



2020 Palliative Care Summit Joining the Dots

Learning from complaints about palliative care

Presented by Sarah Cowie, Director
Thursday, 26 November 2020



About HaDSCO



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.**

Vision:

**Supporting improvements to health, disability and mental
health services through complaint resolution.**

What is a complaint?



A complaint is an
“expression of dissatisfaction made to or about an organisation,
related to its products, services, staff
or the handling of a complaint,
where a response or resolution is
explicitly or implicitly expected or legally required.”

Source: Australian/New Zealand Standard *Guidelines
for complaint management in organizations AS/NZS 10002:2014*

What can come of a complaint?



Two component outcomes can be derived from a complaint:

1. Resolution of matters in dispute between the parties to a complaint.
 2. Opportunity for service delivery improvements.
- Complaints can give an indicator of service delivery issues and trends in an organisation and can highlight potential systemic issues that need to be addressed.
 - Complaints data can be used to address service delivery issues.

“From one complaint, there can be redress for the individual and system changes for many others to improve service delivery.” - Sarah Cowie, Director, HaDSCO

Who can complaints be made about?



- **Health services:**

- Ambulance services, chiropractors, dentists, hospitals, medical practitioners, nurses and midwives, OT, optometrists, pharmacists, prison health services, psychologists, screening and immunisation services and social workers in a health setting.
- *Definition of a health service specifically includes palliative care.*

- **Disability services:**

- Accommodation, in-home support, respite services, therapy services, day activities, recreation and leisure services.

- **Mental health services:**

- Community mental health services, mental health nurses, public and private hospitals, private psychiatric hostels, psychiatrists and psychologists.

Who can make a complaint?



- A complaint may be made by:
 - the person who received the service or their representative;
 - a representative of a person who died;
 - a carer in their own capacity for an alleged failure by a service provider to comply with the Carers Charter.

- HaDSCO generally cannot deal with complaints when:
 - they are more than two years old;
 - the issues have already been determined by a court or registration board.

What can complaints be made about?



HaDSCO can receive complaints that a health, disability or mental health service provider has acted unreasonably by:

- **not delivering a service;**
- **providing a service that should not have been provided;**
- **in the manner of providing a service;**
- delaying, denying or restricting access to records;
- breaching confidentiality;
- charging an excessive fee;
- **failing to deal with a complaint effectively; and**
- **failing to comply with:**
 - the Mental Health Care Principles;
 - **the Carers Charter;** and
 - the Disability Services Standards.

HaDSCO complaints resolution process



Intake

HaDSCO takes a resolution based approach to managing complaints.

Assessment

The focus is to resolve complaints as informally as possible and in the most timely and efficient manner, resulting in quality outcomes.

Complaints Resolution



**Negotiated Settlement
Conciliation
Investigation**

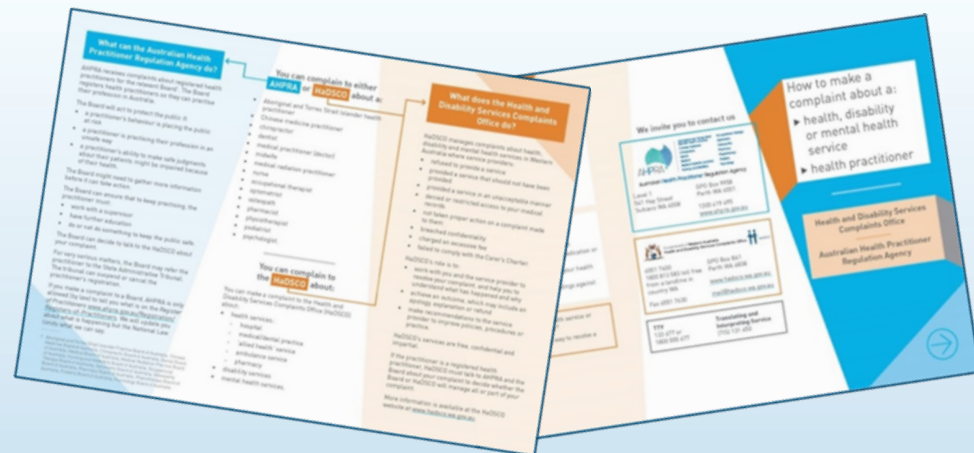
Outcome

Closed

HaDSCO and Ahpra



- In accordance with the *Health Practitioner Regulation National Law (WA) Act 2010*, HaDSCO is required to consult with the Australian Health Practitioner Regulation Agency (Ahpra) about complaints relating to registered health practitioners.
- Consultation process between HaDSCO and Ahpra takes place on a weekly basis to determine the more appropriate agency to manage a complaint at the earliest opportunity.



Complaints overview 2019-20



Health

67%

1,768

1,787



Disability

4%

116

111



**Mental
Health**

15%

386

384



**Out of
Jurisdiction**

14%

359

359

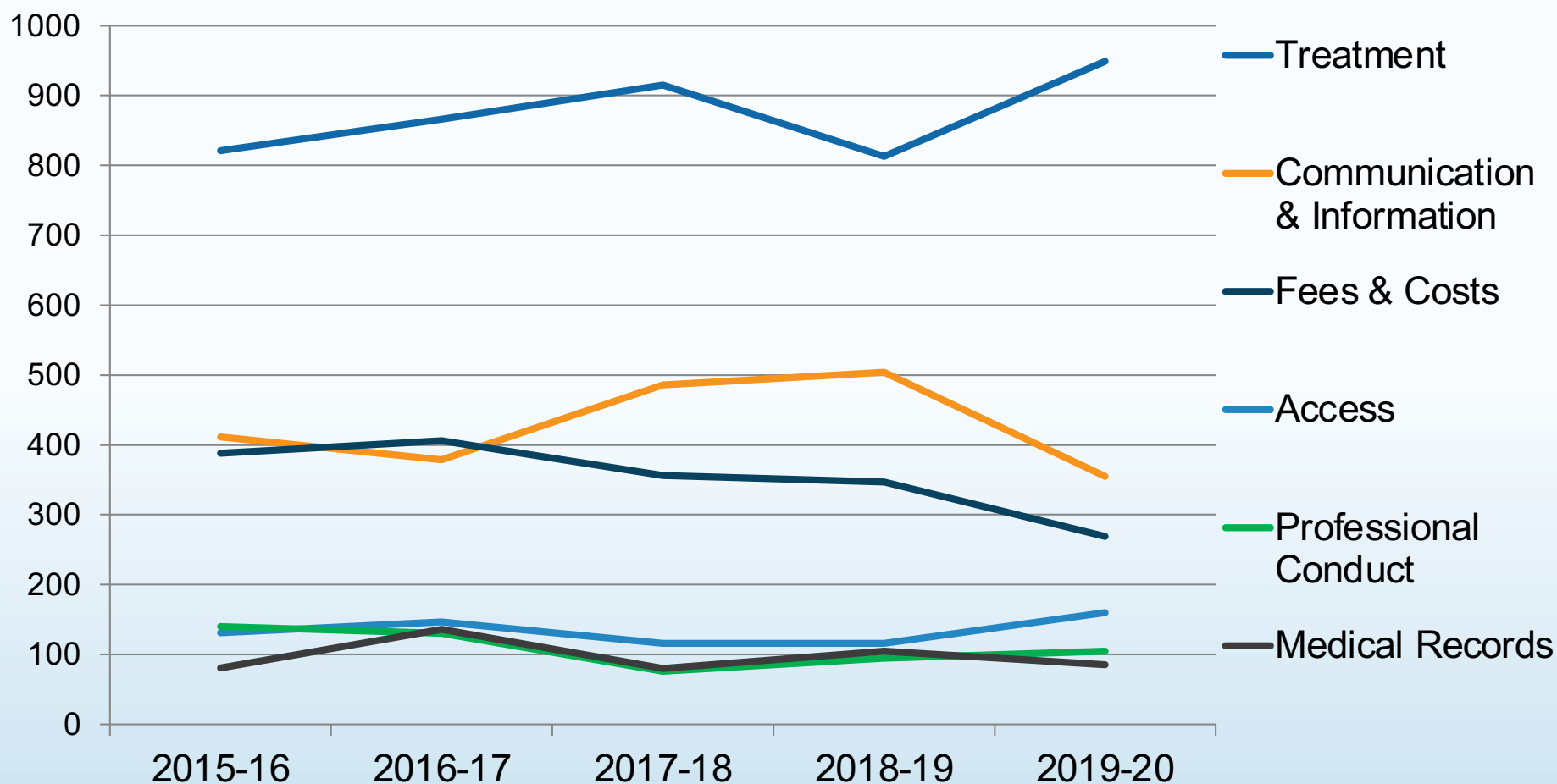
Received

Closed

Complaint issues – health



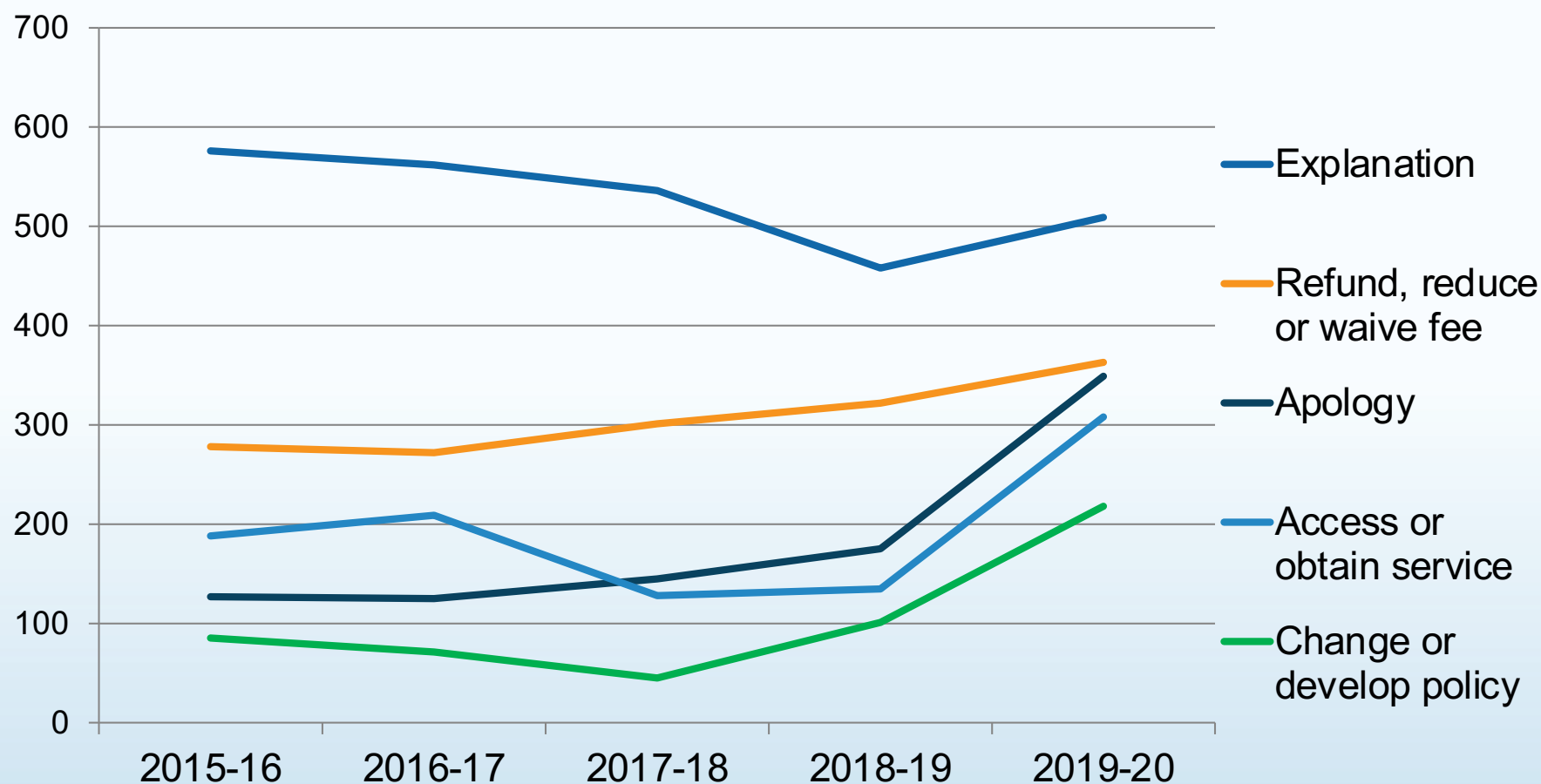
Closed health complaints (excluding prisons) 2015-16 to 2019-20



Complaint objectives – health



Closed health complaints (excluding prisons) 2015-16 to 2019-20



Complaint outcomes 2019-20



- **297** actions were taken by service providers to facilitate redress for individuals as a result of HaDSCO's complaints management process:
 - Explanations, apologies, fee waivers, access to services, access to medical records.

- **53** service improvements were implemented as a result of HaDSCO's involvement:
 - Review or change of policies or procedures.
 - Changes in processes.
 - Staff education and training including use of complaints as de-identified case studies for training purposes.
 - Improved communication.

Palliative care complaints 2015-16 to 2019-20

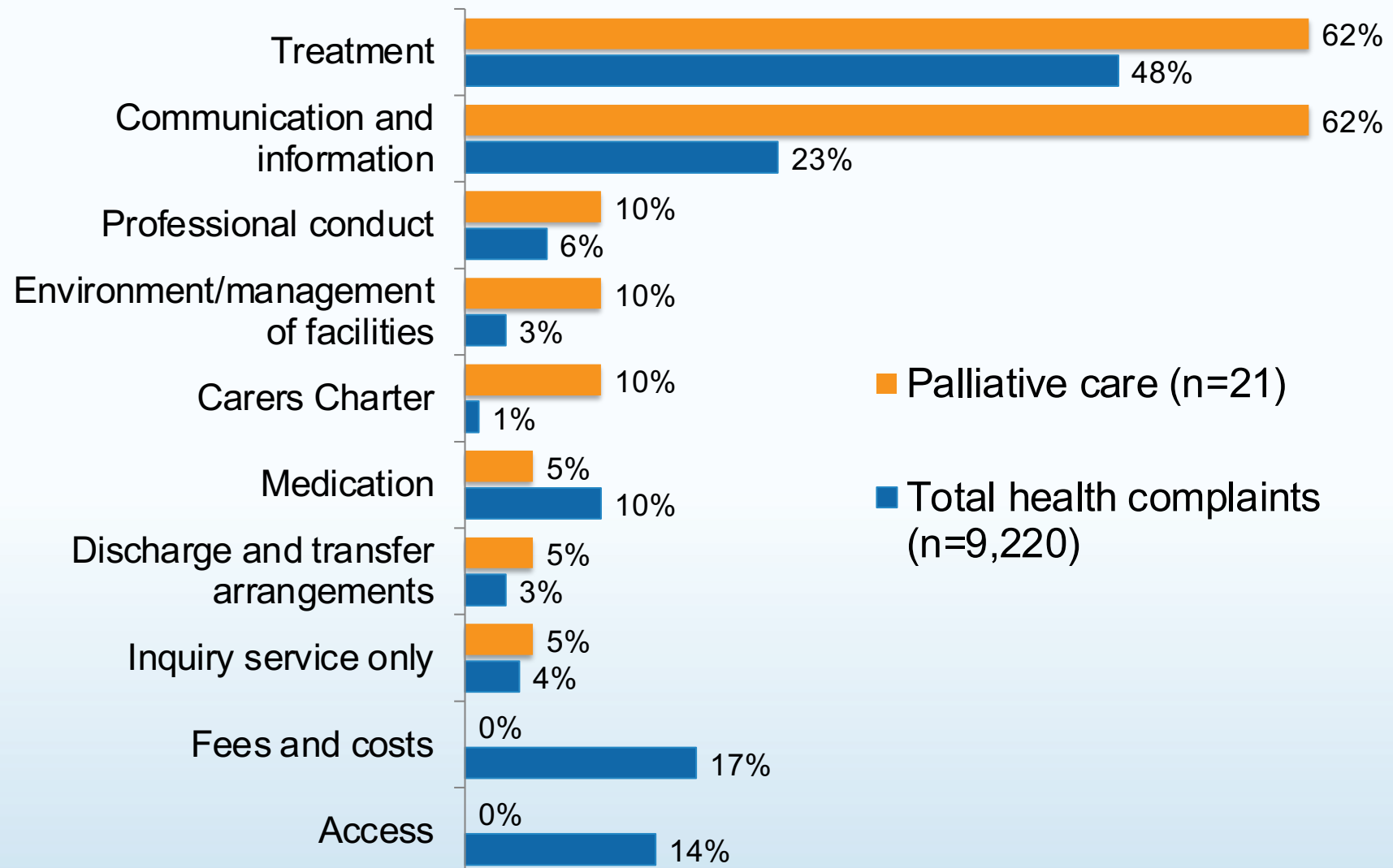


- **189** complaints over five years involved deceased consumers.
- **21** complaints specifically about palliative care.

Complaints about end of life and palliative care are an important area of work for the Office where HaDSCO staff add value by facilitating complaint resolution and the identification of service improvements.

Palliative care 2015-16 to 2019-20

– health complaint issues



Palliative care and complaints involving deceased consumers



- Complaints are complex and sensitive and highlight:
 - Levels of distress for individuals and family members during palliative care and end of life of loved ones.
 - The need for patient-centred care; the need for the person to be well cared for and to be made comfortable at the end of life.
- Individual circumstances of a patient are unique:
 - Cultural and personal circumstances are important considerations.
 - There may be matters which are particularly important to somebody.

“A good physician treats the disease, the great physician treats the patient who has the disease.”

- Sir William Osler

Palliative care and complaints involving deceased consumers



- The need for the individual and family members to be involved in decision making:
 - The importance of integrating a patient's values and circumstances into decision making.
 - Patient and family members often come from a well-informed position – they have done their research.
- The need for regular communication with the family.
 - People and family members want to be informed about what to expect.
 - It is important to anticipate and respond.
 - Communication should be fit for purpose. Some individuals want more communication than others.

Palliative care and complaints involving deceased consumers



- There can be misunderstandings about what end of life care and palliative care mean.
- There is a need for coordination of care across multi-disciplinary teams.
- Social workers and pastoral care support can assist.
- There are complexities when family members are out of the region or are interstate.
- The motivation for making complaints – seeking explanations once there has been time to reflect.

Conciliation of complaints



- End of life and palliative care complaints are more often resolved by conciliation than other types of complaints.
- Conciliations bring the parties together and family members have an opportunity to express their experiences with service providers/health practitioners with an independent HaDSCO officer present.
- The conciliation process is voluntary. Both parties to a complaint need to agree to participate.
- Conciliations are undertaken within a confidential framework.
- Protection of statements made – evidence of anything said or admitted during the conciliation process is not admissible in proceedings before a court or tribunal.
- HaDSCO can arrange for written explanations instead of a conciliation meeting.

Conciliation of complaints



- Conciliations are highly emotional experiences.
- Help with the healing process.
- Opportunities for family members and practitioners to be heard.
- Family members have expressed that the conciliation process provides a sense of relief.
- Helps family members see the empathy of health practitioners.

Complaint outcomes



Conciliations result in a number of outcomes including:

- Explanations.
- Apologies for communication or level of care provided and attitude and manner of staff.
- Changes in procedures/policies. Facilitates person-centred, equitable, seamless access for others in the future.
- Use of complaints as de-identified case studies.
- HaDSCO contributes to implementing the enduring strategies in the Sustainable Health Review covering:
 - Strategy 3: Great beginnings and a dignified end of life.
 - Strategy 4: Person-centred, equitable, seamless access.
 - Strategy 7: Culture and workforce to support new models of care.

Voluntary Assisted Dying



- *Voluntary Assisted Dying Bill 2019*, State Parliament December 2019 ([Assented to 19 December 2019]).
- Consequential amendment to definition of ‘health service’ in the *Health and Disability Services (Complaints) Act 1995* to include voluntary assisted dying.
- Once *Voluntary Assisted Dying Act 2019* in operation (mid-2021), HaDSCO will be able to receive complaints about the voluntary assisted dying process.

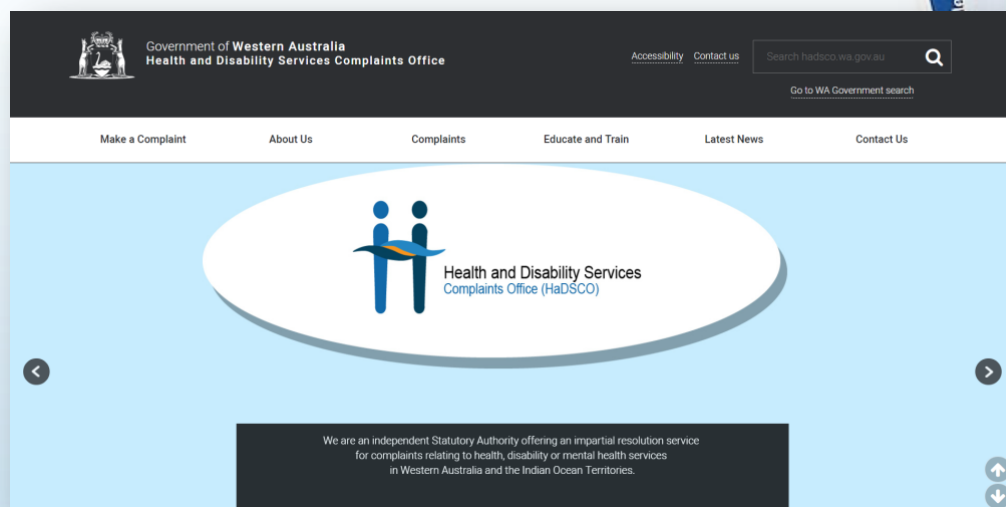
Further information



Complaints and enquiries:
(08) 6551 7600
or 1800 813 583
free from landlines

PO Box B61, Perth WA 6838

www.hadsco.wa.gov.au



Thank you



Health and Disability Services
Complaints Office (HaDSCO)