

Acknowledgement of country



We acknowledge & respect the traditional custodians whose ancestral lands we are meeting on today

We acknowledge the deep feelings of attachment & the relationship of Aboriginal people to country

We also pay respect to the cultural authority of Aboriginal people here from other parts of Australia today



Health complaints entities - service user rights & complaints

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what do we expect ... governance ...

- organisational arrangements to ensure the safety & quality of health care
- standards, guidelines, policies & procedures
- roles & responsibilities
- education & training
- competencies & performance management
- performance reporting & accountability
- clinical risk management
- service provider & service user participation
- service evaluation - patient experience & outcomes (?)



in the real world ...

- widening gap - haves & have less/notes
- rising expectations & demands
- actual needs vs relative needs
- individual need vs public interest
- increasing complexity
- market failures & contracting out
- residual services - public, NGOs
- choice, options, lifestyle - whose & what?
- service capacity - turf wars, scarcity, ageing workforce & volunteers
- resistance to innovative models of service delivery
- ? health service leadership ? culture - concealment → openness



Learning from mistakes ...



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Framework



- Medicare agreement: independent health complaints body, patient rights & patient experience
- Australian Charter of Healthcare Rights 2008
- complaint management standards
- accreditation, safety & quality standards
- health professional Codes of Conduct
- since July 2010: national law & AHPRA

You have rights when you seek or use a health service

- access
- safety
- respect
- communication
- participation
- privacy
- comment

ACSQHC Australian Charter of Healthcare Rights

<http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/PriorityProgram-01>



Role of statutory health complaints entities - HCEs



- use complaints to improve service quality & safety
- provide dispute resolution for service users & providers
- promote healthcare rights & good complaints handling
- report complaint trends
- act in public interest
- systemic issues

It's OK to complain



Why people don't

- 'I don't like to complain'
- 'What's the point?'
- 'I'm afraid of what they might do'

Only 4% of the people who could complain do

Why people should

- be heard
- get information
- find out if something did go wrong
- receive an apology
- learn what will be done to stop it from happening again
- \$ penalties against intimidation & retribution
- feel confident to use the service again

HCEs can assist people with some complaints



What

- health services - individuals & organisations
- public, private & non-government
- within 1-2 years
- but...contact service provider to attempt resolution *before* HCE

How

- free
- independent & doesn't take sides
- get information - verbal or written: assess within statutory timetable, mediate, conciliate, investigate, refer e.g. AHPRA, consult others e.g. coroner, Aged Care Complaints Scheme, take no further action
- appeal to HCE &/or Ombudsman
- confidential
- learning *not* lynching

Sometimes it's too hard to resolve a complaint yourself



- unreasonable
 - nature of the complaint
 - seriousness of the incident
- special needs
- relationship breakdown
- you tried with the provider & it didn't work

Doctors & complaints - are others any different?



- **initial reaction** - challenge to identity & competence; breach of trust, suspicion, anger, isolated, defensive
- **on reflection** - rationalize & make sense: is it about standard of clinical care or unjustified - 'mad, bad or sad'?
- **coping** - peer support & group/professional identity
- **lasting effect?** future Dr - patient relationships affected?
- **HCEs** - implications for complaints handling?

Qld public sector teaching hospital staff survey 2002 ...



- ✓ consumers right to complain - 97%
- ✓ consumers who complain should receive info about action taken - 92%
- ✓ complaints help us to improve our services - 93%
- x confidence & skills to deal with a complaint - 50%
- x training in complaints handling - 40%
- x complaints policy & procedure knowledge - 45%

Patient Experience Surveys



- ABS National Patient Experience Survey 2009 highlighted that 5% of people reported having medication, medical care, treatment or a test that had caused harm or a harmful side effect
- ABS National Patient Experience Survey 2011 asked people whether GPs, specialists, doctors, nursing staff in hospitals & dentists listened carefully, spent enough time with them & treated them with respect
- <http://www.pickereurope.org/> - leading edge patient experience survey tools & studies + emerging evidence that meeting health care rights improves access, experience & outcomes of health care

SA Health Patient Evaluation of Hospital Stay 2008



- the way complaints were dealt with was
 - unacceptable 1-4%
 - could be improved 4-7%
- 55% no knowledge of patient rights
- 62% no knowledge of patient adviser
- 52% no knowledge of HCE

Sometimes things weren't done properly



Veronica

- aged 14 with long history of diabetes
- incorrect dose of insulin with serious consequences
- almost happened a second time
- initial response to complaint was inadequate
- HCE found that improvement in managing young people with diabetes, giving medication & dealing with complaints was needed
- hospital improved procedures & trained staff as well as putting a plan in place for Veronica

Sometimes people need information about what happened & why



Jim

- induced coma for a week after minor surgery he was told would involve overnight stay
- experienced muscle wasting, hallucinations, difficulty talking & walking
- HCE found the hospital's actions were reasonable
- HCE facilitated meeting with hospital staff to answer his questions
- Jim was assisted with his recovery & felt confident to use the hospital's services again

Sometimes everyone did all they could be expected to do



Wendy

- presented at public hospital with injury
- placed in plaster cast
- later went to private surgeon who performed operation
- complained that public hospital was negligent
- HCE obtained a report from private surgeon who stated that while surgery was one option, the actions of the hospital were appropriate
- HCE determined that reasonable standards met

HCE outcomes

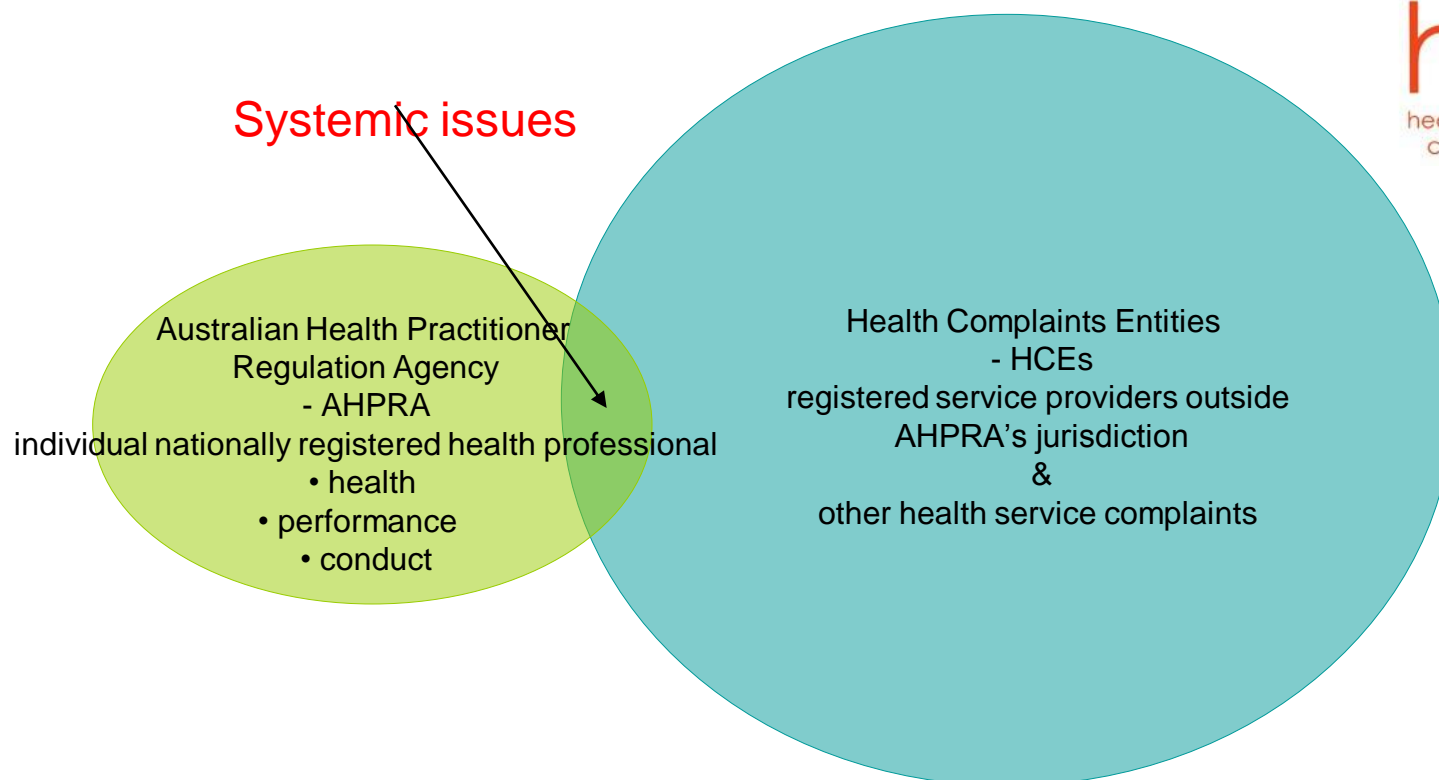


- information & explanation
- apology
- individual redress/compensation - future service plan, \$
- AHPRA consultation +/- split or refer to AHPRA - NB at any stage
- minimise recurrence for individual & others - systemic issues
- accountability for remedy & improvement
- fairness - a process & outcome you can live with, confidence & trust restored so you can use service again
- ? confidence to speak up sooner, direct to provider

HCE - AHPRA overlap



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HCE obligations to AHPRA



- HCE to notify AHPRA as soon as practicable about any complaint involving an individual nationally registered health professional (*except* NSW & WA, different in ACT)
- new definitions: health, conduct & performance, with new thresholds
- new mandatory reporting obligations - nationally registered health professionals, employers & others
- new policies, procedures & systems
- HCEs - AHPRA MOU

Who to complain to?



- solely about named individual registered or student health professional → AHPRA
- not about a named individual registered or student health professional &/or can't get name → HCE
- focus & remedies:
 - AHPRA public safety - procedural fairness - caution, investigate health/performance/conduct, remediate &/or restrict practice, discipline - legal threshold high
 - HCE complaint resolution & public safety - procedural fairness - information, apology, conciliation, potential \$ redress, action to minimise recurrence - investigation rare - restore confidence - legal threshold low

Other statutory bodies...



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- Aged Care Complaints Scheme
- ACCC
- Private Health Insurance Ombudsman
- coroners
- ombudsmen
- equal opportunity & anti discrimination bodies
- consumer affairs
- public advocates
- workers compensation schemes & ombudsmen
- specific purpose bodies: children, disability...

Good practice complaints handling

- complaints handling policy & procedure in place
- staff & volunteers aware of the policy & procedure
- staff & volunteers trained in complaints handling
- service users & carers informed about their rights to provide feedback or complain to the provider
- service users & carers informed that if they are not satisfied with the response to their complaint that they have a right to complain to HCE
- review complaints, act to minimise root causes & report as part of clinical governance



HCE complaints experience



- most due to poor communication - with patients & their families/carers, between providers, within & between 'teams', services & settings
- initial contact poorly handled → escalates
- poor handling of concerned, anxious or angry patient, carer or family member
- no one there after things have 'gone wrong' - betrayal, cover up, no one accountable - it's no one's job - 'don't let this happen to anyone else'

Complaints about nurses & midwives



- attitude
- communication
- basic nursing care standards not met
- medication errors
- lack of care coordination, incl. family carer involvement, poor discharge planning
- inattention to diversity: health literacy, cultural safety

Implications?



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- leadership development
- building culture & capacity for person centred care NB teamwork
- building evidence base about links between health care rights - patient experience & outcomes - nursing care
- strengthening complex communication skills
- *early* risk detection - individuals & teams + action to prevent harm

Contact HCEs

- SA HCSCC www.hcsc.sa.gov.au
- NSW HCCC www.hccc.nsw.gov.au
- QLD HQCC www.hqcc.qld.gov.au
- TAS HCC www.healthcomplaints.tas.gov.au
- VIC HSC www.health.vic.gov.au/hsc/
- WA HADSCO www.hadsc.wa.gov.au/home/
- NT HCSCC <http://www.hcsc.nt.gov.au/>
- ACT HRC www.hrc.act.gov.au includes Health Services Complaints Commissioner

