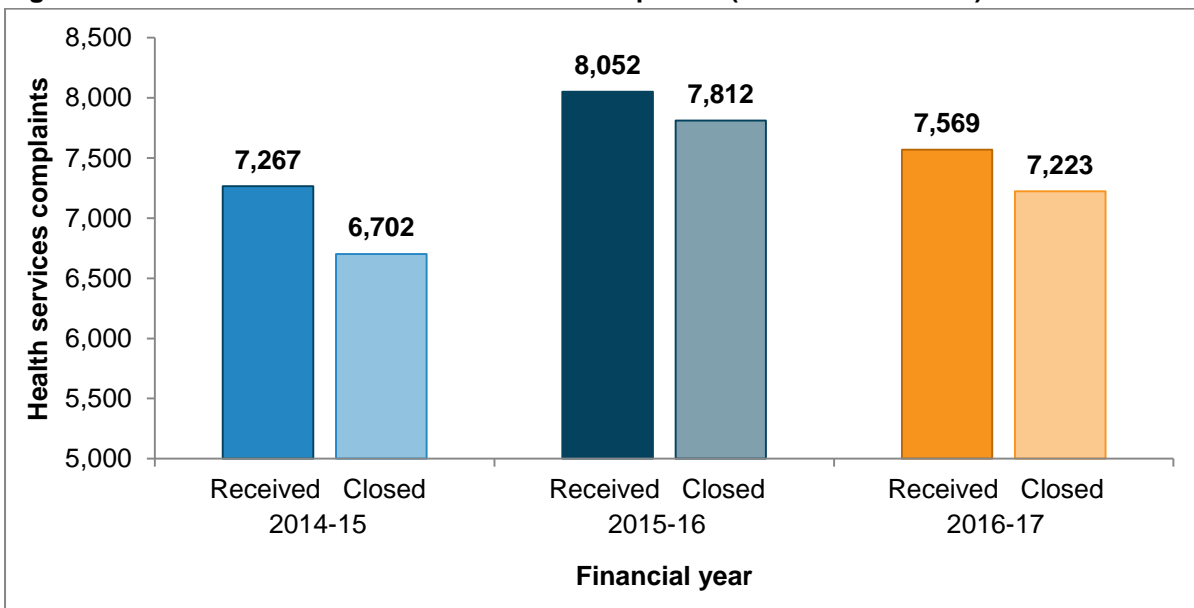
Complaint trends

The number of complaints about health services received and closed by prescribed providers since 2014-15 is shown in Figure 1. The Health Complaints Data Collection Program received information relating to 7,569 complaints during 2016-17. This represents a 6% decrease in the number of complaints reported compared to 2015-16 (see Figure 1).

The number of complaints reported by prescribed providers has however increased in comparison to 2014-15 (a 4% increase).

The number of complaints reported closed has continued to increase in line with the number of complaints received, and prescribed providers have reported that 85-95% of complaints received have been closed within the same financial year.

Figure 1: Received and closed health service complaints (2014-15 to 2016-17)



When considering the provider type (public, private or not-for-profit) of prescribed providers the relative proportions of complaints received in the last three years have remained relatively stable. The majority of complaints (65-75%) received are about services provided by the public sector, while the private and not-for-profit sectors account for 20-30% and 3-5% of complaints respectively.

HaDSCO managed complaints (2016-17)

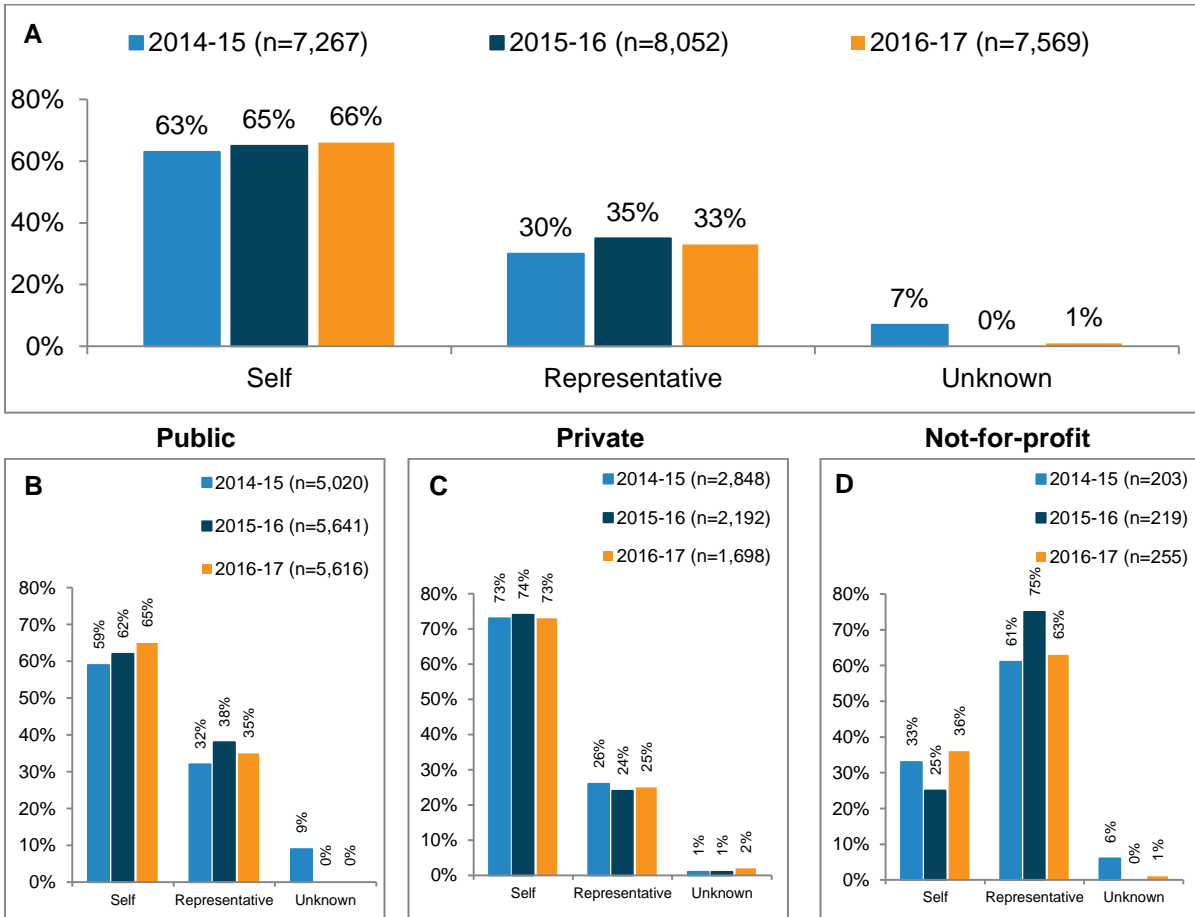
During 2016-17 HaDSCO closed 1,929 health complaints representing a 9% increase from the previous financial year. Prescribed providers account for 1,266 of these complaints, or 66% of HaDSCO's health complaints.

A sector comparison of health complaints received by HaDSCO, about prescribed providers in 2016-17, aligns with the trends observed in the external data, with 81% concerning public sector services, 17% private sector services and 2% not-for-profit sector services.

Individual making the complaint

In 2016-17, the majority of complaints (66%) received directly by prescribed providers were made by the individual who received the service (see Figure 2A). This trend has shown little variation since 2014-15. This trend is also evident in the public and private sector data collected by prescribed providers (see Figures 2B and 2C).

Figure 2: Individual making the complaint



The not-for-profit sector data differs from the public and private sectors in that complaints made directly to a health service are more likely to be made by a representative of the person receiving the service (a parent, child, carer or guardian). The proportion of complaints made by a representative in the not-for-profit sector is nearly double the observed number in the other two sectors (see Figure 2D).

HaDSCO managed complaints (2016-17)

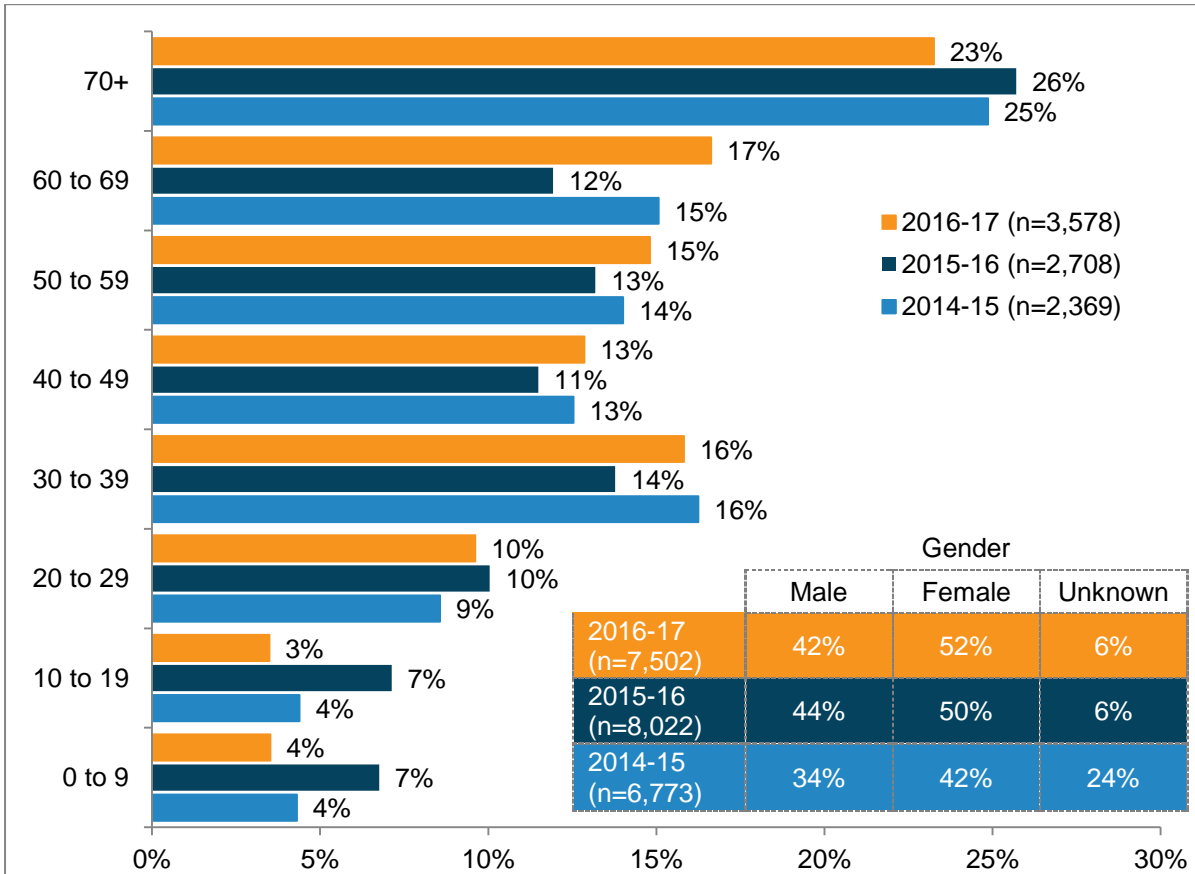
HaDSCO’s internal complaints data related to prescribed providers is similar to the HCDCP data for the public and private sectors, with approximately 70-75% of complaints being made by the person receiving a service.

HaDSCO’s internal data complaints relating to the not-for-profit sector does not follow the trend observed in the HCDCP data however; over 65% of complaints made directly to HaDSCO about service providers from the not-for-profit sector were made by the person receiving a service.

Age and Gender

Complaints about health services for the three years under consideration were distributed relatively equally between males and females, and were least likely to concern services provided to individuals in the following age categories: 0 to 9 years, 10 to 19 years, and 20 to 29 years (3-10% of complaints, see Figure 3).

Figure 3: Age and gender of the individual receiving a service



The data in Figure 3 is provided only for complaints where demographic information about the individual receiving a service was recorded.

HaDSCO managed complaints (2016-17)

The age and gender profiles in the HCDP data align with HaDSCO's internal demographic information, with the representation of males and females remaining fairly equal in recent years, and with complaints least likely to relate to an individual receiving a service in the following age categories: 0 to 9 years, 10 to 19 years, and 20 to 29 years.

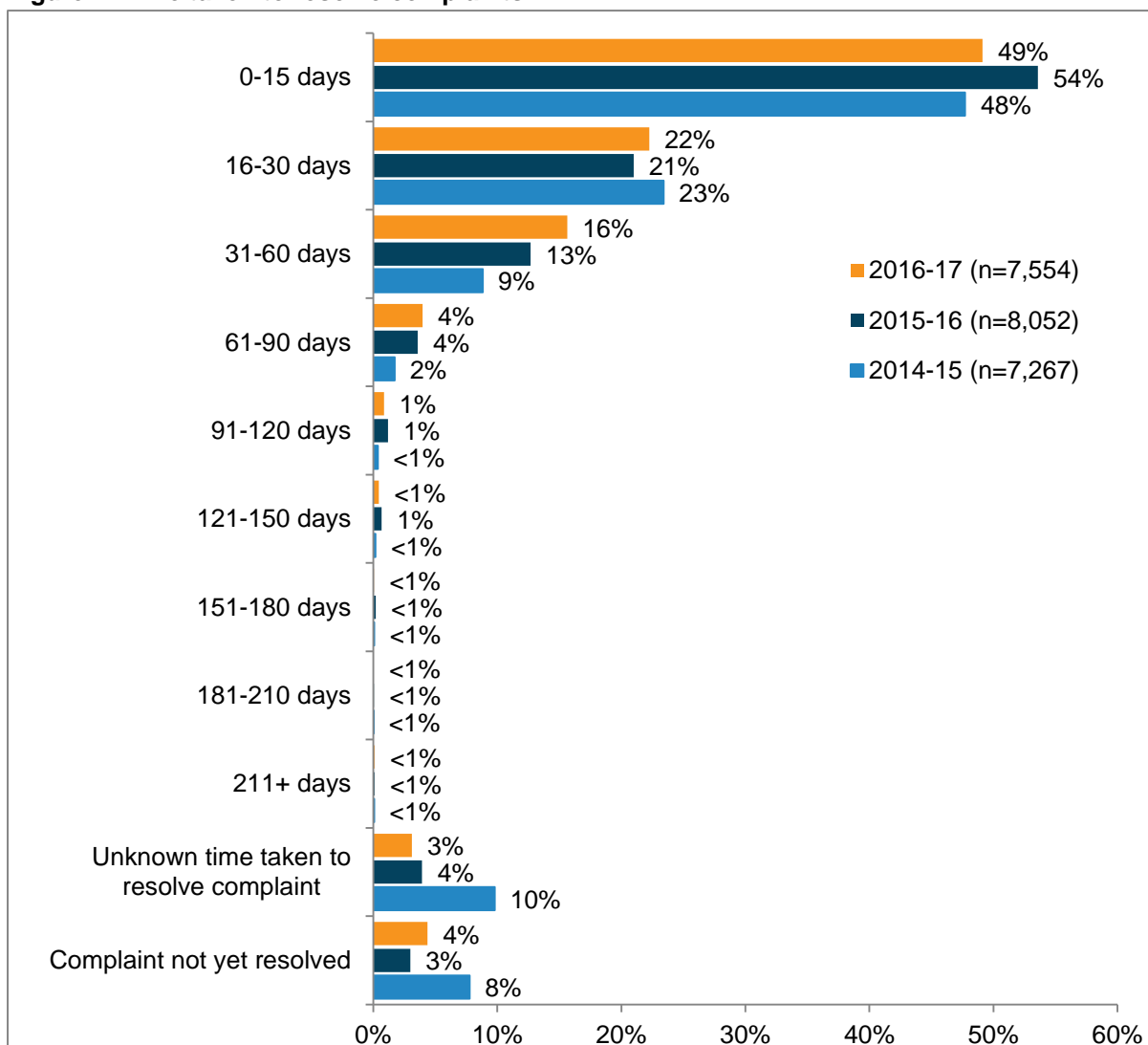
Time taken to resolve complaints

The time taken for prescribed providers to resolve complaints is shown in Figure 4 for the years 2014-15 to 2016-17.

Examination of the data in Figure 4 shows three main highlights:

- over 70% of complaints were resolved in less than 30 days;
- approximately 90% of complaints are resolved within 90 days; and
- since 2014-15, the number of unresolved complaints, or complaints without a known completion time, has dropped from 18% to 7%.




Figure 4: Time taken to resolve complaints



Totals may not sum to 100% due to rounding. In some instances data was not recorded by prescribed providers.

Analysis of complaint resolution times by the provider types (public, private, not-for-profit) highlights a few differences to the overall trends noted in Figure 4. The proportions of each sectors complaint resolution times are summarised in Table 1.

Table 1: Summary of complaint resolution times for 2014-15 to 2016-17 by sector

	 Public			 Private			 Not-For-Profit		
	2014-15	2015-16	2016-17	2014-15	2015-16	2016-17	2014-15	2015-16	2016-17
Resolved in less than 30 days	65%	75%	71%	87%	74%	74%	60%	55%	56%
Resolved within 90 days	75%	91%	90%	98%	91%	95%	88%	85%	91%

The key highlights from Table 1 include:

- with the exception of the public sector in 2014-15, public and private sectors resolved over 70% of complaints in less than 30 days;
- in the not-for-profit sector 55-60% of complaints were resolved in the first 30 days; and
- with the exception of the public sector in 2014-15, all sectors resolved at least 85% of complaints within 90 days.

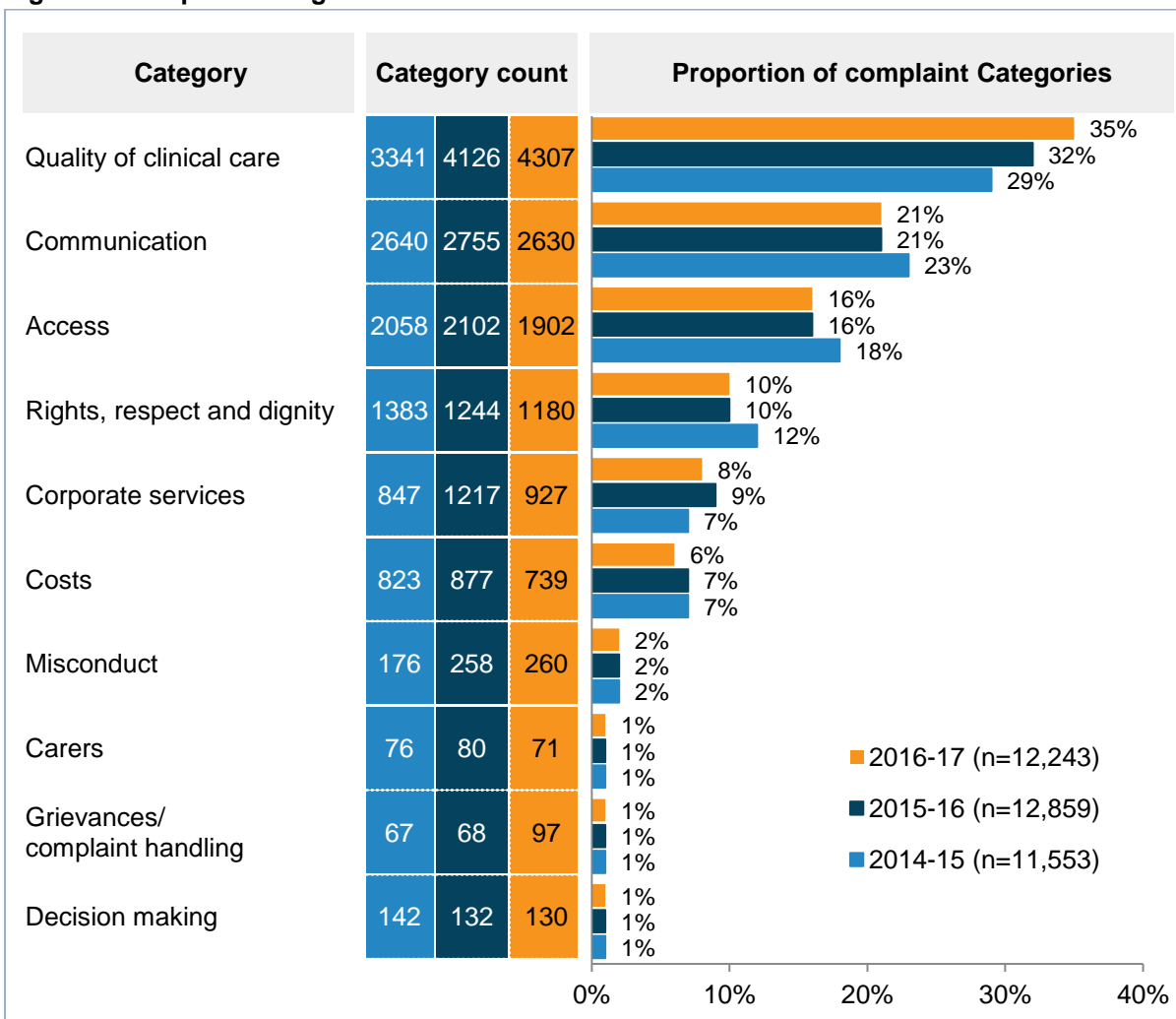
Complaint categories

The issue categories identified in complaints received by prescribed providers from 2014-15 to 2016-17 are shown in Figure 5. The total number of complaint issues identified in 2016-17 decreased by 5% compared to 2015-16, although a 6% increase was observed between 2014-15 and 2016-17.

There has been little change in the issue categories identified in the complaints received by prescribed providers in 2016-17 compared to previous years. Since 2014-15 the most commonly identified complaint categories were:

- Quality of clinical care;
- Communication with patients; and
- Access to service.

Figure 5: Complaint categories identified






The total number of 'Misconduct' and 'Grievances/Complaint Handling' category issues has shown the greatest change in recent years, with the total number of complaints increasing by over 40% since 2014-15 in both categories. Both of these categories are still among the lowest ranked complaint categories and each only account for approximately 3% of all of the issues identified each year (See Figure 5).

'Rights, respect and dignity' category complaints have shown the single largest decrease, dropping by 15% since 2014-15. Within the most common issue categories 'Quality of clinical care' issues have shown the largest change, increasing by 29% since 2014-15.

The five most common complaint categories identified for each provider type since 2014-15 are shown in rank order in Table 2. Complaint categories are fairly consistent across years for each sector and each complaint category was found in more than one sector.

Table 2: Most common complaint categories identified in 2014-15 to 2016-17 ranked by sector

	Public 			Private 			Not-For-Profit 		
	2014-15	2015-16	2016-17	2014-15	2015-16	2016-17	2014-15	2015-16	2016-17
Quality of clinical care	1	1	1	1	1	1	2	1	1
Communication	2	2	2	2	2	2	1	3	2
Access	3	3	3		5		5	2	3
Rights, respect and dignity	4	4	4	5		5	4	4	4
Corporate services	5	5	5	4	4	4			
Costs				3	3	3	3	5	5

Rank is determined by the number of times an issue was identified in complaints. Rank 1 is the most commonly occurring; rank 2 the second most commonly occurring and rank 3 is the third most commonly occurring and so on.

These six categories of complaints account for over 90% of all complaint issues identified, and are consistent with the findings from HaDSCO's 2014 Health Complaint Trends Report¹.

A breakdown of the issues contained in the above six categories of complaints across all sectors are provided in the following section.

¹ Health and Disability Services Complaints Office (2014) Health Complaint Trends Report 2010-14. Perth, W.A.: Health and Disability Services Complaints Office.

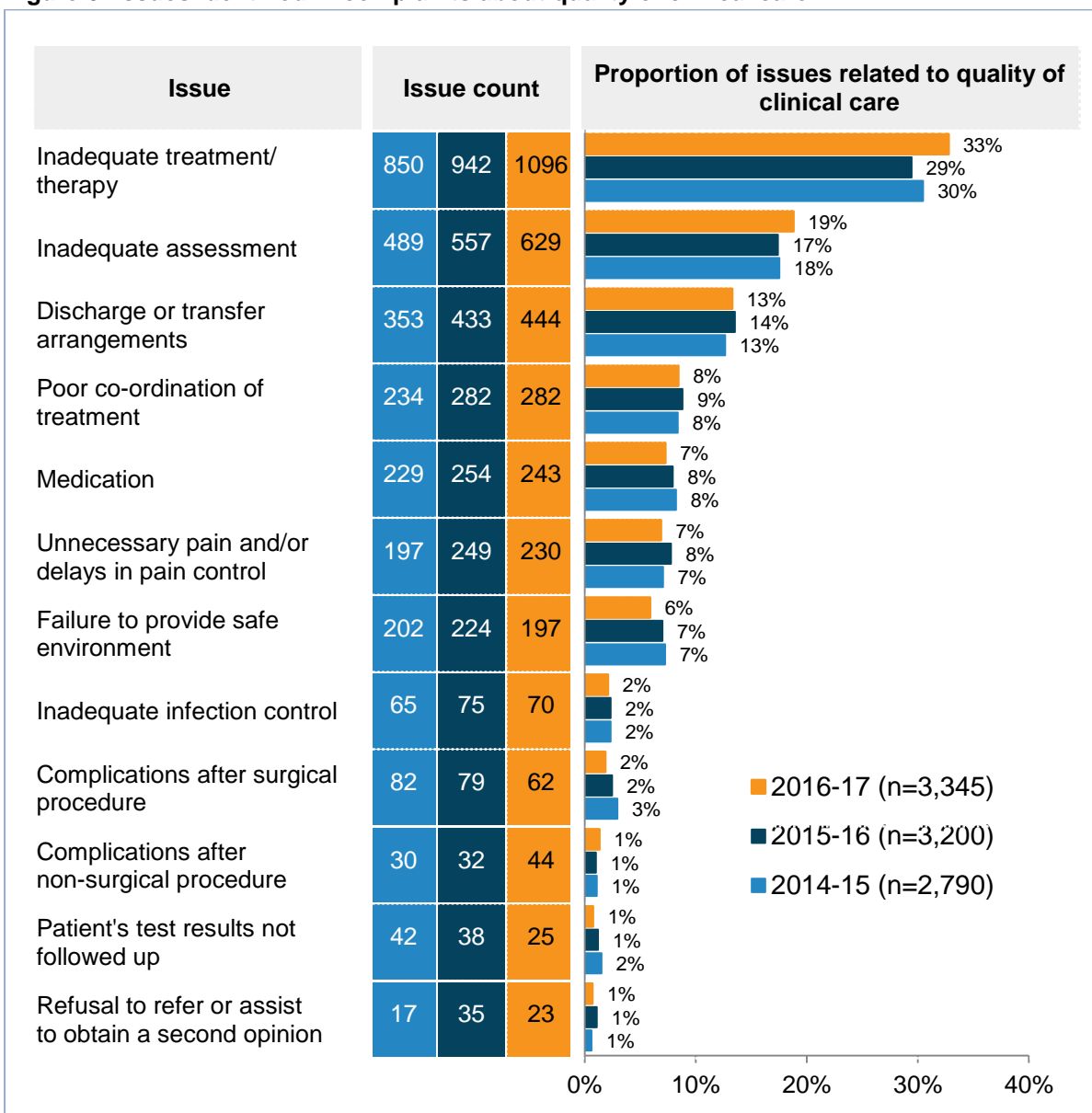
Complaints about quality of clinical care

Quality of clinical care refers to the assessment, planning, implementation and evaluation of clinical care by any health care professional. Issues such as treatment, assessment, and medication all fall within the scope of the quality of clinical care complaint category.

Issues related to quality of clinical care were the most frequently identified complaints in 2016-17 and have been the most common category of issues over the last three years (see Figure 5). The total number of times issues related to quality of clinical care were identified has increased by 29% since 2014-15 (see Figure 5, issue count increased from 3,341 to 4,307).

Figure 6 shows the issues identified within the quality of clinical care category of complaints.

Figure 6: Issues identified in complaints about quality of clinical care



Totals may not sum to 100% due to rounding. Counts determined using data where providers identified a specific issue (other and unidentified issues are excluded).

The three main issues identified in complaints about quality of clinical care were:

- 'Inadequate treatment/therapy',
- 'Inadequate assessment'; and
- 'Discharge or transfer arrangements'.

These three commonly occurring issues account for more than half of all quality of clinical care category issues and approximately 15-18% of all issues across all complaint categories in total over the last three years.

These same issues were also identified as most common in HaDSCO's 2014 Health Complaint Trends Report¹ which evaluated data back to 2010.

Within the three most common issues there has been steady increases in the number of times they have been identified since 2014-15:

- 'Inadequate treatment/therapy' increased by 29% (850 occurrences to 1096);
- 'Inadequate assessment' increased by 29% (489 occurrences to 629); and
- 'Discharge or transfer arrangements' increased by 26% (353 occurrences to 444).

The largest single change within this category was for the issue 'patient test results not followed up' which decreased by 40% since 2014-15 (issue count decreased from 42 to 25).

The most common issues for each provider type are ranked in Table 3. The issues 'Inadequate treatment/therapy' and 'Inadequate assessment' were among the three most common issues identified across all sectors in the last three years.

The other commonly occurring issues within this category by sector were:

- 'Discharge or transfer arrangements' was a commonly occurring issue for both the public and private sector; and
- 'Poor co-ordination of treatment/therapy' was a commonly occurring issue for the not-for-profit sector.

Table 3: Most common quality of clinical care issues identified between 2014-15 and 2016-17 ranked by sector

	Public			Private			Not-For-Profit		
	2014-15	2015-16	2016-17	2014-15	2015-16	2016-17	2014-15	2015-16	2016-17
Inadequate treatment/therapy	1	1	1	1	1	1	1*	2	3
Inadequate assessment	2	2	2	3	3	2	1*	1	1
Discharge or transfer arrangements	3	3	3	2	2	3			
Poor co-ordination of treatment							3	3	2

Rank is determined by the number of times an issue was identified in complaints. Rank 1 is the most commonly occurring; rank 2 the second most commonly occurring and rank 3 is the third most commonly occurring.

* These issues were identified an equal number of times.

¹ Health and Disability Services Complaints Office (2014) Health Complaint Trends Report 2010-14. Perth, W.A.: Health and Disability Services Complaints Office.

Complaints about communication

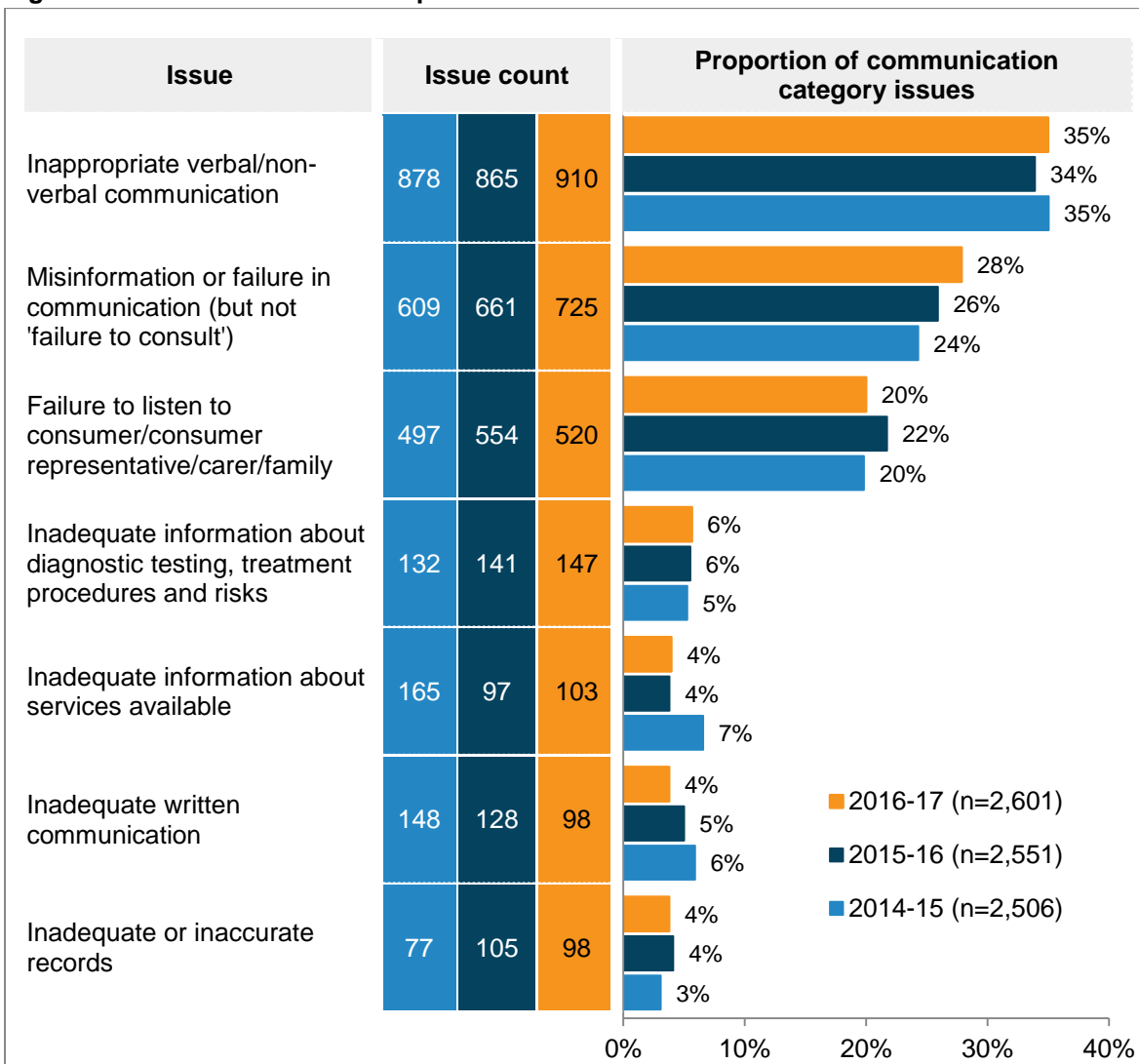
Complaints related to communication refer to the quality and quantity of information provided about treatment, risks and outcomes. Issues such as inadequate information, misinformation or the failure by a prescribed provider to listen and act on the information provided all fall within the scope of this category.

Complaints related to communication were the second most frequently identified issue category in 2016-17 and have been one of the most common complaint categories over the last three years (see Figure 5). The total number of times communication category issues were identified has shown little change since 2014-15 (see Figure 5, issue count decreased from 2,640 to 2,630).

Figure 7 shows the issues identified within the communication category of complaints. The three main issues identified since 2014-15 were:

- 'Inappropriate verbal/non-verbal communication';
- 'Misinformation or failure in communication (but not 'failure to consult')'; and
- 'Failure to listen to consumer/consumer representative/carer/family'.

Figure 7: Issues identified in complaints about communication



Totals may not sum to 100% due to rounding. Counts determined using data where providers identified a specific issue (other and unidentified issues are excluded).

The three most commonly occurring issues have accounted for approximately 80% of all of the issues identified in the communication category since 2014-15 and account for approximately 16-18% all issues across all complaint categories in total over the last three years. These issues were the same three issues identified as most common in HaDSCO's 2014 Health Complaint Trends Report¹.

'Inadequate information about services available' was the issue that has shown the largest change, and in 2016-17 was 38% lower than 2014-15. 'Inadequate written communication' issues showed a similar trend, and in 2016-17 were 34% lower.

'Inadequate or inaccurate records' has shown the largest increase and was 27% higher in comparison to 2014-15. The three most common issues within this category have all shown increases, with 'Misinformation or failure in communication' showing the largest increase (19% higher than in 2014-15).

The most commonly occurring issues for each provider type are ranked in Table 4. Although there has been some variation in relative rankings, there was no change in the issues identified within the communication category for either the public or private sector. Not-for-profit sector saw similar issues identified, although since 2015-16 the issue 'Inadequacy of written communication' has replaced 'Failure to listen to consumer/consumer representative/carer/family' as one of the three most commonly occurring issues.

Table 4: Most common communication issues identified between 2014-15 and 2016-17 ranked by sector

	Public			Private			Not-For-Profit		
	2014-15	2015-16	2016-17	2014-15	2015-16	2016-17	2014-15	2015-16	2016-17
Inappropriate verbal/non-verbal communication	1	1	1	1	1	1	1	1	1
Misinformation or failure in communication (but not 'failure to consult')	2	2	2	2	3	2	3	2	2
Failure to listen to consumer/consumer representative/carer/family	3	3	3	3	2	3	2	3*	
Inadequate written communication								3*	3

Rank is determined by the number of times an issue was identified in complaints. Rank 1 is the most commonly occurring; rank 2 the second most commonly occurring and rank 3 is the third most commonly occurring.

* These issues were identified an equal number of times.

¹ Health and Disability Services Complaints Office (2014) Health Complaint Trends Report 2010-14. Perth, W.A.: Health and Disability Services Complaints Office.

Complaints about access

Complaints related to the access category refer to the availability of services in terms of location, waiting times and other constraints that limit the service. Issues about delays in admission, waiting lists, lack of resources and refusal to provide a service fall within the scope of this category.

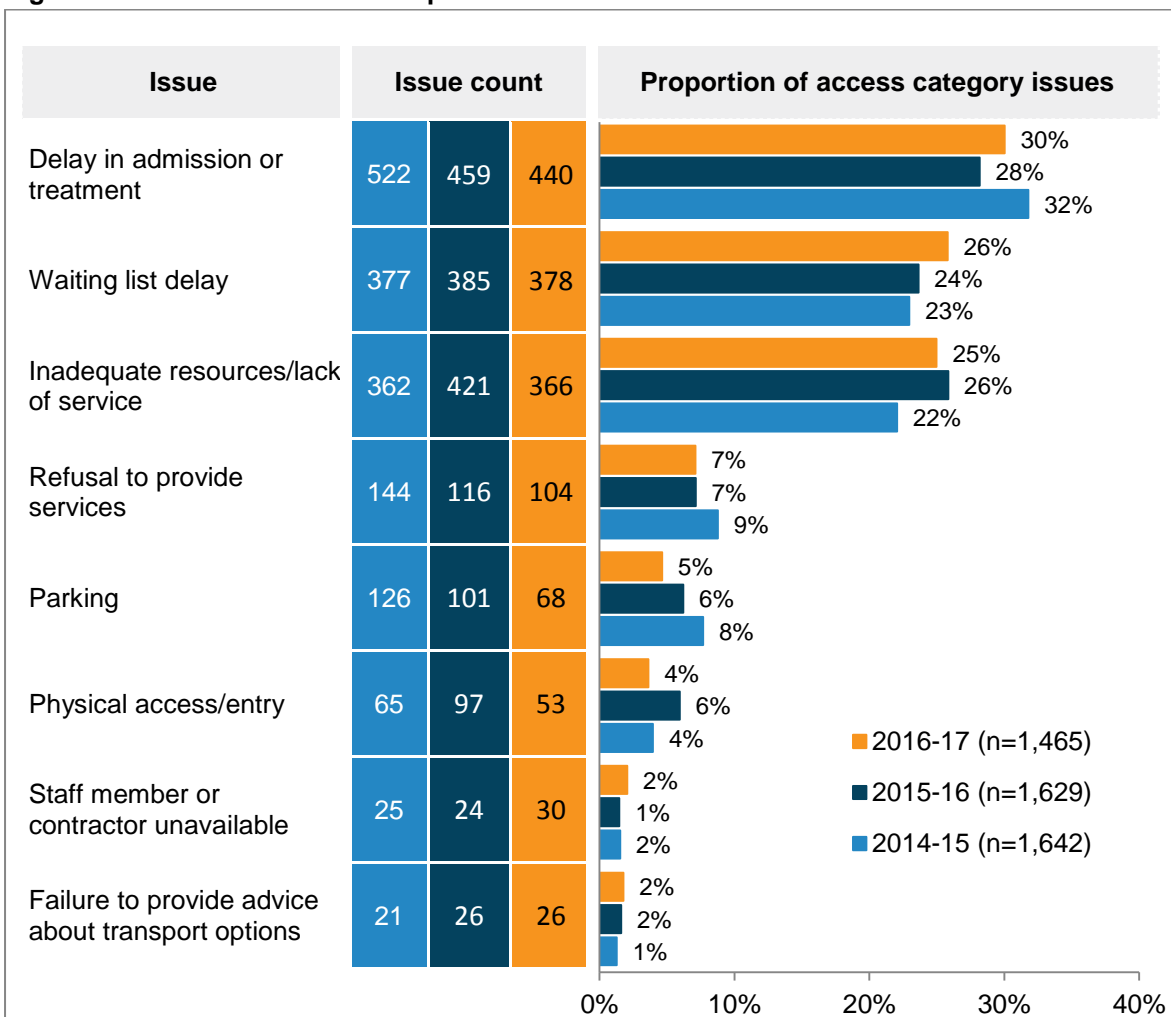
Complaints within the access category were the third most frequently identified in 2016-17 and have been the one of the most common complaint categories over the last three years (see Figure 5).

The total number of access category complaints has decreased by 7.5% since 2014-15 (1,902 issues were identified in 2016-17, down from 2,058 in 2014-15, see Figure 5).

Figure 8 shows the issues identified in the complaints about access category. The three main issues identified since 2014-15 were:

- 'Delay in admission or treatment';
- 'Waiting list delay'; and
- 'Inadequate resources/lack of service'.

Figure 8: Issues identified in complaints about access



Totals may not sum to 100% due to rounding. Counts determined using data where providers identified a specific issue (other and unidentified issues are excluded).

The three most commonly occurring complaint issues have accounted for approximately 75-80% of all access category issues in the last three years (see Figure 8) and account for approximately 10% of all issues identified across all complaint categories in total over the last three years.

These are the same issues identified as the most commonly occurring in HaDSCO's 2014 Health Complaint Trends Report¹, although in 2016-17 waiting list delay has now replaced inadequate resources as the second most common access issue.




The largest change was seen in the number of complaints identifying issues with 'Parking'; since 2014-15 there was a 46% decrease. 'Delay in admission or treatment' decreased in frequency each year, and has dropped by 16% since 2014-15, while 'Waiting list delay' and 'Inadequate resources/lack of service' have shown small variations between years, yet have remained largely unchanged since 2014-15.

The most commonly occurring issues for each provider type are ranked in Table 5. The issues 'Delay in admission or treatment' and 'Inadequate resources/lack of service' were two of the three most common issues for all sectors across the last three years.

The other commonly occurring issues within this category are provider type specific:

- 'Waiting list delay' was one of the commonly occurring issues for the public sector since 2014-15;
- 'Parking' has been the third most common issue in the access category for the private sector every year since 2014-15; and
- 'Refusal to provide services' has been the third most commonly reported complaint issue in the access category for the not-for-profit sector since 2014-15.

Table 5: Most common access issues identified between 2014-15 and 2016-17 ranked by sector

	Public 			Private 			Not-For-Profit 		
	2014-15	2015-16	2016-17	2014-15	2015-16	2016-17	2014-15	2015-16	2016-17
Delay in admission or treatment	1	2	2	1	1	2	1	2	1
Inadequate resources/lack of service	3	3	3	2	2	1	2	1	2
Waiting list delay	2	1	1						
Parking				3	3	3			
Refusal to provide services							3	3	3

Rank is determined by the number of times an issue was identified in complaints. Rank 1 is the most commonly occurring; rank 2 the second most commonly occurring and rank 3 is the third most commonly occurring.

¹ Health and Disability Services Complaints Office (2014) Health Complaints Trends Report 2010-14. Perth, W.A.: Health and Disability Services Complaints Office.

Complaints about rights, respect and dignity

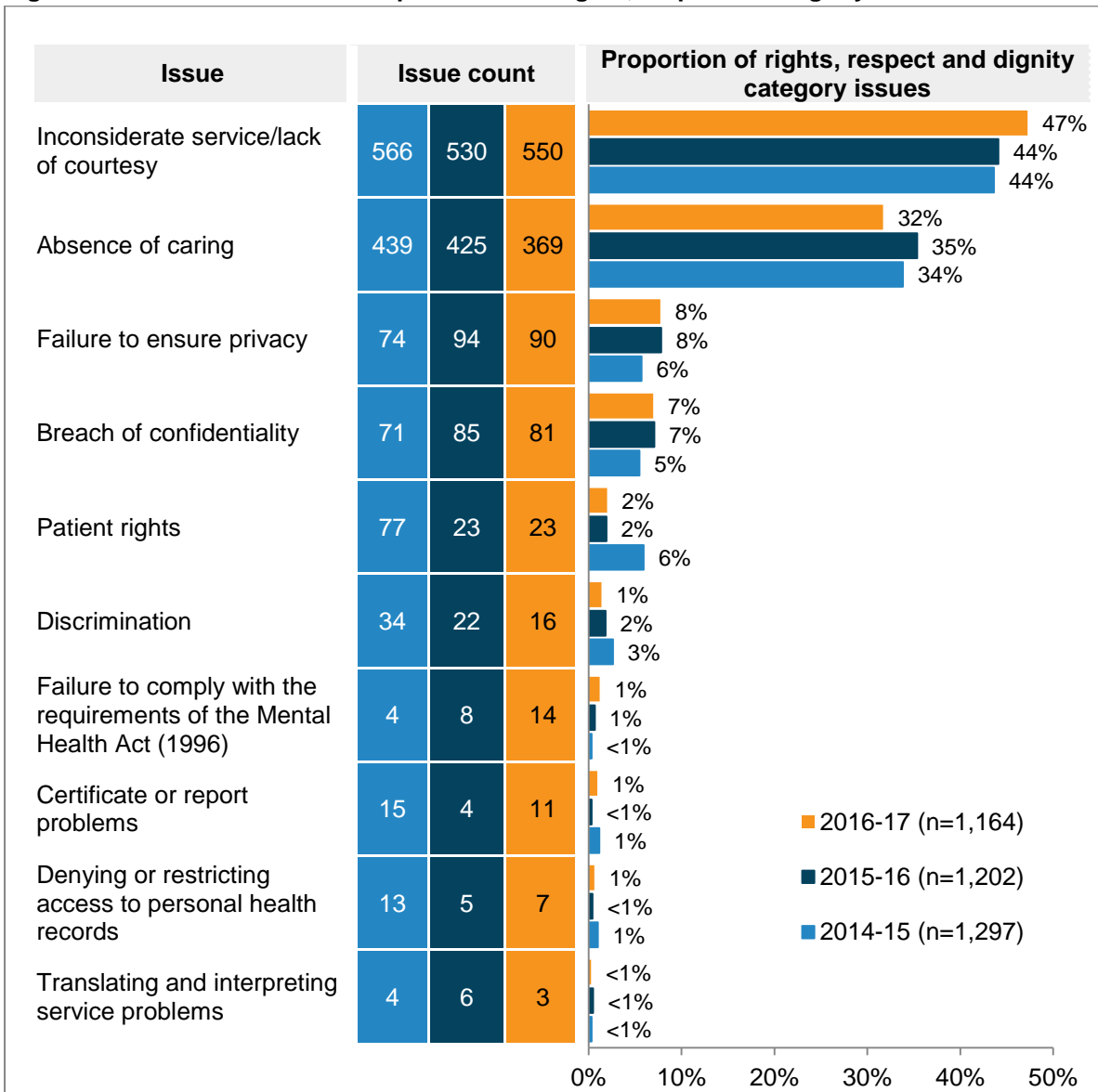
Complaints related to the rights, respect and dignity category refer to the consumers mandated or legislated human and health care rights. Issues such as inconsiderate service, failure to ensure privacy and breaches of confidentiality all fall within the scope of this category.

Rights, respect and dignity issues were the fourth most frequently identified in 2016-17 and have been one of the most common over the last three years (see Figure 5). However, the total number of times rights, respect and dignity issues were identified has decreased by 15% since 2014-15 (see Figure 5).

Figure 9 shows the issues identified within the complaints about rights, respect and dignity. The two main issues identified since 2014-15 were:

- 'Inconsiderate service/lack of courtesy'; and
- 'Absence of caring'.

Figure 9: Issues identified in complaints about rights, respect and dignity



Totals may not sum to 100% due to rounding. Counts determined using data where providers identified a specific issue (other and unidentified issues are excluded).

These two commonly occurring complaint issues ('Inconsiderate service/lack of courtesy'; and 'Absence of caring') have accounted for approximately 70–80% of all complaints within the rights, respect and dignity category in the last three years and account for approximately 8% of all complaint issues identified across all categories in total.

The two most commonly identified issues 'Inconsiderate service/lack of courtesy' and 'Absence of caring' have both decreased in frequency since 2014-15 (3% and 16% lower, respectively).

The most common issues for each provider type are ranked in Table 6; 'Inconsiderate service/lack of courtesy' and 'Absence of caring' are seen across all three sectors.

The other commonly occurring issues for each sector within this category include:

- 'Failure to ensure privacy' in 2014-15 and 2015-16 and 'Breach of confidentiality' in 2016-17 for the public sector;
- 'Breach of confidentiality' in 2014-15 and 'Failure to ensure privacy' in 2015–16 and 2016-17 for the private sector; and
- 'Patient rights' in the not-for-profit sector for all three years.

Table 6: Most common rights, respect and dignity issues identified between 2014-15 and 2016-17 ranked by sector

	Public			Private			Not-For-Profit		
	2014-15	2015-16	2016-17	2014-15	2015-16	2016-17	2014-15	2015-16	2016-17
Inconsiderate service/lack of courtesy	1	1	1	1	2	2	2*	1	1
Absence of caring	2	2	2	2	1	1	2*	2	2*
Failure to ensure privacy	3	3			3	3			
Breach of confidentiality			3	3					
Patient rights							1	3	2*

Rank is determined by the number of times an issue was identified in complaints. Rank 1 is the most commonly occurring; rank 2 the second most commonly occurring and rank 3 is the third most commonly occurring.

* These issues were identified an equal number of times within the year.

Complaints about corporate services

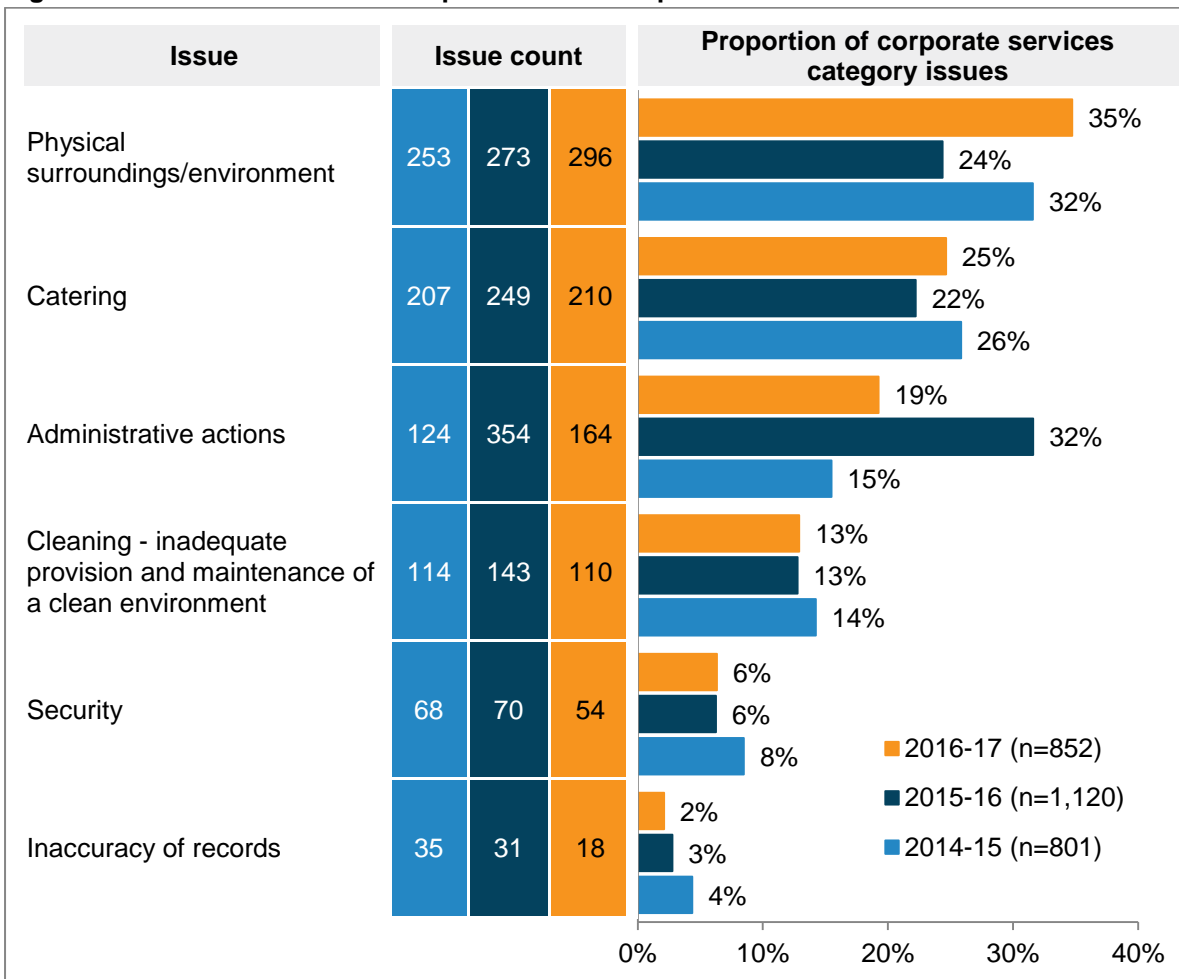
Complaints related to the corporate services category refer to all corporate issues unrelated to the provision of clinical care and financial management such as catering, cleaning, security and the physical surroundings and environment of the health service.

Corporate services category issues were the fifth most frequently identified in 2016-17. The total number of times 'corporate services' issues were identified has increased by approximately 9% since 2014-15 (see Figure 5).

Figure 10 shows the issues identified within the complaints about corporate services. The four most commonly occurring issues identified since 2014-15 were:

- 'Physical surroundings / environment';
- 'Catering';
- 'Administrative actions'; and
- 'Cleaning'.

Figure 10: Issues identified in complaints about corporate services



Totals may not sum to 100% due to rounding. Counts determined using data where providers identified a specific issue (other and unidentified issues are excluded).

These four commonly occurring complaint issues have accounted for approximately 80-85% of all complaints about corporate services in the last three years (see Figure 10) and account for approximately 6-8% of all complaint issues identified across all categories in total.

The largest single change for an issue within this category was seen for 'Inaccuracy of records' which decreased by 49% since 2014-15 (35 occurrences in 2014-15 and 18 occurrences in 2016-17).

Also of note is the significant increase in the issue 'Administrative actions' in 2015-16, which increased by 230 occurrences from 2014-15. This reduced to 164 occurrences in 2016-17, which is still 32% higher than 2014-15.

The three most commonly identified issues have all increased in frequency since 2014-15:

- 'Physical surroundings/environment' issues increased by 17% (253 occurrences to 296);
- 'Administrative actions' increased by 32% (124 occurrences to 164); and
- 'Catering' increased by less than 2% (207 occurrences to 210).

The most common issues for each provider type are ranked in Table 7. 'Catering' is the only issue that is common across all three sectors.

The other commonly occurring issues for each sector within this category include:

- 'Administrative actions' for the public and not-for-profit sectors;
- 'Physical surroundings/environment' for the public and private sectors;
- 'Cleaning' in the private and not-for-profit sectors; and
- 'Inaccuracy of records' in the not-for-profit sector.

Table 7: Most common corporate services issues identified between 2014-15 and 2016-17 ranked by sector

	Public			Private			Not-For-Profit*		
	2014-15	2015-16	2016-17	2014-15	2015-16	2016-17	2014-15	2015-16	2016-17
Physical surroundings/environment	1	2	1	1	1	1			
Administrative actions	2	1	2					1	1**
Catering	3	3	3	2	2	2			1**
Cleaning - inadequate provision and maintenance of a clean environment				3	3	3			3
Inaccuracy of records							1	2	3

Rank is determined by the number of times an issue was identified in complaints. Rank 1 is the most commonly occurring; rank 2 the second most commonly occurring and rank 3 is the third most commonly occurring.

* The not-for-profit sector received relatively few complaints in this category; as such rankings are not complete.

** An equal number of complaints were received on these issues.

Complaints about cost

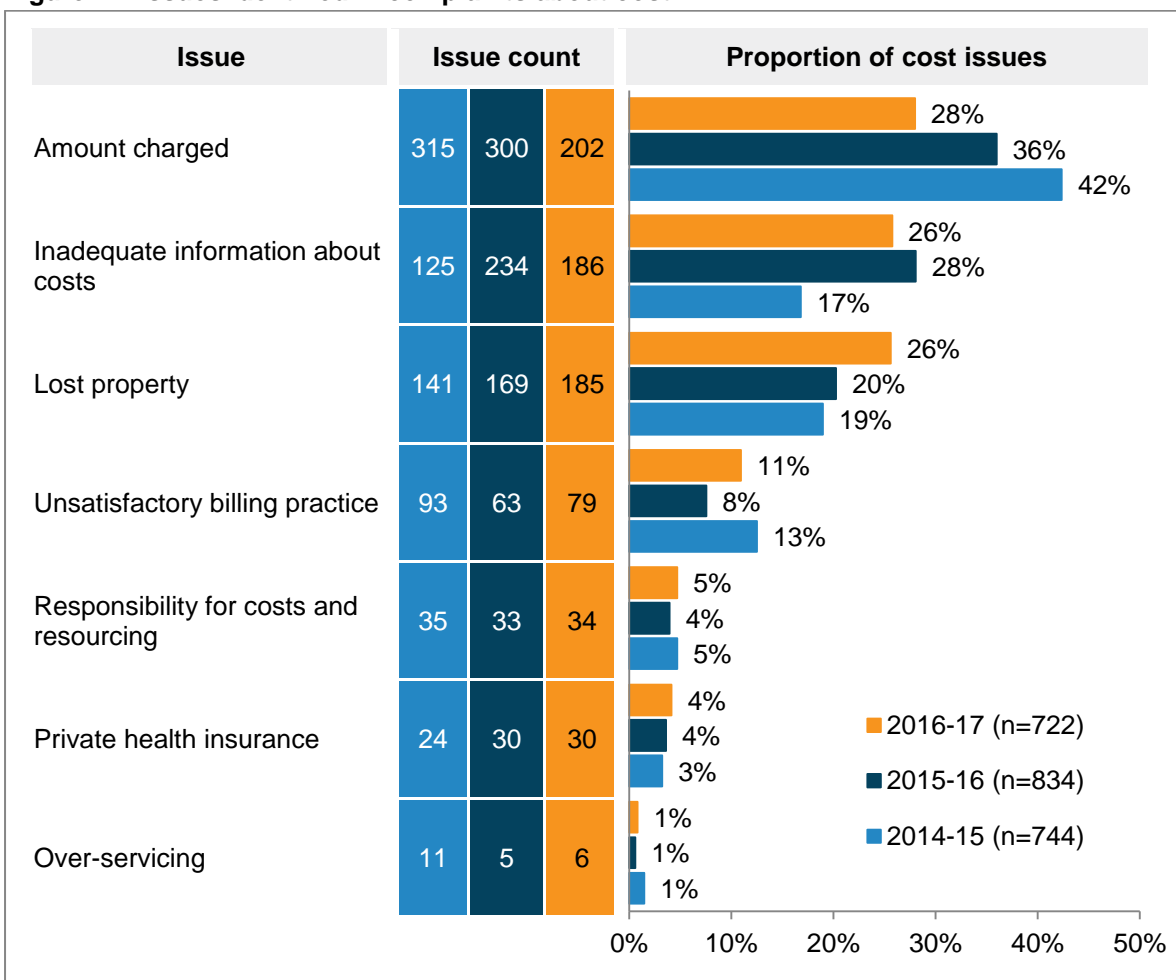
Complaints related to the cost category refer to issues about costs and fee structures. Issues such as inadequate information about costs, the amount charged and unsatisfactory billing practices all fall within the scope of this category.

Cost issues were the sixth most frequently identified in 2016-17 (see Figure 5). The total number of times cost issues were identified has decreased by approximately 10% since 2014-15.

Figure 11 shows the issues identified within the complaints about cost. Within the cost category the four main issues identified were:

- 'Amount charged';
- 'Inadequate information about costs';
- 'Lost property'; and
- 'Unsatisfactory billing practice'.

Figure 11: Issues identified in complaints about cost



Totals may not sum to 100% due to rounding. Counts determined using data where providers identified a specific issue (other and unidentified issues are excluded).

These four complaint issues have accounted for approximately 80-90% of all cost category issues in the last three years (see Figure 11) and account for approximately 5-6% of all complaint issues identified across all categories in total.

The largest single change within this category was seen for the issue ‘Inadequate information about costs’, which increased by 49% since 2014-15 (125 occurrences in 2014-15 and 186 occurrences in 2016-17).

The other most commonly identified issues in this category did not all show increases over time.

- ‘Amount charged’ decreased in frequency over the last two years and in 2016-17 was identified 202 times, a 36% decrease from 2014-15.
- ‘Lost property’ has shown consistent increases in frequency and in 2016-17 was identified 185 times, a 31% increase since 2014-15.

The most common issues for each provider type are ranked in Table 8. ‘Amount charged’ is the only issue that was common across all three sectors.

The other commonly occurring issues for each sector within this category include:

- ‘Inadequate information about costs’ for the public and private sectors;
- ‘Unsatisfactory billing practice’ for the private and not-for-profit sectors;
- ‘Lost property’ in the public sector; and
- ‘Private health insurance’ in the not-for-profit sector (note that while not-for-profit services do not seek to make a profit, some do charge for services to cover operational costs).

Table 8: Most common cost issues identified between 2014-15 and 2016-17 ranked by sector

	Public			Private			Not-For-Profit		
	2014-15	2015-16	2016-17	2014-15	2015-16	2016-17	2014-15	2015-16	2016-17
Lost property	1	1	1						
Inadequate information about costs	2	2	3	2	2	1			
Amount charged		3	2	1	1	2	3	3	3
Responsibility for costs and resourcing	3								
Unsatisfactory billing practice				3	3	3	1	1	1
Private health insurance							2	2	2

Rank is determined by the number of times an issue was identified in complaints. Rank 1 is the most commonly occurring; rank 2 the second most commonly occurring and rank 3 is the third most commonly occurring.

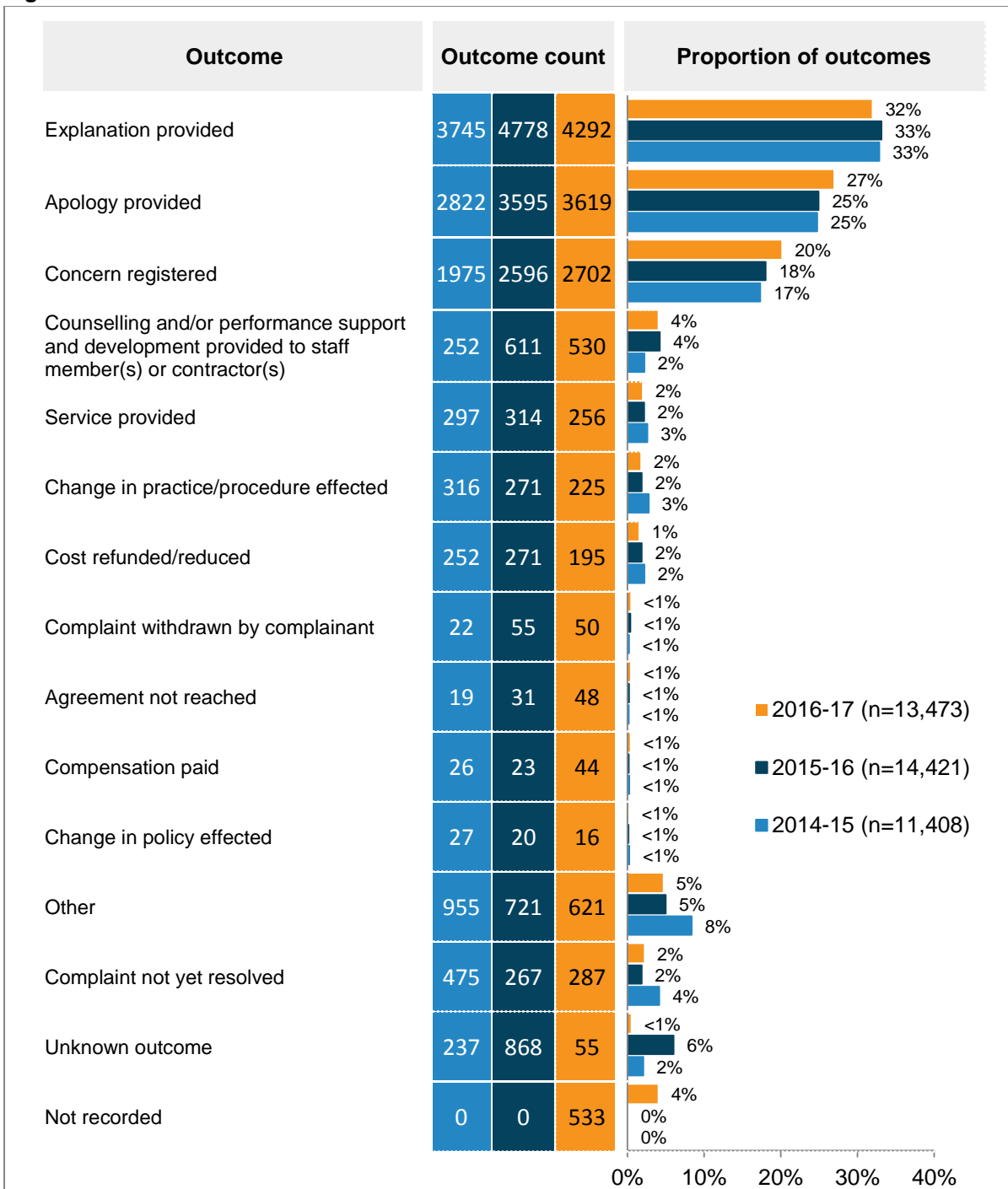
Outcomes achieved

A range of outcomes were achieved from the complaints managed by prescribed providers in 2016-17. The most common outcomes were:

- Providing an explanation (32%);
- Providing an apology (27%); or
- Acknowledging the concerns that resulted in a complaint being made (20%).

The outcomes achieved in complaints received by prescribed providers between 2014-15 and 2016-17 are shown in Figure 12 .

Figure 12: Outcomes achieved



Totals may not sum to 100% due to rounding.

The number of outcomes achieved increased by 26% between 2014-15 and 2015-16, yet decreased in 2016-17. The largest percentage increase occurred in the number of complaints resulting in counselling and/or performance support and development provided to staff, which increased by 110% (from 252 occurrences in 2014-15 to 530 occurrences in 2016-17).

The most common outcomes for each provider type are ranked in Table 9.

There is no significant difference between the outcomes achieved by any sector; receiving an explanation or registering a concern is common to all sectors across the last three years. Receiving an apology was a common outcome for both the private and public sectors across all three years and the not-for-profit sector in 2016-17. In previous years other common outcomes for the not-for-profit sector included providing a service, and counselling or providing development support for staff.

Table 9: Most common outcomes identified between 2014-15 and 2016-17 ranked by sector

	Public			Private			Not-For-Profit		
	2014-15	2015-16	2016-17	2014-15	2015-16	2016-17	2014-15	2015-16	2016-17
Explanation provided	1	1	1	2	2	2	2	2	2
Apology provided	2	2	2	1	1	1			3
Concern registered	3	3	3	3	3	3	1	1	1
Service provided							3		
Counselling and/or performance support and development provided to staff member(s) or contractor(s)								3	

Rank is determined by the number of times an issue was identified in complaints. Rank 1 is the most commonly occurring; rank 2 the second most commonly occurring and rank 3 is the third most commonly occurring.



**Appendix 1:
Health providers prescribed under
s75 of the *Health and Disability
Services (Complaints) Act 1995***

Prescribed entity	
Abbotsford Private Hospital	Private provider
Albany Community Hospice	Private provider
Attadale Rehabilitation Hospital	Private provider
Bethesda Hospital	Private provider
Department of Corrective Services	Public provider
Child and Adolescent Health Service	Public provider
East Metropolitan Health Service	Public provider
North Metropolitan Health Service	Public provider
South Metropolitan Health Service	Public provider
WA Country Health Service ¹	Public provider
Glengarry Private Hospital	Private provider
Hollywood Private Hospital	Private provider
Joondalup Health Campus	Public / Private provider
Mount Hospital	Private provider
Ngala Family Services	Not-for-profit
Peel Health Campus	Public / Private provider
Perth Clinic	Private provider
Royal Flying Doctor Service	Not-for-profit
Silver Chain Nursing Association Incorporated	Not-for-profit
South Perth Hospital	Not-for-profit
St John Ambulance Service	Not-for-profit
St John of God Hospital ^{2, 3}	Private provider
Subiaco Private Hospital	Private provider
The Marian Centre	Private provider
Waikiki Private Hospital	Private provider

¹ Includes Busselton Hospice Care Incorporated.

² Includes the following St John of God Hospitals: Bunbury, Geraldton, Mt Lawley, Murdoch, Midland (private and public) & Subiaco.

³ St John of God Mt Lawley Hospital was previously known as Mercy Hospital and Mount Lawley Private Hospital.