



# **Commissioner for Complaints**

## **Quarterly Report Statistical Data**

**1 October 2003 – 31 December 2003**

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## National Statistics

The statistical information for the following graphs is derived from various reporting elements of the Complaint Resolution Database.

### Total Number of Calls

During this reporting period the Scheme dealt with a total of 1710 calls. The following figure shows the breakdown of calls recorded in each jurisdiction during the reporting period, that is the number of complaints, information and feedback calls, shown as a percentage of the total 1710 calls recorded nationally.

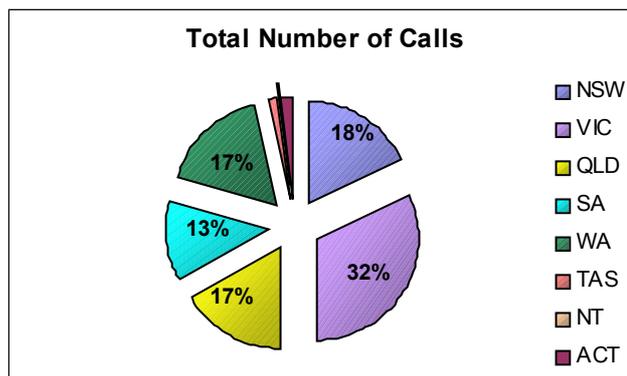


Fig 1: Total Number of Calls by Jurisdiction

Of the 1710 calls recorded, 238 (14 per cent) were registered as complaints and 1472 (86 per cent) were registered as information calls.

### Recorded Complaints

The majority of the 238 complaints recorded during the reporting period related to aged residential care services, however, four complaints (2 per cent) related to community aged care packages. As in previous reports, the relatives of residents (65 per cent) lodged the majority of complaints recorded nationally. Across Australia nine per cent of complaints were lodged by staff of aged care services and eight per cent by residents or care recipients. Six per cent were lodged by ex-staff. Friends lodged three per cent of complaints. Advocates lodged one per cent of complaints. Six per cent of complaints were listed as being lodged by 'others', and two per cent were registered as 'unknown'.

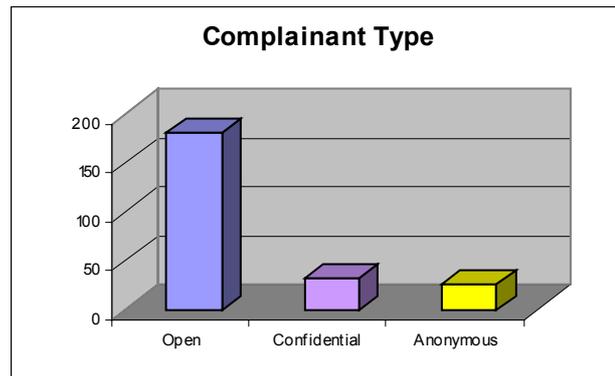
### Site Visits

During the reporting period the database records that officers undertook a total of 88 site visits either as part of the preliminary assessment or ongoing management of the issues raised. A total of 80 facilities were visited and issues relating to 91 individual complaints were discussed.

### Complainant Type

Of the 238 complaints recorded nationally during the reporting period, 180 (76 per cent) were registered as open complaints, 32 (13 per cent) as confidential complaints and 26 (11 per cent) as anonymous complaints.

Note 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 being dealt with are managed as an open complaint.



**Fig 2: Complainant Type and Volume**

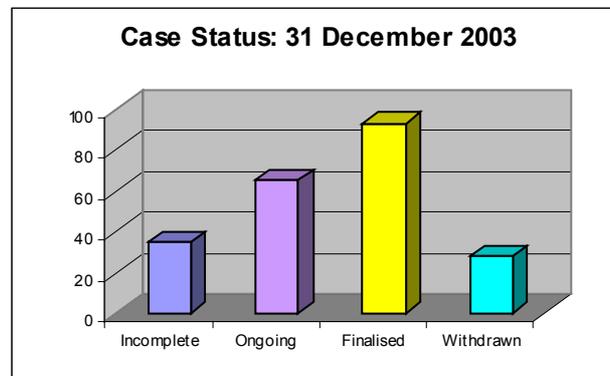
### Issue Priorities

Complaints are assessed as either urgent or complex. During the reporting period five issues were assessed as urgent. A further 173 complaints were assessed as complex.

### Average Time to Resolve Complaints

The database provides information regarding new cases both received and finalised within a period. During the reporting period the Scheme finalised 93 cases. The average number of days to finalise complaints received within the reporting period was 28.7 days.

At the end of the reporting period the data show that, nationally, 16 per cent of cases were incomplete, 29 per cent were ongoing, 42 per cent had been finalised and 13 per cent had been withdrawn.



**Fig 3: Case Status: End of the reporting period**

### Complaint Issues

The Scheme has identified 58 common issues that can be recorded in four main clusters, those being: administration, consumer rights, environment and level of care. The following figures show the seven top complaint issues in each category as a percentage of the national total. It should be noted that the statistics shown do not equal 100 per cent but are presented in this manner for ease of viewing. The groupings depicted here do not vary significantly from previous reporting periods.

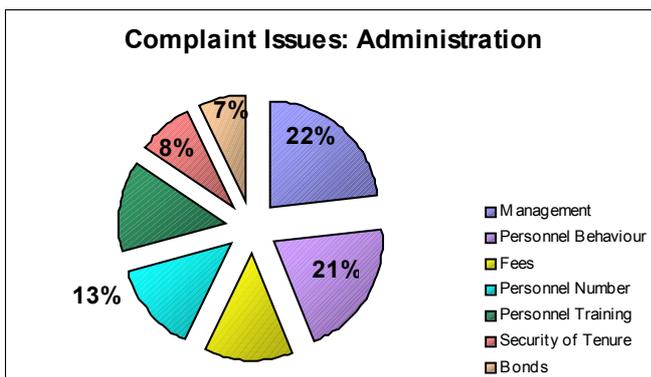


Fig 4: Complaint Issues: Administration

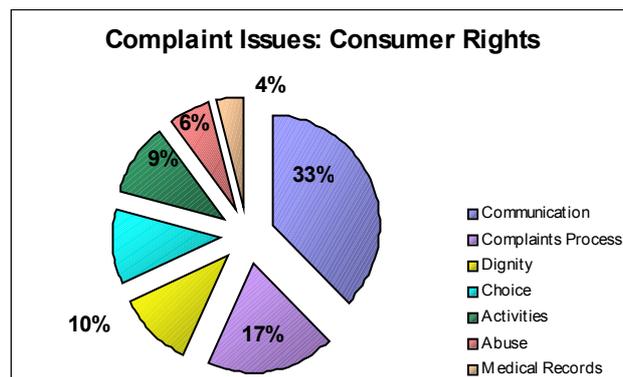


Fig 5: Complaint Issues: Consumer Rights

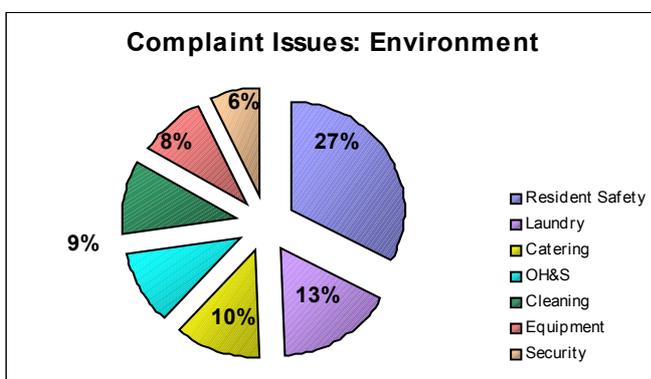


Fig 6: Complaint Issues: Environment

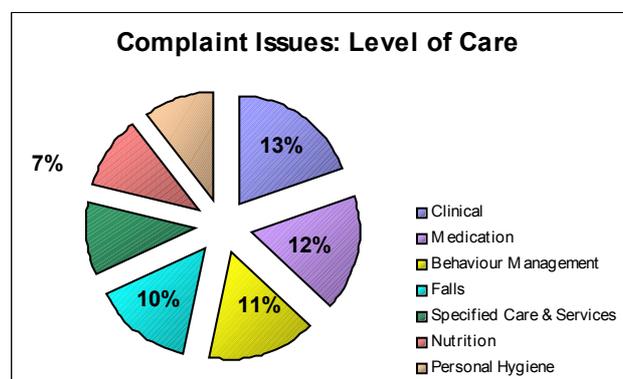


Fig 7: Complaint Issues: Level of Care

Figure 8 shows the eight most frequently recorded complaint issues, across the four groups, during this reporting quarter.

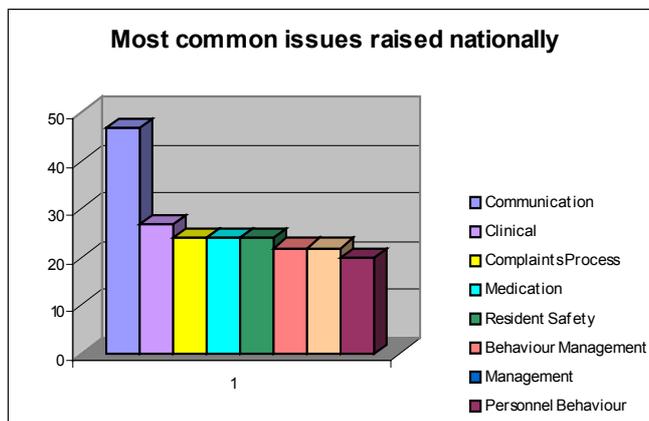


Fig 8: Most frequently recorded complainant issues

## Referrals

The database identifies a total of 25 referrals made during the reporting period. The statistical report identifies that six complaint issues were referred to other sections of the Department for further action. Thirteen matters were referred to the Aged Care Standards and Accreditation Agency, two matters were referred to the police, three complaints were referred for mediation and one referral is recorded as 'other'. During this and the previous four quarterly reporting periods no

matters are recorded as being referred to a Complaints Resolution Committee therefore the accuracy of data input is questioned.

It should be noted that a complaint may have a number of elements/issues for resolution and a referral made to an external agency does not necessarily mean that CRS officers take no further action with regard to the complaint.

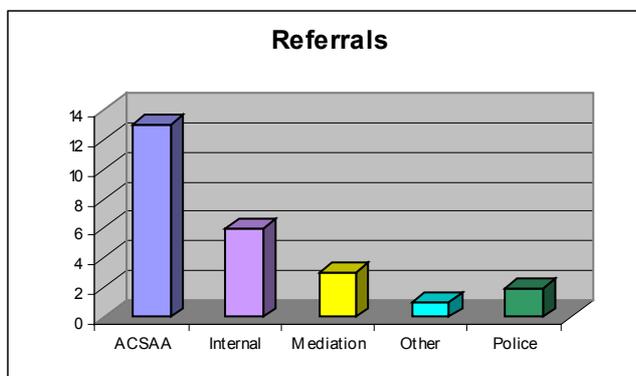


Fig 9: Referrals

### Non acceptance of Complaints and Appeals

Based on *last status change* the database indicates that, across Australia, a total of 26 complaints were not accepted by the Scheme during the period ending 31 December 2003. Eleven of these complaints were received prior to 1 October 2003.

Queensland, South Australia, the Northern Territory and the Australian Capital Territory did not record any non-accepted complaints. Nineteen of the 26 complaints not accepted originated in Victoria (73 per cent), 11 per cent of non-acceptances were recorded in New South Wales and Western Australia and Tasmania each recorded eight per cent of the total.

The following figure shows the breakdown by jurisdiction, including those complaints that were received prior to 1 October 2003 and not accepted during this reporting period.

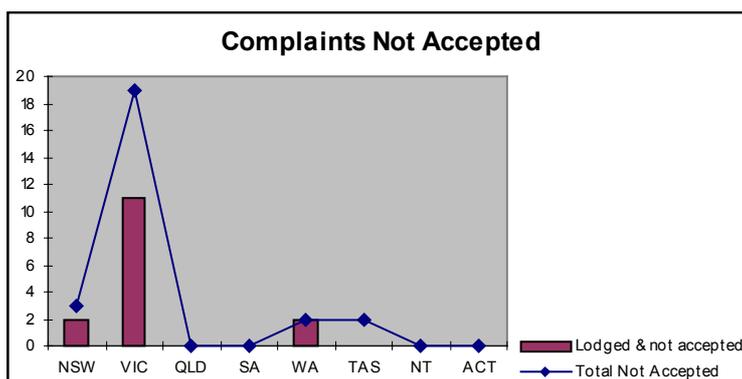


Fig 10: Total Number of Complaints Not Accepted

During this quarter, the Commissioner for Complaints was asked to provide advice in relation to four appeals against the non-acceptance of a complaint. The Commissioner recommended the decision in New South Wales be confirmed and the decisions in South Australia and Victoria be set aside. The appeal originating in Tasmania related to four issues within the one complaint. The Commissioner recommended the decision not to accept two issues be set aside and confirmed the decision not to accept remaining two issues.

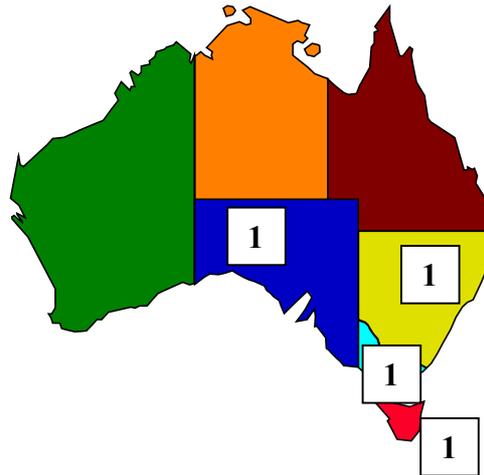


Fig 11: Appeals against Non Acceptance

### Committee Hearings by State and Territory

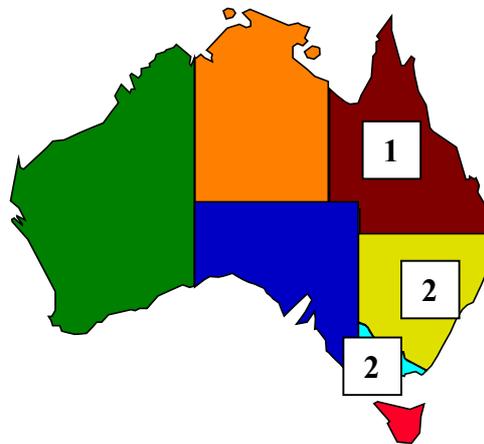


Fig 12: Committee Hearings

Complaints Resolution Committees dealt with five complaints during the reporting period. The hearing in Queensland was adjourned owing to the non-appearance of either party and is to be rescheduled. One case in Victoria was a rehearing of a matter previously set aside by a Review Panel in this reporting quarter. Determinations have been provided in all but one case in New South Wales, which was heard toward the end of the reporting period. In addition to these matters one Determination relating to a hearing conducted in the previous quarter was also finalised.

The complaints involved a range of issues including confidentiality, intimidation, resident safety, internal complaints mechanisms, communication, clinical care, physical environment, nutrition and hydration.

### Determination Reviews by State and Territory

Two determination reviews were conducted during this reporting quarter and one decision pertaining to a review conducted on the last day of the previous quarter was finalised. Review Panels set aside one determination and confirmed two decisions. An application for review was received at the end of this reporting period and will be conducted during the next quarter.

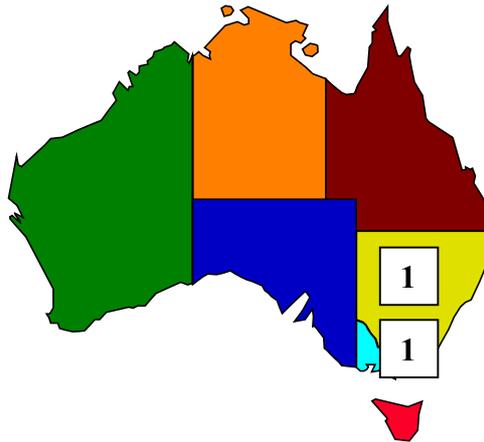


Fig 13: Determination Reviews by State and Territory

## Information Statistics

During the reporting period 86 per cent of the calls registered by the Scheme (1472) were recorded as information calls. All jurisdictions recorded a higher percentage of information calls when compared to the number of complaints registered. The following figure shows a percentage breakdown of the total number of information calls received during the period.

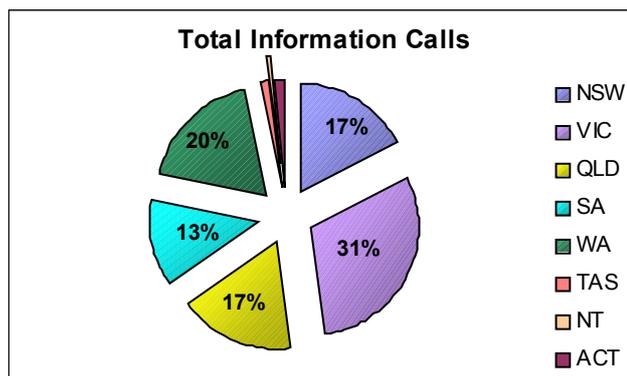


Fig 14: Total number of information calls by jurisdiction

The majority of callers (86 per cent) were seeking general information, however, 14 per cent of calls (203) sought information outside the jurisdiction of the Scheme.

The Scheme recorded the category of 723 callers seeking information. At a national level, 57 per cent of the 723 callers identified themselves as relatives, 15 per cent as currently employed staff, 11 per cent as care recipients, three per cent as friends, two per cent as ex-staff and two per cent were listed as professional officers. The latter category includes solicitors, advocates, union representatives, medical practitioners and other health care professionals. Nine per cent were recorded as 'other' and one per cent as 'unknown'.

The database shows that 42 per cent (570) of information calls received by the Scheme nationally were concluded in less than 15 minutes. Thirty-five per cent of calls (470) took between 15 and 30 minutes, 19 per cent (263) between 30 minutes and one hour. Four per cent of calls (53) were concluded between one and three hours. One call, originating in New South Wales is recorded as taking over three hours.

The database registers the nature of the information calls using the same key words and groupings that are applied in the recording of information about complaints. It is important to note that these data are not recorded in the case of all information calls received, nor is it relevant for those calls seeking information outside the Scheme. Data captured in the following figure show the most significant issues for people seeking information during this reporting period.

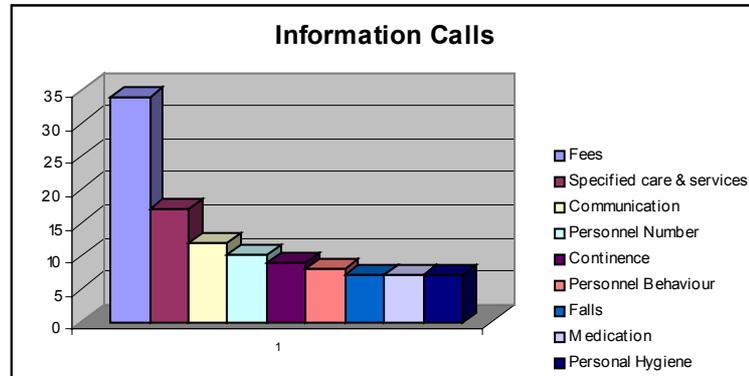


Fig 15: Frequent information sought