

Commissioner for Complaints

Quarterly Report Statistical Data 1 July 2002 – 30 September 2002

Contents

National Statistics	
Total Number of Calls	1
Recorded Complaints	1
Complainant Type.....	2
Issue Priorities.....	2
Average Time to resolve complaints.....	2
Complaint Issues	3
Referrals.....	4
Non-acceptance of Complaints and Appeals.....	4
Committee Hearings by State and Territory.....	4
Determination Reviews by State and Territory	5
Information Statistics.....	5

National Statistics

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. It should be noted that changes are currently being made to the database to enhance the capacity of the Complaints Resolution Scheme to capture, identify and report on information collected as part of its operations. As part of this upgrade, significant attention is being paid to its ability to produce more accurate and meaningful reports suitable to meet the needs of a broad range of users. As this process is not complete the statistics provided here should be regarded as indicative as opposed to definitive information.

Total Number of 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 1,875 calls recorded nationally. Of the 1,875 calls taken during the reporting period 324 (17 per cent) were registered as complaints and 1551 (83 per cent) were registered as information calls.

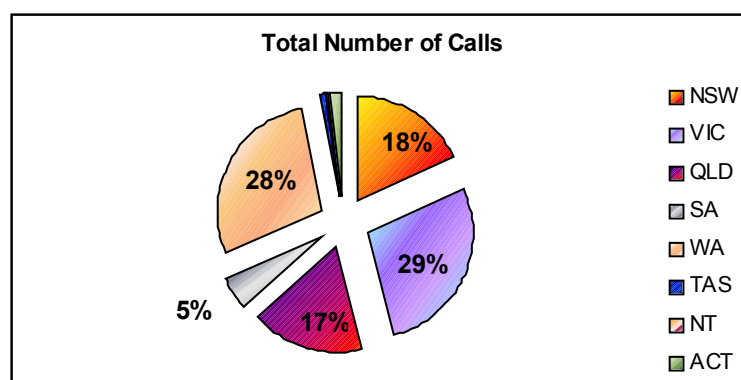


Table 1: Total Number of Calls by State and Territory

Recorded Complaints

The majority of the 324 complaints recorded during the reporting period related to aged residential care services, however, nine complaints (3 per cent) related to CACPs. As in previous reports, the majority of complaints recorded nationally were lodged by relatives of residents (54 per cent). Across Australia 12 per cent were lodged by staff of aged care services and 10 per cent by residents or care recipients. Some 5 per cent of complaints respectively were listed as being lodged by others, friends and unknown. Two per cent were lodged by ex-staff. An advocate, agency staff, worker and volunteer lodged individual complaints. During the reporting period the database records that officers undertook a total of 118 site visits either as part of the preliminary assessment or ongoing management of the issues raised.

Complainant type

Of the 324 complaints recorded nationally during the reporting period, 220 (68 per cent) were registered as open complaints, 52 (16 per cent) as confidential complaints and 52 (16 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.

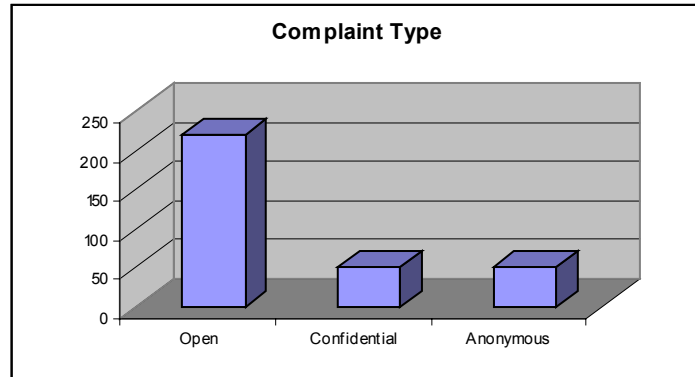


Table 2: Complaint Type

Issue priorities

Complaints are assessed as either urgent or complex. During the reporting period eight issues were assessed as urgent. A further 248 issues were assessed as complex.

Average time to resolve complaints

The effective and efficient management of cases is not only dependent on the complexity and number of complaints accepted by the Scheme, but also the number and skill base of staff available to complete allocated tasks. The current database does not provide details regarding total cases finalised for a period, however it does provide information regarding new cases both received and finalised within a period. Nationally the average number of days to finalise complaints received within the reporting period was 27.1 days. The following figure shows the average number of days taken to finalise complaints accepted during various reporting periods.

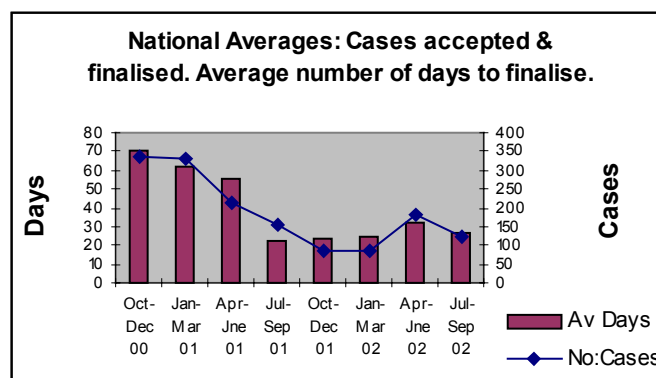


Table 3: Average Time to Resolve Complaints

At the end of the reporting period the data show that, nationally, 15 per cent of cases were incomplete, 30 per cent were ongoing, 45 per cent had been finalised and 10 per cent had been withdrawn.

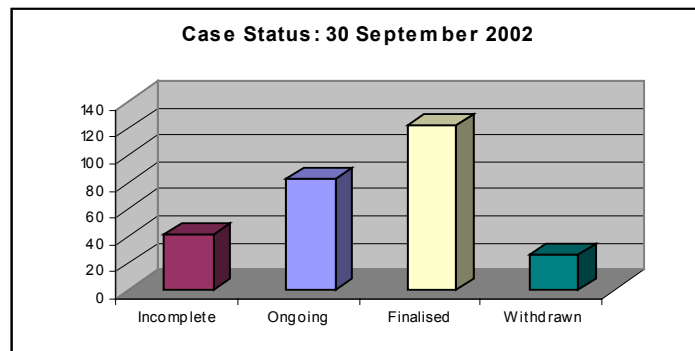
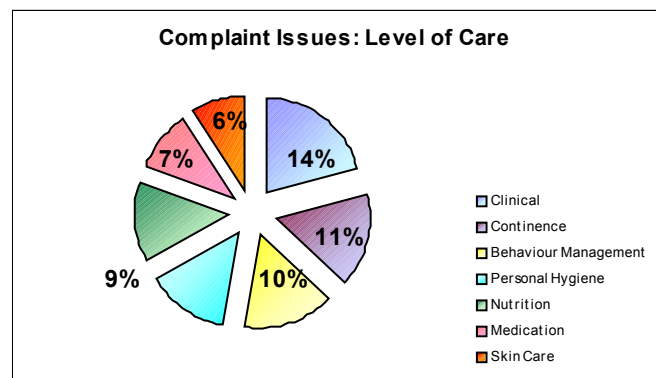
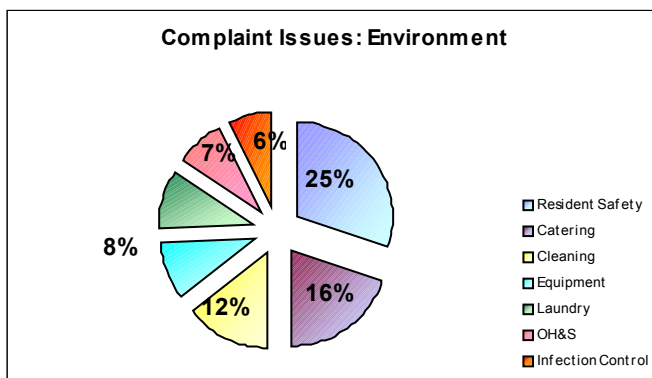
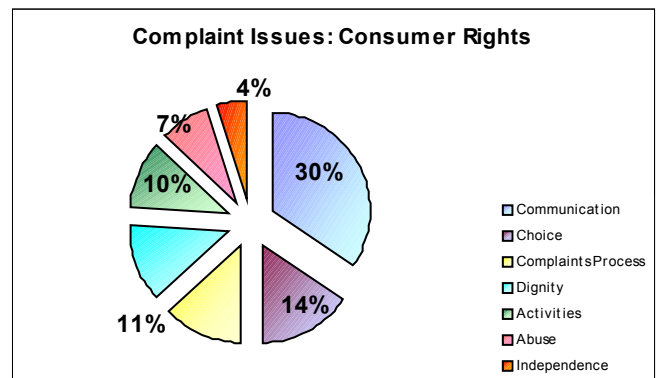
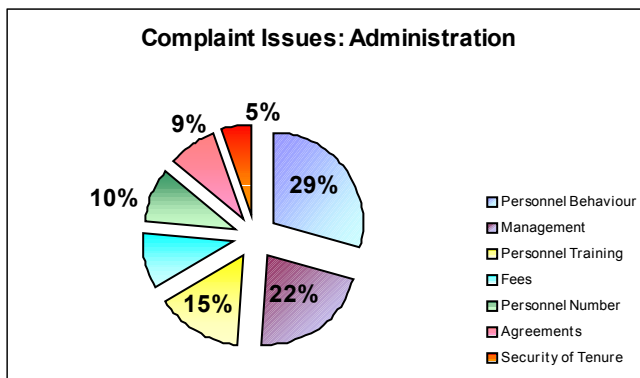


Table 4: Case Status as at 30 September 2002

Complaint issues

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

The groupings do not vary significantly from previous reporting periods. Sixty-five per cent of the total issues recorded under the Administration heading related to personnel behaviour, management and training issues. Issues related to communication account for 30 per cent of all issues lodged under the consumer rights heading. Twenty five per cent of issues raised within the environment grouping related to resident safety and matters related to clinical care comprised 14 per cent of all issues listed under level of care.



Tables 5 to 8: Complaint Issues by Groupings, Administration, Consumer Rights, Environment and Level of Care.

Referrals

During the reporting period a total of 42 referrals were made. 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 officers take no further action with regard to the complaint. The database identifies that 13 complaint issues were referred to other sections of the Department (predominantly Compliance) for further action, 18 complaint issues were referred to the Aged Care Standards and Accreditation Agency for their consideration and three matters were referred to state health authorities. Two complaints were referred to mediation and six were recorded as other.

Non-acceptance of Complaints and Appeals

Based on *last status change* the database indicates that, across Australia, a total of 69 complaints were not accepted by the Scheme during the period ending 30 September 2002. Eighteen of these complaints were received prior to 1 July 2002.

The Commissioner was asked to provide advice in relation to three appeals against the non-acceptance of a complaint. The Commissioner recommended that two of these decisions be confirmed. The third appeal was pending a decision as at the end of the period.

Committee Hearings by State and Territory

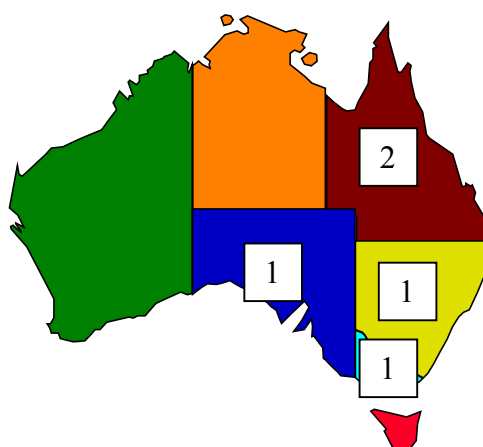


Figure 1: Committee Hearings by State and Territory

Committees heard a total of five cases during the reporting period (two in Queensland and one each in Victoria, New South Wales and South Australia). As mentioned previously, the matters coming before Committees are increasing in complexity. The complaints dealt with during this reporting period involved a range of issues including: fees, continence, pressure care, communication, help with daily living activities, emergency plans, mobility and pain management.

Determination Reviews by State and Territory

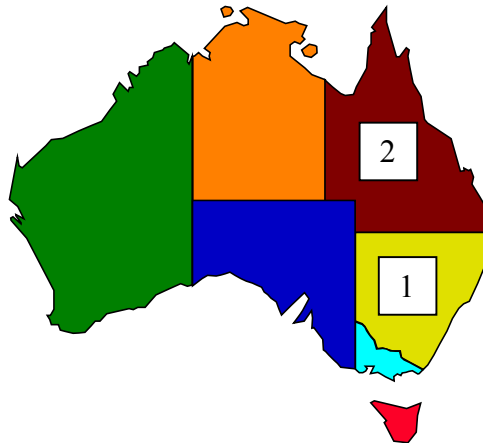


Figure 8: Determination Reviews by State and Territory

During the reporting period three determinations were reviewed, two from Queensland and one from New South Wales. The determination in New South Wales was varied. One of the determinations for review lodged in Queensland was set aside and one was confirmed with some minor variations.

Information Statistics

During the reporting period 83 per cent of the calls registered by the Scheme (1,551) were recorded as information calls. Fifty-five per cent of the information calls registered on the database were made by relatives, 14 per cent by currently employed staff, 6 per cent by residents, 3 per cent each by ex-staff, advocates and friends. Thirteen per cent were recorded as other and 1 per cent was unknown.

The database shows that 59 per cent (790) information calls received by the Scheme nationally were concluded in less than 15 minutes. Twenty six per cent of calls (341) took between 15 and 30 minutes, 13 per cent (170) between 30 minutes and 1 hour. Two per cent of calls (31) were concluded between 1 and 3 hours and one call was recorded as taking over 3 hours.

The database registers the nature of the information calls using the same key words and groupings that is applied in recording information about complaints. It is important to note that this data is not recorded in the case of all information calls received, nor is it relevant for those calls seeking information outside the Scheme. All data is captured in the following figures.

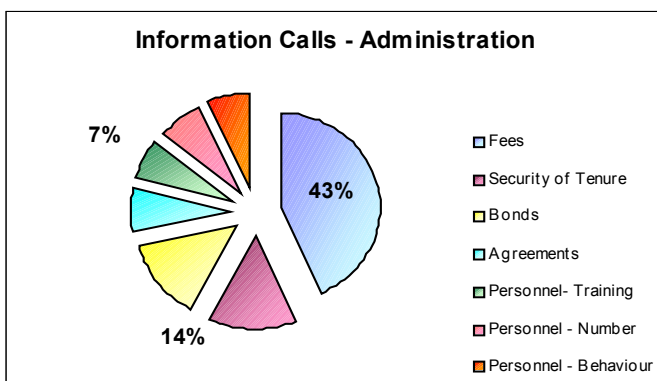


Table 9: Information Calls, Administration

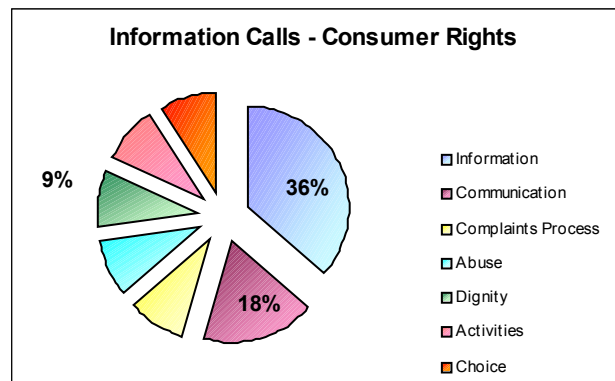


Table 10: Information Calls, Consumer Rights

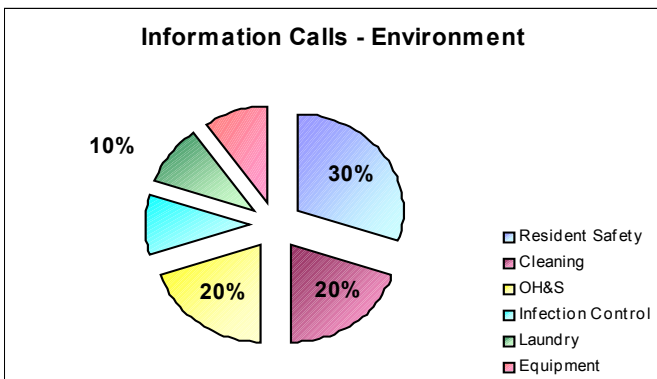


Table 11: Information Calls, Environment

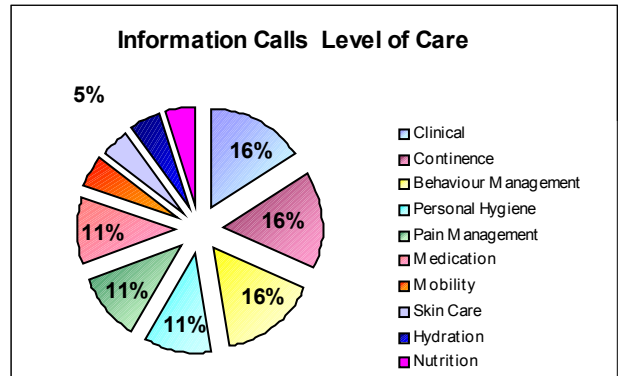


Table 12: Information Calls, Level of Care