



# Health Services Complaints Report, WA Health

July 2011 – June 2012

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## Executive Summary

Complaint management is an important component of an effective and integrated safety and quality improvement system within WA Health.<sup>1</sup> Health consumers' feedback is a valuable source from which to gain information about possible lapses in clinical care from a patients' perspective. Encouragement for and acknowledgement of patients' feedback additionally underpins the approach to consumer centred health care and strengthens partnerships with health care consumers.

This report provides an examination of collated complaints data to enable health services to identify areas for improvement and to address concerns by taking actions to enhance the patients' experience. It reviews complaints data for the financial year 2011-12. For this document, the term WA Health encompasses all public hospitals and public health service providers in Western Australia.

From 1 July 2011 to 30 June 2012, an overall total of 3,576 new complaints were captured across WA Health, comprising 6,170 complaint issues. Those complaint issues were most frequently assigned to the following complaint categories:

Quality of Clinical Care	Communication	Access	Rights, Respect & Dignity	Corporate Services
•30.4%	•20.9%	• 16.2%	•15.8%	•5.5%

Timeliness of response is a defined principle of the Western Australian Health Complaint Management Policy 2009<sup>2</sup> and health services are required to demonstrate their commitment to the complaints management process by providing a final response within 30 working days of receipt of the complaint. Complaint resolution data revealed that 66.9% complaints have been resolved in a timely manner.

In 2011-12, the marginal number of eight complaints (0.2%) was referred to external agencies, meaning that the vast majority of complaints were able to be resolved internally at hospital/service level.

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## List of Acronyms

**ACSQHC:** Australian Commission on Safety and Quality in Health Care

**AHS:** Armadale Health Service

**BHS:** Bentley Health Service

**BSWA:** Breast Screen Western Australia

**CACH:** Child and Adolescent Community Health

**CAHS:** Child and Adolescent Health Service

**CAMHS:** Child and Adolescent Mental Health Service

**DHS:** Dental Health Service

**FHHS:** Fremantle Hospital and Health Service

**HS:** Health Service

**JHC:** Joondalup Health Service

**KEMH:** King Edward Memorial Hospital

**NMHS:** North Metropolitan Health Service

**NMMHS:** North Metropolitan Mental Health Service

**OPH:** Osborne Park Hospital

**PHAC:** Public Health and Ambulatory Care

**PHC:** Peel Health Campus

**PMH:** Princess Margaret Hospital for Children

**RGH:** Rockingham General Hospital

**RPH:** Royal Perth Hospital

**SCGH:** Sir Charles Gairdner Hospital

**SKHS:** Swan Kalamunda Health Service

**SMHS:** South Metropolitan Health Service

**WACHS:** Western Australian Country Health Service

**WA Health:** Western Australian Health



## Definitions

**Complainant:** A person/organisation who makes a complaint regarding any aspect of a service provided by a health service.

**Complaint:** Expression of dissatisfaction/concern by/on behalf of an individual health service consumer with respect to any aspect of a service provided by a health service. A complaint can be made verbally or in writing and can include a number of complaint categories and issues. A complaint is considered resolved when all the issues have been addressed and a final response is sent to the complainant.

**Complaint category:** For complaint data collection to be compatible across a range of health services, ten complaint categories have been developed to assist in identifying common factors in complaints. See Appendix II for a list of complaint categories.

**Complaint issue:** Complaint categories are further subdivided into issues, which aim to accurately identify and reflect the specific matters relating to each complaint. Issues are the basic units of a complaint.

**Clinical incident:** An event or circumstance resulting from health care which could have, or did lead to unintended harm to a person, loss or damage, and/or a complaint. In the context of this definition, a 'person' includes a patient or client. Clinical incidents include near misses (incidents that may have, but did not cause harm) and adverse events (an incident in which harm resulted to a person). Harm includes death, disease, injury, suffering and/or disability.

**Health service:** Within this report the term comprises public hospitals, public specialised health services and public community health services providing general and mental health care. It also includes health care services for public patients provided by privately operated Joondalup Health Campus and Peel Health Campus.

**Mental health service/ general health service:** For the purpose of this report the term mental health is utilised for health services providing specialised mental health care in community services or hospitals. All remaining health services, not specifically providing mental health related health care, are considered as general health services.

**Patient centred care:** A health care approach responsive to patient's needs and expectations by an active engagement and involvement of health care consumers and with the focus to build partnership among patients, families, cares, and clinicians.

**WA Health:** Western Australia's public hospitals and public health services.

# Introduction

## Complaint Management in Context of Safety and Quality in Health Care

Deficiencies in the safety and quality of health care can have an enormous impact on patients' health and wellbeing. To improve safety and quality, comprehensive strategies have been developed to learn about errors that have occurred in clinical care in order to prevent their recurrence. Along with other activities such as clinical incident reporting and clinical investigation that may include root cause analysis, complaint management is an important part of an integrated patient safety and quality strategy, using consumers' feedback to investigate potential lapses in clinical care.

As health systems are recognised to be complex systems, the delivery of health care throughout multiple components, interconnections and underlying interdependencies has become increasingly challenging. Despite this complexity, the constant centre of the health care system is its consumer and consequently, the focus of all activities within the system should endeavour to achieve the best possible experience for the patient.<sup>3</sup> Using consumer feedback enables health services to identify areas of need, risks or dispute from a consumer point of view, and accordingly provide patient-centred strategies for improvement.<sup>2</sup>

The Australian Commission on Safety and Quality in Health Care (ACSQHC) defined three national goals<sup>4</sup> to improve safety and quality of health care:



### **Goal 1**

#### *Safety of Care*

People receive health care without experiencing preventable harm



### **Goal 2**

#### *Appropriateness of Care*

People receive appropriate, evidence-based care



### **Goal 3**

#### *Partnering with Consumers*

There are effective partnerships between consumers and health care providers and organisations at all levels of health care provision, planning and evaluation.

With mounting evidence for the link between patient-centred care and clinical outcomes, the strengthening of partnerships between health consumers and health care providers is of increasing importance, as there is an association with effective care, decreased readmission rates and reduced length of stay.<sup>5</sup> This reinforces the utilisation of patients' experience via an effective complaint management system as an essential element in improving safety and quality in health care.

ACSQHC released the Australian Safety and Quality Framework for Health Care, setting out actions that health care providers can take to enable the provision of safe and high-quality health care for all Australians.<sup>6</sup> The following three core principles specified in the framework, aim to achieve this goal:



These three dimensions are comprised in effective complaint management when it values the patients' feedback in an open and transparent safety culture by utilising all available information to encourage learning from patient experience and the development of consumer-focused improvements. Additionally it needs to be embedded in an integral safety and quality strategy that is governed and supported both at a service and system level.

### **Complaint Management in Western Australia Health**

The ACSQHC National Safety and Quality Health Service Standard 1, which will be implemented in January 2013, outlines the responsibility of health services to govern the implementation of a complaints management system that includes partnership with patients and carers.<sup>7</sup> This requires that:

- processes are in place to support the workforce to recognise and report complaints;
- systems are in place to analyse and implement improvements in response to complaints;
- feedback is provided to the workforce on the analysis of reported complaints;
- patients' feedback and complaints are reviewed at the highest level of governance in the organisation.

The Western Australian Health Complaint Policy<sup>a</sup> (the Policy) aligns with this criterion and emphasises complaint management as an important aspect of a consumer-focused and patient centred approach to health care delivery.

The principles underpinning the complaint management process include the recognition of consumers' rights to expect an understandable, accessible, confidential and fair complaint process. The Policy also describes the responsibility of consumers to provide relevant information and to request assistance when needed. Without breaching consumers' privacy, the complaint should be communicated with honesty and openness and its resolution should take place in a timely manner. The Policy requires that health services encourage all consumers to

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<sup>a</sup> The Policy is currently under review. Its updated edition is anticipated to be released early 2013.

raise their concerns to enable them to address the feedback in an open, receptive and transparent process that investigates the complaint without prejudice. In addition, health services demonstrate their commitment by providing sufficient human and material resources to ensure an adequately managed and investigated complaint process by evaluating the practices regularly. The collected complaint data are required to be recorded electronically and reported to the WA Department of Health on a monthly and quarterly basis.<sup>2</sup>

## About this Complaints Report

This report presents a summary and review of complaints data at health service and state-wide level, recorded in WA public hospitals and public health services between 1 July 2011 and 30 June 2012. Its development is based on the belief that collated and aggregated data provided by the following health services<sup>b</sup> are reliable and accurate at time of submission:

- **South Metropolitan Health Service (SMHS)**
  - Fremantle Hospital and Health Service (FHHS)
  - Royal Perth Hospital (RPH), including Wellington Street and Shenton Park campus
  - Armadale Health Service (AHS)
  - Bentley Health Service (BHS)
  - Rockingham General Hospital (RGH)
- **North Metropolitan Health Service (NMHS)**
  - King Edward Memorial Hospital (KEMH)
  - Sir Charles Gairdner Hospital (SCGH)
  - Osborne Park Hospital (OPH)
  - Swan Kalamunda Health Service (SKHS)
  - North Metropolitan Mental Health Service (NMMHS), including Graylands Hospital
  - Public Health and Ambulatory Care (PHAC)
- **Child and Adolescent Health Service (CAHS)**
  - Princess Margaret Hospital for Children (PMH)
  - Child and Adolescent Community Health (CACH)
  - Child and Adolescent Mental Health Service (CAMHS)
- **WA Country Health Service (WACHS)**
  - Goldfields
  - Great Southern
  - Kimberley
  - Midwest
  - Pilbara
  
  - South West

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<sup>b</sup> Please note that reporting sites do not only submit complaints data from listed hospitals, but additionally report complaints data notified by health services located on or administered by the respective health service campuses. Please find in Appendix I an overview of the service scope of the reporting sites/services.

- Wheatbelt
- **Specialist Health Services**
  - Breast Screen WA (BSWA)
  - Dental Health Service (DHS)
- **Other Health Services:** The WA Health Complaint Management Policy 2009 does not apply to private hospitals/health service providers except where this involves the treatment of public patients. Joondalup Health Campus (JHC) and Peel Health Campus (PHC) provide health care to both private and public hospital patients and submit complaints notified by public patients. Their data will not be reviewed in detail but it is incorporated into the sum of total reported complaints across WA Health.

An additional technical supplement is available on the WA Health Intranet Site, reflecting complaints data of each reporting site that are comprised by the health services listed above.

It is important to note, that the number of reported complaints does not provide an inference about the safety and quality of health care delivered in each health service. This is partly due to the complexity of the health system, but also to other variable factors such as the accessibility of the complaints process, provision of information, or encouragement for feedback.

**Caution should be used before making comparisons between health services without considering diverse specialisations, number of admissions or geographical locations, as those factors additionally affect health care performance. Furthermore, the intent of this report is to enable an identification of areas for quality improvement rather than to extrapolate conclusions about health service performance.**

This report provides an account of complaints data reported by each health service and if available, the data has been broken down by general health and mental health complaint notifications. For the purpose of this report, general health complaints refer to those complaints not pertaining to mental health services, which are discussed separately.

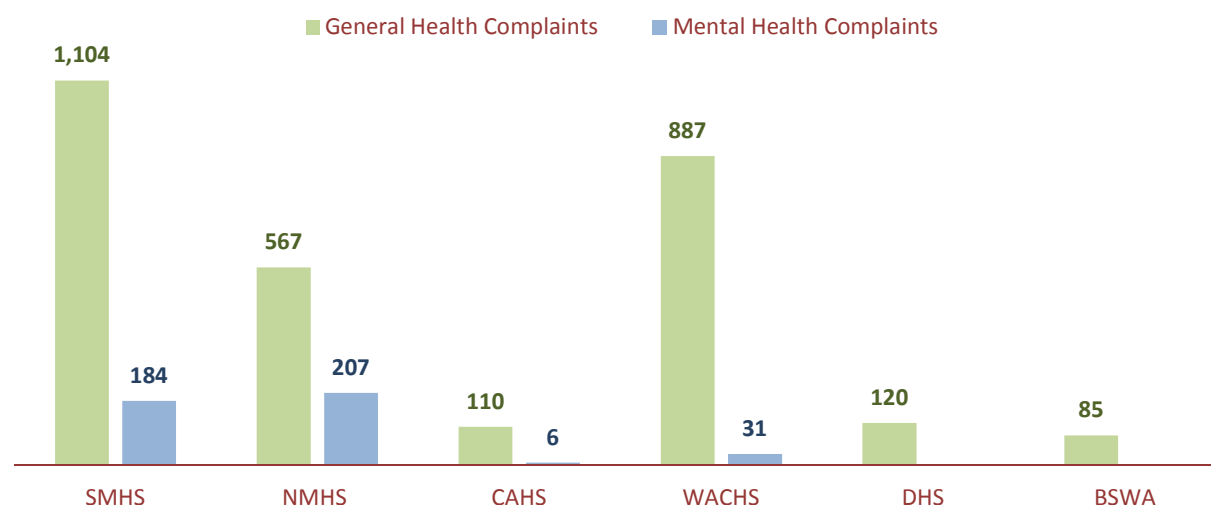
In March 2010 Western Australia established, as the first state in Australia, the Mental Health Commission with the responsibility for strategic policy, planning, purchasing and monitoring of mental health services in WA. The Mental Health Commission set out a ten year strategic policy.<sup>8</sup> Its Action Area 9: *A High Quality System* underlines the need of consumer focused service reviews for quality improvement purposes. If health services are expected to take action following a consumer-focused approach, it is of high importance to recognise the specific needs of consumers of mental health care services. Accordingly, this report draws attention to occasions when consumers have perceived suboptimal care whilst engaged with mental health services.

## New Complaints across WA Health 2011 – 2012

From 1 July 2011 to 30 June 2012 a total of 3,576 complaints were notified across public health services in Western Australia. Of the total number of complaints, 88.0% (n= 3,148) were associated with general health care services and 12.0% (n= 428) were recorded in mental health services. Figure 1 shows the distribution of complaint notification by health service.

Complaint notifications in regard to mental health were not applicable for Dental Health Service (DHS), Breast Screen WA (BSWA) and Other Health Services (Other HS).

The diversity of the health services according to their catchment area, population size, comprising sites and specifications does not allow a valid data comparison.



	SMHS	NMHS	CAHS	WACHS	DHS	BSWA	Other HS <sup>c</sup>	Total
General Health	1,104	567	110	887	120	85	275	3,148
Mental Health	184	207	6	31	NA	NA	NA	428
Total	1,288	774	116	918	120	85	275	3,576

**Figure 1:** Complaints Reported by Health Service, 2011-12

NA= not applicable

<sup>c</sup> See introduction for clarification.

# Complaint Categories and Complaint Issues across WA Health

The WA Health Complaint Management Policy 2009<sup>2</sup> provides health services with a defined list of ten broad complaint categories (see Appendix II). One complaint can then be broken down into its respective issues to determine its underlying origin, which then assists health services in identifying the consumers concerns; as such several issues may arise from one complaint.

The total of 3,576 complaints in 2011-12 resulted in 6,170 complaint issues (see Figure 2); accounting for an average of 1.7 issues per complaint.

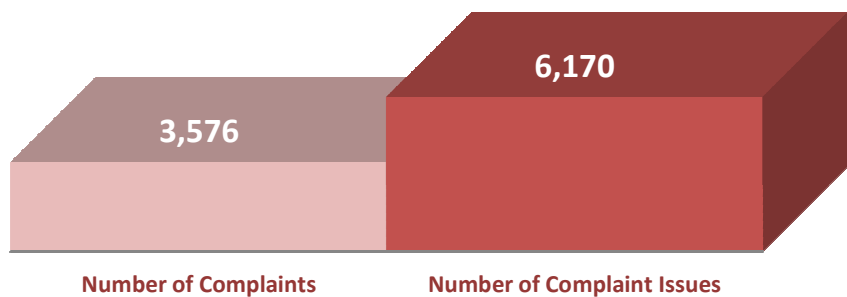


Figure 2: Total Reported Complaints and Complaint Issues, 2011-12

## Complaint Issues by Category across WA Health

Table 1 displays the ten defined complaint categories and the proportional distribution for the total recorded complaint issues (n= 6,170) within their respective category in 2011-12. The five most frequently indicated categories represent 88.9% (n= 5,483) of all notified issues.

Complaint Category	Allocated Issues	Refers to:
1. <b>Access</b>	<b>1,002</b> (16.2%)	Availability of services in terms of location, waiting times and other constraints that limit service.
2. <b>Communication</b>	<b>1,292</b> (20.9%)	Quality and quantity of information provided about treatment, risks and outcomes.
3. <b>Decision-making</b>	<b>136</b> (2.2%)	Consultation with the consumer in the decision-making process.
4. <b>Quality of Clinical Care</b>	<b>1,874</b> (30.4%)	Assessment, planning, implementation and evaluation of clinical care by any health care professional.
5. <b>Costs</b>	<b>231</b> (3.7%)	Issues about costs and fee structures.
6. <b>Rights, Respect and Dignity</b>	<b>974</b> (15.8%)	Consumer's mandated or legislated human and health care rights.
7. <b>Grievances</b>	<b>72</b> (1.2%)	Individual's rights to have timely and fair management of the complaint.
8. <b>Corporate Services</b>	<b>341</b> (5.5%)	Corporate issues resulting in complaint.
9. <b>Professional Conduct</b>	<b>207</b> (3.4%)	Alleged unethical and alleged illegal practices.
10. <b>Carers Charter</b>	<b>41</b> (0.7%)	Complaints regarding the Carers' Charter.

**Table 1:** Complaint Categories and Allocated Issues, 2011-12

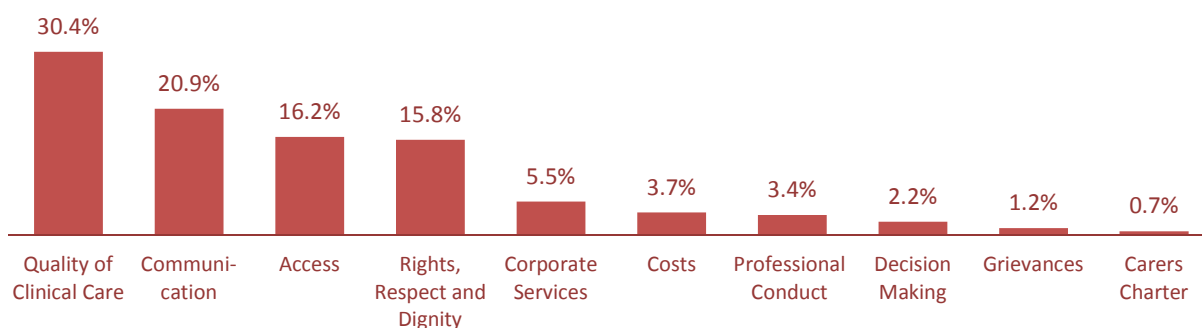
Note that number 1-10 represents the order in the categorisation list and does not refer to the number of issues.

As Figure 3 illustrates, the category 'Quality of Clinical Care' accounted for the highest number of notified complaint issues (30.4%, n= 1,874), followed by 20.9% (n= 1,292) being attributed to communication issues.

Similar proportions of issues were notified for the categories 'Access' with 16.2% (n= 1,002) and 'Rights, Respect and Dignity' with 15.8% (n= 974).

Issues about corporate services (n= 341) constituted 5.5% of total complaints, making it the fifth most frequently reported category.





**Figure 3: Percentages of Complaint Issues by Category, 2011-12**

Note that due to rounding, cumulative percentages for the top five complaint issues due not match 88.9% as stated above.

## Primary Complaint Categories across WA Health

The complaint categories assist to identify areas in need of safety and quality improvement. The primary categories are those most frequently assigned, and therefore reveal the areas with the highest need for action. In the following section the five primary complaint categories and their respective issues in 2011-12 are considered in detail and a case study is given as an illustrated example for an issue that may arise in a category. The case studies were provided by health services; some were amended to illustrate the significance of underlying issues in a complaint. Other case studies were conceived for the same purpose of presenting clear examples.

## Primary Complaint Category: Quality of Clinical Care

### Quality of Clinical Care (30.4%, n= 1,874 in 2011-12):

Refers to the assessment, planning, implementation and evaluation of clinical care by any health care professional: e.g. inadequate assessment/ diagnosis/therapy/infection control; inadequate/ wrong/ poor co-ordinated treatment; pain/ medication issues; post surgery/procedure complications; test results not followed up; discharge/ transfer; or refusal to refer or assist to obtain a second opinion.

**In 2011-12, issues allocated to this category were mostly regarding inadequate treatment or therapy (n= 566), inadequate assessment (n= 311) as well as discharge or transfer arrangements (n= 237; see Figure 4).**

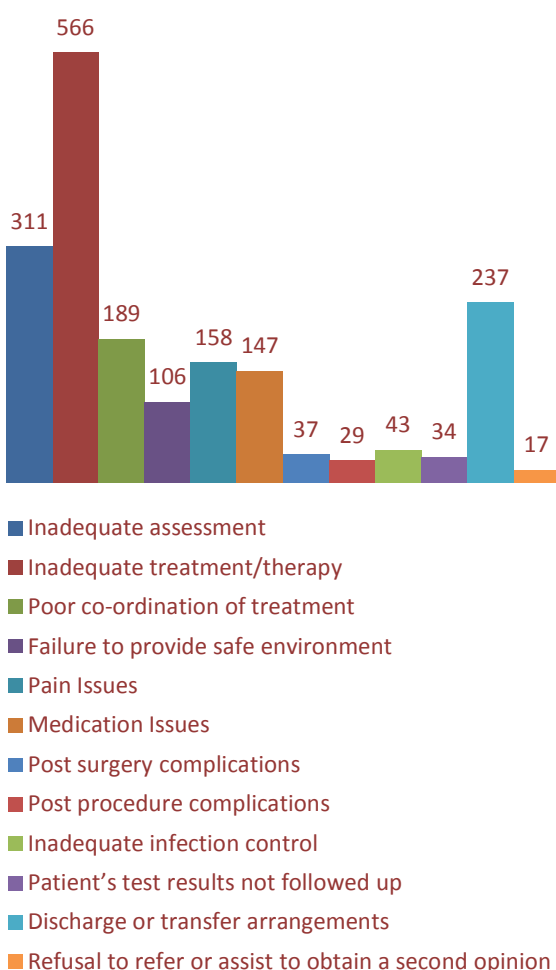


Figure 4: Quality of Clinical Care Issues, 2011-12

### Case Study Quality of Clinical Care

A 34 year old woman presented to the Emergency Department after being referred by her general practitioner with suspected acute gastritis. The patient was clinically assessed at triage, however it was not disclosed that the patient was 21 weeks pregnant until her medical review one hour later. A midwife then attended and the foetus was noted to be in foetal distress prompting an urgent obstetric review.

A complaint was received from the patient concerned, that the midwife had not been called to attend to her sooner.

When investigating, the triage nurse indicated that it did cross her mind that the patient may be pregnant, however due to the risk of causing an offence the triage nurse didn't ask the question in case the patient was not pregnant.

#### Outcome:

The triage assessment form was revised to include the following question:

*"Are you or could you be pregnant?"*

This question now forms part of the formal clinical assessment of appropriate female patients to ensure a patient's potential pregnancy is detected and midwifery assessment can be undertaken at the earliest opportunity.

## Primary Complaint Category: Communication

### COMMUNICATION (20.9%, n= 1,292 in 2011-12):

Refers to quality and quantity of information provided about treatment, risks and outcomes: inadequate information about diagnostic testing/ treatment options/ alternative procedures/ risks; inadequate information on services available; misinformation/ failure in communication; inadequate/ inaccurate records; inadequate written communication; inappropriate verbal/ non-verbal communication; or failure to listen to consumer and act on the information provided.

In 2011-12, issues allocated to this category were mostly regarding inappropriate communication (n= 459), the failure to listen to consumers (n= 273), as well as failure in communication or misinformation (n= 250; see Figure 5).

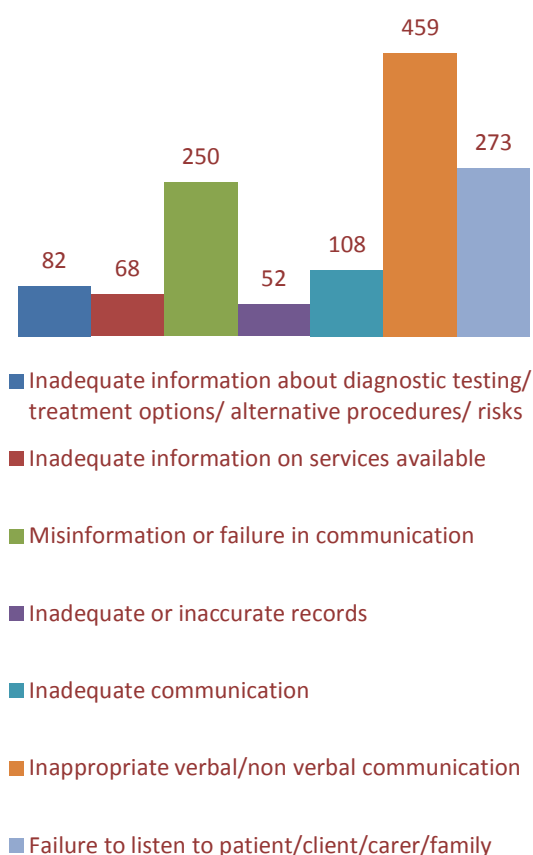


Figure 5: Communication Issues, 2011-12

### Case Study Communication

An elderly patient passed away unexpectedly in the early hours of a Sunday morning. The family were contacted and attended shortly thereafter.

A complaint was received from the family, stating that there was very little information and assistance given in relation to post mortem procedures and services. The family was quite distressed and felt that no one on the ward appeared to be able to provide them with information about what they should do or who they should contact for funeral arrangements.

A review of in-hours practices showed that Pastoral Care provided the appropriate support in the event of a patient passing away however this support was not available after hours. It was also found that there was no reference material to assist families in making appropriate arrangements.

#### Outcome:

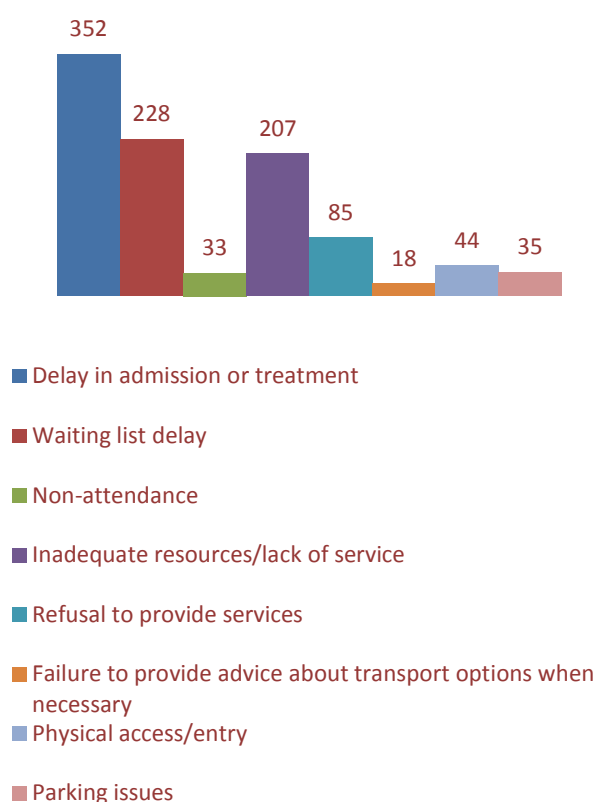
A review of pastoral care services was undertaken and an after-hours on-call service for Pastoral Care was implemented. Furthermore, an information pack was developed to provide information about post mortem procedures and arrangements and to advise consumers regarding the relevant available services.

## Primary Complaint Category: Access

### ACCESS (16.2%, n= 1,002 in 2011-12):

Refers to availability of services in terms of location, waiting times and other constraints that limit the service: delay in admission/ treatment; delays occurring after consumer is at the point of service; waiting list delay; non-attendance; inadequate resources/ lack of service; refusal to provide services; failure to provide advice about transport options when necessary; physical access/ entry; parking issues.

**In 2011-12, issues allocated to this category were mostly regarding delays in admission or treatment (n= 352), waiting list delays (n= 228), as well as inadequate resources or lack of service (n= 207; see Figure 6).**



**Figure 6:** Access Issues, 2011-12

### Case Study Access

An elderly man was admitted to hospital because of his elevated blood pressure. Later that day his treating doctor told him that his blood pressure was back to normal and he could be discharged immediately. This news was surprising for the patient and he became worried about how to get home. He wanted to discuss that matter with his daughter and asked a nurse to phone her. The brief reply was that dialling calls for patients was not the nurses' responsibility, resulting in the patient lodging a complaint.

#### **Outcome:**

The hospital apologised for the failure to provide assistance to clarify the patients' transport options. The staff got advice that their tasks and responsibilities for necessary transport not only include assistance for inter-hospital transport for the duration of hospitalisation, but also to support patients to arrange their transport home after discharge with giving assistance to access a telephone.

## Primary Complaint Category: Rights, Respect and Dignity

### RIGHTS, RESPECT AND DIGNITY (15.8%, n= 974 in 2011-12):

Refers to inconsiderate service/ lack of courtesy; absence of caring; failure to ensure privacy; breach of confidentiality; discrimination; failure to comply with the requirements of the *Mental Health Act (1996)*; translating/ interpreting service problems; certificate/ report problems; barriers to accessing personal health records.

In 2011-12, issues allocated to this category were mostly regarding an inconsiderate service or lack of courtesy (n= 415), absence of caring (n= 306), as well as the disrespect of patients' rights (n= 94; see Figure 7).

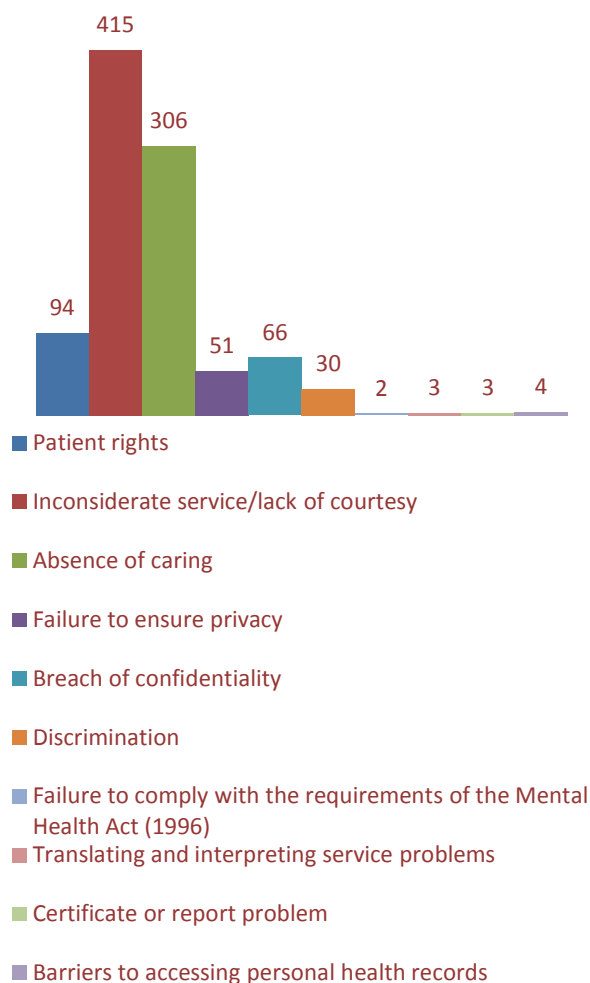


Figure 7: Rights, Respect and Dignity Issues, 2011-12

### Case Study Rights, Respect and Dignity

A 74 year old woman was admitted to hospital with acute retention of urine and a temporary catheter was inserted. Due to over-occupancy, she was lying in a bed behind curtains on the ward-floor when her daughter attended.

The patients' daughter raised a complaint after she found her mother exposed from the waist down and uncovered as a consequence of half-opened curtains around her.

#### Outcome:

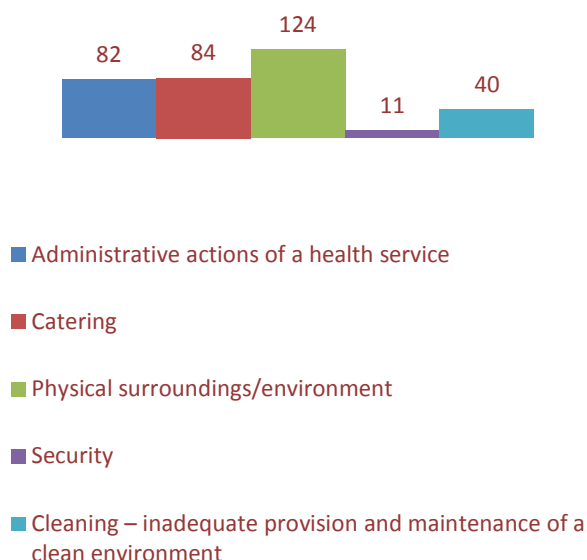
The patient received an apology from the hospital for the breach of her dignity by the failure to offer the appropriate cover. This matter was addressed in following team meetings, to elevate staff awareness and sensitivity about patients' rights, respect and dignity and to ensure the protection of these rights.

## Primary Complaint Category: Corporate Services

### Corporate Services (5.5%, n= 341 in 2011-12):

Refers to corporate issues resulting in complaint: administrative actions of a hospital/ health service; catering; physical surrounding/ environment/ security/ cleaning/ fraud/ illegal practice of a financial nature.

In 2011-12, issues allocated to this category were mostly regarding the physical surroundings or the environment (n= 124), catering (n= 84), as well as administrative actions of the health services (n= 82; see Figure 8).



**Figure 8:** Corporate Services Issues, 2011-12

Note: There was no complaint recorded related to fraud/illegal practice of a financial nature.

### Case Study Corporate Services:

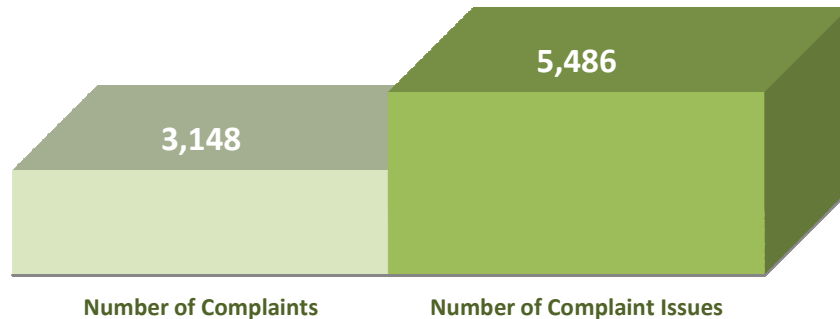
A carer complained that the waiting room chairs in the Emergency Department of a Perth metropolitan hospital were unclean and not well maintained.

#### Outcome:

The type of chairs currently in use was reviewed and it was found that replacements were required. A different type of chair was ordered which could be cleaned more effectively. In the interim a strict cleaning schedule was implemented to ensure each bank of chairs was cleaned regularly.

## New Complaints in General Health 2011 – 2012

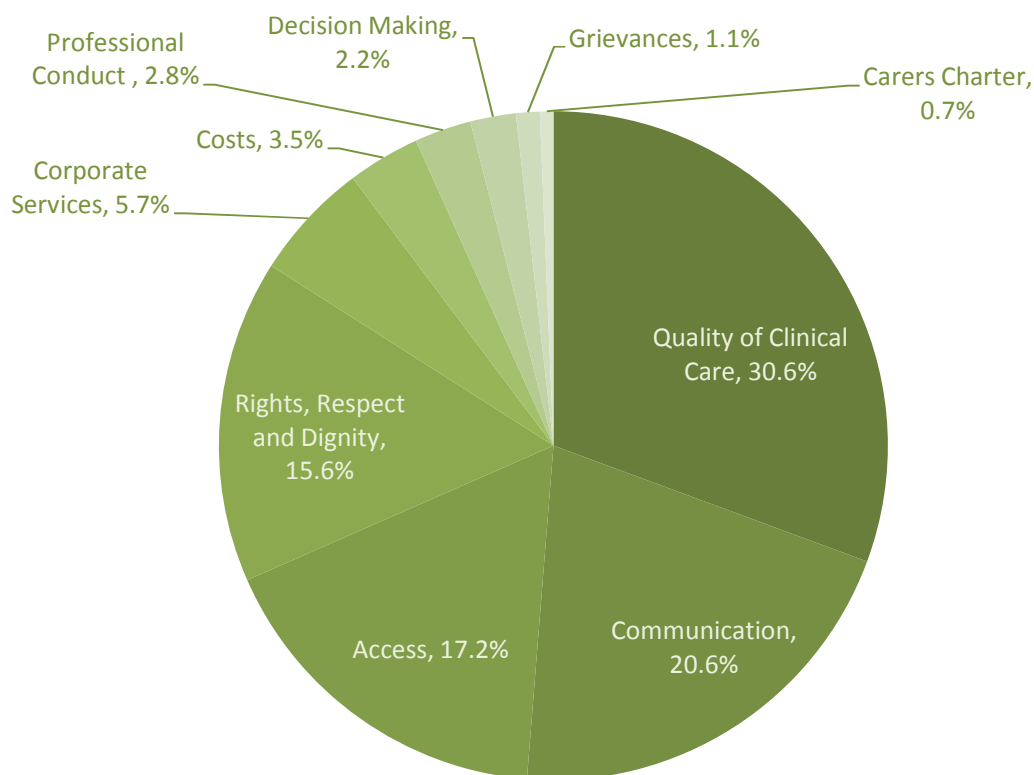
The 3,148 complaints recorded for general health services produced 5,486 general health issues, accounting for an average of 1.7 issues per general health complaint. Figure 9 illustrates the relationship of complaints and issues for general health services.



**Figure 9:** Complaints and Complaint Issues Related to General Health Care, 2011-12

### Primary Complaint Categories in General Health

This section reflects the findings from the analysis of complaint issues arising from general health services. Figure 10 presents an overview of the distribution of the 5,486 complaint issues within the ten complaint categories. Table 2 displays the top five complaint types by frequency, accounting for 89.8% (n= 4,924) of all complaint issues, reported for general health services in 2011-12.



**Figure 10:** Complaint Issues in General Health Services by Category, 2011-12

In 2011-12, 'Quality of Clinical Care' was the most frequently assigned complaint category (30.6%), followed by 20.6% complaints, stating communication issues within general health services in WA Health (see Table 2).

Access related issues accounted for 17.2% of complaint issues, and 15.6% of issues related to 'Rights, Respect and Dignity', representing number three and four out of the top five complaint categories, while corporate service issues (5.7%) constituted the last category in this rank.

Top Five Complaint Categories for General Health:	
<b>Quality of Clinical Care</b> 30.6%	1,680
<b>Communication</b> 20.6%	1,132
<b>Access</b> 17.2%	941
<b>Rights, Respect and Dignity</b> 15.6%	857
<b>Corporate Services</b> 5.7%	314

**Table 2:** Top Five Complaint Categories for General Health, 2011-12

Note that due to rounding the percentages do not equal the above stated 89.8%.



## General Health Complaint Issues by Health Service

The following section reviews the allocation of complaint issues to their applicable complaint categories across WA Health general health services within South Metropolitan Health Service (SMHS); North Metropolitan Health Service (NMHS); Children and Adolescent Health Service (CAHS); as well as Western Australia Country Health Service (WACHS)<sup>d</sup> for 2011-12. Additionally the specialist services, Dental Health Service (DHS) and Breast Screen WA (BSWA), are included in this section.

### Complaint Issues within South Metropolitan Health Service – General Health

A total of 1,740 complaint issues were lodged for general health services within SMHS, accounting for an average of 1.6 issues per complaint. The primary complaint categories mirrored the findings for all recorded issues across WA Health (see Figure 11): issues regarding quality of clinical care were most frequently reported (n= 589), followed by communication issues (n= 309), access issues (n= 303) as well as issues related to rights, respect and dignity (n= 276), and issues regarding corporate services (n= 80).

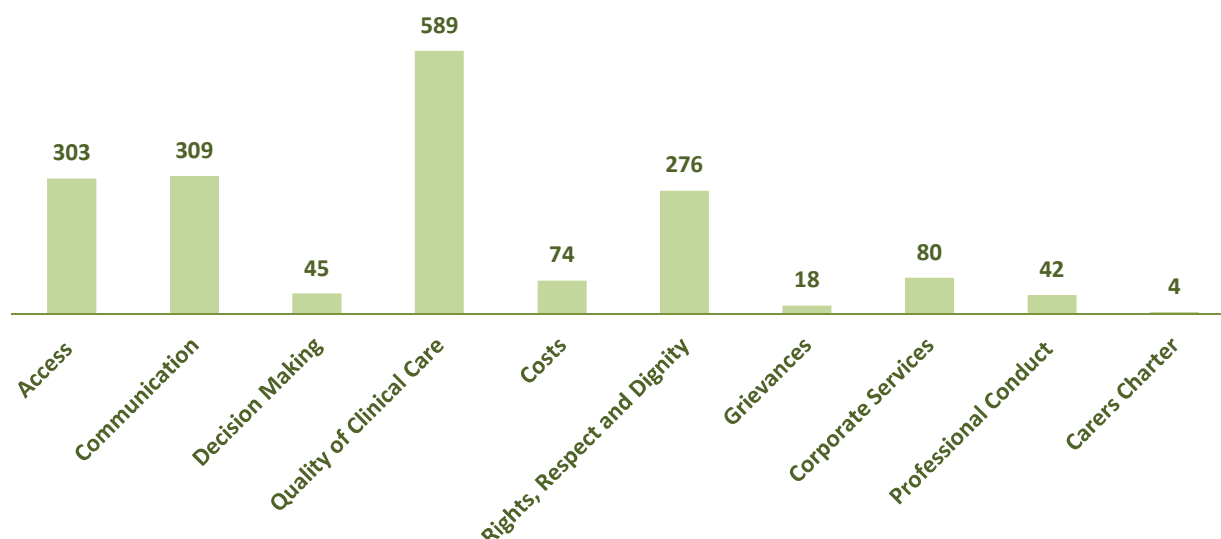


Figure 11: Complaint Issues by Category for General Health Care within SMHS, 2011-12

### Complaint Issues within North Metropolitan Health Service – General Health

Complaints related to general health services within NMHS resulted in 1,101 issues, with a ratio of 1.9 issues per complaint. Figure 12 illustrates a repeating pattern for top five most frequently

<sup>d</sup> The introduction provides an overview of which hospitals/services constitute the respective service. Please find in Appendix I an overview of the service scope of the reporting sites/services.

notified categories compared to the system-wide ranking. The quantity of cost-related issues was equivalent to corporate service issues (n=42).

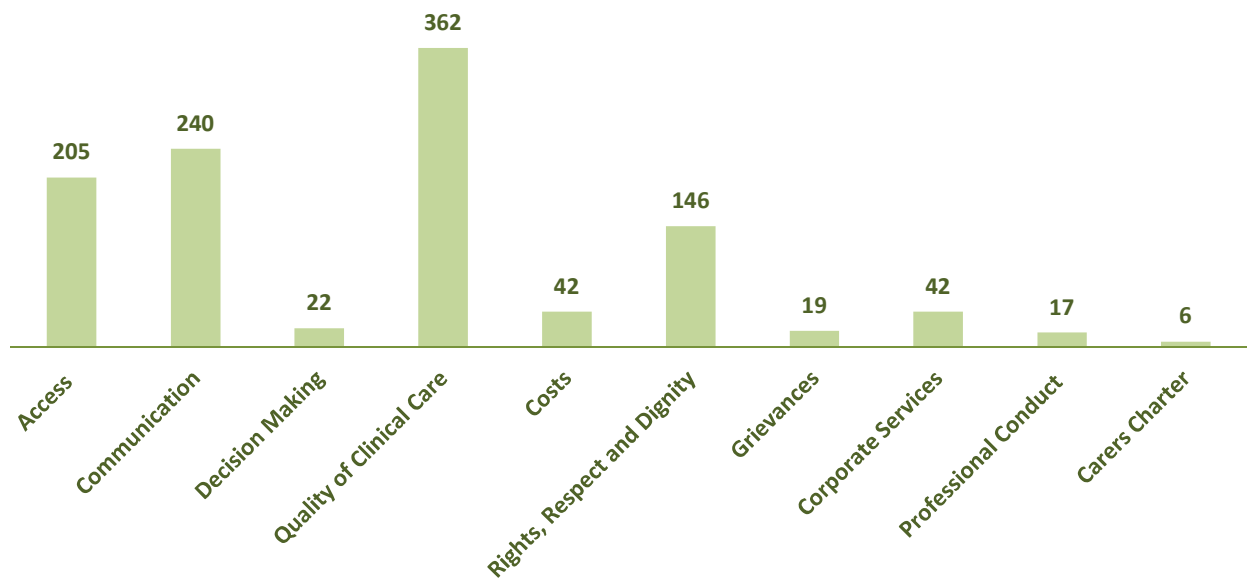
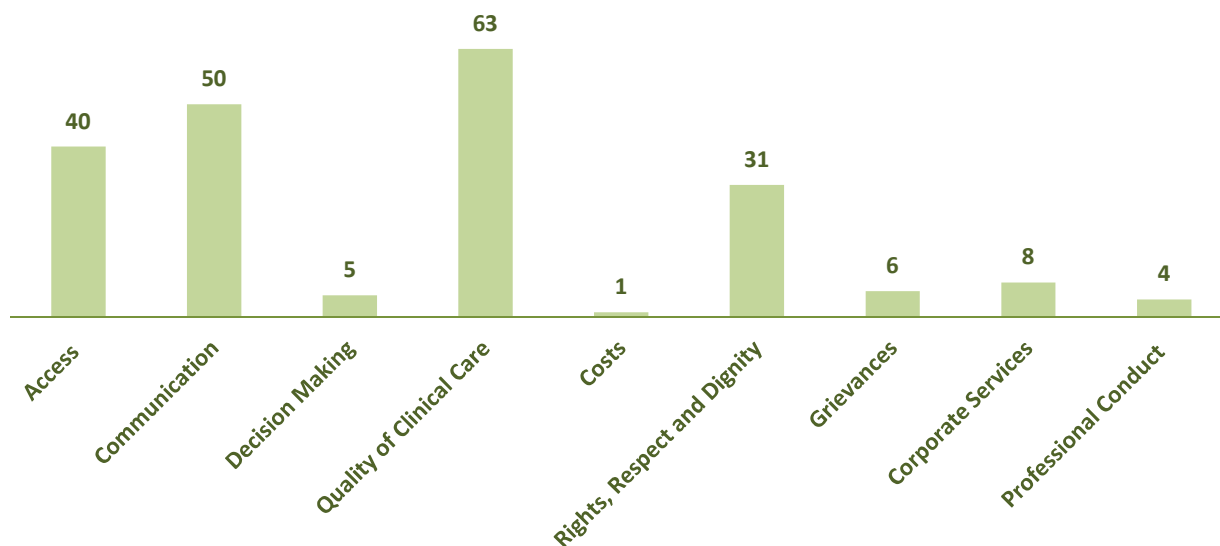


Figure 12: Complaint Issues by Category for General Health Care within NMHS, 2011-12

**Complaint Issues within Child and Adolescent Health Service – General Health**

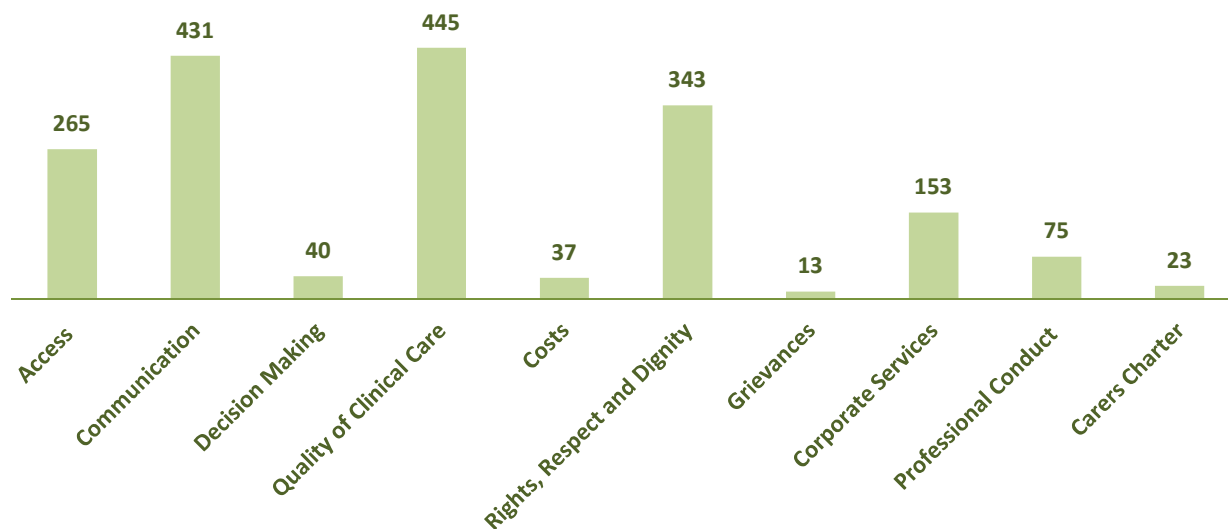
For general health services within CAHS, a total of 208 issues were captured, resulting in 1.9 issues per complaint. The order of notified categories in general health was similar to the ranking of primary complaint categories across all WA Health services (see Figure 13). No issues were assigned to the carers’ charter category.



**Figure 13:** Complaint Issues by Category for General Health Care within CAHS, 2011-12

### Complaint Issues within WA Country Health Service – General Health

Within WACHS, a total of 1,825 issues arose from complaints relating to general health care, with an average of 2.1 issues per complaint. As Figure 14 displays, issues relating to rights, respect and dignity were more frequently notified compared to all WA health services.



**Figure 14:** Complaint Issues by Category for General Health Care within WACHS, 2011-12

### Complaint Issues within Dental Health Service

Within DHS, 141 issues were recorded, accounting for an average of 1.2 issues per complaint. Figure 15 displays the allocation of the 141 issues to their respective categories. Access issues were most frequently reported (n= 57) by a clear margin to the following categories: 'Costs' (n= 22), 'Quality of Clinical Care' (n= 19), 'Rights, Respect and Dignity' (n= 16) as well as 'Communication' (n= 14; see Figure 15).

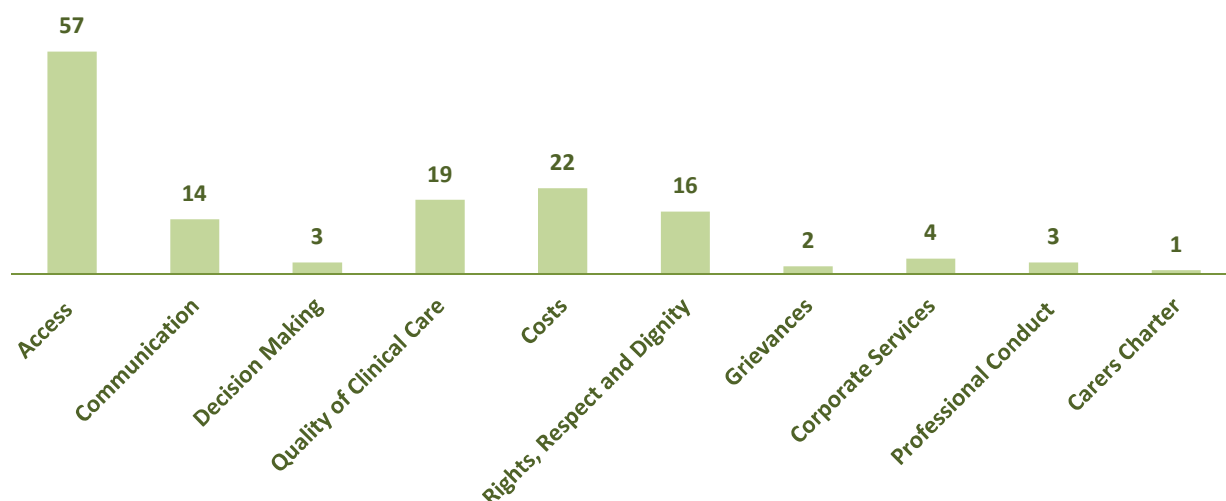


Figure 15: Complaint Issues by Category within DHS, 2011-12

### Complaint Issues within Breast Screen WA

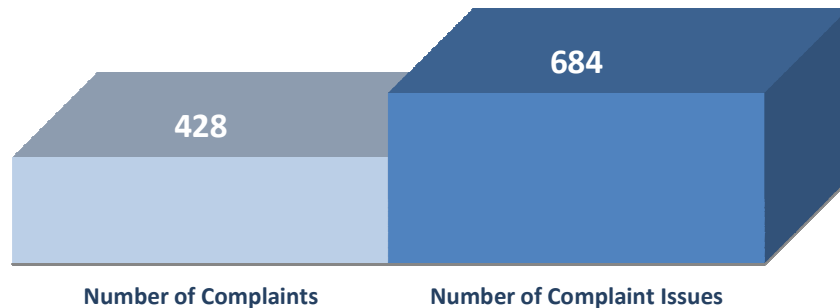
The ratio of issues per complaint was 1.1 within BSWA, with a total of 91 issues being captured under six categories (see Figure 16). Issues related to rights, respect and dignity were most frequently reported (n= 27), closely followed by access issues (n= 24). Additionally assigned were the categories 'Communication' (n= 18), 'Quality of Clinical Care' (n= 14), 'Corporate Services' (n= 6) as well as 'Grievance' (n= 2).



Figure 16: Complaint Issues by Category within BSWA, 2011-12

## New Complaints in Mental Health 2011 – 2012

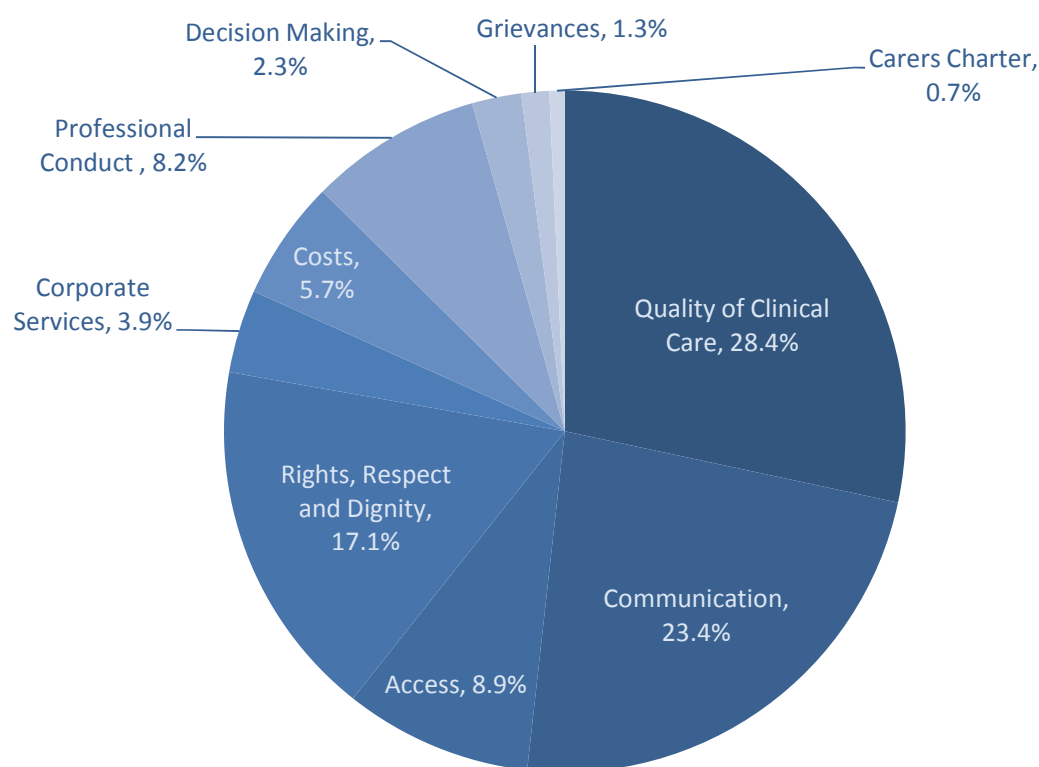
With regard to mental health services, 428 complaints with 684 issues were reported, accounting for 1.6 issues per complaint in 2011-12. The relationship of complaints and issues in mental health services is displayed in Figure 17.



**Figure 17:** Complaints and Complaint Issues Related to Mental Health Care, 2011-12

## Primary Complaint Categories in Mental Health

This section concentrates on the review of complaint issues reported in mental health services. Figure 18 illustrates the allocation of the 684 complaint issues within the ten complaint categories. Table 3 shows the five most frequently notified categories in mental health services in 2011-12.



**Figure 18:** Complaint Issues in Mental Health Services, 2011-12  
Note that due to rounding percentages do not equal 100%.

Top Five Complaint Categories for Mental Health:	
<b>Quality of Clinical Care</b> 28.4%	194
<b>Communication</b> 23.4%	160
<b>Rights, Respect and Dignity</b> 17.1%	117
<b>Access</b> 8.9%	61
<b>Professional Conduct</b> 8.2%	56

**Table 3:** Top Five Complaint Categories for Mental Health, 2011-12

‘Quality of Clinical Care’ was the most frequently assigned mental health complaint category accounting for 28.4% notified issues, followed by ‘Communication’ (23.4%; see Table 3). In comparison to all reported issues as well as issues in general health services, the third most frequently reported category for mental health complaints constituted issues relating to rights, respect and dignity (17.1%), while ‘Access’ (8.9%) and ‘Professional Conduct’ (8.2%) took the fourth and fifth rank respectively within mental health complaint categories.

## Mental Health Complaint Issues by Health Service

This section presents the findings about the allocation of complaint issues to their applicable complaint categories across WA Health Services – Mental Health within South Metropolitan Health Service (SMHS); North Metropolitan Health Service (NMHS); Children and Adolescent Health Service (CAHS); as well as WA Country Health Service (WACHS) for 2011-12.<sup>e</sup>

### Complaint Issues within South Metropolitan Health Service – Mental Health

With regard to mental health care, a total of 292 issues were notified, accounting for an average of 1.6 issues per complaint. As Figure 19 shows, 'Costs' was the fifth primary assigned category (n= 15) and therefore proportionally more complaints regarding cost issues were recorded for South Metropolitan mental health services in comparison to all mental health services across WA Health. In 2011-12, no issue was allocated to the category 'Carers' Charter'.

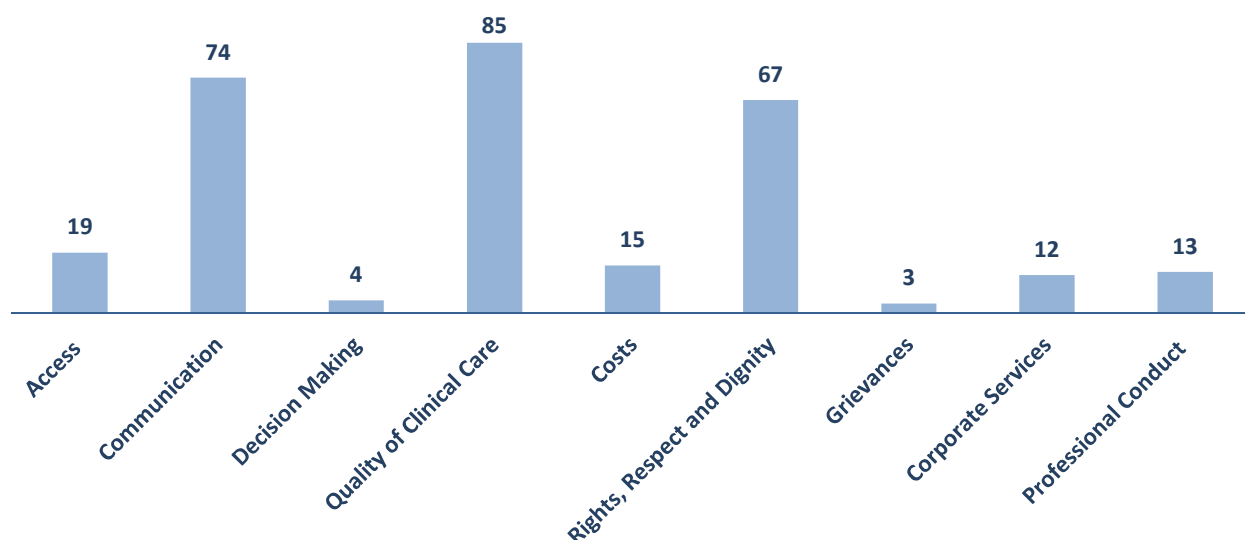
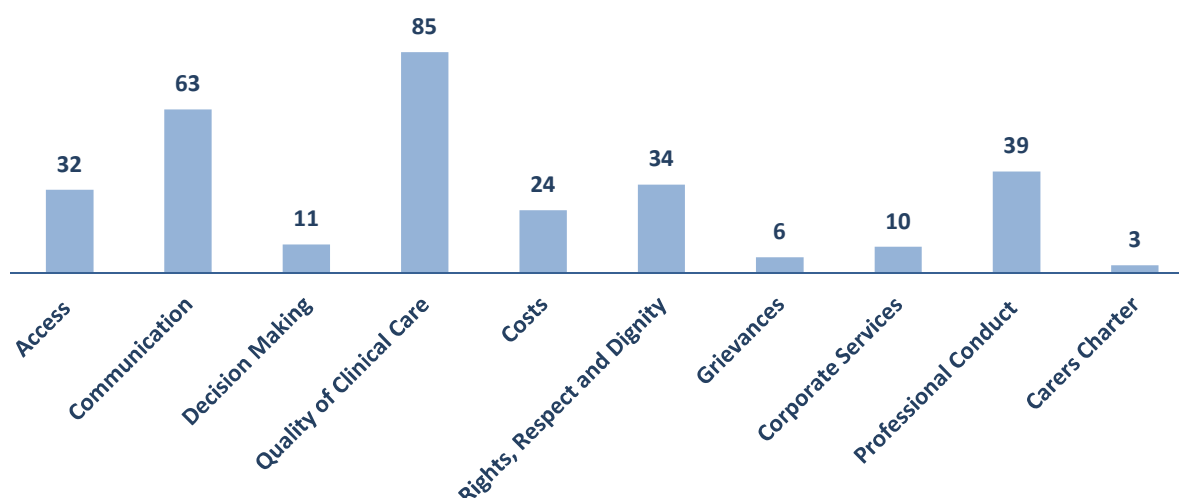


Figure 19: Complaint Issues by Category for Mental Health Care within SMHS, 2011-12

### Complaint Issues within North Metropolitan Health Service – Mental Health

Mental health services within NMHS captured 307 issues, with an average of 1.5 issues per complaint. 'Professional Conduct' was the third most frequently assigned complaint category (see Figure 20) and indicates a higher significance in this category for NMHS compared to the overall of all mental health services across WA Health.

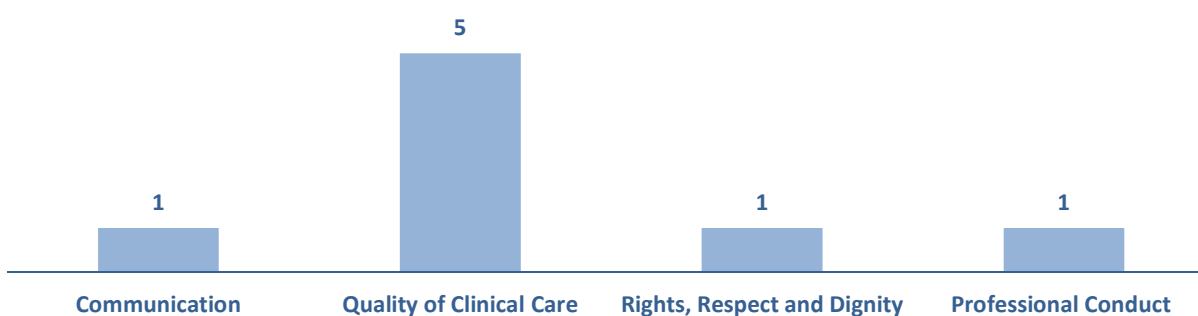
<sup>e</sup> The introduction provides an overview of which hospitals/services constitute the respective service. Please find in Appendix I an overview of the service scope of the reporting sites/services.



**Figure 20:** Complaint Issues by Category for Mental Health Care within NMHS, 2011-12

### Complaint Issues within Child and Adolescent Health Service – Mental Health

CAHS mental health service (CAMHS) recorded eight issues, accounting for 1.3 issues per complaint. Figure 21 illustrates the allocation of the issues to four complaint categories. Five issues were assigned to 'Quality of Clinical Care'; one complaint was notified within each of the categories 'Communication', 'Rights, Respect and Dignity' as well as 'Professional Conduct'. No complaints were made under the remaining six categories.

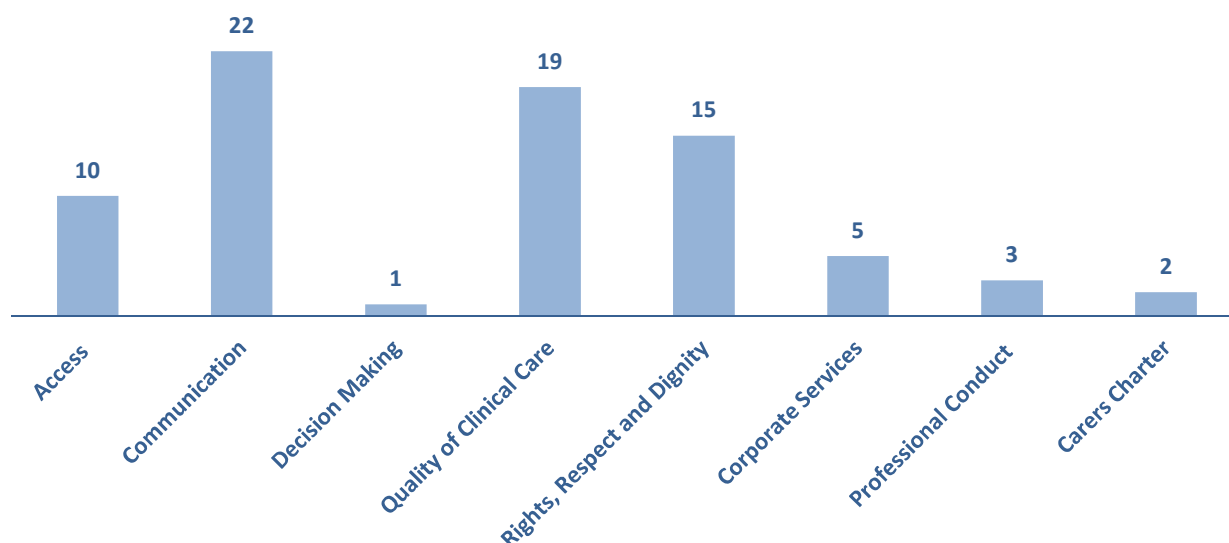


**Figure 21:** Complaint Issues by Category for Mental Health Care within CAHS, 2011-12



### Complaint Issues within WA Country Health Service – Mental Health

A total of 77 recorded issues summarised a ratio of 2.5 issues per complaint for mental health services within WACHS. As Figure 22 shows, communication issues (n= 22) were most frequently reported, closely followed by 'Quality of Clinical Care' (n= 19). Nil complaints were notified within the categories 'Costs' and 'Grievance'.



**Figure 22:** Complaint Issues by Category for Mental Health Care within WACHS, 2011-12

## Complaint Resolution

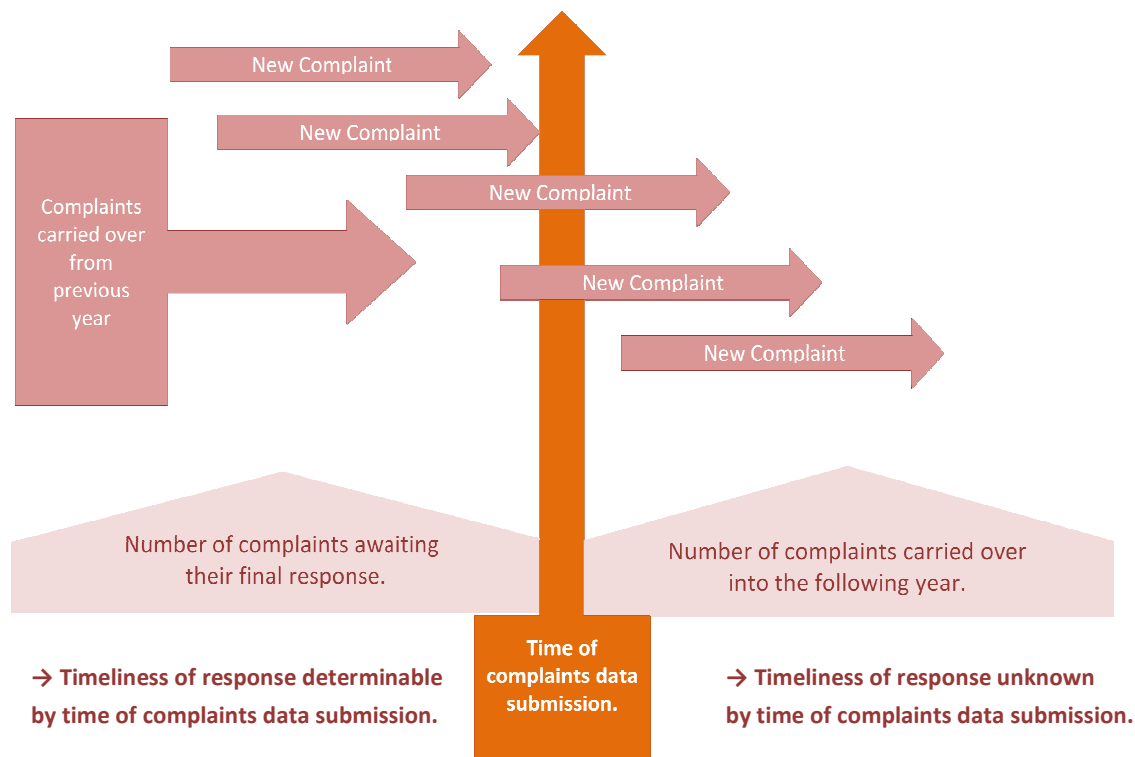
The WA Health Complaints Management Policy 2009 requires that complaints should be resolved in a timely manner to demonstrate the commitment to the complaint management process with regard to the acknowledgement of complaints and addressing the concerns of health care consumers. The recommended timeframe to resolve a complaint is within 30 working days of receipt or as soon as practicable and in the best interests of all parties.<sup>2</sup>

This section reviews complaint resolution without differentiation of general and mental health care. The health services considered were SMHS, NMHS, CAHS, WACHS, DHS and BSWA.

To analyse the total number of complaints for resolution within each health service, the number of complaints carried over from the previous year was added to the number of new complaints. Furthermore, complaints carried over into financial year 2012-13 were reviewed. Please note that due to lags in the time of data submission and the timelines for response, the number of complaints carried over into the following year does not necessarily reflect a total number of unresolved complaints but may include a certain proportion of complaints that will still receive a response within 30 working days (see Figure 23). Moreover, complaints carried over from previous year may potentially include complaints that have been carried over for a number of months. Complaints referred to an external agency<sup>f</sup> are considered closed or resolved for reporting purposes and therefore that number was subtracted to calculate the total number of complaints for resolution. Due to incompleteness of complaints data at the time of analysis, the sum of complaints resolved within or later than 30 working days does not always reflect the number of complaints for resolution.

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<sup>f</sup> If a complaint is unable to be resolved internally at health service level, it is referred to an external agency, e.g. Health and Disability Services Complaints Office, Health Consumers' Council.



**Figure 23:** Time Lag for Complaint Resolution Reporting

## Complaint Resolution across WA Health

Table 4 presents an overview of the number of new complaints notified in public health services as well as the number of complaints carried over from the previous financial year to calculate total complaints for resolution in 2011-12. On state-wide average, 7.9% complaints for resolution were contributed to carried-over complaints, ranging from zero in the specialist health services DHC and BSWA to 10.2% in SMHS. Eight (0.2%) complaints were unable to be resolved internally, constituting a marginal proportion in relation to all complaints notified across WA Health.

Complaints across WA Health	New Complaints	Carried Over from Previous Year**	Referred to External Agency***	Total Complaints for Resolution
SMHS	1,288	146 (10.2%)	(-) 1	1,433
NMHS	774	63 (7.6%)	(-) 5	832
CAHS	116	10 (7.9%)	0	126
WACHS	918	64 (6.5%)	0	982
DHS	120	0	(-) 2	118
BSWA	85	0	0	85
<b>WA Health</b>	<b>3,301*</b>	<b>283 (7.9%)</b>	<b>(-) 8</b>	<b>3,576</b>

**Table 4:** Complaint Resolution across WA Health, 2011-12

\*Note that complaints data from public patients in private hospitals (n= 275) are not included in this analysis.

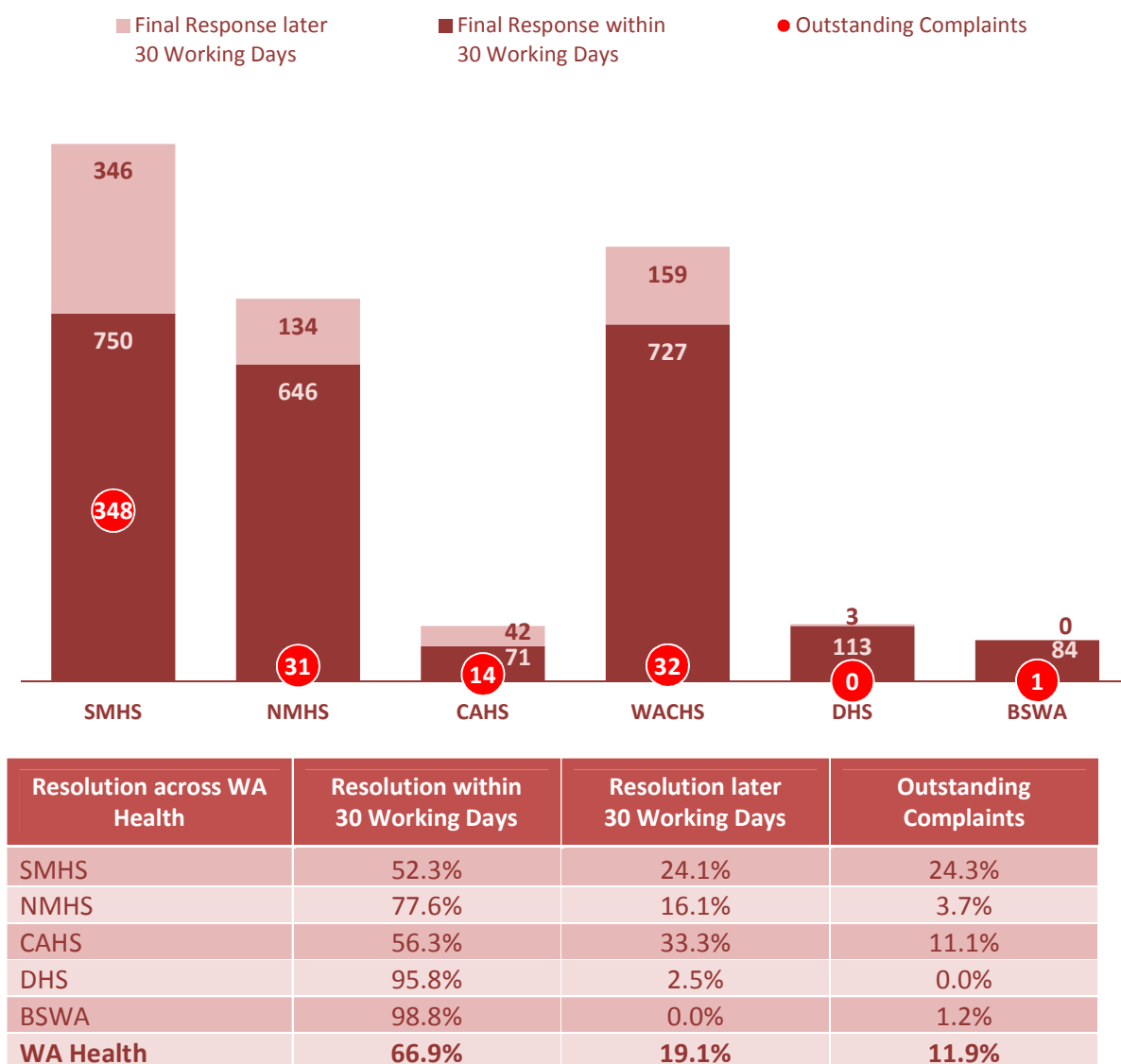
\*\*Note: Percentages show the portion of carried over complaints on total complaints for resolution.

\*\*\*Note: The negative numbers indicate that those complaints were subtracted, to calculate the total number of complaints for resolution.

Figure 24 illustrates the resolution rates across WA Health. The complaints data spreadsheet WACHS provides to the Department of Health, does not conform to the reports submitted by the metropolitan health services. Hence, the percentages for complaint resolution for WACHS had to be excluded.

About two thirds (66.9%) of state-wide notified complaints could be resolved in a timely manner of 30 working days. The compliance with the set timeframe for complaint resolution ranged between 98.8% in BSWA down to 52.3% in SMHS.

The proportion of outstanding complaints rose from 7.9% in the beginning of 2011-12 to 11.9% in the beginning of 2012-13 across WA Health. The quantity of carried over complaints increased significantly in SMHS from 146 to 348 unresolved complaints.



**Figure 24:** Complaint Resolution across WA Health, 2011-12

Note that percentages relate to total complaints for resolution.

Note that percentage for WACHS data could not be included due to differing reporting.

Note that due to discrepancies in data, finally responded complaints and complaints carried over into the following year do not equal 100% complaints for resolution.

## Conclusion

The primary assigned complaint categories across WA Health determined 'Quality of Clinical Care', 'Communication', 'Access', 'Rights, Respect and Dignity' as well as 'Corporate Services' as key areas of patients' concerns in 2011-12.

General health services followed the same pattern of complaint issue allocations as that of all health services.

Mental health services data have revealed that perceived disregard of rights, respect and dignity induced more consumers to lodge a complaint in comparison to general health services. Additionally issues regarding professional conduct were more frequently recorded than issues in relation to corporate services.

The majority of complaints were resolved within 30 working days, though the review for each health service revealed broad variations for a timely response.

## Recommendations

Analysis of the data collated from WA Health services for this report identified the following aspects for an increased focus of safety and quality improvement strategies:

- All health services should continue to focus on quality of clinical care, as the most frequently assigned complaint category. Particularly issues regarding inadequate therapy and assessment were persistently reported in consumers' complaints.
- Communication processes should be reviewed within all health services, since approximately every fifth issue has been allocated to this category.
- Access issues recurrently have raised concerns within all health services, and point out a necessary evaluation of access standards.
- The compliance with and value of patients' rights, respect and dignity should be reviewed across WA Health and education training for staff should be provided.
- The rates of complaints resolved within 30 working days across WA Health indicate that between health services, the proportion of complaints responded to in a timely manner in accordance with the WA Health Complaint Management Policy 2009 varies significantly. Health services should demonstrate accountability and their commitment to effective complaint management. This strongly calls out for the sufficient provision of resources within the complaint management process to consistently resolve complaints in the timely manner of 30 working days.
- Although the total number of complaints carried over into the following year does not necessarily add to the total number of complaints resolved later than 30 working days, the growing proportion of this indicator implies an increasing workload in regard to complaints awaiting their resolution and therefore the risk for complainants experiencing a delay in the timeliness of response.

## Prospect

Western Australians expect a high level of care when they come into contact with the WA health system and, when this expectation is not met, the majority of health care consumers look to health services to implement changes to ensure that similar events do not occur again.<sup>9, 10</sup> It is WA Health's responsibility to utilise consumer feedback to continue to improve our health service.

Comprising about a third of reported complaint issues, it is clear that issues relating to the quality of clinical care have consistently been one of the most frequently reported complaint issues for all health services this year and in previous years. Overall, the most frequently reported issues relating to the quality of clinical care over 2011-12 were related to the provision of inadequate treatment or therapy, inadequate assessment and discharge or transfer arrangements. It is difficult to determine system-level recommendations to address this without supporting information being available to isolate key focus areas.

It is not unexpected that communication issues are frequently reported when health consumers lodge complaints. Communication has long been recognised as a critical component of safe, high quality health care provision, evidenced by a number of large-scale quality improvement projects such as the Australian Commission on Safety and Quality in Health Care's Clinical Communications program<sup>11</sup>. Adding to the national Open Disclosure and Clinical Handover projects, Patient-Clinician Communication is a new stream of work being undertaken by the Commission, which aims to use a patient-centred approach to improving communication by enhancing the consumer's role throughout the health care journey. WA Health is currently working to implement system-wide policies in relation to the Clinical Handover<sup>12</sup> and Clinical Deterioration<sup>13</sup> programs.

Effective health consumer complaints management has the potential to reveal much more information about our health services and hence, improvement opportunities, than is currently being achieved, with the replacement of outdated and non-standard electronic complaints management systems. For example, the capacity to record and monitor trends relating to complaints associated with different services, specialties, patient groups, or outcomes sought by complainants would assist WA Health to focus quality improvement activity on key areas of need. This capability would be most important with the most frequently reported issues relating to the quality of clinical care.

The limitations of the current electronic complaints management systems used across WA Health was recognised in a review by the Clinical Senate in May 2010<sup>14</sup>, recommending that "current complaints databases in health services be updated, standardised, linked and supported by WA Health". Current complaints management systems also compromise WA Health's capacity to fulfil reporting requirements to the Health and Disability Services Complaints Office under the *Health and Disability Services (Complaints) Act 1995*.<sup>15</sup> The inefficiencies of the current complaint management system is somewhat evident in the increase of complaints being carried over and decline in complaints resolution in some health services. The procurement of a standardised complaints management system will be critical for the

integration of complaints information into incident management and more efficient quality assurance activity of the health services.

It is evident throughout this report that, separate to the limitations of the current complaints management systems, there are often issues with the provision of incomplete or inaccurate data. The completeness and accuracy of data provided to the Patient Safety Surveillance Unit is a fundamental element of reporting. Without accurate or complete data, messages about opportunities for improvement may be overlooked. The Patient Safety Surveillance Unit recognises that this presents an important improvement opportunity to consider for the review of the Complaints Management Policy and Toolkit. However, this serves as a timely reminder that health services are ultimately responsible for the quality of their data.

As mentioned, the Patient Safety Surveillance Unit is currently reviewing the WA Health Complaints Management Policy and Toolkit, which will strengthen reporting guidelines to enable more robust analysis and recommendations to be made for health services. It will also incorporate additional information with regard to the reporting of possible misconduct in line with the WA Health Misconduct Policy<sup>16</sup> and legislative requirements.<sup>17</sup> Stakeholders will be invited to comment on the draft policy throughout the consultation phase over the coming months.

Nationally, health services are currently looking to the implementation of *National Safety and Quality Health Service Standards* for accreditation on 1 January 2013. In relation to complaints management within health services, Standard 1: Governance for Safety and Quality in Health Service Organisations is particularly relevant. This standard supports the integration of complaints data into a health service's clinical incident management and quality assurance strategies. Although complaints do not necessarily describe incidents that have resulted in harm to the patient, it nonetheless provides us with a valuable insight into practices that require improvement. The Patient Safety Surveillance Unit has embraced this by incorporating complaints information in the newly released integrated patient safety report *Your Safety in Our Hands in Hospital: An integrated Approach to Patient Safety Surveillance in WA Hospitals, Health Services and the Community 2012*.<sup>1</sup>

The Patient Safety Surveillance Unit would like to recognise the work of WA Health staff involved with the management of complaints, and the health consumers who take the time to assist us in improving our health services by lodging complaints.



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# Appendix I:

## Service Scope of Reporting Sites/ Health Services

(As stated by reporting sites/health services)

Site/Service	Managing Complaints data of:
<b>AHS</b>	General hospital and mental health service
<b>BHS</b>	Bentley Health site - general and mental health, including two smaller off site centres for mental health patients - Patricia Street Centre and Jarrah Road Centre Complaints from the adolescent mental health service at Bentley are administered by CAHS
<b>CAHS</b>	Princess Margaret Hospital, Child and Adolescent Community Health, Child and Adolescent Mental Health Service
<b>DHS, PHAC</b>	State-wide
<b>FHHS</b>	Fremantle Hospital, Mental Health (Alma St Centre), Kaleeya Hospital, HITH (Hospital in the Home) services, Rottneest Island Nursing Post
<b>KEMH/ Women Newborn Health Service</b>	KEMH, Genetic Services of WA, Gynaecologic Cancer Service, Sexual Assault Resource Centre, State-wide Obstetric Support Unit, WA Cervical Cancer Prevention Program, Women's Health Policy and Projects, WA Perinatal Mental Health Unit
<b>NMMHS</b>	NMHS, MH Adult Program (Graylands Hospital, D20 SCGH, Osborne Clinic, Swan Valley Centre, Swan Clinic, South Guilford, Mirrabooka Clinic, Subiaco Clinic, Inner City Clinic, Joondalup Clinic and Clarkson Clinic) NMHS, MH Older Adult Program (Joondalup OAMHS, Osborne Lodge, Selby Lemnos, Swan Lodge, Inner City Mercy) NMHS, MH State Forensic Unit (Frankland Centre - Graylands) State-wide services including the Centre for Clinical Interventions (CCI), Creative Expression Centre for Art Therapy, Reflections Art Studio, Neurosciences Unit, Mental Health Emergency Response Line (MHERL) and the State Indigenous Mental Health Service

<b>OPH</b>	Osborne Park Hospital
<b>RGH</b>	Peel and Rockingham/Kwinana Health Services, RGH, Rockingham Kwinana Mental Health Service, Peel and Rockingham Kwinana Older Adult Mental Health Service, Kwinana Living Skills Centre, Peel Patient Transport Patient Assisted Travel Scheme, Murray District Hospital incl. Murray Health Centre and Peel Community Palliative Care, Rockingham Peel Aged Care Assessment Team, Peel Community Mental Health Service Adult, Peel Living Skills Centre, Mandurah Community Health Centre
<b>RPH</b>	Wellington St Campus and Shenton Park Campus including inpatient and outpatient services, HITH and RITH services, "Well Tel" (provides accommodation to people living in metropolitan, rural and remote areas who need rehabilitation/other hospital services but do not require admission to a ward), occasionally Pathwest complaints (if staff from RPH site is or may be involved), complaints relating to a medical treatment of patients admitted at Mercy Hospital under the Department of Geriatric Medicine (DGM), Parking (issues relating to infrastructure/repair for facilities issues at either campus)  No complaint management of Quad Centre or other private contracted services (e.g. satellite dialysis units)
<b>SCGH</b>	Complaints and ministerials for SCGH (including Gairdner Rehab Unit @ South Perth Community Hospital), ministerials from OPH (not complaints from OPH).  No mental health complaint management, no complaint management in regard to parking (QE11)
<b>SKHS</b>	Swan District Hospital and Kalamunda Community Hospital
<b>WACHS</b>	Regional Resource Centres Integrated District Health Services Small Hospitals Nursing Posts Population Health Services Community Health Services

## Appendix II:

### Complaint Categorisation List, Definitions and Examples

This list provides a description of the ten broad complaint categories and their respective complaint issues; and, includes:

- definitions of complaint issues, which are intended to assist complaint coordinators to recognise and record similar complaints issues in similar categories
- some examples of the type of complaints collected in the category under each complaint issues.

This is not intended to be a complete list.

1	Access
Refers to availability of services in terms of location, waiting times and other constraints that limit the service.	
1.1	Delay in admission or treatment; delays occurring after consumer is at the point of service (use 'waiting list' where appropriate): <ul style="list-style-type: none"><li>• Delay occurring after client is at the point of service</li><li>• Excessive waiting time for diagnostic testing</li><li>• Delay in diagnostic testing leading to delay in commencement of treatment</li></ul>
1.2	Waiting list delay: <ul style="list-style-type: none"><li>• Unreasonable wait for elective surgery / procedure</li><li>• Waiting time to gain appointment to an outpatient clinic</li><li>• Lack of review if case becomes acute</li><li>• Further postponement after a date has been set</li><li>• Too many cancellations</li><li>• Surgery cancelled at the last minute</li></ul>
1.3	Non-attendance: <ul style="list-style-type: none"><li>• Provider fails to keep an agreed appointment</li><li>• Frequent cancellation of appointments</li></ul>
1.4	Inadequate resources / lack of service: <ul style="list-style-type: none"><li>• Inadequate human resources, equipment or facilities</li><li>• Lack of service</li></ul>
1.5	Refusal to provide services: <ul style="list-style-type: none"><li>• Refusal to admit a consumer</li><li>• Refusal to accept a consumer</li></ul>
1.6	Failure to provide advice about transport options when necessary:

	<ul style="list-style-type: none"> <li>• Failure to provide authorised ambulance transport</li> <li>• Delay / failure to provide inter-hospital health service transport</li> <li>• Failure to provide assistance for family travel (lack of documentation for assistance to travel PATS, airline etc...)</li> </ul>
1.7	Physical access / entry: <ul style="list-style-type: none"> <li>• Impediment to entry to a hospital or health service</li> <li>• Inadequate ramps/space, lighting, signage, walkways, public transport accessibility, access information, access for people with disabilities.</li> </ul>
1.8	Parking issues: <ul style="list-style-type: none"> <li>• Inadequate short term parking, set-down or pick-up parking, visitor parking, external provider parking, parking for people with disabilities.</li> </ul>
<b>2</b>	<b>Communication</b>
Refers to the quality and quantity of information provided about treatment, risks and outcomes.	
2.1	Inadequate information about diagnostic testing, treatment options, alternative procedures and risks: <ul style="list-style-type: none"> <li>• Inadequate information about diagnostic preparation and tests (use 'failure to consult consumer' when the issue is one of decision-making rather than information provision)</li> </ul>
2.2	Inadequate information on services available – lack of discussion between hospital / health service and consume
2.3	Misinformation or failure in communication (but not 'failure to consult'): <ul style="list-style-type: none"> <li>• Given inaccurate / wrong information</li> <li>• Given confusing / conflicting information</li> </ul>
2.4	Inadequate or inaccurate records – personal information in a medical record held by a hospital / health service is incomplete or inaccurate.
2.5	Inadequate written communication: <ul style="list-style-type: none"> <li>• No information brochure / leaflet available</li> <li>• No written confirmation of verbal instructions given</li> <li>• No information in language other than English</li> </ul>
2.6	Inappropriate verbal/non-verbal communication: <ul style="list-style-type: none"> <li>• Irrelevant, untimely, misplaced comments or person speaking beyond their authority</li> <li>• Inappropriate body language, facial expression, voice tone or demeanour</li> </ul>
2.7	Failure to listen to consumer and act on the information provided.

<b>3</b>	<b>Decision – Making</b>
Refers to the consultation with the consumer in the decision-making process.	
3.1	Failure to consult consumer and involve them in the decision-making process
3.2	Public / private choice: <ul style="list-style-type: none"> <li>• Classification as a public rather than private consumer, or vice versa</li> <li>• Failure of a hospital / health service to explain options for choice of status</li> <li>• Confusion between fee-for-service and public status</li> </ul>
3.3	Consent not informed <ul style="list-style-type: none"> <li>• Failure to provide sufficient information: <ul style="list-style-type: none"> <li>- so that the consumer can make as informed decision about treatment</li> <li>- about treatment options</li> <li>- about risks, contra-indications, rate of complications for the treatment / procedure</li> </ul> </li> </ul>
3.4	Consent not obtained <ul style="list-style-type: none"> <li>• Where consumer receives as additional treatment or surgical procedure for which they did not receive information and/or to which they did not consent</li> <li>• Failure to provide information pertinent to the removal of tissue or body parts for investigative purposes or at autopsy, or for the purposes of research</li> <li>• Medication given without consent</li> </ul>
3.5	Consent invalid <ul style="list-style-type: none"> <li>• Consent: <ul style="list-style-type: none"> <li>- Was not voluntary</li> <li>- Did not cover the procedure performed</li> <li>- Was given by a consumer / person who had no legal capacity to consent</li> <li>- Older than 3 months without further discussion / review</li> <li>- Was withdrawn and not acknowledged or acted upon.</li> </ul> </li> </ul>
<b>4</b>	<b>Quality of Clinical Care</b>
Refers to the assessment, planning, implementation and evaluation of clinical care by any health care professional.	
4.1	Inadequate assessment: <ul style="list-style-type: none"> <li>• Condition or injury was overlooked or wrongly identified</li> <li>• Delay in assessment of new symptoms</li> <li>• Inadequate: <ul style="list-style-type: none"> <li>- Level of diagnosis</li> <li>- Medical history taken</li> <li>- Investigation of symptoms</li> </ul> </li> </ul>

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|-----|---|
| 4.2 | <p>Inadequate treatment / therapy</p> <ul style="list-style-type: none"> <li>• Negligent treatment – explicit allegation of legal liability</li> <li>• Inexperience for complexity of the procedure</li> <li>• Failure/delay to give emergency treatment</li> <li>• Inadequate: <ul style="list-style-type: none"> <li>- Standard of performance of treatment/procedure</li> <li>- Level of observation</li> <li>- Amount of therapy</li> <li>- No assistance with activities of daily living</li> <li>- Patient education</li> <li>- Pressure area care</li> </ul> </li> <li>• Wrong treatment</li> <li>• Incorrect choice of treatment has been made or offered</li> <li>• Delay in treatment</li> <li>• Failure in duty of care</li> <li>• Rough treatment</li> <li>• Equipment and/or supplies not available</li> </ul> |
| 4.3 | <p>Poor coordination of treatment</p> <ul style="list-style-type: none"> <li>• Conflicting decisions by different treating specialties</li> <li>• Poor communication between and within the treating teams</li> <li>• Too many changes of beds/wards</li> <li>• Moved or cared for outside of own specialty area</li> </ul>   |
| 4.4 | <p>Failure to provide a safe environment</p> <ul style="list-style-type: none"> <li>• Complaints of slips, trips and falls</li> <li>• Inadequate/inappropriate use of restraints</li> <li>• Inadequate assistance and/or observation</li> <li>• Assistance with ambulation not offered when required</li> <li>• Aids not offered or provided</li> <li>• Exposure to dangerous items/equipment/people</li> <li>• Assault – patient to patient</li> <li>• Sexual assault – patient to patient</li> <li>• Inappropriate sexual conduct – patient to patient</li> </ul>   |
| 4.5 | <p>Pain issues</p> <ul style="list-style-type: none"> <li>• Inadequate: <ul style="list-style-type: none"> <li>- Pain control</li> <li>- Analgesia given either before or after the treatment/procedure</li> </ul> </li> <li>• Unnecessary pain inflicted during a treatment/procedure</li> <li>• Delay in receiving analgesia or summoning medical attention</li> </ul>  |
| 4.6 | <p>Medication issues</p>  |



	<ul style="list-style-type: none"> <li>• Medication prescribing error: <ul style="list-style-type: none"> <li>- Wrong prescription, person, drug dose, site, time, route</li> <li>- Medication prescribed despite documented allergy</li> </ul> </li> <li>• Medication dispensing error: <ul style="list-style-type: none"> <li>- Wrong prescription, person, drug dose, site, time, route</li> <li>- Drug not given or given multiple times</li> <li>- Medication dispensed despite documented allergy</li> </ul> </li> <li>• Loss of patient's own medication.</li> </ul>
4.7	Post surgery complications
4.8	Post procedure complications
4.9	Inadequate infection control <ul style="list-style-type: none"> <li>• Poor hygiene practices</li> <li>• Equipment not cleaned/sterilised</li> </ul>
4.10	Patient's test results not followed up <ul style="list-style-type: none"> <li>• Failure to: <ul style="list-style-type: none"> <li>- Review test results</li> <li>- Act of test results</li> <li>- Refer abnormal test results to GP/specialist if patient discharged</li> </ul> </li> </ul>
4.11	Discharge or transfer arrangements <ul style="list-style-type: none"> <li>• Premature discharge</li> <li>• Unsuitable or delayed discharge/transfer</li> <li>• Inadequate discharge planning – time, medication availability, changes of plans</li> <li>• Lack of continuity of care – no outpatient appointment, GP letter, no follow-up arranged</li> <li>• Patient discharged with unplanned cannula or suture in situ</li> </ul>
4.12	Refusal to refer or assist to obtain a second opinion <ul style="list-style-type: none"> <li>• Refusal to refer patient/client for specialist treatment</li> <li>• Inappropriate/inadequate referral</li> <li>• Delay in referring</li> </ul>
<b>5</b>	<b>Costs</b>
Refers to issues about costs and fee structures.	
5.1	Inadequate information about costs <ul style="list-style-type: none"> <li>• Prior to treatment</li> <li>• Information was partial or misleading/confusing</li> </ul>
5.2	Unsatisfactory billing practice <ul style="list-style-type: none"> <li>• Item numbers used in a disadvantageous way</li> </ul>

	<ul style="list-style-type: none"> <li>• Extra fees for service, normally included in global fee</li> <li>• Unreasonable penalties for late payment</li> <li>• Refusal to offer a range of payment options</li> </ul>
5.3	Amount charged – the fee or account for the particular treatment, procedure, consultation or accommodation
5.4	Over-servicing <ul style="list-style-type: none"> <li>• Too frequent consultations</li> <li>• Ordering unnecessary tests</li> <li>• Recurrent bulk billing visits to hostels/nursing homes</li> <li>• Repetition to tests already completed by GP</li> </ul>
5.5	Private health insurance and claim handling
5.6	Lost property <ul style="list-style-type: none"> <li>• Failure to acknowledge loss, replacement or reimbursement of property</li> <li>• Unsatisfactory process for safekeeping of consumer property</li> </ul>
5.7	Responsibility for costs and resourcing – unsatisfactory facilitation of the reimbursed process.
<b>6</b>	<b>Rights, Respect and Dignity</b>
Refers to the consumer's mandated or legislated human and health care rights.	
6.1	Consumer rights: <ul style="list-style-type: none"> <li>• Failure to:               <ul style="list-style-type: none"> <li>- Provide information about the existence of the Western Australian Public Patients' Hospital Charter</li> <li>- Comply with the Western Australian Public Patients' Hospital Charter</li> </ul> </li> </ul>
6.2	Inconsiderate service/lack of courtesy including <ul style="list-style-type: none"> <li>• Lack of politeness/kindness</li> <li>• Ignoring/negative attitude</li> <li>• A patronising or overbearing manner</li> </ul>
6.3	Absence of caring – lack of regard or consideration of the consumer and their particular circumstances
6.4	Failure to ensure privacy <ul style="list-style-type: none"> <li>• Consumer's personal privacy not maintained</li> <li>• Failure to offer appropriate clothing/cover</li> <li>• Demeaning or humiliating care during treatment</li> </ul>
6.5	Breach of confidentiality <ul style="list-style-type: none"> <li>• Provision of information to a third party without consent</li> </ul>

	<ul style="list-style-type: none"> <li>Careless communication and/or handling of consumer information/medical records</li> </ul>
6.6	Discrimination <ul style="list-style-type: none"> <li>Less favourable health treatment on one of the civil grounds in anti-discrimination law or covenant (e.g. the Equal Opportunity Act 1984)</li> <li>Public consumer treated less favourably than private consumer</li> </ul>
6.7	Failure to comply with the requirements of the <i>Mental Health Act (1996)</i> – failure to fulfil statutory obligations regarding provision of information about rights, documentation and involuntary status.
6.8	Translating and interpreting service problems <ul style="list-style-type: none"> <li>Lack of: <ul style="list-style-type: none"> <li>Information about the consumer's right to access an interpreter</li> <li>Arrangements for an interpreter to attend when required</li> <li>Availability of an interpreter</li> </ul> </li> </ul>
6.9	Certificate or report problem <ul style="list-style-type: none"> <li>Failure to: <ul style="list-style-type: none"> <li>Provide a correct certificate or report when requested</li> <li>Certify in accordance with the law</li> <li>Pass on information to an authorised person</li> </ul> </li> <li>Claims that a hospital / health service has falsified a certificate</li> </ul>
6.10	Barriers to accessing personal health records
<b>7</b>	<b>Grievances</b>
Refers to the individual's rights to have timely and fair management of the complaint.	
7.1	Response to a complaint: <ul style="list-style-type: none"> <li>No response to a complaint</li> <li>Inadequate response to a complaint</li> <li>Unacceptable delay in response to a complaint</li> <li>Dissatisfaction with the outcome of a complaint</li> </ul>
7.2	Reprisal following a complaint – any action causing detriment to a consumer as a result of the complaint
<b>8</b>	<b>Corporate Services</b>
Corporate issues resulting in complaint.	
8.1	Administrative actions of a hospital / health service
8.2	Catering <ul style="list-style-type: none"> <li>Unsatisfactory provision of food services – access to food, quality, amount,</li> </ul>

	<p>variety, temperature</p> <ul style="list-style-type: none"> <li>• Unsatisfactory selection of suitable choices for cultural preferences</li> <li>• Failure to involve the consumer in decision of preferences that complement treatment</li> <li>• Requested meals not provided</li> </ul>
8.3	<p>Physical surroundings / environment</p> <ul style="list-style-type: none"> <li>• Inadequate provision of: <ul style="list-style-type: none"> <li>- Privacy in shared facilities (e.g. bathrooms, changing area)</li> <li>- Space and facilities for consumer and their belongings</li> <li>- Lighting</li> <li>- Temperature control</li> </ul> </li> <li>• Poorly maintained or run down facilities</li> <li>• Unacceptable noise</li> </ul>
8.4	<p>Security</p> <ul style="list-style-type: none"> <li>• Inadequate security measures for consumer and visitors relating to: <ul style="list-style-type: none"> <li>- People or personal safety</li> <li>- Personal belongings</li> </ul> </li> </ul>
8.5	Cleaning – inadequate provision and maintenance of a clean environment
8.6	Fraud / illegal practice of a financial nature (applied to hospital / health service).
<b>9</b>	<b>Professional Conduct</b>
Refers to alleged unethical and alleged illegal practices.	
9.1	<p>Inaccuracy of records:</p> <ul style="list-style-type: none"> <li>• Failure to document or record information given by a consumer in medical records</li> <li>• Documented opinionated comments or non-substantiated conclusions</li> <li>• Illegibility of records</li> </ul>
9.2	Illegal practices (e.g. abortion, sterilisation or euthanasia)
9.3	Physical or mental impairment of a health care professional – care being offered by a health care professional who may be compromised outside the accepted definitions of physical or mental impairment / disability
9.4	Sexual impropriety – behaviour that is sexually demeaning to a consumer including comments or gestures
9.5	<p>Sexual misconduct:</p> <ul style="list-style-type: none"> <li>• Any touching of a sexual nature</li> <li>• Any sexual relationship with a consumer whether or not initiated or consented to by the consumer</li> </ul>

9.6	Aggression / assault – verbal or physical
9.7	Unprofessional behaviour (e.g. loud noisy language, swearing, inappropriate comments or gestures).
<b>10</b>	<b>Carer's Charter</b>
Refers to complaints regarding the Carers Charter.	
10.1	Failure to consider the needs of a carer
10.2	Failure to consult a carer
10.3	Failure to treat a carer with respect and dignity
10.4	Unsatisfactory complaint handling – failure to address the carer's complaint.

## Appendix III:

### Caveats and Reporting Limitations

The reader of this report should consider the following caveats and reporting limitations when analysing the results:


- All data presented in this report are retrospective. The report is based on aggregated complaints data submitted by each reporting Health Service site in a data spreadsheet provided by the Department of Health.
- WACHS does not utilise the provided data spreadsheet, therefore its complaints data needed to be presented differently, leading to inconsistency in the comparative interpretation of complaints data across WA Health.
- Reported aggregated complaints data does reveal variances in accurateness and completeness, leading to limitations in comparability between health services across WA Health.
- To calculate resolution rates at the end of the financial year, the complaints data spreadsheet is limited in reflecting accurate rates of complaint resolution within or later than the 30 working days timeframe as well as the number of outstanding complaints carried over into the following financial year. For the 2011-12 complaints data, reporting health services have been asked to confirm until the 10<sup>th</sup> of August 2012 the currency of complaints data with regard to resolution rates that they had reported at the end of the financial year in the beginning of July 2012. This may not have happened in previous years and may have influenced resolution rates as complaints reported as carried over into the following financial year potentially have been resolved within the 30 working day timeframe.
- The provided complaints data spreadsheet is limited in reflecting the actual time for resolution as only the options resolution within or later than 30 working days as well as carried over into the following month can be indicated. That conceals the issue of complaints potentially outstanding for months and impedes taking appropriate action for an adequate complaint resolution. Health services reporting a higher complaints resolution rate later than 30 working days may only exceed the given timeframe by a few days but appropriately inform the complainant about the delay in complaint resolution whereas health services reporting a low complaints resolution rate later than 30 working days may carrying over those complaints for an unacceptable number of months and do not take the efforts to communicate the delay with the complainant.
- To calculate the actual number of complaints for resolution, outstanding complaints have been added to new complaints. This approach may lead to an underestimation of positive resolution rates for new complaints within the given 30 working day timeframe, but this calculation takes into account the entire workload of health services for complaint resolution. Additionally, the numbers of complaints referred to external agencies have been subtracted as the resolution timeframe of 30 working days is not mandatory for those and timeframes for response are dictated by the external agency. An inclusion of these complaints would further diminish resolution rates.

- There is no system in place to verify the assigned complaint categories and complaint issues to ensure a standard approach. Some health services may try to determine and capture the underlying nature of the complaint by focusing only one complaint issue whereas other health services may assign several complaint issues to comprehensively reflect the consumers' perspective and experience. These differing preferences in the categorisation method could potentially contribute to variances in the ratio of issues per complaint across WA Health.

## Document Control

VERSION	DATE	AUTHOR	COMMENTS																												
3.1	15/02/2013	Anette Tueger,  Sarah Lamb	<ul style="list-style-type: none"><li>Final Draft Version</li></ul>																												
4.1	Xx/07/2013	Anette Tueger	<ul style="list-style-type: none"><li>Variations between health services in utilisation of the complaints spreadsheet template led to reporting discrepancies of data and subsequently to a duplication of complaints. After data revision and additional retrospective data amendments on site-level, complaints data within the report have been revised to correct an over-reporting of 163 GH complaints and under-reporting of one MH complaint. Subsequently edits of all Figures, Tables and narrative sections referring to the incorrect data.</li></ul> <table><tr><th>Incorrect Site Level</th><th>AHS (SMHS)</th><th>BHS (SMHS)</th><th>RGH (SMHS)</th><th>RPH (SMHS)</th><th>KEMH (NMHS)</th><th>TOTAL</th></tr><tr><td>GH Complaints</td><td>-2</td><td>-125</td><td>-31</td><td>-4</td><td>-1</td><td>-163</td></tr><tr><td>MH Complaints</td><td>1</td><td>0</td><td>-1</td><td>1</td><td>0</td><td>1</td></tr><tr><td>Total</td><td>-1</td><td>-125</td><td>-32</td><td>-3</td><td>-1</td><td>-162</td></tr></table> <ul style="list-style-type: none"><li>Change in the ranking of top five primary complaint categories across WA Health, as 'Access' being the third most frequently assigned complaint category and 'Rights, Respect and Dignity' the fourth respectively. Subsequently edits of all Figures, Tables and narrative sections referring to the incorrect ranking.</li><li>Retrospective review of complaints data for the financial years 2008-09 to 2010-11 deleted, as data reporting inaccuracies have most likely also occurred in previous years, conveying considerable risks for a successful and accurate retrospective data revision. Sections deleted:<ul style="list-style-type: none"><li>Allocation of complaint categories across WA Health from 2008-09 to 2010-11.</li><li>Complaint resolution rates for health services from 2008-09 to 2011-11.</li></ul></li><li>Rate 'issues per complaint' corrected to 1.5 in section 'Complaint Issues within North Metropolitan Health Service – Mental Health' and amending the term NMMHS to NMHS.</li></ul>	Incorrect Site Level	AHS (SMHS)	BHS (SMHS)	RGH (SMHS)	RPH (SMHS)	KEMH (NMHS)	TOTAL	GH Complaints	-2	-125	-31	-4	-1	-163	MH Complaints	1	0	-1	1	0	1	Total	-1	-125	-32	-3	-1	-162
Incorrect Site Level	AHS (SMHS)	BHS (SMHS)	RGH (SMHS)	RPH (SMHS)	KEMH (NMHS)	TOTAL																									
GH Complaints	-2	-125	-31	-4	-1	-163																									
MH Complaints	1	0	-1	1	0	1																									
Total	-1	-125	-32	-3	-1	-162																									





This report can be made available in  
alternative formats, on request.

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