



GOVERNMENT OF  
WESTERN AUSTRALIA



Health and Disability Services  
Complaints Office

# Health Complaints Trends Report 2018-19 to 2022-23

October 2023



Supporting improvement through complaint resolution

## About this document

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## Summary of provider managed complaints 2018-19 to 2022-23

### Complaint trends and demographics

- The 7,351 complaints received in 2022-23 represent a 6% decrease from the 7,790 complaints received in 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.
- Providers closed at least 75% of complaints within 30 days.

### Complaint issues

- The most common complaint categories related to quality of clinical care, communication and access. These have remained unchanged since 2018-19, and account for approximately 70% of all complaint issues over the past five years. 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 2018-19 to 2022-23. These were 'apology provided', 'explanation provided' and 'concern registered'.

### Mental Health Complaints

- A subset of mental health complaints is collected from the public Health Service Providers (HSPs). In 2022-23, 534 complaints were received. This represents a 7% increase from the number of complaints received in 2021-22 (498).
- The most common mental health complaint issues in 2022-23 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.

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 2018-19 and 2022-23. 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.

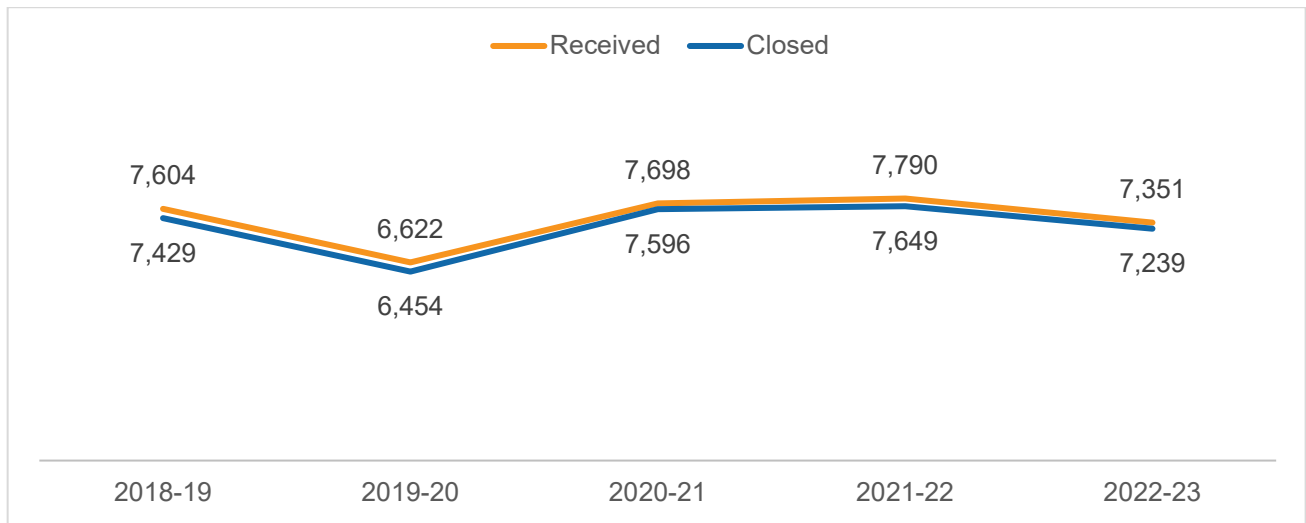
The providers prescribed under Section 75 of the *Health and Disability Services (Complaints) Act 1995* are detailed in Appendix 3.

## 2. Complaint trends

The number of complaints about health services received and closed by prescribed providers since 2018-19 is shown in Figure 1. The Health Complaints Data Collection Program received information relating to 7,351 complaints during 2022-23. The number of complaints reported closed has generally been consistent with the number of complaints received; from 2018-19 to 2022-23 at least 97% of received complaints were closed within the same financial year.

The 7,351 complaints received in 2022-23 represent a 6% decrease from the 7,790 complaints received in 2021-22.

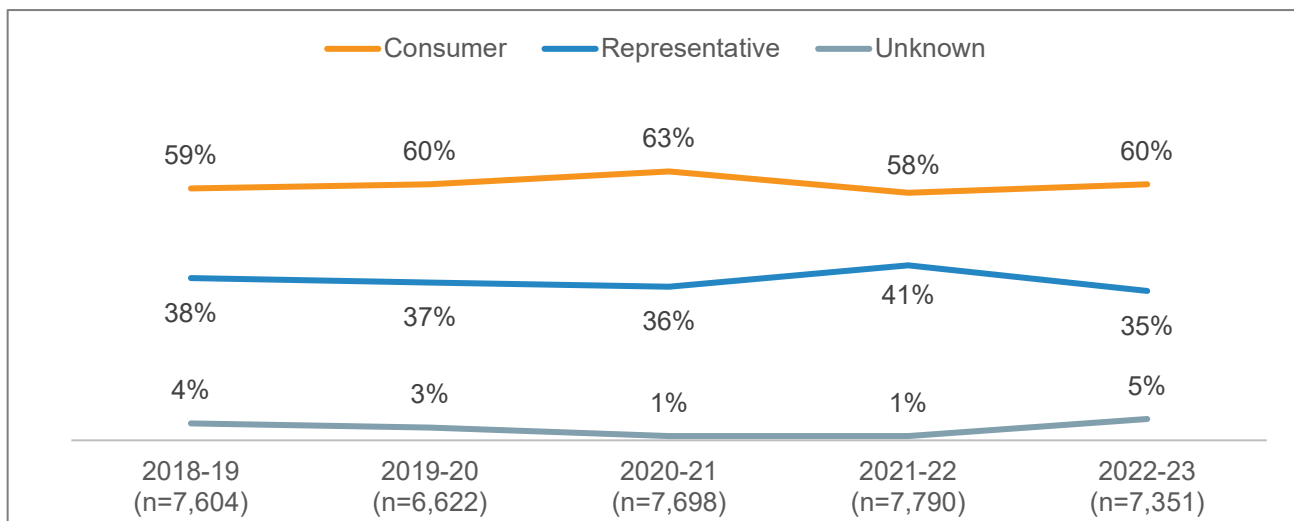
**Figure 1: Received and closed health service complaints (2018-19 to 2022-23)**



### 2.1 Individual making the complaint

In 2022-23, the majority of complaints (60%) 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**

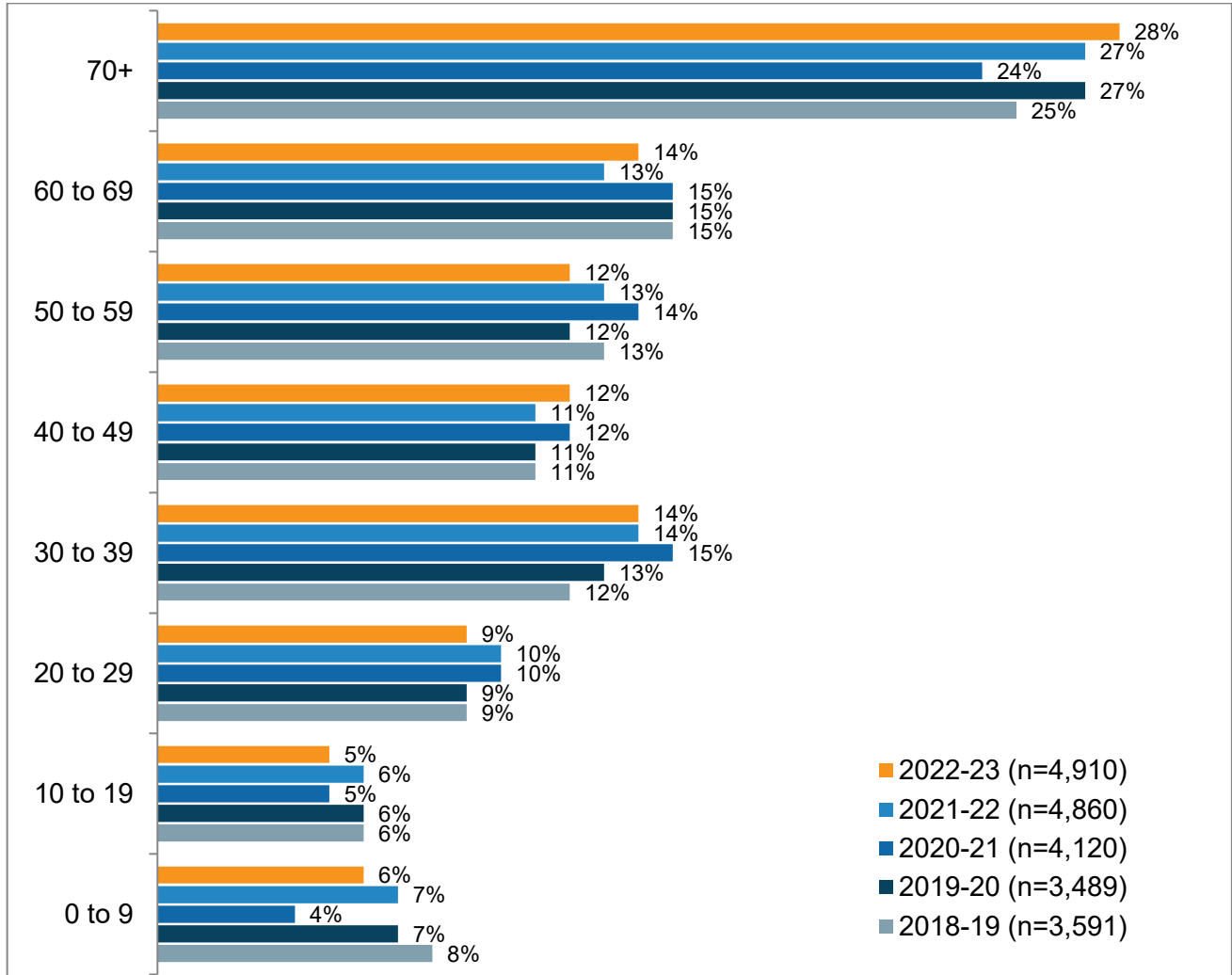


Totals may not sum to 100% due to rounding.

## 2.2 Age and gender

Since 2018-19, 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).

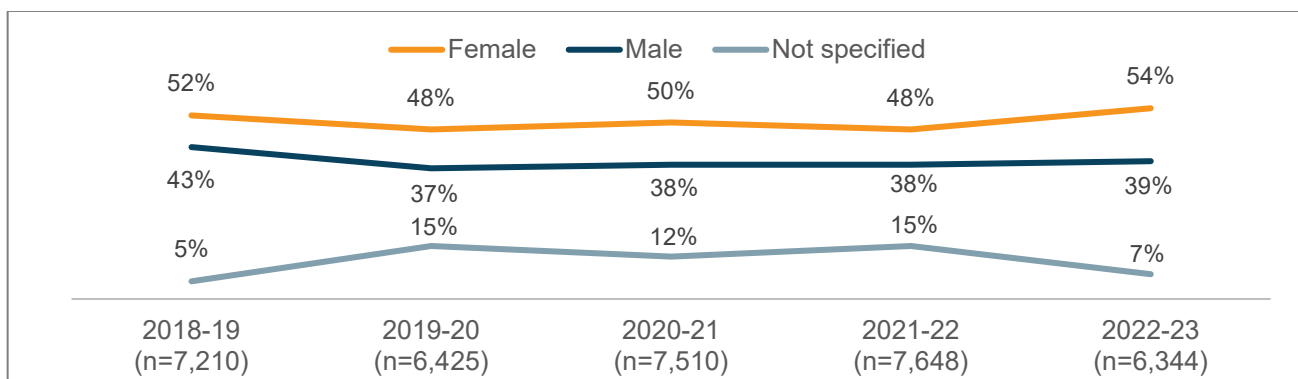
**Figure 3: Age of the consumer**



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**



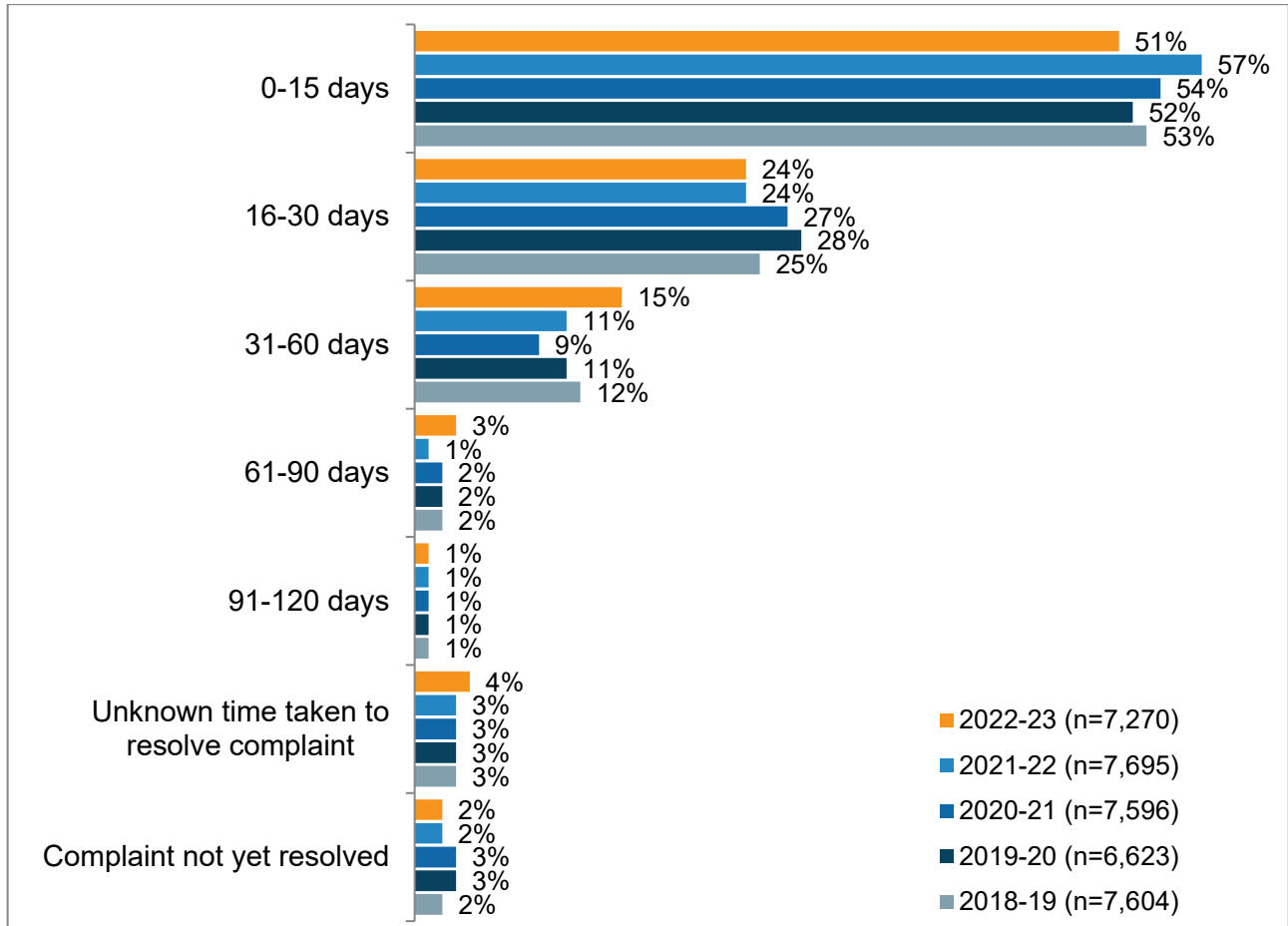
Totals may not sum to 100% due to rounding.



## 2.3 Time taken to resolve complaints

The time taken to resolve complaints is shown in Figure 5. Over 75% of complaints were resolved in 30 days or less. There was a small increase in the proportion of complaints closed in the 31-60 days and 61-90 days categories in 2022-23.

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: 121-150 days; 151-180 days; 181-210 days; and 211+ days.

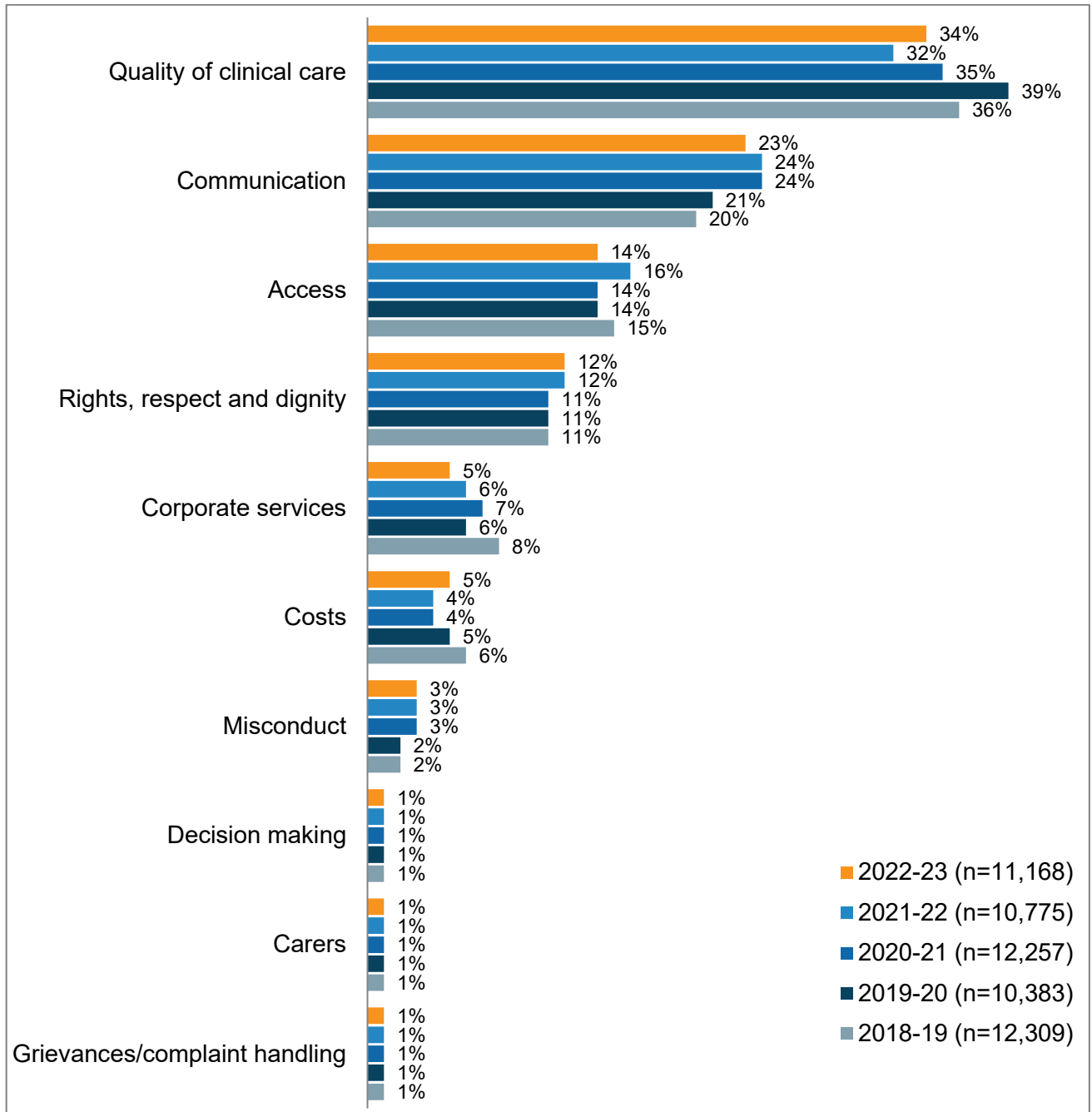
Totals may not sum to 100% due to rounding. In some instances, data was not recorded by prescribed providers.

## 2.4 Complaint issue categories

The issue categories identified in complaints from 2018-19 to 2022-23 are shown in Figure 6. There has been minimal change in the comparative frequency of issue categories from year to year.

In total, 11,168 issues were identified in the 7,351 complaints received in 2022-23. This represents an increase of 4% from the 10,775 issues recorded in 2021-22.

**Figure 6: Issue categories identified**



Totals may not sum to 100% due to rounding.

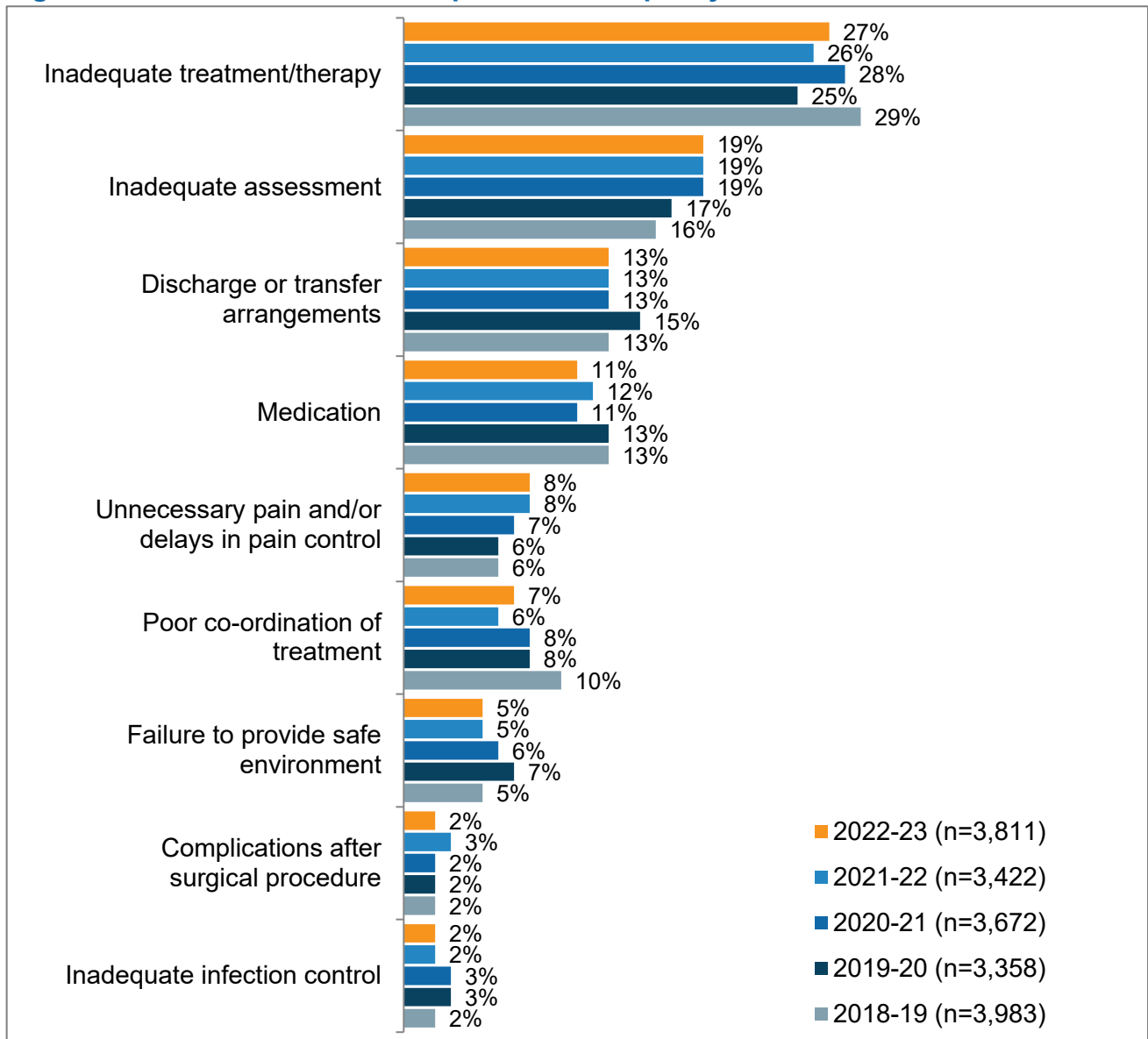
A breakdown of the individual complaint issues associated with each issue category is provided from page 10 through page 18.

### 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 6). 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:

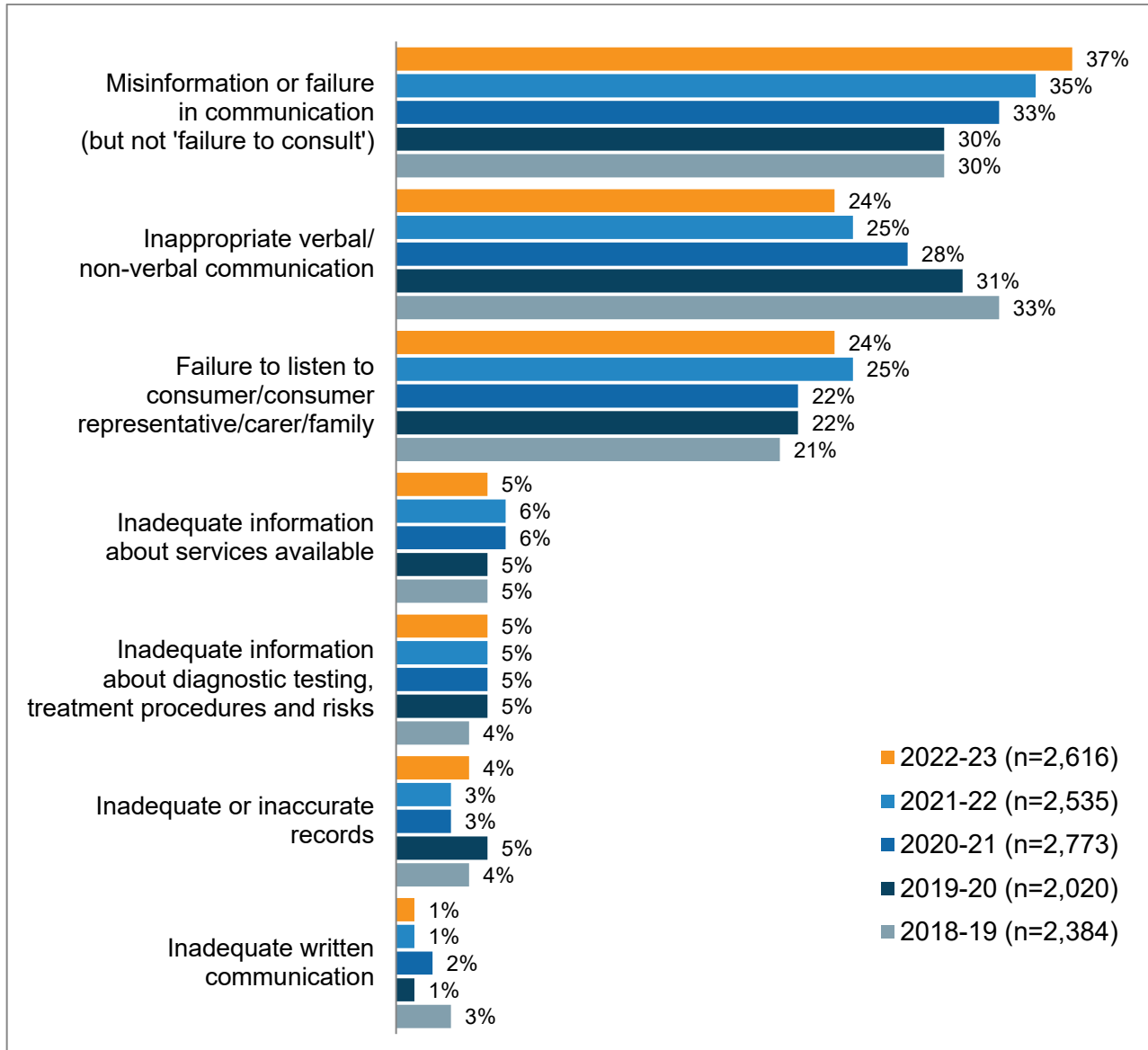
- 'Inadequate treatment/therapy' was the most common issue in 2022-23 (27%) and has been the most common category since 2018-19.
- 'Inadequate assessment' (19%) and 'discharge or transfer arrangements' (13%) were the second and third most common issues respectively in 2022-23.

### 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 6). 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:

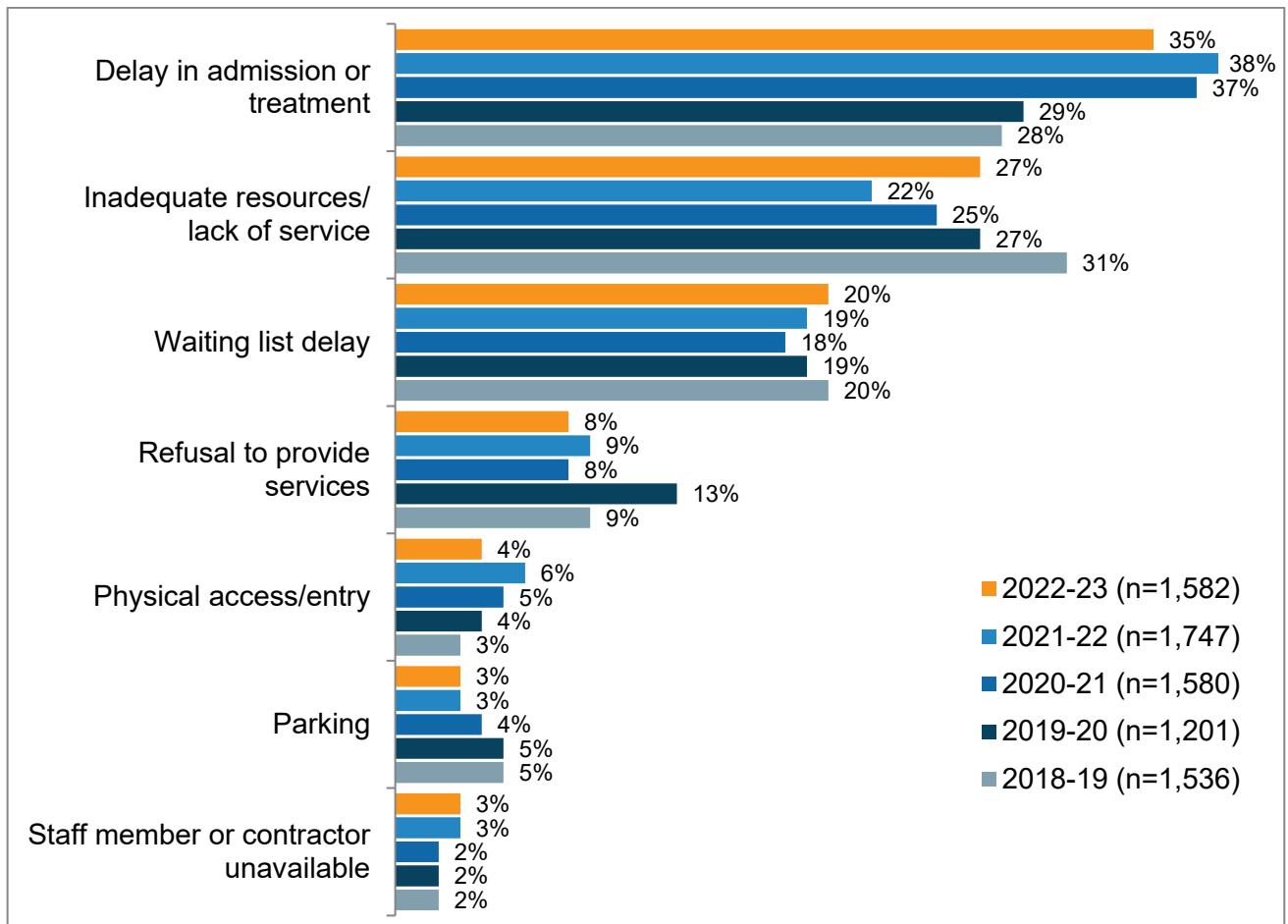
- In 2022-23, ‘Misinformation or failure in communication (but not ‘failure to consult’)' was the most frequently cited issue (37%) and shows an increasing trend since 2019-20 (30%).
- ‘Inappropriate verbal/non-verbal communication’ has decreased proportionally in each of the previous five years; from 33% in 2018-19 to 24% in 2022-23.

### 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 2022-23, consistent with previous years (Figure 6). 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:

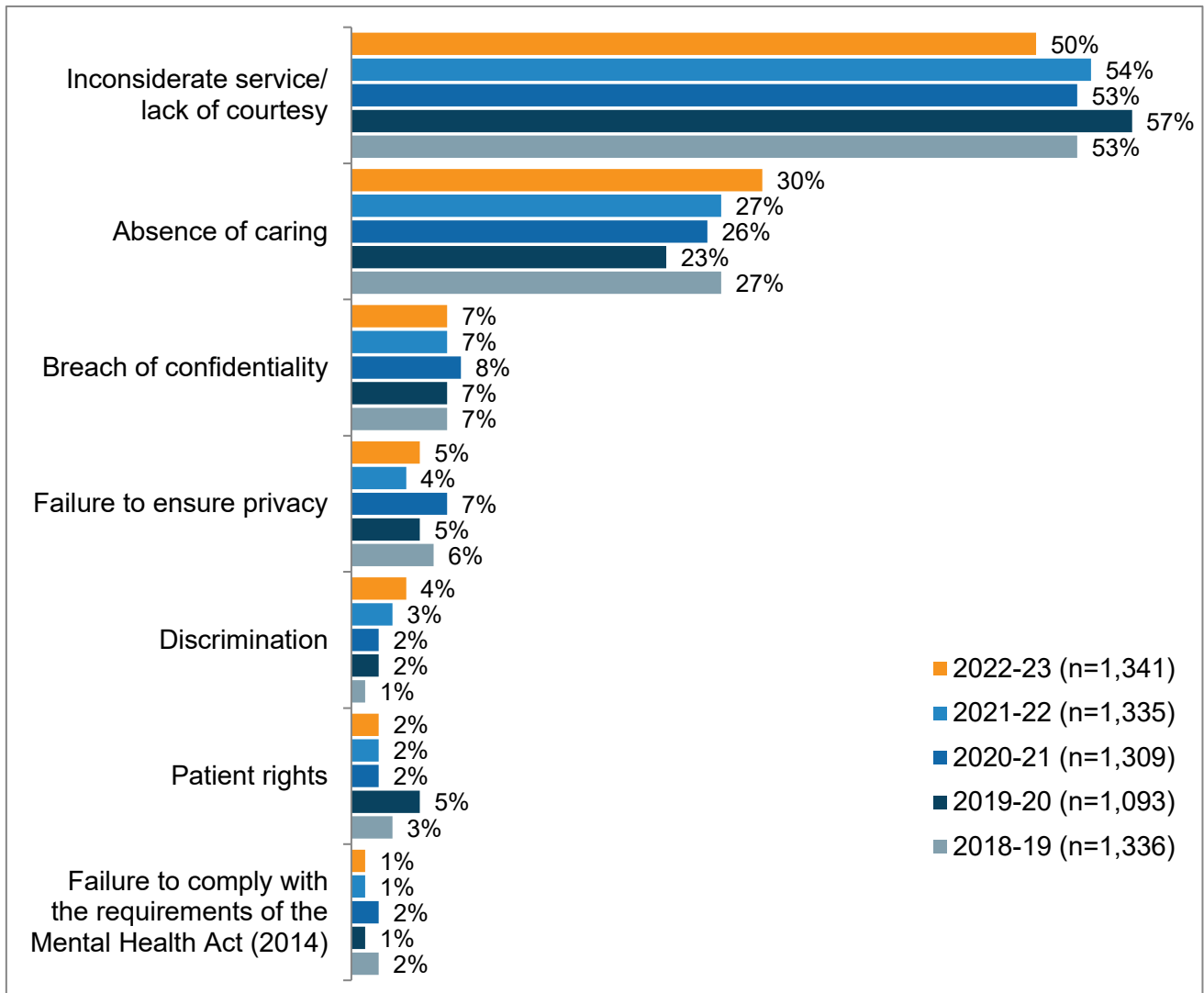
- 'Delay in admission or treatment' was the most common issue in 2022-23 at 35%, decreasing proportionally for the first time since 2018-19.
- The proportion of 'inadequate resources/lack of service' issues increased for the first time since 2018-19.

### 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 6). 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.

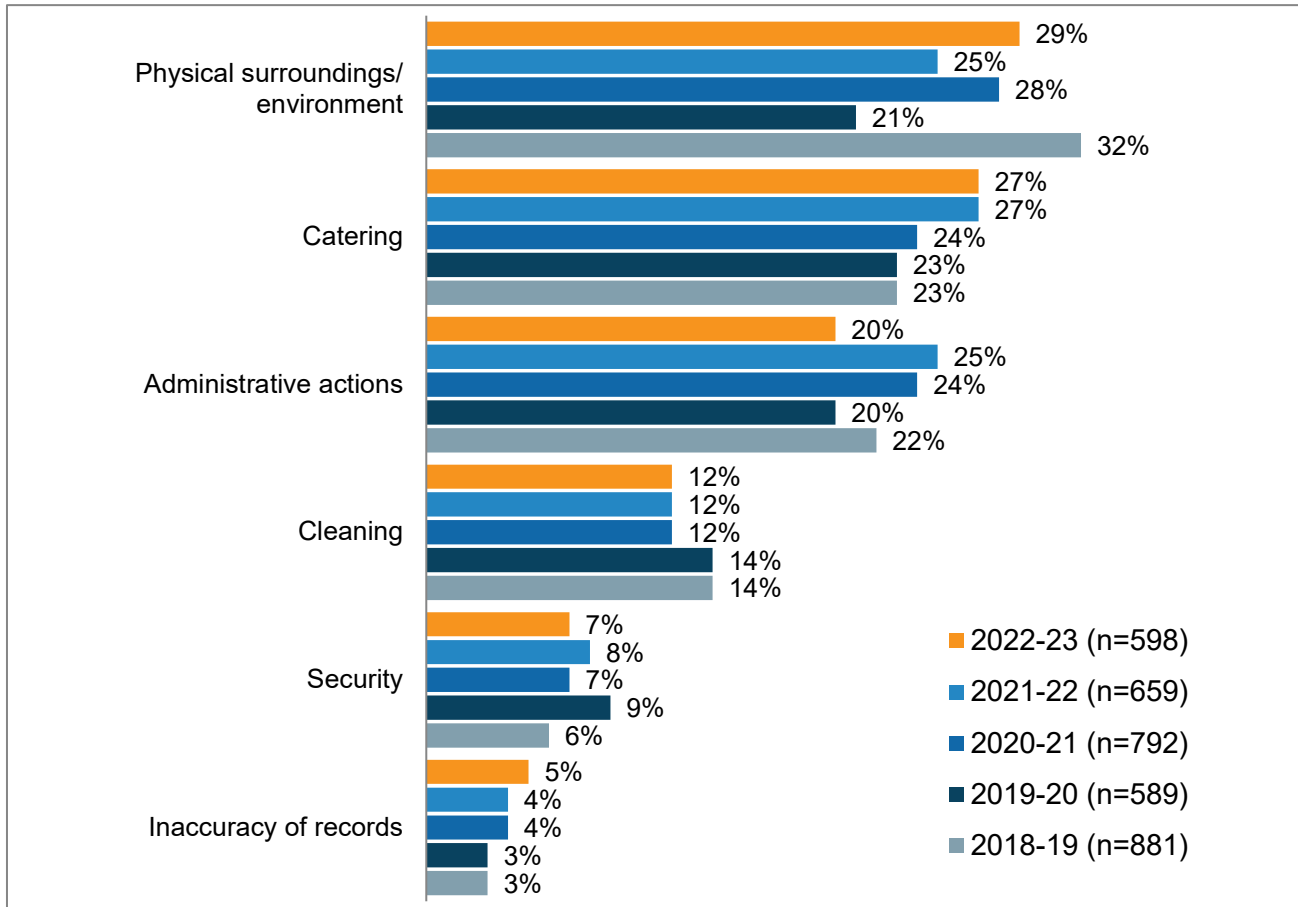
‘Inconsiderate service/lack of courtesy’ and ‘absence of caring’ have remained the most common issues, combining to account for between 79% and 81% of issues relating to rights, respect and dignity over the past five years.

### 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 6). 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.

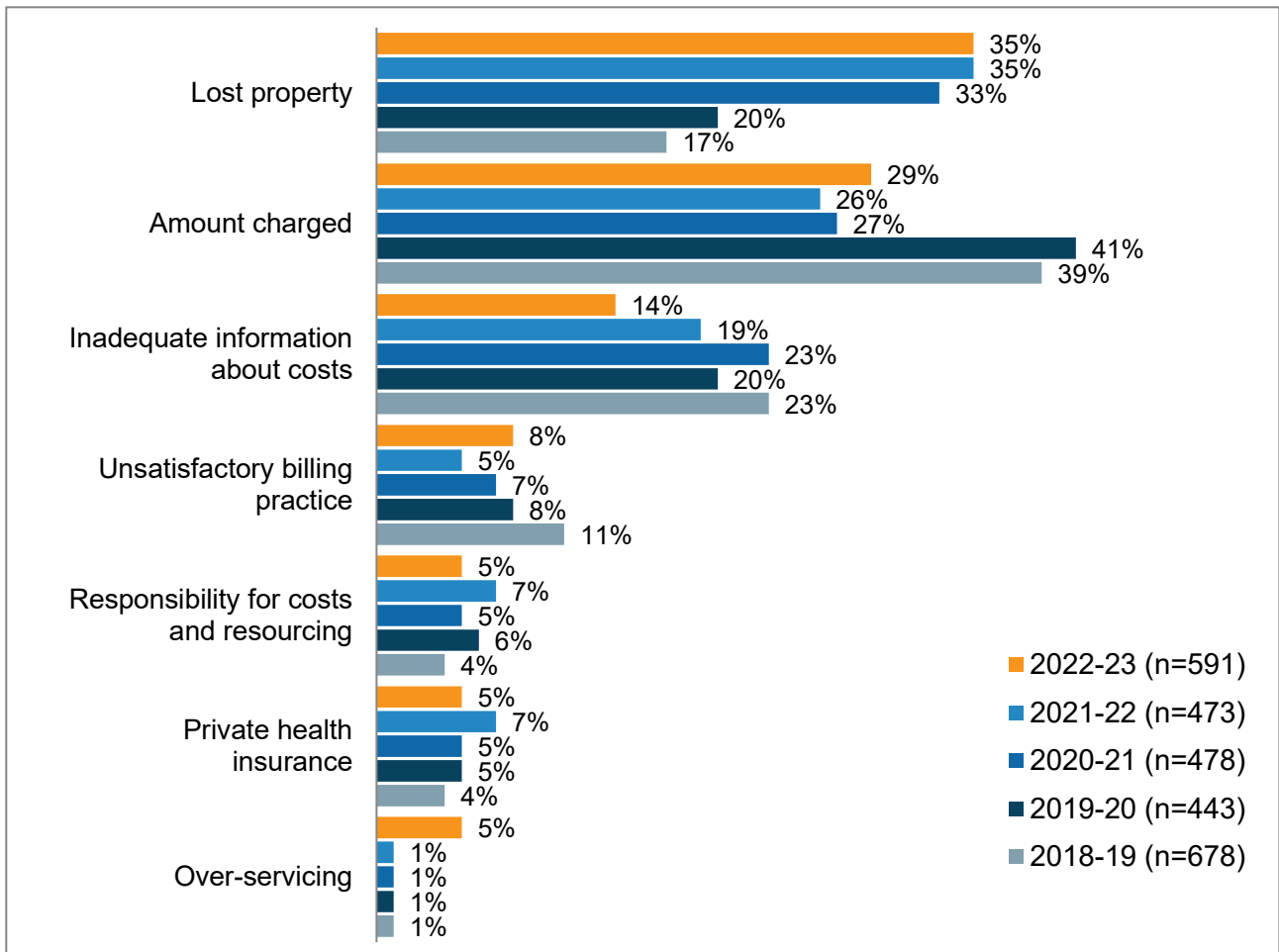
The proportion of corporate services issues has remained relatively consistent over the past five years, with only the proportion of ‘physical surroundings/environment’ displaying a single year change greater than 6 percentage points.

### 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 2022-23, consistent with previous years (Figure 6). Figure 12 shows the issues identified within the complaints about cost.

**Figure 12: Issues identified in complaints about cost**



Totals may not sum to 100% due to rounding.

Within complaints regarding cost:

- ‘Lost property’ was the most common cost related issue in 2022-23 (35%). This category has increased proportionally from 17% in 2018-19 to 35% in both 2021-22 and 2022-23.
- ‘Amount charged’ increased by 3 percentage points in 2022-23 when compared to 2021-22, however still remained 12 percentage points below the five-year maximum of 41% seen in 2019-20.
- ‘Inadequate information about costs’ has decreased proportionally over the last three years from 23% in 2020-21 to 14% in 2022-23.



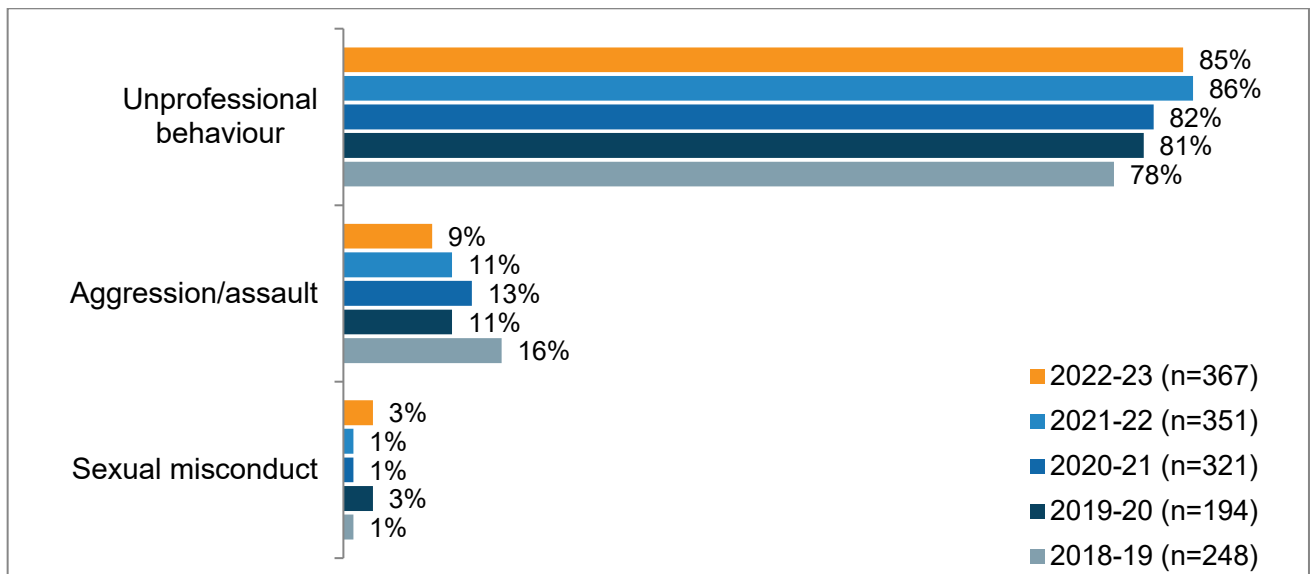
### 2.4.7 Complaints about misconduct

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 78% of complaint issues regarding misconduct over the past five years.

**Figure 13: Issues identified in complaints 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.

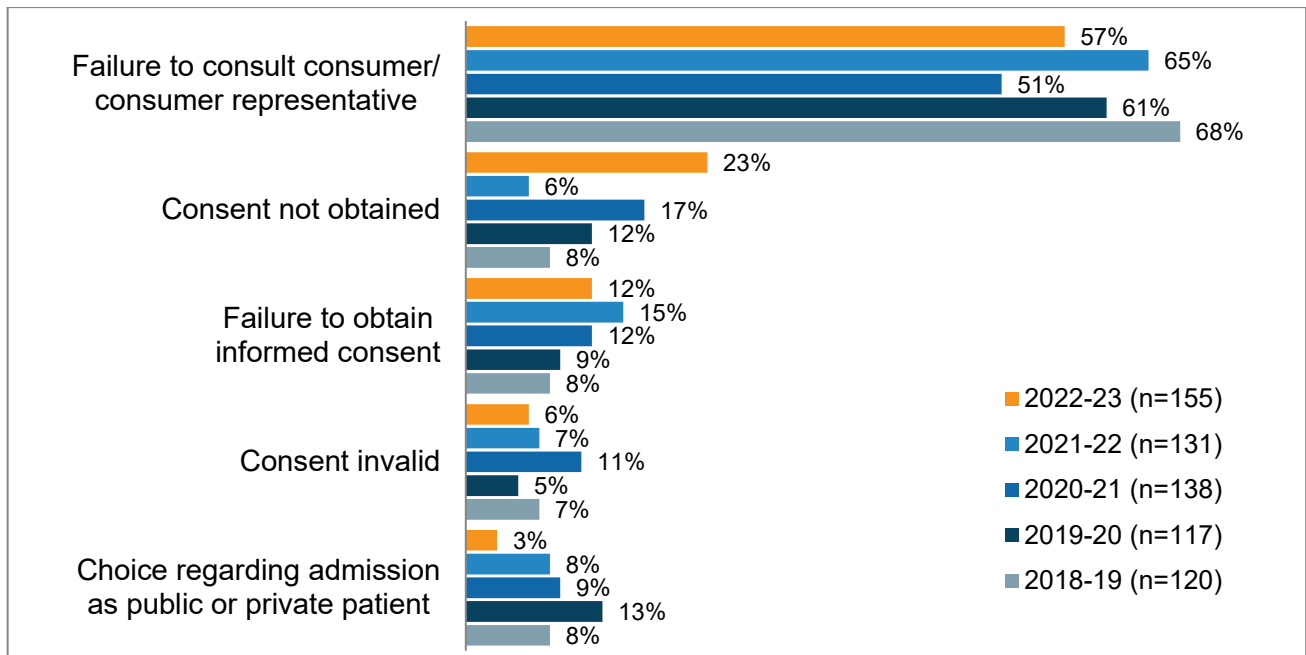
### 2.4.8 Complaints about decision making

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 6). 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. 'Consent not obtained' increased proportionally from 6% in 2021-22 to 23% in 2022-23.

**Figure 14: Issues identified in complaints about decision making**



Totals may not sum to 100% due to rounding.

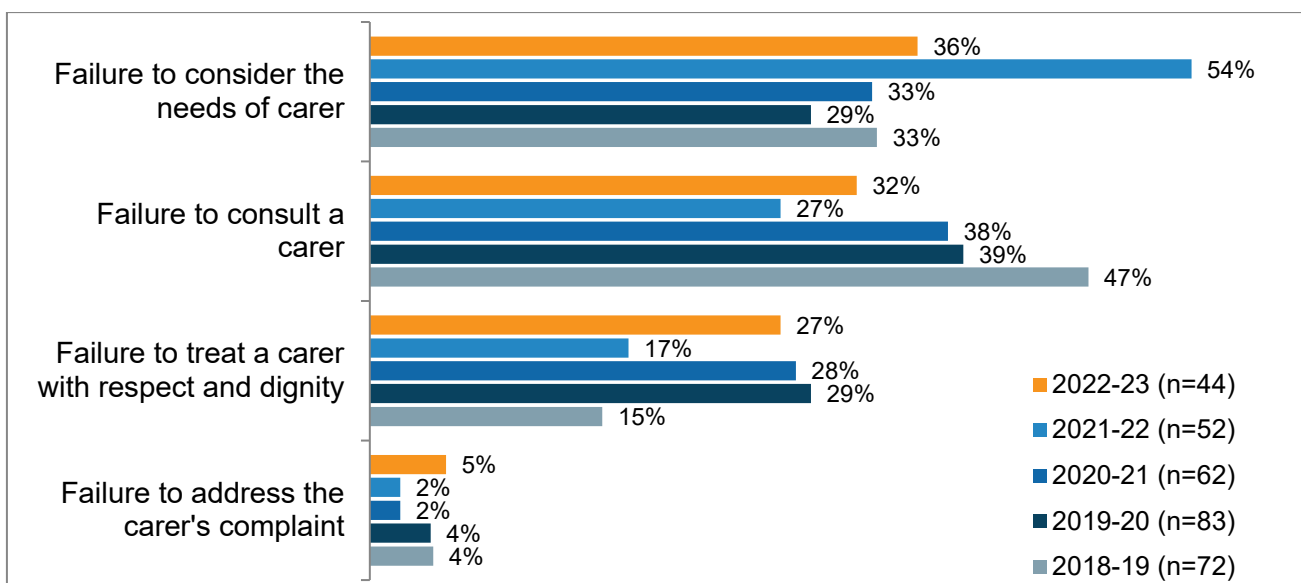
### 2.4.9 Complaints about carers

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 6). Figure 15 shows the issues identified within the complaints about carers.

'Failure to consider the needs of carer' decreased proportionally from 54% in 2021-22 to 36% in 2022-23, while 'failure to treat a carer with respect and dignity' increased proportionally from 17% in 2021-22 to 27% in 2022-23.

**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

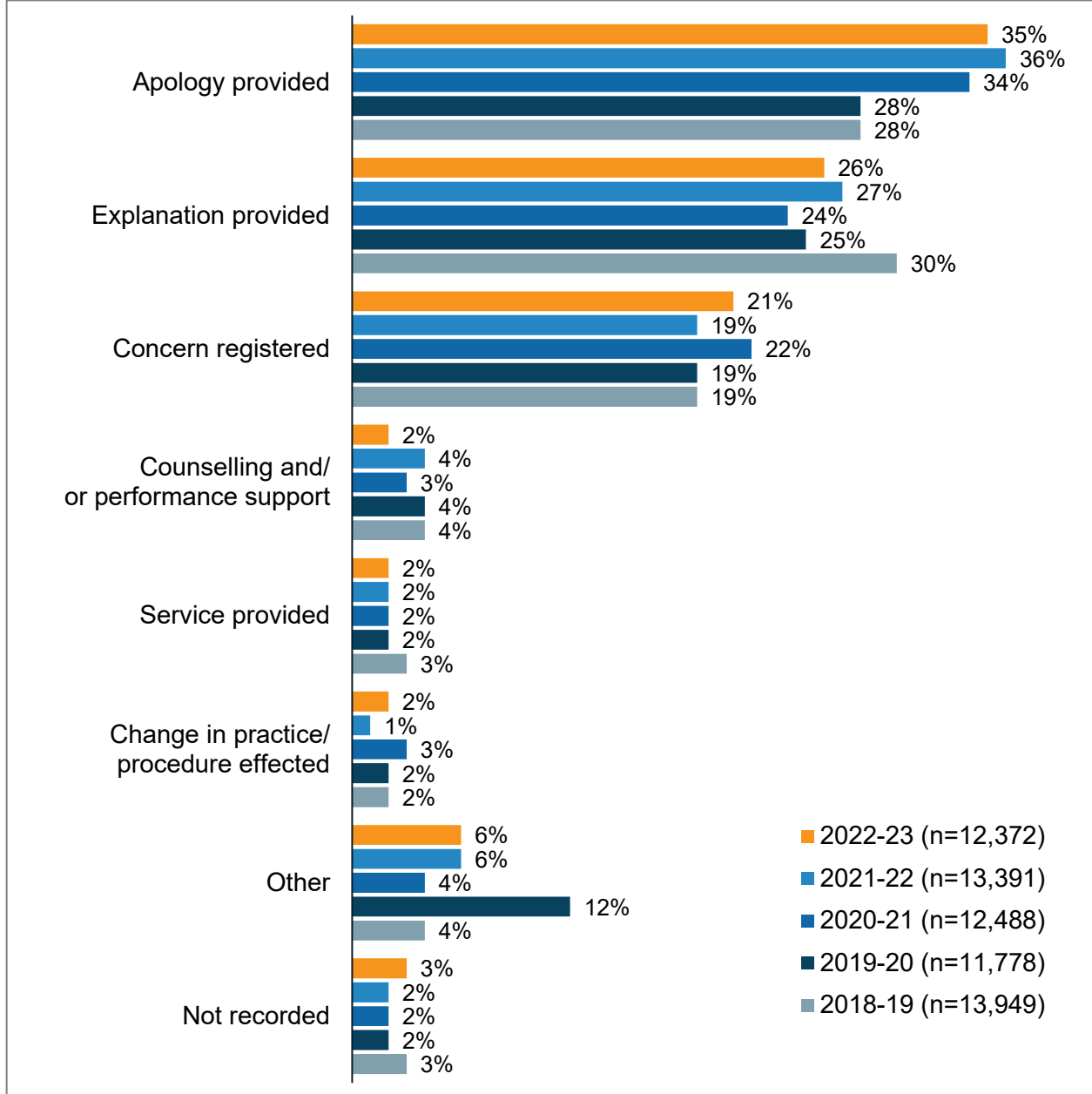
Complaints related to the grievances/complaint handling category refer to the timely and fair management of a complaint. The complaint issues associated with this category are 'response to a complaint' and 'retaliation or negative outcomes as a result of making a complaint'.

The proportion of issues associated with grievances/complaints handling over the past five years has remained consistent at 1% of all complaint issues. From 2018-19 to 2022-23, 'response to a complaint' accounted for at least 85% of the complaint issues.

### 3. Outcomes achieved

A range of outcomes were achieved from the complaints managed by prescribed providers from 2018-19 to 2022-23. 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:

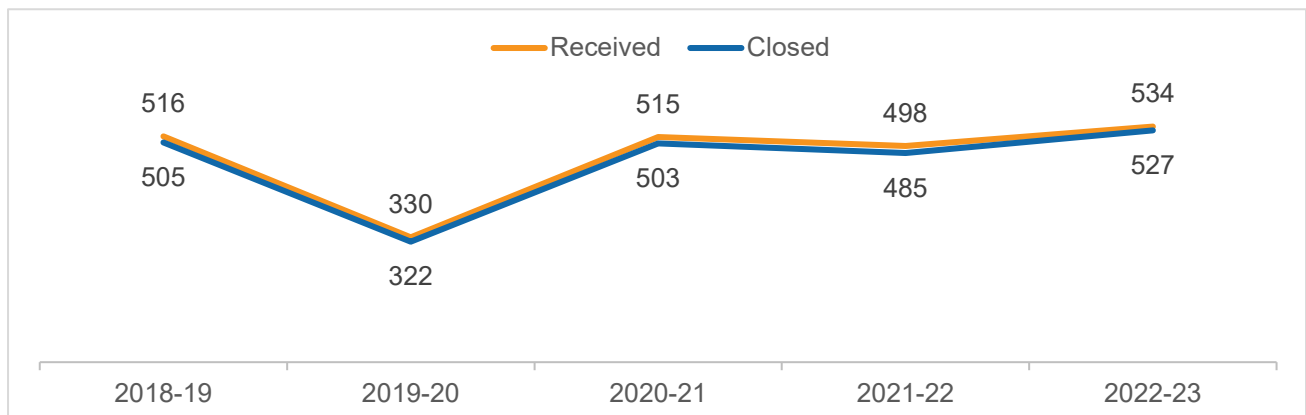
- When comparing 2018-19 to 2022-23 the number of outcomes achieved decreased by 11%, while there was a 3% decrease in complaints closed over the same time period.
- Over the past five years, the ‘apology provided’, ‘explanation provided’, and ‘concern registered’ categories have accounted for the majority of outcomes resulting from complaints.

## 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 the public Health Service Providers<sup>1</sup> (HSPs). This section provides an overview of the mental health data collected over the past five years.

In 2022-23, details of 534 complaints concerning 761 issues were submitted to HaDSCO. This represents a 7% increase from the number of complaints received in 2021-22 (498) as indicated in Figure 17.

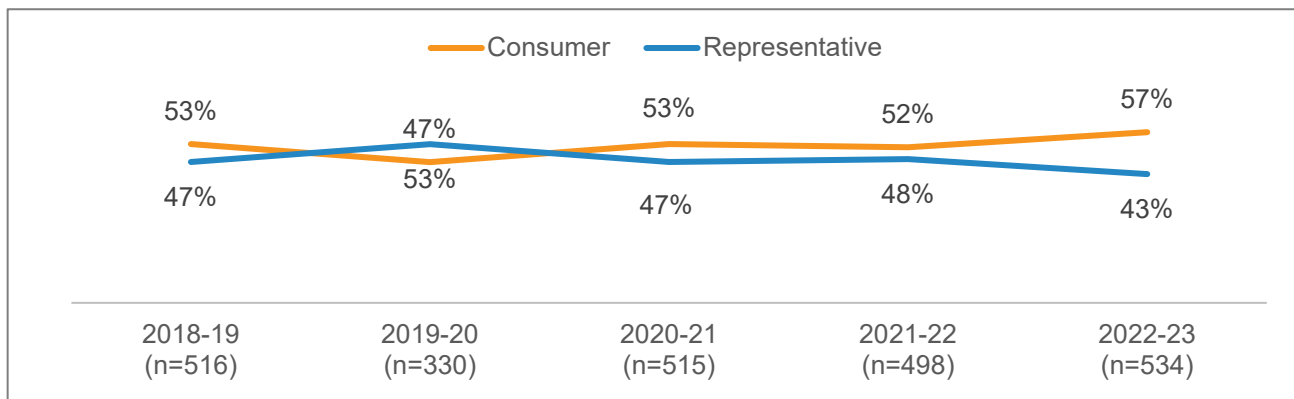
**Figure 17: Received and closed mental health complaints (2018-19 to 2022-23)**



### 4.1 Individual making the complaint

For mental health complaints received in 2022-23, the complaint was more likely to be made by the consumer rather than their representative (Figure 18). This is similar to health complaints, where the majority are made by the consumer (Figure 2).

**Figure 18: Individual making the mental health complaint**



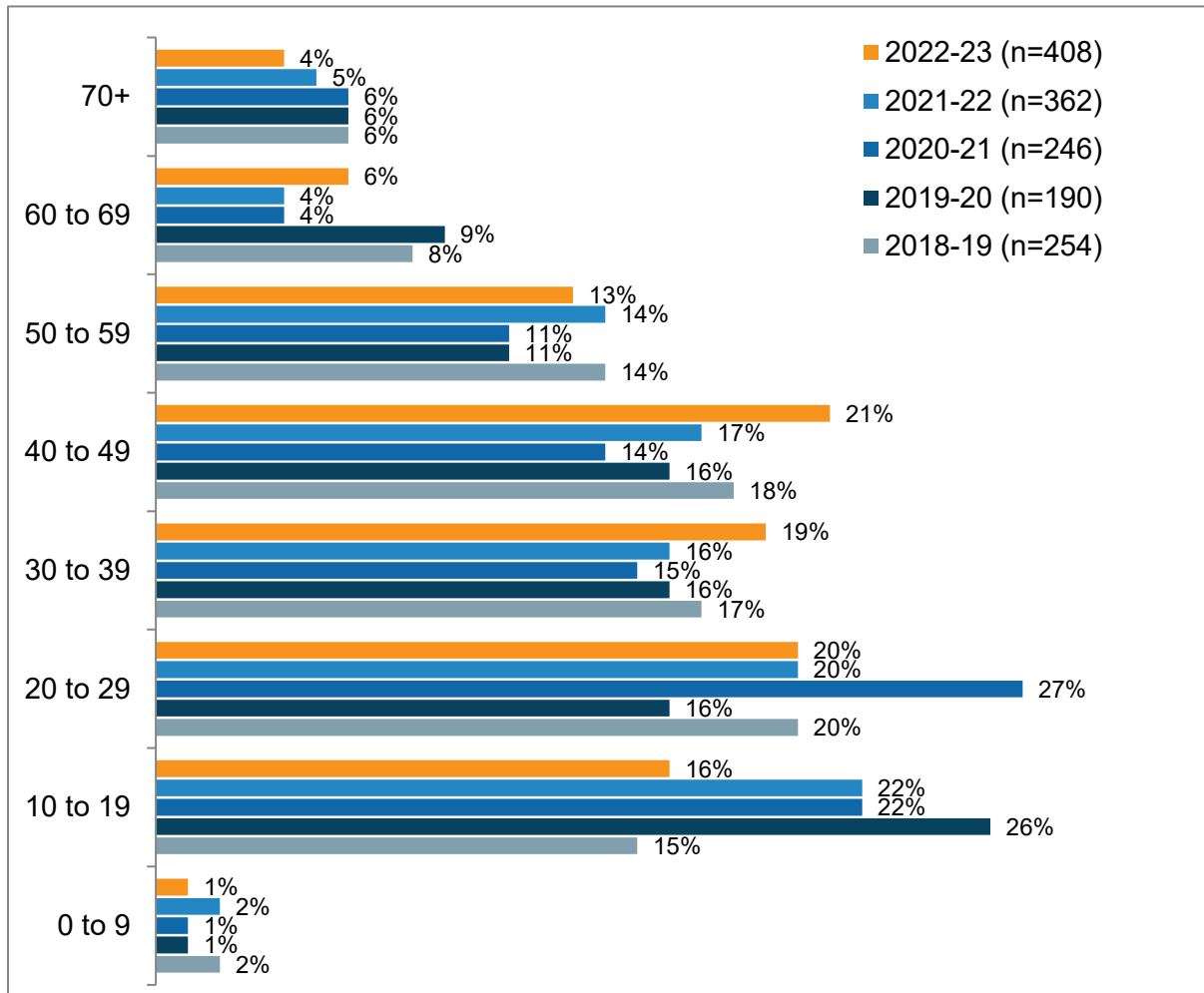
Totals may not sum to 100% due to rounding.

<sup>1</sup> 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 2022-23 were most likely to concern service users aged between 40 to 49 (21%). A detailed breakdown of age can be found below in Figure 19.

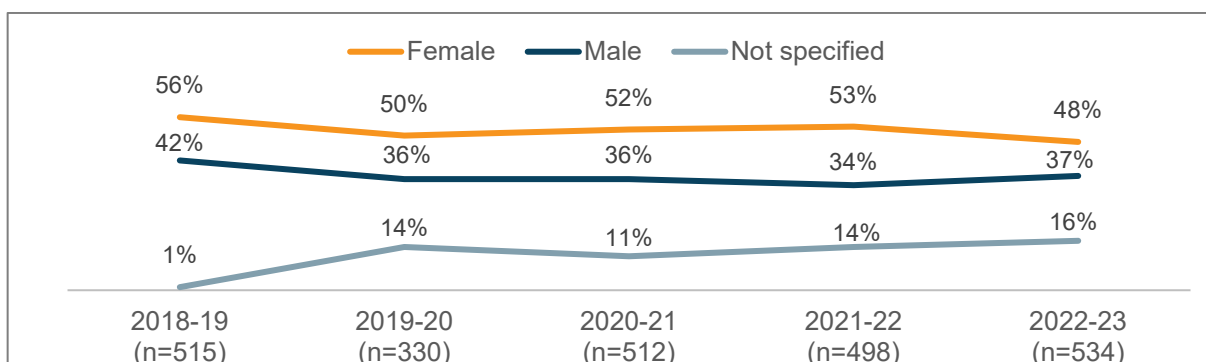
**Figure 19: Age of consumer**



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**



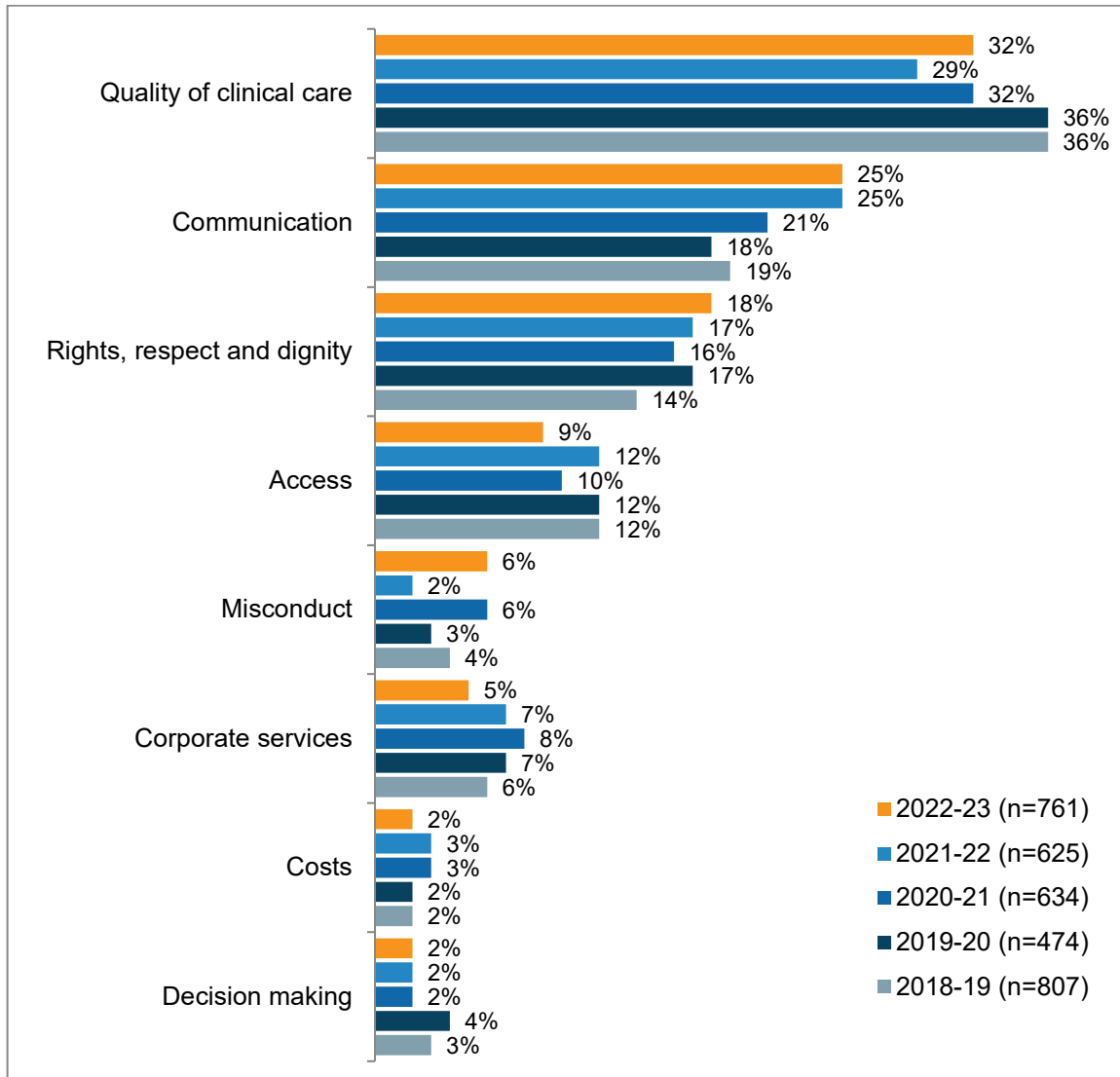
Totals may not sum to 100% due to rounding.

### 4.3 Mental health issues

In 2022-23, 'quality of clinical care' (32%), 'communication' (25%) and 'rights, respect and dignity' (18%) were the most commonly identified issue categories in mental health complaints. The proportion of issues relating to 'communication' and 'rights, respect and dignity' have increased gradually over the past five years.

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%.

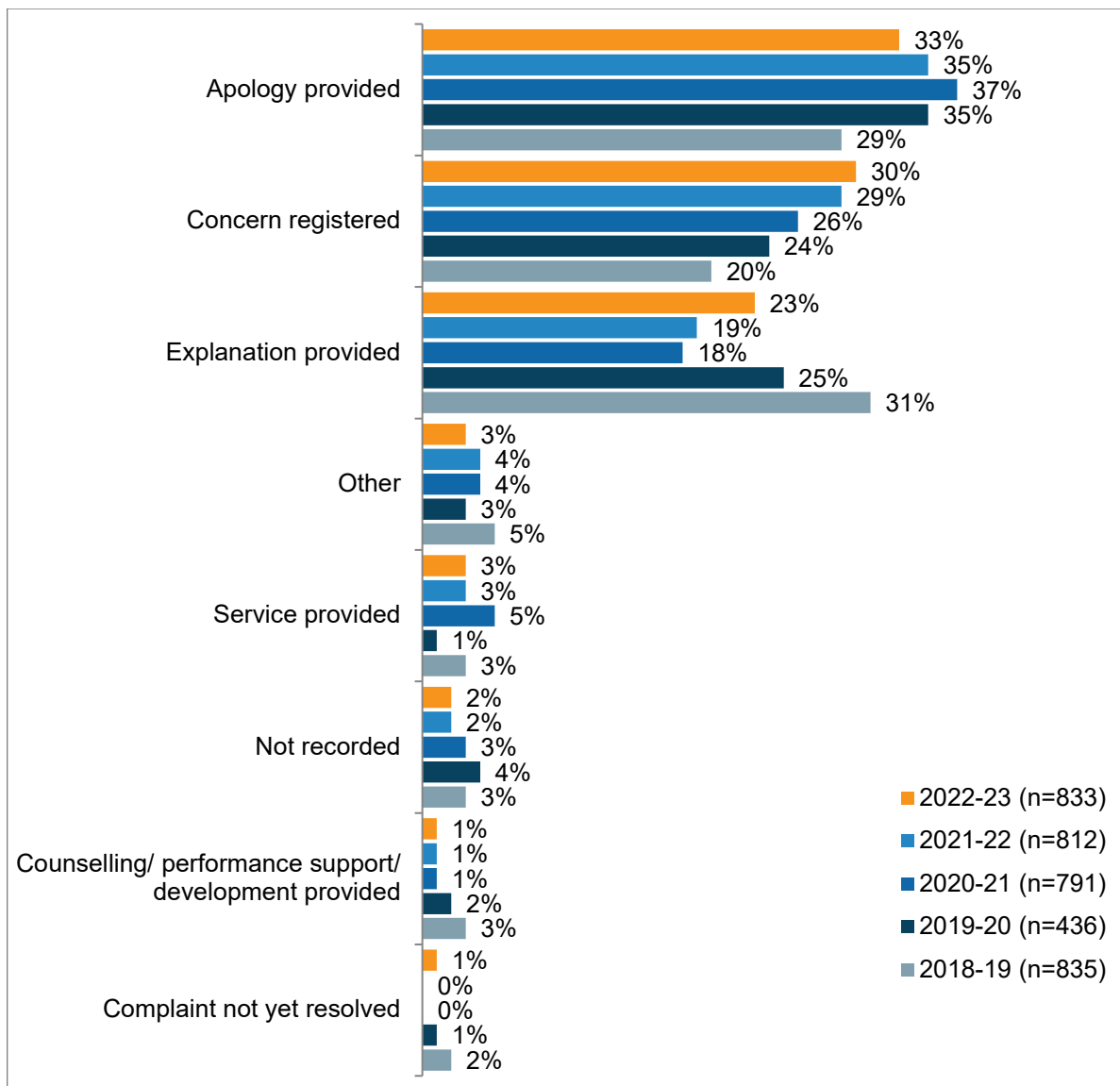
### 4.4 Mental health outcomes

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’; and ‘explanation provided’.

From 2018-19 to 2022-23, there was an increase in the proportion of complaints where the concern was registered. Since 2020-21 the proportion of complaints where an explanation was provided has also increased, while remaining below 2018-19 and 2019-20.

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 2018-19 to 2022-23 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 (2018-19, 2019-20, 2020-21, 2021-22, or 2022-23). 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 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 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.

<sup>1</sup> Standards Australia. (2022). *Guidelines for complaint management in organizations (AS/NZS 10002:2022)*. 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
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 <sup>1</sup>
Subiaco Private Hospital
The Marian Centre
Waikiki Private Hospital

<sup>1</sup> Includes the following St John of God Hospitals: Bunbury, Geraldton, Midland (private and public), Mt Lawley, Murdoch (including Murdoch Surgicentre) and Subiaco (including Wembley Day Surgery and Subiaco Eye Hospital).



Health and Disability Services  
Complaints Office (HaDSCO)

**Health and Disability Service Complaints Office (HaDSCO)**

PO Box B61, Perth, Western Australia, 6838  
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**Health and Disability Service Complaints Office (HaDSCO)**