



President's Letter

Welcome to HSLA's first newsletter for 2007. There were several resignations from the Committee at the end of 2006 and I would particularly like to thank Joanne Moss, who stood down as President of HSLA after two years in office. Joanne's contribution to HSLA has been outstanding and we wish her all the best in her new role. Lee Fairley also resigned from the Committee following many years on the Committee including a 3 year stint as President, prior to Joanne's reign. Sincere thanks and appreciation for all their hard work.

I am honoured to have been elected as the new President of HSLA. Our new Committee has recently held its first meeting for 2007. Each member has great enthusiasm and energy and we are committed to providing our members with a useful resource. One of our first initiatives it is to develop a new Strategic Plan embracing our Vision, Mission, Values and Key Strategies for the next three years.

Each of our Committee members brings with them valuable experience in a variety of fields. I will introduce them briefly to you. Bronwyn Barrow, Caroline Rose, Deidre Watson, Eileen Thompson, Greg Hann, Michael Janssen, Paul Crockford and Stella Tsamitrou. The Health Services Commissioner's Office is represented on the Committee and provides important and useful support.

Bronwyn is a Quality Improvement Officer with Dental Health Services Victoria. Part of her role is complaints management.

Caroline's background is as a social worker and Gestalt therapist and she worked mainly as a counsellor, supervisor and educator for 15 years before taking up her appointment as Consumer Advocate at the Royal Women's Hospital, Melbourne in April 2006.

Deidre has recently taken up a role in quality management at Southern Health, Melbourne

which involves strategic management of the complaints process. Prior to this she worked across several health organisations in various quality and risk management positions.

Eileen has been in the role of Patient Advocate at Peter McCallum Hospital, Melbourne since July 2006 following a nursing career of more than 20 years, mostly in the field of Intensive Care.

Greg's professional background is as a registered nurse and he spent many years at The Royal Women's Hospital, Melbourne before taking up his appointment as Patient Representative at The Alfred Hospital, Bayside Health, Melbourne in August 2005.

Michael has over eight years experience in health management including roles as National Manager of the Medication Management Review Facilitator program, principal advisor for the Australian Divisions of General Practice, Executive Officer of the Australian Diabetes Professional Organisations, and Community Relations Manager with Diabetes Australia. He has been Patient Advocate at the Royal Melbourne Hospital since 2004.

Paul is Manager, Patient Relations/Redevelopment at Maroondah Hospital, Melbourne. His position involves all aspects of patient relations, including complaints management and patient advocacy. Paul is also a Respecting Patient Choices Consultant, providing a service to patients who wish to pursue/complete advanced care plans, such as Enduring Power of Attorney (Medical Treatment).

As for myself, following a career in research and education spanning almost 30 years, I became Complaints Liaison Officer at Caulfield General Medical Centre, Bayside Health, Melbourne in 1997, and have been a member of the HSLA Committee for 6 years.

The HSLA 2006 Annual General Meeting was held on 15 November at the end of the first day's program of the 2006 Australasian Health Complaints Conference "Great Expectations". This was a joint initiative of the Health Services Commissioner, Victoria and the Health Services Association of Australia. The Conference was a great success and has

hopefully set the trend for more collaboration of this kind. HSLA provided three scholarships for new members to attend this conference, and each recipient provides an article about the Conference for inclusion in the Newsletter. Papers from Greg Hann and Sue Geiszler are included in this issue.

As you know, our financial membership runs from November to November. Unfortunately, renewal notices have not yet been mailed, however, we have attached the renewal letter at the end of this Newsletter. We apologise for this delay and look forward to your continued support.

HSLA's commitment is to its members and this is our foremost priority as we endeavour to make it a useful resource to assist in meeting the challenges which complaints management

entails. As part of this commitment we provide ongoing support, education and resources for our members.

Our primary method of providing support for you, the members of HSLA, is through the publication of this newsletter, and I recommend it to you. We know that, as CLOs, 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

HSLA Committee – in the frame!



HSLA Committee (left to right): Greg Hann, Deidre Watson, Michael Janssen, Eileen Thompson, Ann Howell, Stella Tsamitrou, Bronwyn Barrow, Paul Crockford and Lynn Griffin. Absent - Caroline Rose.

HSLA Committee Membership - 2007

Ms Ann Howell – President – a.howell@cgmc.org.au
Stella Tsamitrou – Treasurer until 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.janssen@mh.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.

Ann Howell	Caulfield General Medical Centre, Vic	03 9076 6127
Michael Janssen	Royal Melbourne Hospital, Vic	03 9342 7000
Greg Hann	The Alfred, Vic	03 9076 8001
Lois Abraham	Ballarat Health Services, Vic	03 5320 4828
Jan Phillips	Goulburn Valley Health	03 5832 2258

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.

Great Expectations: 2006 Australasian Health Complaints Conference - Review (1)

Greg Hann – Patient Representative Alfred Hospital, Melbourne writes a conference overview

I would firstly like to thank the Committee of the Health Services Liaison Association for the opportunity of providing the scholarships and for awarding one for my attendance at the conference. There were significant opportunities to network and to hear some of the same experiences with which I am involved.

As I am writing this, I'm listening to Lou Reed's recording of "*Walk on the Wild Side*", and in getting up to work every day that's what it can be like, never knowing what the day will bring a carparking complaint or food service issue, an angry caller insisting the doctor in outpatients didn't give their full attention (and that after a two hour wait), the involuntary patient admitted to psychiatry who feels their rights have been breached, the telephone caller threatening violence, the grieving family uncertain of the care received by their recently passed relative or heaven forbid, the compliment!

As there are endless variations in the working day, so too was there something for everyone at this conference. There were great expectations as the presenters were called, roll up, roll up! From all corners of the continent, from Asia and New Zealand they were present.

We feasted on their tales of the big picture Diana Horvath (Australian Council on Safety and Quality in Health Care): John Young (Queensland's Health Quality Care Council): Dean Wilks (Victorian Department of Human Services) and Brian Johnson (Australian Council on Healthcare Standards).

We wondered of the challenges in better meeting the healthcare needs of consumers of mental health services (Bee Mitchell-Dawson, Vic), the disabled (Jane Tracey, Vic), the aged (Jenny Theisinger), and our indigenous peoples (Lorraine Parsons and Eileen Van Iersel, NT).

Robert Flower (former VFL/AFL footballer) candidly described the consumer's fear of the unknown and we wept with William Sylvester (Austin Hospital, Vic) as he reminded us that as health carers we held a unique position of power in the lives of patients and families as we need to do more to respect their choices.

There were nods of agreement in the discussion about difficult complainants (Chris Wheeler, NSW Deputy Ombudsman) and the effects of a complaint on those about whom the complaint is made was emphasized by (Michael Epstein, Clinical Psychiatrist).

But what of complaints and what becomes of them? I am a sceptic and often wonder about the rhetoric of complaints and improvements. The myth and the reality was addressed and Ron Patterson (NZ Health and Disability Commissioner) was confident that organisational and system wide improvements can result. I was left with the

impression that it is relatively easy to pinpoint individual improvement, but does cultural change and enduring enrichment of the system necessarily result?

What is not in question is the rich vein of health culture into which complaints have tapped. The voice of the consumer is being heard. Through processes as simple as the appointment of personnel at all levels of the health care continuum that listen to the concerns of our customers to the ethical consideration of client needs through to the challenges of open disclosure and respecting patient choice, it is wonderful to be so intimately involved.

For more information go to the HSLA website <http://hsla.com.au/> or that of the Victorian Health Services Commissioner <http://www.health.vic.gov.au/hsc/resources/gexpec.htm> and follow the links

*Greg Hann
Patient Representative
The Alfred, Melbourne*

Great Expectations: 2006 Australasian Health Complaints Conference - Review (2)

Sue Geiszler - Coordinator Consumer Liaison, Toowoomba Health Service District writes her perspective on the presentation by:

Dr W. Silvester - Improving Quality of Care, by Asking People What They Want

Dr Silvester explained an advance care planning program where patients are given the opportunity to understand, discuss and decide their current and future health care options. This program, called Respecting Patient Choices commenced at the Austin Hospital in 2002 and is in use throughout Victoria. The program has led to changes in policy and protocols, identified weaknesses in communication, improved education and started a culture change by returning the focus of care to what the patient wants.

During the presentation my mind kept side stepping to the relationship between this presentation and (prevention or resolution of) health complaints management. Dr Silvester said that the Respecting Patient Choices program concept is underscored by the principles of autonomy, fully informed consent and human dignity. These are all vital in complaint management. Often purely by respecting these, and adding some information or clarifying detail, the complaint outcome of patient satisfaction is excellent, whilst also surprisingly easy to attain. I would expect that those staff or departments utilizing the respecting patient choices program also have reduced complaints and higher compliments for communication, respect and dignity.

The presentation also stirred within the delegates a need to have conversations with friends and family. Would they know what we each wanted should the need for end of life decisions arise? Surprisingly to us, but supported by literature, we found mostly that family were not clear on what our requests would be in a range of given situations. If our families were not clear, and us being health professionals, how

could the rest of the population expect anyone to know what their desires would be? This opens the door, once again, to in depth conversation and communication. I was surprised to find that although I communicate for a living, the flow of discussion in my household did not go as smoothly as I anticipated. The topics deviated and we were soon caught up on all sorts of fears and concrete opinions, most of which were very emotive with little evidence to base them on. Then the challenge of documenting the correct interpretation that the participant intended to give began. I only had a small sample to work with, but I obtained a huge respect for the skills of the people participating in the program, both patients and staff.

I think the benefits to patients and families of the Respecting Patient Choices Program will be enormous and perhaps the benefits outside of the expected ones might be worth another presentation. In our District, and similarly in other states, the major numbers of reported complaints are Communication, Treatment and Access. It would appear that this program would address a lot of communication concerns and many of the treatment complaints where attitude, dignity, information and consent are involved. It certainly gave me plenty to think about.

Sue Geiszler
Coordinator Consumer Liaison
Toowoomba Health Service District

Future Conferences:

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>

Interesting websites:

1. <http://www.dentalcomplaints.org.uk/>
2. **Patient Relations website at Eastern Health (Melbourne)**

Eastern Health has just gone live with its new Patient Relations website. The website address is: www.easternhealth.org.au/patientrelations. The website provides information about the Patient Relations Committee right through to identifying other services available for the client (related to patient relations).

The website is the work of the Eastern Health Patient Relations Committee. They meet regularly to discuss patient relations issues, develop and review policy and procedures related to patient relations, and to make recommendations to the relevant Eastern Health committees.

The website is also the "face" of Eastern Health in terms of patient relations, and confirms that Eastern Health has developed a standard approach to patient relations

issues across the campuses. The website will be monitored in terms of "hits" and updated where appropriate.

For more information contact Paul Crockford, Manager Patient Relations / Redevelopment Maroondah Hospital, Ringwood, Victoria .
paul.crockford@maroondah.org.au

Recent journal articles of interest:

1. Complaints and advocacy in children's health services

This publication reports the results from a government-funded survey conducted in 2004-2005 of all National Health Service trusts, local health boards and community health councils in Wales. It identifies characteristics of complaints involving children and the use of professional advocacy services in these complaints. Findings from the survey include:

- The marginal take-up of professional advocacy services in health complaints involving children and
- Minimal resource allocation being provided for professional advocacy services for children.

The paper posits that advocacy support in health typically focuses upon adult issues and the requirements of some children with special needs are not well met. The authors question whether advocacy (particularly for children and vulnerable groups) "is seen by health bodies as warranting decisive action and dedicated investment, or whether rhetoric and modest change is the more likely outcome in the face of other pressing demands on health budgets."

Payne, H. and Pithouse, A. *Health & Social Care in the Community*. 14(6):563-71, 2006 Nov.

2. Gender based differences in complaint issues in Louisiana (USA) Nursing Homes

This research found there are differences between male and female groups, and not only residents, regarding the type and rate of complaints as reported in the Administration on Aging. Proportionately, male residents lodged more complaints than females - males complained more than females about resident rights violations. Female residents lodged significantly more complaints about care, quality of life and administration. This is represented as men being more likely to report technical, impersonal, and legalistic issues, and women more likely to express concerns about personal care and socioemotional -environmental issues. As an interesting comment, social workers in the nursing homes are highlighted as agents in changing stereotypes about residents and complaints.

Allen, P., Nelson, H., Gruman, C., Cherry, K.E. *Journal of Gerontological Social Work*. 47(1-2):89-106, 2006.

3. Complaints by rural consumers of health services (Vic)

This study sought to validate earlier findings reporting an under-representation of complaints from rural consumers to the Health Services Commission (Vic).

Results confirmed earlier findings that lack of access to health services was the most important issue and the most common reason given for not complaining was that it was futile to do so. A lack of knowledge of how to make effective complaints which might contribute to the quality assurance cycle was evident.

Rural consumers' disaffection with health complaints as a means to quality improvement was concluded to pose a significant barrier to consumer engagement in quality assurance processes. It was proposed that provider practices may need to change to regain community confidence in quality improvement processes.

Jones, J., Meehan-Andrews, T., Smith, K., Humphreys, J., Griffin, L., Wilson, B. *Australian Health Review*. 30(3):322-32, 2006 Aug.

4. Patients' complaints about doctors in surgical training (NZ)

This research aimed to assess the impact of complaints on trainees in general surgery in New Zealand. Results indicated:

- None of the trainees believed the complaint(s) had improved their surgical training
- Most believed that the complaint had made them practice more defensively
- The complaint had a negative effect of future doctor-patient relationship
- The trainees felt a lack of trust with the doctor-patient relationship
- There was a decreased enjoyment with their training
- The complaint had a negative effect on their family
- Many felt depressed over the complaint and
- There was a feeling a lack of support and being alone with the experience.

The research concluded the participants receiving complaints find them difficult to deal with; they incur an emotional cost on the doctor and possible future doctor patient relationships: it is important that trainee doctors receive support and guidance throughout this difficult and stressful event.

Jarvis, J., Frizelle, F. *New Zealand Medical Journal*. 119(1236):U2026, 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 the President of HSLA, Ann Howell to ask, what makes her tick!

Here it goes.....

Name:

Ann Howell

Position:

Liaison Officer

How long have you been in this job?

10 years

How did you get into this line of work?

Accidental choice

What is the favourite part of your job?

Being there and making a difference for our clients and staff

What gets under your skin in your job?

Serial complainants

Prejudice, injustice, intolerance

When we don't get it right

What would make your job easier or better?

More time!!!

How do you relax & look after yourself?

Cooking for and entertaining family and friends, gardening (roses are a passion, I have over 200 in my garden as well as a prolific herb garden) and music (classical and jazz)

What are you exultant about?

My precious grandchildren

Favourite book?

"The Agony and Ecstasy" Irving Stone (read it decades ago and it remains memorable)

Favourite movie or TV show?

Movies - "Out of Africa" (I lived in Africa for 10 years) and "Dr Zhivago"(but I haven't lived in Russia)

TV shows - "Ab Fab" and "The Avengers"

How do you deal with stress?

Regular visits to the gym (including Pilates) and the odd glass (or two) of red!

Favourite word?

“Thank-you”

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

“Haven't time”- that's two!

Tell us about the funniest situation that you encountered?

I must say that, in my ten years here, I have not met with a single “funny” episode relating to my role.

Our clients are frail and aged. Their families / carers are anxious, grieving and often in fear of retribution. Their concerns or complaints are expressed with grief, anger and often misunderstanding. It is a privilege to work through the issues with them and help them in gaining the comfort of being heard and the knowledge that we are working with them to improve the service we offer.

What have you learnt from your work?

Listening with empathy and saying “sorry” are magic diffusers and healers

Membership Renewals

Membership renewals typically run from November to November of each year. In this period of transition 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.

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



Health Services Liaison Association Inc.

GPO Box 1068
Melbourne
Vic. 3001
ABN 11 066 654 742

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

President, Ann Howell
a.howell@cgmc.org.au
www.hsla.com.au



Health Services Liaison Association Inc.

Please note that:

- HSLA annual membership runs from November to November
- An individual membership fee is available at \$20 per annum
- The organisational fee allows membership by a number of staff members of that organisation
- HSLA does not charge GST as GST does not apply: if your finance department requires more information on this please ask them to contact HSLA
- HSLA is dependent on membership fees for its financial independence and where possible Organisational membership covering one or more individuals is encouraged

To join HSLA you will need to:

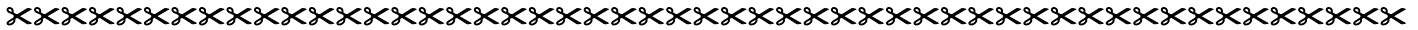
- Provide your details below.
- Copy the application and provide it to your finance department and ask them to send the form with payment to:

Health Services Liaison Association

GPO Box 1068
Melbourne VIC 3001

Payment may be made via EFT:

ELECTRONIC PAYMENT (EFT)	
BSB	063349
ACCOUNT NUMBER	1022284
BANK NAME	COMMONWEALTH BANK
BANK ADDRESS	ROYAL MELBOURNE HOSPITAL



NAME: _____ TITLE: _____

EMPLOYER: _____

ADDRESS: _____

CITY: _____ POSTCODE: _____

PHONE: _____ FAX: _____

MEMBER EMAIL: _____

OTHER(s) EMAIL: _____

HSLA newsletters are sent electronically to email addresses. Please provide your email address as well as the email addresses of those within your organisation that should also receive an HSLA newsletter.

MEMBERSHIP FEES:

- Organisation: \$100.00
 - Individual membership: \$ 20.00
- Receipt required?** Yes No

HSLA

ABN: 11066654742