

Complaints and key challenges

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“Speak when you are angry and you will make the best speech you will ever regret”

- *Ambrose Bierce 1842-1914 – American editorialist and short story writer.*



Trust

- What does this word mean?
 - *Who do you trust implicitly?*
 - *What is it about this person that makes you trust them?*
 - *How did you get to the point of trusting these individuals?*
- Trust in its most basic definition means – confidence in someone's character, integrity and competency;



Trust

- You have confidence in this persons integrity, in their abilities, in their motives and in their skills;
- Subconsciously you look at their past history and you make your decision whether you will trust them or not – you will look at their “track record”;



Distrust

- What does this mean?
 - Who do you distrust?
 - What has made you feel this way?
 - Can these individuals re establish the lost trust with you?
- When we start to distrust someone or something, we immediately become suspicious of their motives, their “hidden” agenda, their skills;
- This affects every community both English speaking and CALD families;



What is the relevance of trust and distrust in Aged Care?

- In most complaints scenarios there is a significant element of distrust between the parties;
- There is an element of:
 - Suspicion;
 - Questioning of abilities and commitment to provide care as agreed;
 - Questioning of staff skills to provide services as originally agreed;



What is the relevance of trust and distrust in Aged Care?

- In certain circumstances when English is the consumers second language, we need to be very clear that the consumer or their representative has understood what is being explained to them and more importantly what they are agreeing to;



What is the relevance of trust and distrust in Aged Care?

- At the initial consultation with the consumer and/or their family and prior to admission, approved providers need to be sure that they have been understood by the consumer and that they have understood the consumers expectations;



How do we aim for and achieve effective Communication & Partnership with consumers?

- Open and transparent complaints process which accepts verbal as well as written complaints;
- Care plan consultation in regards to where, how, when and by whom care is to be provided to consumers will need to be discussed;
- Use of professionally trained interpreters either in person or by phone to eliminate any misunderstandings;



How do we aim for and achieve effective Communication & Partnership with consumers?

- Ensure you discuss any expectations held by the consumer/family and whether these expectations are achievable or realistic;
- We will need to treat all consumers as individuals and provide them with an opportunity to make informed decisions in a safe and nurturing environment irrespective of whether they have English as their first language;



Major issues faced by some CALD consumers

- *Guilt:*
 - What will my community think of me for placing my family member in care?
- *Anxiety:*
 - How will the staff treat my relative?
 - Will they understand what they are saying?
 - Will they care?



Major issues faced by some CALD consumers

- Language:
 - How will my family member communicate with the staff?
 - Will the staff just ignore my family member?
 - Do I need to always be there when the staff attend and explain what my relative is requesting?



Major issues faced by some CALD consumers

- *What will the families role now be?*
 - What will the staff permit me to do for my family member?
 - Are we allowed to provide care to our family member?



The use of interpreters

- Many organisations wait until a complaint has escalated before deciding to contact an interpreter;
- All organisations should consider having a stand alone policy for:
 - When to call an interpreter;
 - How staff access an interpreter;
 - Set aside a budget for accessing interpreters;



The use of interpreters

- According to a study completed in December 2007 by A.J.Hughes – *“People from Ethnic Backgrounds in Clth funded Residential Care – Victoria”* some of the findings were:
- *“Lack of a common language was seen to be the principle contributing factor in the case of poor care”*



The use of interpreters

- *“A common theme is difficulties with communication”;*
- *“CALD residents or their representatives compound their situation by not using, or under using the user rights measures established under the Aged Care Act 1997”;*



The use of interpreters

- We must not underestimate the fact that individuals from a non English speaking background may speak English however do they fully understand the specific terms used in aged care i.e. care plan, signing of agreements etc.



What is Culturally Appropriate Care?

- Care that acknowledges and celebrates an individual's ethnicity, customs, culture and norms;
- An organisation that strives to understand what the fears, aspirations and strengths of an individual are even though these may differ significantly from their own;



What is Culturally Appropriate Care?

- Treating someone as we would expect to be treated i.e. with dignity, respect, compassion and an appreciation of who they are;



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What is not culturally appropriate care!

- Cooking pasta twice per week and saying we cater for our CALD clients nutritional needs;
- Buying a newspaper for a client once a fortnight and stating that we have enabled them to stay in touch with their community;
- Speaking loudly to an individual because they speak another language other than English!!



Common areas of complaints

- Agreement / Entry information;
- Care planning;
- Food issues;
- Provision of care by family members;
- Family expectations.



Common areas of complaints

Agreement / Entry information:

- In many instances individuals sign the agreement without either understanding what they are signing; or
- Without seeking independent advice re whether to sign the document or not;



Common areas of complaints

- When issues arise, the consumer or their representative may then be informed – *“it was in your agreement did you not read the document?”*
- Ensure that you use an interpreter to explain the document;
- Provide entry information in different languages;



Common areas of complaints

- Use bilingual staff where and if available to answer any questions or to explain the content of the document;



Common areas of complaints

Care planning

- The care plan is the single most important document that is held for a resident by any aged care provider;
- The care plan will identify:
 - Who the consumer is;
 - Their likes and dislikes;
 - The past history of the consumer and who they are as individuals;



Common areas of complaints

- The likes and dislikes will include things such as:
 - Meals – is there a specific requirement due to cultural needs e.g. halal or kosher meals?
 - The provision of care by male or female staff e.g. consumer from a Muslim background may not want a male carer providing personal care to them;



Common areas of complaints

- The care planning process should utilise collaboratively the skills and knowledge of the staff, consumer and family;
 - If the consumer or family are unable to communicate in the English language how do you consult with them?
 - Do you for expedience use your own judgment and not consult or assume what the consumers needs are?



Common areas of complaints

- In most instances a complaint can be traced back to an incomplete or inadequate care plan;
- In many instances there has been a lack of consultation between staff, the consumer and/or the family or put simply the staff have simply not consulted with the consumer and/or their representative;



Common areas of complaints

Food Issues

- This is an extremely important area of the care plan;
- As stated previously, the consumers likes and dislike will need to be documented and the provision of culturally appropriate meals will need to be discussed;



Common areas of complaints

- There will need to be consultation re the type of food eaten by the consumer during events such as:
 - Religious festivals;
 - Food eaten when consumers may be fasting;
 - Inappropriate meals e.g. pork products for Jewish or Muslim consumers.



Common areas of complaints

Provision of care by family members

- This issue is a significant catalyst for complaints, in particular when staff become anxious when family members begin to provide care themselves to a consumer:
 - Is the provision of care by a family member to a consumer acceptable?
 - Does this issue impinge on the rights of the consumer?



Common areas of complaints

- Have you consulted with the consumer whether this is acceptable to them?
- How have you communicated with the consumer i.e. in their language of choice by utilising the services of a professional interpreter or a staff member who speaks the same language?
- Is it appropriate for a male family member to provide care to a female consumer? Whose standards are we using to make this assessment?



Common areas of complaints

Managing consumer and family expectations

- Discussions with the consumer and family re the delivery of service should be a priority for all organisations;
 - What are their expectations of the organisation?
 - Have you involved all parties in the care planning process?
 - Have the parties understood the significance of the care plan and their involvement?



Common areas of complaints

- It may not be wise in the long term to use the family as interpreters e.g. you may need to discuss with the consumer specific personal hygiene requirements or other intimate personal information;
 - Should this be discussed in front of all the family?
 - Have you sought feedback from consumer re this issue in a language that they can understand?



Dealing with different generations and complaints

- When you need to deal with a spouse, children, grandchildren and several other generations of the same family may pose some dilemmas and challenges;
- However the principle of complaints handling still remain the same that is we need to:



Dealing with different generations and complaints

1. Consult;
2. Provide accurate information;
3. Do not withhold important information;
4. Ensure that there is an identified and nominated spokesperson;



Dealing with different generations and complaints

- There is in some circumstances a belief that the next generation **must** fight harder to achieve outcomes or immediately resolve issues to their satisfaction;
- This may be because they want to ensure that the resident receives all that they are entitled to and it is now **their** responsibility to advocate for their loved one;



Dealing with different generations and complaints

- When there is a dispute or a differing of opinion from the generations re what care and how care should be provided we will need to:
 1. Request a family meeting and inform them of the discrepancies in expectations;
 2. Seek information re if and who may hold a Power of Attorney and what authority this provides them;



Dealing with different generations and complaints

3. Advise the family of the need to formally elect a spokesperson to ensure consistent information is provided;
4. If family are still unable to agree on care delivery consult with the Office of the Public Advocate re who has the right to be the spokesperson i.e. Spouse, Children, grandchildren etc;
5. Ensure when resident is admitted that the next of kin is immediately identified;



The “new” expectations of families!!

- Staff may see children of residents as being more aggressive in their tone and communication methods;
- In fact many family members are more informed about care recipients rights in receiving care and having a say in how the care is to provided;



The “new” expectations of families!!

- Family members have better, easier and quicker access to complaints mechanisms e.g. DOHA – CIS, Advocacy Services, Commissioner for Complaints;
- There is a greater expectation on individualized care for each care recipient e.g.
 - A comment such as *“Your father/mother is not the only resident I need to care for”*, is no longer seen as acceptable.



The “new” expectations of families!!

- Nurses who were revered a few years ago are now seen as merely “another staff member”. Yes they are seen as experts in their fields however not the be all and end all!!
- Sharing power “with” instead of power “over” one another is now seen as being more acceptable and a collaborative method of providing care and services;



Identify who the spokesperson will be.

- In some instances the approved provider receives conflicting information from family members re services delivery;
- It may be appropriate to request that one or at the most two of the family members be the spokesperson for a care recipient;



Identify who the spokesperson will be.

- Clear communication lines will need to be established e.g.
 - How to communicate i.e. by phone, email or mail;
 - When to communicate i.e. do you provide weekly feedback or only when an adverse event occurs?



Identify who the spokesperson will be.

- Remember the spokesperson may be an adult child however do not ignore communicating with the care recipient and/or spouse;
 - Do not leave any significant individual out of the loop when communicating;
 - Keep all individuals involved in the discussions / negotiations;



Can we avoid disputes, misunderstanding and complaints?

- The short answer is no!
- What we can avoid is the angst and stress (to some extent), when we provide care and services to our consumers;
- Complaints will invariably arise, it is how we respond, address, listen and resolve these issues that will determine satisfaction with service provision.



Proactive complaints management

- Make deposits in the emotional bank account
 - Get to know the consumer as people while things are going well;
 - Show an interest in their family and how they wish to be involved in the care process;



Proactive complaints management

- Educate your families
 - What you do, How and Why
 - Laundry
 - Catering
 - Dementia care approach
 - Funding
 - Changes in aged care

Don't let them interpret what is happening – You interpret it for them – *before they get a chance to misinterpret it.*



Conclusion

- Do not discount the use of an interpreter because of the cost.
- The cost of complaints should not only be measured in monetary terms - complaints may well affect your relationship with your consumers;
- Ensure that you understand what the consumer and/or the families expectations of you are;



Conclusion

- Access information from organisations such as PICAC, ethnic community councils;
- Allow the consumer and/or their family an opportunity to digest the information provided and organise a review meeting to answer any questions.



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