



GOVERNMENT OF
WESTERN AUSTRALIA



Health and Disability Services
Complaints Office

Health Complaints Trends Report 2017-18 to 2021-22

January 2023



Supporting improvement through complaint resolution

About this document

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Summary of provider managed complaints 2017-18 to 2021-22

Complaint trends and demographics

- The 7,790 complaints received in 2021-22 represent a 1% increase from 2020-21. It was also the highest amount for the five year period assessed. There was a 14% increase in total complaints from 2017-18 to 2021-22.
- Complaints are most frequently made by the consumer (as opposed to a representative).
- Complaints are more likely to concern females than males, and most likely to concern consumers aged 70 or older.
- The majority of service providers closed over 90% of complaints within 90 days.

Complaint issues

- The most common complaint categories related to quality of clinical care, communication and access. These have remained unchanged since 2017-18, and account for approximately 70% of all complaint issues over the past five years. Specifically within these categories:
 - **Quality of clinical care** - 'Inadequate treatment/therapy', 'inadequate assessment' and 'discharge or transfer arrangements' are the most frequently identified issues regarding quality of clinical care.
 - **Communication** - 'Misinformation or failure in communication (but not 'failure to consult')', 'inappropriate verbal/non-verbal communication', and 'failure to listen to consumer/consumer representative/carer/family' are the most frequently identified issues regarding communication.
 - **Access** - 'Delay in admission or treatment', 'inadequate resources/lack of service', and 'waiting list delay' are the most frequently identified issues regarding access.

Complaint outcomes

- The most common outcomes have remained consistent across the five years from 2017-18 to 2021-22. These were 'apology provided', 'explanation provided' and 'concern registered'.

Mental Health Complaints

- A subset of mental health complaints are collected from the public Health Service Providers (HSPs). In 2021-22, 498 complaints were received. This represents a 3% decrease from the number of complaints received in 2020-21 (515).
- Mental health complaints were more likely to concern consumers under the age of 30 (44%) than complaints about health services were (23%).
- The most common mental health complaint issues in 2021-22 were 'quality of clinical care', 'communication' and 'rights, respect and dignity'.

1. Introduction

The Health and Disability Services Complaints Office (HaDSCO) is an independent Statutory Authority providing an impartial resolution service for complaints relating to health, disability and mental health services in Western Australia and the Indian Ocean Territories, covering the public, private and not-for-profit sectors, and prison health services.

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 prescribed health service providers in Western Australia. This data is collected through HaDSCO's Health Complaints Data Collection Program, which commenced in 2009-10.

The information provided in this report provides analysis of the complaint trends observed through the Health Complaints Data Collection Program between 2017-18 and 2021-22. 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.

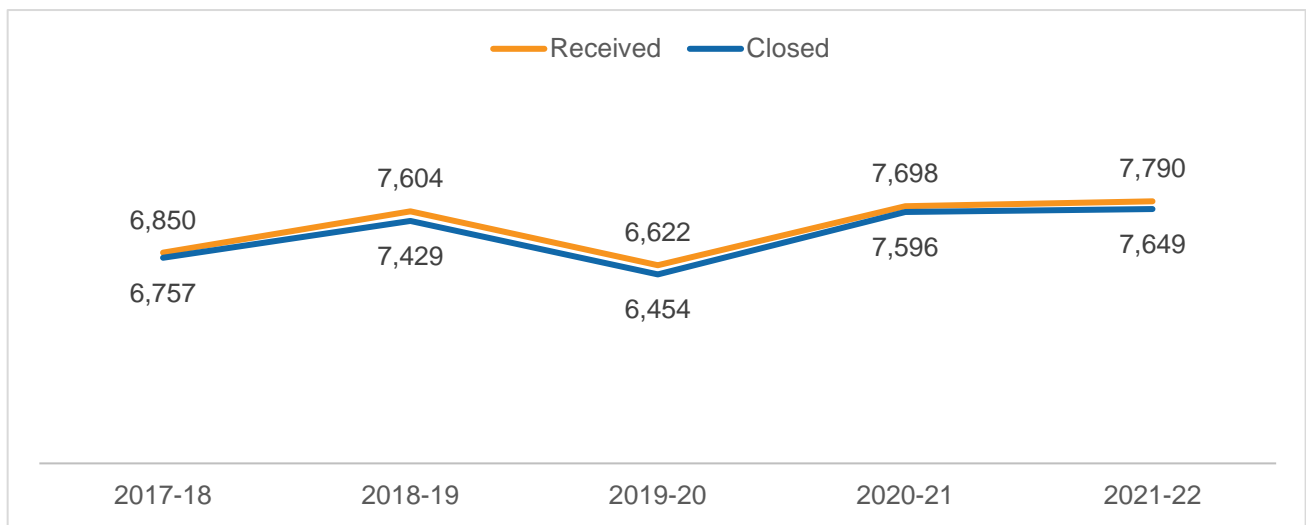
The providers prescribed under Section 75 of the *Health and Disability Services (Complaints) Act 1995* are detailed in Appendix 3.

2. Complaint trends

The number of complaints about health services received and closed by prescribed providers since 2017-18 is shown in Figure 1. The Health Complaints Data Collection Program received information relating to 7,790 complaints during 2021-22. The number of complaints reported closed has generally been consistent with the number of complaints received; from 2017-18 to 2021-22 at least 95% of received complaints were closed within the same financial year.

The 7,790 complaints received in 2021-22 represents a 1% increase from the 7,698 complaints recorded in 2020-21. The 2021-22 volume was the highest received in the past five years. There has been a 14% increase in complaints from 2017-18 to 2021-22.

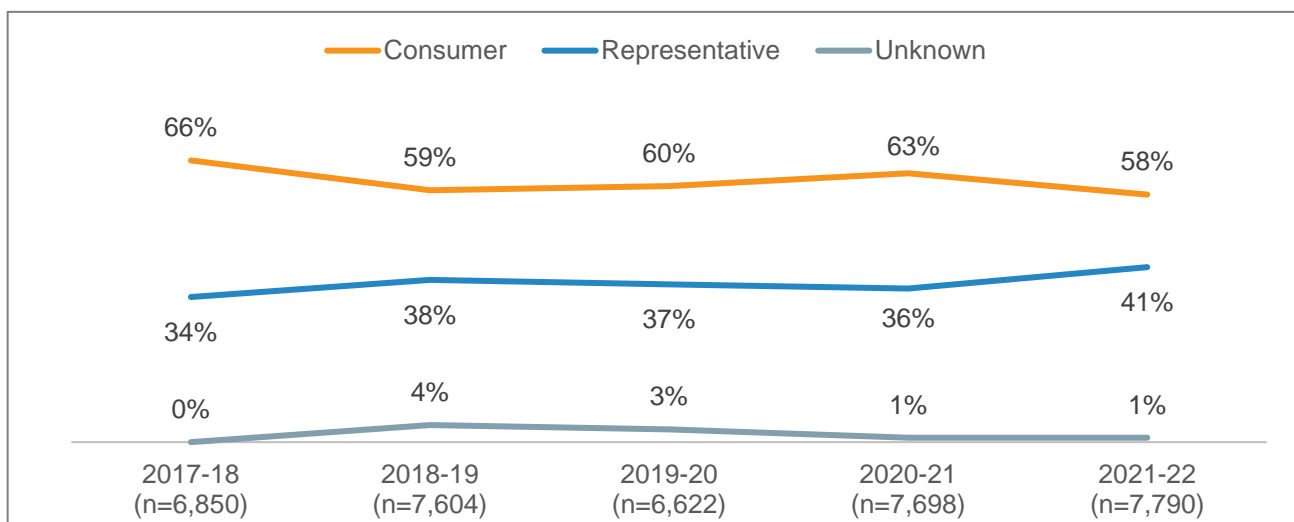
Figure 1: Received and closed health service complaints (2017-18 to 2021-22)



2.1 Individual making the complaint

In 2021-22, the majority of complaints (58%) were made by the consumer who received the service (see Figure 2). This trend has shown little variation across the previous five years.

Figure 2: Individual making the complaint

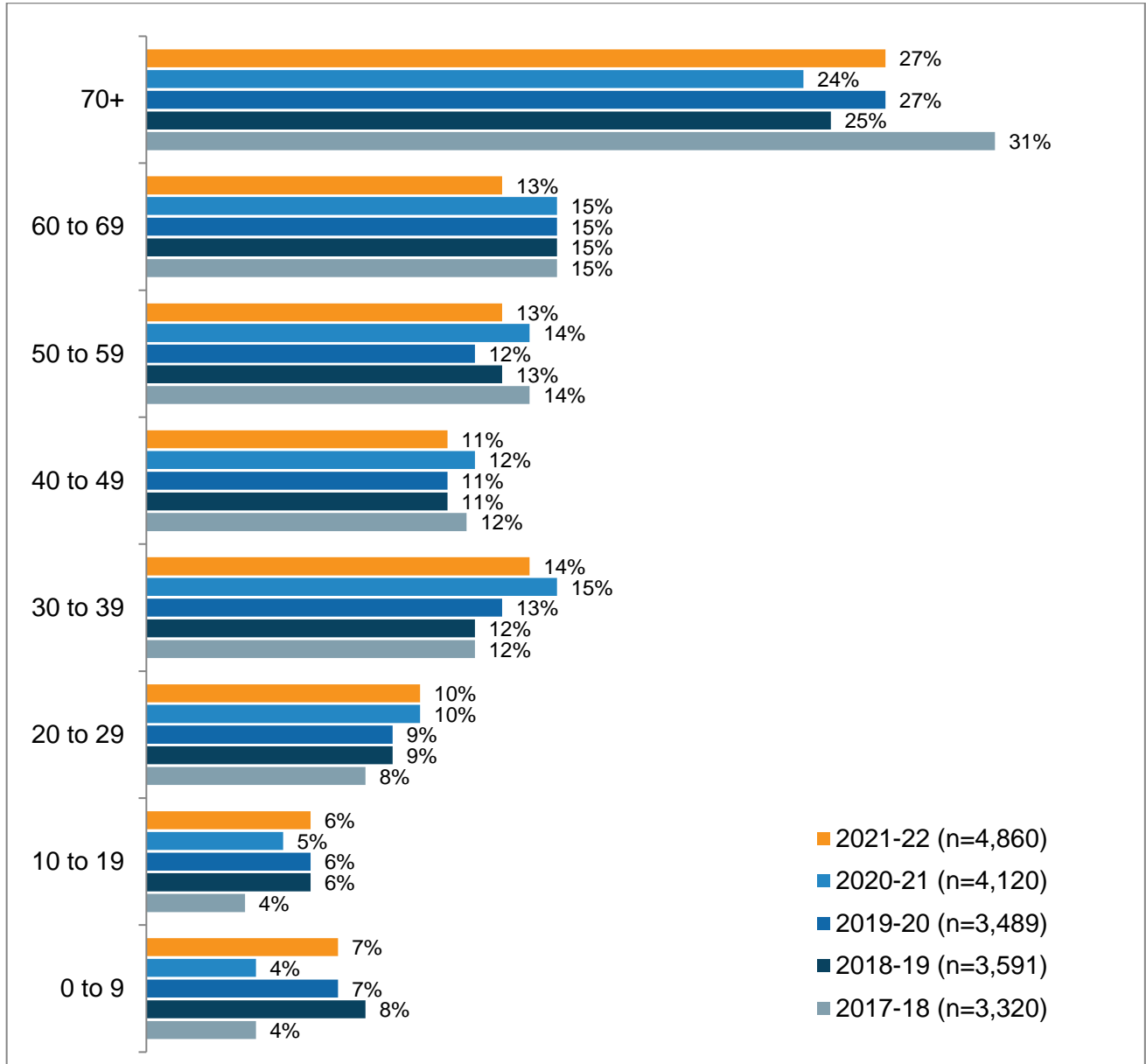


Totals may not sum to 100% due to rounding.

2.2 Age and Gender

Since 2017-18, complaints were most likely to concern consumers aged 70 years and over, and least likely to concern consumers aged 0 to 9 years or 10 to 19 years (see Figure 3).

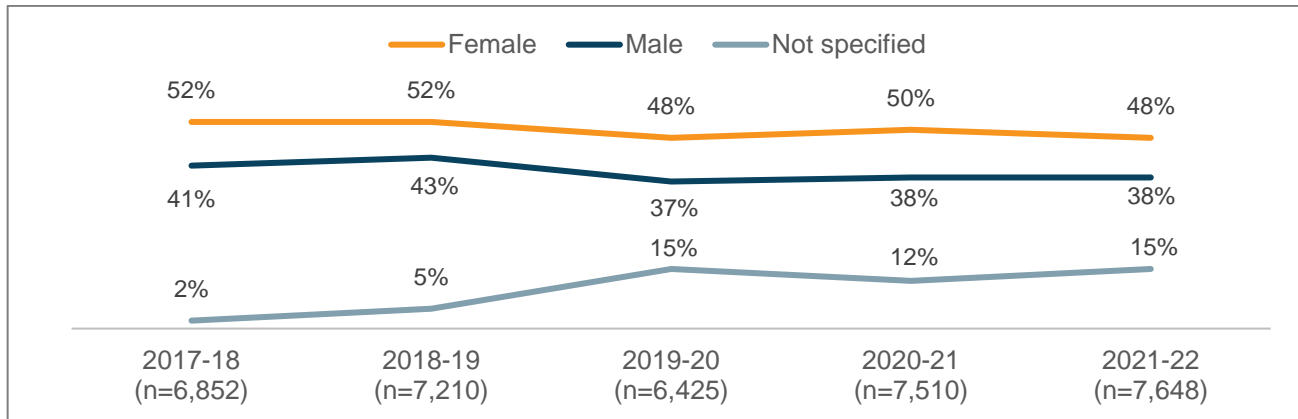
Figure 3: Age of the consumer



The data in Figure 3 is provided only for complaints where demographic information about the individual receiving a service was recorded. Totals may not sum to 100% due to rounding.

Over the past five years, the proportion of complaints concerning female consumers has been higher than complaints relating to male consumers (Figure 4).

Figure 4: Consumer gender



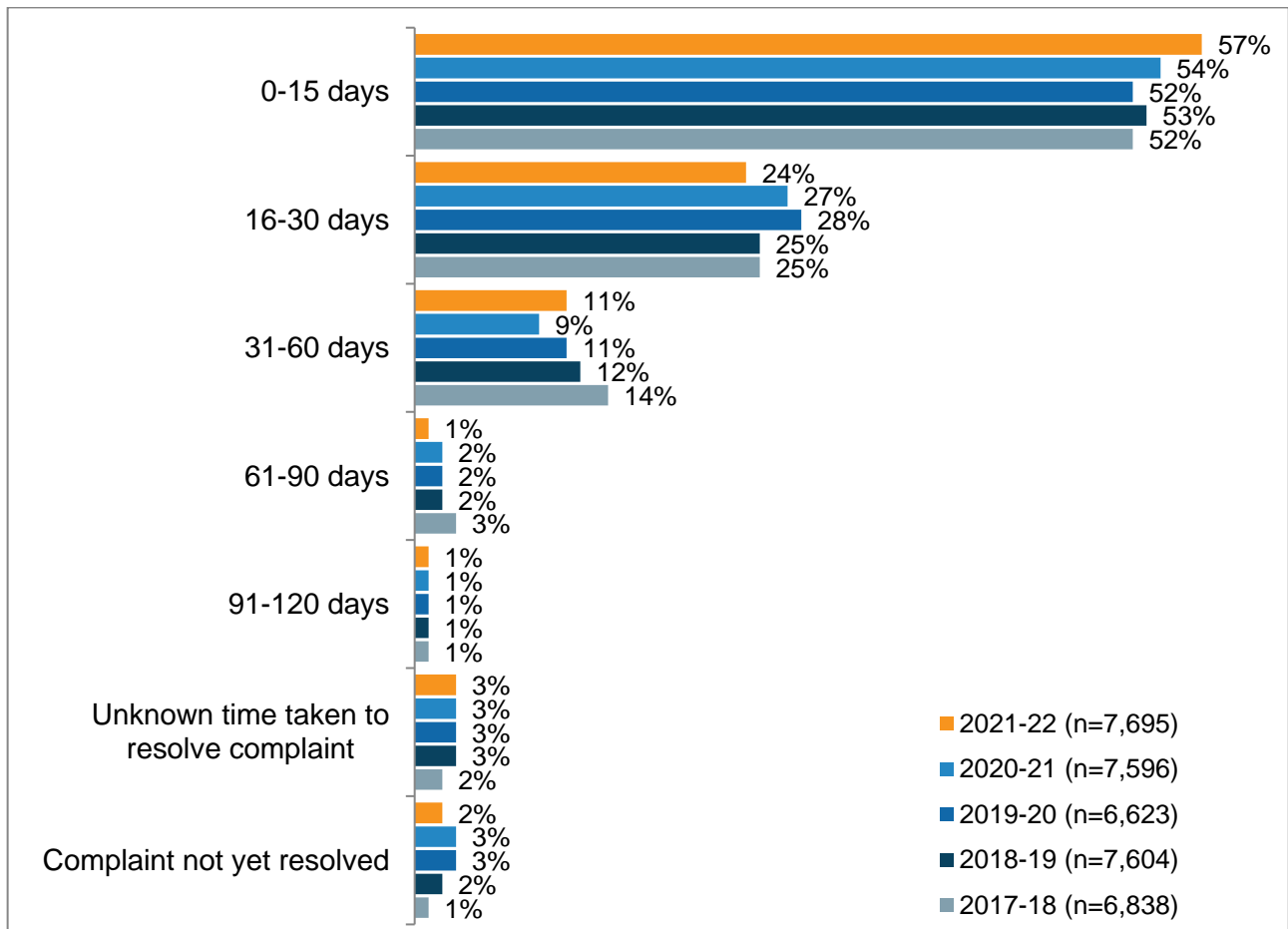
Totals may not sum to 100% due to rounding.

2.3 Time taken to resolve complaints

The time taken to resolve complaints is shown in Figure 5. Examination of the data across all five years shows two main highlights:

- Over 70% of complaints were resolved in 30 days or less.
- Over 90% of complaints were resolved within 90 days.

Figure 5: Time taken to resolve complaints



The following categories are not displayed in Figure 5 due to accounting for less than 1% of complaints: 121-151 days; 151-180 days; 181-210 days; and 211+ days.

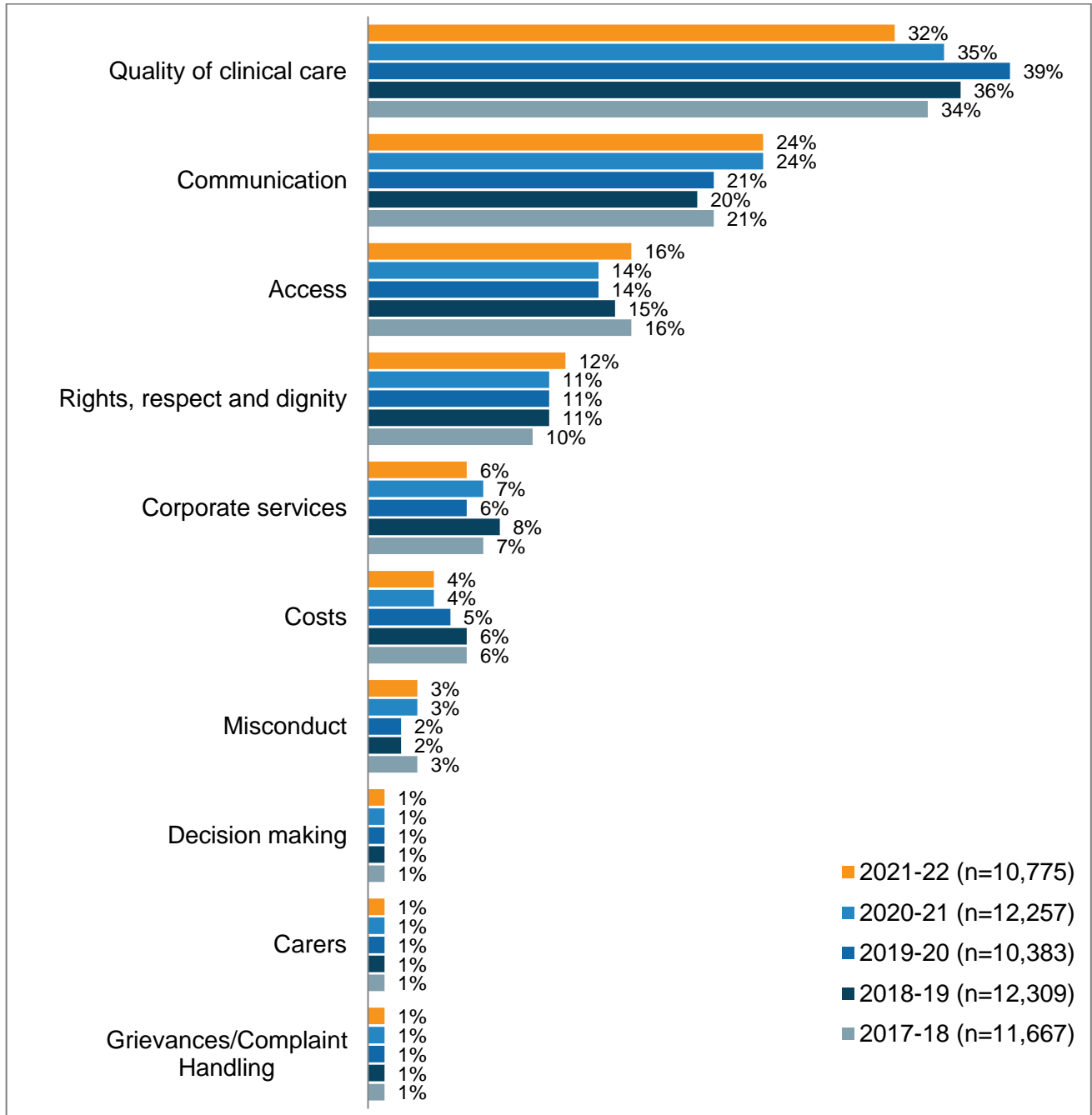
Totals may not sum to 100% due to rounding. In some instances, data was not recorded by prescribed providers.

2.4 Complaint issue categories

The issue categories identified in complaints from 2017-18 to 2021-22 are shown in Figure 6. There has been minimal change in the proportion of issues identified over the past five years, with the order in which the categories rank in regard to frequency remaining unchanged year on year.

In total, 10,775 issues were identified in the 7,790 complaints received in 2021-22. This represents a decrease of 12% from the 12,257 issues recorded in 2020-21.

Figure 6: Issue categories identified



Totals may not sum to 100% due to rounding.

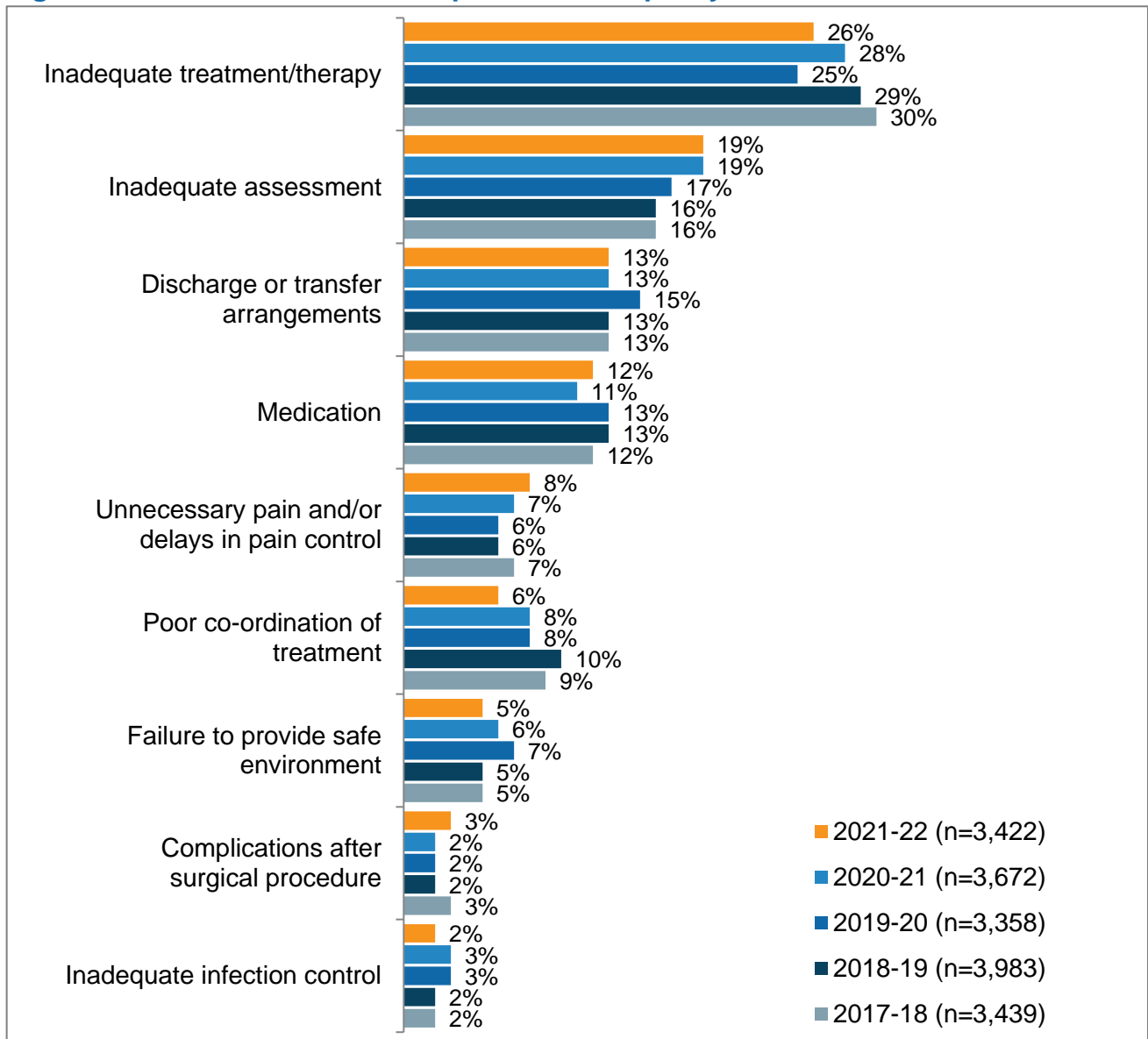
A breakdown of the individual complaint issues associated with each issue category is provided from page 10 through page 18.

2.4.1 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 7 shows the issues associated with quality of clinical care.

Figure 7: Issues identified in complaints about quality of clinical care



The following issues are not displayed in Figure 7 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'. As such, totals will not sum to 100% due to rounding.

Within the quality of clinical care category:

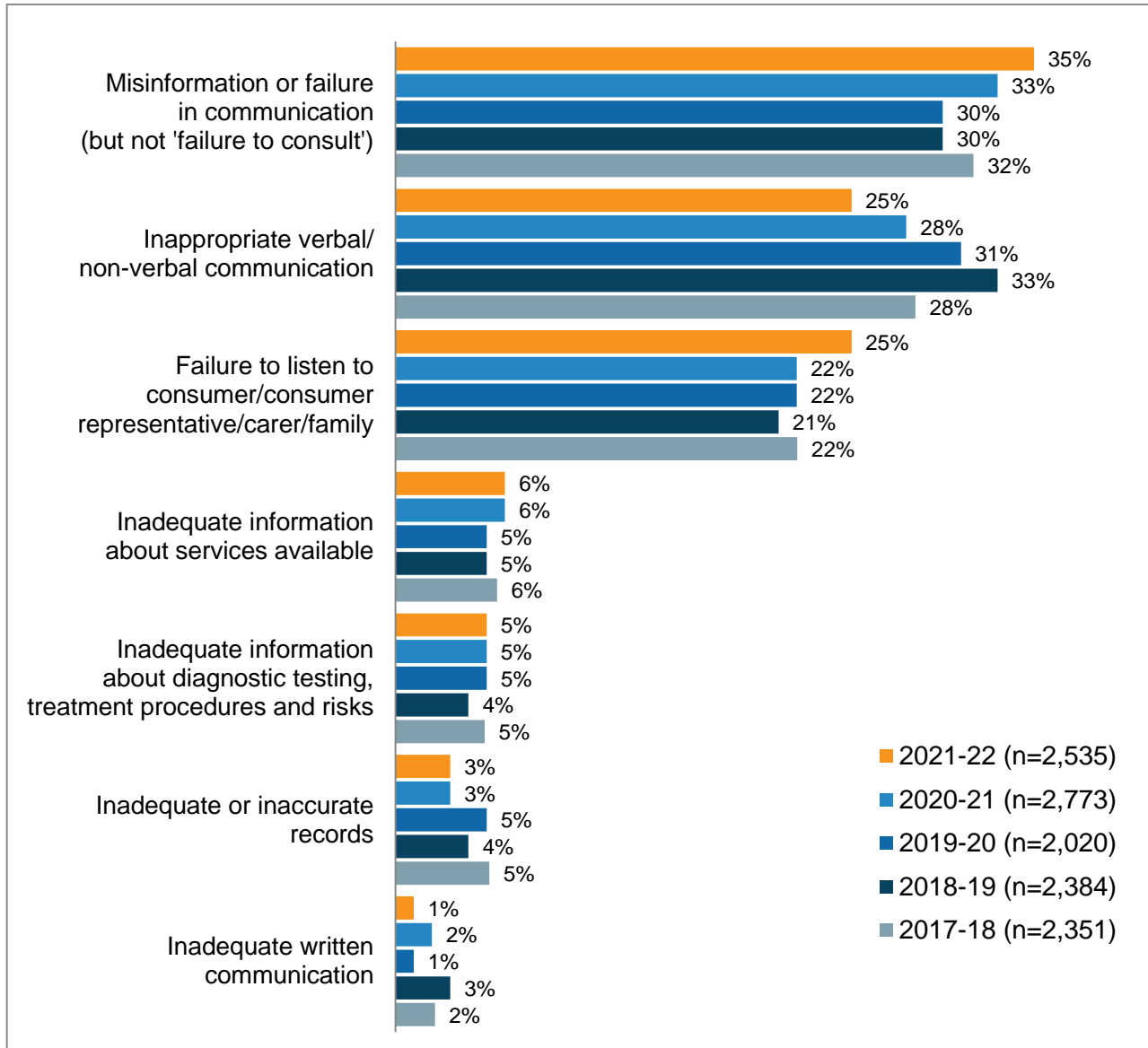
- 'Inadequate treatment/therapy' was the most common issue in 2021-22 at 26% and has been the most common category since 2017-18.
- 'Inadequate assessment' (19%) and 'discharge or transfer arrangements' (13%) were the second and third most common issues respectively in 2021-22. These issues have showed minimal variation across the five years depicted.

2.4.2 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 8 shows the issues associated with communication.

Figure 8: Issues identified in complaints about communication



Totals may not sum to 100% due to rounding.

Across the issues associated with communication:

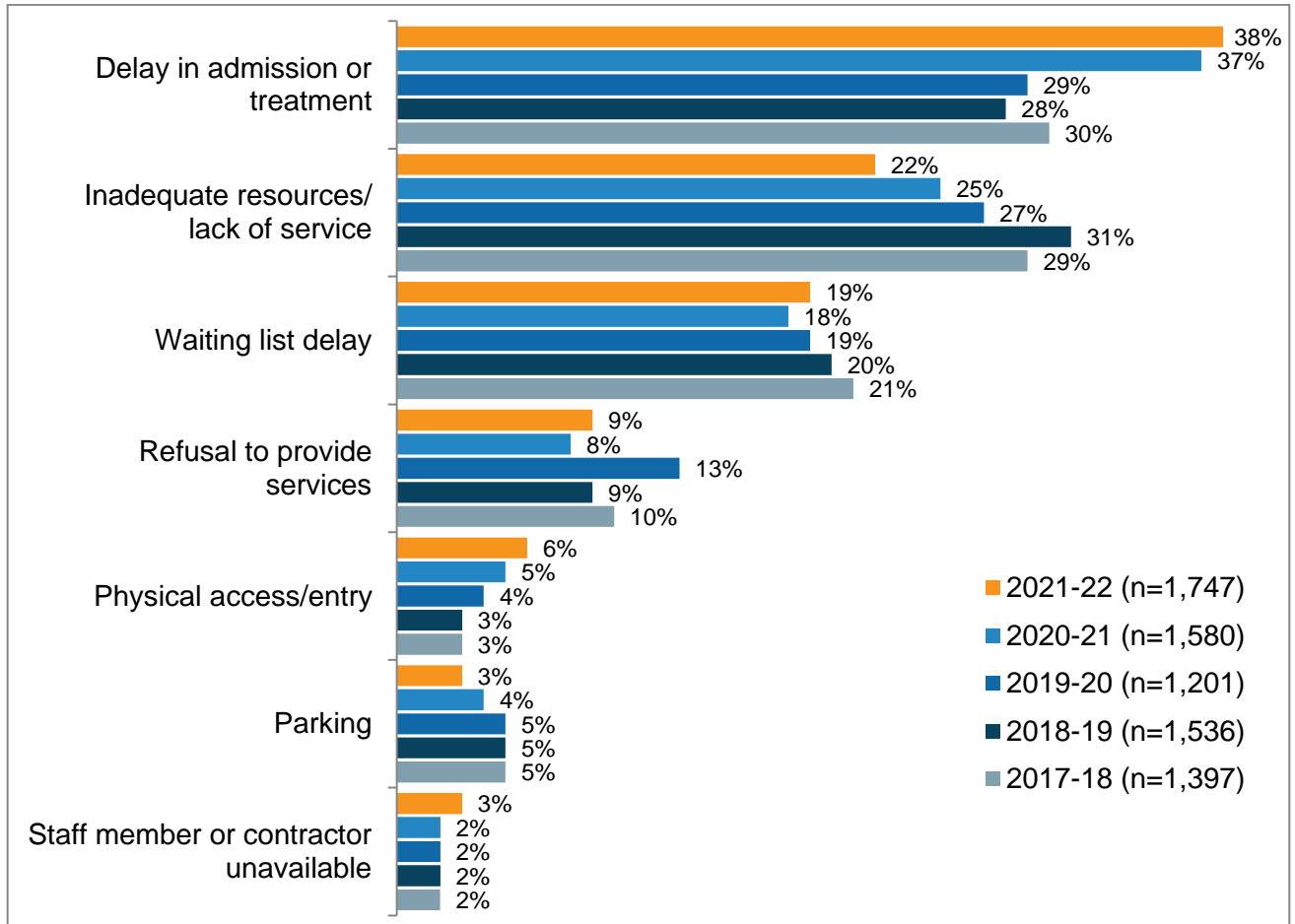
- In 2021-22, 'Misinformation or failure in communication (but not 'failure to consult')' was the most frequently cited issue (35%).
- 'Inappropriate verbal/non-verbal communication' has decreased in each of the previous four years; from 33% in 2018-19 to 25% in 2021-22.

2.4.3 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 2021-22, consistent with previous years. Figure 9 shows the issues identified in complaints about access.

Figure 9: Issues identified in complaints about access



The following issue is not displayed in Figure 9 due to accounting for less than 2%: 'Failure to provide advice about transport options. Totals may not sum to 100% due to rounding.

Within complaints regarding access:

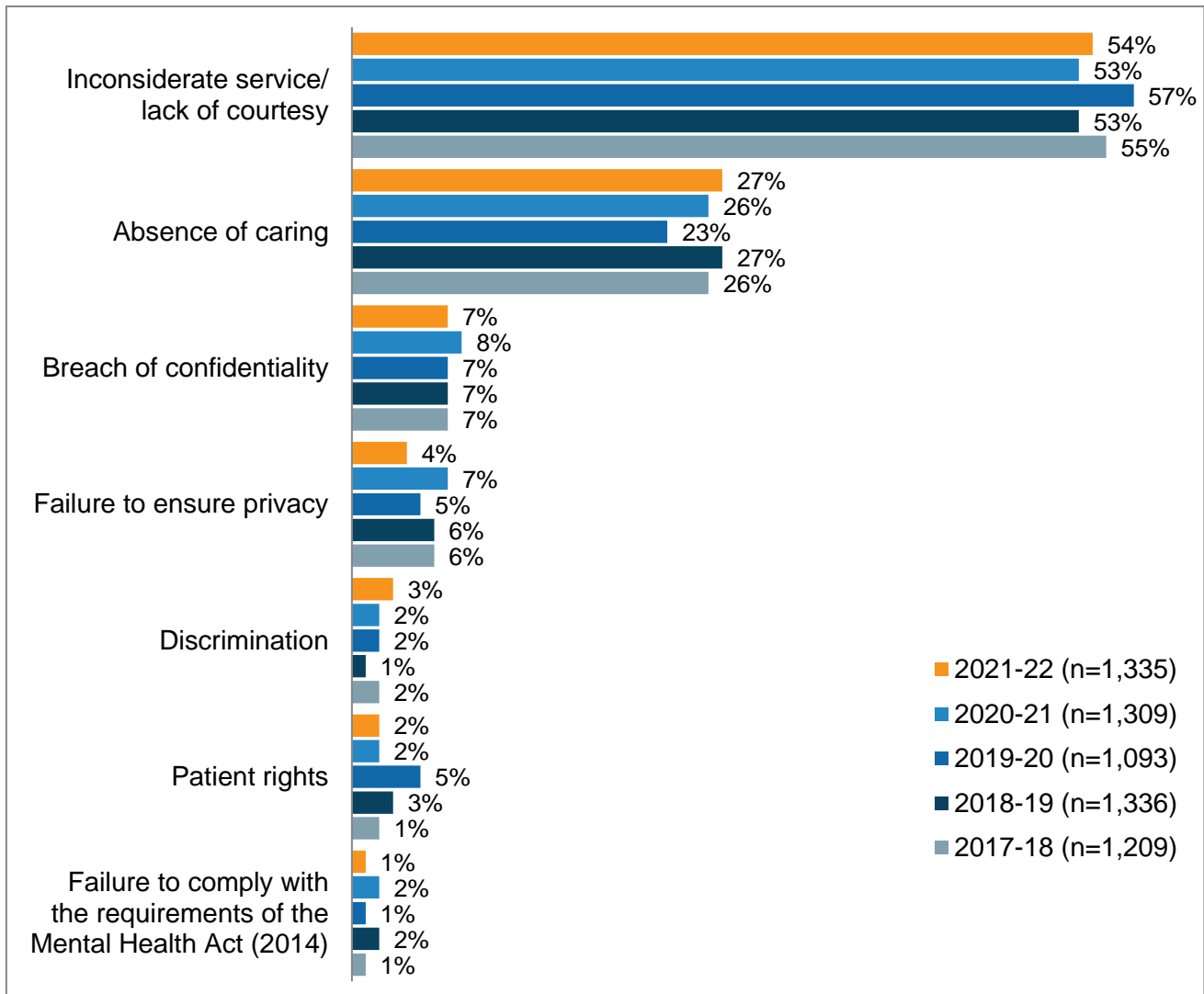
- 'Delay in admission or treatment' was the most common issue in 2021-22 at 38% and has shown an increasing trend since 2018-19.
- The proportion of 'inadequate resources/lack of service' issues has shown a decreasing trend from 31% in 2018-19 to 22% in 2021-22.

2.4.4 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 10 shows the issues identified within the complaints about rights, respect and dignity.

Figure 10: Issues identified in complaints about rights, respect and dignity



The following issues are not displayed in Figure 10 due to accounting for less than 2%: ‘Certificate or report problems’; ‘Translating and interpreting service problems’; and ‘Denying or restricting access to personal health records’. As such, totals will not sum to 100% due to rounding.

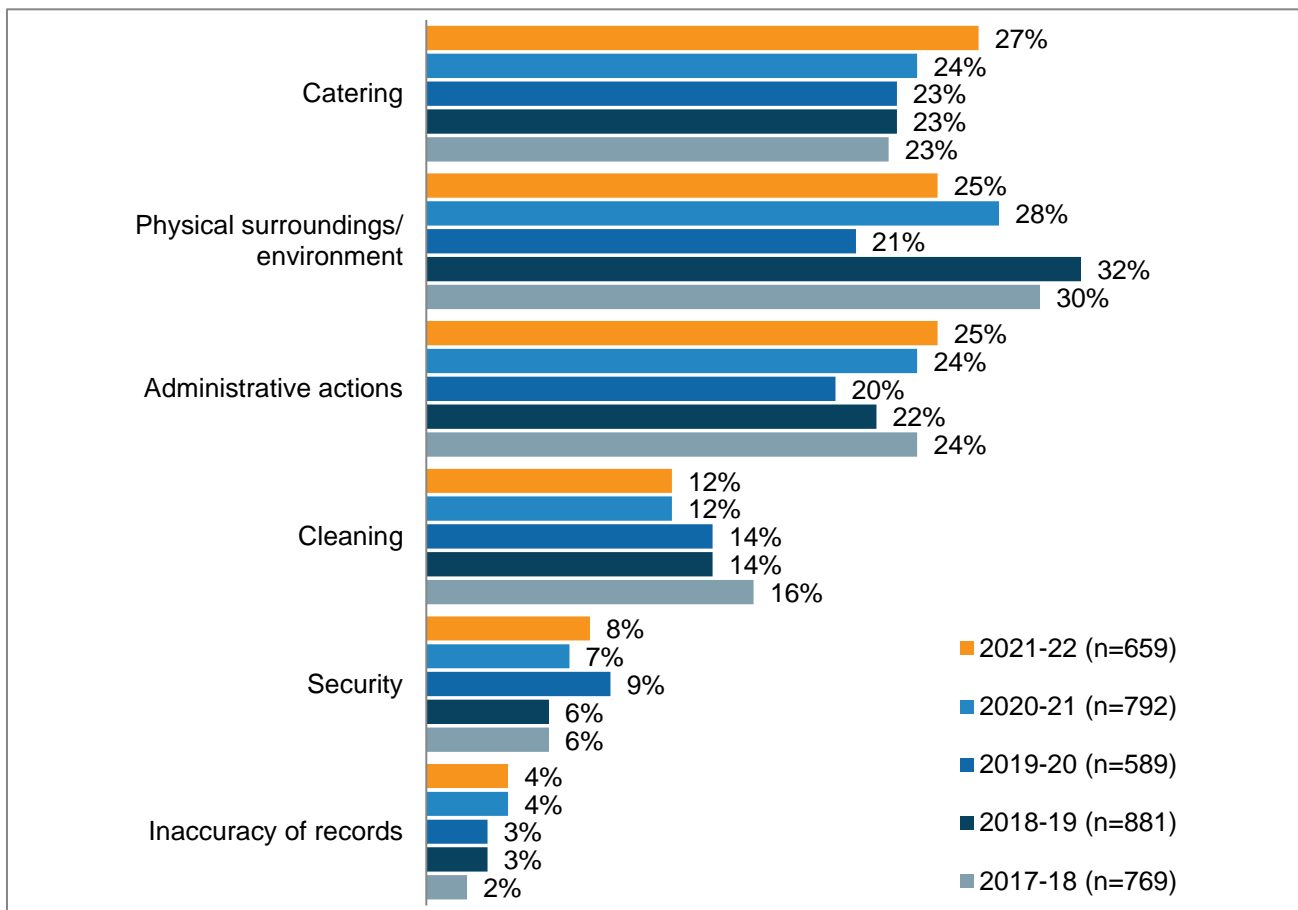
‘Inconsiderate service/lack of courtesy’ and ‘absence of caring’ have remained the most common issues, combining to account for between 79% and 81% of rights, respect and dignity complaints across the past five years.

2.4.5 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 were the fifth most frequently identified issue category over the past five years. Figure 11 shows the issues identified within the complaints about corporate services.

Figure 11: Issues identified in complaints about corporate services



Totals may not sum to 100% due to rounding.

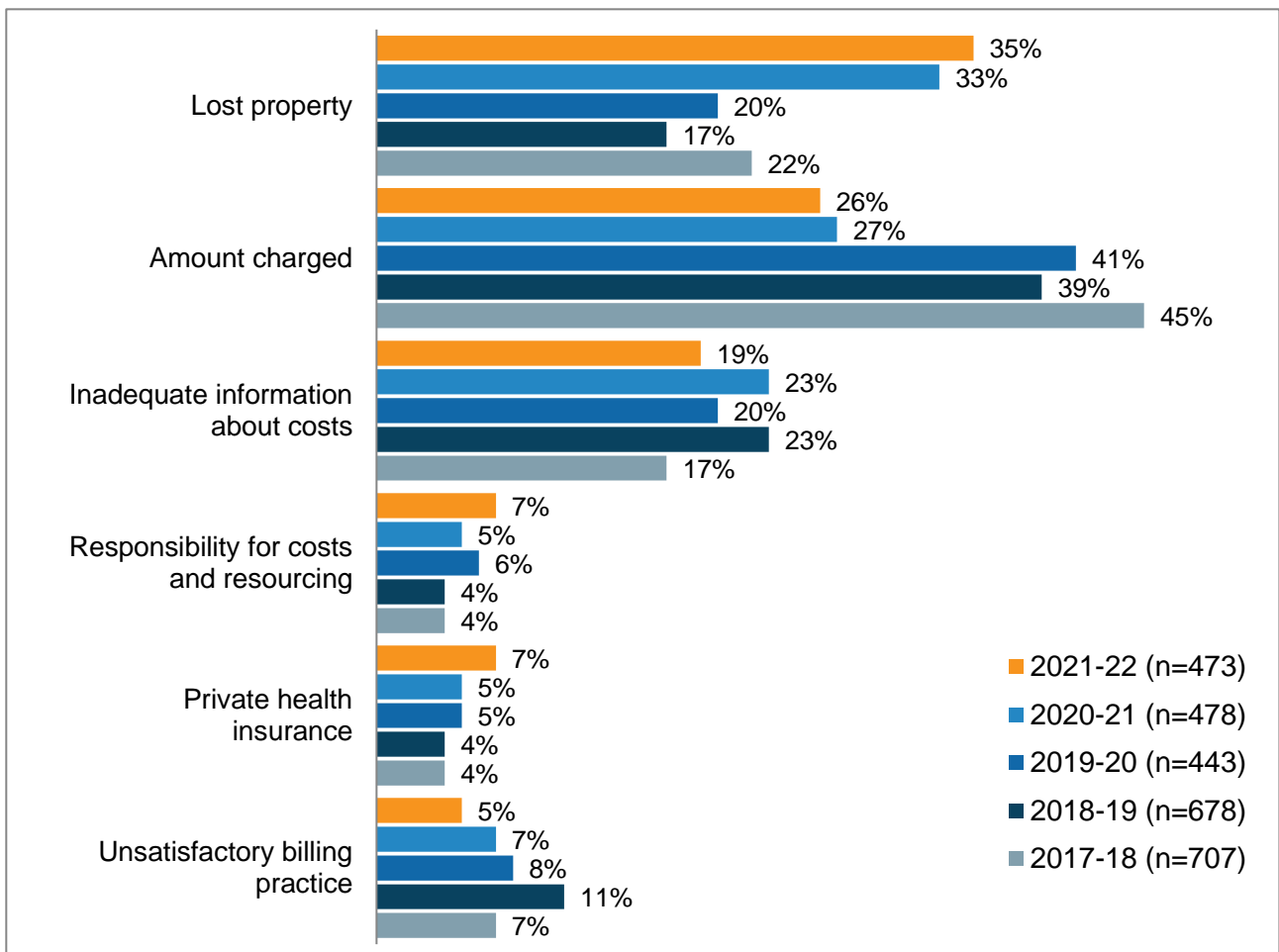
The proportion of corporate services issues has remained relatively consistent over the past five years, with only the proportion of ‘physical surroundings/environment’ displaying a single year change greater than 5 percentage points.

2.4.6 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 2021-22, consistent with previous years. Figure 12 shows the issues identified within the complaints about cost.

Figure 12: Issues identified in complaints about cost



The following issue is not displayed in Figure 12 due to accounting for less than 2%: 'Over-servicing'. Totals may not sum to 100% due to rounding.

Within complaints regarding cost:

- 'Lost property' was the most common cost related issue in 2021-22 (35%). This category has been increasing since 2018-19.
- 'Amount charged' was the second most common issue in 2021-22, however this issue decreased in frequency from 41% in 2019-20 to 26% in 2021-22.

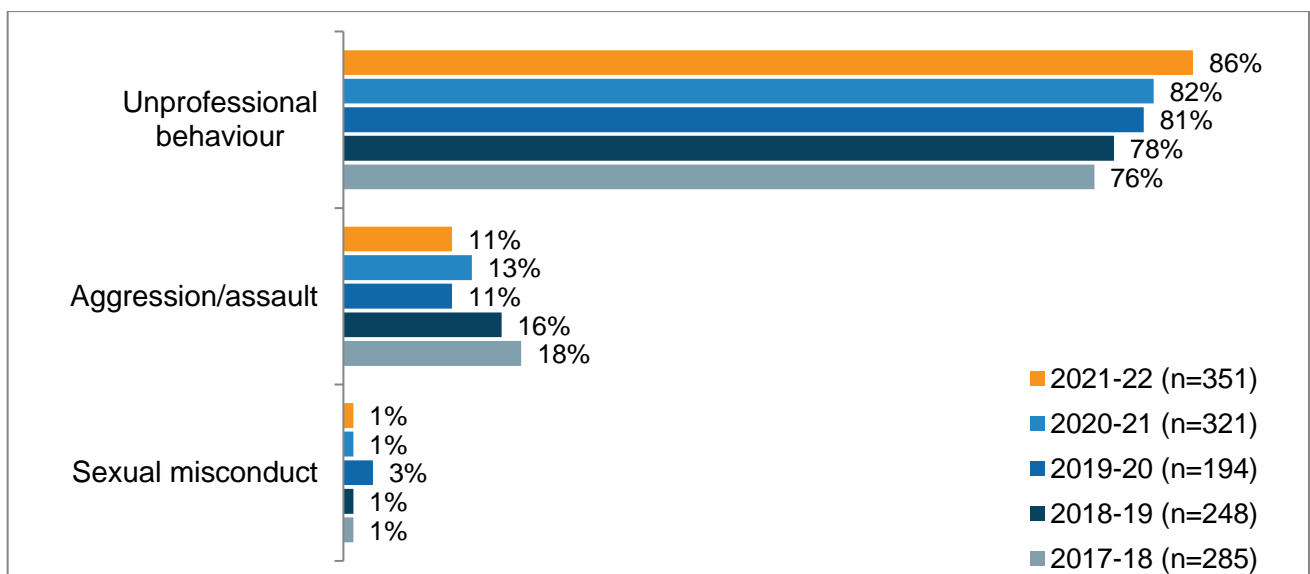
2.4.7 Complaints about misconduct

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 complaints citing misconduct over the past five years has remained consistent at between 2-3% of all complaint issues (Figure 6). Figure 13 shows the issues identified within the complaints about misconduct.

'Unprofessional behaviour' has accounted for at least 76% of complaint issues regarding misconduct over the past five years and has been increasing in proportion each year since 2017-18.

Figure 13: Issues identified about misconduct



The following issues are not displayed in Figure 13 due to accounting for less than 2%: 'Physical or mental impairment of health professional'; 'Sexual impropriety'; 'Illegal practices'; and 'Fraud/illegal practice of a financial nature'. Totals may not sum to 100% due to rounding.

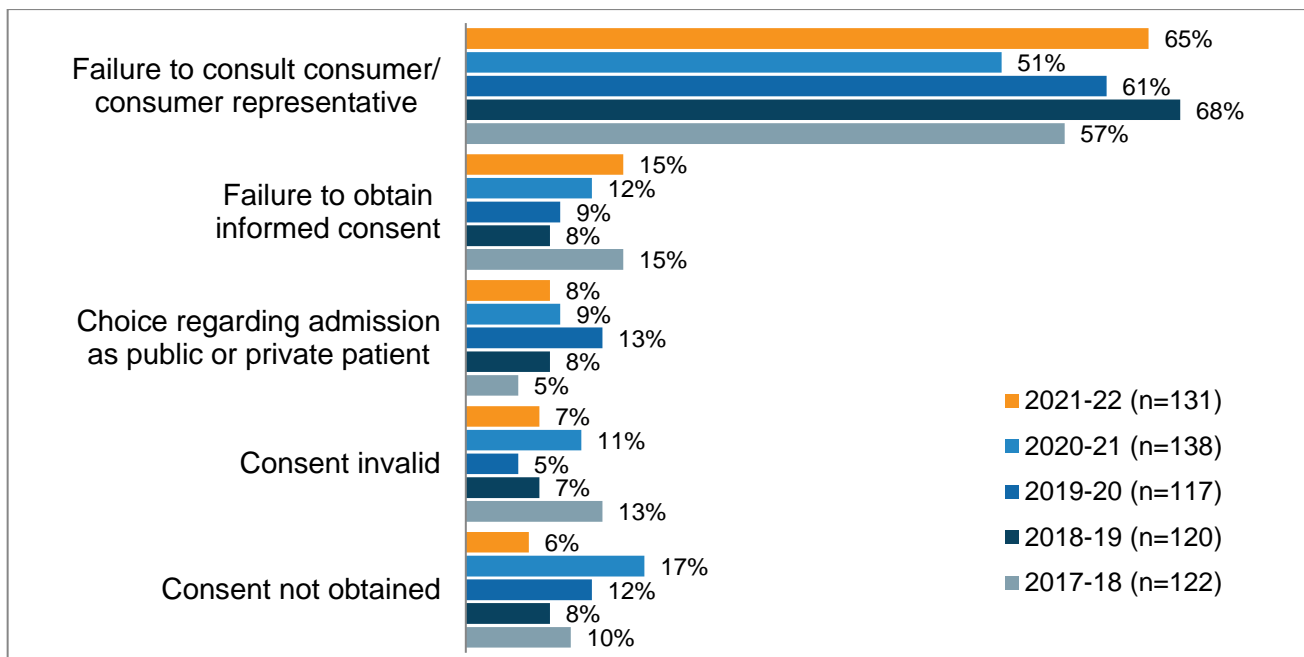
2.4.8 Complaints about decision making

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 14 shows the issues identified within the complaints about decision making.

'Failure to consult consumer/consumer representative' has accounted for the majority of complaint issues regarding decision making over the past five years, while 'failure to obtain informed consent' has shown an increasing trend since 2018-19.

Figure 14: Issues identified in complaints about decision making



Totals may not sum to 100% due to rounding.

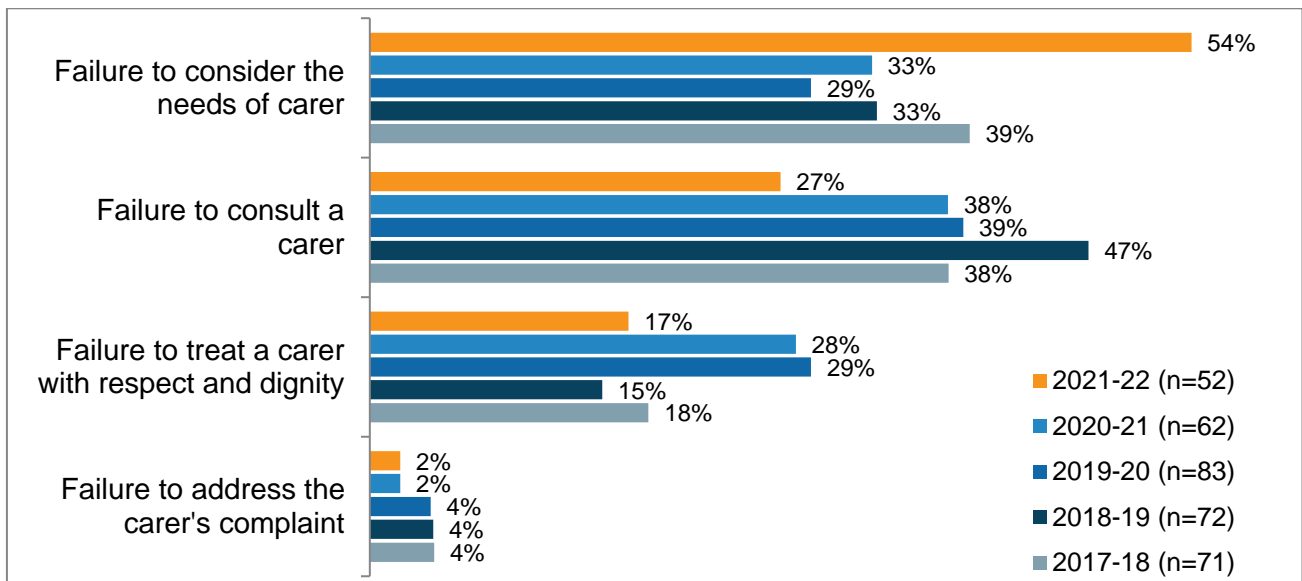
2.4.9 Complaints about carers

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 15 shows the issues identified within the complaints about carers.

'Failure to consider the needs of carer' was the most common issue category, increasing from 33% in 2020-21 to 54% in 2021-22.

Figure 15: Issues identified in complaints about carers

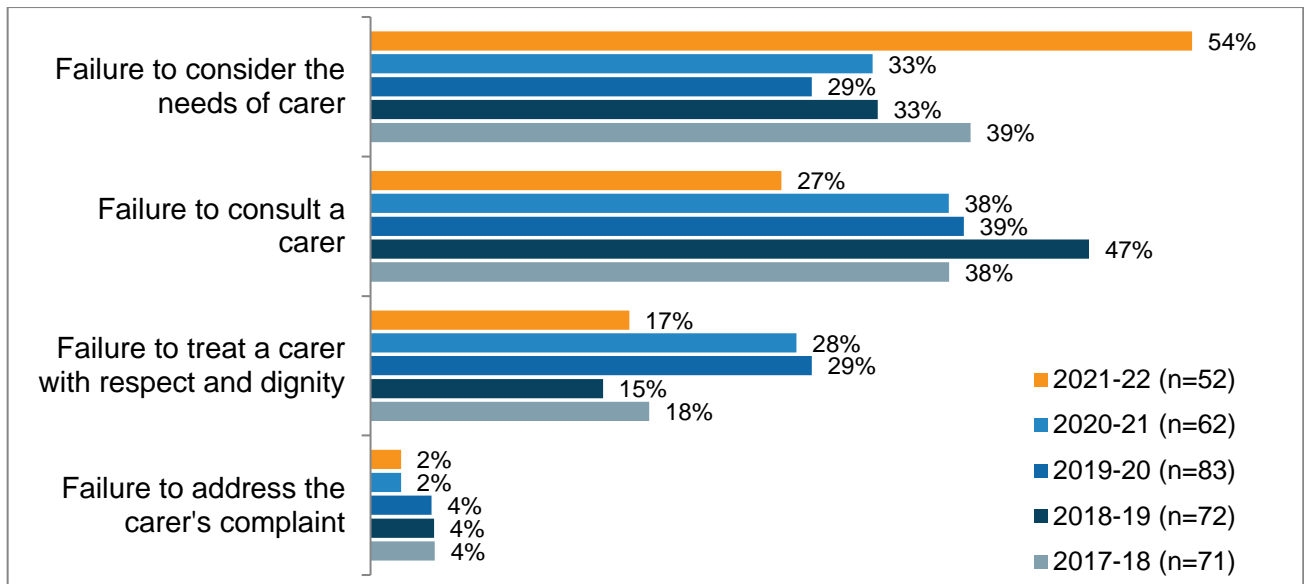


Totals may not sum to 100% due to rounding.

2.4.10 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'.

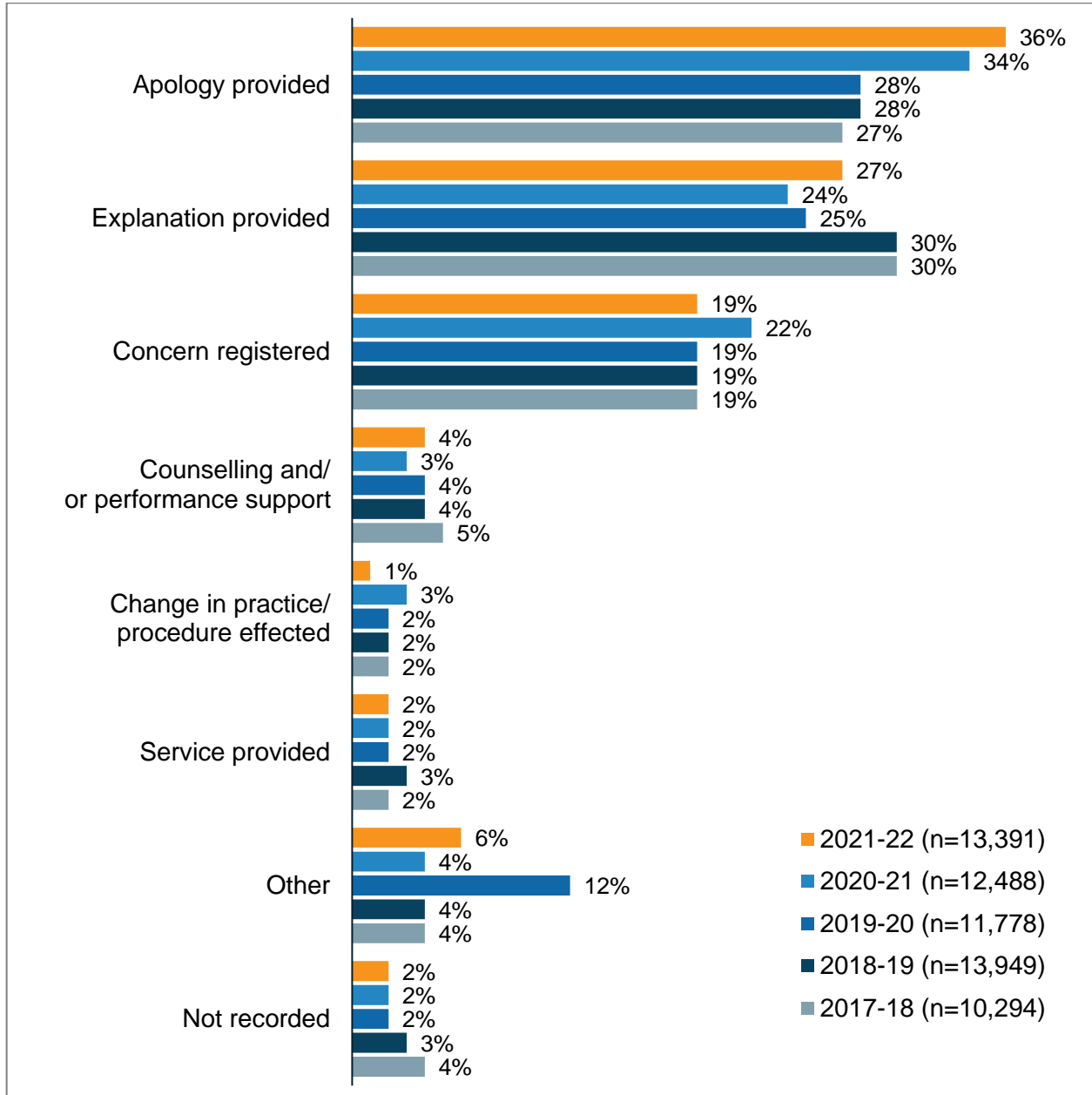
The proportion of issues associated with grievances/complaints handling over the past five years has remained consistent at 1% of all complaint issues. From 2017-18 to 2021-22, 'response to a complaint' accounted for at least 85% of the complaint issues. From 2017-18 to 2020-21 the 'retaliation or negative outcomes as a result of making a complaint' accounted for all remaining complaint issues.



3. Outcomes achieved

A range of outcomes were achieved from the complaints managed by prescribed providers from 2017-18 to 2021-22. These are shown in Figure 16.

Figure 16: Outcomes achieved



The following outcomes are not displayed in Figure 16 due to accounting for less than 2% of outcomes: Change in policy effected; Costs refunded/reduced; Complaint withdrawn by complainant; Compensation paid; Agreement not reached; Unknown outcome; and Complaint not yet resolved. Totals may not sum to 100% due to rounding.

Across the outcomes, the following findings were observed:

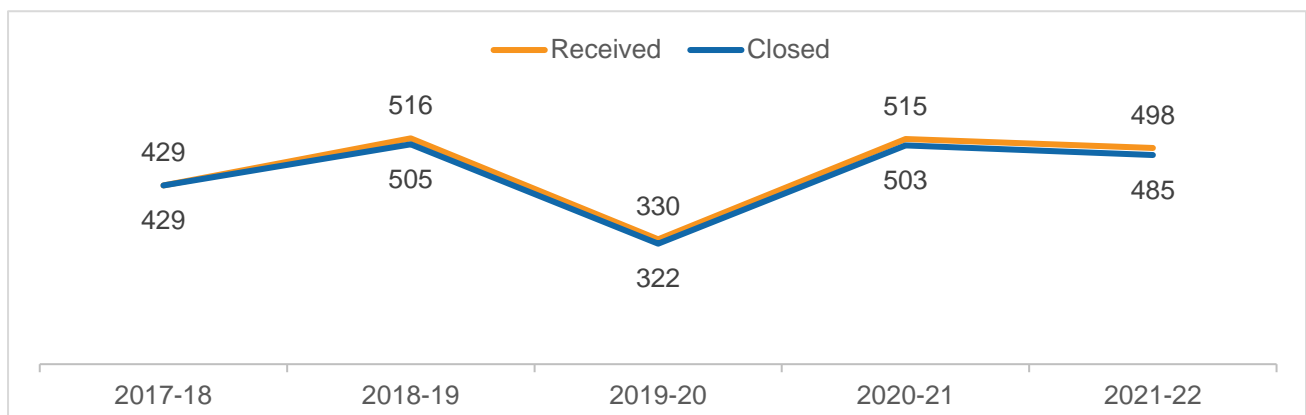
- The total number of outcomes achieved increased 30% from 2017-18 to 2021-22, while there was a 14% increase in complaints over the same time period.
- Over the past five years, the ‘apology provided’, ‘explanation provided’, and ‘concern registered’ categories have accounted for the majority of outcomes.

4. Mental health complaints

Under Section 75 of the *Health and Disability Services (Complaints) Act 1995* and the *Health and Disability Services (Complaints) Regulations 2010*, each year HaDSCO receives complaints data from prescribed government, non-government and not-for-profit health service providers in Western Australia. During the 2015-16 financial year, HaDSCO began collecting a sub-set of mental health complaint data from a selection of public Health Service Providers¹ (HSPs). This section provides an overview of the mental health data collected over the past five years.

In 2021-22, details of 498 mental health complaints concerning 625 issues were submitted to HaDSCO. This represents a 3% decrease from the number of complaints received in 2020-21 (515) as indicated in Figure 17.

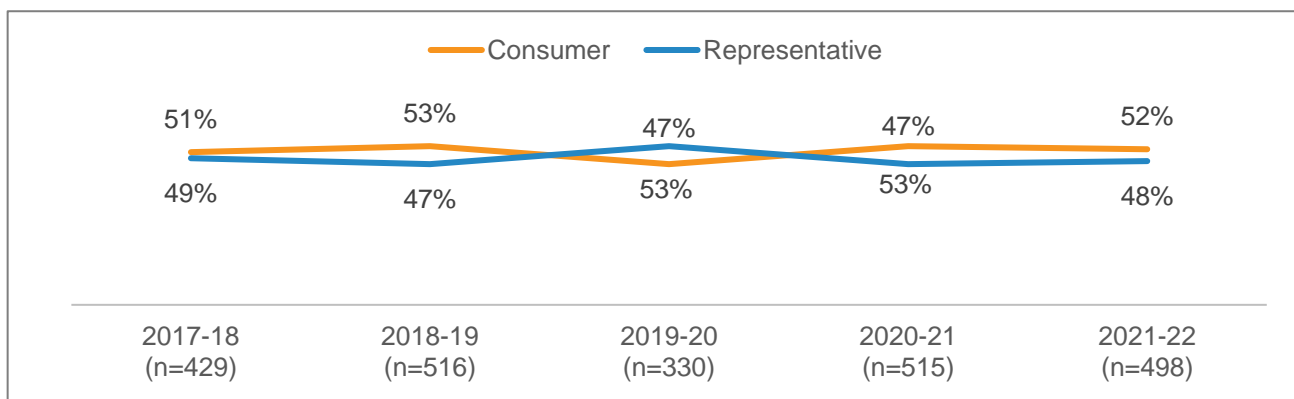
Figure 17: Received and closed mental health complaints (2017-18 to 2021-22)



4.1 Individual making the complaint

Mental health complaints received by the HSPs since 2017-18 have been equally likely to be made by the consumer or their representative (see Figure 18). This is in contrast to health complaints, where the majority are made by the consumer (Figure 2).

Figure 18: Individual making the mental health complaint



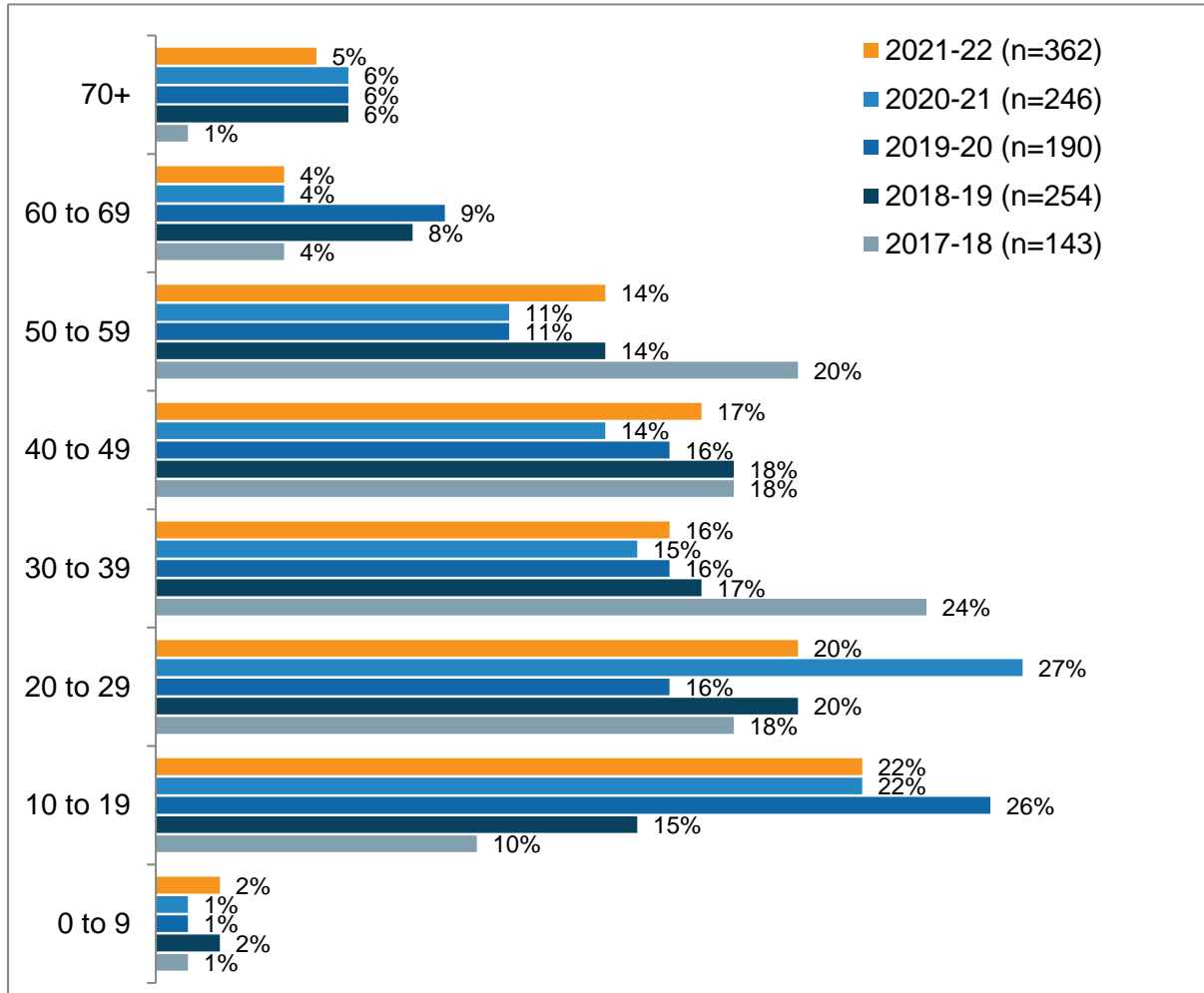
Totals may not sum to 100% due to rounding.

¹ The public Health Service Providers are: Child and Adolescent Health Service, East Metropolitan Health Service, North Metropolitan Health Service, South Metropolitan Health Service and Western Australian Country Health Service.

4.2 Age and gender of consumer

Mental health complaints received by the HSPs in 2021-22 were most likely to concern service users aged between 10 and 19 (22%) or 20 and 29 (20%). A detailed breakdown of age can be found below in Figure 19.

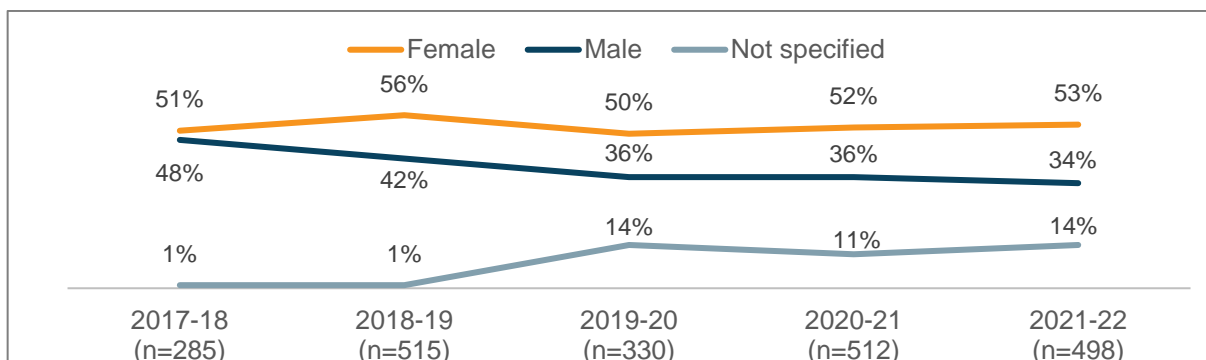
Figure 19: Age of consumer



Totals may not sum to 100% due to rounding.

Similar to health complaints over the past five years, the proportion of complaints about mental health services concerning female consumers has been higher than complaints relating to male consumers. This breakdown is shown below in Figure 20.

Figure 20: Gender of consumer



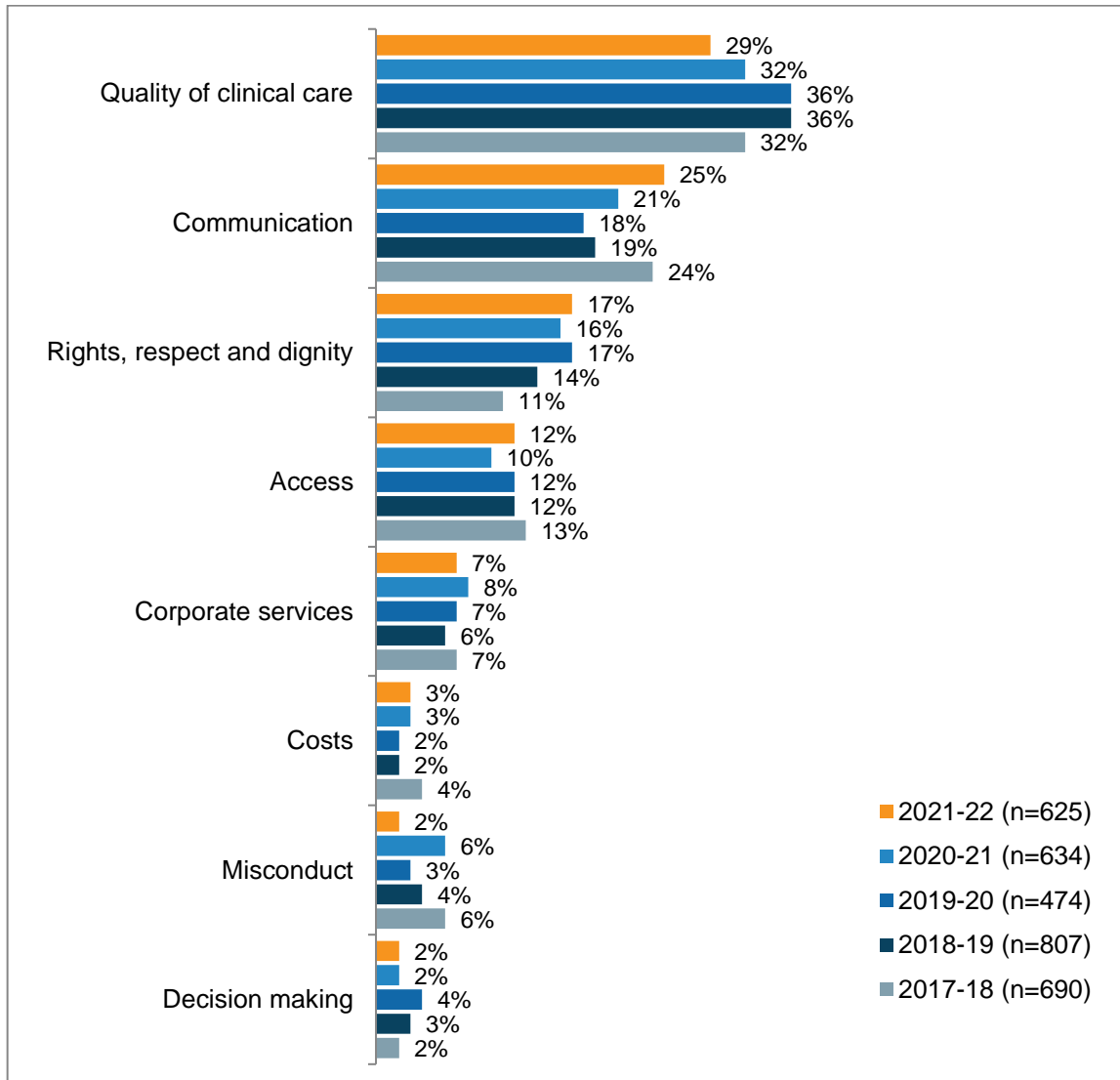
Totals may not sum to 100% due to rounding.

4.3 Mental health issues

In 2021-22, 'quality of clinical care' (29%), 'communication' (25%) and 'rights, respect and dignity' (17%) were the most commonly identified issue categories in mental health complaints. Since 2019-20, 'communication' has shown an increasing trend, and in the same period 'quality of clinical care' has shown a decreasing trend.

The issue categories identified in mental health complaints received over the past five years are shown in Figure 21.

Figure 21: Mental health issue categories



The following issues are not included in Figure 21 due to accounting for fewer than 2% of issues in all five years: 'Carers' and 'grievances/complaint handling'. As such, totals may not sum to 100%.

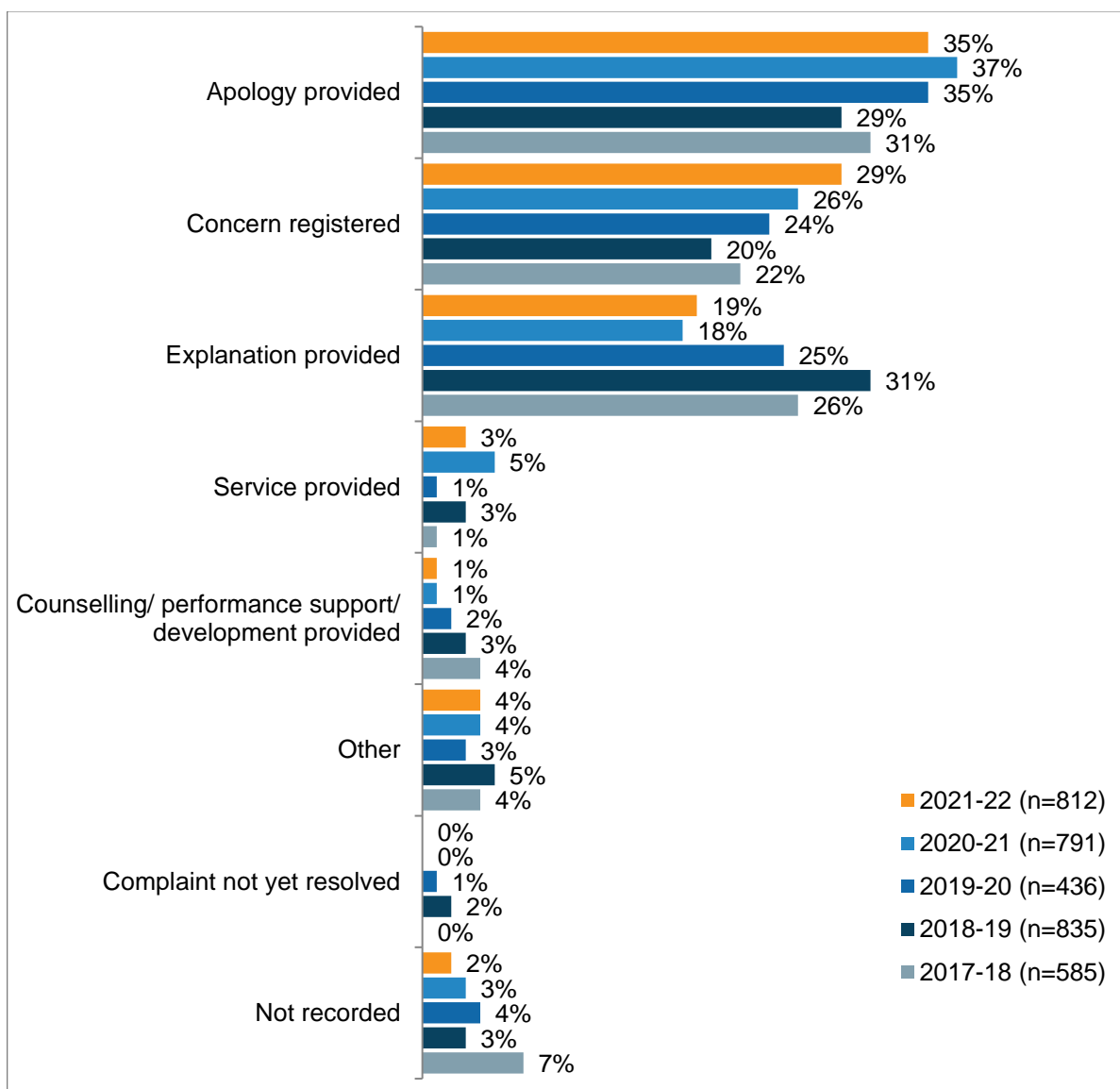
4.4 Mental health outcomes

A range of outcomes were achieved from the mental health complaints managed by the HSPs. Over the past five years, the three most common outcomes have remained consistent: ‘apology provided’; ‘concern registered’ (acknowledging the concerns that resulted in a complaint being made); ‘explanation provided’.

From 2018-19 to 2021-22, there was an increase in the proportion of complaints where the concern was registered. Since 2018-19, the proportion of complaints where an explanation was provided has shown a decreasing trend.

The outcomes achieved in complaints received by HSPs over the past five years are shown in Figure 22.

Figure 22: Mental health outcomes achieved



The following outcomes are not displayed in Figure 22 due to accounting for less than 2% across all five years: Change in policy effected; Complaint withdrawn by complainant; Compensation paid; Cost refunded/reduced; Change in practice/procedure effected; and Agreement not reached. As such, totals will not sum to 100%.

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 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 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 prescribed service providers. A list of the prescribed health service providers can be found in Appendix 3. The information collected includes:

- Number of complaints.
- Demographics of consumers.
- Complaint issues and outcomes.
- 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 2017-18 to 2021-22 in the complaints data submitted to HaDSCO through the Health Complaints Data Collection Program.

The purpose of the report is to:

- Provide an overview of complaint data and emerging trends.
- Provide a profile of the consumers making complaints.
- 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 (2017-18, 2018-19, 2019-20, 2020-21 or 2021-22). 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 Health Complaints Data Collection Program 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 or about 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 Limited, 2022).

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. (2022). *Guidelines for complaint management in organizations (ISO 10002:2018, NEQ)*. 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
PathWest Laboratory Medicine WA
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.



Health and Disability Services
Complaints Office (HaDSCO)

Health and Disability Service Complaints Office (HaDSCO)

PO Box B61, Perth, Western Australia, 6838
Complaints and enquiries: (08) 6551 7600 Administration: (08) 6551 7620 Facsimile: (08) 6551 7630
Email: mail@hadsco.wa.gov.au Website: hadsco.wa.gov.au ABN: 67 123 349 587

Health and Disability Service Complaints Office (HaDSCO)