

Seriousness Assessment Matrix (SAM) Guide for Complaints Management

The following information has been extracted from the WA Health Complaints Management Policy 2015. For further detail refer to the policy at: http://www.health.wa.gov.au/circularsnew/circular.cfm?Circ_ID=13196

The early identification of individual complaints of a serious nature or with a potential for escalation are part of a health service's risk management program. Assessing the risk profile of a complaint at this stage seeks to highlight complaints associated with significant safety, political, legal or financial risks to the health service or its consumers that require the attention of the health service's senior management. Health services must ensure there are appropriate review processes in place for complaints with significant risks, including the review and sign-off by senior management.

The Seriousness Assessment Matrix (SAM) provides a framework for assessing the risk associated with the events that are the subject of the complaint. Rating the severity of the complaint will assist in determining:

- · who needs to be notified of the complaint
- the priority for the health service's response and the mode of response
- who will need to be involved in the investigation and response.

The initial SAM score allocated to the complaint should not be indicative of the estimated veracity of any allegations made by the complainant. The initial SAM score is based entirely on the information provided by the complainant. It is recognised that the SAM rating for a complaint may change based on the findings of an investigation.

Seriousness Assessment Matrix

		Seriousness of event				
		INSIGNIFICANT	MINOR	MODERATE	MAJOR	EXTREME
Likelihood of event recurrence	FREQUENT					
	(almost	3	3	2	1	1
	certain)					
	PROBABLE	3	3	2	1	1
	(likely)	3	3		'	'
	OCCASIONAL					
	(possible)	4	3	2	2	1
	LINIOONANAONI					
<u>*</u>	UNCOMMON	4	4	3	2	1
-	(unlikely)					
	REMOTE	4	4	3	3	1
	(rare)			- Total		

Risk rating	Risk classification	
1	Extreme risk	
2	High risk	
3	Moderate risk	
4	Low risk	

PROBABILITY CATEGORIES	DEFINITION		
Frequent (almost certain)	Expected to occur again, either immediately or within a short period (likely to occur		
	most weeks or months)		
Probable (likely)	Will probably occur in most circumstances (several times per year)		
Occasional (possible)	Probably will recur, might occur (may happen every one to two years)		
Uncommon (unlikely)	Possibly will recur (could occur in two to five years)		
Remote (rare)	Unlikely to recur – may occur only in exceptional circumstances (may happen every		
	five to 30 years)		

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EXTREME	MAJOR	MODERATE	MINOR	INSIGNIFICANT
Consumer: issues regarding SAC1 events ⁽¹⁾ , long-term damage, grossly substandard care or involving a death that requires investigation.	Consumer: significant issues of standards, quality of care, or denial of rights. Feedback/complaints with clear quality assurance or risk management implications or issues causing lasting detriment that require investigation. Where a consumer has required surgical intervention or has suffered disfigurement or major permanent loss of function as a result of the event.	Consumer: issues that may require investigation. Legitimate consumer concern, especially about communication or practice management, but not causing lasting major detriment. The consumer may have a permanent lessening of bodily functioning or increased length of stay or required an additional operation or procedure as a result of the event.	Consumer: no impact on or risk to the provision of health care or the organisation. Feedback/complaint could be easily resolved at the frontline. Significant lapses in customer service (where no injury sustained). Consumer may have required a temporary increased level of care due to the event.	Consumer: trivial, vexatious or misconceived complaint. No injury to consumer or impact on their length of stay or level of care required.
Visitors: death of visitor or hospitalisation of three or more visitors.	Visitors: hospitalisation of one or two visitors.	Visitors: medical expenses incurred or treatment of one or two visitors, but not requiring hospitalisation.	Visitors: evaluation and treatment with negligible expenses.	Visitors: no treatment required or treatment refused.
Reputation: Highly probable legal action and likely to result in Ministerial censure. Maximum multiple high-level exposure. Ministerial censure. Loss of credibility and public/key stakeholder support.	Reputation: threat of legal action and Ministerial notification. Headline profile. Repeated exposure. At fault or unresolved complexities impacting public or key groups. Ministerial involvement.	Reputation: potential for legal action. Repeated non-headline exposure. Slow resolution. Ministerial enquiry/briefing.	Reputation: non-headline exposure. Clear fault. Settled quickly by health service response. Negligible impact.	Reputation: non-headline exposure. Not at fault. Settled quickly. No impact.
Professional conduct: serious and wilful breach. Criminal negligence or act. Litigation or prosecution with significant penalty. Possible grounds for dismissal. Ministerial censure. Criminal misconduct.	Professional conduct: deliberate breach or gross negligence. Significant harm. Formal investigation. Disciplinary action. Ministerial involvement. Serious misconduct.	Professional conduct: negligent breach. Lack of good faith evident. Performance review required. Material harm caused. Misconduct established.	Professional conduct: breach resulting in minor harm and investigation. Evidence of good faith arguable.	Professional conduct: innocent procedural breach. Evidence of good faith by degree of care/diligence. Little impact.
Services: complete loss of service or output, serious threat to customer service relationships, or permanent harm to reputation of the service.	Services: complete loss of service or output, serious threat to customer service relationships, or permanent harm to reputation of the service.	Services: disruption to users due to agency problems. Potential to impact on service provision/delivery.	Services: reduced efficiency or disruption to agency working.	Services: no loss of service.
Financial: critical financial loss more than \$20M.	Financial: major financial loss \$3M to \$20M.	Financial: moderate financial loss \$100,000 to \$3M.	Financial: minor financial loss between \$5,000 and \$100,000.	Financial: no, or minor, financial loss less than \$5,000.
Environmental: extensive very long term or permanent, significant, unacceptable damage to, or contamination of significant resource or area of environment. Very long term or permanent denial of access or exposure.	Environmental: high level but recoverable, unacceptable damage or contamination of significant resource or area of environment. Significant intervention, permanent cessation of harmful activity. Long term suspended access, presence or use of resource.	Environmental: moderate impact. Medium level intervention indicated to bring about recovery. Short to medium term restriction of access or exposure.	Environmental: low level impact. Quick recovery with minimal intervention. Minimal disruption to access or exposure.	Environmental: negligible impact. Spontaneous recovery by natural processes. No disruption to access or exposure.

^[1] Severity Assessment Code - Refer to WA Health Clinical Incident Management Policy 2015 for definitions of SAC1 events.

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