

Health Complaint Trends Report 2010-14

Summary and comparison of complaints received by Health Providers and the Health and Disability Services Complaints Office (HaDSCO), Western Australia

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Introduction

The annual <u>Health Complaints Data Collection process</u> forms an integral part of the complaints reporting and monitoring function at the Health and Disability Services Complaints Office (HaDSCO). It provides our office with valuable complaints data that is representative of our State. It is also an important mechanism for health services to be accountable, and provides valuable prompts to review systems that may be in need of greater focus and attention.

Improving the quality of services is now a driving force in healthcare, with the collection and analysis of complaint data an important contributor toward the overall improvement process. Collecting this type of data enables us to accurately identify problems, and allows for an objective assessment of whether services have improved. With this focus on system improvement within the health sector, collecting, interpreting and utilising complaints data to aid this has never been more important.

Understanding patient, carer and consumer concerns also has its value. With the introduction of the National Safety and Quality Health Service Standards, Standard 2: Partnering with Consumers, there is now an even greater focus on ensuring services are responsive to patient, carer and consumer input and needs.

Complaints present an opportunity for improvement in the delivery of services and we hope this report will add to those conversations. This report provides a snapshot of

the health complaint trends observed from 2010 to 2014, from data collected by Health Providers and HaDSCO. The purpose of the report is to:

- provide an overview of complaint data and emerging trends;
- compare and contrast trends from complaints received by Health Providers and HaDSCO;
- give you an understanding of what people complain about, their objectives and outcomes achieved for them; and
- provide a general understanding of the relationship between Health Providers, HaDSCO and the Australian Health Practitioner Regulation Agency (AHPRA).

Do you have an improvement to share?

If you are aware of a new initiative that assisted in the management of health complaints we would like to hear about it. Sharing improvements with other Health Providers can improve the system as a whole. Success stories can be shared via Collaborate and Learn.

Role of HaDSCO in system improvement

Under the HaDSCO 2012-2015 Strategic Plan, 'System improvement' is identified as a priority. This involves the analysis of data to identify complaint trends and systemic issues across health, disability and mental health sectors. It is essential to uncover these trends and issues to identify where system improvements are needed. Activities that have been initiated to achieve this goal include:

- collecting quality information about the health, disability and mental health sector;
- using this information to identify potential system issues; and
- sharing this information with relevant stakeholders to improve health, disability and mental health service delivery.

This report is an example of the work that we undertake to share information about complaints and create opportunities to improve health service delivery in Western Australia (WA).

About the data

The report analyses complaints received between 1 July 2010 and 30 June 2014 from two sources – 1) complaints made directly to Health Providers who participate in the Health Complaints Data Collection Project and 2) complaints made directly to HaDSCO.

Source 1: Health complaints data collection project

HaDSCO collects complaints data from a group of public, private and not-for-profit Health Providers ('Health Providers') in WA. These providers are prescribed under the <u>Health and Disability Services (Complaints) Regulations 2010</u>, and annually submit de-identified complaints data to HaDSCO. The group of 27 providers have submitted complaints data to HaDSCO since 2010-11. A list of the prescribed Health Providers can be accessed <u>here</u>.

After receiving data from these Health Providers, HaDSCO analyses the data to identify broad trends and systemic issues that relate to certain types of health service providers or heath service providers overall. Complaints data collected from these Health Providers between 2010-11 and 2013-14 is presented in this report.

Fact box

In 2013-14, HaDSCO received **2,019** health complaints, and Health Providers received **6,993** health complaints.

Source 2: HaDSCO's complaints data

HaDSCO collects data about complaints that are made directly to our office. People can contact us to complain about any State-funded public, private or not-for-profit health, disability and mental health service provider in WA. HaDSCO records every complaint that we receive, even those that do not progress through our complaint resolution pathways. Data relating to complaints received by HaDSCO between 2010-11 and 2013-14 is presented in this report; allowing readers to compare trends in complaints received by Health Providers and complaints received by HaDSCO.

Data limitations and how these will be addressed

There are a number of limitations with data collected from the Health Complaints Data Collection Project and HaDSCO's internal complaints data. These limitations include no common definitions for complaint issue and outcome categories, and limited contextual information to inform the root causes of complaints. In the coming financial year, HaDSCO aims to improve the quality of complaints data by:

- Working with Health Providers to develop a better understanding of the nature of the complaints within each issue category. Information about issue types is useful, however does not enable our office to explore important contextual factors about complaints, for example the type of health service that the complaint relates to, the seriousness of the complaint and the situation that resulted in the complaint being made.
- Expanding the number of prescribed providers involved in the Health Complaints Data Collection Project to provide a more complete picture of health complaints in the State.
- Working with health providers to agree upon definitions for issue and outcome categories. It is anticipated that the integrity of the data will improve once these common definitions are in place.

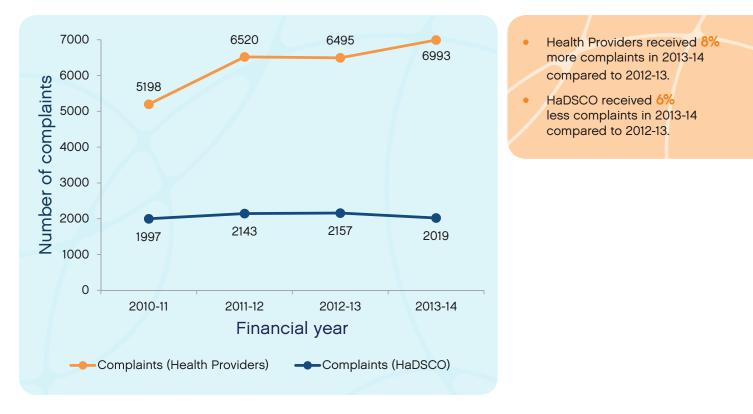
Complaint trends

The chart below outlines the number of complaints received by Health Providers and HaDSCO and the number of issues identified between 2010-11 and 2013-14.

Key message

The quality and relevance of complaints data can be improved. This report presents an opportunity to highlight the limitations of complaints data, and the responsibility of both HaDSCO and Health Providers to work collaboratively to improve quality of information collected about complaints.

Figure 1: Number of complaints received by Health Providers and HaDSCO, 2010-14



The top issues for consumers, carers and family

By identifying issues from complaints, Health Providers and HaDSCO can better understand the concerns of the Western Australian community. As complaints are often complex in nature, one complaint will often raise multiple issues. The charts on the following pages highlight the top five issues raised in 2013-14 with Health Providers and HaDSCO. Data from previous financial years, 2010-13, are mapped in the charts as well to illustrate changes to the trends of issues raised.

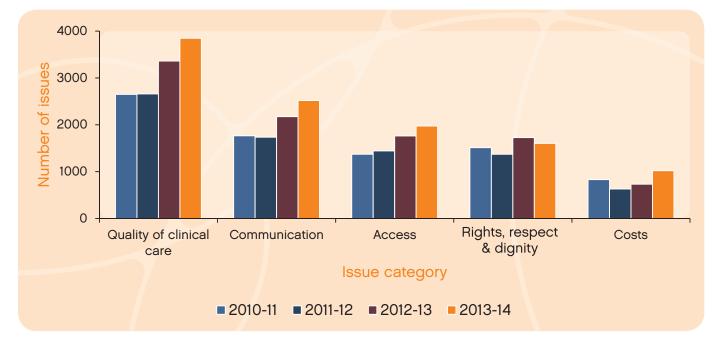




Figure 3: Top 5 issues in complaints received by HaDSCO, 2010-14



Whilst Health Providers and HaDSCO categorise complaint issues differently, the intent of some categories are similar. As an example, the top complaint issue from both data sets relates to the care of patients, with the top issue for Health Providers being 'Quality of clinical care', and for HaDSCO 'Treatment'. It is interesting to note that out of the top four complaint issues raised with Health Providers and HaDSCO, three of them are the same. The following sections in the report provide a closer look at those top issues.

The top issues: a closer look

Three out of the top four issues for Health Providers and HaDSCO are similar. They are 'Quality of Clinical care/Treatment', 'Communication' and 'Access'. These issues make up 67 per cent of all complaints made to Health Providers and 64 per cent of all complaints made to HaDSCO (Figure 4).

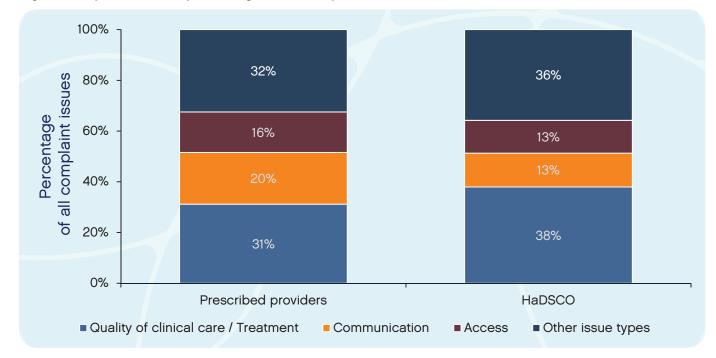
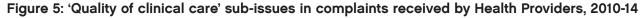


Figure 4: Top issues as a percentage of all complaint issues, 2013-14

The following sections provide a closer look at the top three common issues raised.

Quality of Clinical Care/Treatment

Quality of clinical care/treatment was the top complaint issue for both data sets from 2010 to 2014 (Figure 2, Figure 3). 'Inadequate treatment' was the top sub-issue for both Health Providers and HaDSCO.



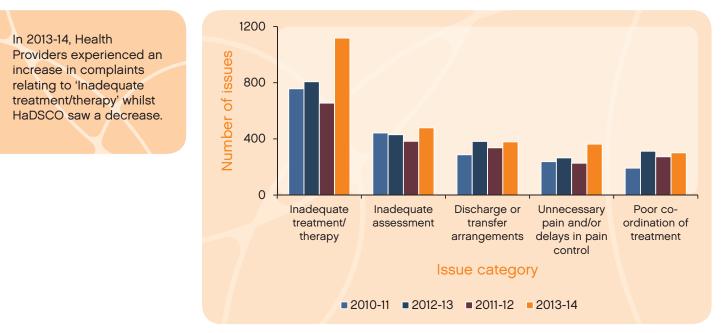
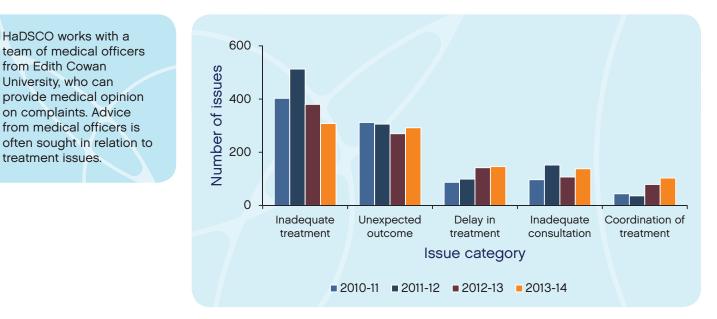


Figure 6: 'Treatment' sub-issues in complaints received by HaDSCO, 2010-14

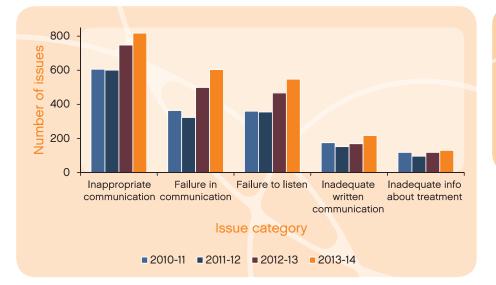




Case Study and Resource Library: to access case studies and resources go to the Collaborate and Learn Resources Page.

Communication

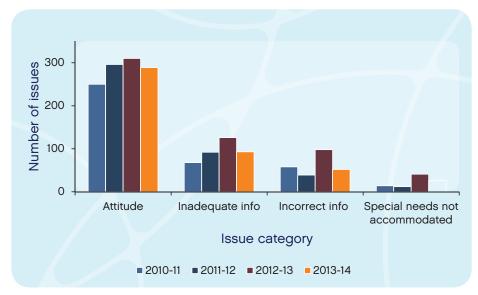
Figure 7: 'Communication' sub-issues in complaints received by Health Providers, 2010-14



The top sub-issue for Health Providers (inappropriate communication) and HaDSCO (attitude) are similar in nature.

Health Providers received more complaints relating to communication in 2013-14 as compared to previous years.





Engaging with patient, carers and family to understand their perspectives is of great value. With the introduction of the National Safety and Quality Health Service Standards (NSQHS), Standard 2: Partnering with Consumers, there is now an even greater focus on ensuring services are responsive to patient, carer and consumer input and needs.



Case Study and Resource Library: to access case studies and resources go to the Collaborate and Learn Resources Page.

Access

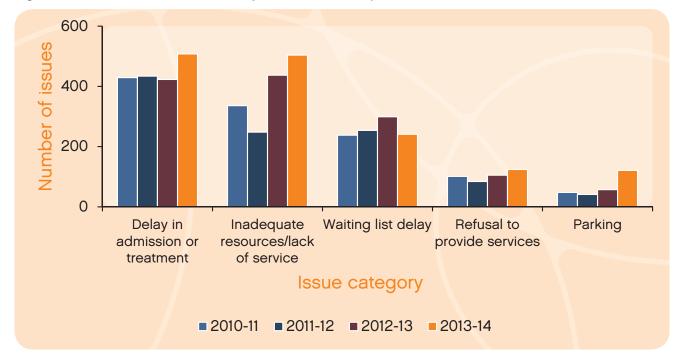
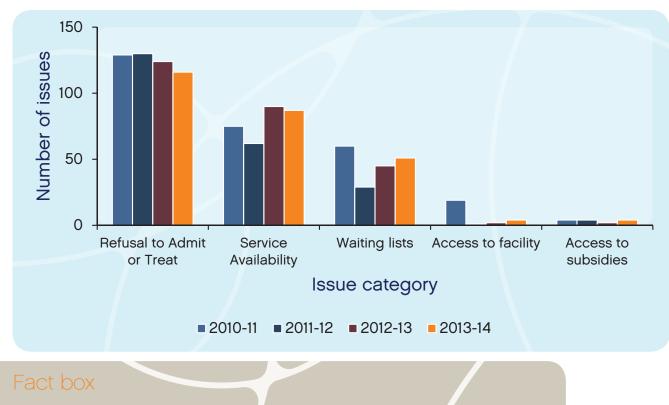




Figure 10: 'Access' sub-issues in complaints received by HaDSCO, 2010-14



Health Providers and HaDSCO receive complaints about similar types of access issues. Complaints are often raised about access to treatment, access to service, and waiting lists.



Case Study and Resource Library: to access case studies and resources go to the <u>Collaborate and Learn Resources Page</u>.

Outcomes

Outcomes achieved by Health Providers

The chart below outlines the top five outcomes achieved by Health Providers as a result of complaints from the community in 2013-14. Data from previous financial years, 2010-13, are mapped in the chart as well to illustrate changes to the trends of outcomes achieved.

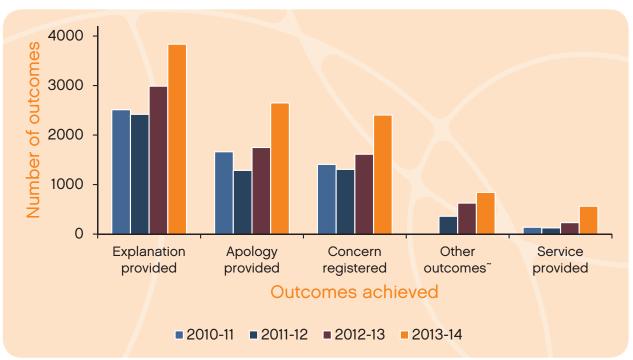


Figure 11: Top 5 Outcomes achieved by Health Providers, 2010-14

Health Providers achieved more outcomes in 2013-14, particularly those relating to 'Explanation provided', 'Apology provided' and 'Concern registered'. The pattern of outcomes achieved has remained similar for the past four years. These outcomes are positive in the context of broad health policy, including the National Safety and Quality in Health Care (NSQHS) Standard 2: Partnering with Consumers and the National Open Disclosure Framework.

'Other outcomes' achieved by Health Providers include:

- Cost refunded/reduced;
- Change in policy/ procedure; and
- Counselling/professional development for staff.

Outcomes achieved by HaDSCO

The top positive outcomes achieved by HaDSCO were:

- Concern registered;
- Explanation given;
- Service obtained; and
- Change in policy/procedure.

In addition to managing complaints, HaDSCO's other main function is to empower consumers and providers to resolve complaints by themselves. Our legislation encourages consumers to try to resolve their complaint with the health service before we become involved. We support people to achieve their complaint resolution objectives by:

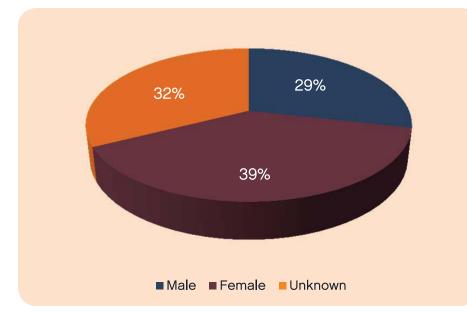
- providing advice about how to complain to a health service;
- clarifying outcomes sought and managing expectations about the likelihood of these outcomes being met;
- referring people to relevant complaint agencies if we are not the correct agency to assist;
- working impartially with the person who made the complaint and the health service to resolve the complaint; and
- making recommendations about ways to improve service delivery.

Who makes complaints?

This section looks at the demographic characteristics of people who make complaints.

Gender of people who made a complaint

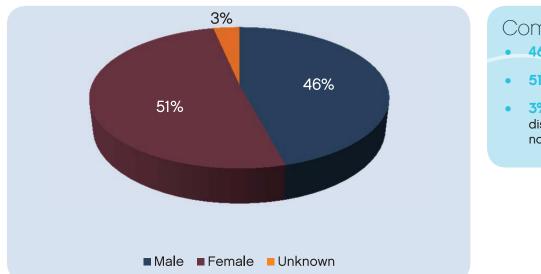
Figure 12: Gender of people who made a complaint to Health Providers 2013-14



Complaint trends

- 29% were male;
- **39%** were female;
- **32%** were unknown (i.e. did not disclose their gender or was not collected by the provider).

Figure 13: Gender of people who made a complaint to HaDSCO, 2013-14



Complaint trends46% were male;

- 51% were female;
- 3% were unknown (i.e. did not disclose their gender or was not collected by HaDSCO).

Key message

Demographic information is important as it helps us understand whether both genders can access complaint management processes equally. Health Providers are encouraged to collect and report on this data as accurately as possible.

Proportion of complaints made by patients/consumers and their representatives

Figure 14: Proportion of complaints made to Health Providers by patients/consumers and their representatives, 2013-14

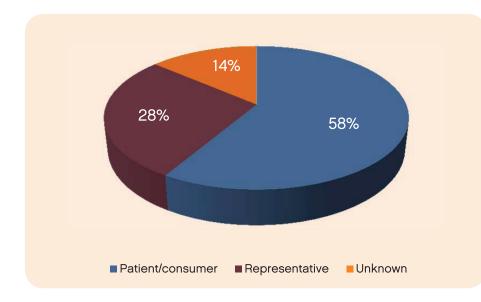
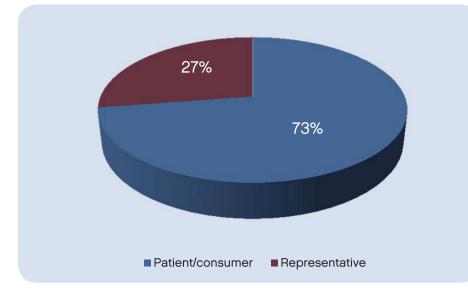


Figure 15: Proportion of complaints made to HaDSCO by patients/ consumers and their representatives, 2013-14



Complaint trends

- 58% of complaints were made by patients/consumers, i.e. they were complaining about their own experience with a health service provider;
- 28% of complaints were made by representatives, i.e. they complained on behalf of someone else, for example their child, partner or friend; and
- 14% of complaints were unknown (i.e. did not disclose their role or was not collected by the provider).

Complaint trends

- 73% of complaints were made by patients/ consumers, i.e. they were complaining about their own experience with a health service provider; and
- 27% of complaints were made by representatives, that is they complained on behalf of someone else, for example their child, partner or friend.

Key message

Carers and family have an important role in raising complaints. Data from Health Providers indicate that **28 percent** of complaints were made by consumer representatives, including carers.

Feedback

Your feedback will assist us in understanding whether this information has improved your understanding of complaint trends, and if any opportunities for service improvements have arisen. We are also interested in your ideas on how we can share trends in complaints data. We invite this feedback via our online engagement site <u>Collaborate and Learn</u>. On this site, you can also access links to learning resources, videos and a case study library.

Please refer to the contact details below to provide HaDSCO with feedback.

Contact details for HaDSCO

Useful numbers

(08) 6551 7600
(08) 6551 7620
1800 813 583
(08) 6551 7640
(08) 6551 7630

Location

Albert Facey House, 469 Wellington Street, Perth WA 6000

Postal address

PO Box B61, Perth, WA 6838

Email

mail@hadsco.wa.gov.au

Website

www.hadsco.wa.gov.au

Online engagement site - Collaborate & Learn

To view the public page: https://www.collaborateandlearn.hadsco.wa.gov.au/cal/

Appendix 1:

Health Providers that submitted complaints data to HaDSCO in 2013-14.

Private pr	oviders
1	Abbotsford Private Hospital
2	Bethesda Hospital
3	Busselton Hospice
4	Mount Hospital
5	Mount Lawley Private Hospital ¹
6	Perth Clinic
7	Subiaco Private Hospital
8	The Marian Centre
9	Waikiki Private Hospital
10	Ramsay Health Care Attadale Private Hospital
11	Ramsay Health Care Glengarry Private Hospital
12	Ramsay Health Care Hollywood Private Hospital
13	Ramsay Health Care Joondalup Health Campus
14	Ramsay Health Care Peel Health Campus
15	St John of God Health Care. Includes:
	St John of God Hospital Bunbury
	St John of God Hospital Geraldton
	 St John of God Hospital Mt Lawley²
	St John of God Hospital Murdoch
	 St John of God Hospital Subiaco

Non-for-providers1Albany Community Hospice2Mercy Hospital3Ngala4Royal Flying Doctor Service5Silver Chain6South Perth Hospital7St John Ambulance Service

Public p	roviders
1	Child and Adolescent Health Service (CAHS)
2	North Metropolitan Health Service (NMHS). Includes:
	Breastscreen WA
	Dental Health Service
	NMHS Mental Health (incl Graylands Hospital)
	Osborne Park Hospital
	Public Health and Ambulatory Care
	Sir Charles Gairdner Health Care Group
	Swan Kalamunda Health Service
	Women and Newborn Health Service (incl King Edward Memorial Hospital)
3	South Metropolitan Health Service (SMHS). Includes:
	Armadale Health Service
	Bentley Health Service
	Fremantle Hospital and Health Service
	Rockingham Peel Group
	Royal Perth Hospital
	South Metropolitan Public Health Unit
4	WA Country Health Service (WACHS). Includes:
	Goldfields
	Great Southern
	Kimberley
	Midwest
	Pilbara
	South West
	Wheatbelt
5	Department of Correctional Services (DCS). Includes:
	Acacia Prison
	Albany Regional Prison
	Bandyup Womens Prison
	Banksia Hill Detention Centre
	Boronia Pre-release Centre for Women
	Broome Regional Prison
	Bunbury Regional Prison
	Casuarina Prison
	Eastern Goldfields Regional Prison
	Greenough Regional Prison
	Hakea Prison
	Karnet Prison Farm
	Pardelup Prison Farm
	Roebourne Regional Prison
	Wandoo Reintegration Facility
	West Kimberley Regional Prison
	Woorooloo Prison Farm

Appendix 2:

Definition of terms used

- **Complaint:** An expression of dissatisfaction made to an organisation, related to its products, services or the complaints handling process itself, where a response or resolution is explicitly or implicitly expected.
- **Complaint issue:** Allegations about a provider identified in a complaint. There may be more than one issue reported in any one complaint. For example, a consumer may submit one complaint and outline three issues relating to a provider within that one complaint.
- **Complaint issue categories:** Distinct themes or topics that complaints are classified into, for example complaints related to communication will be classified under the communication category.
- **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.
- **Health provider:** A person or organisation that provides health care services to a consumer and is prescribed to provide complaints data in an agreed format to HaDSCO.
- **Outcome:** Actions taken by the organisation to resolve the complaint.



Website

www.hadsco.wa.gov.au

Online engagement site

To view the public page: https://www.collaborateandlearn.hadsco.wa.gov.au/cal/