Western Australia

Health and Disability Services (Complaints) Act 1995

Health and Disability Services (Complaints) Regulations 2010

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Health and Disability Services (Complaints) Regulations 2010

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Western Australia

Health and Disability Services (Complaints) Act 1995

Health and Disability Services (Complaints) Regulations 2010

1. Citation

These regulations are the *Health and Disability Services* (Complaints) Regulations 2010 1.

[Regulation 1 inserted in Gazette 20 May 2011 p. 1838.]

2. Commencement

These regulations come into operation as follows —

- regulations 1 and 2 on the day on which these regulations are published in the Gazette;
- the rest of the regulations on the day after that day. (b)

3. Prescribed time (s. 75(1))

For the purposes of section 75(1) of the Act, the prescribed time is 31 days.

4. Prescribed providers and classes of providers (s. 75(1))

- (1) For the purposes of section 75(1) of the Act, each of these is a prescribed provider
 - the chief executive officer of the department of the Public Service principally assisting in the administration of the Prisons Act 1981;

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- (b) the chief executive of St John Ambulance Australia (Western Australia) Inc.;
- (c) the chief executive of the Royal Flying Doctor Service of Australia (Western Operations);
- (d) the chief executive of Silver Chain Nursing Association Incorporated.
- (2) For the purposes of section 75(1) of the Act, each of these is a prescribed class of providers
 - (a) the class comprising boards constituted under the *Hospitals and Health Services Act 1927* (including the Minister responsible for the administration of that Act in relation to any public hospital controlled by him or her under section 7 of that Act);
 - (b) the class comprising the people who manage or are the chief executives of the private hospitals listed in Schedule 1.

[Regulation 4 amended in Gazette 20 May 2011 p. 1838.]

5. Return, form of (s. 75(2))

For the purposes of section 75(2) of the Act, the prescribed form is Form 1 in Schedule 2.

Schedule 1 — Private hospitals

[r. 4(2)(b)]

[Heading inserted in Gazette 20 May 2011 p. 1838.]

- 1. **Abbotsford Private Hospital**
- 2. Albany Community Hospice
- 3. Attadale Private Hospital
- 4. Bethesda Hospital
- 5. **Busselton Hospice Care Incorporated**
- 6. Glengarry Private Hospital
- 7. Hollywood Private Hospital
- 8. Joondalup Health Campus
- 9. The Marian Centre
- 10. Mercy Hospital
- 11. Mount Hospital
- 12. Mount Lawley Private Hospital
- 13. Ngala Family Services
- 14. Peel Health Campus
- 15. Perth Clinic
- 16. South Perth Hospital
- 17. St John of God Hospital, Bunbury
- 18. St John of God Hospital, Geraldton
- 19. St John of God Hospital, Murdoch
- 20. St John of God Hospital, Subiaco
- 21. Subiaco Private Hospital Pty Limited
- 22. Waikiki Private Hospital

[Schedule 1 inserted in Gazette 20 May 2011 p. 1838-9.]

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Schedule 2 — Form

[r. 5]

1. Annual return of complaints information

| Health and Disability Se. Annual return of comp | , | Complaints) Act 1995 s. 75 formation | |
|--|------------|--|-------------|
| | ng on the | ust relate to complaints received by e previous 30 June (whether or not year). | |
| This return must be given Complaints Office by 31 | | Director of the Health and Disabili | ty Services |
| Name of provider | | [name] | |
| Return year (e.g. 2009/2 | 2010) | [year] | |
| General information ab | out con | ıplaints | |
| Total number of complai | nts recei | ived | [number] |
| Total number of complai | nts refer | red to another organisation | [number] |
| Who made the | People | who were users | [number] |
| complaints (the complainants) People users | | People who were acting on behalf of users | |
| | Unknown | | [number] |
| Information about user complaints were made | s who w | vere complainants or on whose b | ehalf |
| Gender | Male | | [number] |
| | Female [na | | [number] |
| Unknov | | wn | [number] |
| English | First la | nguage | [number] |
| | Not firs | st language | [number] |
| Unkno | | wn | [number] |

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| Aboriginal or Torres | Yes | [number] |
|----------------------|---------------------------------|----------------|
| Strait Islander | No | [number] |
| | Unknown | [number] |
| Age (years) | 0-9 | [number] |
| | 10-19 | [number] |
| | 20-29 | [number] |
| | 30-39 | [number] |
| | 40-49 | [number] |
| | 50-59 | [number] |
| | 60-69 | [number] |
| | 70-79 | [number] |
| | 80-89 | [number] |
| | 90+ | [number] |
| | Unknown | [number] |
| Residential postcode | 6000-6199 | [number] |
| | 6200-6299 | [number] |
| | 6300-6399 | [number] |
| | 6400-6499 | [number] |
| | 6500-6599 | [number] |
| | 6600-6699 | [number] |
| | 6700-6799 | [number] |
| | Other or unknown | [number] |
| Information about co | mplainants who were acting on b | ehalf of users |
| Gender | Male | [number] |
| | Female | [number] |
| | Unknown | [number] |

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| English | First language | [number] |
|----------------------|--------------------|----------|
| | Not first language | [number] |
| | Unknown | [number] |
| Aboriginal or Torres | Yes | [number] |
| Strait Islander | No | [number] |
| | Unknown | [number] |
| Age (years) | 18-29 | [number] |
| | 30-39 | [number] |
| | 40-49 | [number] |
| | 50-59 | [number] |
| | 60-69 | [number] |
| | 70-79 | [number] |
| | 80-89 | [number] |
| | 90+ | [number] |
| | Unknown | [number] |
| Residential postcode | 6000-6199 | [number] |
| | 6200-6299 | [number] |
| | 6300-6399 | [number] |
| | 6400-6499 | [number] |
| | 6500-6599 | [number] |
| | 6600-6699 | [number] |
| | 6700-6799 | [number] |
| | Other or unknown | [number] |

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| Categories of compl | aint | |
|---------------------|---|----------|
| Access | Delay in admission or treatment | [number] |
| | Waiting list delay | [number] |
| | Staff member or contractor unavailable | [number] |
| | Inadequate resources/lack of service | [number] |
| | Refusal to provide services | [number] |
| | Failure to provide advice about transport options | [number] |
| | Physical access/entry | [number] |
| | Parking | [number] |
| | Total | [number] |
| Communication | Inadequate information about diagnostic testing, treatment procedures and risks | [number] |
| | Inadequate information about services available | [number] |
| | Misinformation or failure in communication (but not failure to consult) | [number] |
| | Inadequate or inaccurate records | [number] |
| | Inadequate communication | [number] |
| | Inappropriate verbal/nonverbal communication | [number] |
| | Failure to listen to patient/client/carer/family | [number] |
| | Total | [number] |

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| | | 1 |
|--------------------------|---|----------|
| Decision making | Failure to consult patient/client | [number] |
| | Choice regarding admission as public or private patient | [number] |
| | Consent not informed | [number] |
| | Consent not obtained | [number] |
| | Consent invalid | [number] |
| | Total | [number] |
| Quality of clinical care | Inadequate assessment | [number] |
| | Inadequate treatment/therapy | [number] |
| | Poor coordination of treatment | [number] |
| | Failure to provide safe environment | [number] |
| | Pain | [number] |
| | Medication | [number] |
| | Complications after surgical procedure | [number] |
| | Complications after non-surgical procedure | [number] |
| | Inadequate infection control | [number] |
| | Patient's test results not followed up | [number] |
| | Discharge or transfer arrangements | [number] |
| | Refusal to refer for or assist to obtain a second opinion | [number] |
| | Total | [number] |

| Costs | Inadequate information about costs | [number] |
|---------------------|--|----------|
| | Unsatisfactory billing practice | [number] |
| | Amount charged | [number] |
| | Over-servicing | [number] |
| | Private health insurance | [number] |
| | Lost property | [number] |
| | Responsibility for costs and resourcing | [number] |
| | Total | [number] |
| Rights, respect and | Patient rights | [number] |
| dignity | Inconsiderate service/lack of courtesy | [number] |
| | Absence of caring | [number] |
| | Failure to ensure privacy | [number] |
| | Breach of confidentiality | [number] |
| | Discrimination | [number] |
| | Failure to comply with the requirements of the <i>Mental Health Act 1996</i> | [number] |
| | Translating and interpreting service problems | [number] |
| | Certificate or report problems | [number] |
| | Denying or restricting access to personal health records | [number] |
| | Total | [number] |
| Grievances | Response to a complaint | [number] |
| | Reprisal following a complaint | [number] |
| | Total | [number] |

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| Corporate services | Administrative actions | [number] |
|--------------------|--|----------|
| Corporate services | Catering | [number] |
| | Physical surroundings/environment | [number] |
| | - | |
| | Security | [number] |
| | Cleaning (inadequate provision and maintenance of a clean environment) | [number] |
| | Inaccuracy of records | [number] |
| | Total | [number] |
| Misconduct | Fraud/illegal practice of a financial nature | [number] |
| | Illegal practices (e.g. abortion, | |
| | sterilisation or euthanasia) | [number] |
| | Physical or mental impairment of health professional | [number] |
| | Sexual impropriety (behaviour that is sexually demeaning to a patient/client | |
| | including comments or gestures) | [number] |
| | Sexual misconduct | [number] |
| | Aggression/assault | [number] |
| | Unprofessional behaviour (e.g. shouting, swearing, inappropriate comments or | |
| | gestures) | [number] |
| | Total | [number] |
| Carers | Failure to consider needs of carer | [number] |
| | Failure to consult carer | [number] |
| | Failure to treat carer with respect and dignity | [number] |
| | Failure to address carer's complaint | [number] |
| | Total | [number] |

| Information about resolving complaints | | | |
|--|---|----------|--|
| Outcome of complaints | Concern registered | [number] | |
| | Explanation provided | [number] | |
| | Apology provided | [number] | |
| | Costs refunded/reduced | [number] | |
| | Compensation paid | [number] | |
| | Services provided | [number] | |
| | Change in practice/procedure effected | [number] | |
| | Change in policy effected | [number] | |
| | Counselling and/or performance support and development provided to staff member or contractor | [number] | |
| | Complaints withdrawn by complainants | [number] | |
| | Complaints not yet resolved | [number] | |
| Time (days) taken to | 0-15 | [number] | |
| resolve complaints | 16-30 | [number] | |
| | 31-60 | [number] | |
| | 61-90 | [number] | |
| | 91-120 | [number] | |
| | 121-150 | [number] | |
| | 151-180 | [number] | |
| | 181-210 | [number] | |
| | 211+ | [number] | |

[Schedule 2 amended in Gazette 20 May 2011 p. 1839.]

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Notes

This is a compilation of the Health and Disability Services (Complaints) Regulations 2010. The following table contains information about those regulations.

Compilation table

| Citation | Gazettal | Commencement |
|--|---------------------------|--|
| Health Services (Conciliation and Review) Regulations 2010 ² | 21 May 2010 p. 2159-73 | r. 1 and 2: 21 May 2010 (see r. 2(a)); Regulations other than r. 1 and 2: 22 May 2010 (see r. 2(b)) |
| Health Services (Conciliation and Review) Amendment Regulations 2011 | 20 May 2011 p. 1837-9 | r. 1 and 2: 20 May 2011 (see r. 2(a)); Regulations other than r. 1 and 2: 21 May 2011 (see r. 2(b)) |

Now known as the Health and Disability Services (Complaints) Regulations 2010; citation changed (see note under r. 1).

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