



Health and Disability Services  
Complaints Office

# Health Complaints Trends Report 2015-18

Prepared by:  
Health and Disability Services Complaints Office  
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## 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 required<sup>1</sup>. (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.

<sup>1</sup> 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.

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 decreased since 2015-16, 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'; these were also the three categories most commonly identified in HaDSCO's 'Health Complaints Trends Report 2014-17', which covered complaints trends from 2014-15 to 2016-17 identified through the HCDCP.

Complaints present both an opportunity for improvement in the delivery of services across the health system, and remedies for individuals who may have had a difficult experience accessing health services. The data relating to complaint outcomes in this report indicates that redress for individuals typically occurs in the form of an explanation or an apology, and in some cases, financial remedy. Complaints typically result in system improvement through performance support and development for staff, or through changes in practice or procedure.

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.

## Summary of provider managed complaints

### Complaint trends and demographics

- Complaint numbers have decreased since 2015-16. 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.
- 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' and 'Health Complaint Trends Report 2014-17').

#### Quality of clinical care

- 'Inadequate treatment', 'Inadequate assessment' and 'Discharge or transfer arrangements' are the issues most frequently identified in regards to quality of clinical care.

#### Communication

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

#### Access

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

## 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; and
- 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 2015-16 to 2017-18 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 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
- Continue the reporting of trends in complaints data seen in HaDSCO's 'Health Complaint Trends Report 2010-14'<sup>1</sup> and 'Health Complaint Trends Report 2014-17'<sup>2</sup>.

## 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 (2015-16, 2016-17 or 2017-18).

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

<sup>1</sup> Health and Disability Services Complaints Office (2014) [Health Complaint Trends Report 2010-14](#). Perth, W.A.: Health and Disability Services Complaints Office.

<sup>2</sup> Health and Disability Services Complaints Office (2018) [Health Complaint Trends Report 2014-17](#). Perth, W.A.: Health and Disability Services Complaints Office.

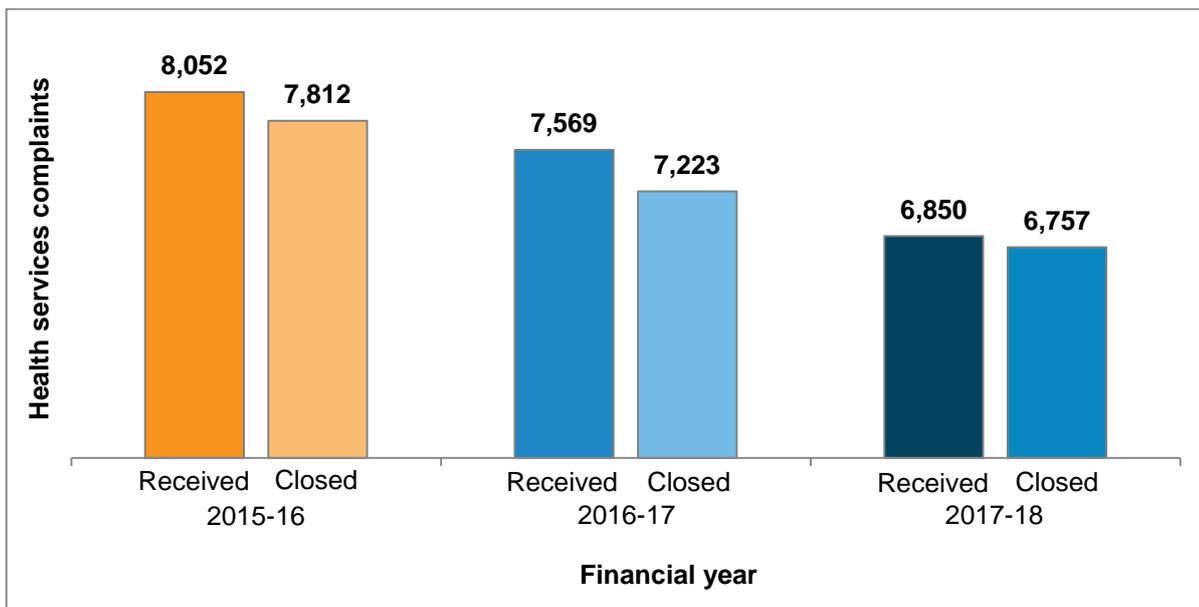
data discussed in this report compares the external complaints data collected through the HCDCP with HaDSCO's internal complaints data.

## Complaint trends

The number of complaints about health services received and closed by prescribed providers since 2015-16 is shown in Figure 1. The HCDCP received information relating to 6,850 complaints during 2017-18. This represents a 15% decrease in the number of complaints reported compared to 2015-16 (see Figure 1).

The number of complaints reported closed has continued in line with the number of complaints received, and over the past three years, prescribed providers have reported that 95-99% of complaints received have been closed within the same financial year.

Figure 1: Received and closed health service complaints (2015-16 to 2017-18)



The proportion of complaints received in the last three years has remained relatively stable across each type of prescribed provider (public, private or not-for-profit). 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 3-9% of complaints respectively. The proportion of complaints from the not-for-profit sector increased in 2017-18, accounting for 9% of complaints, compared to 3-5% in the previous two years.

### HaDSCO managed complaints (2017-18)

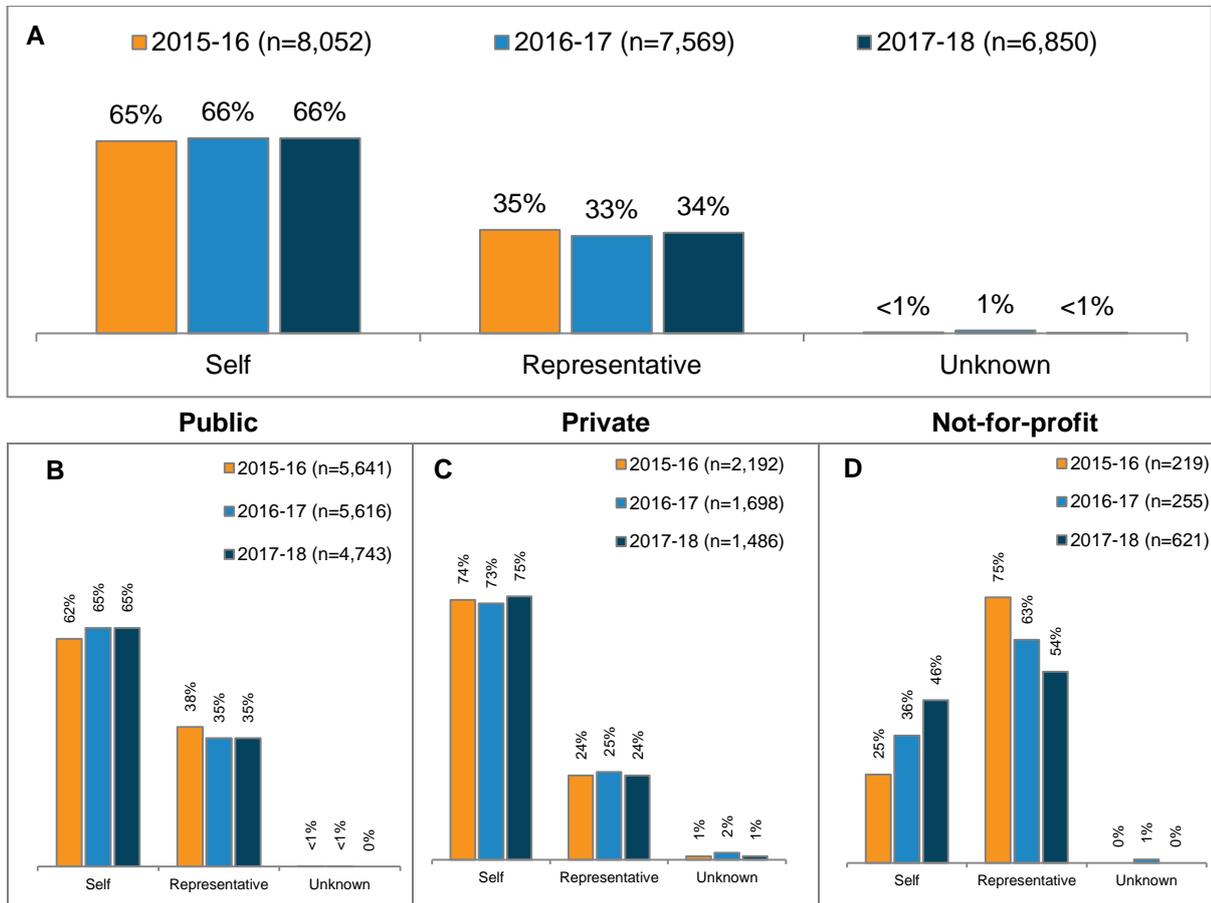
During 2017-18 HaDSCO closed 1,894 health complaints representing a 2% decrease from the previous financial year. Prescribed providers account for 1,262 of these complaints, or 67% of HaDSCO’s health complaints.

A sector comparison of health complaints received by HaDSCO in 2017-18 regarding prescribed providers indicates a higher proportion of complaints concerning public sector services (81%), with a smaller proportion of complaints concerning private sector services (17%) and not-for-profit sector services (2%).

## Individual making the complaint

In 2017-18, 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 2015-16. 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 (2017-18)

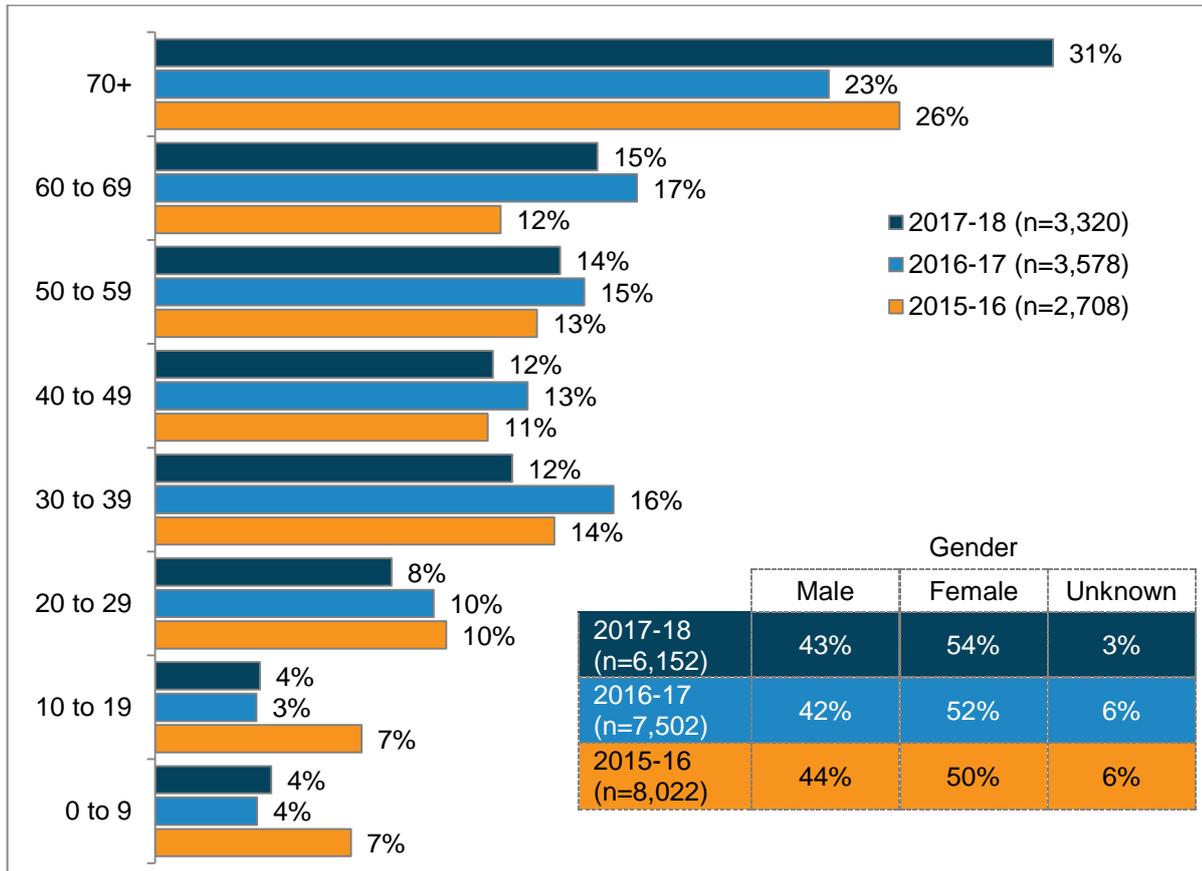
HaDSCO’s internal complaints data reflect the findings seen in the HCDCP data for the public and private sectors, with approximately 70-75% of complaints being made by the person receiving a service.

In previous years HaDSCO’s internal complaints data relating to the not-for-profit sector did not follow the trend observed in the HCDCP data, with over 60% of complaints made by the person receiving a service. In 2017-18 this was not the case, with approximately 60% of complaints being made by a representative of 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 (approximately 3-10% of complaints for each age group, 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 (2017-18)

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 14 years and 15 to 24 years.

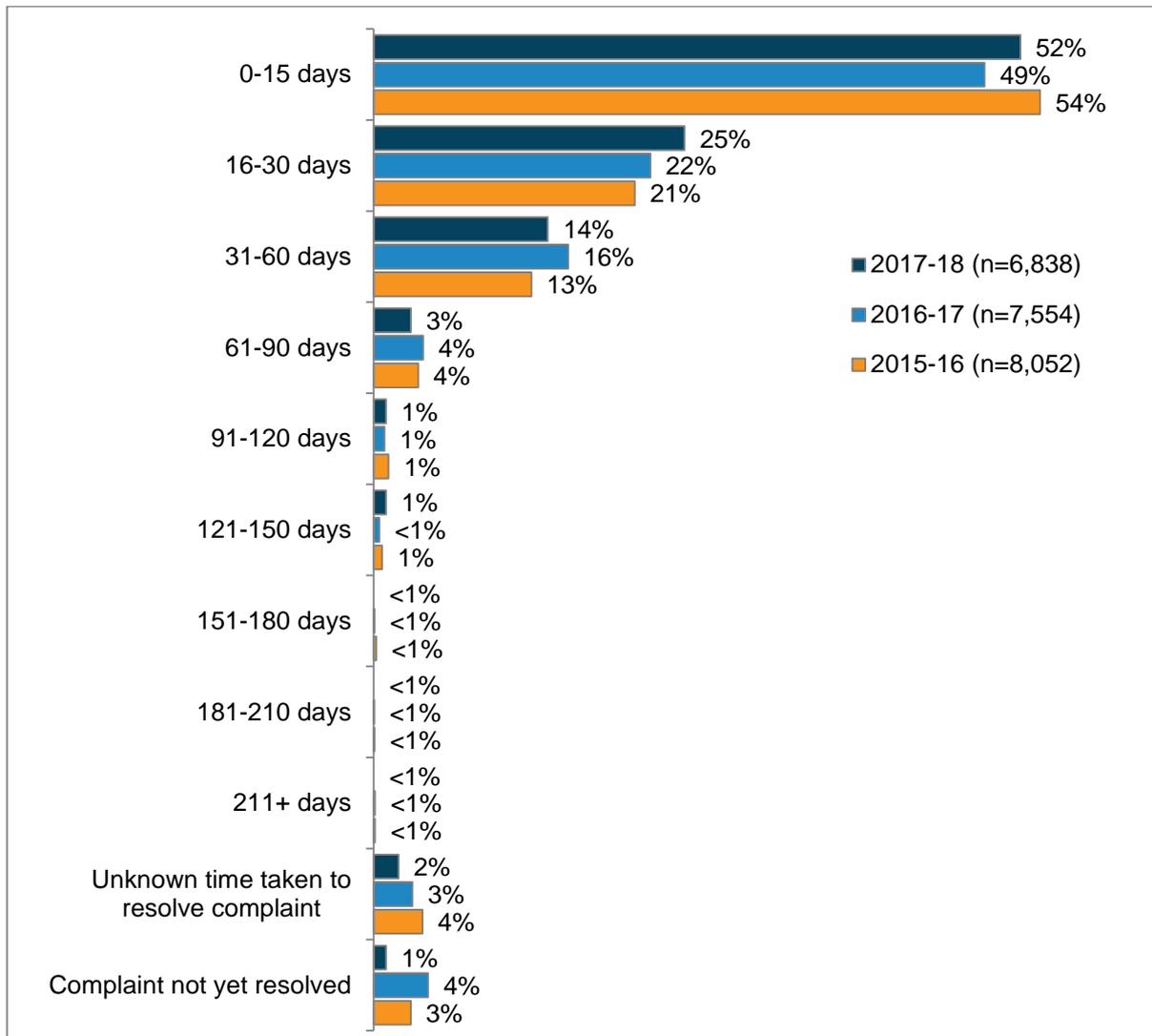
## Time taken to resolve complaints

The time taken for prescribed providers to resolve complaints is shown in Figure 4 for the years 2015-16 to 2017-18.

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 were resolved within 90 days; and
- since 2015-16, the number of unresolved complaints, or complaints without a known completion time, has dropped from 7% to 3%.

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 between 2015-16 and 2017-18 by sector**

	 Public			 Private			 Not-For-Profit		
	2015-16	2016-17	2017-18	2015-16	2016-17	2017-18	2015-16	2016-17	2017-18
Resolved in less than 30 days	75%	71%	81%	74%	74%	77%	55%	56%	55%
Resolved within 90 days	91%	90%	96%	91%	95%	93%	85%	91%	86%

The key highlights from Table 1 include:

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

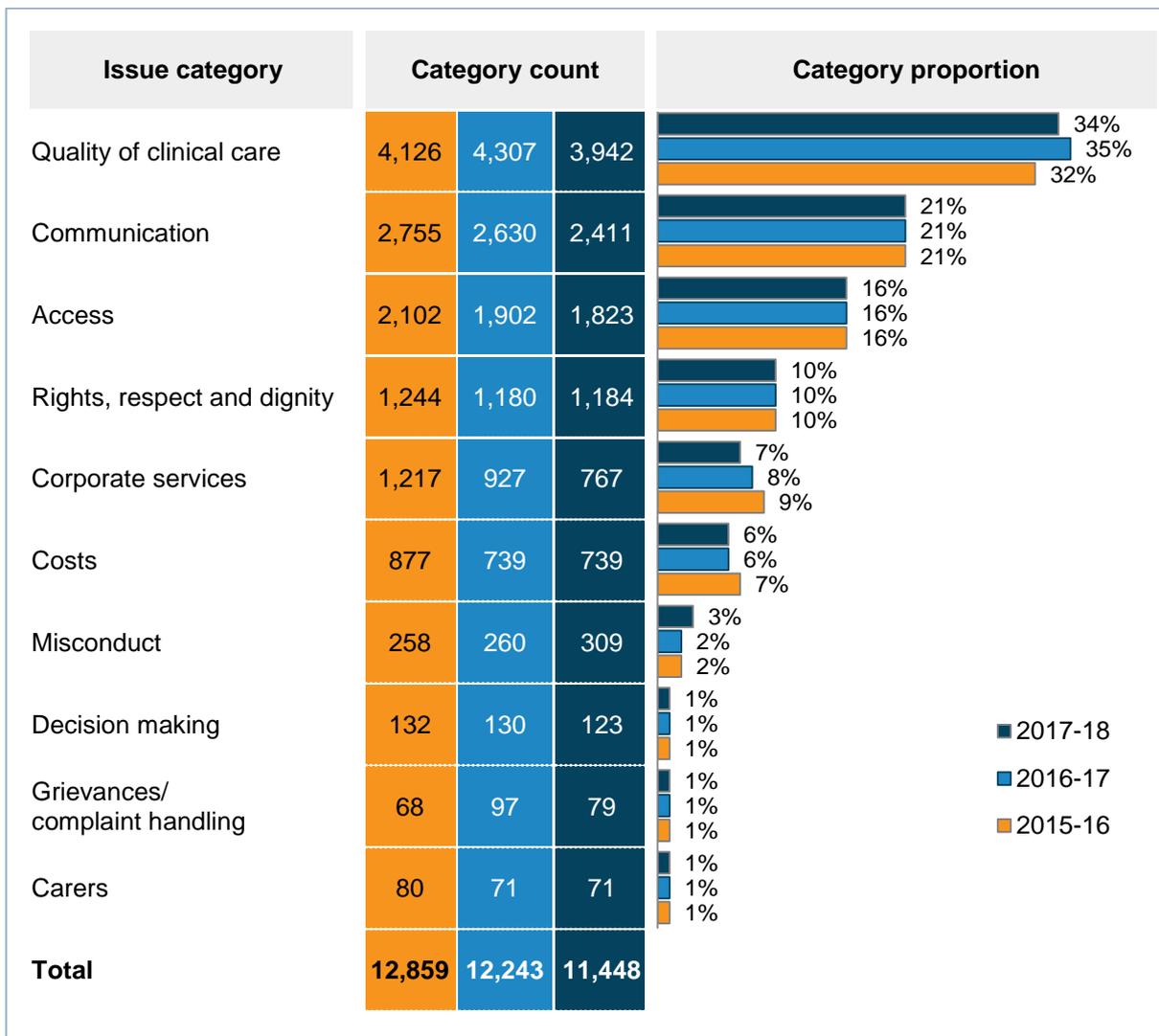
## Complaint issue categories

The issue categories identified in complaints received by prescribed providers from 2015-16 to 2017-18 are shown in Figure 5. The total number of complaint issues identified in 2017-18 decreased by 6% compared to 2016-17, continuing a declining trend resulting in an 11% decrease since 2015-16.

There has been little change in the issue categories identified in the complaints received by prescribed providers in 2017-18 compared to previous years. Since 2015-16, the most commonly identified issue categories were:

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

Figure 5: Issue categories identified



Totals may not sum to 100% due to rounding.

With the exception of 'misconduct' and 'grievances/complaint handling' issues, all issue categories have decreased in frequency by at least 4% since 2015-16. The increase seen in 'misconduct' and 'grievance/complaint handling' issues are mainly attributed to a relatively large increase in a single year as opposed to a steady trend.

'Corporate services' issues have shown the single largest decrease in frequency, declining by 37% since 2015-16. This was followed by 'cost' issues, which declined by 16% since 2015-16.

The five most common issue categories identified for each provider type since 2015-16 are shown in rank order in Table 2. Issue categories are fairly consistent across years for each sector.

**Table 2: Most common complaint categories identified between 2015-16 and 2017-18 ranked by sector**

	 Public			 Private			 Not-For-Profit		
	2015-16	2016-17	2017-18	2015-16	2016-17	2017-18	2015-16	2016-17	2017-18
Quality of clinical care	1	1	1	1	1	1	1	1	1
Communication	2	2	2	2	2	2	3	2	2
Access	3	3	3	5		4	2	3	4
Rights, respect and dignity	4	4	4		5		4	4	3
Corporate services	5	5	5	4	4	5			
Costs				3	3	3	5	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 issue categories account for over 90% of all complaint issues identified, and are consistent with the findings from HaDSCO's 'Health Complaint Trends Report 2010-14'<sup>1</sup> and 'Health Complaint Trends Report 2014-17'<sup>2</sup>.

A breakdown of the specific issues contained in the above six issue categories is provided in the following section.

<sup>1</sup> Health and Disability Services Complaints Office (2014) [Health Complaint Trends Report 2010-14](#). Perth, W.A.: Health and Disability Services Complaints Office.

<sup>2</sup> Health and Disability Services Complaints Office (2018) [Health Complaint Trends Report 2014-17](#). Perth, W.A.: Health and Disability Services Complaints Office.

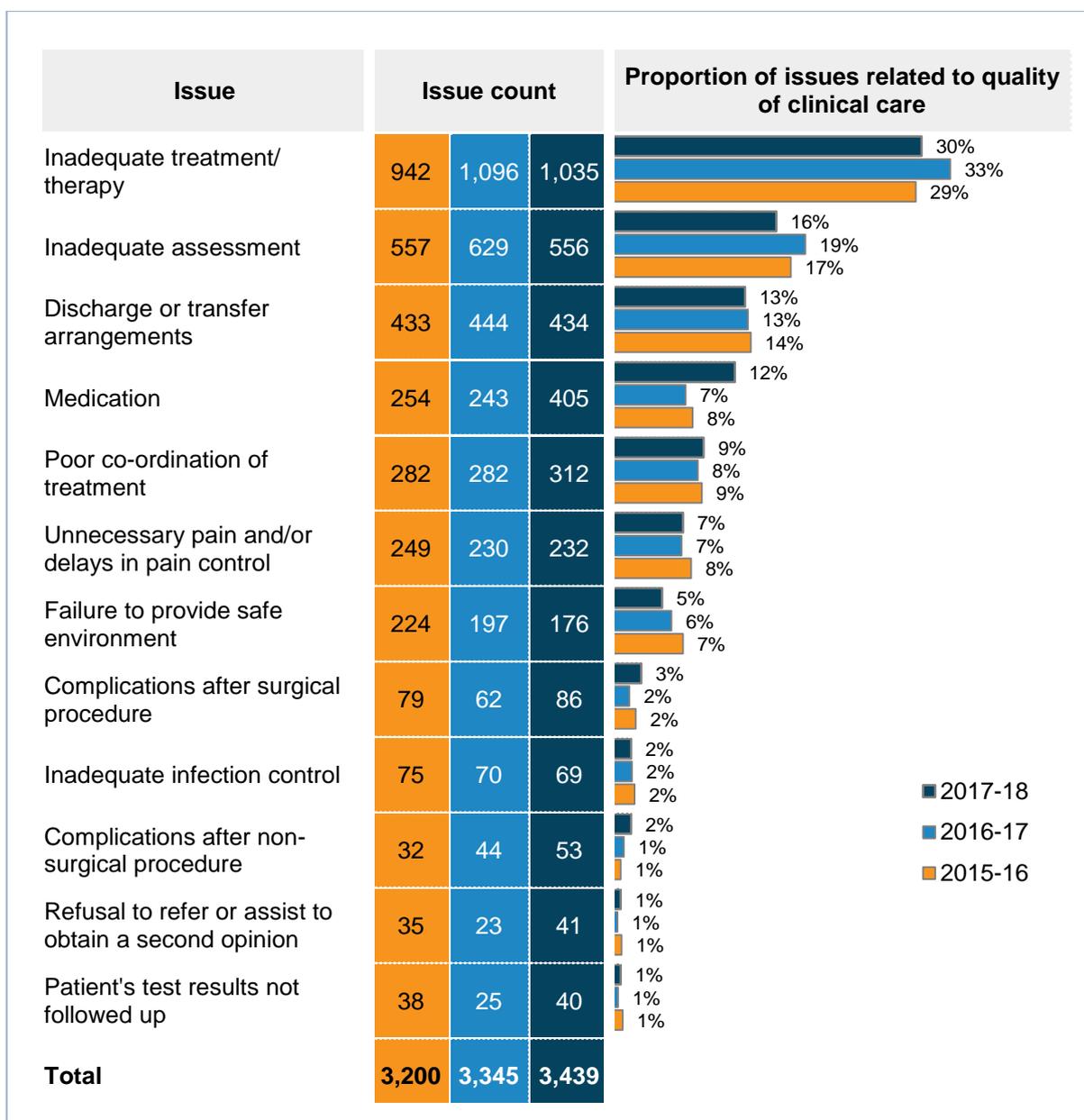
## Complaints about quality of clinical care

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 in 2017-18 and have been the most commonly identified issues over the last three years (see Figure 5). The total number of times issues related to quality of clinical care were identified has decreased by 4% since 2015-16 (see Figure 5, issue count decreased from 4,126 to 3,942).

Figure 6 shows the issues associated with quality of clinical care.

**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 issues over the last three years. These issues were also identified as the most common quality of clinical care issues in HaDSCO’s ‘Health Complaint Trends Report 2010-14’<sup>1</sup> and ‘Health Complaint Trends Report 2014-17’<sup>2</sup>.

There has been a steady increase in the number of times ‘Inadequate treatment/therapy’ has been identified since 2015-16, resulting in a 10% increase (issue count increased from 942 to 1,035). In comparison, the two other common issues, ‘Inadequate assessment’ and ‘Discharge or transfer arrangements’ have both remained relatively stable and have changed in frequency by less than one percent between 2015-16 and 2017-18.

The largest single change among the quality of clinical care issues was for ‘Complications after non-surgical procedure’, which increased by 66% since 2015-16 (issue count increased from 32 to 53).

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.

**Table 3: Most common quality of clinical care issues identified between 2015-16 and 2017-18 ranked by sector**

	 Public			 Private			 Not-For-Profit		
	2015-16	2016-17	2017-18	2015-16	2016-17	2017-18	2015-16	2016-17	2017-18
Inadequate treatment/therapy	1	1	1	1	1	1	1	1	1
Inadequate assessment	2	2	2	3	2	3	2	3	3
Discharge or transfer arrangements	3	3	3	2	3	2			
Poor co-ordination of treatment							3	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.

The other commonly occurring issues 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’ was a commonly occurring issue for the not-for-profit sector.

<sup>1</sup> Health and Disability Services Complaints Office (2014) [Health Complaint Trends Report 2010-14](#). Perth, W.A.: Health and Disability Services Complaints Office.

<sup>2</sup> Health and Disability Services Complaints Office (2018) [Health Complaint Trends Report 2014-17](#). Perth, W.A.: Health and Disability Services Complaints Office.

## Complaints about communication

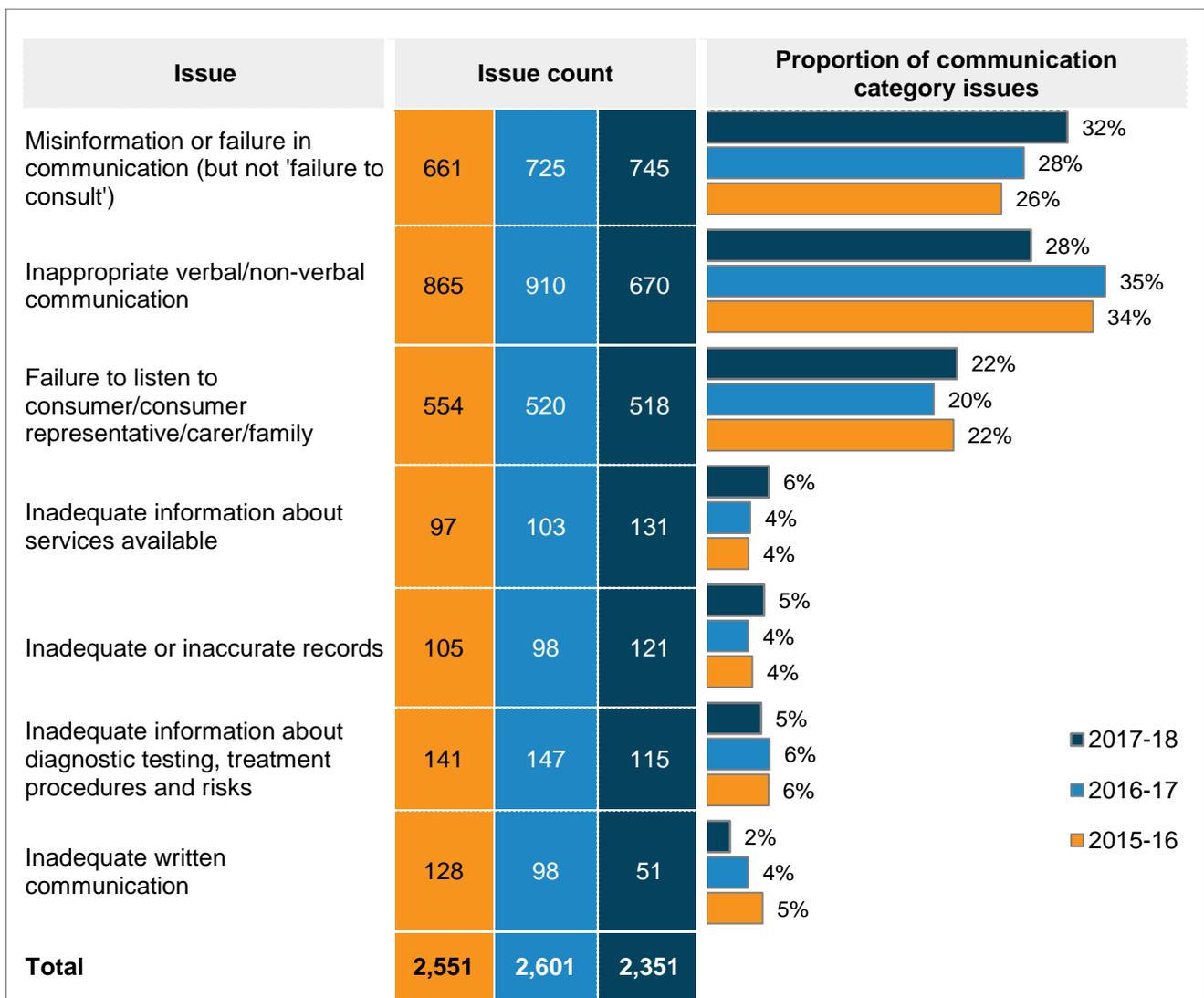
Complaints related to communication refer to the quality and quantity of information provided about treatment, risks and outcomes. Issues such as inadequate information, misinformation or the failure by a prescribed provider to listen and act on the information provided all fall within the scope of this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

Communication was the second most frequently identified issue category in 2017-18 and has been one of the most common issue categories over the last three years (see Figure 5). The total number of times communication issues were identified has decreased since 2015-16 (see Figure 5, issue count decreased from 2,755 to 2,411, a decline of 12%).

Figure 7 shows the issues associated with communication. The three main issues identified since 2015-16 were:

- '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'.

**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 communication issues identified since 2015-16. These issues were also identified as the most common communication issues in HaDSCO's 'Health Complaint Trends Report 2010-14'<sup>1</sup> and 'Health Complaint Trends Report 2014-17'<sup>2</sup>.

'Inadequate written communication' was the issue that has shown the largest change in frequency, and after decreasing for two consecutive years, was 60% less frequent in 2017-18 than 2015-16. 'Inadequate information about services available' has shown the largest increase in frequency, increasing by 35% in comparison to 2015-16.

Across the three most common issues, 'Failure to listen to consumer/consumer representative/carer/family' and 'Inappropriate verbal/non-verbal communication' have both decreased in frequency since 2015-16 (declining by 6% and 23% respectively), while 'misinformation or failure in communication' increased in frequency (13% higher than in 2015-16).

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 commonly identified in regards to communication for either the public or private sector. The not-for-profit sector saw similar issues identified, although there has been some fluctuation in issue rank, with 'Inadequate written communication' and 'Failure to listen to consumer/consumer representative/carer/family' both occurring within the top three issues in recent years.

**Table 4: Most common communication issues identified between 2015-16 and 2017-18 ranked by sector**

	 Public			 Private			 Not-For-Profit		
	2015-16	2016-17	2017-18	2015-16	2016-17	2017-18	2015-16	2016-17	2017-18
Inappropriate verbal/non-verbal communication	1	1	2	1	1	2	1	1	2
Misinformation or failure in communication (but not 'failure to consult')	2	2	1	3	2	1	2	2	1
Failure to listen to consumer/consumer representative/carer/family	3	3	3	2	3	3	3*		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.

<sup>1</sup> Health and Disability Services Complaints Office (2014) [Health Complaint Trends Report 2010-14](#). Perth, W.A.: Health and Disability Services Complaints Office.

<sup>2</sup> Health and Disability Services Complaints Office (2018) [Health Complaint Trends Report 2014-17](#). Perth, W.A.: Health and Disability Services Complaints Office.

## Complaints about access

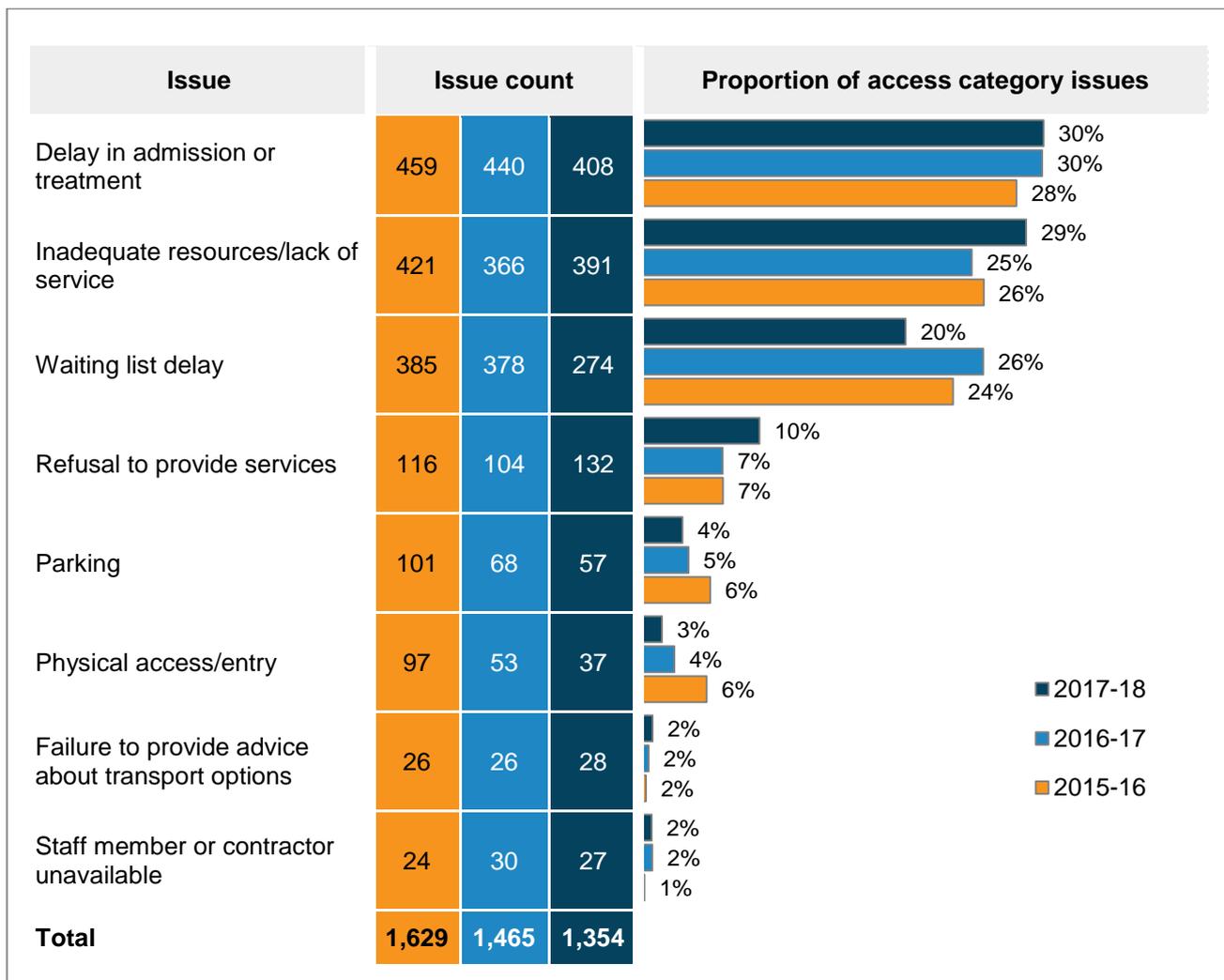
Complaints related to access refer to the availability of services in terms of location, waiting times and other constraints that limit the service. Issues about delays in admission, waiting lists, lack of resources and refusal to provide a service fall within the scope of this category.

Complaints regarding access were the third most frequently identified in 2017-18, with access being one of the most common issue categories over the last three years (see Figure 5). The total number of access issues has decreased by 13% since 2015-16 (1,823 issues were identified in 2017-18, decreasing from 2,102 in 2015-16, see Figure 5).

Figure 8 shows the issues identified in complaints about access. The three main issues identified since 2015-16 were:

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

**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 issues have accounted for approximately 75-80% of all access issues identified in the last three years (see Figure 8). These are the same issues identified as the most commonly occurring in HaDSCO's 'Health Complaint Trends Report 2010-14'<sup>1</sup> and 'Health Complaint Trends Report 2014-17'<sup>2</sup>. There has been relatively little change in the proportions of these issues, although in 2016-17 'Waiting list delay' replaced 'Inadequate resources/lack of service' as the second most common access issue.

The largest change was seen in the number of complaints identifying the 'Physical access/entry' issue; since 2015-16 there has been a 62% decrease in frequency. Across the most common issues, 'Delay in admission or treatment' and 'waiting list delays' decreased in frequency each year, and have declined by 11% and 29% respectively since 2015-16. 'Inadequate resources/lack of service' decreased in 2016-17 then increased in 2017-18, resulting in an overall decrease of 7% from 2015-16.

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 2015-16;
- 'Parking' has been the third most common issue in the access category for the private sector every year since 2015-16; 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 2015-16.

**Table 5: Most common access issues identified between 2015-16 and 2017-18 ranked by sector**

	 <b>Public</b>			 <b>Private</b>			 <b>Not-For-Profit</b>		
	2015-16	2016-17	2017-18	2015-16	2016-17	2017-18	2015-16	2016-17	2017-18
Delay in admission or treatment	2	2	1	1	2	2	2	1	1
Inadequate resources/lack of service	3	3	2	2	1	1	1	2	2
Waiting list delay	1	1	3						
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.

<sup>1</sup> Health and Disability Services Complaints Office (2014) [Health Complaint Trends Report 2010-14](#). Perth, W.A.: Health and Disability Services Complaints Office.

<sup>2</sup> Health and Disability Services Complaints Office (2018) [Health Complaint Trends Report 2014-17](#). Perth, W.A.: Health and Disability Services Complaints Office.

## Complaints about rights, respect and dignity

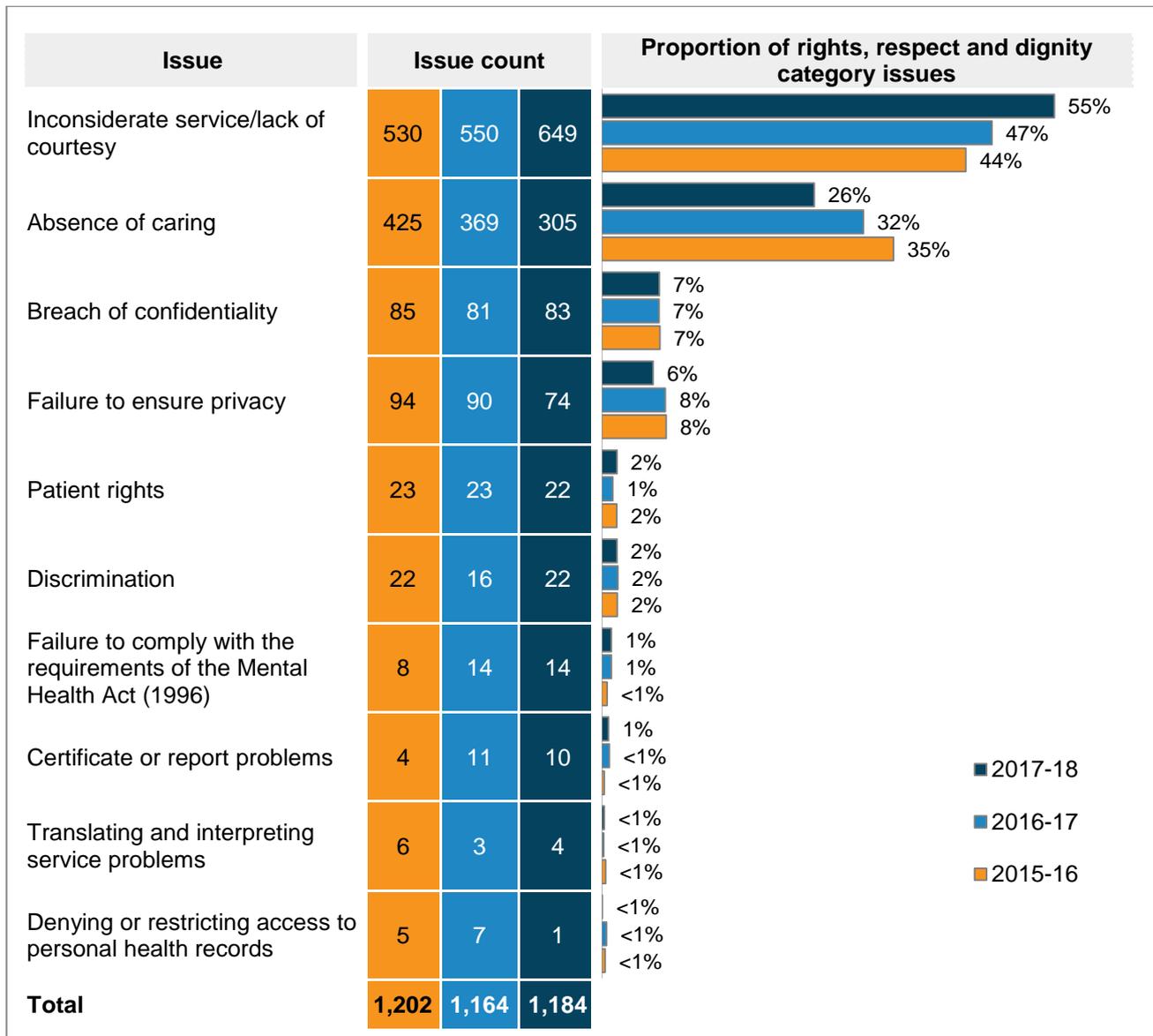
Complaints related to the rights, respect and dignity category refer to the consumers mandated or legislated human and health care rights. Issues such as inconsiderate service, failure to ensure privacy and breaches of confidentiality all fall within the scope of this category.

Rights, respect and dignity issues were the fourth most frequently identified in 2017-18 and have been one of the more commonly identified issue categories over the last three years (see Figure 5). However, the total number of times rights, respect and dignity issues were identified has decreased by 5% since 2015-16 (see Figure 5).

Figure 9 shows the issues identified within the complaints about rights, respect and dignity. The two main issues identified since 2015-16 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 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 issue category over the last three years.

Although the two most commonly identified issues 'Inconsiderate service/lack of courtesy' and 'Absence of caring' have both remained stable as the first and second most common issues in this category, the frequency of complaints identifying them has fluctuated. 'Absence of caring' has decreased in frequency since 2015-16 (declining from 425 to 305 occurrences, a 28% decrease) and 'Inconsiderate service/lack of courtesy' has increased (from 530 to 649 occurrences, an increase of 22%).

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 2015-16 and 'Breach of confidentiality' in 2016-17 and 2017-18 for the public sector;
- 'Failure to ensure privacy' in 2015–16 and 2016-17 and 'Patient rights' in 2017-18 for the private sector; and
- 'Patient rights' in 2015-16 and 2016-17 and 'Breach of confidentiality' in 2017-18 for the not-for-profit sector.

**Table 6: Most common rights, respect and dignity issues identified between 2015-16 and 2017-18 ranked by sector**

	 Public			 Private			 Not-For-Profit		
	2015-16	2016-17	2017-18	2015-16	2016-17	2017-18	2015-16	2016-17	2017-18
Inconsiderate service/lack of courtesy	1	1	1	2	2	1	1	1	1
Absence of caring	2	2	2	1	1	2	2	2*	2
Failure to ensure privacy	3			3	3				
Breach of confidentiality		3	3						3
Patient rights						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 within the year.

## Complaints about corporate services

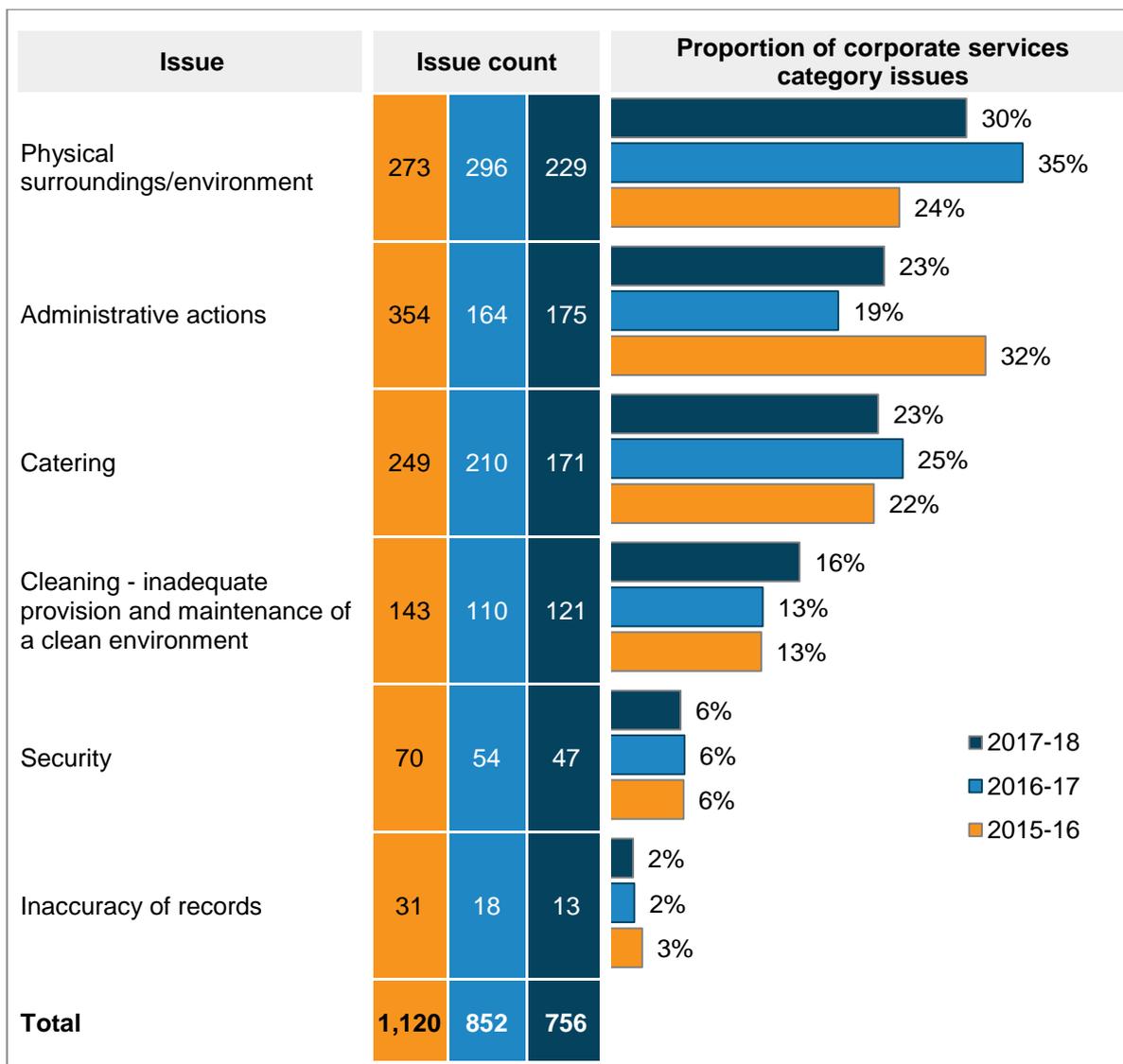
Complaints related to the corporate services category refer to all corporate issues unrelated to the provision of clinical care such as catering, cleaning, security and the physical surroundings and environment of the health service.

Corporate services issues were the fifth most frequently identified in 2017-18. The total number of times corporate services issues were identified has decreased by approximately 37% since 2015-16 (see Figure 5). It should be noted that this decrease follows a relatively large (44%) increase in corporate service issues that occurred between 2014-15 and 2015-16.

Figure 10 shows the issues identified within the complaints about corporate services. The three most commonly occurring issues identified since 2015-16 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. Counts determined using data where providers identified a specific issue (other and unidentified issues are excluded).

These three commonly occurring complaint issues have accounted for approximately 75–80% of all complaints about corporate services in the last three years (see Figure 10).

The largest single change for an issue within this category was seen for ‘Inaccuracy of records’ which decreased by 58% since 2015-16 (31 occurrences in 2015-16 and 13 occurrences in 2017-18).

The three most commonly identified issues have all decreased in frequency since 2015-16:

- ‘Physical surroundings/environment’ issues decreased by 16% (273 occurrences to 229);
- ‘Administrative actions’ decreased by 51% (354 occurrences to 175); and
- ‘Catering’ decreased by 31% (249 occurrences to 171).

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 all 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 2015-16 and 2017-18 ranked by sector**

	 Public			 Private			 Not-For-Profit		
	2015-16	2016-17	2017-18	2015-16	2016-17	2017-18	2015-16	2016-17	2017-18
Physical surroundings/environment	2	1	2	1	1	1			2*
Administrative actions	1	2	1				1	1*	1
Catering	3	3	3	2	2	2*		1*	2*
Cleaning - inadequate provision and maintenance of a clean environment				3	3	2*		2*	2*
Inaccuracy of records								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.

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

## Complaints about cost

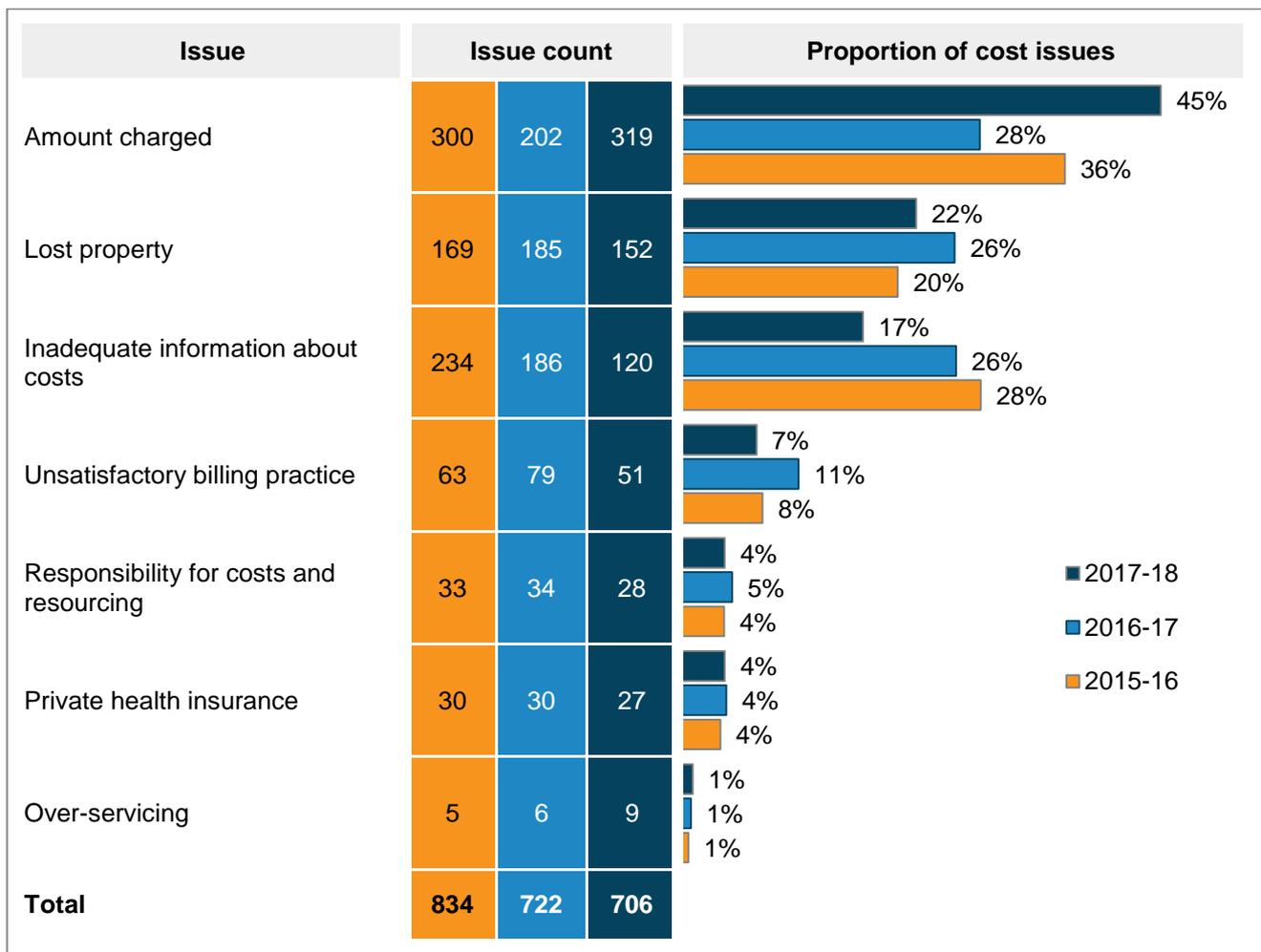
Complaints related to the cost category refer to issues about costs and fee structures. Issues such as inadequate information about costs, the amount charged and unsatisfactory billing practices all fall within the scope of this category.

Cost issues were the sixth most frequently identified in 2017-18 (see Figure 5). The total number of times cost issues were identified has decreased by approximately 16% since 2015-16.

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

- ‘Amount charged’;
- ‘Lost property’;
- ‘Inadequate information about costs’; 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 85-90% of all cost issues in the last three years (see Figure 11).

The largest single change within the cost issue category was seen for the issue ‘Inadequate information about costs’, which decreased by 49% since 2015-16 (234 occurrences in 2015-16 and 120 occurrences in 2017-18).

The other most commonly identified issues in this category did not show uniform changes in frequency over time.

- ‘Amount charged’ decreased in frequency between 2015-16 and 2016-17, then increased in 2017-18, being identified 319 times, a 6% increase from 2015-16.
- ‘Lost property’ has also fluctuated in frequency and in 2017-18 was identified 152 times, a 10% decrease since 2015-16.

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 and private 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 2015-16 and 2017-18 ranked by sector**

	 Public			 Private			 Not-For-Profit		
	2015-16	2016-17	2017-18	2015-16	2016-17	2017-18	2015-16	2016-17	2017-18
Lost property	1	1	1			3			
Inadequate information about costs	2	3	2	2	1	2			
Amount charged	3	2	3	1	2	1	3	3	2
Unsatisfactory billing practice				3	3		1	1	1
Private health insurance							2	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.

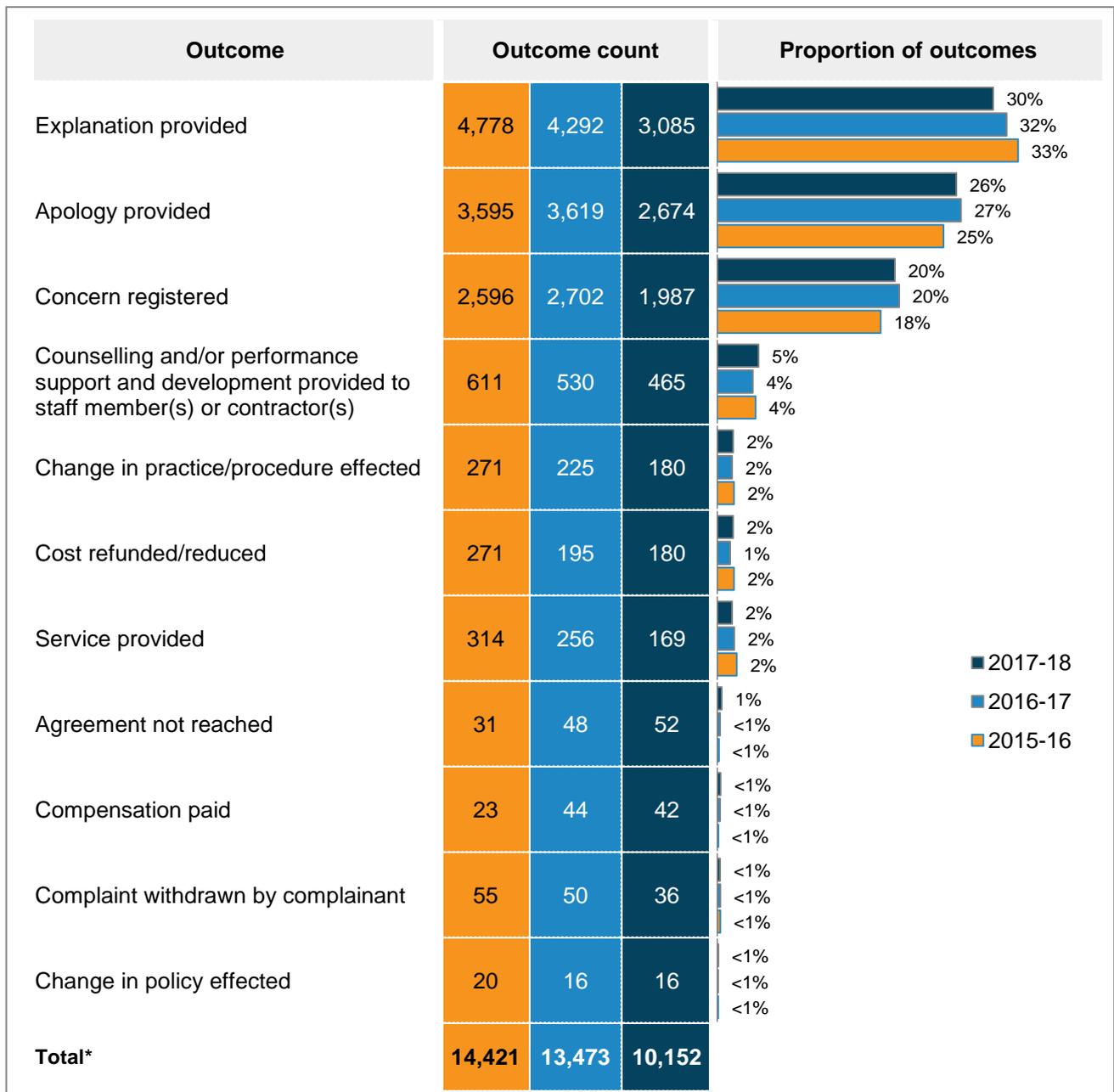
## Outcomes achieved

A range of outcomes were achieved from the complaints managed by prescribed providers in 2017-18. The most common outcomes were:

- Providing an explanation (30%);
- Providing an apology (26%); or
- Acknowledging the concerns that resulted in a complaint being made (20%).

The outcomes achieved in complaints received by prescribed providers between 2015-16 and 2017-18 are shown in Figure 12.

Figure 12: Outcomes achieved



\*Total will not tally to 100%, Total count includes outcomes that were recorded as unknown, other and not yet resolved

The total number of outcomes achieved has been decreasing and in 2017-18 was 30% lower than in 2015-16. With the exception of “agreement not reached” and “compensation paid”, all outcomes have decreased between 2015-16 and 2017-18. Most decreases have

been in line with the decrease seen in the total number of outcomes (dropping by 25-35%) but complaints recording a “service provided” outcome have decreased above the average in the same period of time, declining by 46% from 314 occurrences in 2015-16 to 169 in 2017-18.

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 and 2017-18. In 2015-16, the other common outcome for the not-for-profit sector was counselling or providing development support for staff.

**Table 9: Most common outcomes identified between 2015-16 and 2017-18 ranked by sector**

	 <b>Public</b>			 <b>Private</b>			 <b>Not-For-Profit</b>		
	2015-16	2016-17	2017-18	2015-16	2016-17	2017-18	2015-16	2016-17	2017-18
Explanation provided	1	1	1	2	2	1	2	2	2
Apology provided	2	2	2	1	1	2		3	3
Concern registered	3	3	3	3	3	3	1	1	1
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 Justice	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 <sup>1</sup>	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 <sup>2, 3</sup>	Private provider
Subiaco Private Hospital	Private provider
The Marian Centre	Private provider
Waikiki Private Hospital	Private provider

<sup>1</sup> Includes Busselton Hospice Care Incorporated.

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

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

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