



HSLA <http://hsla.com.au/>

President's Letter

Welcome to the second edition of HSLA's Newsletter for 2007. Since our last newsletter the HSLA Committee has been working hard in the preparation of a framework to ensure a national presence for those managing feedback in the health sector. This framework is being used in the development of a Strategic Plan 2007 – 2010 for the Association and is attached at the end of this Newsletter. You are welcome to provide feedback and this should be forwarded to Michael Janssen ([michael@continence.org.au](mailto:michael@continence.org.au)) who is coordinating this work.

HSLA held a half day seminar on 22 June entitled "Health Complaints Management and the Role of the Hospital Insurers". The seminar was held at the Office of the Health Services Commissioner and was attended by 60 participants. The seminar was both informative and stimulating and feedback has been very positive. We look forward to providing another session later in the year and would welcome your suggestions for a theme which would be useful for our members.

Much work goes into the preparation of the HSLA Newsletter and it has been regularly distributed to a membership list which is now outdated.

**We would encourage you all to consider your membership to HSLA as unfortunately we will only be able to distribute future Newsletters to financial members.**

The renewal membership form is attached for your convenience. As you know our main method of providing support for you, as members of HSLA, is through the publication of this Newsletter, and I recommend it to you. Again, I reiterate that, as CLOs / Patient Advocates, you all have a wealth of knowledge and experience. Should you have any suggestions for content, articles or education sessions, please let me know.

Regards

Ann Howell  
President HSLA  
[a.howell@cgmc.org.au](mailto:a.howell@cgmc.org.au)

### **HSLA Committee Membership - 2007**

Ms Ann Howell – President – a.howell@cgmc.org.au  
Stella Tsamitrou – Treasurer (on leave) - stella.tsamitrou@rwh.org.au  
Caroline Rose – Acting Treasurer - caroline.rose@rwh.org.au  
Bronwyn Barrow – barrowb@dhs.vic.gov.au  
Paul Crockford – paul.crockford@maroondah.org.au  
Lynn Griffin – lynn.griffin@dhs.vic.gov.au  
Greg Hann – g.hann@alfred.org.au  
Michael Janssen – michael@continence.org.au  
Eileen Thompson – eileen.thompson@petermac.org  
Deidre Watson – deidre.watson@southernhealth.org.au

### **New Committee members welcome!**

The old saying says that there is strength in numbers. If you would like to contribute to HSLA as a Committee member, please contact Ann on her email address as above.

### **HSLA Peer Support Helpline**

*The Helpline is there to assist any CLO who may be seeking advice, support or just wants to talk through issues arising from the job.*

#### **Metropolitan Melbourne**

Ann Howell	Caulfield General Medical Centre, Vic	03 9076 6127
Greg Hann	The Alfred, Vic	03 9076 8001

#### **Rural Victoria**

Lois Abraham	Ballarat Health Services, Vic	03 5320 4828
Jan Phillips	Goulburn Valley Health, Vic	03 5832 2258

#### **Queensland**

Sue Geiszler	Toowoomba Health Service District, Qld	07 4616 6152 0417 649 978
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### **Have you .....**

**If in Victoria, have you attended an orientation session at the Office of the Health Services Commissioner?**

If not give them a call on (03) 8601 5200.

It is a very worthwhile experience and particularly for those CLO's who have just started in the role.

### Future Conferences:

1. 5th Australasian Conference on Safety and Quality in Health Care, 6-8 August 2007 at the Brisbane Convention and Exhibition Centre – see details at:

<http://www.sapmea.asn.au/conventions/sqhc2007/index.html>

2. The Power of Apology in Health Care, 6 – 7 September 2007 at the Hotel Ibis, Melbourne – see details at:

[http://www.ausmed.com.au/pdf/PAHC\\_wp\\_melbourne\\_sep\\_2007.pdf](http://www.ausmed.com.au/pdf/PAHC_wp_melbourne_sep_2007.pdf)

### Interesting websites:

<http://blogs.theage.com.au/managementline/> - go to the Archives of this blog for May 2007 to read about how Australians rate as “whingers” in the workplace, and to read of the study from which this information is drawn. This points to external factors and social influences in particular as large indicators as to why people complain.

<http://www.theage.com.au/news/world/enraged-commuters-rebel/2007/05/16/1178995234783.html> - what can happen when people are upset by services that aren't quite up to scratch!

[http://www.healthinsite.gov.au/content/internal/page.cfm?ObjID=000594CC-0502-1044-A9EE83032BFA006D#page\\_content](http://www.healthinsite.gov.au/content/internal/page.cfm?ObjID=000594CC-0502-1044-A9EE83032BFA006D#page_content) – excellent Commonwealth Government website offering useful information about “Complaints Handling” in government agencies

<http://www.vifm.org/n976.html> - the most unusual places have complaint management protocols!

<http://www.cec.health.nsw.gov.au/> - website of the Clinical Excellence Commission in NSW

### The Victorian Patient Satisfaction Monitor:

The Victorian Patient Satisfaction Monitor (VPSM) was implemented in 2000 within the State's public acute hospitals as the critical measure of how satisfied adult inpatients are with their hospital stay. In 2005, the scope of the VPSM was extended to include sub acute hospitals. The Victorian Government in promoting patient engagement encourages public hospitals to use the VPSM results to enhance service provision by aligning it more closely with patient expectation. The knitting together of service provision and patient expectations is understood as the most effective and efficient means of achieving the highest possible health outcomes for individual patients and the most appropriate use of State's health resources.

The VPSM is primarily a survey, which is mailed by an independent contractor, UltraFeedback, to randomly selected, consenting adult patients approximately four

weeks after their hospital stay. The survey asks respondents to rate their level of satisfaction with seven key dimensions (or indices) of the hospital experience. The critical areas of investigation are:

- Access and Admission
- General Patient Information
- Treatment Information
- Complaints Management
- Physical Environment
- Discharge and Follow-up
- Consumer Participation

In addition to every Victorian public hospital receiving a customised patient satisfaction report on a six monthly basis, an annual state-wide VPSM report is available in June at [www.health.vic.gov.au/patsat](http://www.health.vic.gov.au/patsat). The reporting of VPSM results to hospitals will be on a more timely basis with the planned implementation of VPSM Online in 2008. Updated results will be able to be accessed at bimonthly intervals and interrogated more easily and richly than is the case at present.

The seven dimensions of patient satisfaction are built up from a number of individual questions which are further broken down to core and thematically similar questions. The results of the core questions contribute directly to the score of the relevant dimension. As an illustration of this difference we will look at the Complaints Management Index.

### Complaints Management

This index of patient satisfaction comprises two core questions the results of which make up the Complaints Management Index score. These are:

- The willingness of staff to listen to your health care problems
- How well staff responded to your health care problems

In addition to the core questions there are three index-related questions. The results of these additional questions are indicative of whether patients perceive hospitals as facilitating critical feedback. These index-related questions are:

- Did the hospital staff encourage your feedback?
- Did you have reason to make a formal complaint during your stay?
- Did you make a formal complaint during your stay?

In 2005-06, the Statewide Complaints Management Index result was the highest in the history of the VPSM. Respondents attributed both core questions a very high satisfaction score with a state wide mean of 4.04 (81) and 4.09 (82) respectively. VPSM trend data commencing 2000 show that patients perceive a fairly steady improvement by public hospitals in the area of Complaints Management. In 2005-06, although the Complaints Management Index was rated high across all patient stay types, on a state-wide basis, maternity patients rated this index higher than both elective and emergency patients. In terms of other patient categories same-day and

surgical patients rated their level of satisfaction with this measure slightly higher than overnight and medical patients.

The non-core Complaints Management Index question state-wide results show that in 2005-06, 64 per cent of patients responded positively to the question about staff encouraging their feedback, a score consistent with that of the previous year. Six per cent of respondents believed they had reason to make a formal complaint, a significantly smaller percentage than the nine percent reported for 2004. In 2005-06, the number of patients who made a complaint during their hospital stay was two per cent or half the number reported for the previous reporting period.

In the qualitative component of the VPSM wave report, patients often mention complaints handling and resolution as areas for further improvement. Some of these verbatim comments include a respondent's experience of raising a complaint. Frequently, the experience is viewed positively with the patient praising a hospital's staff for managing the complaint sensitively and competently. However, in other instances, the respondent details what they perceive as a hospital's refusal to acknowledge the complaint, or when acknowledgement does occur, a subsequent lack of action by the hospital with no explanation provided to the patient.

#### Future improvement to the Complaints Management Index

VPSM hospital contacts have reported to the VPSM project that the Complaints Management Index could be enhanced by a placing greater emphasis on patients' feedback about how satisfied they are with the way hospitals follow through with their complaints. Within the context of continuous improvement, the VPSM project plans to respond affirmatively to feedback received about the Complaints Management Index through a forthcoming reappraisal of the VPSM project. Consideration of these Complaints Management issues will be given by DHS in the context of other sought after developments.

In summary, even though the VPSM project reports patients' satisfaction with elements of the complaints management process, the VPSM is not the appropriate mechanism for patients to raise complaints and have them addressed. Complaints are best managed at the local level. However, if for any reason this does not produce a satisfactory outcome from the patient's perspective, the grievance can be progressed to the Office of the Health Services Commissioner.

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Victorian Patient Satisfaction Monitor  
Service Monitoring & Analysis  
Metropolitan Health & Aged Care Services  
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Level 18, 50 Lonsdale Street  
Melbourne 3001

**Recent journal articles of interest:**

**1. Complaints in an emergency department: A 13-year study in a university hospital.**

The objectives of the study were to:

- analyse the complaints received by the ED of a tertiary teaching hospital during a 13-year period with a view of making recommendations to reduce their incidence
- determine whether there is an association between length of stay in the ED and the number of complaints.

This larger Spanish facility (960 beds) reviewed complaints received about the ED over 13 years, to December 2004. ED attendances averaged 110,381 per year.

During the study period, the ED received 1610 complaints. 19.7% (n = 317) were verbally submitted and the remainder were written. 51.2% (n = 824) of the complainants were men.

The most frequent reasons for complaint were excessive waiting time (48.9%), and lack of satisfaction with the healthcare received (14.7%). The mean complaint rate was 1.2 per 1 000 emergency visits.

A moderate-intense association (Spearman's rho = 0.6; p < 0.005) was found between length of stay in the ED and the number of complaints.

The study concluded that most complaints received in the ED concerned organizational procedures and the healthcare received.

Ortiga B., Salazar A., Masip J., Rodriguez E., Escarrabill J. and Corbella X. *Revista de Calidad Asistencial. Vol. 21(1)(pp 25-30), 2006.*

**2. Patient agencies and complaints in Italy (Letter)**

The author postulates that in Italy, the Consultative and Conciliatory Commissions ("Commissioni miste conciliative") and the ombudsmen (second level organisations) supply unsatisfactory complaints results. Data is also very scarce. Accordingly a survey to explore whether an independent patient agency could facilitate local learning and action to improve the quality of health services was undertaken.

Two hundred and forty complaints to a voluntary patient agency in Milan (Cittadinanzattiva) were analysed. Every complaint included one or more clinical record. The aim was to compare allegations contained in the written complaints and the results of a retrospective review of the case records. An expert physician examined all the clinical records produced and identified when an "avoidable adverse event" was present. A medicolegal expert independently reviewed 89 of the complaints. The main causes of the complaints according to the complainants were:

- Delay in diagnosis and treatment (37%)
- Failure or complication in the technical performance of an indicated operation (34%)
- Failure or complication in the technical performance of an indicated invasive procedure (10%)
- Lack of care or attention, lack of monitoring (8%)

Whilst the author identified the study had a number of potential shortcomings it confirmed that useful information could be gathered about medical care from a review of complaint documentation.

The opinion reached was that “with no patient lawyer or representative present in the hospital and with the management of claims firmly controlled by the medical experts, those wishing to complain will be more motivated if the management of the claims is supported by an independent agency to ensure objectivity” in dispute resolution. The author further found the “Italian voluntary patient agencies have a very weak voice.”

Natangelo, R. *Quality and Safety in Health Care* 2006;15:223

### **3. Do information sheets improve patient satisfaction in the out-patient department?**

Time spent waiting to see a doctor in the out-patient department is a significant source of dissatisfaction for patients. Out-patient staff are often repeatedly questioned about the running of the clinic and why a delay has developed. These complaints and requests often result in further delays to the clinic.

An information sheet was written to answer these questions and the study set out to determine if the distribution of these sheets increased patient satisfaction with waiting times in the outpatient setting. Twelve ENT clinics at the Lister Hospital, Stevenage were randomised into two groups. Patients attending clinics in Group A received an information sheet while those attending clinics in Group B received no information sheet.

Levels of satisfaction regarding waiting times were found to be significantly higher in the group who received information sheets ( $P < 0.001$ ). No verbal complaints were received by the nursing staff at clinics where the information sheet was distributed. Four verbal complaints were received at the clinics where no sheets were distributed.

The study concluded that the use of information sheets was a cost-effective method of improving patient satisfaction and a useful tool both in the primary care setting and in hospital out-patient departments.

Pothier, DD. and Frosh, A. *Annals of the Royal College of Surgeons of England*. Vol. 88(6) (pp 557-561), 2006.

#### **4. A multifaceted intervention improves patient satisfaction and perceptions of emergency department care**

The authors aimed to evaluate the effectiveness of a multifaceted intervention, targeting staff-patient communication, in improving emergency department patient satisfaction.

A pre and post-intervention study in a university-affiliated emergency department was undertaken over 12 months. The intervention included communication workshops, a patient education film, and a patient liaison nurse. At the patient level, the patient liaison nurse ensured optimal staff-patient community communication and played a role in staff communication education.

The intervention was evaluated using patient surveys (containing general and communication-specific satisfaction items scored out of 100), complaint rates, and patient liaison nurse activity data.

Results reported that significant improvements were observed in:

- patients' perceptions of being 'informed about delays'
- that 'staff cared about them as a person'
- the overall emergency department facility assessment and overall emergency department care.

In the post-intervention period, there was a 22.5% decrease in the number of complaints received and a decrease in the complaint rate per 1000 patients. The patient liaison nurse activities included orientation of the patient including:

- explanation of tests, procedures, and delays
- communication with a range of hospital staff
- general comfort measures including analgesia quality control.

The study concluded that significant improvements in a variety of patient satisfaction measures were achieved with an intervention comprising staff communication workshops, a patient education film, and a patient liaison nurse.

Taylor D., Kennedy MP., Virtue E. and McDonald G. *International Journal for Quality in Health Care*. Vol. 18(3)(pp 238-245), 2006

**HSLA PROFILE:  
Getting to know the team on your Committee!**

Each newsletter, we hope to continue this popular item usually asking a CLO to answer some questions. This time we have imposed upon HSLA Committee member Bronwyn Barrow from Dental Health Services Victoria, to ask what makes her tick!

*Here it goes.....*

**Name:**

*Bronwyn Barrow*

**Position:**

*Quality Improvement Officer with DHSV. In this position I work in the quality team at Dental Health Services Victoria (DHSV). DHSV does not have a complaint liaison officer. The quality team manages and supports the complaint process. The main focus of the complaint procedure is that they are handled at the point of contact and in a timely manner, and gaps in service are identified for areas of improvement. The Quality team's role is to strategically embed quality in all aspects of the organisation.*

*I am presently studying Health Service Management at Monash.*

**How long have you been in this job?**

*2 years*

**How did you get into this line of work?**

*I have worked in Public Dentistry for 30 years. I am a Dental Therapist by profession, and had been working as a dental therapist with DHSV before the change to the quality role. Being dissatisfied with the purely clinical role I had been lecturing and casual clinical teaching with the dental therapy students prior to the change of roles. When I commenced my current position I had a very limited understanding of quality. What I knew was that I wanted to be involved in improving the patient experience with public dentistry.*

**What is the favourite part of your job?**

*The parts of my job I enjoy most are to assist a broad range of staff in understanding quality. Therefore I enjoy the educational role.*

**What gets under your skin in your job?**

*Narrow minded people*

**What would make your job easier or better?**

*More time!!*

**How do you relax & look after yourself?**

*Going to gym, reading, gardening, red wine and holidays.*

**What are you exultant about?**

*Life*

**Favourite book?**

*Anything by Tom Clancy. Especially the Jack Ryan series*

**Favourite movie or TV show?**

*Patriot Games, Clear and Present Danger. The movie version of the Jack Ryan series starring Harrison Ford.*

**How do you deal with stress?**

*Not very well and red wine.*

**Favourite word?**

*Balance*

**What word don't you ever want to hear again?**

*Stressed – used a little bit to frequently and always for the right situation.*

**What have you learnt from your work?**

*I have learnt about quality and continuous improvement, as I knew nothing of this when I started. I have also learnt to really “listen” to a complaint and not get caught up in the emotion of the situation.*

**HSLA Strategic Plan 2007 – 2010:**

**A. PREAMBLE**

**HSLA**

The Health Services Liaison Association Inc (HSLA) is the national professional body representing members employed by health services in the management of consumer feedback

**Vision**

The vision of HSLA for 3-4 year's time is that the professional management of consumer feedback is appropriately recognised and supported as a key area of consumer service and source of quality improvement in the health sector

**Mission**

The purpose of HSLA is to support and promote the professional management of consumer feedback in health services

**Members**

The invitation to join the HSLA is extended to:

- All employees of health services with a significant component of their duties related to the management of consumer feedback
- All health services (including acute, sub-acute, community, allied, general practice, indigenous, mental health and aged health care providers)

## **Values**

Based on the inherent right of all health consumers to provide feedback regarding health services, the three core values governing HSLA are:

1. All consumers of a health service have the right to professional management of their feedback and all health services should act on the quality improvement data contained in consumer feedback
2. The professional management of consumer feedback requires health services to provide adequately resourced and integrated systems, including the employment of appropriately qualified and supported staff members and the involvement of consumers in the review of these systems
3. The interests of those employed by health services in the management of consumer feedback should be represented and supported by an independent professional body governed by its members

## **B. STRATEGIC PLAN**

The plan of the HSLA is to promote the professional management of consumer feedback in health services by implementing three strategies that facilitate activity in the areas of the organisation's core values. The three strategies and the key aims for each are:

### **1. CONSUMER FEEDBACK MANAGEMENT STRATEGY**

To promote excellence, equity and efficiency in consumer feedback management in the health sector

- a. **Aim:** promote research into consumer feedback management in the health sector
- b. **Aim:** support consumer involvement in the review and development of consumer feedback management in the health sector
- c. **Aim:** promote quality improvement in the consumer feedback management systems of health services

### **2. Professional Development and Support Strategy**

To promote the professional development and support of those employed in the management of consumer feedback in health services

- a. **Aim:** identify the core skills, qualifications, experience and professional development that indicate competency as a professional manager of consumer feedback
- b. **Aim:** facilitate national benchmarking for minimum employment conditions of all those employed in the management of consumer feedback
- c. **Aim:** Facilitate mechanisms for supporting all those employed in the management of consumer feedback

### **3. Organisational Development of HSLA Strategy**

To develop the HSLA as the key independent professional body representing and supporting those employed in the management of consumer feedback in health services

- a. **Aim:** Develop and implement a strategic plan 2007 to 2010
- b. **Aim:** Develop and implement a Knowledge Management Plan
- c. **Aim:** Achieve financial independence and sustainability
- d. **Aim:** Improve membership numbers and sub-sector representation
- e. **Aim:** Raise the profile of the HSLA across the health sector

### **C. ACTION PLAN**

The National Committee will develop and implement an Action Plan to prioritise the strategic plan, including actions and time frames to achieve each Aim.

#### **HSLA Membership Renewals:**

Membership renewals typically run from November to November of each year.

As previously advised the Committee of the HSLA apologise for our lateness in asking for your renewals for 2007.

Please find the Membership Renewal for 2007 at the end of the newsletter.

#### **Distribution of HSLA Newsletter:**

**NB – All HSLA Newsletters distributed after this edition will be sent to HSLA members only!**

**Get your subscription in now, to the only organisation with a national complaints management support network and framework in place!**

#### **Feedback:**

I'd welcome your thoughts on the newsletter!

What do you think of the format and subject matter? Do you have any suggestions for future content?

Let me know - [g.hann@alfred.org.au](mailto:g.hann@alfred.org.au)



Health Services Liaison Association Inc.

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## **Membership**

The Health Services Liaison Association Inc. (HSLA) is a not-for-profit, national professional body representing members employed by health services in the management of consumer feedback.

Our **vision** is for the professional management of consumer feedback to be appropriately recognised and supported as a key area of consumer service and source of quality improvement in the health sector.

Our **mission** is to support and promote the professional management of consumer feedback in health services.

The invitation to **become a member** of the HSLA is extended to all employees of health services with a significant component of their duties related to the management of consumer feedback, and, all health services (including acute, sub-acute, community, allied, general practice, indigenous, mental health and aged health care providers)

The **benefits** of membership of the HSLA include:

- Networking and peer support (including a Helpline);
- Access to training and professional development opportunities;
- Advocacy and representation of professional issues at national and state levels;
- Regular newsletter on current issues relevant to those handling patient liaison in health services;
- Publications and guidelines as to how health services can best manage consumer feedback;
- Annual seminars on member identified issues, and;
- HSLA Website providing on-line resources and information

The key **strategies** of the HSLA for 2007 to 2010 are:

1. To promote excellence, equity and efficiency in consumer feedback management in the health sector;
2. To promote the professional development and support of those employed in the management of consumer feedback in health services, and;
3. To develop the HSLA as the key independent professional body representing and supporting those employed in the management of consumer feedback in health services.

**For more information please contact**

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**TAX INVOICE  
HSLA ANNUAL MEMBERSHIP**

Payment may be made via EFT (please send form also) or attach cheque to form.

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ACCOUNT NUMBER	10022284
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**HSLA newsletters are sent electronically to email addresses. Please provide all email addresses within your organisation to which an HSLA newsletter should be sent.**

**MEMBERSHIP FEES:**

- Organisation (this fee is per facility): \$100.00
- Individual membership: \$ 20.00

**Receipt required?** Yes  No