



Health and Community Services  
Complaints Commissioner

# 2019-20 Annual Report Companion Document





# Contents

## Section 1 Overview

Snapshot 2019-20	3
From the Commissioner	4
Our strategic focus	6
Our organisational structure	7
Performance at a glance	8

## Section 2 Accessible, fair and responsive complaints resolution service to the SA community

Definitions to assist understanding statistics	9
Health: Complaints / Own Motions	10
Health: Enquiries	10
Health Contacts by sub-category 19-20	10
Issues complained about – Health Complaints	11
Percentage of health complaints by major health services (all health complaints)	11
Percentage of health complaints by major health services (all health contacts)	12
Community Services: Complaints / Own Motions	12
Community Services: Enquiries	12
Community Services Contacts by sub-category	12
Issues complained about – Community Services	13
Child Protection Contacts	13
Method of Contact (all contacts)	13
Gender of Contact (all contacts)	13
Contact Location	13
Complaints from consumers with special needs (all contacts)	14
Number of Assessment Determinations	14

Legal role of contact person (all contacts)	14
Part 6 Summary of Investigation by type of provider	14
Reasons for closure of complaints 2019-20	15
Grounds for Complaint 2019-20	15
Contacts about major health services	16
The percentage by public hospital services of contacts in health	16
Registered Health Service Providers (Part 7 of the Act)	17
Service Provider registered with AHPRA	19
Complaints about Hospitals / AHPRA	19
Registered Practitioners / Medical Clinics	19
Contacts about Unregistered Health Care Workers 2019-20	19

## Section 3 Continuously improve the quality of our services

Reviews of HCSCC decisions by the Ombudsman	21
Number of public complaints reported	21
Service Improvements resulting from complaints or consumer suggestions over 2019-20	21
Other improvements	22
HCSCC Conciliations	22

## Section 4 Sharing our learnings

Media and Social Media	24
Submissions and Education Pieces	25
Events, Community Engagement and Training and Information Sessions	26



## Section 1 Overview



# Snapshot 2019-20



**2289**  
total  
contacts



**110**  
matters  
moved into  
conciliation



**79**  
investigations



**99.2%**  
contacts  
closed within  
365 days



**67%**  
contacts  
received by  
telephone



**2**  
prohibition  
orders  
issued



## From the Commissioner

As the Greek philosopher Heraclitus said, “Change is the only constant in life” and it has certainly felt that way this year. Nobody could have anticipated the profound change Coronavirus would bring to the way we live or the way we work.

The office of the Health and Community Services Complaints Commissioner (HCSCC), like many other workplaces, had to adapt quickly to people working from home while also meeting our legislative obligations.

The staff adapted incredibly well to new ways of working and supporting each other in that work. I am deeply thankful for their commitment and professionalism over this challenging time and the hard work they have done over the last year.



### Public awareness

There are some aspects of our work that haven't been impacted by Coronavirus and our social media presence is one of them. Again this year we have promoted the work of the office, highlighted the importance of complaints management and alerted the public to prohibition orders under the Code of Conduct for Certain Health Care Workers. The distribution list of our quarterly newsletter continues to grow and assists us showcasing the work of the office. Prior to the Coronavirus pandemic, we attended expos and fair days promoting our work and giving away collateral. All of these activities increase public awareness of the HCSCC. On 1 July 2020, we launched a new brand and logo to better reflect the work we do. That branding is reflected in the look and layout of our annual report companion document.

### Policy and procedure

Over the year, we have done a substantial amount of work to better align how we manage complaints with both the intent and the structure of the *Health and Community Services Complaints Act 2004* (SA) (the Act). As the data in this annual report show, this has resulted in quicker management through our Assessment Service, substantially more conciliations and investigations, more internal reviews with more of those being upheld, and a greater closure rate for complaints within 12 months which increased by one percent (approximately 250 files).

The Assessment Service policies and procedures have been comprehensively reviewed and finalised and the remaining policy and procedures are being systematically worked through. This will establish a solid foundation for our work. To assist consumers and service providers to understand our processes, we have developed a series of fact sheets explaining them. We will continue to develop these fact sheets as the need arises to ensure all parties to a complaint understand the work we do and why we do it.

### Code of Conduct for Certain Health Care Workers (the Code)

It has been another busy year of managing complaints under the Code. In addition to seeking undertakings from unregistered health care workers to comply with the Code, we also have the power to issue prohibition orders both on an interim basis and permanently. Interim prohibition orders are used if an investigation has been commenced and I have a reasonable belief the health service or person has breached the Code or has committed a prescribed offence and it is necessary to protect the health or safety of members of the public. We have used this approach during the year but few have resulted in permanent prohibition orders. We have issued two permanent prohibition orders this year. Of particular note is the prohibition of Two Wolves – One Body from providing Kambô (a toxic frog secretion) and Sananga (derived from a plant) services. We will continue to utilise the most appropriate regulatory response to ensure the health and safety of the South Australian community.

## Trends for 2019-20

### HCSCC's requests for information from service providers

During the process of resolving the complaints we receive, we seek information, sometimes substantial amounts, from service providers. This may include clinical notes, policies, procedures and the names of health practitioners. We ask for this information in a reasonable timeframe with the capacity to grant extensions where the request is extensive or warranted for other grounds. Importantly, we are exempt from the Freedom of Information Act and there are strict penalties should I, or my staff, disclose information inappropriately. Therefore, providing information to the HCSCC is safe and the parties can be assured it will not be disclosed unless in accordance with our legislation.

Over the course of the last twelve months, there have been many instances where service providers have asked for multiple extensions and then not provided the information by the due date, ignored requests by my staff for updates as to the status of the response when it is overdue, sought extensions after the due response date, or refused to provide the names of registered health practitioners when sought by the HCSCC.

This type of behaviour cannot continue. We are authorised by the parliament to perform an important function in the health and community services system. Engaging with my office in ways that are unconcerned with timeframes or cavalier about requests, shows a disregard to complainants and consumers who have been aggrieved and interferes with the intent of the office and the role it plays.

I understand service providers are incredibly busy and are even more so as a result of the Coronavirus pandemic. We all have a part to play in ensuring quality and safety in the health and community services systems. It is in the interest of all the parties there are not delays in finalising complaints and the HCSCC's role includes managing the exchange of information between the parties in a timely way. I will be monitoring this particular issue very closely over the next 12 months.

### Conciliation

Because we are making decisions in line with our legislation, we are making the assessment into conciliation much more readily. That has shown a large increase in the number of conciliations we are conducting this financial year. That has meant service providers have received many more requests to participate in our conciliation processes. We ask both parties to sign confidentiality agreements because conciliation is a privileged process. That means, with one or two exceptions, nothing disclosed in that process may be used outside it. This has caused some confusion for service providers who are not used to the HCSCC formalising conciliation in such a way. Conciliation, at its heart, is designed to restore relationships. This is a particularly useful resolution tool where the consumer has an ongoing relationship with the service provider and enables the parties some control over the outcome. This is not the case in investigation where the HCSCC gathers the information, assesses it and makes findings and recommendations.

### The HCSCC's role in complaints resolution

There is also a belief by some service provider representatives the HCSCC will 'take over' a complaint which is too difficult or complex on the basis this is in the best interests of the complainant or consumer. We are always available to give advice to service providers about how to manage a particularly challenging complaint but we will not take it over. In the same vein, some service providers believe we advocate for complainants and are not impartial. Our role is to facilitate the complainant and the service provider to arrive at a satisfactory resolution to the complaint.

### Care of people with a disability in acute hospital settings

In late July 2020, we published a public statement about an investigation into the care of people with a disability in acute settings. While the timeframe of this investigation covers 2015-2017, we are continuing to receive complaints from people with a disability who have found engaging with acute services difficult and not meeting their individual needs. As the presentations to acute services of people with a disability increase, we are likely to receive more of these types of complaints.

### Mental health Emergency Department presentations

Another trend this year is the care of people with a mental illness in acute hospital emergency departments. This is consistent with the findings by the Chief Psychiatrist who has gazetted orders for improvement. With the particular stressors of the Coronavirus, the presentation of people with mental illness to emergency departments is likely to increase rather than decrease.

### Focus for the coming year

Looking ahead, the main focus for the office will be to embed the reformed processes and procedures to build on the efficiencies we have already realised. This focus, informed by three touchstone principles around having a customer service focus, adding public value and having reliable data, will enable the HCSCC to fulfil its legislative obligations and potential.

In line with being a more accessible organisation, I am in discussions to move from our current location to one which is more accessible and fit for purpose of the HCSCC. This will assist us better serving the public and an ideal opportunity to showcase our branding.

As always, we will continue to establish functional working relationships with the health and community services sectors which, in turn, is likely to lead to better outcomes for consumers.



**Assoc. Prof. Grant Davies**  
HCSC Commissioner



## Our strategic focus

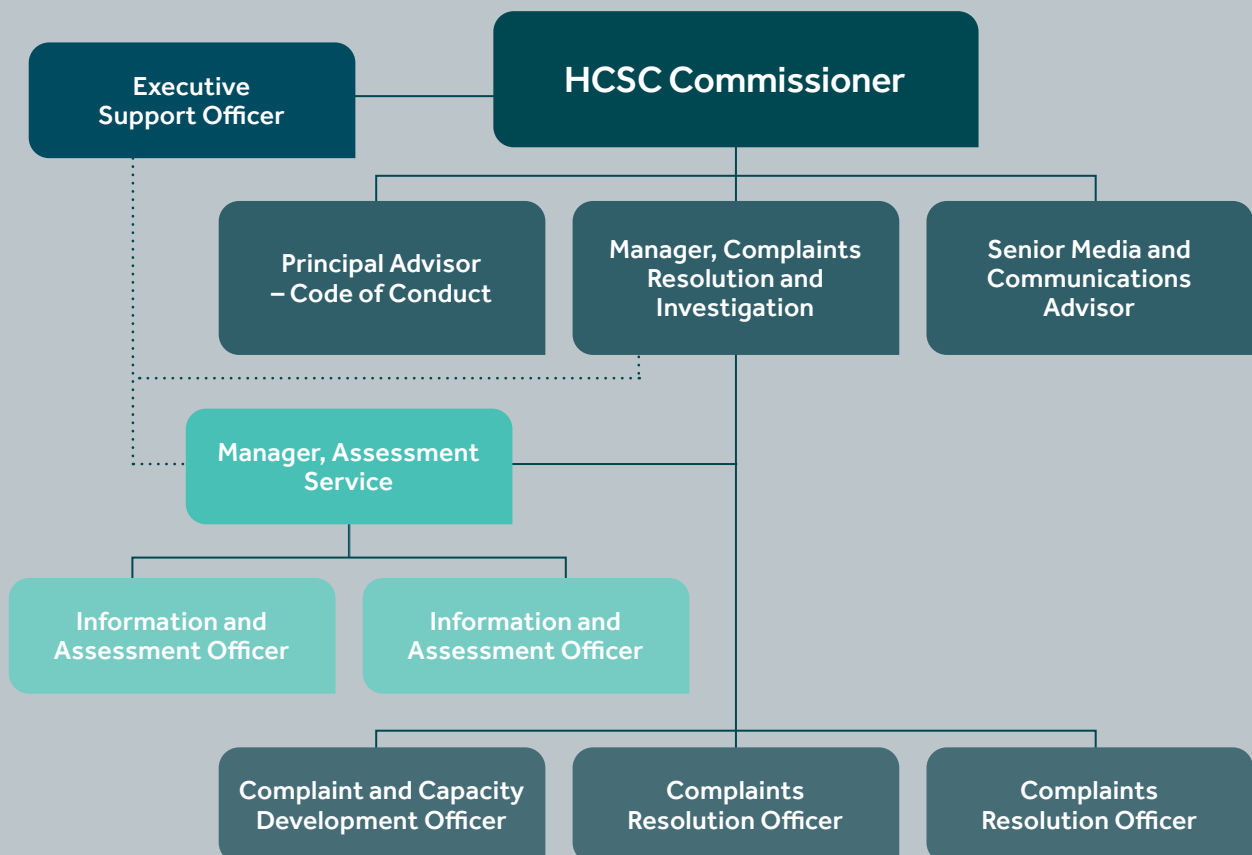
The HCSCC's vision is for improved quality, safety and confidence in South Australia's health and community services through excellence in complaints resolution and education.



A full copy of the HCSCC's strategic plan is available at:  
[www.hcsc.sa.gov.au/wp-content/uploads/2018/12/Strategic-Plan.pdf](http://www.hcsc.sa.gov.au/wp-content/uploads/2018/12/Strategic-Plan.pdf)

## Our organisational structure

HCSCC Organisational Structure as at 30 June 2020.



## Performance at a glance

- An increase in the number of community services contacts.
- A large increase in the number of conciliations and investigations, in line with our new work practices.
- Fewer complaints open for a year or more.
- The HCSCC worked on the development of a new logo and brand, which has modernised the look of the agency and reflects our role in the South Australian community. The new brand was launched on 1 July 2020 (2020-21 Financial Year).
- Issued a prohibition order against Kambô practitioners. Kambô is the practice of using the poisonous skin secretion of a frog called *Phyllomedusa bicolor*, which is found in the Amazon basin, for cleansing rituals.
- Banned a health practitioner from distributing capsulated bitter sweet almonds following assertions made about their efficacy in fighting cancer.





## **Section 2**

Accessible, fair and responsive complaints resolution service to the SA community

## Definitions to assist understanding statistics

### Complaint

A contact that satisfies section 25 of the Act. An assessment of the complaint is made in accordance with section 29 subsection (1) of the Act. It should be noted that a complaint can be closed without any further action under the reasons provided in section 33 of the Act. A complaint may be managed by conciliation, investigation or own motion investigation.

### Enquiry

A contact from the public (which could be via email, phone or correspondence) which may be seeking information, or providing information but that does not lead to a formal complaint or the person decides not to proceed with a complaint. Enquiry data has been included in the data set in order to fully demonstrate how many contacts this Office has received. A total picture cannot be gained without these data.

### Own motion

Section 9 subsection (1)(h) and section 43 subsection (1)(d) of the Act allows the Commissioner to inquire into, report on or investigate on any matter relating to health or community services. This means an investigation initiated by the Commissioner on the basis of intelligence received which may not necessarily be a complaint.

The Office of the HCSCC is often asked about some of the quirkier complaints we receive.

## Case study

While we often deal with complex and interesting complaints in the health and community service space, we do get some which fall in the 'out of jurisdiction' category.

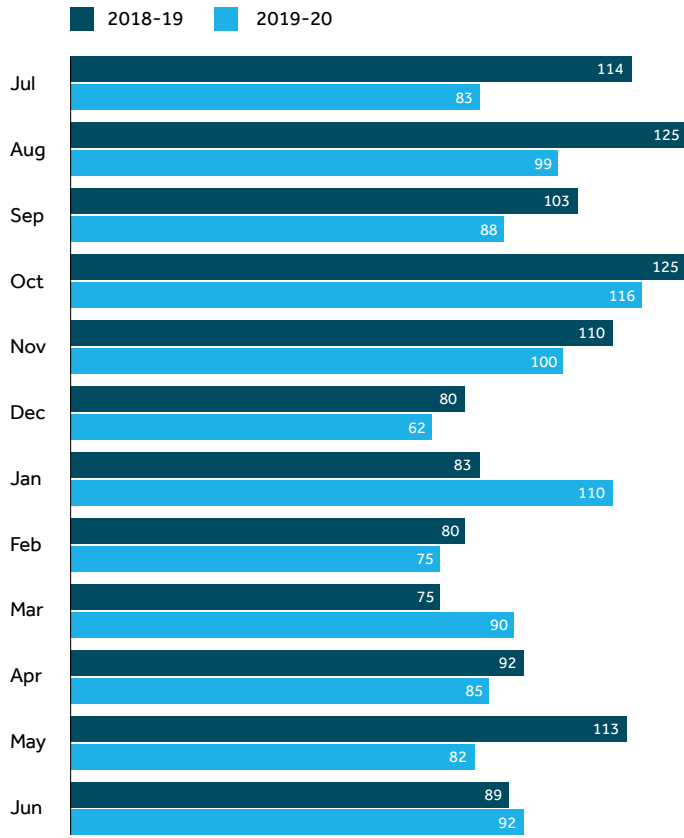
For example, one person called the Office of the HCSCC to complain about the quality of a milkshake they purchased from a shopping centre. They didn't believe the drink had enough ice-cream to fall into the 'milkshake' category.

Another person called us to complain that the bottle of juice they had purchased did not have any information printed on the bottle about how long they could use the product after opening.

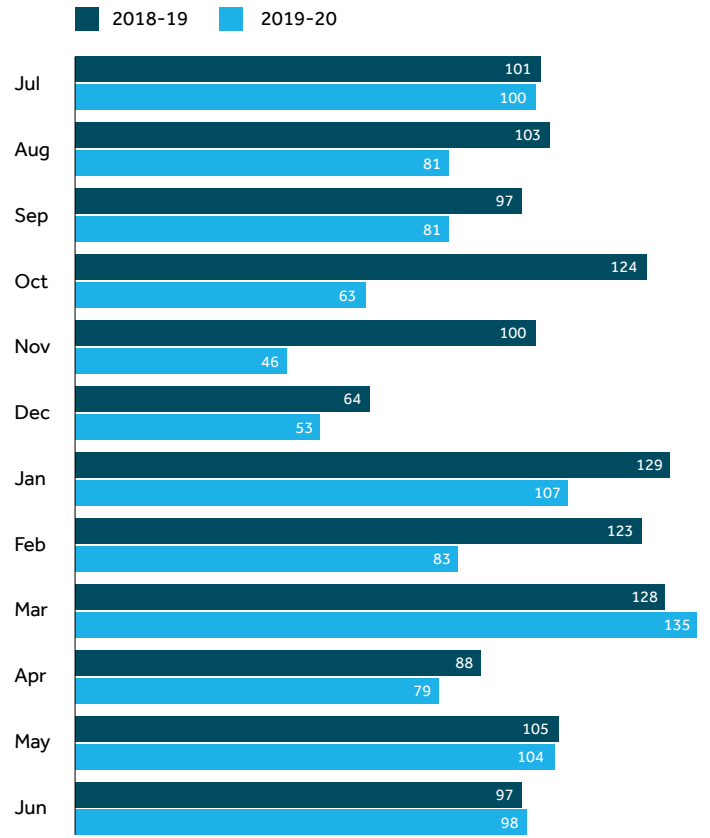
If you're thinking about lodging a complaint with the HCSCC, we are more than happy to help you through that process.



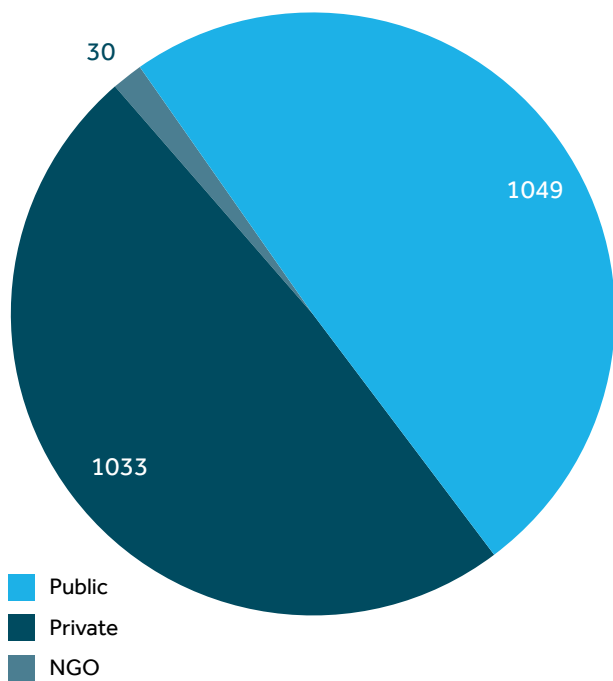
### Health: Complaints / Own Motions



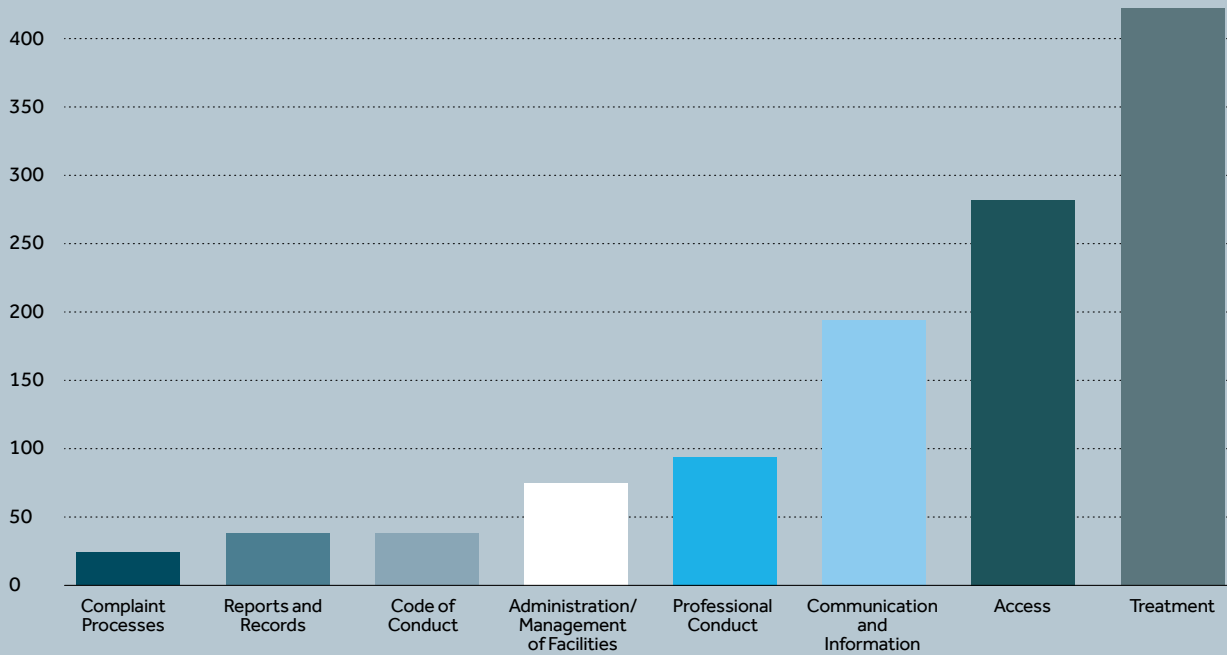
### Health: Enquiries



### Health Contacts by sub-category 2019-20

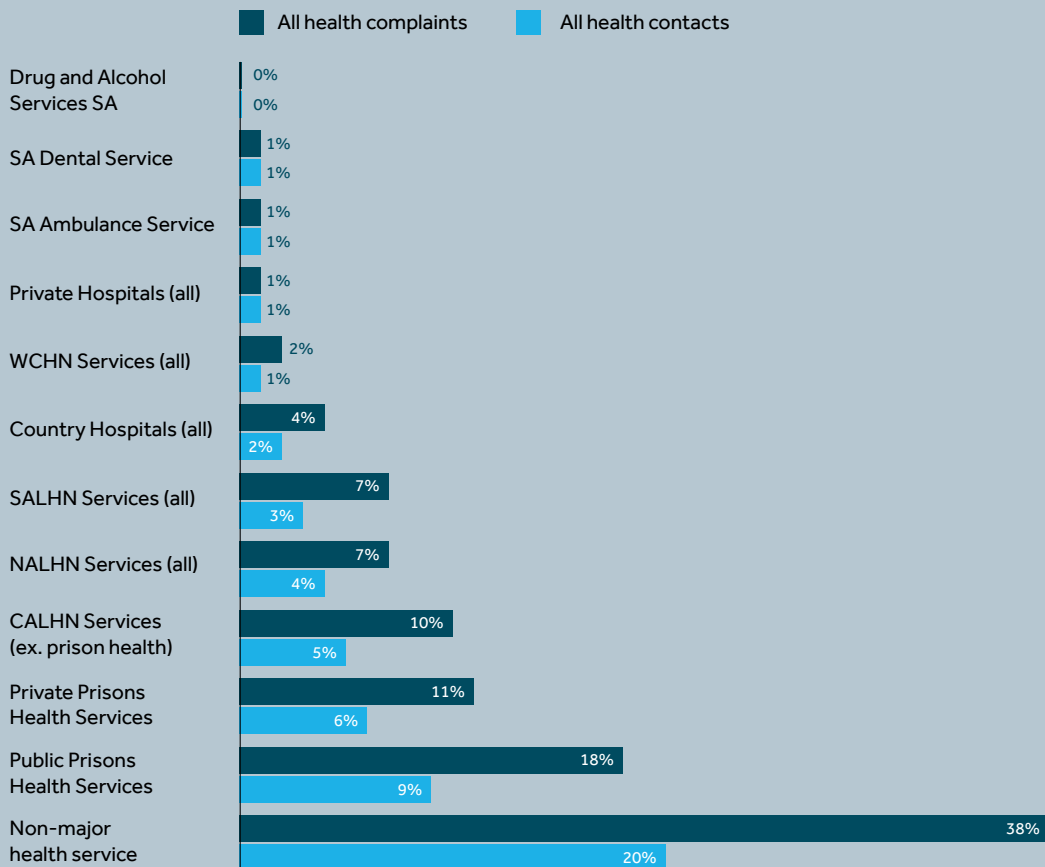


### Issues complained about – Health Complaints



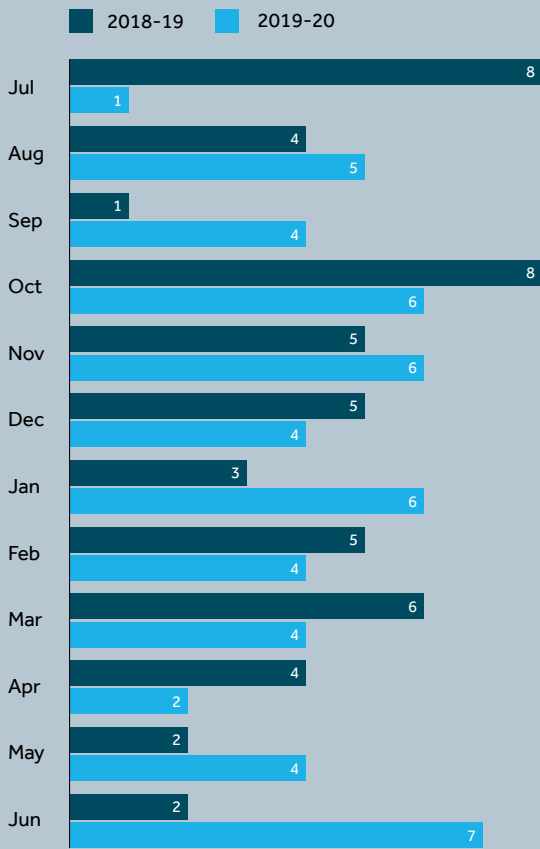
Note: a single complaint may raise more than one issue.

### Percentage of health complaints by major health services

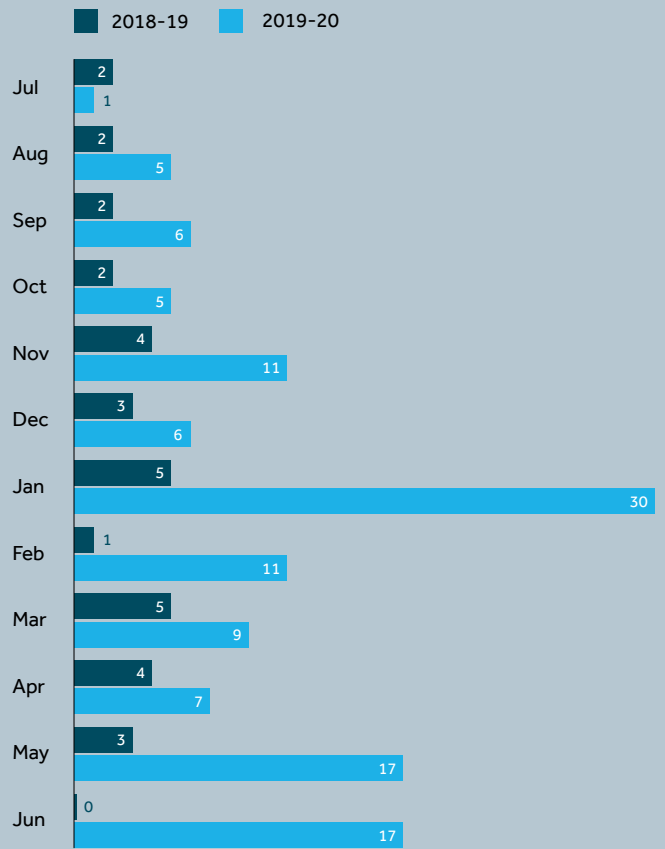




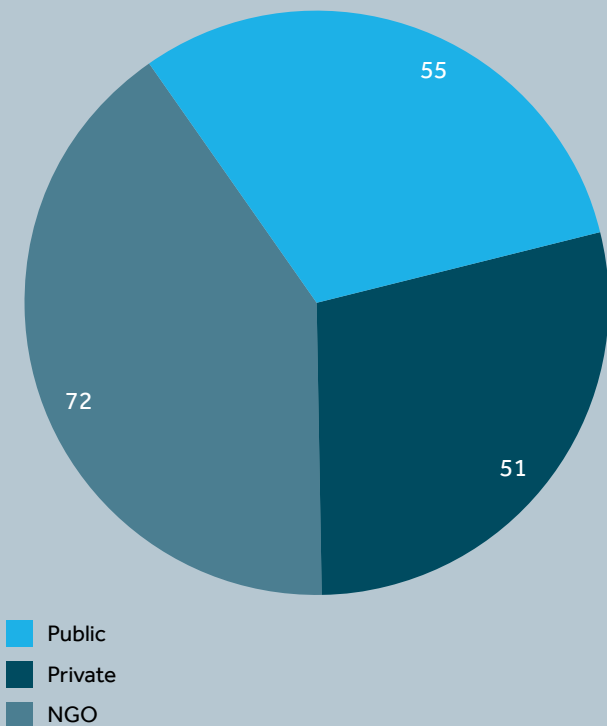
### Community Services: Complaints / Own Motions



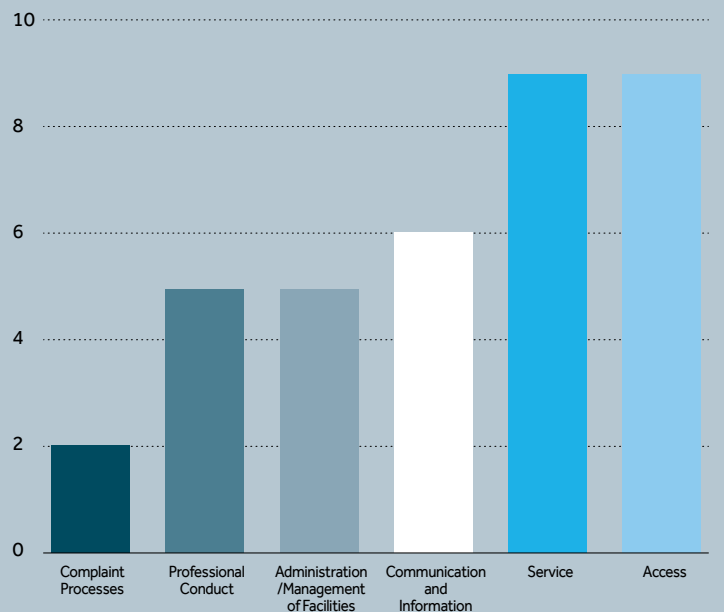
### Community Services: Enquiries



### Community Services Contacts by sub-category 2019-20

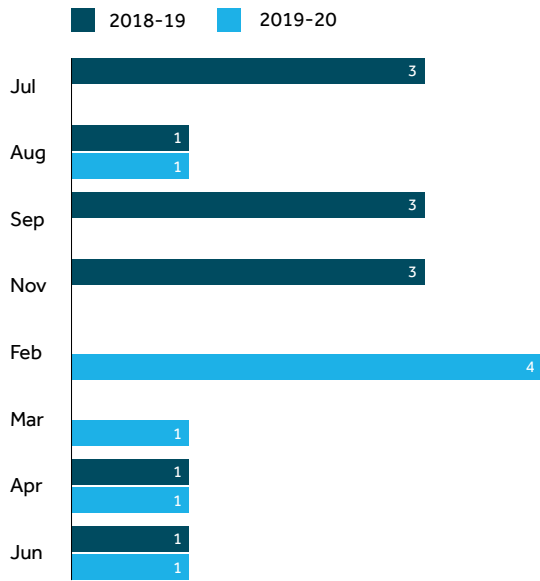


### Issues complained about – Health Complaints



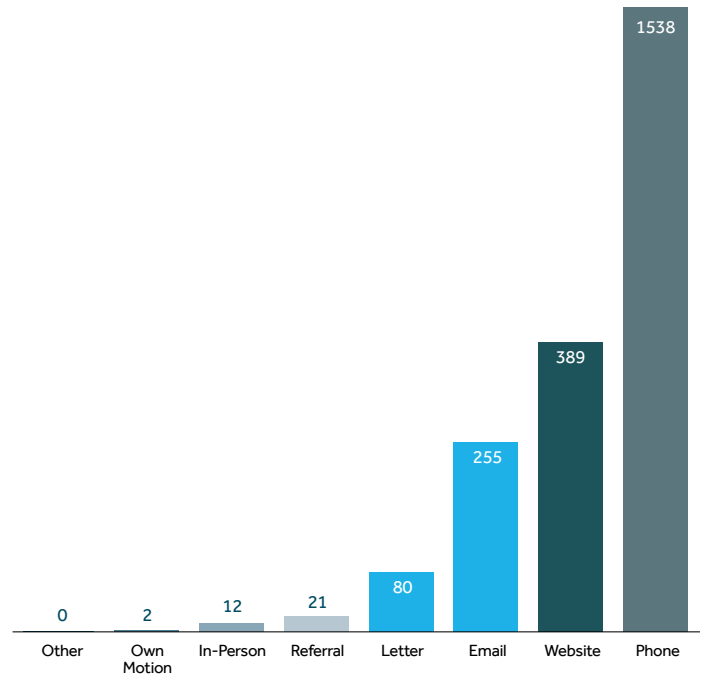
Note: a single complaint may raise more than one issue.

### Child Protection Contacts\*

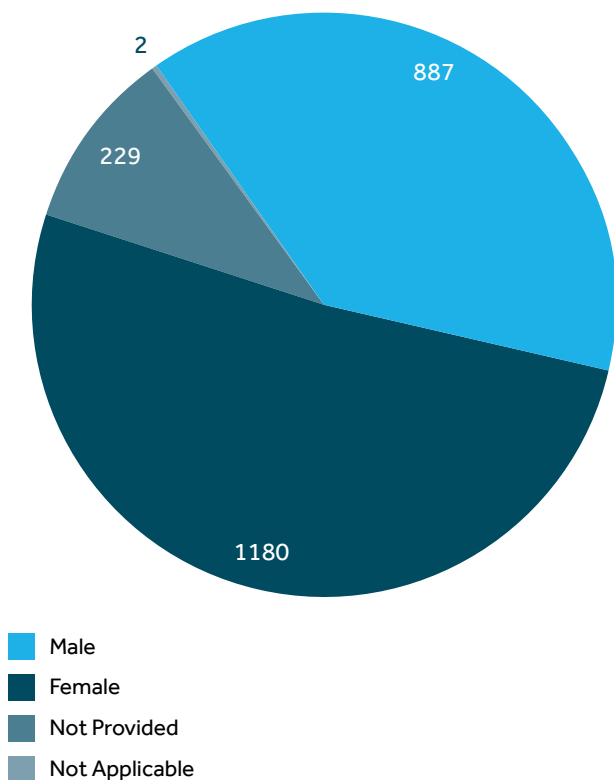


\*In December 2017, Ombudsman SA became the lead agency responsible for the investigation of complaints about child protection services. The HCSCC received eight contacts from the public about child protection matters in 2019-20. The HCSCC referred all these matters to Ombudsman SA.

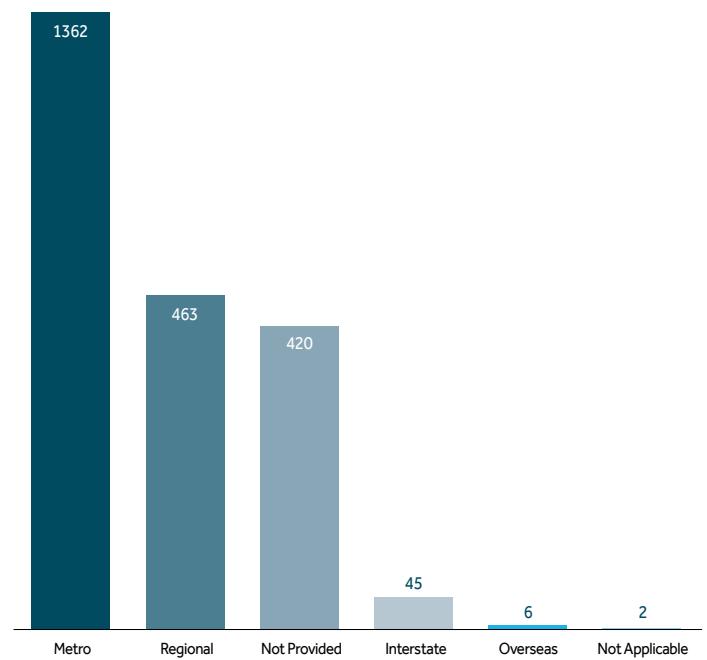
### Method of Contact (all contacts)



### Gender (all contacts)

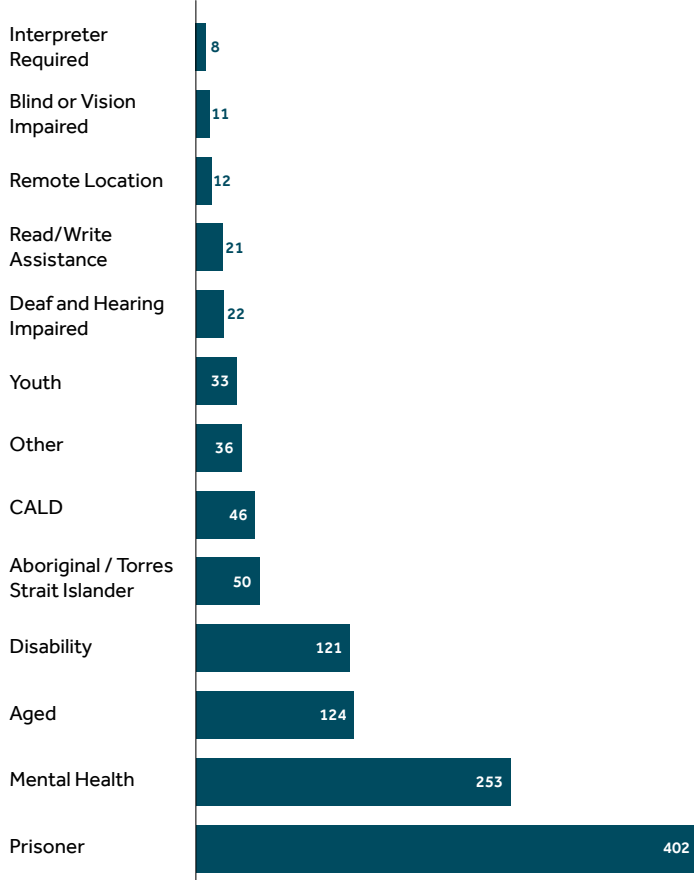


### Contact location

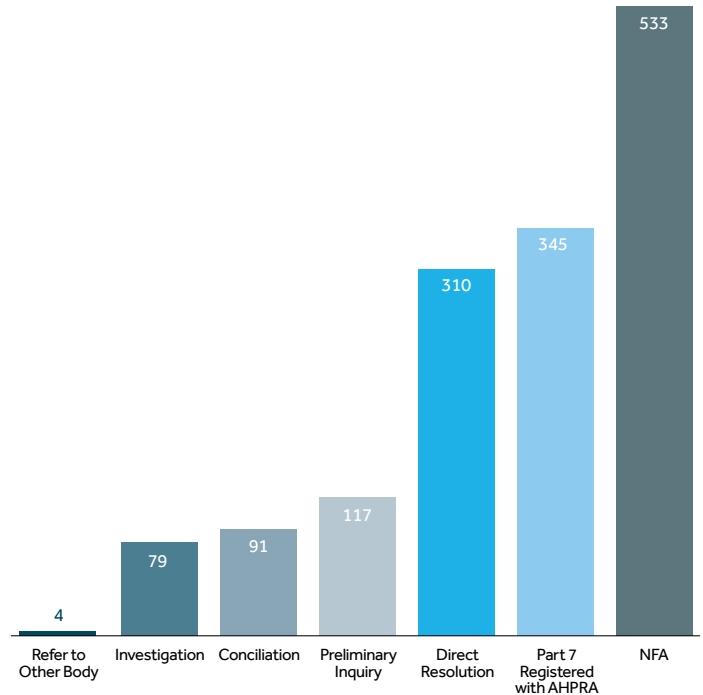




### Complaints from consumers with special needs (all contacts)

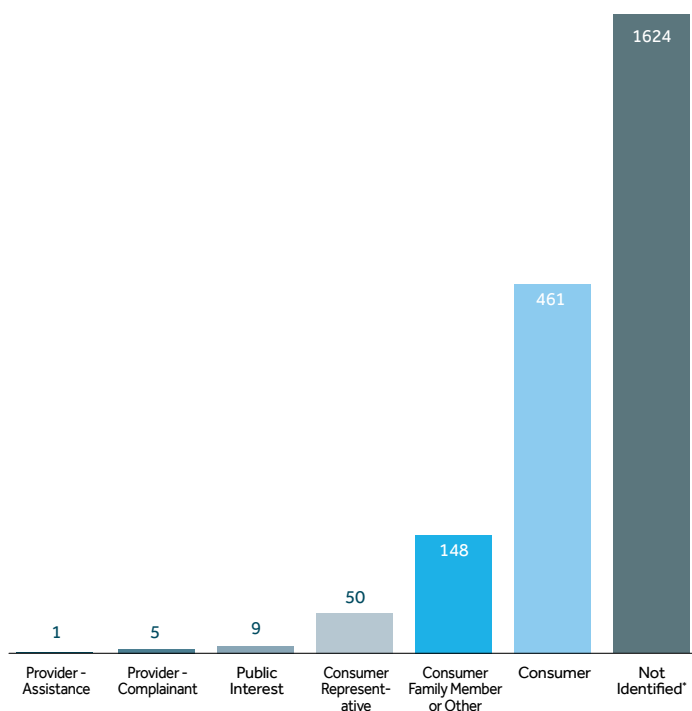


### Number of Assessment Determinations



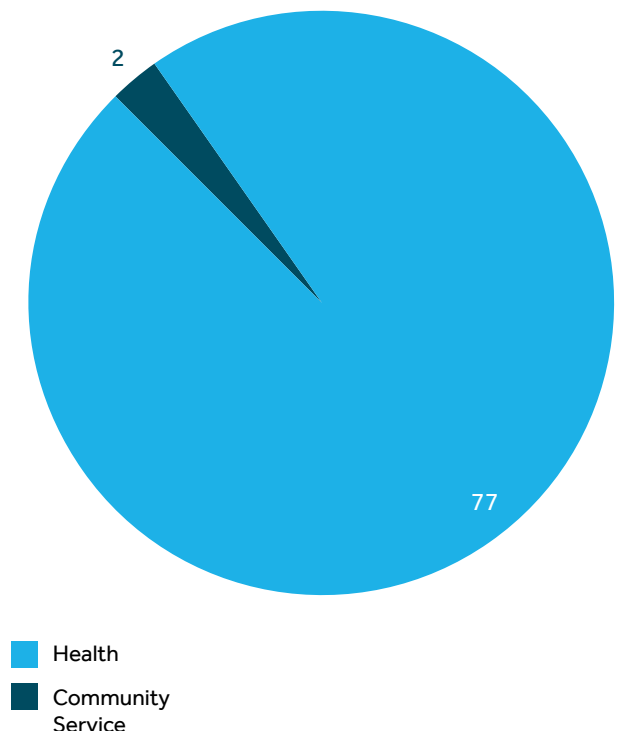
Note: a single complaint may raise more than one issue for determination.

### Legal role of contact person (all contacts)



\* This field is not compulsory and marked if it is not obvious what legal role the complainant has to the consumer.

### Part 6 Summary of Investigations by type of provider



## Reasons for Closure of Complaints 2019-20

Advice and information provided	8
Outside of Jurisdiction	42
Part 5 – s39 Conciliation may be bought to an end	2
Part 6 – s54 Report	4
Part 6 – s55 Notice of Action to Provider	2
Part 6 s56C order	2
s33(1)(a) not entitled to make complaint	4
s33(1)(b) does not disclose ground of complaint	3
s33(1)(c) should be determined by legal proceedings	6
s33(1)(d) proceedings have commenced before a tribunal authority or other	13
s33(1)(e) reasonable explanation(s) or information earlier	256
s33(1)(g) complaint lacks substance	8
s33(1)(h) the complainant has failed to comply with a requirement	30
s33(1)(i) the complaint would be an abuse of the processes under the Act	3
s33(1)(j) the complaint is abandoned	106
s33(1)(j) the complaint is resolved	165
s33(1)(k) reasonable cause - agreement to take reasonable steps to resolve complaint and/or prevent recurrence	9
s33(1)(k) reasonable cause - differing versions of events – unable to prefer one over the other	5
s33(1)(k) reasonable cause – individual complaint raises issues best dealt with as a systemic matter	4
s33(1)(k) reasonable cause – other	43
s33(1)(k) reasonable cause – s27 outside of time limit	7
s33(1)(k) reasonable cause – s29(2)(d) referral to another agency	22
s33(1)(k) reasonable cause – s29(3) referral to ACQ&SC	2
s33(1)(k) reasonable cause – s29(5) attempting direct resolution	42
s33(1)(k) reasonable cause – service provider met reasonable standards	88
s33(3)(b) suspension – Coronial inquest has commenced	3
s34(1) – complaint withdrawn	15
s57(2)(b) referred to registration authority	101
Other	2
<b>Total</b>	<b>997</b>

Note: This includes complaints that were opened in previous financial years.

## Grounds for Complaint 2019-20

<b>Charter of Health and Community Services Rights grounds</b> (Refer to <a href="http://www.hcsc.sa.gov.au/about-the-hcsc-charter/">www.hcsc.sa.gov.au/about-the-hcsc-charter/</a> )	
Charter 1 – Access	345
Charter 2 – Safety	64
Charter 3 – Quality	223
Charter 4 – Respect	89
Charter 5 – Information	152
Charter 6 – Participation	17
Charter 7 – Privacy	32
Charter 8 – Comment	5
<b>Health and Community Services Complaints Act 2004</b> <b>Section 25 – Grounds on which a complaint may be made</b>	
S 25 1 (a) – service not provided or discontinued	56
S 25 1 (b) – service provision not necessary/inappropriate	194
S 25 1 (c) – unreasonable manner in providing service	50
S 25 1 (d) – lacked due skill	65
S 25 1 (e) – unprofessional manner	133
S 25 1 (f) – lack of privacy/dignity	17
S 25 1 (g) – quality of information	48
S 25 1 (h) – unreasonable action – lack of information/access to records	12
S 25 1 (i) – unreasonable disclosure to a third party	3
S 25 1 (j) – improper action on a complaint	7
S 25 1 (k) – inconsistent with the Charter	6
S 25 1 (l) – did not meet expected standard of service delivery	317
Other	15

We received a complaint from a member of the public about dental work they had received.

## Case study

The complainant alleged that the dentist had agreed to do significant work over three financial years in order to keep the cost of the work down.

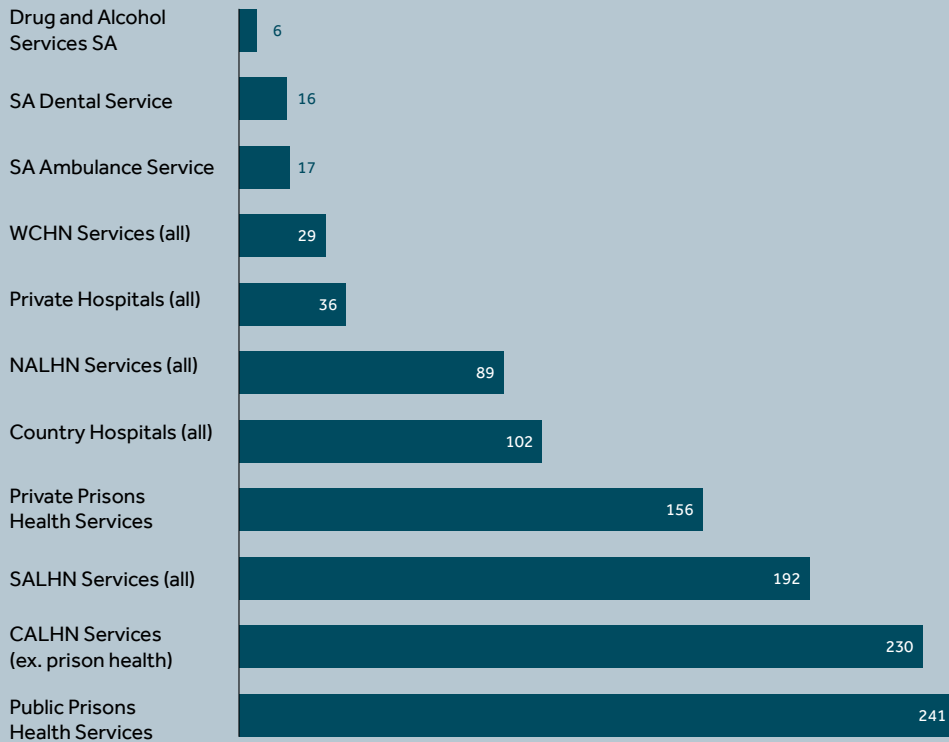
The dental work was done over two years, meaning the complainant was unable to claim all the work on their private health cover and leaving a substantial fee that required payment.

The Office of the HCSCC wrote to the dentist who, in response, agreed there was a lack of communication about the treatment plan and waived the outstanding amount.

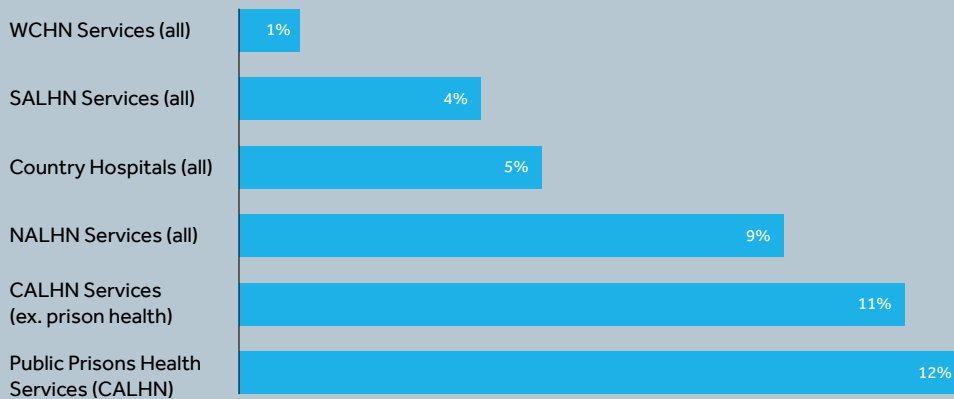
Communication is key. We find most of the complaints we receive have some form of communication issues associated with them.



### Contacts about major health services



### The percentage by public hospital services of contacts in health



The HCSCC received a complaint from a prisoner about a delay in being transferred to hospital for treatment.

## Case study

Our office raised this with the appropriate service which led to a change in policies to create a 'safety net' work procedure to ensure the same problem could not happen again.

The prisoner was provided information about the new work procedure and a written apology from the service provider for the delay in accessing health services.

## Registered Health Service Providers (Part 7 of the Act)

The following tables provide information about the HCSCC / Australian Health Practitioner Regulation Agency (AHPRA) consultations during 2019-20.

### HCSCC consultations with AHPRA and referral of complaints to AHPRA by HCSCC

	Number of HCSCC complaint consultations with AHPRA	Number of HCSCC complaints referred to AHPRA	Number of HCSCC complaints split* with AHPRA
Medical	220	76	14
Dental	33	6	7
Nursing & Midwifery	39	12	1
Pharmacy	6	4	0
Chiropractic	1	1	0
Physiotherapy	4	1	0
Optometry	0	0	0
Osteopathy	0	0	0
Psychology	12	5	0
Podiatry	5	1	0
Chinese Medicine	0	0	0
Medical Radiation Practice	0	0	0
Occupational Therapy	0	0	0
Aboriginal and Torres Strait Islander Health Practice	0	0	0
Paramedicine (commenced December 2018)	1	1	0
<b>Total</b>	<b>319</b>	<b>102</b>	<b>21</b>

\*Part of the complaint involving a registered health practitioner is referred to AHPRA and part of the complaint is dealt with by HCSCC

### AHPRA investigation outcomes resulting from referral of complaints by HCSCC to AHPRA

	Number of outcomes notified by AHPRA of action taken from HCSCC complaint referrals	AHPRA notified outcome	
Medical	76	44	No further Action
Dental	6	2	No further Action
		4	No outcome as at 30.06.20
Nursing & Midwifery	12	2	No further Action
		10	No outcome as at 30.06.20
Pharmacy	4	4	No outcome as at 30.06.20
Chiropractic	1	1	Caution
Physiotherapy	1	1	No further Action
Optometry	0	0	No complaints referred
Osteopathy	0	0	No complaints referred
Psychology	5	5	No further Action
Podiatry	1	0	No complaints referred
Chinese Medicine	0	0	No complaints referred
Medical Radiation Practice	0	0	No complaints referred
Occupational Therapy	0	0	No complaints referred
Aboriginal and Torres Strait Islander Health Practice	0	0	No complaints referred
Paramedicine (commenced December 2018)	1	0	No complaints referred
<b>Total</b>	<b>107</b>	<b>73</b>	



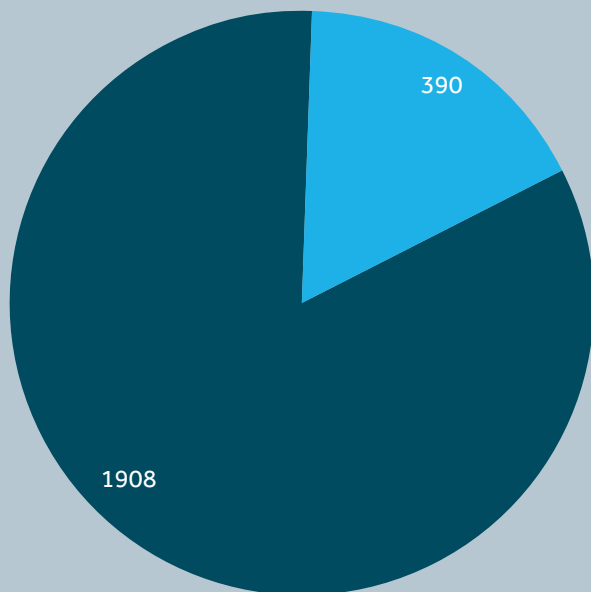
**AHPRA consultations with HCSCC and referral of complaints from AHPRA to HCSCC**

	Number of AHPRA complaint consultations with HCSCC	Number of AHPRA complaints referred to HCSCC
Medical	137	1
Dental	10	0
Nursing & Midwifery	16	0
Pharmacy	0	0
Chiropractic	0	0
Physiotherapy	0	0
Optometry	1	0
Osteopathy	0	0
Psychology	10	1
Podiatry	0	0
Chinese Medicine	0	0
Medical Radiation Practice	0	0
Occupational Therapy	0	0
Aboriginal and Torres Strait Islander Health Practice	0	0
Paramedicine (commenced December 2018)	1	0
Unregistered Health Practitioner	0	0
Systemic	0	1
<b>Total</b>	<b>175</b>	<b>3</b>

**AHPRA outcomes and outcome of any AHPRA action taken on AHPRA complaints consulted with HCSCC**

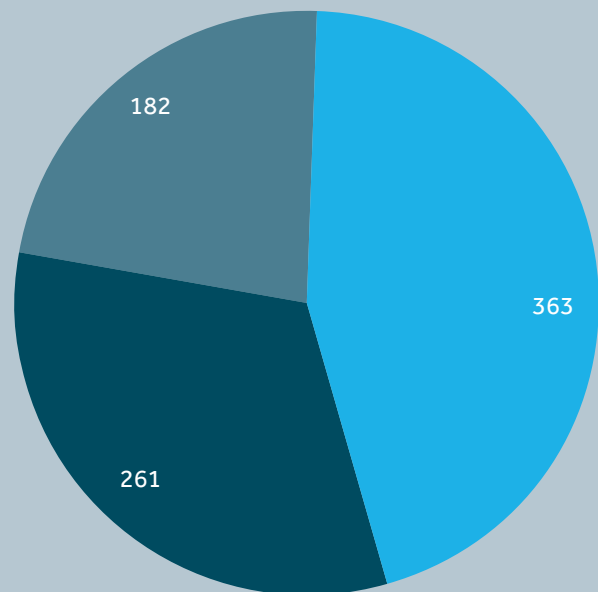
	Number of outcomes notified by AHPRA of action taken by AHPRA	AHPRA notified outcome	
Medical	137	131	No further Action
		3	Conditions imposed
		3	No Grounds
Dental	10	8	No further Action
		1	Cautioned
		1	Conditions imposed
Nursing & Midwifery	16	14	No further Action
		1	No Grounds
		1	Caution
Pharmacy	0	0	Nil Consulted
Chiropractic	0	0	Nil Consulted
Physiotherapy	0	0	Nil Consulted
Optometry	1	1	No further Action
Osteopathy	0	0	Nil Consulted
Psychology	10	9	No further Action
		1	Cautioned
Podiatry	0	0	Nil Consulted
Chinese Medicine	0	0	Nil Consulted
Medical Radiation Practice	0	0	Nil Consulted
Occupational Therapy	0	0	Nil Consulted
Aboriginal and Torres Strait Islander Health Practice	0	0	Nil Consulted
Paramedicine (commenced December 2018)	1	1	No further Action
<b>Total</b>	<b>175</b>	<b>175</b>	

**Service Provider registered with AHPRA (all contacts)**



Yes  
No

**Complaints about Hospitals / AHPRA Registered Practitioners / Medical Clinics**



Hospitals (all)  
AHPRA  
Medical Clinics

**Complaints about Unregistered Health Care Workers 2019-20**

Number of complaints made and assessed under Schedule 2 Health and Community Services Complaints Act Regulations 2005.	31
Number of enquiries about Unregistered Health Care Workers	12
Number of Own Motions about Unregistered Health Care Workers	2
<b>Total contact about Unregistered Health Care Workers</b>	<b>45</b>

At the end of the 2019-20 Financial Year, there were 12 matters about Unregistered Health Care Workers that remained open.

Conciliation between parties is a powerful tool in the complaints resolution process.

**Case study**

A consumer was unhappy after attending an emergency department seeking mental health support. They felt that at the time they were not listened to and were left traumatised after being held involuntarily.

The consumer did not believe conciliation would help as they had lost trust in the service provider.

Nevertheless, the conciliation process was successful with the service provider listening and helping to resolve the concerns the consumer had.

The consumer was pleased with the process and expressed that it had helped them move on.



**Section 3**  
Continuously  
improve the quality  
of our services



## Reviews of HCSCC decisions by the Ombudsman

Category of complaints by subject	Number of instances
Dissatisfaction with the HCSCC complaint assessment and / or investigation processes or outcomes.	21

## Number of public complaints reported

### Internal Reviews conducted by the Commissioner

During 2019-20, the HCSCC received 47 requests from complainants for an internal review by the Commissioner on the basis that they were not satisfied with the outcome of their complaint. This is 30 more (a 176.45 percent increase) than 2018-19 and reflects better informing complainants of their right to an internal review.

10 matters remain ongoing as at 30 June 2019.

Of the remaining 37 matters:

- 31 decisions were confirmed, with the HCSCC taking no further action.
- Six matters were either reviewed in full or partially.

The HCSCC also received one email complaint from a member of the public about a lack of support from the HCSCC to casual nurses who lost their jobs due to Coronavirus. This is an industrial relations issue and was therefore out-of-jurisdiction for the HCSCC. This was communicated to the complainant.

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/health-and-community-services-complaints-commissioner-hcsc>

## Service Improvements resulting from complaints or consumer suggestions over 2019-20

The HCSCC made the following improvements after receiving feedback from consumers, service providers and stakeholders.

### Website

The HCSCC made it easier to navigate to our brochures and fact sheets by including a direct link on our home page. Similarly, a link was also added to allow easier access to orders that have been issued under the Code of Conduct for Certain Health Care Workers. We also improved the grey scale version of our website by underlining hyperlinks and making them more visible.

### Brochures and fact sheets

The HCSCC made changes to the design and content of our brochures based on feedback we had received during the year. This included changes to the information contained in the brochures, their layout and colour scheme. This was further enhanced once the new logo and brand were launched on 1 July, 2020 (2020-21).

We also created and distributed new fact sheets to help consumers, service providers and the public in general understand different parts of the HCSCC's role. Further feedback was received about the quality of the HCSCC's easy-read collateral. We aim to update these in the 2020-21. Also, we aim to completely revamp our translated brochures as well as providing these brochures in more languages.



## Other improvements

### Resolve

The HCSCC made further improvements to its data system Resolve.

These included refinements to a variety of data fields within the application.

These changes improve how we record our contacts which, in turn, allows us to improve our ability to monitor trends and provide clearer data analysis.

### Work practices

Important changes to HCSCC work practices saw an increase in conciliations and investigations and fewer contacts staying open for longer than 365 days.

Because of the changes, contacts are being assessed more readily in line with the Act meaning more complaints are moving into conciliation and investigation.

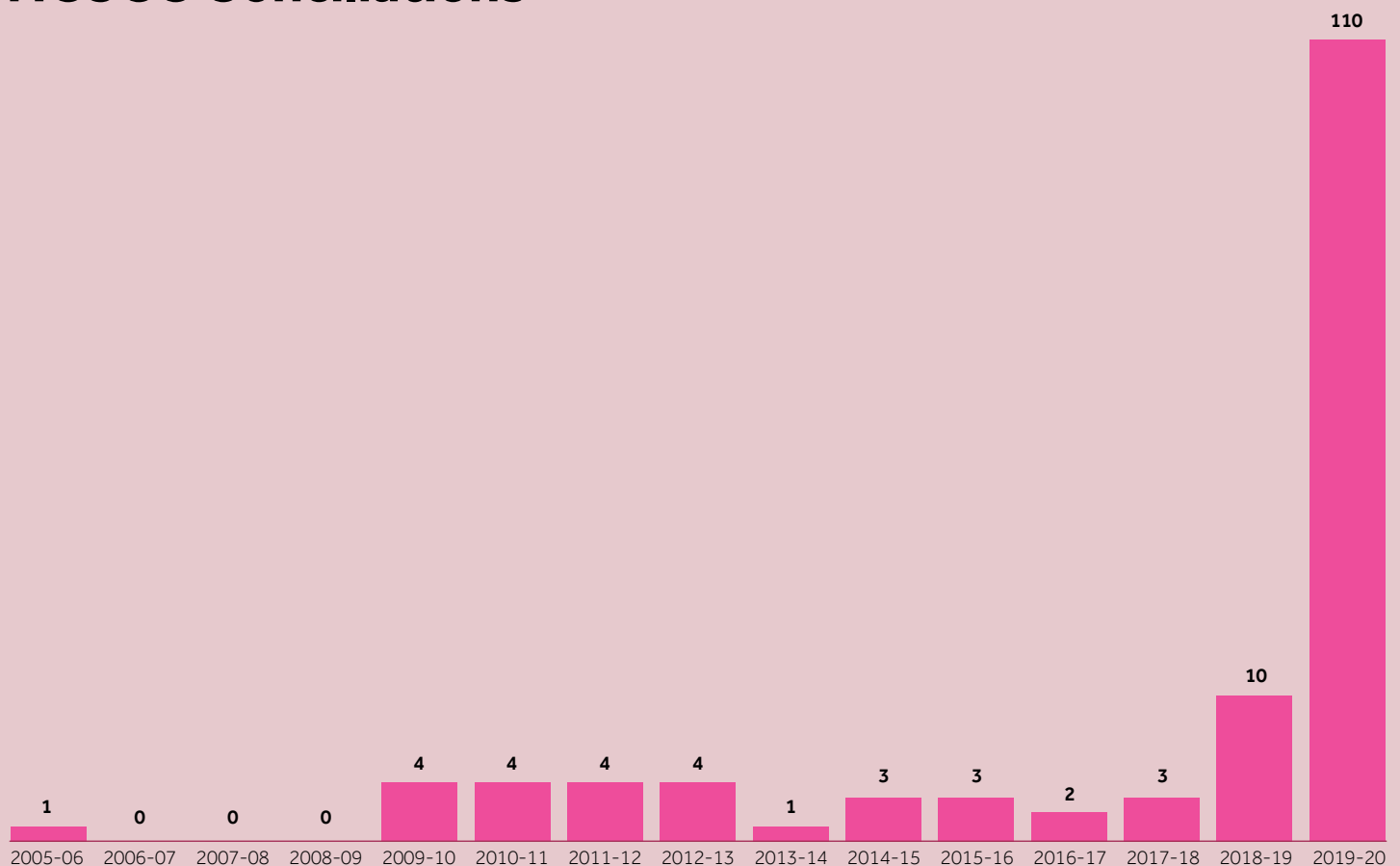
In 2019-20, 110 matters were referred into conciliation which is the highest ever number since the HCSCC was established in 2005.

There has also been an increase in the number of investigations conducted by the HCSCC.

An investigation is done where serious and/or systemic matters arise from the complaint and these are not amenable to the other forms of complaints resolution.

The HCSCC also finalised 99.2 per cent of all contacts within 365 days, an increase of nearly one percent from 2018-19 (98.3 percent).

## HCSCC Conciliations





## **Section 4** Sharing our learnings





## Media and Social Media

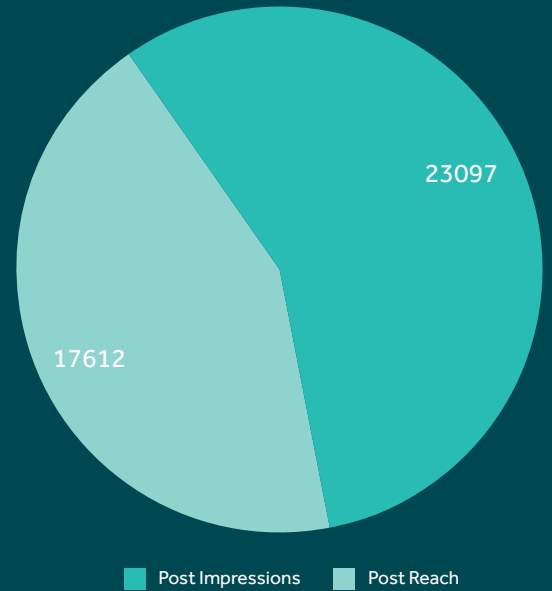
The HCSCC's social media presence continues to grow. We have established a strong Facebook, Twitter and LinkedIn following and our aim is to continue to grow these platforms as they are an important way of providing information to the South Australian public.

The HCSCC also continued to grow its visibility through media platforms – local and national. Highlights include:

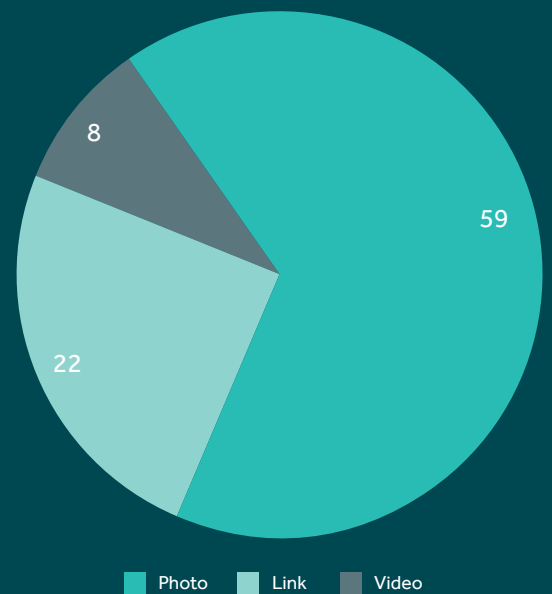
- Several TV interviews with Channel 9 about Kambô;
- Regular interviews with radio stations; and
- Multiple news articles (online and newspaper) about a variety of HCSCC matters.



### 2019-20 Facebook Posts Total Engagement



### 2019-20 Facebook Post Type



## Submissions and Education Pieces

In 2019-20, the HCSCC provided submissions to:

- The Royal Commission into Aged Care Quality and Safety;
- Social Development Committee – Parliament of South Australia: Surgical Implantation of Medical Mesh in South Australia;
- The Australian Dispute Resolution Advisory Council; and
- The Independent review of the adequacy of the regulation of the supports and services provided to Ms Ann-Marie Smith, an NDIS participant, who died on 6 April 2020 (Robertson Review).

Associate Professor Grant Davies wrote the following blog for the Research Centre for Palliative Care, Death & Dying at Flinders University:

- [The ethical underpinnings of health care complaints resolution.](#)



The Office  
of the HCSCC  
can help resolve  
a variety of  
complaints.

### Case study

One recent example was when a consumer was unhappy with cleanliness of a waiting area in a medical centre.

The consumer raised a complaint with the HCSCC and upon reviewing the information provided by the consumer, the HCSCC wrote to the medical centre requesting facilitated direct resolution.

Facilitated direct resolution is when the service provider and the consumer try and resolve the complaint between them in the first instance.

The medical centre rang the consumer and explained its cleaning processes. The consumer was appreciative of the call and was happy to close the complaint based on the information provided.



## Events, Community Engagement and Training and Information Sessions

Before the pandemic, the HCSCC attended several events including the Disability and Lifestyle Expo, Health and Housing Expo, Feast Festival Picnic Day, IDPW Celebrate on the Square, NALHN Aboriginal Health Community Forum and the Southern Region Nunga Tag Carnival and Community Event. Events are critical community outreach activities for the Office and we look forward to attending events again soon.


The HCSCC also conducted several training and information sessions on the request of stakeholders to help promote the role of our Office, provide advice about how complaints processes work and advise service providers on effective complaint handling. These included:


- The Australian Medical Association;
- The Health Consumers Alliance of South Australia;
- Repromed Fertility Specialists;
- Flinders University;
- TAFE SA; and
- Tennyson Centre Day Hospital.





# Need to talk?





 Call  
(08) 8226 8666 OR  
1800 232 007 (Country SA Landline)

 Teletypewriter (TTY)  
133 677 OR  
1800 555 677 (Country SA Landline)


 Email  
[info@hcsc.sa.gov.au](mailto:info@hcsc.sa.gov.au)


 Write  
PO Box 199, Rundle Mall SA 5000

 Website  
[hcsc.sa.gov.au](http://hcsc.sa.gov.au)

 Facebook  
[@sahcsc](https://www.facebook.com/sahcsc)

 Twitter  
[@sahcsc](https://twitter.com/sahcsc)

 Visit  
L4 East Wing, 50 Grenfell Street  
Adelaide SA 5000

 Opening Hours  
Monday-Friday: 9am to 5pm  
Saturday / Sunday: Closed





**Health and Community Services**  
Complaints Commissioner

