Health In Brief for Clinical Quality Council, SLHD

Clinical Governance Unit	
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TITLE
Sydney Local Health District (SLHD) Patient Feedback Report - reporting period: March 2024.

PURPOSE
To provide the SLHD Clinical Quality Council with the SLHD Patient Feedback Report.

RECOMMENDATION
That the SLHD Clinical Quality Council note the information provided.

KEY ISSUES
- This report provides a monthly overview and trended data of patient feedback, from IMS+ and Patent Report Measure (PRM) surveys.
- PRMs data consists of Patient Report Experience (PREM) surveys and Patient Report Outcome (PROM) surveys. PRMs data is a key source of information about our patients, their needs and how well our services are performing in meeting patient needs. They provide rich information to inform the safety and quality of services and treatment.
- IMS+ complaint data is reported two months retrospectively to ensure the accurate reporting of the 35 day KPI.
- The report details the SLHD and Facility level benchmarks for managing complaints.
- Complaint benchmarks and KPIs are set by the Ministry of Health, and require that:
    - 100% of complaints are acknowledged within 5 calendar days.
    - 80% of complaints were managed within 35 calendar days.
    - Unresolved complaints are reported. An unresolved complaint is where the issues raised are considered managed by the SLHD, but the person who made the complaint is not satisfied with the outcome or does not consider the complaint resolved.
- In March 2024, the SLHD met both the 5 day acknowledgment. Community Health and Aged Care and Chronic Rehabilitation (ACCR) did not meet the 35-day KPI. In both cases, it was due to one complaint which due to the nature of the issues raised required greater than 35 days to investigate and resolve.
- In March 2024, Tresillian did not meet the 5-day KPI but met the 35 day KPI. Tresillian reported that this was due to staff error, and they are looking at process to support staff respond to complaints within required timeframes.

CONSULTATION
Facility Patient and Family Experience Managers
Facility Directors of Clinical Governance

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Approved by:

1. Dr Andrew Hallahan, Executive Director Medical Services, Clinical Governance & Risk   Date:

Report	SLHD, Consumer Feedback Report
Purpose	SLHD, Clinical Quality Council, May 2024 Meeting
Reporting Period	April 2023 – March 2024
Date Prepared	9 May 2024
Data Source	IMS+
Approved By	Andrew Hallahan, Executive Director, Medical Services, CG and Risk
Prepared By	Elizabeth Haines and Madeleine Gearside

Section 1: Patient Feedback Reported through IMS+

Figure 1: SLHD Complaint KPI Data by Facility: March 2024

- Ministerial and HCCC complaints are excluded from MoH Complaint KPIs.
- In March 2024, every SLHD facility or service met the 5 day.
- Community Health and Aged Care and Chronic Rehabilitation (ACCR) did not meet the 35-day KPI. In both cases, it was due to one complaint which due to the nature of the issues raised required greater than 35 days to investigate and resolve. It is also noted that due to the small numbers of complaints they received by Community Health and ACCR, one unfinalized complaint will result in not meeting the KPI.
- In March 2024, Tresillian did not meet the 5-day KPI but met the 35 day KPI. Tresillian reported that this was due to staff error, and they are looking at process to support staff respond to complaints within required timeframes. Tresillian data is reported separately as they are not an SLHD clinical service, but their governance is overseen by the SLHD.
- This data is provided so that facilities can monitor their KPI performance and number of complaints.

	Acknowledge within 5 calendar days of receipt (Benchmark- 100%)	Finalised within thirty-five (35) calendar days (Benchmark-80%)	Number of Complaints
ACCR	100%	50%	2
Balmain	100%	100%	2
Breastscreen	NA	NA	0
Canterbury	100%	100%	13
Community	100%	50%	2
Concord	100%	100%	21
Drug Health	100%	100%	1
Health Centres	NA	NA	0
Mental Health	100%	100%	13
Oral Health	100%	87%	23
RPA	100%	97%	63
RPA Virtual	100%	100%	1
SLHD District	NA	NA	0
SLHD	100%	95%	198
Key	**Benchmark Met**	**Benchmark Met**	

Tresillian Complaint KPI Data: March 24

	Acknowledge within 5 calendar days of receipt (Benchmark- 100%)	Finalised within thirty-five (35) calendar days (Benchmark-80%)	Number of Complaints
Tresillian	50%	100%	2

Figure 2: SLHD Complaint KPI Data over 12 months: April 2023 – Mar 2024

- In March 2024, the SLHD met the 5-day acknowledgement and 35-day finalisation KPI.
- In the 12 months to date, there was one occasion where the 5-day KPI was not met. Mitigation strategies have been put in place and compliance is closely monitored, with feedback provided to staff on the requirement to acknowledge all complaints within 5 calendar days.
- Monitoring KPI data is a performance indictor under PD2020_013: Complaints Management.

Date	Acknowledge within five (5) calendar days of receipt (Benchmark- 100%)	Finalised within thirty-five (35) calendar days (Benchmark-80%)	Number of Complaints
Apr-23	100%	90%	102
May-23	100%	93%	147
Jun-23	100%	96%	134
Jul-23	99%	89%	152
Aug-23	100%	88%	171
Sep-23	100%	93%	149
Oct-23	100%	90%	144
Nov-23	100%	91%	132
Dec-23	100%	94%	113
Jan-24	100%	91%	142
Feb-24	100%	95%	198
Mar-24	100%	95%	141
Key	**Benchmark Met**	**Benchmark met**	

Figure 3: Total Number of Complaints received in the SLHD: April 2023 – Mar 2024

- This table includes all complaints received by the SLHD including local, Ministerial and HCCC complaints.
- In March 2024, the SLHD received a total of 160 complaints. It is noted that February 2024, is an outlier as it received more complaints than the 12-month average and April 2023 is also an outlier, fewer complaints than the 12-month average.
- The year-to-date average number of complaints in the reporting period is 166 per month (i.e., Apr 2023 to Mar 2024). The previous year-to-date average number of complaints, i.e., Apr 2022 to Mar 2023, 182 per month.
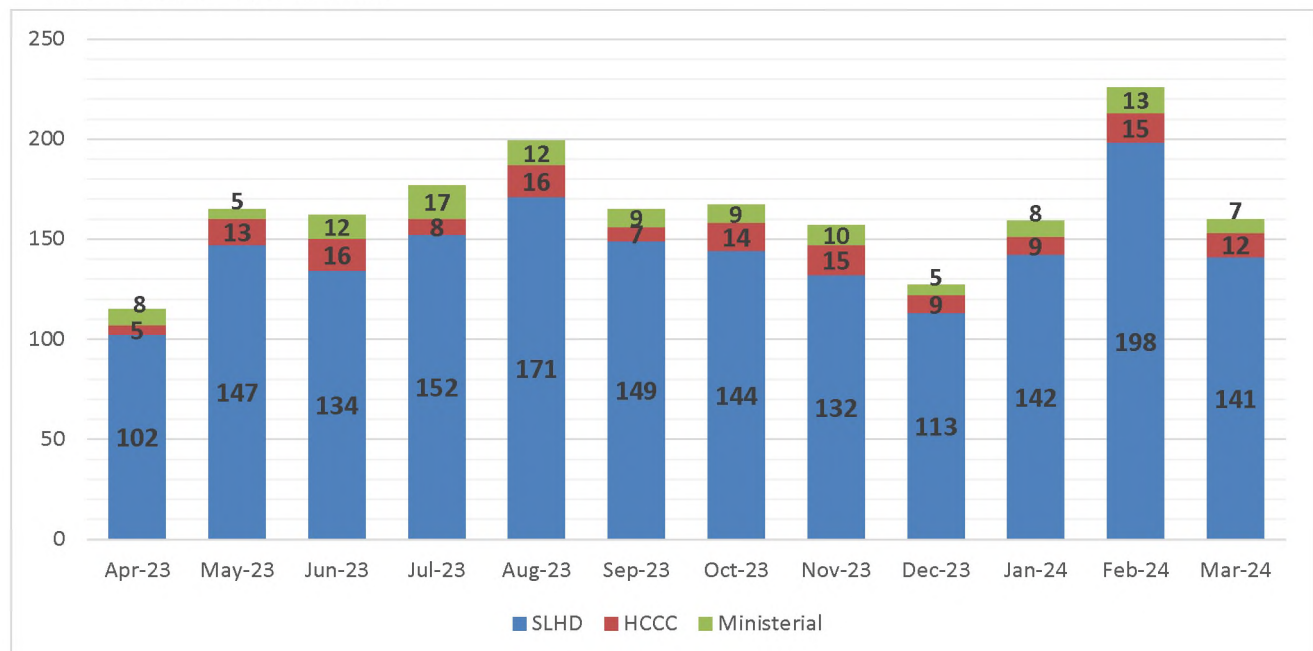
Figure 4: SLHD Patient Complaints by Issue Raised: Oct 2023 – Mar 2024

- This data provides a trend of the issues raised by people who make a complaint. The top three complaint issues reported relate to: treatment, communication and access.
- February 2024 saw an increase in complaints relating to coordination of patient care, communication issues, attitude of staff and service availability/ delays. However, in March 2024 this data stabilised.
- The issues below are consistent with the trend seen over time. This data is reported over a six-month period to improve readability.

Issue Raised	Element	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total
Clinical Care, Treatment and Safety	Coordination of patient care	22	24	15	30	53	34	144
	Diagnosis issues/errors	1	7	3	3	6	8	20
	Fall	0	0	0	0	0	0	0
	HAIs/Infection Control	0	1	0	0	0	0	1
	Inadequate examination/treatment	8	8	4	10	14	15	44
	Medication issues/ errors	3	5	3	3	3	5	17
	Patient Deterioration	0	0	1	0	0	0	1
	Pressure Injuries	0	0	0	0	0	0	0
	Skills of clinician/team	0	3	0	2	1	3	6
	Withdrawal/denial of examination/treatment	3	0	0	0	0	1	3
	Wrong/Inappropriate examination/treatment	3	3	2	1	2	0	11
	Other Safety Incidents during care	1	3	2	1	2	3	9
	Total	**41**	**54**	**30**	**50**	**81**	**69**	256
Communication	Attitude/conduct of clinician/team	11	14	19	8	15	12	67
	Communication issues	13	17	13	15	24	16	82
	Failure to listen/ act upon infor provided	3	2	0	1	2	1	8
	Health Prevention/Promotion activities	1	0	0	2	0	0	3
	Incorrect/Inadequate information	4	2	4	5	8	6	23
	Total	**32**	**35**	**36**	**31**	**49**	**35**	183
Timing and Access	Access to Records/Reports/Certificates	2	2	0	1	1	0	6
	Discharge/Transfer Issues	1	0	3	0	3	3	7
	Issues with Referral/s	3	2	0	0	2	1	7
	Service Availability/Delays	28	28	14	26	40	26	136
	Total	**34**	**32**	**17**	**27**	**46**	**30**	156
Management of Facilities	Accuracy of Records/Reports/Certificates	2	0	1	1	0	0	4
	Administrative services	0	1	3	2	2	0	8
	Building Services (Amenities, Lighting, Water, AirCor	1	3	3	1	0	0	8
	Car Parking	1	0	1	2	0	0	4
	Finance and Billing	2	3	0	4	3	1	12
	Hygiene/environmental standards	1	0	1	3	2	1	7
	Nutrition and Food	0	0	0	1	0	2	1
	Policy/Planning	0	1	0	1	2	0	4
	Public/private election	0	0	0	0	0	0	0
	Security of personal items (lost property)	4	5	6	5	9	4	29
	Smoking	0	0	0	0	1	0	1
	Staffing/Rostering	0	0	0	0	0	0	0
	Total	**11**	**13**	**15**	**20**	**19**	**8**	78
Patient Rights and Humaneness	Alleged abuse or assault	2	0	2	0	0	1	4
	Alleged bullying or harassment	0	0	0	0	0	0	0
	Breach of Privacy /Confidentiality	0	1	1	0	1	1	3
	Compulsory Admission or treatment	0	1	0	0	1	0	2
	Consent invalid or failure to obtain consent	0	0	0	0	0	0	0
	Discrimination	1	0	1	0	0	0	2
	Racism	0	0	0	0	0	0	0
	Respect, dignity and caring	0	2	1	6	1	1	10
	Restriction to right to communicate	0	0	0	0	0	0	0
	Safety or sexual safety not maintained	1	0	0	0	0	0	1
	Special needs not accommodated	2	0	0	0	0	1	2
	Total	**6**	**4**	**5**	**6**	**3**	**4**	24

Figure 5: SLHD Patient Complaints by how they were resolved: April 2023 – Mar 2024

- Resolution format is a mandatory field in IMS+. In the SLHD, most complaints are resolved by an apology and explanation, followed by action to prevent recurrence and a service being provided.
- In March 2024, there was once (1) unresolved complaint. An unresolved complaint is where the issues raised are considered managed by the SLHD, but the person who made the complaint is not satisfied with the outcome or does not consider the complaint resolved.
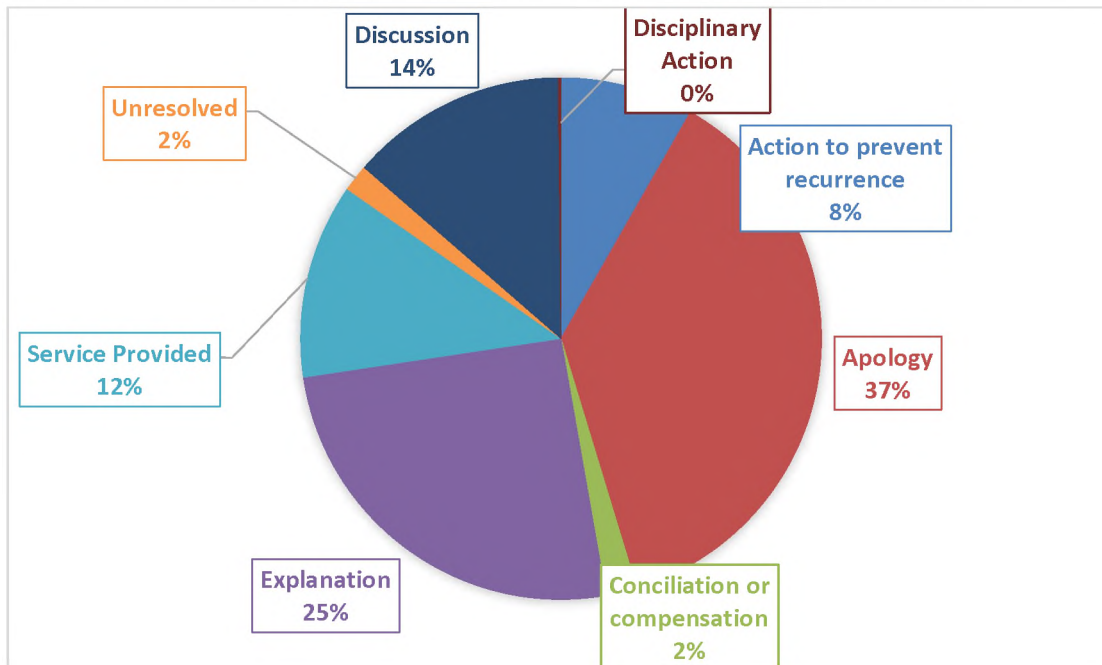

Pie chart – Complaint resolution:
- Disciplinary Action 0%
- Action to prevent recurrence 8%
- Apology 37%
- Conciliation or compensation 2%
- Explanation 25%
- Service Provided 12%
- Unresolved 2%
- Discussion 14%

Figure 6: SLHD Patient Compliments and Suggestions: Oct 2023 – Mar 2024

- Compliments are not mandatory to record in IMS+.
- The data in this figure covers a 6-month report period to improve readability.
- In March 2024, Concord Hospital reported the most compliments, with Canterbury Hospital reporting the second highest number.
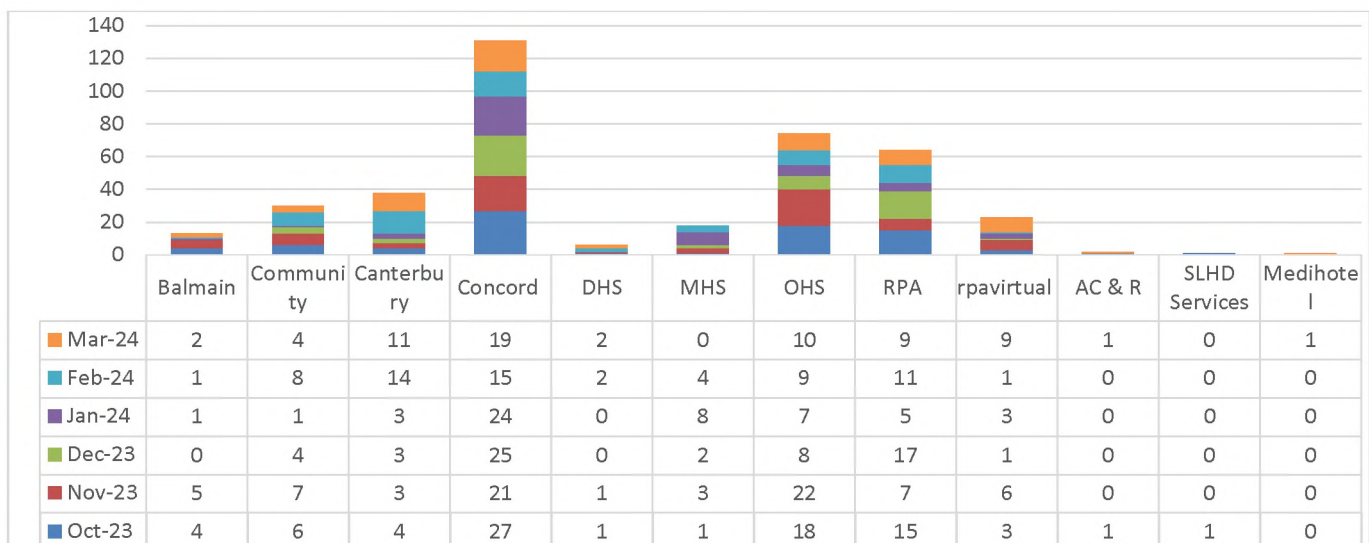

	Balmain	Community	Canterbury	Concord	DHS	MHS	OHS	RPA	rpavirtual	AC & R	SLHD Services	Medihotel
Mar-24	2	4	11	19	2	0	10	9	9	1	0	1
Feb-24	1	8	14	15	2	4	9	11	1	0	0	0
Jan-24	1	1	3	24	0	8	7	5	3	0	0	0
Dec-23	0	4	3	25	0	2	8	17	1	0	0	0
Nov-23	5	7	3	21	1	3	22	7	6	0	0	0
Oct-23	4	6	4	27	1	1	18	15	3	1	1	0

Figure 7: Focus Area: Feedback Outcome by SLHD Facility

- The focus area highlights an outcome resulting from feedback.
- Each month a SLHD Facility will be asked to provide an example of patient feedback they have received which resulted in an improvement or change because of the feedback.

Mental Health Service (MHS) - Feedback and Outcome

This is what we were told:	During the process of investigating a complaint, the MHS became aware of key email correspondence with external service providers not being included in the consumer's medical record during the intake process at the Naamuru Parent and Baby Unit (a statewide unit for new parents to receive specialised inpatient mental health treatment while their babies remain with them).
This is what we identified we could improve:	Concordance with NSW Health Policy *Health Care Records – Documentation and Management PD2012_069* and SLHD Policy Compliance Procedure (PCP) *eMR – Documentation SLHD_PCP2019_035*.
This is how we improved:	Staff undertaking the intake process at the Naamuru Parent and Baby Unit were reminded about record keeping requirements in accordance with the above NSW Health Policy and SLHD PCP.

Figure 8: Focus Area: Compliments Received in March 2024

- Each month three compliments are selected from IMS+ to highlight the work of our staff and the impact it has for patients. The feedback has been de-identified.

Facility	Compliment Received
RPA	Feedback received from patient under the care of the Comprehensive Epilepsy Service: "I am writing to thank the team at the Comprehensive Epilepsy Service at RPA. The excellent treatment and care I have received over the past few weeks and months from the team has made a real difference. The other aspect of my care that I want to mention has to do with my identity as a gay man and having been able to bring my partner of 22 years to appointments and have the relationship be given the respect that we deserve is truly amazing."
Balmain Hospital	Social Work and Occupational Therapy received an email from a National Disability Insurance Scheme (NDIS) Support Coordinator thanking them for their assistance with discharge planning a patient to specialist disability accommodation. Attached was a picture of the patient once he had reached his discharge destination, with a big smile on his face.
CRGH	Patient sent email compliment regarding her experience advising that despite her initial fear and discomfort, she had been impressed by the professionalism and kindness of the medical and nursing staff, as well as all other employees she encountered. "From meticulous drug administration to thorough ID checks and attention to detail regarding my medical history, the care I've received has been exceptional. The quality of the food and overall management at Concord Hospital has further contributed to my positive experience. I want to extend my sincerest thanks to the team for maintaining such high standards of care. This experience has restored my faith in hospitals, and I am grateful for the outstanding care provided by all staff members."

Section 2: Patient Feedback report through Patient Reported Measures (PRM)

- PRM activity includes Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMS).
- PREMS are collected by a wide range of clinical services across the SLHD through the REDCap and HOPE platforms.
- rpaVirtual PRM data was added to this report in September 2022. rpaVirtual oversees and managers its PRM program.
- Canterbury Hospital PRM data was added to this report in October 2022. This feedback is collected through the Cemplicity platform and Canterbury oversees and managers Cemplicity program.
- PROMs are collected through the ACI State-wide platform, HOPE, which is the main platform for Leading Better Value Care and Integrated Care programs.

Figure 9: PRM feedback of the Month

	PRM Impact
PREM response from a patient	Everything - the friendly environment and staff. I also met other people including John who is a South Sydney fan. I find it difficult to meet new people and I liked this.

Figure 10: Total Number of SLHD Locations Collecting PRMs – April 2024

- Figure 10 demonstrates number of clinical locations collecting PRMs in Cemplicity, HOPE, REDCap platforms and YES/CES Experience Survey.
- 242 clinical locations are collecting PRMs in the REDCap.
- 76 clinical locations are collecting PRMs in the HOPE.
- 18 clinical locations at Canterbury Hospital are collecting PRMs in Cemplicity.
- 41 Mental Health services are engaged with the YES/CES Experience Survey.
- Changes in sites numbers for local REDCap projects reflect some services transitioning across from unique service projects to the Districit standardised PREM tool.
- The increase in the number of District REDCap locations, relflectives the telehealth myVirtualCare experience collection of PRMs transtioning from ACI Statewide collection, to local collection.
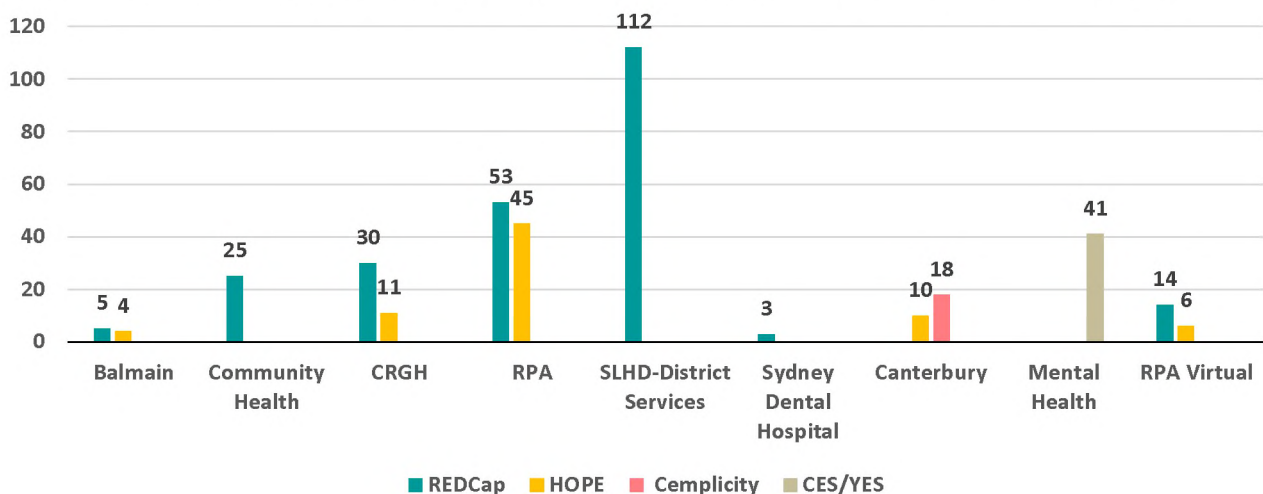
Figure 11: Monthly SLHD PROM Activity: May 23- Apr 2024

- Year to date number of PROMs collected in the HOPE platform: 4956.
- Year to date total number of PROMs collected in REDCap: 167.
- Total year to date number of PROMs: 5123.

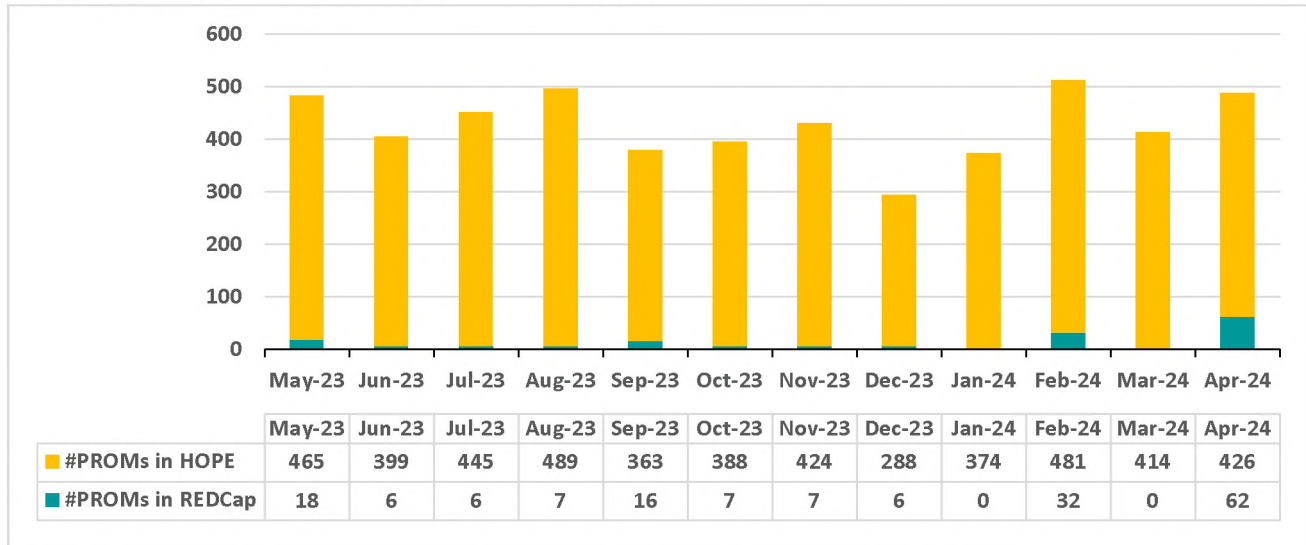|	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
#PROMs in HOPE	465	399	445	489	363	388	424	288	374	481	414	426
#PROMs in REDCap	18	6	6	7	16	7	7	6	0	32	0	62

Figure 12: Monthly SLHD PREM Activity: May 23- Apr 2024

- Year to date number of PREMs collected in HOPE: 560.
- Year to date number of PREMs collected in REDCap: 14 157.
- Year to date number of PREMs collected by RPAVirtual: 1638.
- Year to date number of PREMs collected in Canterbury collected by Cemplicity: 8449.
- Number of PREMs collected in YES/CES Experience Survey - note this data is reported quarterly Year to date – 1491.
- Total year to date number of PREMs (REDCap, Yes/Ces, RPAV, HOPE & Cemplicity): 26 295.

	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
#PREMS in Mental Health	93	107	140	67	149	184	85	116	162	157	231	0
#PREMS in Canterbury	848	630	553	689	775	912	746	708	813	588	552	635
#PREMs in RPAV (REDCap)	173	159	68	159	145	109	96	142	118	79	170	220
#PREMs in HOPE	51	37	58	60	57	50	32	38	36	50	49	42
#PREMs in REDCap	1261	1129	1195	1124	1050	1190	1176	1007	803	1310	1468	1444