



Health and Disability Services
Complaints Office

Health Complaints Trends Report 2014-15 to 2018-19

Prepared by:
Health and Disability Services Complaints Office
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Summary of provider managed complaints 2014-15 to 2018-19

Complaint trends and demographics

- Complaint numbers have increased since 2014-15. Prescribed providers' complaint closure rates have been maintained 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, and more likely to concern female consumers.
- Complaints are most frequently made by someone on their own behalf.

Complaint issues

- The most common complaint categories related to quality of clinical care, communication and access.
- The three primary categories of complaints have remained unchanged since 2014-15, and account for approximately 70% of all complaint issues over the past five years.
- The proportion of complaint issues concerning quality of clinical care has shown a gradual increasing trend from 2014-15 to 2018-19.

Quality of clinical care

- 'Inadequate treatment/therapy', 'Inadequate assessment' and 'Discharge or transfer arrangements' are the issues most frequently identified in regards to quality of clinical care. 'Medication' issues have become more common over the past five years.

Communication

- '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' are the issues most frequently identified in regards to communication.

Access

- 'Inadequate resources/lack of service', 'Delay in admission or treatment', and 'Waiting list delay' are the issues most frequently identified in regards to access.

Complaint outcomes

- Complaint outcomes have remained consistent across the five year time period from 2014-15 to 2018-19. The most common outcomes achieved were:
 - an explanation from the service provider;
 - an apology from the service provider; and
 - acknowledgement of the individual's concerns.

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 the 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*. HaDSCO's main functions under these Acts 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.

Under Section 75 of the *Health and Disability Services (Complaints) Act 1995* 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, which commenced in 2009-10. A high level summary of the complaints data is provided in HaDSCO's Annual Report each year.

The information provided in this report provides analysis of the complaint trends observed through the Health Complaints Data Collection Program between 2014-15 and 2018-19. The information in this report can assist organisations to learn from complaints and improve service delivery to ensure patient-centred care for a sustainable health system.

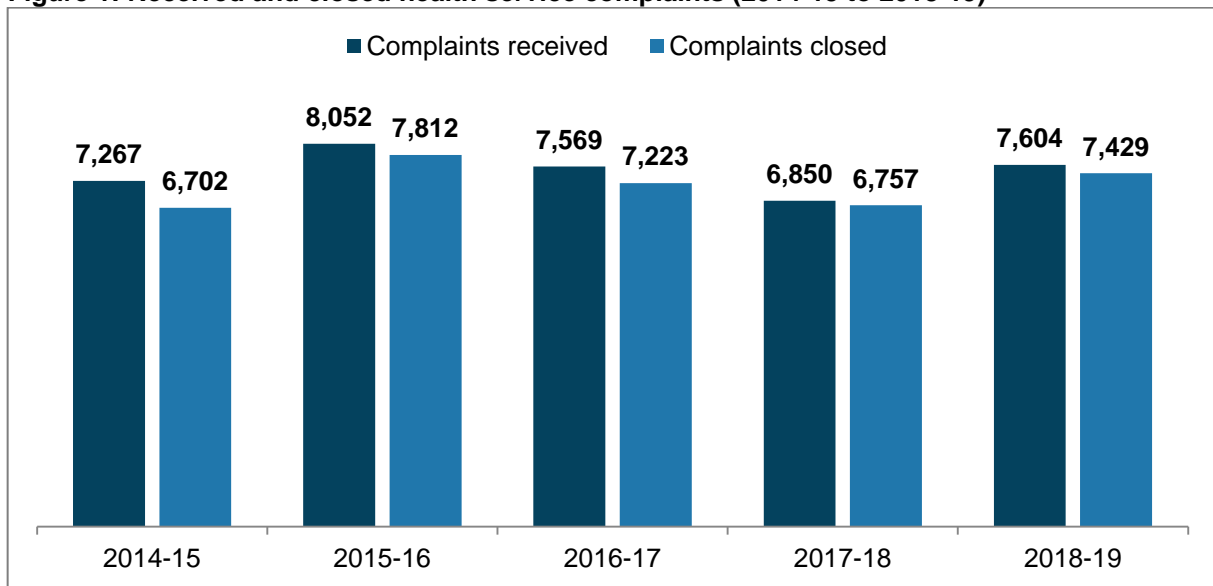
Information about the methodology used to prepare this report is provided in Appendix 1, and definitions of the terms used in this report are provided in Appendix 2.

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 7,604 complaints during 2018-19. This represents a 5% increase in the number of complaints reported compared to 2014-15 (see Figure 1).

The number of complaints reported closed has been consistent with the number of complaints received; from 2015-16 to 2018-19 at least 95% of received complaints were closed within the same financial year.

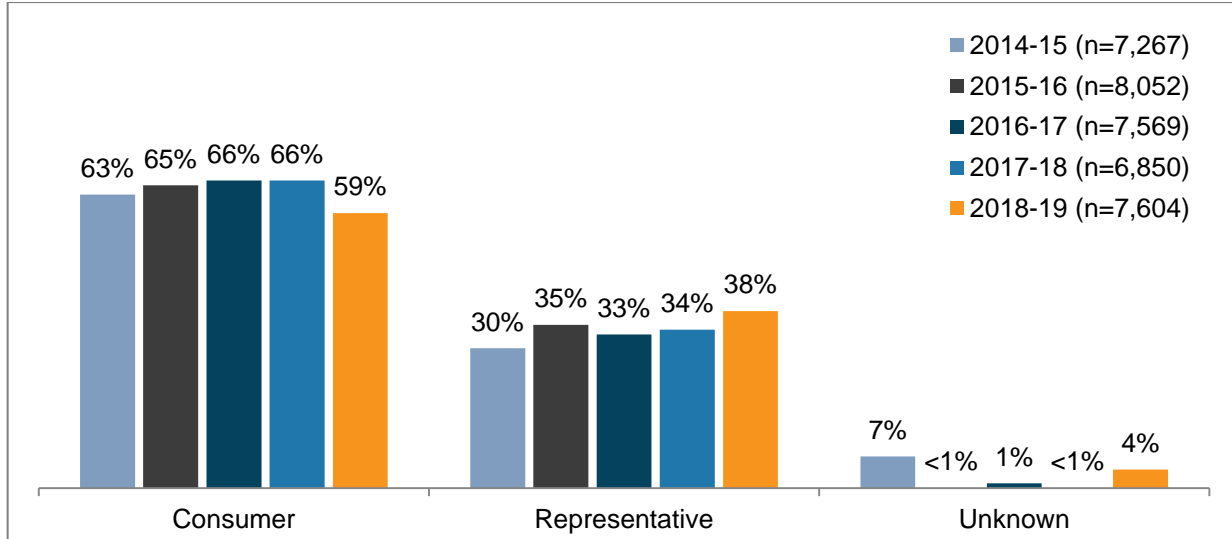
Figure 1: Received and closed health service complaints (2014-15 to 2018-19)



Individual making the complaint

In 2018-19, the majority of complaints (59%) received were made by the consumer who received the service (see Figure 2). This trend had shown little variation from 2014-15 until 2017-18; in 2018-19 however the number of complaints raised by the consumer decreased, while the number of complaints raised by a representative or an unknown party increased.

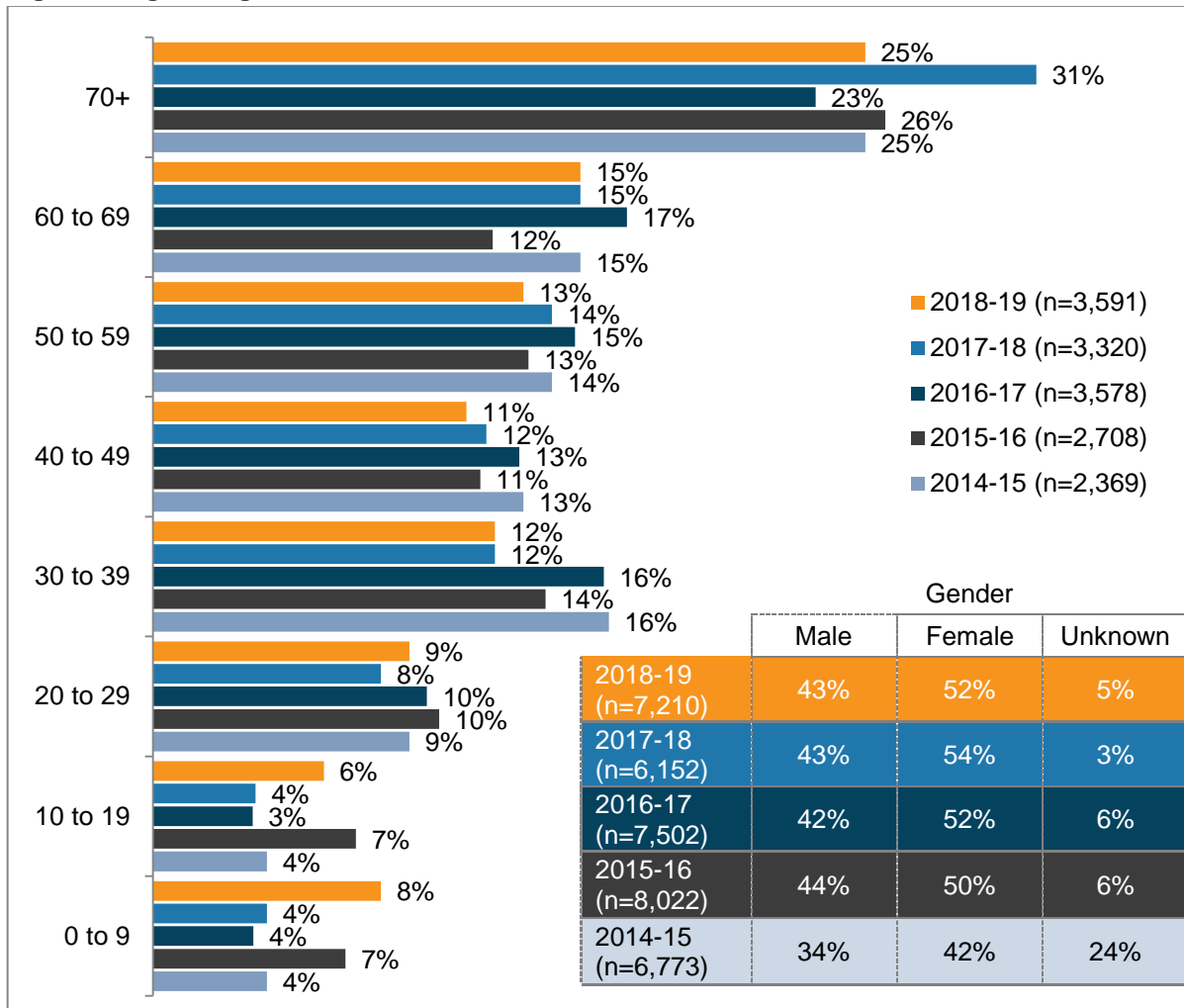
Figure 2: Individual making the complaint



Age and Gender

Over the past five financial years, the proportion of complaints about health services concerning female consumers has been marginally higher than complaints relating to male consumers. Since 2014-15 complaints were most likely to concern consumers aged 70 years and over, and least likely to concern consumers aged 0 to 9 years, 10 to 19 years, and 20 to 29 years (see Figure 3).

Figure 3: Age and gender of the consumer



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

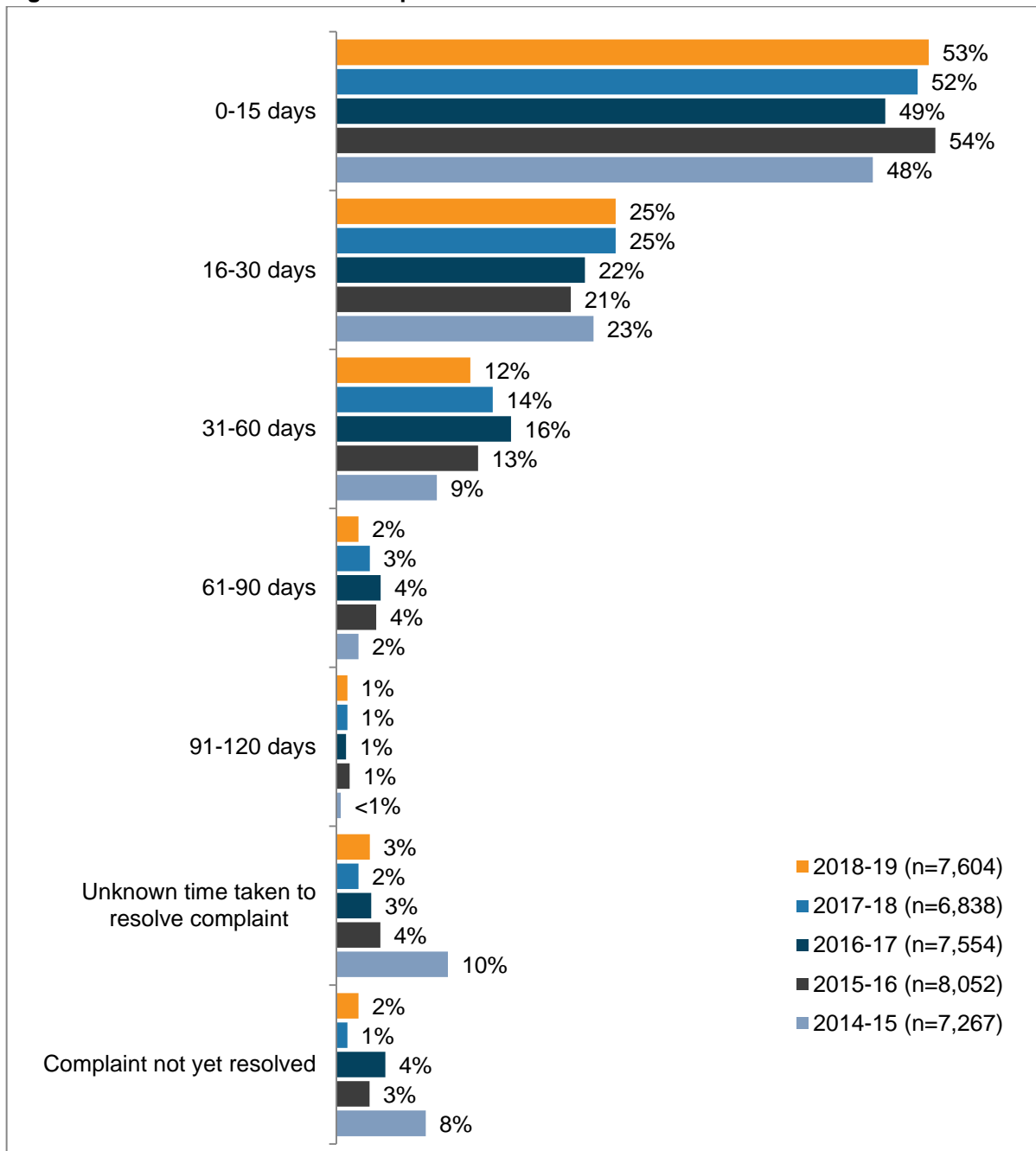
Time taken to resolve complaints

The time taken to resolve complaints is shown in Figure 4.

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

- over 70% of complaints were resolved in less than 30 days;
- since 2015-16 approximately 90% of complaints were resolved within 90 days; and
- the number of unresolved complaints, or complaints without a known completion time, has decreased from 18% in 2014-15 to 5% in 2018-19.

Figure 4: Time taken to resolve complaints



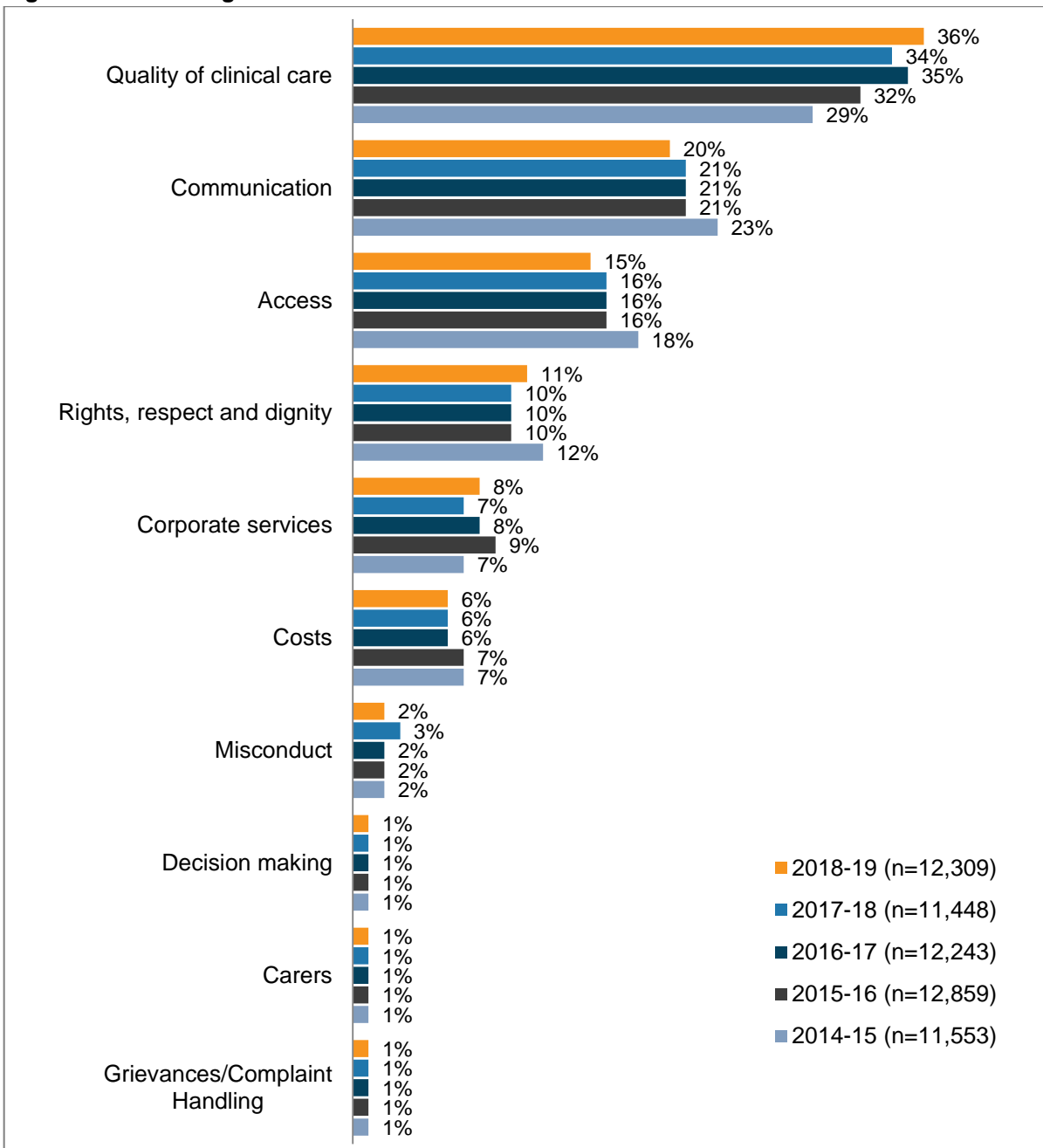
The following categories are not displayed in Figure 4 due to accounting for less than 1% of complaints: 121-151 days; 151-180 days; 181-210 days; and 211+ days. Totals may not sum to 100% due to rounding. In some instances data was not recorded by prescribed providers.

Complaint issue categories

The issue categories identified in complaints from 2014-15 to 2018-19 are shown in Figure 5.

There has been minimal change in the proportion of issues identified over the past five years, with the exception of quality of clinical care, which accounted for 29% of the issues identified in 2014-15 and increased to 36% in 2018-19. In terms of frequency, the number of quality of clinical care issues increased from 3,341 in 2014-15 to 4,391 in 2018-19 (an increase of 1,050 issues).

Figure 5: Issue categories identified



Totals may not sum to 100% due to rounding.

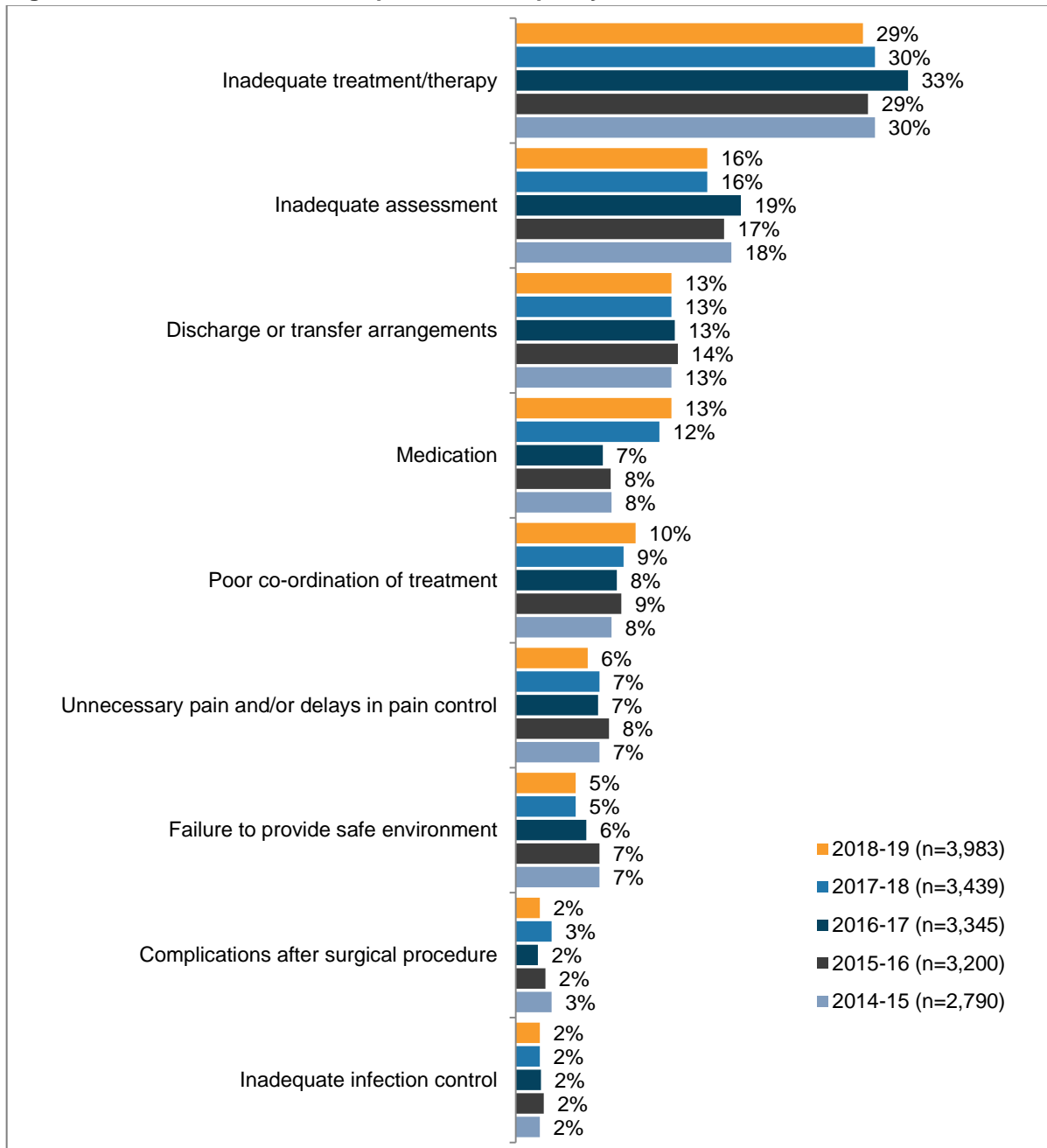
A breakdown of the individual complaint issues associated with each issue category is provided from page 11 through page 24.

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 over the last five years. Figure 6 shows the issues associated with quality of clinical care.

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



The following issues are not displayed in Figure 6 due to accounting for less than 2% of issues: 'Complications after non-surgical procedure'; 'Refusal to refer or assist to obtain a second opinion'; and 'Patient's test results not followed up'. Totals may not sum to 100% due to rounding.

The three main issues identified in complaints about quality of clinical care over the past five years were:

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

Collectively, these three commonly occurring issues have accounted for between 58% and 65% of all quality of clinical care issues in each of the past five years.

There has been minimal change in the proportion of individual issues associated with quality of clinical care over the past five years, with the exception of 'Medication', which accounted for 8% of issues in 2014-15, increasing to 13% of issues in 2018-19.

Over the past five years, notable increases were seen in frequency for 'Inadequate treatment/therapy' and 'Medication', with each issue being identified 290 more times in 2018-19 in comparison to 2014-15.

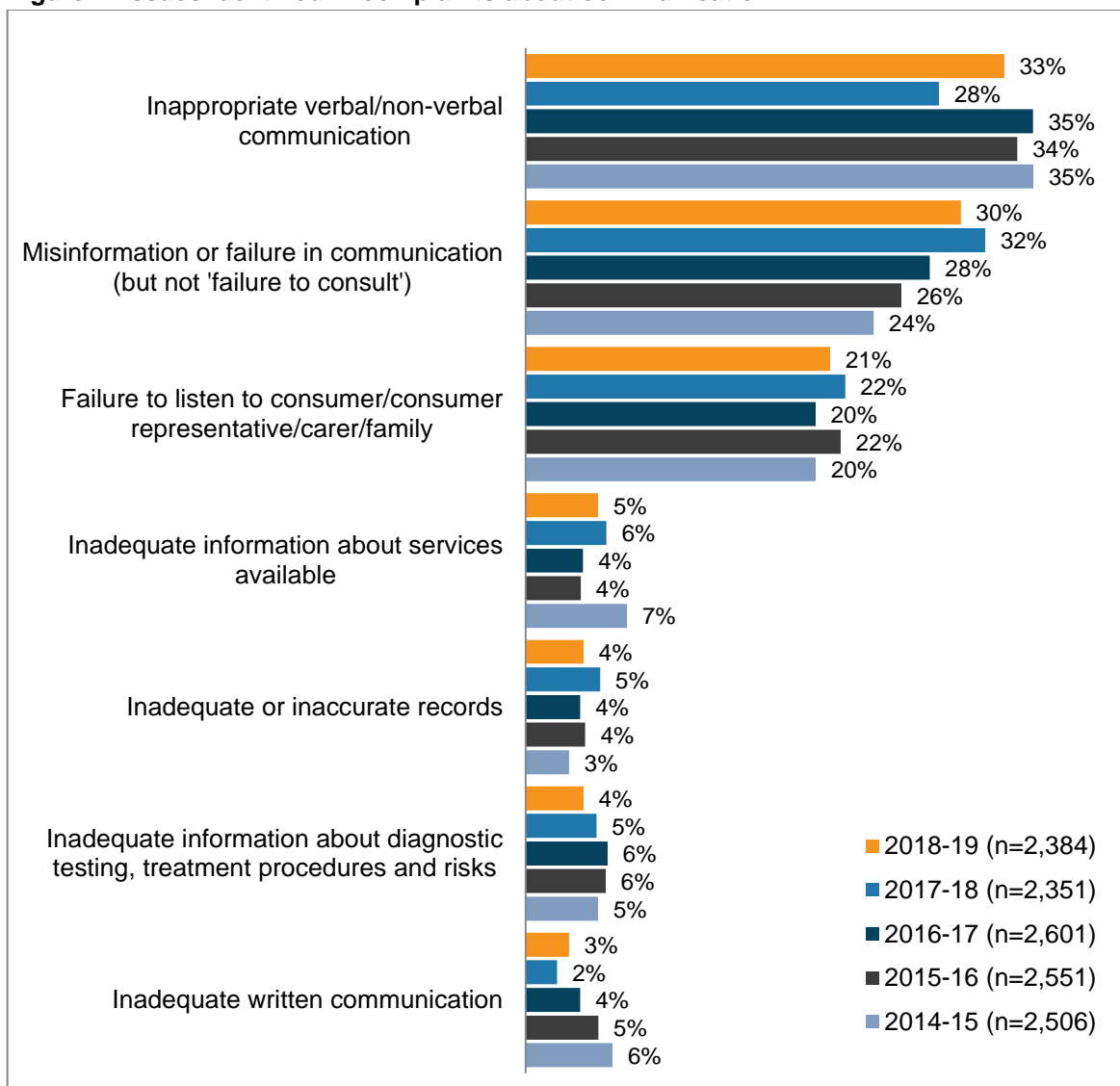
Complaints about communication

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.

Communication was the second most frequently identified issue category over the past five years. Figure 7 shows the issues associated with communication. The three main issues identified from 2014-15 to 2018-19 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.

Across the issues associated with communication, the following changes were observed:

- 'Misinformation or failure in communication (but not 'failure to consult')' increased from 24% of communication issues in 2014-15 to 30% of issues in 2018-19;
- 'Inadequate written communication' declined from 6% of issues in 2014-15 to 3% of issues in 2018-19; and
- 'Inappropriate verbal/non-verbal communication' increased to account for 33% of communication issues in 2018-19 after a notable one year decrease to 28% in 2017-18.

The largest change in issue frequency over the five year period was seen for 'Misinformation or failure in communication (but not 'failure to consult')' which increased from 609 occurrences in 2014-15 to 714 occurrences in 2018-19.

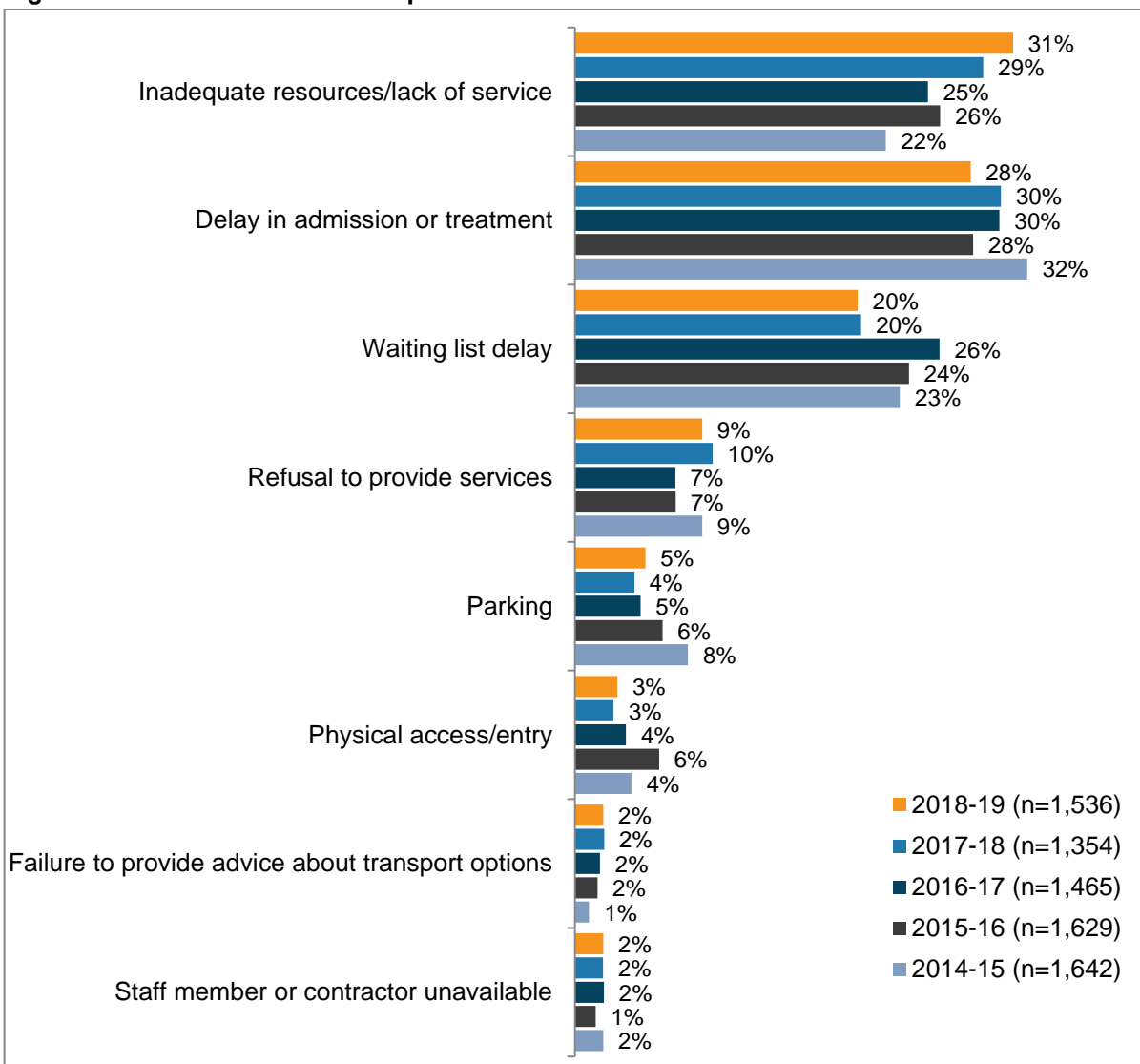
Complaints about access

Complaints related to access 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 regarding access were the third most frequently identified in 2018-19, consistent with previous years. Figure 8 shows the issues identified in complaints about access. The three main issues identified since 2014-15 were:

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

Figure 8: Issues identified in complaints about access



Totals may not sum to 100% due to rounding.

Two notable changes are observed in the proportion of issues associated with access over the past five years: 'Inadequate resources/lack of service' increased from 22% in 2014-15 to 31% in 2018-19, and 'Delay in admission or treatment' decreased from 32% in 2014-15 to 28% in 2018-19. The same issues had the largest change in frequency, with 'Inadequate resources/lack of service' increasing by 110 occurrences, and 'Delay in admission or treatment' decreasing by 92 occurrences over the five year period.

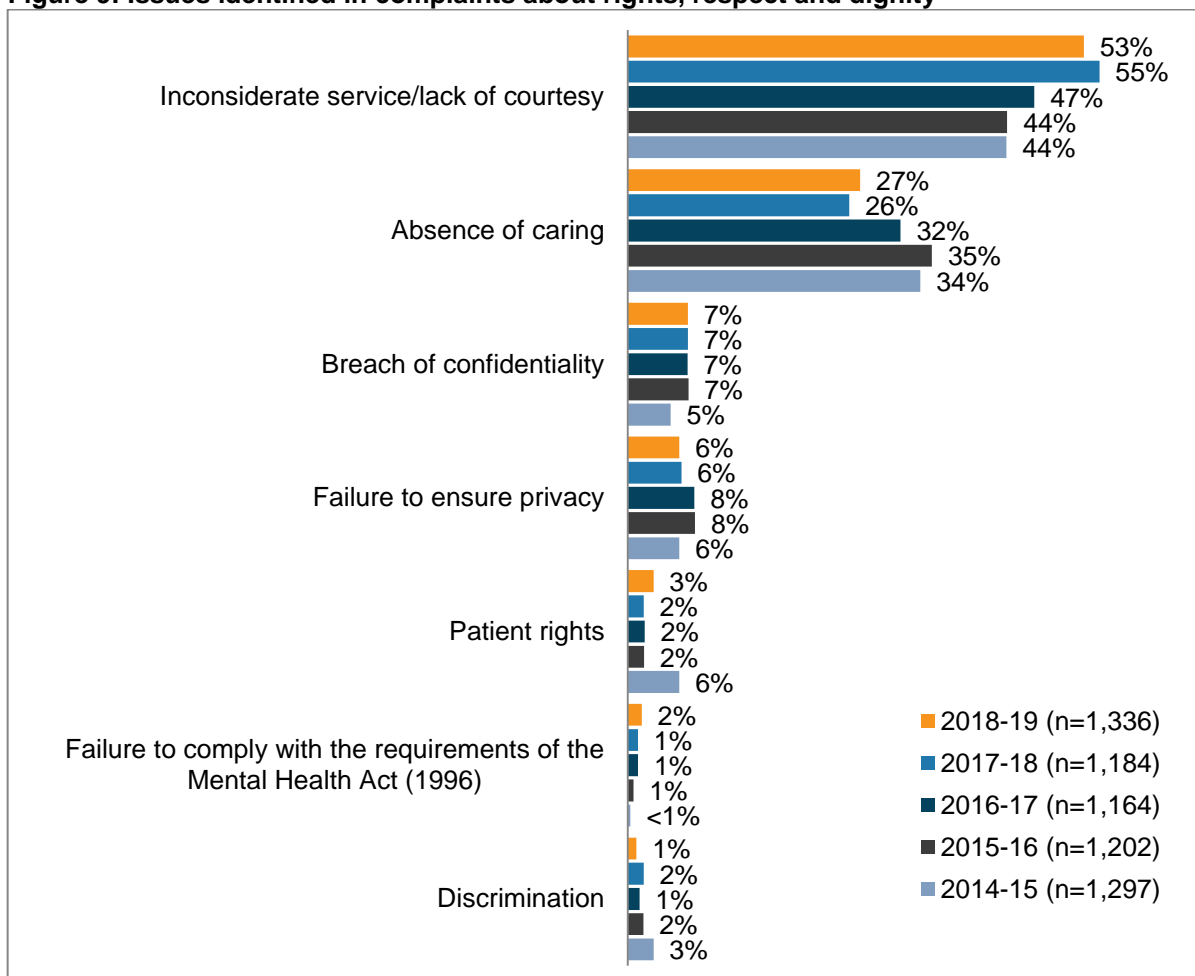
Complaints about rights, respect and dignity

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 was the fourth most frequently identified issue category over the past five years. 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



The following issues are not displayed in Figure 9 due to accounting for less than 2% of issues: ‘Certificate or report problems’; ‘Translating and interpreting service problems’; and ‘Denying or restricting access to personal health records’.
Totals may not sum to 100% due to rounding.

Although ‘Inconsiderate service/lack of courtesy’ and ‘Absence of caring’ have remained the first and second most common rights, respect and dignity issues, the proportion and frequency of each issue has fluctuated. ‘Inconsiderate service/lack of courtesy’ has increased in proportion from 44% in 2014-15 to 53% in 2018-19, and in frequency from 566 occurrences to 703 occurrences. ‘Absence of caring’ has decreased in proportion from 34% in 2014-15 to 27% in 2018-18, and in frequency from 439 occurrences to 361 occurrences.

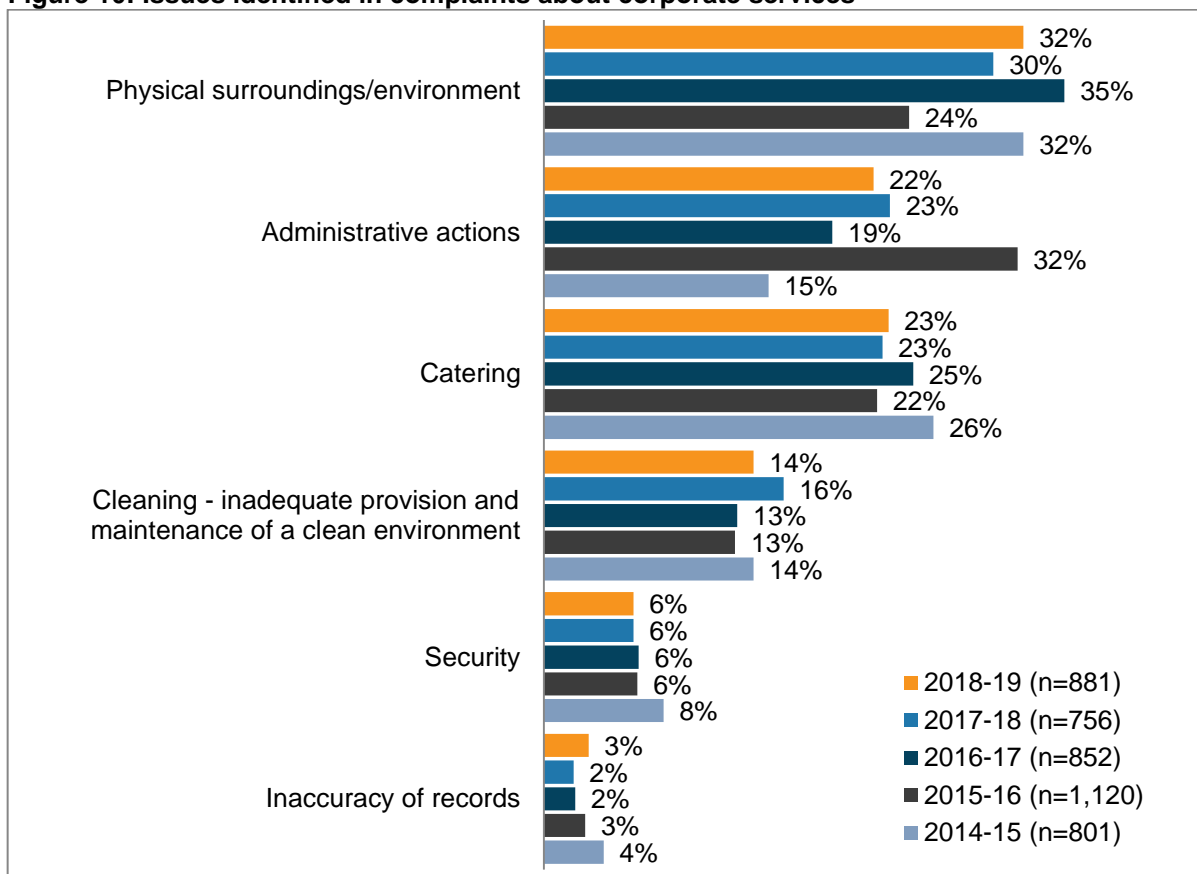
Complaints about corporate services

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

Corporate services was the fifth most frequently identified issue category over the past five years. Figure 10 shows the issues identified within the complaints about corporate services. The three most commonly occurring issues identified since 2014-15 were:

- ‘Physical surroundings/environment’;
- ‘Administrative actions’; and
- ‘Catering’.

Figure 10: Issues identified in complaints about corporate services



Totals may not sum to 100% due to rounding.

The proportion of individual corporate services issues has remained generally consistent over the past five years, with the exception of the notable increase in the proportion of ‘Administrative actions’ issues in 2015-16 and the associated decrease in ‘Physical surroundings/environment’ issues in the same year.

From 2014-15 to 2018-19, ‘Administrative actions’ shows the largest change in proportion, increasing from 15% of corporate services issues to 22%. The largest change in issue frequency was also seen for ‘Administrative actions’, which increased from 124 occurrences in 2014-15 to 193 occurrences in 2018-19.

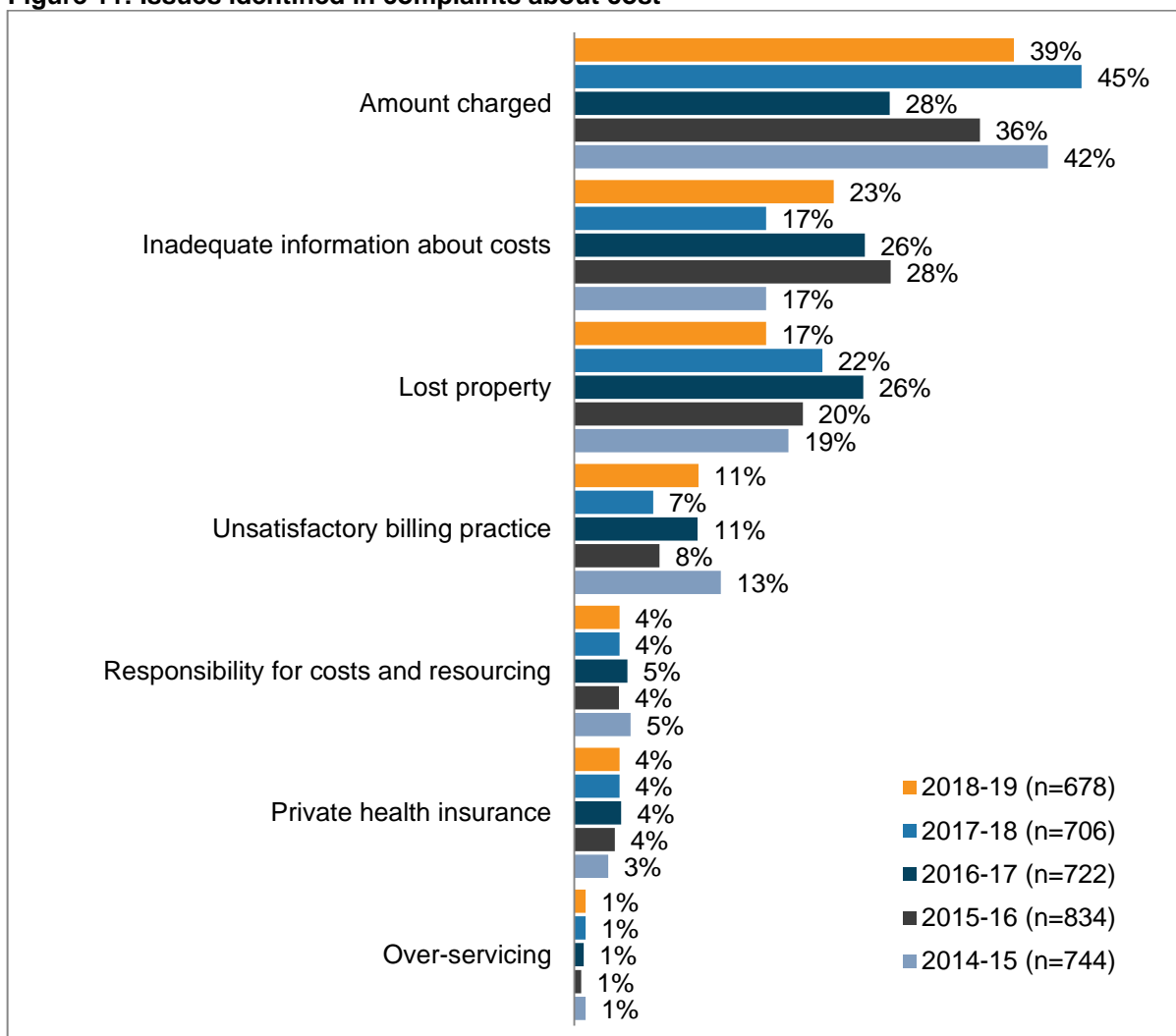
Complaints about cost

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 2018-19, consistent with previous years. 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.

The issues identified in the cost issue category did not show uniform changes in frequency over time:

- 'Amount charged' decreased as a proportion of all cost issues between 2014-15 and 2016-17, then increased notably in 2017-18.

- 'Lost property' increased as a proportion of all cost issues from 2014-15 to 2016-17, and has decreased in both 2017-18 and 2018-19.
- From 2014-15 to 2018-19, the largest changes in frequency were seen for 'Inadequate information about costs' which increased by 34 occurrences, and 'Amount charged' which decreased by 50 occurrences.

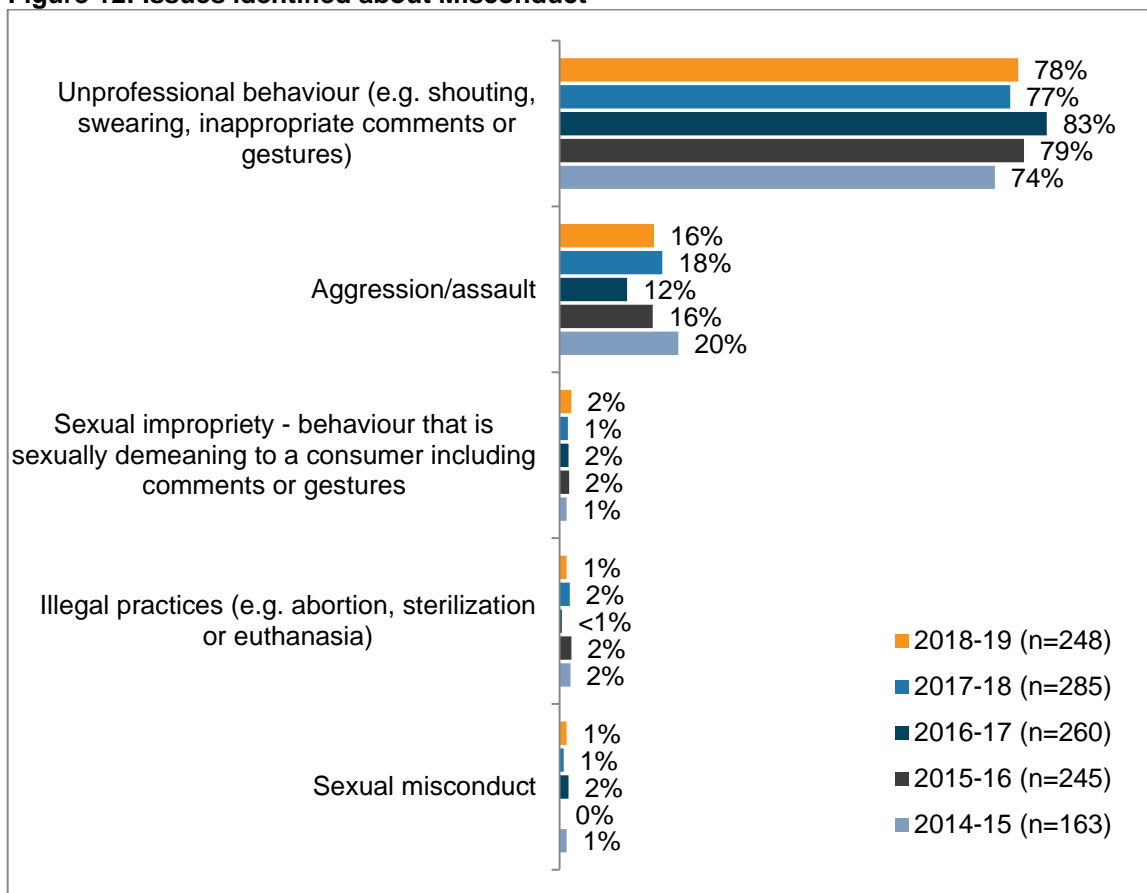
Complaints about misconduct

Complaints related to the misconduct category refer to alleged unethical and illegal practices. Issues such as aggression/assault, unprofessional behaviour and illegal practices all fall within the scope of this category.

The proportion of issues associated with misconduct over the past five years has remained consistent at between 2-3% of all complaint issues. Figure 12 shows the issues identified within the complaints about misconduct. The two most commonly occurring issues identified since 2014-15 were:

- 'Unprofessional behaviour (e.g. shouting, swearing, inappropriate comments or gestures)'; and
- 'Aggression/assault'.

Figure 12: Issues identified about Misconduct



The following issues are not displayed in Figure 12 due to accounting for less than 2% of issues: 'Physical or mental impairment of health professional' and 'Fraud/illegal practice of a financial nature'. Totals may not sum to 100% due to rounding.

'Unprofessional behaviour' has accounted for the large majority of complaint issues regarding misconduct over the past five years. The frequency of complaints about 'Unprofessional behaviour' increased from 121 occurrences in 2014-15 to 194 occurrences in 2018-19.

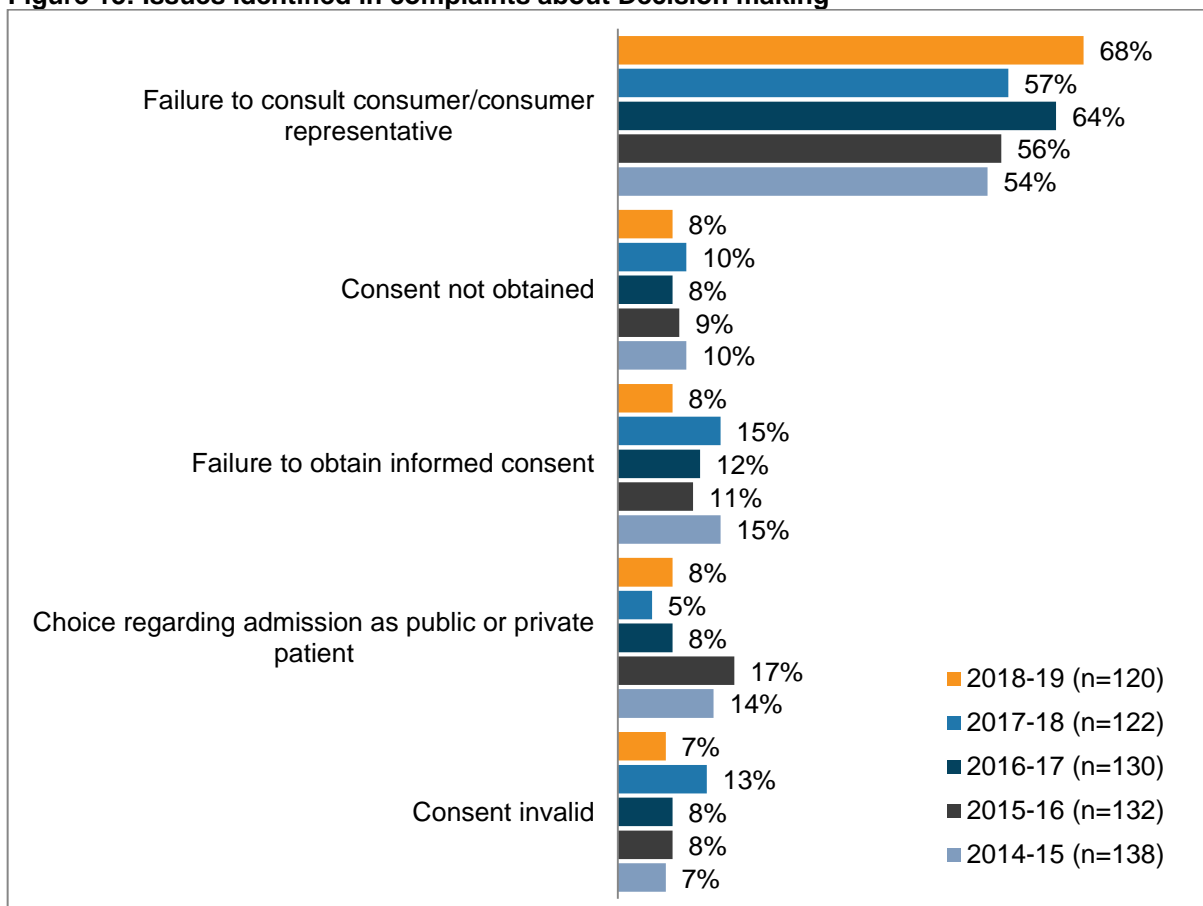
Complaints about decision making

Complaints related to the decision making category refer to consultation with the consumer or their representatives regarding choices about their treatment. Issues such as failure to consult consumer/consumer representative, choice regarding admission as public or private patient and consent issues all fall with the scope of this category.

The proportion of issues associated with decision making over the past five years has remained consistent at 1% of all complaint issues. Figure 13 shows the issues identified within the complaints about decision making.

'Failure to consult consumer/consumer representative' has accounted for the large majority of complaint issues regarding decision making over the past five years, and has increased as a proportion of all decision making issues from 54% in 2014-15 to 68% in 2018-19. In contrast, the proportion of issues concerning 'Choice regarding admission as public or private patient' has declined from 14% in 2014-15 to 8% in 2018-19.

Figure 13: Issues identified in complaints about Decision making



Totals may not sum to 100% due to rounding.

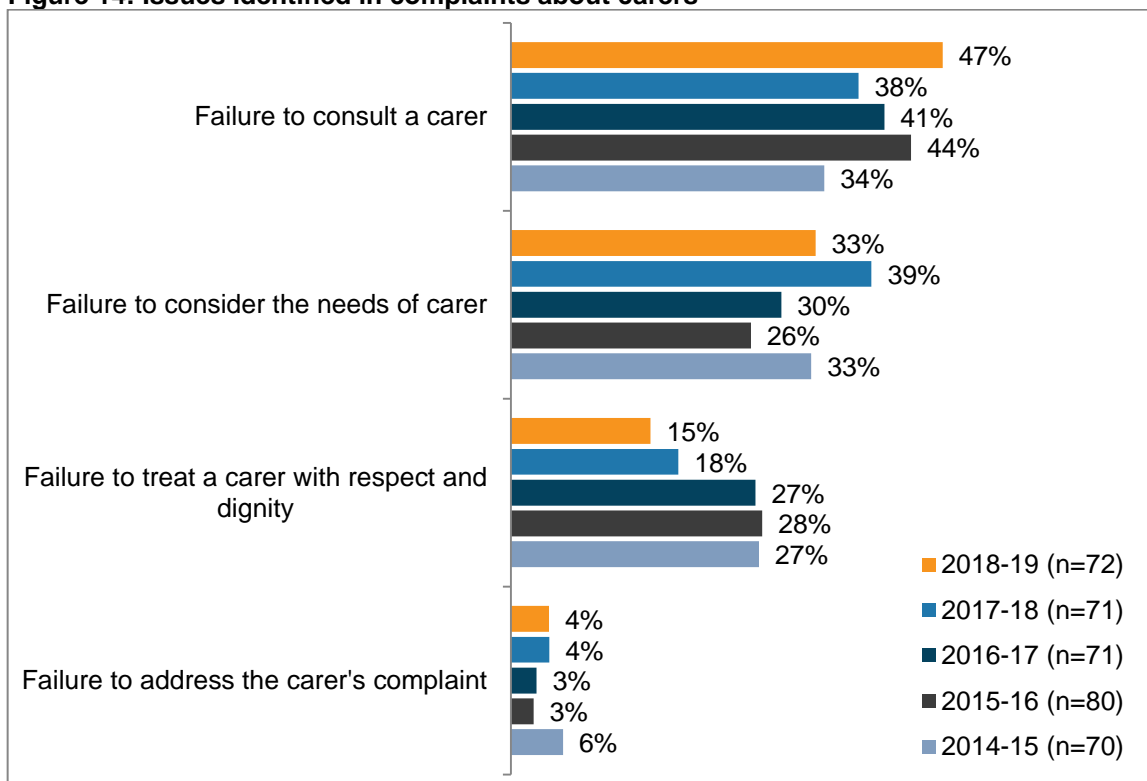
Complaints about carers

Complaints related to the carers category refer to how the provider treats the carer of the consumer. Issues such as failure to consider the needs of a carer, failure to treat a carer with respect and dignity and failure to consult a carer all fall within the scope of this category.

The proportion of issues associated with carers over the past five years has remained consistent at 1% of all complaint issues. Figure 14 shows the issues identified within the complaints about carers.

While the proportion of individual issues associated with carers has fluctuated from year to year, 'Failure to consult a carer' and 'Failure to consider the needs of carer' accounted for the majority of carers issues over the past five years (ranging from 67% of all issues in 2014-15 to 80% in 2018-19). The proportion of 'Failure to treat a carer with respect and dignity' issues exhibits a declining trend over the five year period.

Figure 14: Issues identified in complaints about carers



Totals may not sum to 100% due to rounding.

Complaints about grievances/complaint handling

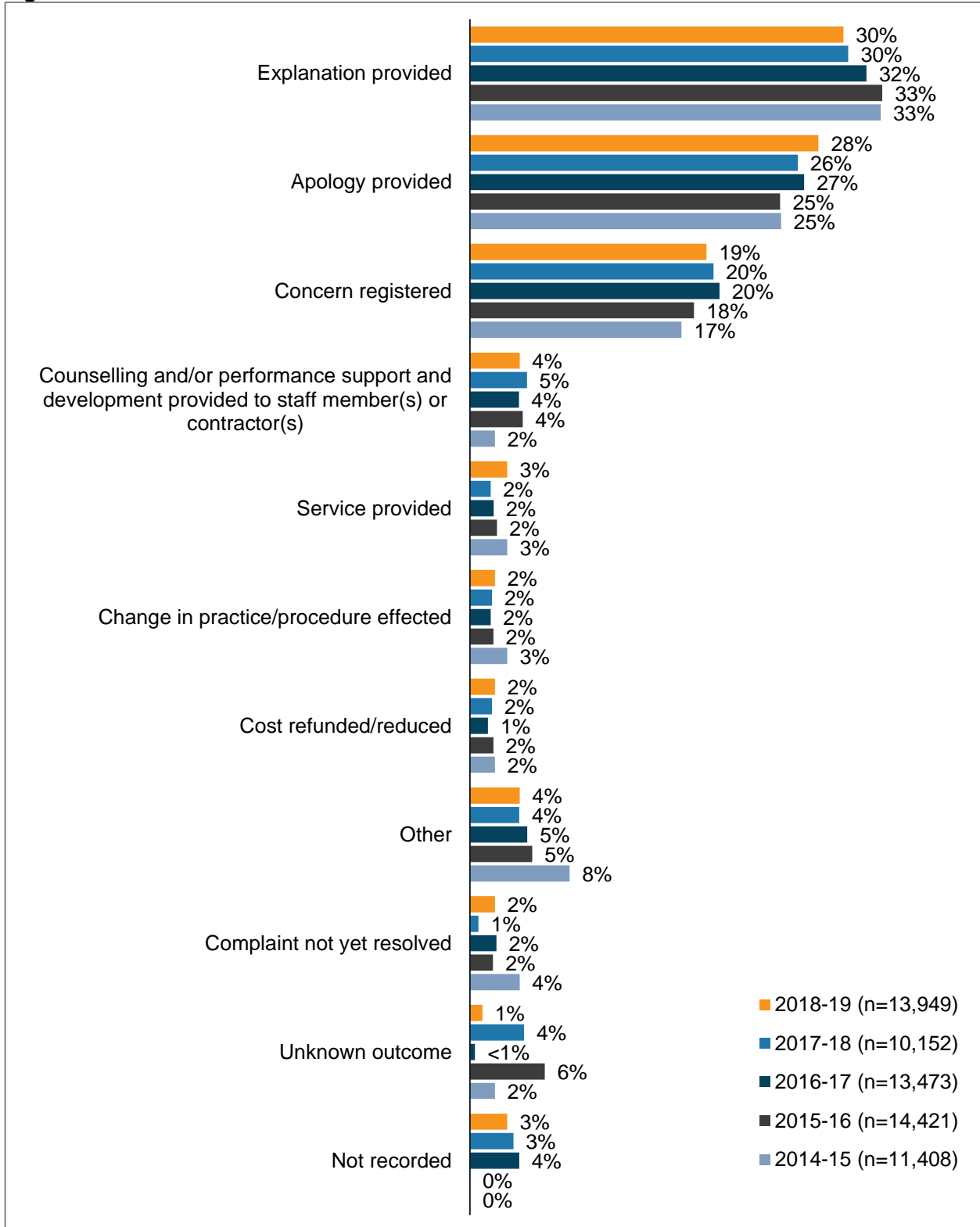
Complaints related to the grievances/complaint handling category refer to the timely and fair management of a complaint. The complaint issues associated with this category are response to a complaint and retaliation or negative outcomes as a result of making a complaint.

The proportion of issues associated with grievances/complaints handling over the past five years has remained consistent at 1% of all complaint issues. From 2014-15 to 2018-19, 'Response to a complaint' has accounted for at least 90% of the complaint issues, while 'Retaliation or negative outcomes as a result of making a complaint' has accounted for the remaining complaint issues.

Outcomes achieved

A range of outcomes were achieved from the complaints managed by prescribed providers from 2014-15 to 2018-19. These are shown in Figure 15.

Figure 15: Outcomes achieved



The following issues are not displayed in Figure 15 due to accounting for less than 2% of outcomes: Change in policy effected; Complaint withdrawn by complainant; Compensation paid; and Agreement not reached. Totals may not sum to 100% due to rounding.

The most common outcomes achieved were:

- providing an explanation;
- providing an apology; or
- acknowledging the concerns that resulted in a complaint being made.

Across the outcomes, the following findings were observed:

- The total number of outcomes increased from 11,408 in 2014-15 to 13,949 in 2018-19, an increase of 22%.
- Over the past five years, a declining trend is observed for the proportion of 'Explanation provided' outcomes, while 'Apology provided' and 'Concern registered' show a gradual increasing trend.
- A notable increase in frequency is seen for 'Counselling and/or performance support and development provided to staff member(s) or contractor(s)' over the past five years, with this outcome occurring 252 times in 2014-15 and 621 times in 2018-19, an increase of 369 occurrences.

Appendix 1:

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 2. The information collected includes:

- number of complaints;
- demographics of consumers;
- complaint issues and outcomes; and
- timeliness of complaint resolution.

Purpose of this report

The aggregate data received by HaDSCO includes all complaints received by prescribed providers in a given financial year. This report details the health complaint trends observed from 2014-15 to 2018-19 in the complaints data submitted to HaDSCO through the HCDCP. The purpose of the report is to:

- provide an overview of complaint data and emerging trends;
- provide a profile of the consumers making complaints; and
- give an understanding of what people commonly complain about and what outcomes were achieved for them.

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 (2014-15, 2015-16, 2016-17, 2017-18 or 2018-19). 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%.

Data limitations

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.

Appendix 2: 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.

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.

Appendix 3: Health providers prescribed under s75 of the *Health and Disability Services (Complaints) Act 1995*

Prescribed entity
Abbotsford Private Hospital
Albany Community Hospice
Attadale Rehabilitation Hospital
Bethesda Hospital
Department of Justice
Child and Adolescent Health Service
East Metropolitan Health Service
North Metropolitan Health Service
South Metropolitan Health Service
WA Country Health Service ¹
Glengarry Private Hospital
Hollywood Private Hospital
Joondalup Health Campus
Mount Hospital
Ngala Family Services
Peel Health Campus
Perth Clinic
Royal Flying Doctor Service
Silver Chain Nursing Association Incorporated
South Perth Hospital
St John Ambulance Service
St John of God Hospital ^{2, 3}
Subiaco Private Hospital
The Marian Centre
Waikiki Private Hospital

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.

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