



annual report

1 JULY 2003 - 30 JUNE 2004

Commissioner for Complaints



Australian Government

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The Hon Julie Bishop MP
Minister for Ageing
Parliament House
Canberra ACT 2601

Dear Minister

Pursuant to my obligations under section 10.34 A of the *Committee Principles 1997* I hereby submit my Annual Report on the operation of the Complaints Resolution Scheme for the period 1 July 2003 to 30 June 2004.

Under section 10.101 of the Principles I am also required to give you a report, for presentation to the Parliament, which coordinates the reports on activities of Complaints Resolution Committees during the year. I have included that report as part of my Annual Report (see especially parts 6 and 7).

Yours sincerely

A handwritten signature in blue ink, appearing to read "Rob Knowles".

Rob Knowles
Commissioner for Complaints

Commissioner's Introduction

This past year has been one of considerable endeavour and achievement and this report details examples of policy innovation, quality assurance and accountability measures instituted to improve the service provided by the Complaints Resolution Scheme.

Australians are generally practical and pragmatic in their approach to problem solving; however, to work effectively with clients every organisation must conduct its business in a manner that is fully accountable. This principle has a number of reference points. Every single day administrative decisions affect clients, each of whom is justly concerned that they be treated with courtesy and in a fair and impartial way. People also have a right to a service that is speedy, efficient and effective and to be given reasons for the decisions made that affect their claims and/or well-being. Not only do people have these rights but in today's society there is a greater appreciation of those rights and an expectation that they will be met by all manner of organisations. The expectations of the wider community and governments are that services are financially accountable, particularly those using public funds. I consider that accountability for sound administrative practice and the creation of a sense of fairness are important aspects of efficient management.

The procedures established for the Scheme are based on the *Aged Care Principles 1997* and are embedded in administrative law and the principles of natural justice. Procedures are designed to ensure that officers adopt a consistent approach and so avoid unfair discrimination by treating like cases in a like manner. Emphasis is placed on the need for objectivity and impartiality in decision-making; the requirement that a comprehensive statement of reasons be given for all major decisions made, the necessity to avoid undue delay; the importance of exercising discretionary powers in a reasonable manner; and the requirement that people be advised of their appeal rights.

The continued public acceptance of the Scheme is dependent on trust and confidence founded on an administration that is accountable for its actions and one that pays due attention to complainant and provider comments, concerns and satisfaction levels. While the relationship between the Scheme and individual members of the public is regulated by the Principles and administrative law, my Office is concerned with the quality of administrative decisions and the process adopted to reach those decisions. My Office is constantly examining change processes that will provide long term sustainable improvement, not only on structural and process issues but also with a view to engendering and strengthening a positive and supportive culture.

To this end significant thought was given to workplace comparisons and legislative change aimed at improving the effectiveness and efficiency of the Scheme and more appropriate timeframes for all appeal processes.

While much has been done over recent years to improve the Scheme's operations, legislative change was necessary to ensure that complex complaints are dealt with quickly, thoroughly and effectively. Following extensive consultation the legislation has been amended and will be operational from 1 July 2004.

I record my appreciation to the Minister for considering and amending the Principles to effect these changes.

The amended legislation includes three substantive changes. The first means that the legislation no longer prescribes that complaints must progress through all elements of the process. This will streamline the progression of a complaint and ensure that concerns are resolved much earlier.

Until now, people dealing with the Scheme have been disadvantaged by a legislative requirement that only provided 7 days in which they could lodge an appeal about decisions made. This timeframe has now been extended to fourteen days. The third substantive change allows the Scheme to cease dealing with a complaint in certain circumstances, for example, if the matter becomes the subject of a formal legal proceeding, after it has been accepted by the Scheme, or further information clearly establishes that there has been no breach by the approved provider.

During the year my Office worked in collaboration with the Scheme to finalise a five year strategic plan for the Scheme. Strategic planning and the result it produces is not a product to be placed on a shelf and forgotten, it is a process that outlines the Scheme's direction and priorities and builds commitment to achieving the agreed objectives. I hope that by engendering a culture where everyone thinks strategically, works strategically and reports progress against the goals and objectives within a strategic framework the Scheme will be better placed to achieve a balance between rhetoric and the reality of its strengths and weaknesses.

Importantly this year has also seen the completion of a national service charter, privacy statement and brochures for the Scheme. Giving people access to information about the activities of the Scheme, particularly about activities affecting themselves, supports and strengthens the accountability process. Better-informed clients can more clearly articulate their concerns and views about important issues and more effectively challenge decisions that affect them.

In reviewing the events of the year I remain very conscious of the manner in which all of us communicate with those who seek our help. It is obvious that, despite the increased attention to ageing and aged care, negative stereotypes and prejudices about the aged still abound and remain embedded in our culture. Older people continue to be devalued. Old age continues to be viewed by many in today's society simply as a time of decreasing efficiency and increasing frailty. Older people are characterised as slower, both physically and mentally and as a result are seen to have a generalised decrease in social participation. Ageism is rationalised and perpetuated on these grounds.

Health professionals and other care givers are operating in an environment that is familiar to them in terms of their procedures and language and for this reason staff may have their sensibilities blunted to some extent. However what is routine, normal or a shortcut to them is often misunderstood, upsetting or unique to an individual care recipient and/or family members.

It is therefore important for carers, particularly when they are dealing with older people, to appreciate the resident's perspective and to make all communications as sensitive and meaningful as possible. This

applies equally to those who communicate with older people on any level. I think a good rule of thumb for dealing with vulnerable people is to imagine that the elderly person you are dealing with, or hearing about, could be your parent. After all a kind, considered and thoughtful few words takes no more effort than an indifferent, unfeeling clinical communication that is sadly all too familiar.

I would again like to thank Jane Bailey and the staff of the Quality Outcomes Branch and Legal Services. I want to compliment the CRS staff for their dedication and diligence throughout the year and I am most grateful for the support given to these officers by the various State/Territory Managers.

My thanks also go to the panel of chairpersons and all committee members for their professionalism and competence in undertaking a difficult role and for assisting me so assiduously throughout the year.

I am deeply appreciative of the unstinting support of my staff. I have been impressed by their consistent endeavours to ensure that the values and ethical standards held and delivered by my Office are of the highest order and their ambition to make the Office even more effective and relevant in the years ahead.

Lastly I would like to pay tribute to all advocates, complainants and service providers who have worked with the Scheme and my Office in seeking resolution of their differences.

Rob Knowles

Commissioner for Complaints

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1. Mandate and Organisation

1.1 Background

Population ageing is an issue that has concerned governments at both a national and international level. In Australia the proportion of the population aged 65 years and over has progressively increased and by 2031 is expected to reach 21 per cent of the total population. Australians are increasingly living to old, old age and, at 30 June 2003, it was estimated that 3,800 people were aged 100 years or more and over 18,800 people were aged 95–99 years. This ageing of the population will affect all aspects of our personal and community lives.

Population projections also indicate that the number of older Australians from culturally and linguistically diverse backgrounds will increase and the previous dominance of European cultures will increasingly give way to people from Asian backgrounds.

Significant numbers of older people continue to live active lives in private dwellings and continue to contribute to society in meaningful ways. Some require a level of assistance to do this and informal caregivers (family and friends) often provide support. Others rely on government-funded programs such as the Home and Community Care Program (HACC), Community Aged Care Packages (CACPs) and Linkages.

However, the onset of ill health is largely inevitable for many older people and the prevalence of disability is a clear indicator of the potential demand for aged care services. Chronic disease, illness and disability are major factors preventing some older people from remaining self-sufficient and approximately six per cent of older Australians are currently admitted to aged residential care services. Dementia has been found to be the largest single contributor to the burden of disease in old age and one of the major reasons for admission to residential aged care.

The *Aged Care Act 1997* (the Act) and *Aged Care Principles 1997* (the Principles) provide a package of measures designed to improve the quality of care and services in Australia's aged care service system. From October 1997 the structure of aged care services changed and nursing homes and hostels were combined into one system. At 30 June 2004 there were 2,933 mainstream aged residential care services providing 156,056 places, and a total of 29,779 Community Aged Care Packages available throughout Australia. These operational places include flexible care services such as Extended Aged Care at Home (EACH) programs and Multi-Purpose Services (MPSs), permanent innovative care and places provided under the Aboriginal and Torres Strait Islander Aged Care Strategy.

A comprehensive assessment is essential in ensuring that an appropriate level of care is offered to individuals. Aged Care Assessment Teams (ACAT) play an important role in assessing a client's suitability and need for residential aged care, community care or flexible care. An ACAT must first assess a person as eligible for a particular service before a Federal Government subsidy is provided for residential care (either high or low care and including respite care); CACPs or EACH programs.

ACATs comprise health professionals who employ a multidisciplinary and holistic approach to assess the needs of each individual and as such they are well placed to provide advice on access to the full range of aged care services. People seen by ACATs generally have a quality of life considerably below full health and the prevalence of cognitive impairment (dementia) is high in those approved as eligible for residential care.

The Australian Government provides recurrent funding for each resident admitted to a residential care setting. The funding is based on a needs based model, known as the Residential Classification System (RCS), where the individual care needs of residents are assessed by nursing, personal care and allied health staff employed within the facility. Residents also pay fees that contribute to the ongoing and capital costs of residential care.

Before approved providers can receive government funding aged care facilities must satisfy accreditation requirements. The responsibility for assessing aged care services against the Accreditation Standards (the Standards) lies with the Aged Care Standards and Accreditation Agency (the Agency). In order to achieve accreditation each service is assessed against the standards which cover management systems; staffing and organisational development; health and personal care; resident lifestyle; physical environment and safety systems. In addition to a primary focus on care the Standards present an increased concentration on continuous improvement, education and staff development.

As part of these arrangements aged care services are required to establish and maintain an internal system for dealing with comments or complaints from residents and/or their family and friends. In addition, the right to complain about any aspect of care or services is prescribed within the *Charter of Resident's Rights and Responsibilities*.

Anyone experiencing difficulties with care and accommodation issues is encouraged to approach the service provider in the first instance and many complaints are resolved at this level. However, for a range of reasons, some people prefer to access a complaints system external to that offered by the service provider. A national Complaints Resolution Scheme (the Scheme) was established on 1 October 1997 to assist people who express concern about any aspect of the care or services provided by residential aged care services, CACPs and flexible care services.

The mandate of the Commissioner for Complaints (the Commissioner) and the Scheme is confined to these services and is limited to the period following the commencement of the Act and the Principles in October 1997.

The Scheme allows anyone to make a complaint about any issue that affects a person who is, or was, eligible to receive aged care services funded by the Australian Government and that may be a breach of an approved provider's responsibilities under the Act or Principles. Complaints can be made orally or in writing and can be dealt with on an open, confidential or anonymous basis. A national free call number is available to ensure people throughout Australia have access to the Scheme.

In addition to dealing directly with complaints, the Scheme has the capacity to refer issues to other appropriate investigative and regulatory bodies. For example matters may be referred to Medical and Nursing Registration Boards, Police, Coroner, and to Health Service Complaints Commissioners as appropriate.

2. Role of the Commissioner

The Commissioner's role is set out in the *Committee Principles 1997* as follows:

10.34A The Functions of the Commissioner for Complaints

(1) In addition to chairing committees, the Commissioner's functions are:

- to supervise the chairpersons and other members of the Complaints Resolution Committees;
- to coordinate and review complaints received by the Secretary;
- to oversight the effectiveness of the Scheme;
- to deal with complaints about the operation of the Scheme ;
- to manage the determination process, including the review of determinations;
- to promote an understanding of and acceptance of the Scheme;
- to advise the Minister on matters relevant to the operation of the Scheme.

(2) The Commissioner's functions also include the following:

- to give regular reports to the Secretary and the Minister about issues arising out of complaints dealt with under the Scheme;
- to annually review, and report to the Minister, about the operation of the Scheme.

Additionally, the Commissioner is required to nominate chairpersons and committee members to hear particular matters, to coordinate all Complaints Resolution Committee (the Committee) reports for the financial year and to give the reports to the Minister for presentation to the Parliament. The Commissioner is also required to provide advice to the Secretary in instances where an application to reconsider the non-acceptance of a complaint has been received.

It should be noted that while the statutory responsibility for oversighting the effectiveness of the Scheme rests with the Commissioner, the Scheme is administered by the Department of Health and Ageing (the Department) through its various State and Territory offices.

2.1 About the Office

In accordance with Treasury requirements independent consultants carried out a comprehensive review of the Office of the Commissioner for Complaints (the Office) during the reporting period. Consultation was extensive and views were sought from a range of stakeholders to ensure all relevant interests informed the review.

All Office operations have been pursued through effective action plans based on the strategic plan and risk assessment strategy. Efforts this year have been directed towards improving service quality and accountability mechanisms for the Scheme. The Commissioner released memoranda relating to

information calls, representation at hearings and parties to a complaint and provided comment on the preparation of *Better Practice Guidelines on Complaints Management for Health Care Services* being developed by the Council of Health Care Complaints Commissioners.

The Commissioner also contributed articles to a number of health care journals, a range of information sheets have been developed, meetings have been conducted with a variety of stakeholders and, by invitation, the Commissioner and staff have participated in a range of industry and academic education and information sessions.

Obviously complaints coming to the Commissioner's Office reflect but a tiny proportion of the number of transactions conducted by the Scheme however, they come from people who feel aggrieved at the way they have been treated or the way their complaint has been, or is being managed.

Staff employed in the Office have undertaken a range of education programs including advanced negotiation, workplace assessment, complaint investigation and a range of administrative and computer programs.

The website for the Office is continually updated and may be found at www.cfc.health.gov.au

2.2 Budget

A budget of \$476,850 was allocated to support the ongoing operation of the Office. The salary for the Commissioner is set by the Remuneration Tribunal and is included in the budget allocation. Legal costs and costs incurred by committees are met by the Department's Quality Outcomes Branch. The Commissioner's Office is responsible for administration of costs incurred by committees, including travel. While the Office has a discrete budget allocation, during the 2003-2004 financial year these funds have been authorised and managed by the Quality Outcomes Branch.

2.3 Demand

Demands on this office increased during the financial year.

During the reporting period, 32 different individuals have raised concerns about the operation of the Scheme and/or the management of their complaints with this Office. This figure represents 3.3 per cent of complainants who have had dealings with the Scheme during this financial year. A minority of issues were resolved through the provision of further information. The majority of these complainants raised issues in relation to complaints that were ongoing. Following intervention and liaison with the Scheme, complainants have continued to utilise the Scheme and achieve resolution of their complaint without seeking further recourse through the Commissioner.

The Office also received 59 contacts from 49 complainants seeking information about the appeal and determination processes. This figure excludes calls received from providers, industry bodies, advocacy

services, legal representatives and the Commonwealth Ombudsman. It also excludes numerous calls from people seeking information about the aged care system and Australian Government funded services in particular.

In addition to these matters the Office has regularly interrogated the database on a random basis and has scrutinised a number of complaints to establish whether the Scheme has followed due process in the management of those complaints.

2.4 Achievements

Throughout the year Office staff have worked in collaboration with the Scheme and a number of achievements have been recorded.

2.4.1 Supervising chairpersons and other members of committees

- The Commissioner convenes separately constituted committees at the time individual complaints are referred for determination. Committees are drawn from the panel of potential chairpersons and panel of potential committee members and are convened giving due recognition to the workload and expertise of the individuals concerned.
- The procedures manual and associated proforma have been updated.
- The Office continues to monitor the costs associated with committee hearings.
- The Office obtains and disseminates legal advice and other information on an ongoing basis.
- Preparation and distribution of a newsletter designed to keep all committee members informed and up to date with events in aged care and the Scheme. The newsletter is circulated three times a year.
- Apart from the ongoing contact necessary in the conduct of hearings and reviews regular meetings have been scheduled with chairpersons.

2.4.2 Coordinate and review complaints received by the Secretary and provide advice to the Secretary on all appeals against the non-acceptance of complaints

- The Office interrogates the database on a regular and random basis. Complaints Resolution Officers (officers), the Office, and the Quality Outcomes Branch frequently communicate in relation to trend information, the ongoing management of individual complaints and workload issues.
- The Commissioner continues to provide advice to the Secretary when an appeal is lodged against the non-acceptance of a complaint.

2.4.3 Oversight the effectiveness of the Scheme

- The Commissioner and staff have presented at each session of the ongoing national induction program. During the year a total of five staff from the Scheme took part in this program. The program also attracted participants from other departmental programs. All staff new to the Scheme, including those on short term contracts, participated in an internal orientation program.
- An internal quality assurance framework was established for the Scheme. The mechanism is able to be utilised as a case management tool and requires program managers to involve themselves in the monitoring and ongoing management of complaints. The instrument is to be implemented 1 July 2004.
- Guidelines for the preparation and completion of file notes were developed and disseminated.
- An action plan template was devised for officers to assist in the ongoing management of each case.
- Changes to enhance the Scheme's database will be implemented 1 July 2004. It is anticipated that the changes will improve the capacity of the Scheme to identify and capture the information collected as part of its operations, and enable an accurate and more comprehensive reporting of this information, including performance indicators and other quality assurance measures.
- The Commissioner and staff have participated in the six-monthly consistency meetings for all program managers and executive officers.
- The Complaints Resolution Scheme's Service Charter was finalised and is currently being prepared for publication and distribution early in the new financial year.
- Work to develop an online complaint form for the Scheme is nearing completion.
- The Complaints Resolution Scheme Strategic Plan 2003-2008 was finalised and endorsed.
- A range of educational needs for staff of the Scheme has been identified. In order to broaden and enhance the skill base educational programs were provided in each jurisdiction, including training in advanced negotiation skills and legal and administrative law issues.
- Efforts have been made to ensure there is a stronger focus on identifying complaints and compliance issues and referring appropriately. The Commissioner has also issued Minutes relating to:
 - Management of information calls
 - Identification of parties to a complaint
 - Representation at hearings
- Legislative change aimed at increasing the efficiency and effectiveness of the Scheme and the Office has been pursued. Consultation has occurred with industry and consumer groups and amendments will be operational from 1 July 2004.
- The Office is responsible for the ongoing collation, analysis and reporting of satisfaction surveys from both complainants and service providers and the analysis and reporting of performance indicators. Following a comprehensive consultation process the satisfaction forms have been amended to incorporate all elements of the complaint process and additional demographic data. The revised forms will be implemented from 1 July 2004.

2.4.4 Deal with complaints about the operation of the Scheme

- During the reporting period 32 complainants contacted the Commissioner's office to complain about the operation of the Scheme. These complaints were ultimately referred to the relevant jurisdictions and resolved satisfactorily. Fifteen of these approaches regarding the Scheme were treated as information calls and were satisfactorily addressed after discussion with either or both the complainant and relevant jurisdiction.
- Following complaints, two comprehensive reviews and two formal investigations were initiated during this period.
- This Office also receives calls from complainants whose matters have been addressed and who are contemplating or have initiated appeals for review.

2.4.5 Manage the determination process, including the review of determinations

- The Commissioner continues to monitor workload issues and to nominate the composition of individual committees, recognising previous duties, experience and expertise. During the reporting period 34 cases were scheduled for determination, 26 hearings were conducted, two complaints were withdrawn and two complaints will be heard after 1 July 2004. Eight applications for a review were received. One of these applications was not accepted.
- As complaints are referred for determination the Office contacts all parties to outline committee processes and provide fact sheets, including *Attending a Hearing and How to Write Submissions*.

2.4.6 Promoting an understanding and acceptance of the Scheme

- In order to improve knowledge and give a better understanding of both the Scheme and the role of the Commissioner, a number of speaking engagements and meetings have been undertaken with both consumer and provider groups and government bodies, including Public Advocates and Advocacy groups. Staff also accepted invitations to present at a range of educational institutions and aged care facilities.
- The Commissioner is a member of the Council of Administrative Tribunals and attends the regular meetings of Health Complaints Commissioners and Ombudsmen.
- The Office maintains a comprehensive website, which provides information about the Commissioner's role and the Scheme, including fact sheets and statistical information.
- The information package sent to complainants now includes the Scheme's service charter and privacy statement as well as brochures outlining the role of advocacy services and the Scheme.

2.4.7 Advise the Minister on matters relevant to the operation of the Scheme

- The Commissioner provides a quarterly report to the Minister on matters relevant to the operation of the Scheme.

3. The Complaints Resolution Scheme

The Scheme enables people to formally raise concerns about aged care services funded by the Australian Government, including CACPs, residential care and flexible services. The Scheme is based on alternative dispute resolution principles and provides an opportunity to both parties to address a grievance in a way that enhances or rebuilds the relationship between the provider, the care recipient and their family, which is so necessary to any ongoing association.

While the Commissioner has a statutory requirement to oversight the effectiveness of the Scheme, the administration of the Scheme is the responsibility of the Department.

Since its inception the Scheme has received in excess of 6,000 complaints. The majority of complaints are resolved by negotiation and/or referral, 2 per cent through mediation by an independent mediator, 3 per cent of complaints are finalised via a determination by a committee. The Scheme does not accept a percentage of complaints after assessment and a further proportion are withdrawn.

There are a number of separate but inter-related elements within the Scheme that underpin the resolution process: assessment, negotiation, mediation, determination and review.

- preliminary assessment is handled by officers prior to the acceptance or non acceptance of a complaint;
- negotiation is managed by the officers;
- mediation is conducted by qualified, external mediators;
- determination is conducted by committees, which are constituted of independent members with skills in aged care and complaints resolution; and
- determination review and oversight of the Scheme is the responsibility of the Commissioner.

3.1 The objectives of the Complaints Resolution Scheme

The objective of the Scheme is to attempt to resolve complaints about Australian Government funded services. The Scheme strives to:

- foster a positive view of complaints as opportunities to reconsider and enhance the delivery of aged care services and programs;
- be free and accessible with the paramount consideration being to resolve complaints for complainants;
- encourage the resolution of complaints at the service level;
- promote and respect the rights of parties to the complaint including confidentiality;
- ensure that it keeps parties to a complaint informed;
- ensure that it allows all parties the opportunity to comment on, and complain about, its operation;
- include appropriate measures to ensure and specifically remind parties that all parties to a complaint should be free from victimisation or intimidation; and
- ensure that, in appropriate cases, issues are referred to other relevant agencies.

3.2 The role of Complaints Resolution Officers (officers)

The role of officers is to:

- apply the requirements of the legislation;
- work within the requirements of administrative law;
- work within the delegated powers vested in the Secretary;
- receive inquiries which could become complaints;
- explain to the inquirer the roles and responsibilities of the Scheme and the rights of all parties involved in the process if a complaint is made;
- liaise with complainants, service providers, and any other party to a complaint;
- determine the issues which may form the basis of a complaint and decide which issues can be handled by the Scheme and which issues can be referred elsewhere;
- gather further information, if required, in relation to issues in order to assist in their resolution;
- be independent and impartial when attempting to resolve complaints through negotiation;
- resolve complaints through negotiation, or where not able to do this, prepare complainants and the other parties for possible mediation;
- refer, as required, complaints to the committees for determination;
- provide, as required, determination information to the Determination Review Panels (the Panels) for review; and
- be accountable for ensuring that decision-making and the progression of complaints occurs in a timely and efficient manner.

3.2.1 The legislation

Changes to the *Committee Principles 1997* (the Principles) will come into effect on 1 July 2004. The amendments are designed to improve the efficiency and effectiveness of the Scheme. The changes allow greater flexibility to the way in which complaints may be handled and also increase timeframes for responses from the parties.

The inclusion of an additional function for the Commissioner for Complaints better reflects the role he plays around ensuring an effective quality assurance system is implemented for the Scheme. The Committees must also refer systemic or serious individual issues of concern to the Commissioner who will then refer the matter on to the Agency rather than the Committee having the capacity to refer directly to the Agency.

The insertion of Section 10.35A specifically outlines the performance of functions of the Commissioner for Complaints, which are that he must:

- ensure that the Scheme operates as an independent, unbiased, free and accessible Scheme in which the paramount consideration is, where feasible, to resolve complaints for complainants;
- encourage the resolution of complaints at the service level;
- ensure the Scheme includes appropriate measures to ensure parties to a complaint are kept informed during the assessment and resolution of the complaint;
- ensure the Scheme includes appropriate measures to ensure parties are able to comment on and complain about the operation of the Scheme; and
- ensure that any matter referred by a Committee relating to a systemic or serious isolated matter is referred to the Agency.

The Commissioner may do anything necessary or convenient to be done for, or in relation to, the performance of these functions.

The Scheme will have the capacity to determine which phase (negotiation, mediation or determination) is better suited to resolving the complaint and refer a matter directly to that phase. The Scheme will also be able to stop dealing with a complaint after it has been accepted. This is proposed to better deal with issues that ought to be dealt with by agencies other than the Scheme. Along with the ability to cease to deal with a matter comes the requirement to provide a statement of reasons to the complainant and the capacity for them to appeal the decision.

If the decision to stop dealing with a complaint is appealed, the Commissioner for Complaints is asked for a recommendation that either confirms the decision or sets the original decision aside and recommends substituting the decision with continuing to deal with the complaint. The Commissioner will also be able to stop dealing with a complaint once it has been referred to a Committee for determination or a Review Panel for determination review.

The timeframes within which the Scheme assesses the complaint, for parties to lodge appeals, lodge applications for review and make submissions to Review Panels will increase from 7 days to 14 days.

Should mediation occur, the mediator will be required to provide a report of a summary of the issues mediated and the outcomes for each of the issues.

3.2.2 The nature of complaints

Most people today are aware that they have the right to complain about the care and services offered when those services do not meet community or personal expectations. It is always preferable for concerns to be raised directly with the service provider in the first instance; however, there are circumstances where this is not possible. The Complaints Resolution Scheme is an independent forum for the resolution of those complaints where, for whatever reason, the complainant feels unable to raise the matter with the provider or in those situations where the provider has been unable to resolve the issues to the satisfaction of an individual complainant.

Within the Scheme all complaints are handled conscientiously and with due diligence. For management purposes, complaints or individual issues within a complaint are initially assessed as urgent or complex. The classification of the complaint can be changed in the event that there is a change in the circumstances.

Some complaints raise serious allegations of misconduct or impropriety that require urgent attention. Examples of urgent issues are allegations of assault, harassment, a threat to security of tenure, and care and safety issues that pose a threat to the well being of the resident, or residents. A complex complaint is one that involves exploring a number of issues or one very complicated single issue, or where the issues require detailed negotiations with a number of parties. The majority of complaints lodged with the Scheme are complex in that they are multi-layered and involve multiple issues and numerous parties.

Complaints are recorded as open, confidential or anonymous. The majority of complaints are open, that is, the details about the complainant can be released to other parties to the complaint. A confidential complaint is one where the officer knows the name and contact details of the complainant and care recipient, but the complainant has requested that these details are not passed on to the service provider or any other party. Confidential complaints cannot go beyond the negotiation phase. A complainant may also make an anonymous complaint. In these circumstances the identity of the complainant is unknown and the issue may only be approached on a broad systemic level.

The Scheme is obliged to act on the information provided and each complaint is assessed on an individual basis. The nature of anonymous complaints is such that most are not taken beyond the assessment phase, however, a proportion are referred internally to the other sections of the Department or other government organisations for information and /or further action.

3.2.2 Site visits

All jurisdictions have now adopted an approach whereby the officers often visit the facility during the assessment phase. Visits take place as soon as practicable after the complainant's initial contact with the Scheme. This approach has been welcomed by complainants and service providers alike and is seen by both parties as a willingness on the part of the Scheme to examine the issues and establish the legitimacy of the complaint, or otherwise, at the outset.

3.2.3 Non-acceptance of complaints

In the event that their complaint is not accepted by the Scheme, complainants have the right to ask the Secretary to the Department of Health and Ageing (the Secretary), in writing, to reconsider the decision made. In these circumstances the Secretary must refer the request to the Commissioner for advice. After due consideration the Commissioner will recommend that the decision either be confirmed, or set aside and the complaint accepted. While not legislatively obliged to accept the Commissioner's recommendation, the Secretary gives it considerable weight.

3.3 The role of mediators

Where negotiation has been unsuccessful in resolving a complaint the Scheme utilises the services of external, independent qualified mediators.

In each State and Territory there is a panel of mediators who may be called on to assess whether mediation is an option and if so to proceed to mediation.

Mediation is a cooperative, rather than an adversarial process and offers a constructive method for resolving differences between individuals and organisations. Participation in mediation is voluntary and will only be successful if the parties enter the process in a cooperative spirit and with a willingness to communicate their individual needs and capacity to compromise on important issues.

Where mediation is not assessed to be practical or feasible, or the complaint is not withdrawn the matter is referred for determination by a committee.

3.4 The role of Complaints Resolution Committees

A Complaints Resolution Committee (Committee) has the power to make determinations about complaints that cannot be resolved through negotiation or mediation. In performing its functions the committee is required to act with as little formality and as quickly as the requirements of the Principles and a proper consideration of the issues before the committee allow. Committees are not bound by the rules of evidence and may receive information or submissions orally and/or in writing. Parties are not entitled to legal representation at hearings.

A committee must finalise a complaint by making a determination and following a hearing a written determination report is provided to the parties. The report will identify whether there has been a breach of the providers legislative responsibilities or not and may set out a course of action that an approved provider must follow to address the issues raised in the complaint. Approved providers have a responsibility under the Act to comply with determinations and Departmental follow-up occurs approximately six weeks after the date of the determination. The report may also include recommendations. Recommendations are actions that the committee feels would assist in the resolution of the complaint but go beyond the providers' responsibilities under the Act.

3.5 The role of Determination Review Panels

Both complainants and approved providers are able to seek review of a determination. Currently the Commissioner must receive an application for review of a determination within seven days after the day the person or organisation is provided with a copy of the determination report. The application must state the reason why the review is being sought, other than mere dissatisfaction with the outcome of the determination, and may be supported by additional information.

Panels are constituted under Section 10.72 of the Principles and comprise the Commissioner as chairperson and a panel member, appointed by the Commissioner from the panel of potential chairpersons. The review must be made on the basis of the committee's reasons for the determination and any evidence before the committee when it made the determination, as well as the application for review and any written submissions made by a party to the complaint. The panel is required to either confirm or vary the determination or to set the determination aside. If the panel confirms or varies the determination, the panel's decision has effect as if it were a determination made by a committee. If it sets the determination aside, the panel must refer the matter back to a new committee for a new determination.

3.6 The role of the Approved Provider

The Act and the Principles provide a package of measures designed to improve the quality of care and services in Australia's aged care service system. As part of these arrangements, the standards require all aged care services to establish an internal system for dealing with comments or complaints from residents and/or their family and friends. It was envisaged that the internal complaints resolution mechanism would form part of a comprehensive quality assurance program with the potential to provide a valuable source of feedback to providers.

It is crucial, therefore, that staff in particular are aware of the significance of establishing and maintaining a good internal complaints resolution mechanism and, at least, the nature of the responsibilities that are on the approved provider concerning this issue. A brief summary of the most relevant legislative provisions follows.

3.6.1 Responsibilities under the Act

Approved providers have a number of important responsibilities under the Act and the Principles in relation to the resolution of complaints (paragraph 56-1(i) and section 56-4 of the Act, in particular).

Approved providers must:

- establish an internal complaints resolution mechanism;
- use that mechanism to address any complaints concerning the care recipient;
- advise the care recipient of any other mechanisms available to address complaints as well as providing such assistance as the care recipient requires to use those mechanisms;
- comply with any relevant determination made by a committee (subsection 56-4(1) of the Act).

In addition, for residential care services, the complaints resolution mechanism referred to above, must be the complaints resolution mechanism provided for in resident agreements entered into between care recipients and approved providers (paragraph 59-1(1)(g) and subsection 56-4(2) of the Act).

3.6.2 Responsibilities under the Aged Care Principles

3.6.2.1 Quality of Care Principles 1997 - Accreditation Standards

Under the *Quality of Care Principles 1997*, and in particular the Accreditation Standards, one expected outcome is that "each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms" (item 1.4). Other particularly relevant items of the standards are items 3.6 and 3.9, namely that "each resident's right to privacy, dignity and confidentiality is recognised and respected" and "each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Clearly, all the above items are relevant to the establishment and maintenance of a good internal complaints mechanism and failure to do so, as well as potentially breaching an approved provider's responsibility to meet the standards (paragraph 54-1(1)(d), section 54-2 of the Act), can have implications in terms of the residential care service's accreditation.

Experience shows that those approved providers who make use of a good internal complaints mechanism are also likely to satisfy the standards more generally, particularly where those standards deal with matters such as continuous improvement, regulatory compliance, education and staff development, planning, leadership and human resource management. In other words, these are approved providers and services that strive to learn from their experience, training and education to improve the care and services that they are delivering to their residents.

3.6.2.2 User Rights Principles 1997 - Charter of Residents' Rights and Responsibilities

In the *User Rights Principles 1997*, in the Charter of Residents' Rights and Responsibilities, the most relevant rights that residents of residential care services have in relation to internal complaints mechanisms are the rights to:

- be treated with respect and accepted as an individual, and to have his or her individual preferences taken into account and treated with respect;
- freedom of speech;
- complain and to take action to resolve disputes;
- have access to advocates and other avenues of redress; and
- be free from reprisal, or a well-founded fear of reprisal, in any form for taking action to enforce his or her rights (Schedule 1).

Under the Act, an approved provider is obliged not to act in a way that is inconsistent with the above rights.

4. Quality Assurance

A wide-ranging quality assurance program has been established for the Scheme. The program incorporates many elements and includes: satisfaction surveys, performance indicators, action plans, an internal quality assurance framework, focus groups, a strategic plan and national service charter. In order to promote consistency of practice officers are provided with a comprehensive procedures manual and receive legal and complaint management advice as required. Additionally, the Scheme is supported by a comprehensive database and a range of education programs. Feedback is provided on an ongoing basis and through the distribution of state-specific quarterly reports.

4.1 Database

A wide range of statistical reports, complaint and trend information can be generated from the Scheme database and therefore the database is an important adjunct in the consideration of all quality assurance issues. The Department has initiated a number of changes to the database, which are due to be implemented from 1 July 2004. These changes are designed to improve the capacity of the Scheme to capture data and to enhance the provision and accuracy of future reports.

4.2 Performance Indicators

Performance indicators are one element of the quality assurance mechanism instituted by the Commissioner. Without comparable measures it would be difficult to effectively compare outcomes and determine whether or not the Scheme is meeting its goals, objectives and legislative requirements. Performance measurement involves comparing actual performance against expectations and established targets. The data generated can be utilised in determining effectiveness, assessing options for improvement, communicating success and achieving a level of accountability. Existing performance indicators were formally reviewed during March 2004 when minor modifications, including an escalation of target figures occurred and changes were made to database reporting requirements.

4.3 Satisfaction Surveys

A number of different factors contribute to determining client expectations and, in the minds of each individual respondent, it is likely that the different elements and dimensions of a quality service on the part of the Scheme are not necessarily independent of one another, and may overlap. Moreover, their respective importance and level of satisfaction can vary significantly depending on the outcome ultimately achieved.

During the year the structure of the surveys was modified in an attempt to better identify satisfaction with the various elements of the Scheme as well as improve the capture of relevant complainant data, for example age groups and ethnicity. Following a consultative process and the adoption of changes the satisfaction survey database was modified to allow the collation and reporting of new elements from 1 July 2004.

4.4 Service Charter

By informing clients of the service standards of its program, an organisation assists in defining the expectations of people accessing the service. When acknowledging contact, the Scheme provides a range of written information and at each stage of the complaint process additional information is provided. Brochures explaining the operations of the Scheme are now available in a range of languages.

The *National Service Charter* has been revised and finalised and will be distributed early in the new financial year. The Charter provides a clear statement about the responsibilities and standards of service the community can expect to receive from the Scheme.

4.5 Strategic Plan

The Strategic Plan articulates the philosophies, concepts and direction of the Scheme and is therefore another management tool used to improve performance and accountability.

A total of five working groups have been established to oversee the implementation of all goals and objectives. The working groups are:

- National Policy and Programs
- People Management and Support
- Quality Assurance
- Information Technology and Telecommunications
- Industry, Stakeholder and Consumer Liaison

Subsequent reports will examine the goals and objectives established in the strategic plan, measure actual achievements and explain any deviations experienced or problems encountered.

5. Complaints Resolution Committee

5.1 Legislative framework and committee selection

Committees are established under the Act to determine the resolution of complaints referred by the Scheme.

5.1.1 Committee appointments

While the Minister, under section 96-3 of the Act, may establish a committee, its composition is to be as provided for in the Principles. These Principles provide for the Secretary to appoint persons to each of two panels, one for potential chairpersons (subsection 10.78(2)) and another for potential committee members (subsection 10.79(3)). The Commissioner then has authority to appoint chairpersons and two other members from the respective panels to constitute committees as required (section 10.79A).

5.1.2 Convening a Complaints Resolution Committee

The Commissioner is required to convene a committee within seven days following the referral of a complaint for determination. A committee comprises a chairperson (drawn from a panel of potential chairpersons) and two other members (drawn from a panel of potential committee members). Committees are independent of, and not directed by, the Department in carrying out their functions.

The Commissioner meets with chairpersons on a regular basis and at the end of each financial year the chairperson is required to prepare a report on the committee's activities during the year. Those reports have been consolidated and are included here.

6. Chairpersons' reports

Committees dealt with a total of 34 cases during the 2003-2004 financial year, including four matters carried over from the last reporting period. In all 26 cases were heard during the reporting period. Three complaints were withdrawn and five complaints are due to be heard after 30 June 2004.

Hearings were conducted in both major regional centres and metropolitan areas and, in most instances, Chairpersons advised that they had heard cases in and beyond the State in which they reside.

Chairpersons report:

- cases are more complex, not only in relation to the number of issues involved but also because of the difficult nature of the issues and the often quite strained, if not hostile, relationship between the parties;
- a disappointing trend on the part of parties not to provide submissions until the day of the hearing;
- variability in the amount of supporting documentation provided, ranging from submission of a report from the Accreditation Agency as 'proof of compliance' to volumes of information, much of which is irrelevant to the issues before the committee;
- an increasing trend on the part of parties to adopt a legalistic and adversarial approach;
- greater use of industry advisors at hearings;
- inadequate preparation on the part of some providers;
- an over representation of senior management at hearings and too little reliance on clinical staff;
- variation in the competence and aptitude of advocacy services assisting complainants; and
- providers from all sectors of the industry (private, public and voluntary) were represented.

All cases referred for determination related to residential care services. The issues were wide ranging and related to: the level of clinical care, mobility, nutrition and hydration, suppression of resident's rights, behaviour management, communication, fees and charges, security of tenure, restricted access, internal complaints process and management.

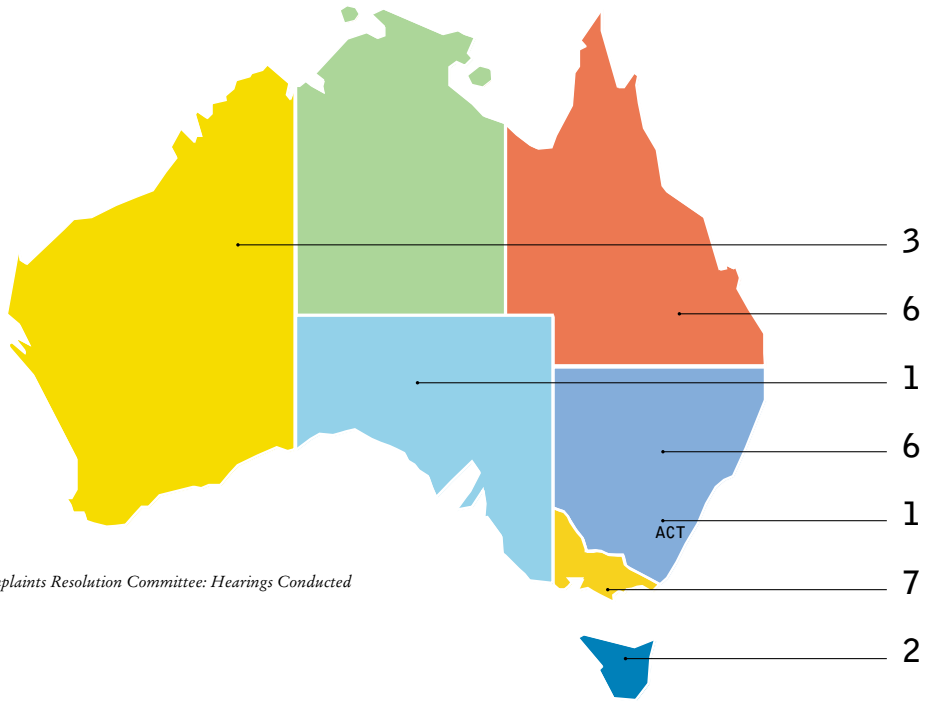


Fig 1: Complaints Resolution Committee: Hearings Conducted

New South Wales and the Australian Capital Territory

Nine complaints were referred for Determination and seven hearings were conducted during the reporting period, one of which related to a complaint lodged in the Australian Capital Territory. One hearing was adjourned at the request of the complainant and rescheduled for July 2004 and another was lodged towards the end of the reporting period and will also be heard in the new financial year.

In New South Wales the average time between lodging the complaint and the hearing was 183 days. The average time between referral to a committee and the conduct of a hearing was 60 days. This interval allows the parties to prepare a written submission, in some cases with the assistance of the advocacy service and further time, following the exchange of information, to allow all parties including the committee to become familiar with the substance of the submissions. The average time between the hearing of the case and finalisation of the report was 14 days.

In relation to the one complaint heard and finalised in the Australian Capital Territory, the time between lodgement of the complaint and referral to the committee was 231 days, and 47 days elapsed between referral to a committee and the hearing. The determination report is yet to be finalised.

Victoria

In Victoria, eight hearings were scheduled to be heard, including one matter that was referred for determination at the end of the last reporting period. One complaint was subsequently withdrawn. All hearings were conducted in the metropolitan area and involved services from the private and voluntary/charitable sector.

The average time between lodging the complaints and the hearing was 214 days. The average time between referral to a committee and the conduct of a hearing was 71 days and, on average, 28 days elapsed between the hearing and the provision of a determination.

Queensland

A total of ten cases were scheduled in Queensland, including two cases that were referred for determination during the last reporting period. Two of these were withdrawn at the time of the hearing. Three cases are to be heard in the new financial year.

The average time between lodgement of the complaint with the Scheme and the hearing was 169 days and the average time between referral to a committee and the hearing was 44 days. On average 34 days elapsed between the hearing and the provision of a determination.

Western Australia

Three cases were heard in Western Australia. The average time between lodgement of the complaint with the Scheme and the hearing was 82 days and the average time between referral to the committee and the hearing was 31 days. On average, 24 days elapsed between the hearing and finalisation of the determination report.

South Australia and Northern Territory

During the reporting period there were no determination hearings in the Northern Territory. A Committee heard one case in South Australia during the reporting period. The time between lodgement of the complaint and referral to the committee was 207 days, and 27 days elapsed between referral to a committee and the hearing. The time taken between the hearing and the finalisation of the determination report was 21 days.

Tasmania

There were three determination hearings in Tasmania during the reporting period. The average time between lodgement of complaints and referral to the committee was 302 days. An average of 60 days elapsed between referral and the hearing and the average time taken between referral to a committee and the hearing and the finalisation of the determination report was 30 days.

6.2.1 Determination Reviews

Should an approved provider, the complainant or the affected care recipient be dissatisfied with a determination, they can make application in writing to the Commissioner for a review of the determination. The Commissioner must receive such an application with reasons, apart from mere dissatisfaction, within seven days after receipt of the determination by the party making the application. This period will be extended to fourteen days from 1 July 2004.

Review Panels are appointed under the Principles and are constituted as the need arises and may confirm the determination, vary the determination, or set the determination aside. A different panel is constituted for each review. The panel usually comprises the Commissioner and one chairperson from the panel of potential chairpersons, taking into account workload issues, the need to ensure that there is no conflict of interest and that panel members have not previously been involved in the case.

Applications for review are exchanged with the parties to the complaint who are then invited to make a written submission to the panel. The panel does not hold another hearing but reviews the determination on the basis of the committee's reasons for determination, any evidence before the committee when it made the determination, the application for review and any written submissions made by a party to the complaint.

If the panel decides to set the determination aside, a different committee would then hold a new hearing into the matter. The panel's decision is set out in writing and includes the reasons for the decision and the date on which it comes into effect.

A total of nine applications for review were received during the reporting period. One application was not accepted. Of the four cases in New South Wales that proceeded to review three were confirmed and one was confirmed with a minor variation only. The determination in the case originating in Western Australia was confirmed. Three cases progressed to review in Victoria, one matter was set aside, one was confirmed with variations and in the remaining case the decision was confirmed.

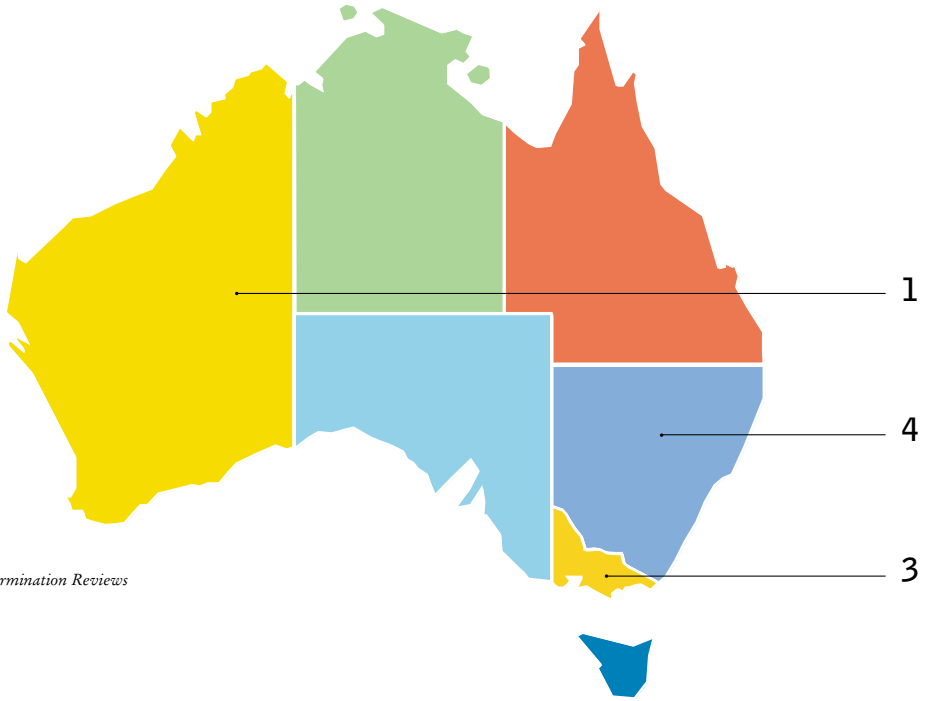


Fig 2: Determination Reviews

The average time between receipt of the application for review and conduct of the review was 35 days. This period allows for the exchange of information between the parties and the preparation of submissions. The average time between the review and the provision of the Determination Review Notice to all parties was one day.

7. Trends and Issues

7.1 Persistent complainants

Persistence in most things is worthwhile and commendable. On the other hand, some complainants are unrelenting in their efforts to justify their own perception of events and to demand retribution. Persistent complainers are particularly challenging for staff and consume an enormous amount of resources.

Not all persistent complainers are especially distressing to deal with and persistence in a particular complainant is not an acceptable reason for not dealing with the complaint. There are, however, a group of persistent complainants whose behaviours give rise to a range of unacceptable and negative consequences. These people, often referred to as 'querulents', place indefensible and unreasonable demands on staff and are frequently irrational in the pursuit of their claims, which overtake their personal lives and become a reason for living. They become totally fixated on their grievances, devoting all their time, resources and energies to the point where they appear to damage the very foundation of their life, both in monetary and social terms.

While the figures are small, this year has seen an increase in the number of people falling into this category. Managing the persistent complainant is complex, dynamic and stressful. In order to minimise disruption, confusion and repetitious conversations one officer is generally designated to deal with each complainant, while at the same time ensuring that one person does not become the entire focus of resentment and anger.

Staff find themselves to be the recipient of repeated lengthy telephone and written communications which are often abusive, intimidating and threatening. These threats have understandably led to apprehensions about personal safety. In order to protect and support staff who deal with such cases a departmental decision was taken to use only the given name, role title and position number when communicating with callers.

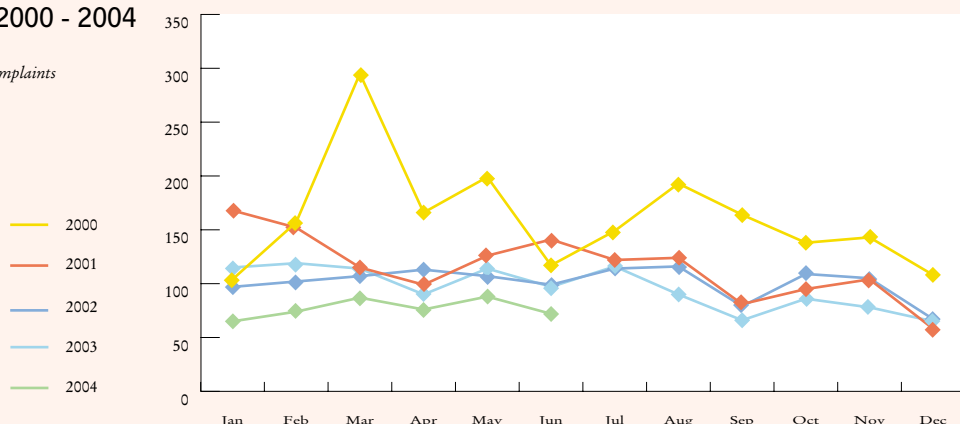
Notwithstanding these difficulties the aim is to understand the reasons behind this behaviour and assist by providing a comprehensive explanation of the scheme and how it operates, improving response times, adequately addressing questions, actively identifying complaint issues, attempting to counter unrealistic expectations and unrealisable goals and ensure that all practical possibilities of resolution have been exhausted.

7.2 Complaint numbers and complexity

The statistical information for the following graphs is derived from various reporting elements of the Complaints Resolution Database and covers a four and a half year period. Figure 3 shows the volume of complaints registered with the Scheme between 1 January 2000 and 30 June 2004.

Complaints 2000 - 2004

Fig 3: Volume of Complaints

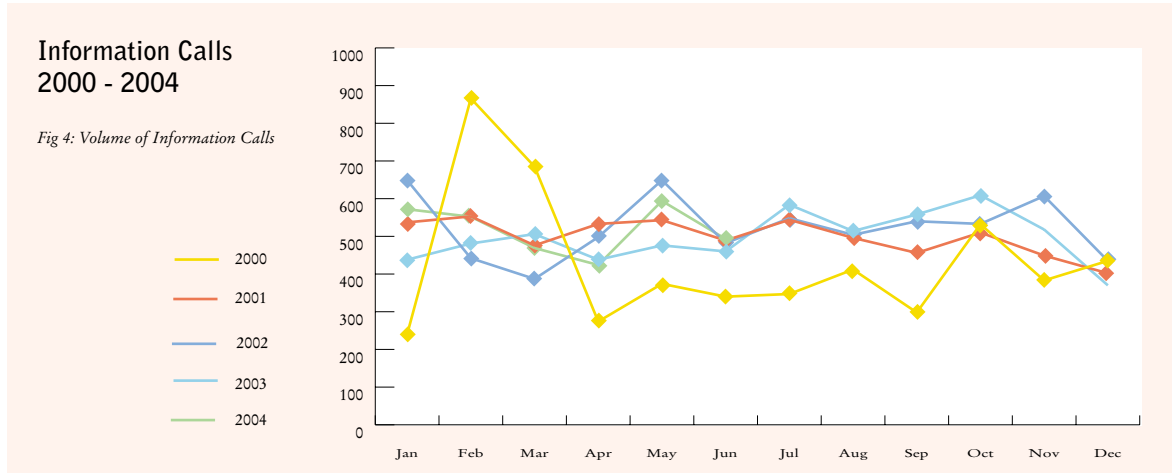


Since the inception of the Scheme the overall volume of complaints registered has declined each calendar year. The principal reasons for this appear to be the adoption and increased use of internal complaint mechanisms on the part of aged care services and their clients and the ongoing refinement in the practices adopted by the Scheme.

However, the nature of complaints is now far more complex. The great majority of complaints coming to the Scheme are multifaceted, involve numerous issues and require staff to contact and deal with multiple parties. Complaints have changed from concerns about single issues such as laundry, cleaning and catering to more intricate issues such as security of tenure, clinical care, medication, resident safety, communication and management. During the reporting period a number of complaints have been lodged with the Scheme after the parties have become entrenched in their positions, making resolution through negotiation or mediation a more difficult and complex task.

Officers are working in an area that is often controversial and reported in the media. It is also an environment where people are much more aware of their rights and are increasingly litigious and there has been an increased tendency for lawyers representing approved providers and/or complainants to become involved in the process.

7.3 Information calls



In addition to managing complaints officers are also required to contend with and register information calls and this is a significant part (generally around 80 per cent) of the officer's work. These information calls are in addition to those made to the Aged Care Hotline.

It should be noted that the database does not differentiate between information received from and information given to callers. In addition to imparting information it is understood that officers have recorded some anonymous complaints as information calls as well as some complaints that have been resolved during the assessment phase. This could partly account for the higher number of information calls and the lower number of complaints registered in the reporting period.

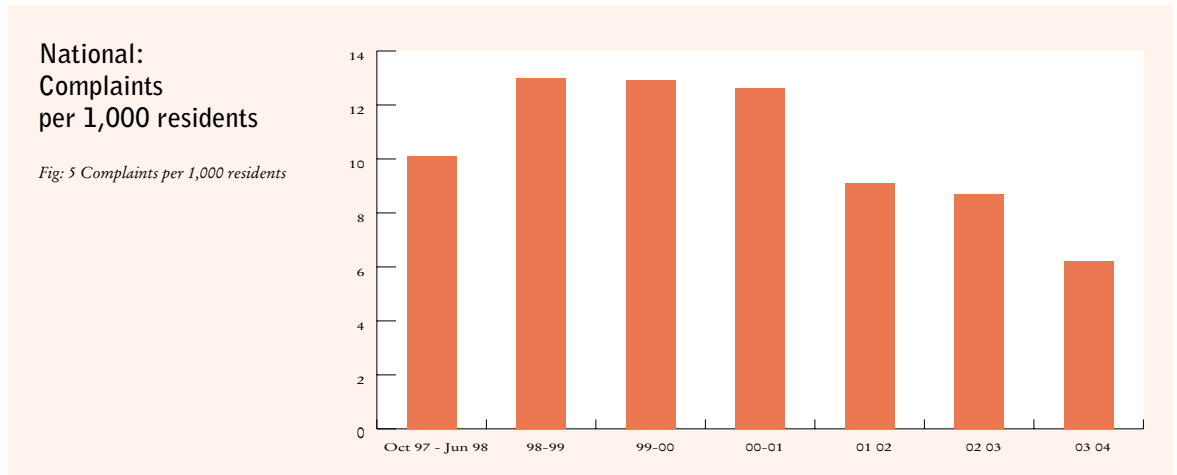
7.4 Restricted access and guardianship issues

The Scheme continues to receive a number of complaints related to restricted access. In the majority of cases, the approved provider alleges the visitor's behaviour is unacceptable and has restricted access on that basis. Where these complaints have progressed to Determination the Committee must consider the rights of the resident while taking into account the interests of other care recipients, the proprietary rights of providers and the occupational health and safety issues that may confront the approved provider.

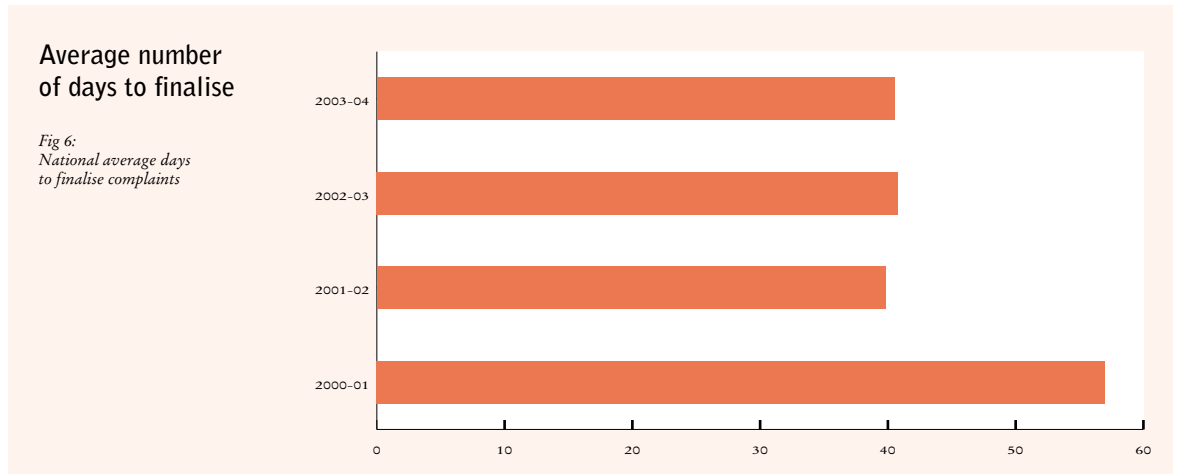
In some instances approved providers have sought to initiate legal action and taken out an 'apprehended violence order' against a particular visitor and/or applied to the Guardianship Tribunal for the appointment of a guardian, removing control and the need for ongoing consultation and communication with the alleged offending party.

7.5 Complaint Management

Figure 5 shows the number of complaints per 1,000 residents, received nationally, each financial year between October 1997 and June 04.



The following figure shows the average number of days taken to finalise complaints accepted during various reporting periods and shows a relatively stable pattern over the last three years.



Office of the Commissioner for Complaints

Hon Rob Knowles	Commissioner
Ms Jennifer Theisinger	Director
Mr Grant Davies	Principal Review Officer
Ms Meg Parris	Review Officer
Ms Maria Cioccia	Services Manager

Panel of Chairpersons

Mr George Amarandos
Professor Derek Anderson
Mr John Kelly
Ms Vivienne McCutcheon
Professor Charles Mulvey
Professor Alan Pearson
Ms Helen Twohill
Mr Roger Valentine

Panel of Committee members

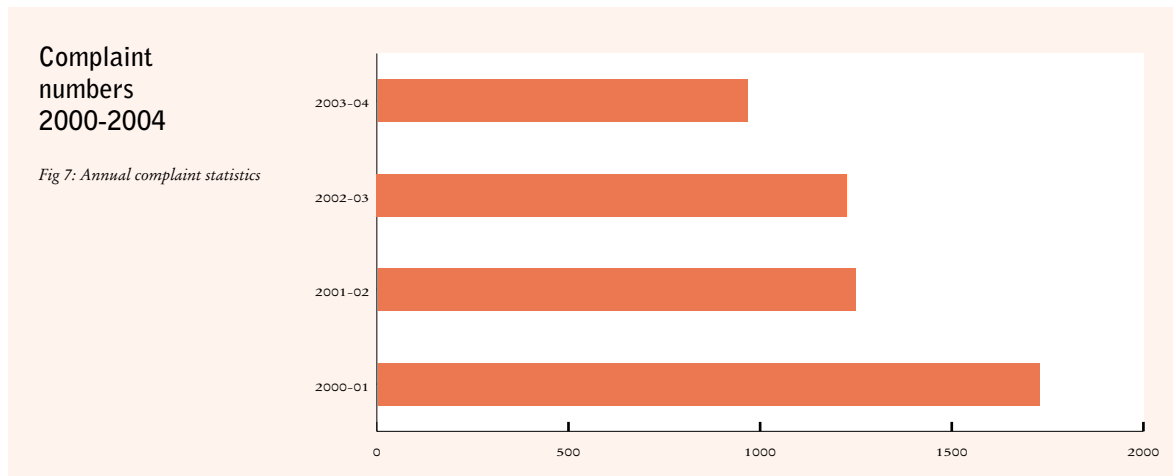
Ms Vivienne Allanson	Dr Michael Anderson	Ms Margaret Allen
Professor Robert Beal	Ms Mandy Beylacq	Ms Marcia Coleman
Mr Ian Campbell	Dr Judith Davis	Mr Brian Easton
Mr Chris Gardiner	Mr Jeff Giddings	Ms Janne Graham
Ms Patricia Harper	Ms Jenny Harrison	Dr Philip Henschke
Ms Marjorie James	Mr John Jameson	Hon Louis Lieberman
Mr Allen Martin	Ms Anne-Marie Mioche	Dr Chris Moorhouse
Mr Alasdair McGregor	Ms Diana Noack	Ms Melanie Ottaway
Ms Pauline Pallister	Mr Rusty Priest	Ms Sheila Rimmer
Ms Sheree Ritchie	Dr Gordon Senator	Ms Beverley Stehn
Ms Josephine Tiddy	Mr Luigi Tuia	Ms Lesley Woolf
Mr Bruce Wright	Ms Jacqueline Woodhead	

Appendix 1: Complaints Resolution Scheme: Statistics for the period 1 July 2003 to 30 June 2004

The following statistical information has been drawn from the Complaints Resolution Scheme database and, as with all statistics, care should be taken when interpreting these data. The statistics provided in this report should be regarded as indicative rather than definitive information.

1. Complaints

Throughout Australia the Scheme recorded a total of 967 complaints for the current reporting period. This represents a 21 per cent reduction in the number of complaints lodged with the Scheme since the last reporting period and an overall decrease of 44 per cent since the 2000-2001 financial year.

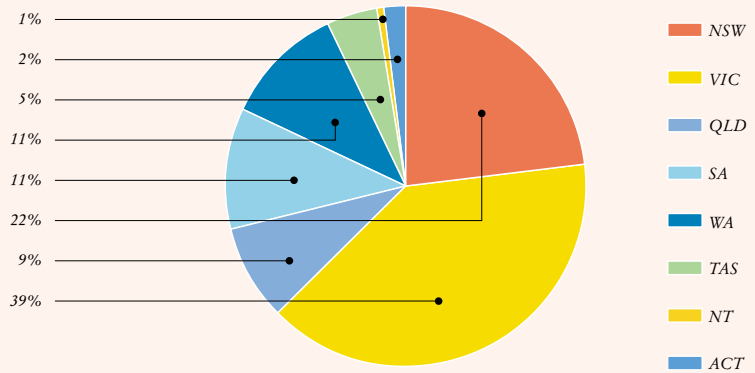


In an attempt to explain the reduction in complaint numbers a range of hypotheses were put forward in the 2001-2002 Annual Report. A further examination of this issue has identified a recent trend to register and manage some complaints as information calls where the subject matter has been referred to another organisation or the caller is anonymous.

Figure 8 overleaf shows that Victoria recorded the highest number of complaints with 39 per cent (382) of the total received across Australia followed by New South Wales with 22 per cent of the total complaints received (223). South Australia and Western Australia each recorded 11 per cent of complaints (105), Queensland recorded 8 per cent (83), Tasmania 5 per cent (44), the Australian Capital Territory registered two per cent (19) complaints and 6 complaints were recorded in the Northern Territory.

Total Complaints

Fig 8: Total number of complaints



The majority of these complaints (97 per cent) related to residential aged care services. Three per cent of complaints were related to CACPs and two complaints were lodged about flexible care services.

The database records that relatives lodge a majority of complaints (67 per cent). Nine per cent of complaints were made by staff, while care recipients lodged eight per cent of complaints. Ex-staff contacted the Scheme in four per cent of the cases, friends lodged three per cent of complaints and advocates lodged one per cent. The database records that 'others' lodged four per cent of complaints and the status of three per cent of complainants is listed as 'unknown'.

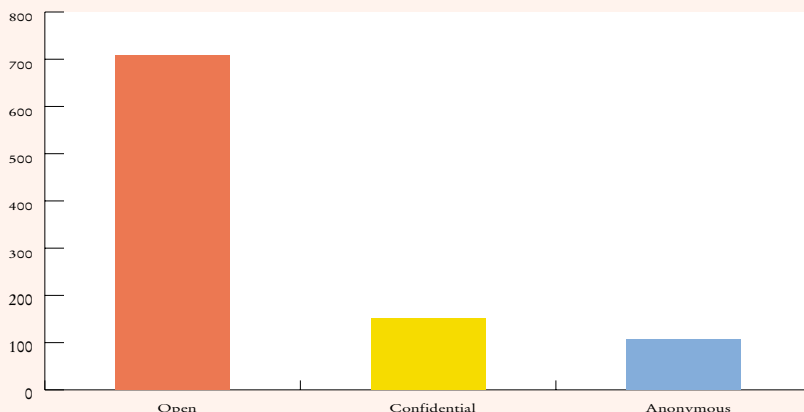
During the reporting period the database records that officers undertook a total of 390 site visits to 288 facilities either as part of the preliminary assessment or ongoing management of 388 complaints. Compared with the last financial year this represents a 48 per cent reduction in the number of site visits carried out. The majority of these visits (59 per cent) were carried out in Victoria. Ten per cent of visits were undertaken in Queensland and eight per cent were conducted in Tasmania. Over seven per cent of visits were undertaken in South Australia and Western Australia respectively and six per cent of visits were conducted in New South Wales. One per cent of visits were undertaken in the Australian Capital Territory and less than one per cent in the Northern Territory.

1.2 Complaint type

Of the 967 complaints recorded with the Scheme, 709 (73 per cent) were registered as open complaints, 152 (16 per cent) were confidential and 106 (11 per cent) were anonymous complaints. It should be noted that a proportion of complainants who initially lodge a confidential complaint with the Scheme subsequently amend the status of their complaint and request that the issues be dealt with as an open complaint. Moreover, the nature of anonymous complaints is such that most are not taken beyond the assessment phase, however, a proportion are referred to Compliance for further action.

Complaint Type

Fig 9: Complaint type



1.3 Complaint issues

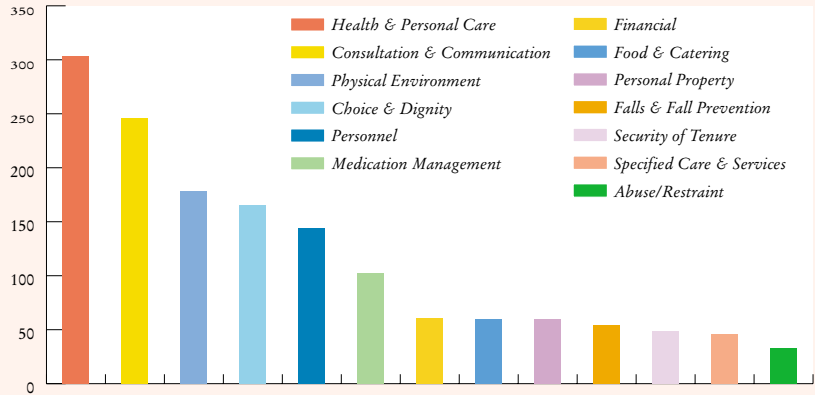
Each complaint accepted by the Scheme consists of at least one issue, but generally multiple issues, that must be dealt with. In previous years the Scheme reported using 58 common issues, which were recorded in four main clusters. However, the lack of clear definition led to over-reporting and unreliable data. During this reporting period the list of keywords was revised and reduced to 13 keywords with agreed definitions. These changes were implemented in February and aim to:

- ensure that data are reported more effectively and with more utility and validity;
- assist the identification of key concerns in a complaint for reporting purposes;
- improve consistency in keyword application within and across jurisdictions;
- ensure that operational definitions for concerns are available when choosing keywords; and
- avoid multiple keyword application that often reduces the utility and clarity of reports.

Officers now apply one keyword to each separate issue and, wherever possible, are encouraged to create one issue per case. That is, choose the one keyword that outlines the principal concern underlying the issue and thereby the case. Second issues are created only if absolutely necessary and then only if a different keyword is applied. Fig 10 shows the number of issues recorded in each of the 13 categories during the reporting period.

Issues Raised

Fig 10: Complaint issues



It will be important to closely monitor the use and application of these 'new' keywords to ensure that the Scheme is not losing valuable information and that issues and trends are captured effectively.

1.4 Issue priorities

During the reporting period 98 per cent of the issues were assessed as complex and the remaining two per cent were assessed as urgent. However, when analysing the data it is evident that officers do not always record issues in a way that enables the Scheme to report on the priority of all the issues that have been lodged.

1.5 Non-acceptance of complaints

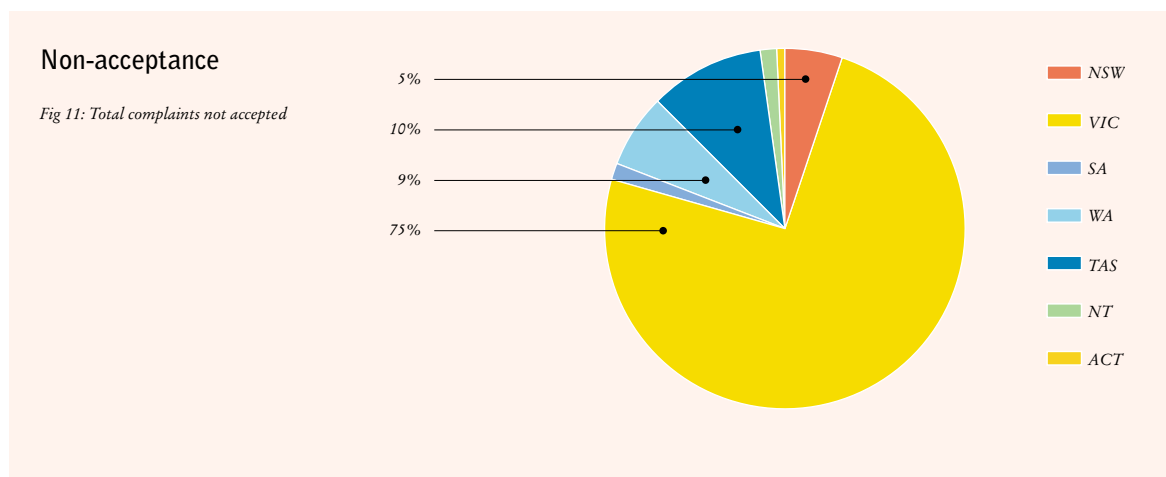
A preliminary assessment of a complaint is made to determine whether or not the complaint, or part of the complaint, is to be accepted. This assessment is made on the information available and officers will not make a decision to accept or not accept a complaint unless they are satisfied that they have sufficient information before them. Moreover, they must be satisfied that accepting the issues as a formal complaint is the best way to handle the problem.

Section 10.45 of the Principles states that the Secretary may refuse to accept a complaint if it is satisfied that:

- the complaint is frivolous, vexatious, or not made in good faith;
- the subject matter has been or is the subject of legal proceedings;
- there is an alternative way of dealing with the subject matter of the complaint and the complainant agrees to have the matter dealt with in that way;
- the complaint is not a complaint that the complainant is entitled to make; or
- the complaint should not be accepted for another reason.

The Scheme is required to provide the complainant with a written statement of reasons in those instances where a complaint, or elements of a complaint, are not accepted. The development and provision of a statement of reasons provides an opportunity for decisions to be properly explained and defended and assists people in making a decision whether to appeal the decision, while at the same time improving the quality of decision making and promoting confidence in the Scheme.

The database indicates that across Australia a total of 126 complaints, or 13 per cent of all complaints lodged during the reporting period, were not accepted by the Scheme. Additionally, ten complaints that had been lodged in the previous reporting period were not accepted, bringing the total number of complaints not accepted by the Scheme to 136. Queensland accepted all complaints lodged during the reporting period. The majority of non-accepted complaints (101) were lodged in Victoria. Twenty-six per cent of complaints lodged in Victoria were not accepted. In the Northern Territory the proportion was 33 per cent, in Tasmania 31 per cent, Western Australia 8.5 per cent and in the ACT 5.2 per cent. Three per cent of complaints lodged in New South Wales were not accepted and in South Australia the proportion was 1.9 per cent.



Complainants who believe the decision to not accept the complaint is erroneous are able to appeal to the Secretary to have the decision reviewed. In these situations the Secretary is required to seek the Commissioner’s advice on the matter.

After considering the matter the Commissioner is required to recommend that the original decision be confirmed or set aside and substituted with a new decision to accept the complaint, or elements of the complaint. During the reporting period the Commissioner was asked to provide advice in relation to 12 appeals against the non-acceptance of a complaint. This figure represents nine per cent of those complaints that were not accepted by the Scheme.

From the appeals conducted the Commissioner recommended that eight decisions (66 per cent) be confirmed and three decisions (25 per cent) be set aside. In the remaining case, the Commissioner recommended that the decision to not accept some complaint issues be set aside and in others that the decision be confirmed.

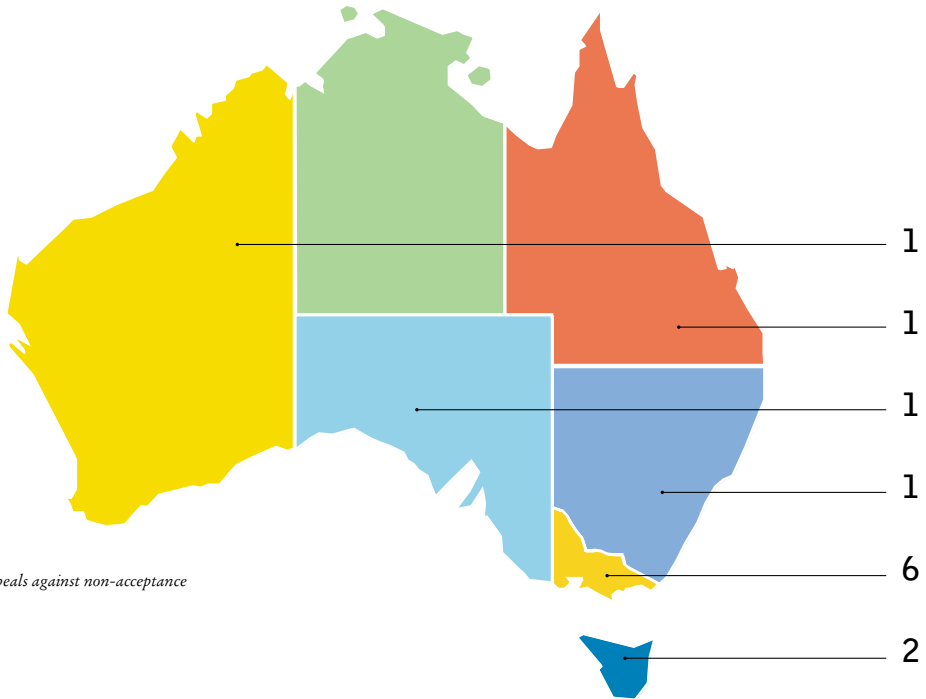


Fig 12: Appeals against non-acceptance

1.6 Referrals

Once a complainant has contacted the Scheme the legislation provides an initial seven days for officers to assess the complaint. Officers must decide whether the complaint should be accepted by the Scheme or whether another statutory authority or organisation would more appropriately deal with the entire complaint, or some elements of the complaint.

In some instances the referral of information will obviate the need for the Scheme to continue to pursue the matter. Conversely, issues may remain outstanding after referral that still require action by the Scheme. While a complaint may be resolved with respect to the complainant the Scheme may still elect to refer some complaint issues. It should be noted however, that the referral of complaint information does not only take place during the assessment phase, but may occur at any time during the complaint resolution process.

The level of reporting and recording of referrals on the database is poor. During the reporting period the database indicated that a total of 120 issues were referred to other sections of the Department for information and/or further action. Nine matters were referred to the Police and a further 12 matters were referred to other bodies, including medical and nursing registration boards, Health Services Commissioners and the Coroner.

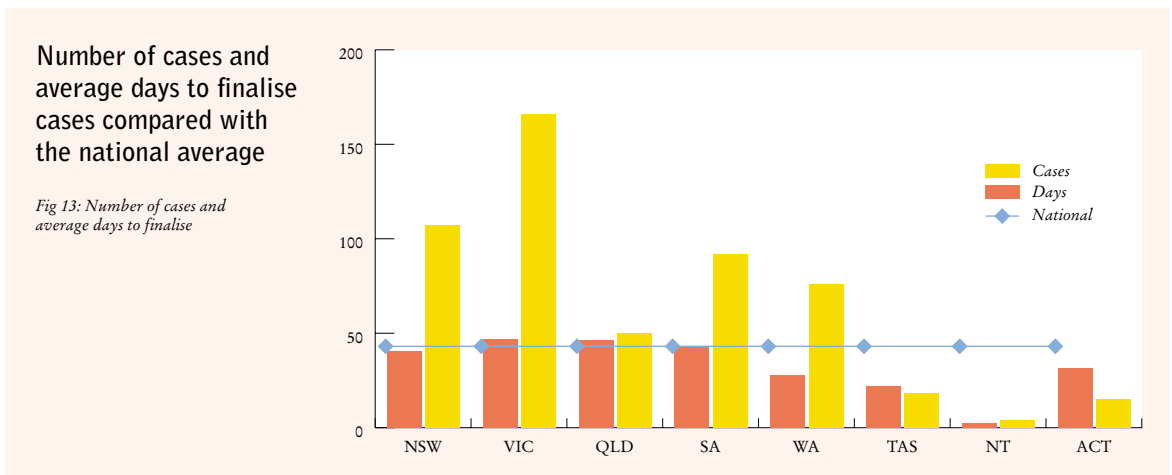
1.7 Average time to resolve complaints/issues

All complaints accepted by the Scheme involve at least one, but generally several issues. The effective and efficient management of cases is primarily dependent on the complexity and number of complaints accepted in a period and the number and skills of the staff available to complete the allocated tasks.

Timeliness can be further compromised by the time taken by complainants and service providers to respond to requests for additional information and in situations where the Scheme must temporarily stop dealing with an issue because of the involvement of another organisation, for example the Police or Coroner.

The data indicate that, while there was a wide variance across Australia in the time taken to resolve the number of complaints and issues, nationally the average number of days to finalise complaints was 40.5 days. This represents an average reduction of 16.5 days to finalise complaints/issues compared to the 2000-2001 reporting period when the national average was 57 days.

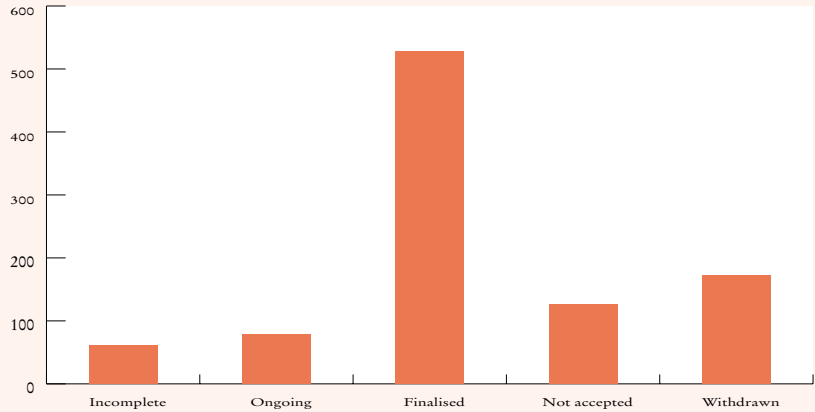
The following figure shows the number of cases finalised in each jurisdiction and the average number of days taken to resolve these cases, compared with the national average of 40.5 days.



At the end of the reporting period the database shows that 63 per cent of the total 967 were finalised, nine per cent are ongoing, seven per cent were listed as incomplete and 21 per cent of cases were withdrawn. The remaining cases were not accepted by the Scheme.

Case status: 30 June 2004

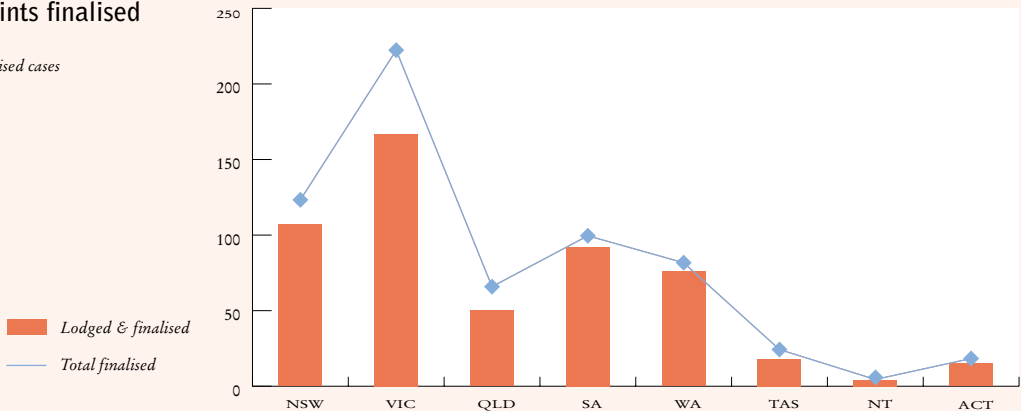
Fig 14: Case Status:
National data at end of reporting period



In addition to the number of complaints received and finalised during the financial year each jurisdiction has finalised a number of complaints that were received and accepted by the Scheme prior to the reporting period. When including these figures the data show that a total of 642 complaints were finalised this financial year. These data are presented in the figure below and are a better representation of workload activity during the year.

Complaints finalised

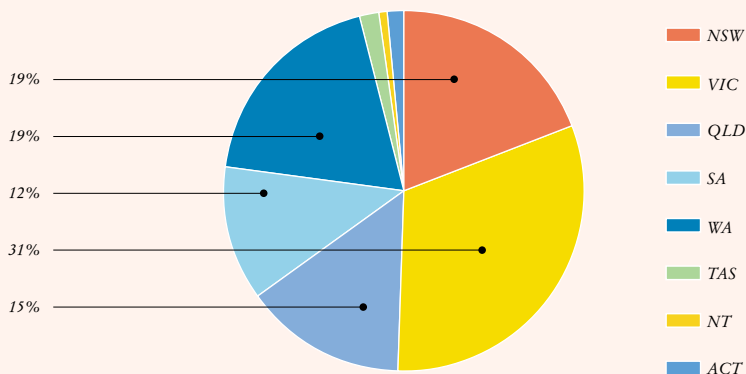
Fig 15: Finalised cases



In addition to accepting and managing complaints, officers from the Scheme also respond to inquiries from the public, some of whom later go on to register a complaint with the Scheme. The following figure shows the breakdown of all calls to the Scheme recorded in each State/Territory during the reporting period, that is the number of complaints, information and feedback calls shown as a percentage of the total 7,380 calls recorded nationally.

Total Number of Calls

Fig 16: Total number of calls registered

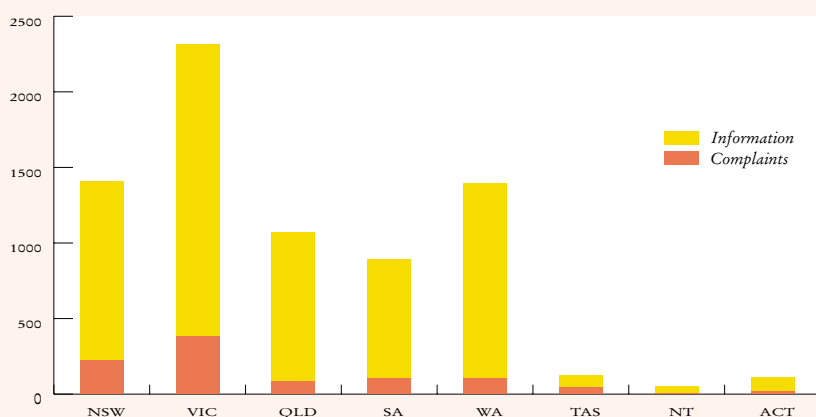


Of the total number of calls taken during the reporting period 967 (13 per cent) were recorded as complaints, 6,413 (87 per cent) as information calls.

The figure below illustrates a breakdown of the number of information calls and complaints registered in each jurisdiction. Feedback calls are no longer registered on the database, as the number received in previous reporting periods has been negligible.

Total calls registered

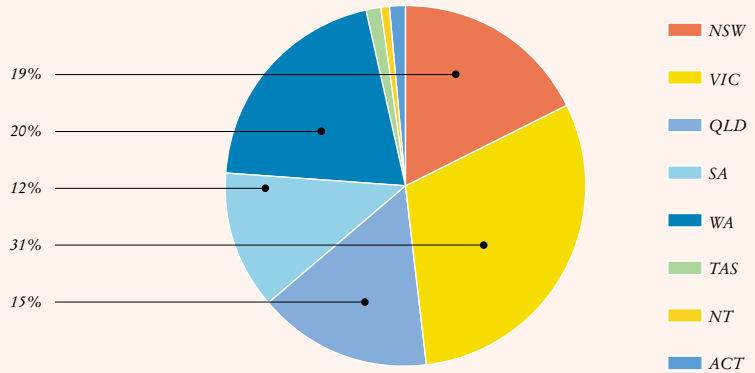
Fig 17: Total calls registered



Statistics show that dealing with information calls continues to comprise a large part of the workload for the Scheme. The figure overleaf shows the number of information calls recorded in each jurisdiction shown as a percentage of the overall number of information calls.

Information calls

Fig 18: Information calls



It should be noted that not all information callers specify an outlet. However, of those recorded a total of 97 per cent related to residential care, two per cent related to CACPs and eight calls related to flexible care services. The majority of requests for information (86 per cent) relate to general information about the provision of aged residential services. In 14 per cent of calls registered callers sought information outside the jurisdiction of the Scheme.

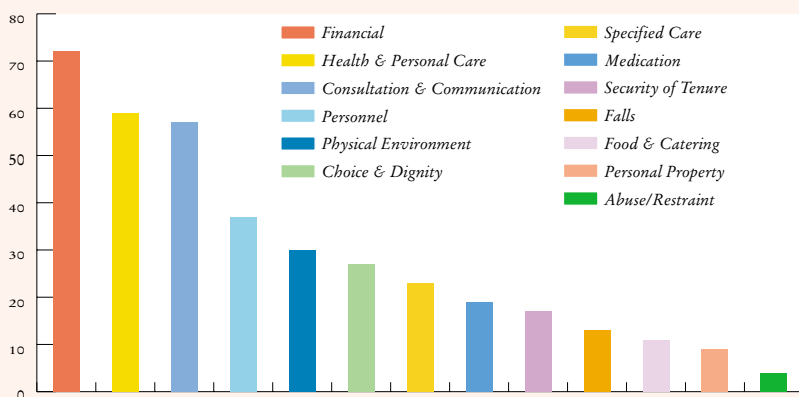
The category of caller was only recorded in 42 per cent of information calls. Of those recorded 1531 (56 per cent) identified themselves as relatives, 442 (16 per cent) as staff (including ex-staff), 302 (11 per cent) were care recipients. A further 87 callers (3.3 per cent) stated they were friends, 47 callers (1.7 per cent) identified themselves as advocates and 16 callers were documented as 'other professionals' (including medical practitioners, lawyers and union officials). Officers recorded 10 per cent of callers as 'other' and one per cent as 'unknown'.

The time taken to deal with information calls was recorded in 5,644 cases. Some 2,699 (48 per cent) of information calls were concluded in under 15 minutes. However, when considering the workload generated by information calls it is interesting to note that a further 1,775 (31 per cent) of calls were recorded as taking between 15 and 30 minutes. In the case of 977 calls (17 per cent), officers recorded that they required between 30 minutes and one hour to deal with the issues. It is of concern that 187 (3 per cent) of information calls were recorded as taking between one and three hours and in each of six calls contact with an officer was for over three hours. During the reporting period the level of follow-up required in relation to information calls was the subject of some discussion and resulted in the issuing of advice from the Commissioner.

Officers do not always note down the issues raised in information calls, in fact, during the reporting period the database has recorded 378 issues in total. Where issues are recorded, officers draw on the same thirteen key words used when registering complaints. The following graph shows the issues discussed in information calls and recorded nationally.

Information Calls

Fig 19: Information calls-recorded issues



Appendix 2: Satisfaction Survey: Statistics for the period 1 July 2003 to 30 June 2004

Information relating to satisfaction surveys in the last annual report was based on a six-month period. This report provides information gathered during the period 1 July 2003 to 30 June 2004. The report considers the information obtained from complainant and service provider surveys separately and then, where practical, compares results between the two data sets. It should be noted, however, that the percentages provided in this report are based on the number of complainants/service providers who responded to each question, not the overall number of surveys that were received during the reporting period. As a result the figures shown in the graphs may not always equal 100 per cent.

Some researchers have expressed a view that, while self completed surveys are a popular means of asking a series of multiple choice questions, one of the disadvantages is that this methodology attracts a low response rate - often as low as three per cent and generally not higher than between 10 and 20 per cent. Assuming both parties to the 528 complaints finalised during the reporting period received survey forms, the overall response rate for surveys returned to the Commissioner's office during this period is 48 per cent. Taken separately, the response rate for complainants was 43 per cent while the response rate for service providers was 54 per cent.

The satisfaction survey forwarded to complainants comprises eight questions while service providers are invited to respond to nine questions. Respondents are asked to either provide a yes/no answer, or rate their response according to an accompanying scale. Questions 2, 7 and 8 of the complainant's satisfaction survey invite further written comments as do questions 7, 8 and 9 of the service provider's form. A range of categories and key words have been established in order to record and analyse these responses. The survey forms also allow respondents to provide the facility name and/or complainant details, however, the essential facts conveyed are those that identify the relevant State/Territory and the date of completion of the survey.

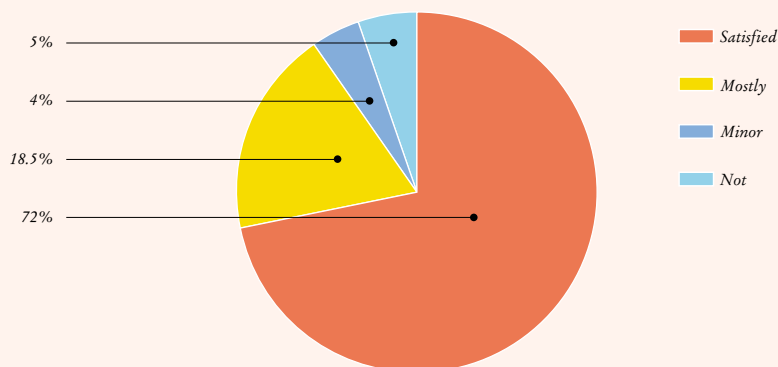
Table 1 Satisfaction Survey: Complainant Responses

	Satisfied	Mostly satisfied	Minor satisfaction	Not satisfied	No response
1. Overall Satisfaction	72%	18.5%	4%	5%	0.5%
	Yes	No	To some extent		
2. Assisted to make a complaint	89%	3.5%	7.5%		-
	Very Helpful	Helpful	Not Helpful		
3. Scheme helpful	75%	20%	3.5%		1%
	Always	Mostly	Sometimes	Never	
4. Kept informed	74%	17.5%	4.5%	1.5%	2.5%
	Always	Mostly	Some	Never	
5. Wishes respected	74%	16.5%	7%	1.5%	1.5%
	Yes	No	To some extent		
6. Informed regarding rights	84%	4.5%	10%		1.5%
	Yes	No			
7. Complaint resolved	70%	28%			4%
	Yes	No			
8. Suggestions	26%	17.5%			56.5%

The data show that 72 per cent of complainants who returned surveys and responded to the question of overall satisfaction were satisfied with the service provided by the Scheme. A total of 89 per cent of complainants indicated they were assisted to make a complaint, a further 7.5 per cent reported they were assisted to some extent. Seventy-five per cent of complainants found the Scheme very helpful, 20 per cent helpful and 3.5 per cent reported that they did not find the Scheme to be helpful.

Complainant: Overall satisfaction

Fig 20: Complainant:
Overall satisfaction rate

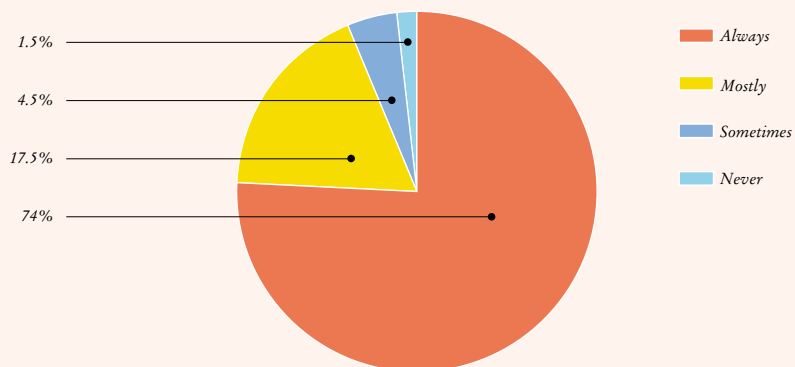


Eighty-nine per cent of complainants indicated that they had been assisted to make their complaint. Complainants were also invited to specify "What else would have helped?" Those who responded indicated that greater promotion of the Scheme, improved communication and timeliness were important issues for complainants.

Questions 4, 5 and 6 address the Scheme's ability to keep the complainant informed, respect their wishes and provide information about their rights and options. Seventy-four per cent, 74 per cent and 84 per cent of complainant responses respectively related this was always done.

Complainant: Kept informed?

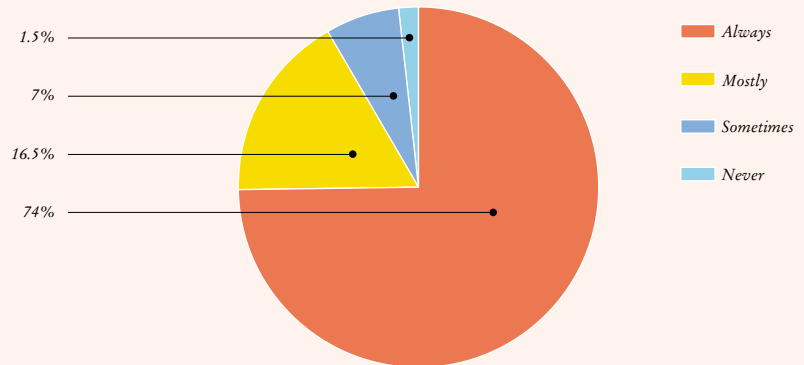
Fig 21: Complainant:
Were you kept informed?



Taken together the data relating to questions 4,5 and 6 indicate that 94 per cent, 92 per cent and 90 per cent of complainants respectively advised that client service factors were mostly delivered.

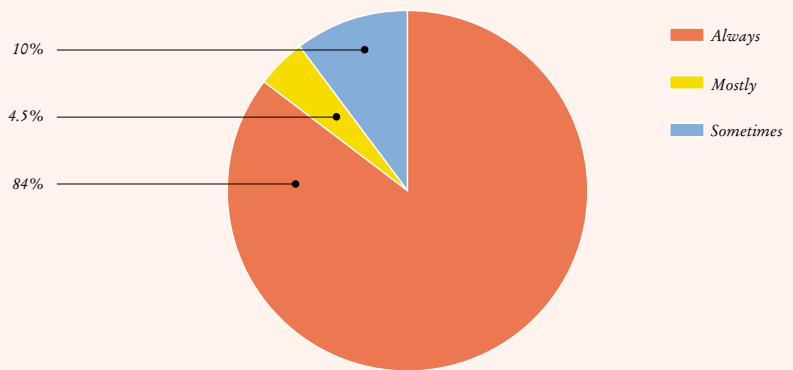
Complainant: Wishes respected?

Fig 22: Complainant:
Were your wishes respected?



Complainant: Informed about rights?

Fig 23: Complainant:
Given information about rights?



The majority (70 per cent) of complainants indicated they felt their complaint was resolved.

The responses from complainants who answered negatively indicate that, at times, complainants felt that their complaints had been trivialised and the service provider had not addressed their concerns. In some instances complainants remained concerned that the resolution achieved may only be temporary and suggested that the Scheme should initiate follow-up visits three to six months later. Others were critical of the Scheme's inability to fully investigate complaints and stated that the information provided by service providers in response to their issues was either inadequate or inaccurate and believed that service providers were not held accountable and suggested that the unannounced monitoring of facilities be increased.

A number of complainants spoke positively about the proficiency and commitment of CRS staff, both individually and collectively. Others were critical, some perceived a bias towards providers and expressed a view that the Scheme was not assertive enough. Others felt that:

- they had been 'pushed' into accepting that there was nothing that they could do and so finalised the complaint;
- just because the documentation complied with departmental or Accreditation Agency requirements, the Scheme should not accept that the care was adequate and appropriate;
- their complaint was ongoing, because the matter had been referred to another body and they had received no feedback;

Twenty-six per cent of complainants responding to the survey offered suggestions for improvement in the management of complaints. Respondents suggested:

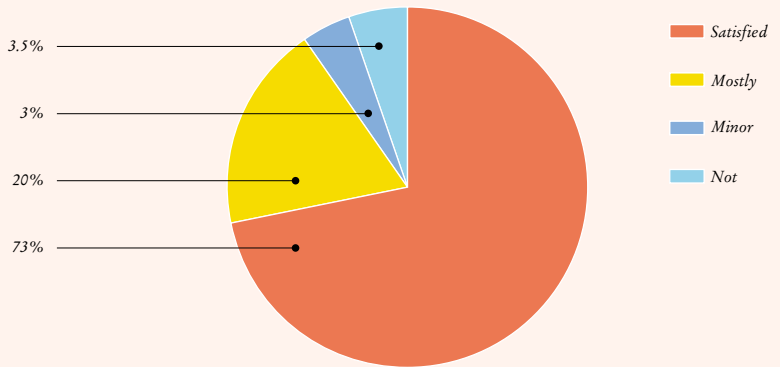
- more contact with complainants in order to improve the clarification of complaint issues and to enhance ongoing communication;
- follow-up action 3-6 months after finalisation;
- provision of feedback after referral to other bodies and on actions taken;
- improve timeliness.

Table 2 Satisfaction Survey: Service Provider Responses

	Satisfied	Mostly satisfied	Minor satisfaction	Not satisfied	No response
1. Overall Satisfaction	73%	20%	3%	3.5%	0.5%
	Always	Mostly	To some extent	Never	
2. Kept Informed	66%	25%	4%	3%	2%
	Always	Mostly	To some extent	Never	
3. Needs Respected	70%	22%	4.5%	2.5%	1%
	Very helpful	Helpful	Not Helpful		
4. Scheme Helpful	71.5%	23%	3%		2.5%
	Yes	No	To some extent		
5. Information regarding rights	85%	3%	11%		1%
	Yes	No	To some extent		
6. Opportunity to contribute	89%	3%	6%		2%
	Yes	No			
7. Complaint resolved	78%	7%			15%
	Yes	No			
8. Improve business	62%	17%			21%
	Yes	No			
9. Suggestions	21.5%	27%			51%

**Provider:
Overall satisfaction**

*Fig 24 Provider:
Overall level of satisfaction*

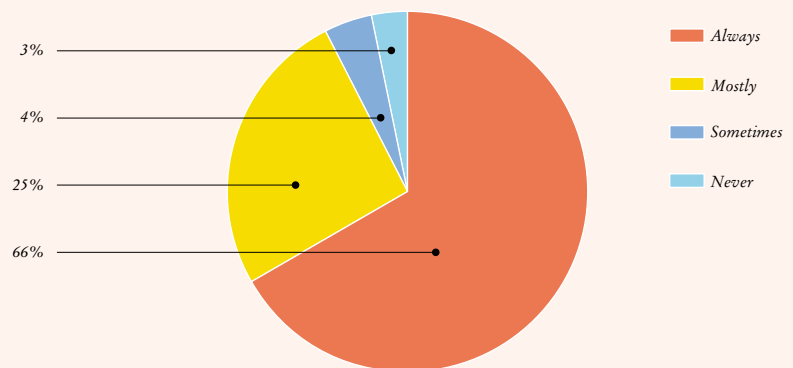


Seventy-three per cent of service providers who responded to the satisfaction surveys and answered the question indicated they were satisfied overall with the Scheme. A further 20 per cent reported that they were mostly satisfied. Just over 71 per cent of service providers found the Scheme very helpful and 23 per cent advised that they found the Scheme helpful. That is, a total of 94.5 per cent of service providers indicated that they found the Scheme helpful or very helpful.

Similar to the complainant survey, questions 2, 3 and 5 asked service providers if the Scheme kept them informed, respected their needs and provided information about their rights and options. Sixty-six per cent, 70 per cent and 85 per cent respectively indicated that this was always done. Taken together, the responses demonstrate that 91 per cent, 92 per cent and 96 per cent of service providers respectively reported that these three client service factors were mostly delivered.

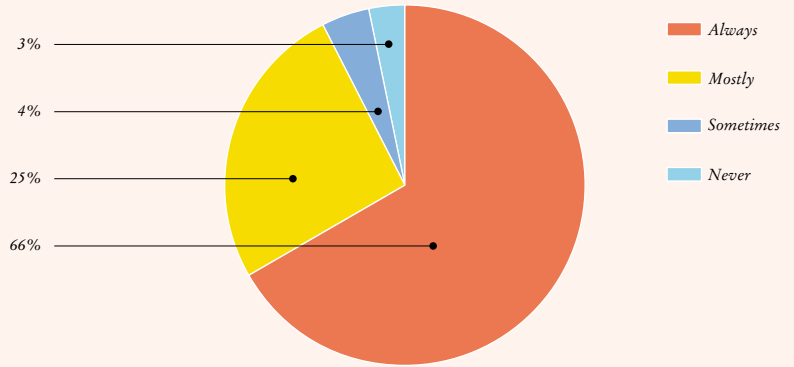
**Provider:
Kept informed?**

*Fig 25: Provider:
Were you kept informed?*



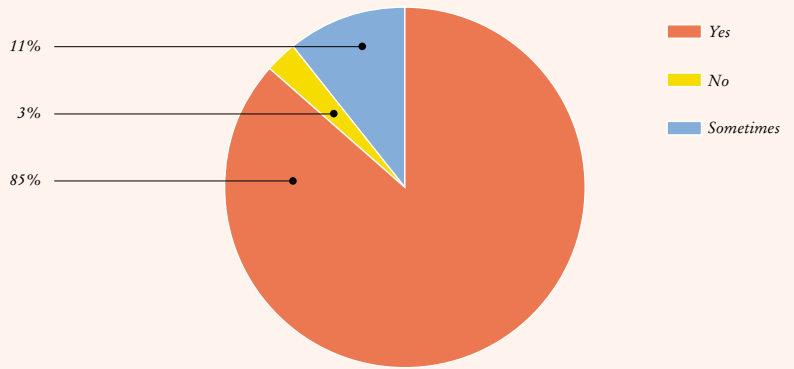
**Provider:
Needs respected?**

*Fig 26: Provider:
Were your needs respected?*



**Provider:
Given information
about rights?**

*Fig 27: Provider:
Were you given information
about your rights?*



Eighty-nine per cent of providers indicated they had the opportunity to contribute to the resolution of the complaint and 78 per cent of those responding indicated they felt that complaints were resolved. Those service providers who responded in the negative were asked for comment. Observations included a belief that some family members were unable to communicate openly and other issues would emerge; others felt that the complainants were vexatious and/or had no grounds to begin with; that the expectations of some complainants were unrealistic and are a barrier to resolution; there was bias against providers and issues remained unresolved as they were referred to another agency.

Providers were asked for suggestions as to how the process might be improved. Many respondents spoke positively about the management of complaints, the professionalism of staff and the opportunity to be involved in the resolution process. Others suggested that the process would be improved by ensuring that complaint issues were clear and agreed by all family members, removing anonymity and improving communication, timeliness, impartiality, follow-up and feedback.

2.1 Redesign of satisfaction survey: Opportunities for improvement

The response rate and the data provided are most encouraging. The overall nature of comments provided has not changed significantly from those identified in other reports. However, the information presented within individual forms has often given rise to perplexing inconsistencies when it came to in depth analysis and reporting.

Satisfaction survey forms have now been redesigned following a comprehensive consultative process and will be implemented from 1 July 2004. The revised forms are designed to allow for a more meaningful collection of data and greater examination of the factors previously reported by allowing respondents to focus on the individual elements of the complaint process and, through the collection of some basic demographic data, provide a description of the Scheme's clients, in terms of cultural, ethnic and age groups.

As before, completion of satisfaction forms and the individual questions is entirely voluntary. It is hoped that complainants and service providers will continue to provide frank and honest answers to the questions asked and to offer comments and suggestions as to how the Scheme might better assist parties in conflict and improve complaint handling practices.

Appendix 3: Performance Indicators

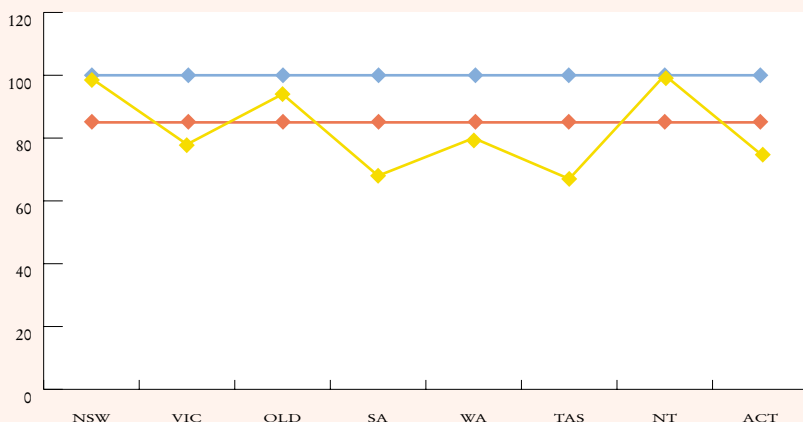
The performance indicators established for the Scheme are numerical measures, expressed as a percentage, which are designed to describe important and useful information about the performance of the Scheme. The performance indicators are monitored at regular intervals, compared with one or more criterion, to demonstrate whether the Scheme is achieving its overall objectives and meeting set targets. The performance indicators were first implemented in October 2001 and have been reviewed annually and, where appropriate, have been amended. All revised benchmarks will be reported from the first quarter in the 2004-2005 financial year. The following data provide a comparative view of each State/Territory's achievement against the established target and the national average for each indicator.

Indicator 1 measures the prompt provision of an acknowledgment card to people contacting the Scheme to lodge a complaint. This indicator was revised to allow the provision of an acknowledgment card within four days of the initial contact, as opposed to the previously agreed three days, to account for weekends and public holidays. The expected target remains at 100 per cent. The database indicates that across Australia, an average of 85 per cent of contacts received an acknowledgment card within the stipulated time frame.

Indicator 1

Fig 28: Performance Indicator 1

- Target
- National Average
- Achievement

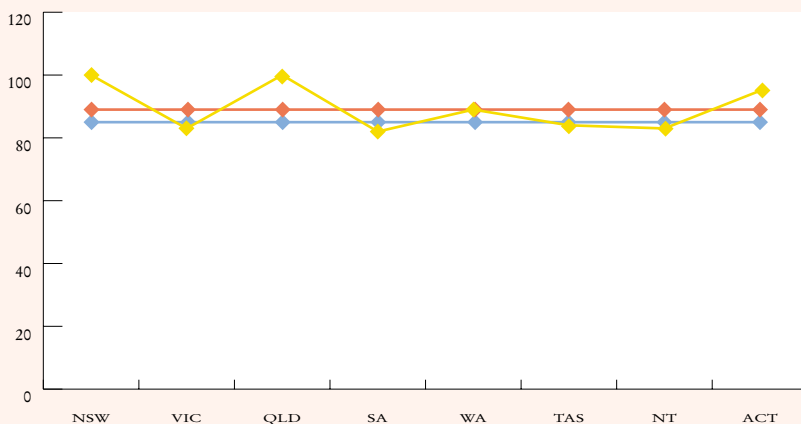


Indicator 2 measures the time between the receipt of a complaint and the time taken to inform the complainant how the Scheme proposes to manage the complaint. This contact should be made within seven days following the receipt of a complaint and should advise whether the complaint has been accepted or referred or is still being assessed. The data show that nationally this occurred in an average of 89 per cent of cases.

Indicator 2

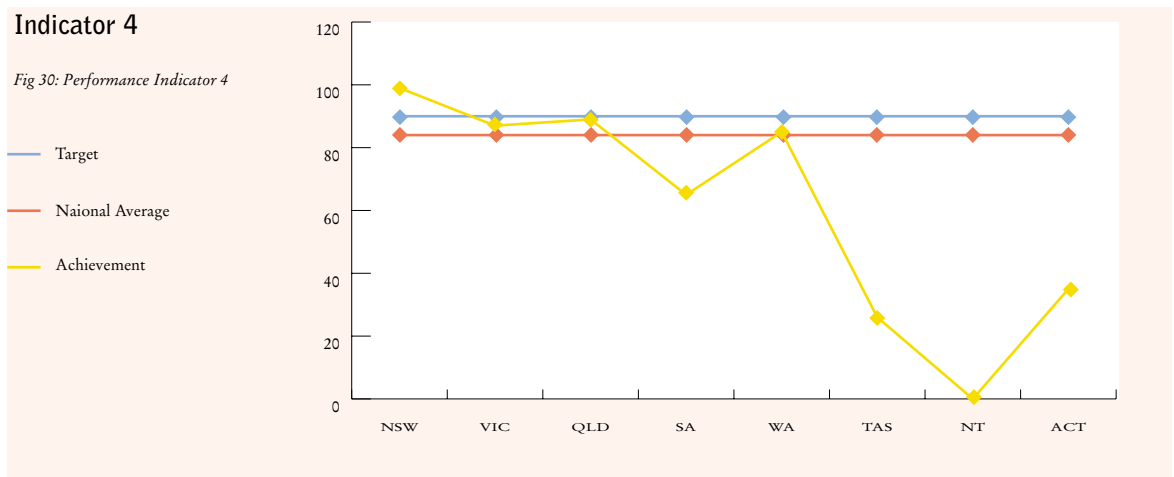
Fig 29: Performance Indicator 2

- Target
- National Average
- Achievement



Indicator 3 relates to the prompt referral to appropriate internal or external agencies. The measurement of time between receipt of the complaint and the referral of the complaint, or part thereof, is not currently available from the database.

The target for Indicator 4 is 90 per cent. The indicator is based on the assessment of all related factors and the need to document an initial action plan to optimise the outcome of any intervention. The action plan is to be documented within seven days of the acceptance of the complaint. During the reporting period this indicator was met in an average of 84 per cent of cases, nationally. Considerable work was undertaken to develop an action plan template and business rules in order to assist jurisdictions to develop and update action plans during the management of complaints. This tool was implemented in May 2004.

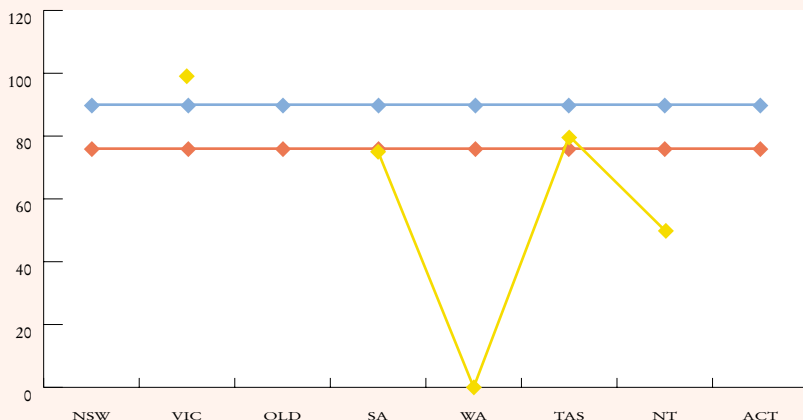


Indicator 5 is based on the rationale that there should be prompt and appropriate intervention in the case of all issues that have been assessed as urgent. The indicator measures the time between the receipt of issues assessed as urgent and the undertaking of an appropriate intervention within seven days. The database denotes that only two per cent of complaint issues were assessed as urgent during the financial year. No urgent issues were recorded in New South Wales, Queensland or the Australian Capital Territory. The national average for this indicator during the reporting period is 76 per cent against a target of 90 per cent. Further analysis indicates that by and large the Scheme dealt appropriately with issues assessed as urgent. However, in some instances, where urgent and complex issues occur within the one complaint officers have not completed the required database actions to record the appropriate intervention in relation to the urgent issue.

Indicator 5

Fig 31: Performance Indicator 5

- Target
- Naional Average
- Achievement

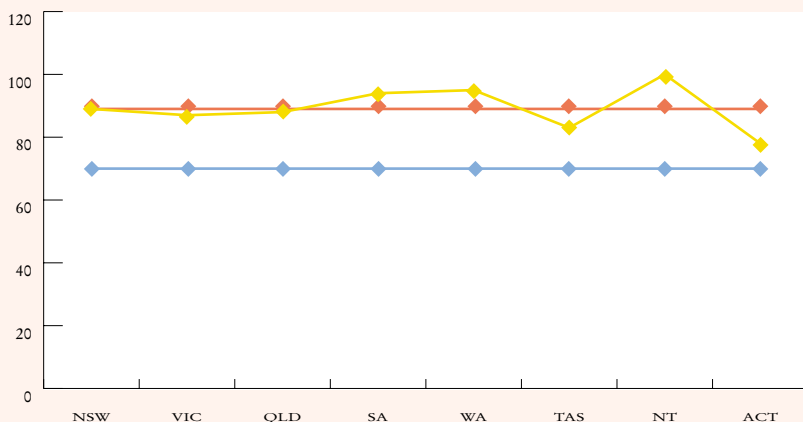


Indicator 6 measures the time between the acceptance of a complaint and finalisation of that complaint and provides the number of accepted complaints with a finalisation date recorded within 90 days. Against a target of 70 per cent the database shows a national average of 89 per cent.

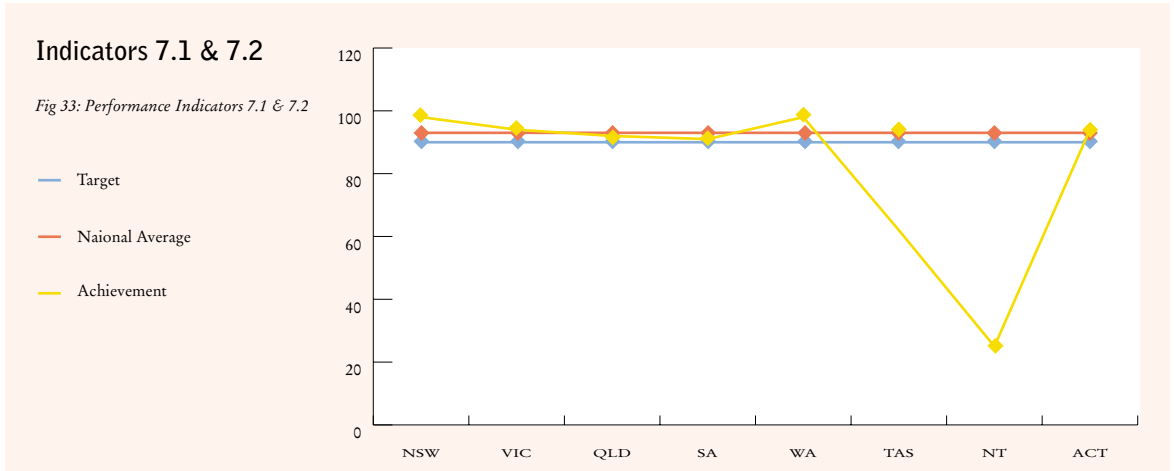
Indicator 6

Fig 32: Performance Indicator 6

- Target
- Naional Average
- Achievement



Indicators 7.1 and 7.2 are based on the rationale that, as complaints are finalised, timely feedback to all complainants and service providers is essential in order to both ensure good consumer relations and satisfaction and to optimise the outcome and expedite any follow up arrangements. The target set for both indicators is 90 per cent. The indicators measure the number of written contacts made within seven days of finalisation and the database records a national average of 93 per cent for both indicators.



Indicator 8 proposes that determination reports outlining the results of hearings conducted by committees should be provided within seven working days from the date the determination is received by the secretariat. This indicator was met in 100 per cent of cases.

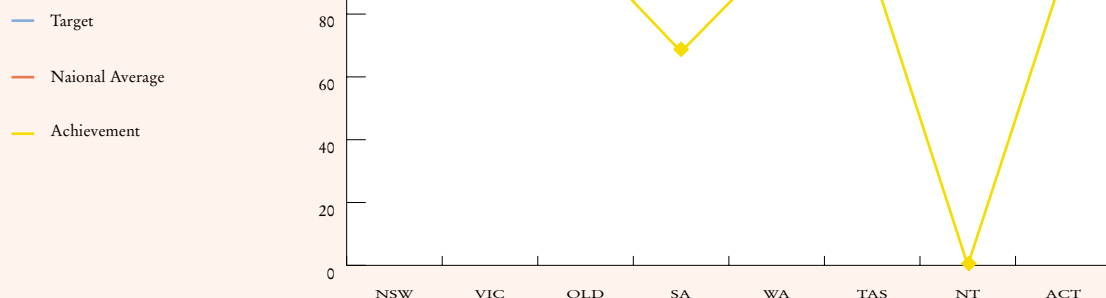
Similarly, indicator 9 requires that a Determination Review: Notice of Decision is provided to all parties within seven days of the signing of the report. This indicator was met in 100 per cent of cases.

Indicator 10 is based on the rationale that complainants are entitled to receive timely advice as to the outcome of their appeal against the non-acceptance of their complaint. The Commissioner is required to provide advice to the Secretary in relation to these matters. The Indicator measures the time between the Secretary's request for advice and the provision of that advice by the Commissioner. This indicator was met in 67 per cent of cases.

Indicators 11.1 and 12.1 record the number of complainants and service providers respectively who have been provided with a satisfaction survey for completion at the time each complaint is finalised. A target of 95 per cent has been established for both indicators. In both instances the database records a national average of 96 per cent.

Indicators 11.1 & 12.1

Fig 34: Performance Indicators 11.1 & 12.1



Indicators 11.2 and 12.2 record the number of complainants and service providers (expressed as a percentage) who indicate they are satisfied or mostly satisfied with the way their complaint was handled by the Scheme. These figures are taken from the satisfaction survey database and show that 90.5 per cent of complainants who responded to the survey were satisfied or mostly satisfied with the service provided by the Scheme. Separately, 93 per cent of those service providers responding to the survey indicated that they were satisfied or mostly satisfied with the service provided by the Scheme.

Indicator 13 relates to the provision of staff training and reports the number of new and current staff who have undertaken an internal or national training program against the total number of new staff employed. As the database is yet to be refined to provide this information, each State/Territory was asked to make available information as to the training opportunities offered and taken up by staff during the reporting period. It should be noted that not all States/Territories had recruited new staff during this current reporting period and in many instances 'new' staff were seconded to the Scheme on a short term basis.

In Queensland one new staff member participated in an internal training program and the national orientation program. In addition six staff participated in a range of educational programs including: negotiation, advanced negotiation skills, privacy training and awareness, managing challenging behaviours, productive ageing, giving and receiving feedback and a multicultural program. Four staff in South Australia attended advanced negotiation skills and various courses targeted towards improving administrative skills. Four new staff in the Victorian office attended an internal orientation program. Three staff participated in an advanced negotiation skills training program, two staff attended a cross cultural and workplace diversity program and one completed an OH&S refresher course. Four staff are enrolled in external post graduate education programs. In Tasmania one new staff member participated in both an internal and national orientation programs. Two staff participated in an advanced negotiation training program, three attended training in administrative law and one attended training in investigation methods. The staff member employed in the Northern Territory attended various courses including: negotiation, advanced negotiation skills, multicultural awareness, privacy awareness training, discovering clerkliness and the practical application of values in the workplace. Three staff in New South Wales participated in an internal orientation program and one attended the external orientation program. All staff took part in a range of programs including advanced negotiation skills, risk management, information technology and writing skills. Western Australia reported that one new staff member participated in internal and national orientation programs. Five staff participated in a range of courses including negotiation and advanced negotiation skills, business planning, privacy training, legal awareness and administrative law, information management, good decision making and the practical application of values in the workplace. Staff in the Australian Capital Territory attended a variety of educational programs including: privacy, advanced negotiation, conflict management, probity, discovering clerkliness and medication and the elderly. Two staff attended the external orientation program.

Appendix 4: Glossary

ACAT	Aged Care Assessment Team
Act, the	The <i>Aged Care Act 1997</i>
Agency, the	Aged Care Standards and Accreditation Agency
CACPs	Community Aged Care Packages
Commissioner, the	The Commissioner for Complaints
Committee, the	Complaints Resolution Committee
CRO	Complaints Resolution Officer
Department, the	Department of Health and Ageing
EACH	Extended Aged Care at Home
Minister, the	The Hon Julie Bishop MP, Minister for Ageing
MPS	Multi Purpose Service
Office, the	The Office of the Commissioner for Complaints
Principles, the	The <i>Aged Care Committee Principles 1997</i> made under the Act
RCS	Resident Classification System
Panel, the	Determination Review Panel
Scheme, the	The Complaints Resolution Scheme
Secretary, the	Secretary to the Department of Health and Ageing
Standards, the	The Accreditation Standards in Schedule 2 to the <i>Quality of Care Principles 1997</i> made under the Act

