



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

President's Letter

Welcome to the second edition of HSLA's Newsletter for 2008. We are looking forward to the upcoming morning seminar on 4th July. The theme of the seminar is "The Victorian Charter of Human Rights & Responsibilities. What you need to know and how it will affect you" and is to be held at the Office of the Health Services Commissioner. We are also planning a rural seminar in Ararat on 5 September at the East Grampians Health Service. This morning seminar will deal with "Complaint handling in health services"

Our HSLA webpage is continually updated and I encourage you to visit it. 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.

Well, as our weather has turned distinctly cooler, stay warm and take care of yourselves.

Warm Regards

Ann Howell
President HSLA
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HSLA Committee Membership - 2008

Ann Howell – President – a.howell@cgmc.org.au
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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.

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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The views, opinions and advice expressed in this service are those of the individual providing the service and do not necessarily reflect the views of the Health Services Liaison Association nor the individual's employer.

Letters to the Editor:

In this new segment of the newsletter, we hope to bring to life some of the issues that are faced daily in the field of complaints management.

Feedback forms

To launch the “*Letters to the Editor*” I am including some excerpts of a discussion recently held about the use of feedback forms as an added way of organisations actively seeking feedback from consumers.

Recently, I had asked for feedback from members of the HSLA Committee, their experiences of feedback forms in the healthcare setting. Did their organisations employ such methods for garnering customer feedback, or did they rely on telephone, email and letters etc as referral mechanisms?

Why did the issue arise? My concern is that the adoption of a formal feedback document left in departments of the hospital in which I work, could lead to an avalanche of feedback. How would I process it? How would the organisation manage the volume of information? Would there be unrealistic expectations from those providing the feedback that the organisation would respond to the issues that they raised – positive or negative? What extra resources would be allocated to manage the extra work? How many avenues of feedback does an organisation have to provide?

Responses:

1. I've been thinking about the email conversation we had last week around feedback forms. I really believe that if we're to truly embrace patient centred care then we have to gather as much feedback as possible about services from the people who use them.

Feedback, complaints etc should become so matter of course that staff come to look forward to hearing about how patient's find their services, and patients/families feel non threatened about giving feedback.

Although I absolutely understand that feedback forms potentially increase workload I don't believe it's right to avoid them for that reason, (I have some trepidation myself about introducing them, but I'm also looking forward to seeing how they work and what people say).

I hope it will be a useful means of getting more information. I also have a vision about devolving some of this responsibility to managers.....but there's still a bit of work to be done there!!!

The consumer voice will only strengthen, and in terms of accreditation I really believe the ACHS will look for evidence of health services being proactive about getting feedback on services...it demonstrates a shift in power and willingness to hear what consumers think. I received the following report from the Consumers Health Forum who have been involved with the ACHS in reviewing the current process of hospital accreditation. I think it outlines some of what I'm alluding to.

Cheers

(Name and address supplied)



*Safety_and_quality_
of_health_care_to_in*

2. Yes Responsible for about another 6-12 complaints per month, mostly smaller day to day or environmental type issues. We have suggestion boxes around the place and these brochures available next to them. I clear the boxes twice weekly and other campuses send theirs in for processing.

...Do what ever you can to avoid them ...more work, and the major big issues/complaints we need to devote most of our time on will always get to you regardless if you have the form.

(Name and address supplied)

3. We don't have feedback forms – and from ... response this might be a good thing!!!

4. We have used feedback forms since I have been here.

I agree they do create extra work and there is the possibility that the info received can go into a black hole.

What I do here with them is:

Put the info into a data base and send sections to the relevant department heads 'warts and all'. They get to read exactly what people are saying whether it is good or bad. I only removed identifying data - positions or names.

Prepare a regular report on the 'themes' of the feedback we receive and what actions if any are being taken in relation to feedback. Use the feedback for patient perspective on projects. e.g our ... Department is getting a revamp and spruce up. We will look at the feedback data to see what comments have been made about the environment and comfort of the area. (There has been a lot.) One of the positives about the feedback forms is that on a regular basis departments are sent compliments, because as we know, staff sometimes think they only hear about the 'bad' things.

Negatives - many, time is the biggest. But as it is part of my work and reporting it has to be done so some priority is given.

My favourites are the ones where people do not write their names so I do not have to contact them, just have to do the data entry.

(Name and address supplied)

So, there you have it, some balanced reporting on the views (both positive and negative) of feedback forms. What does your organisation do? Do feedback forms add to your workload and are you provided extra resources to manage it?

I look forward to receiving your comments!

Send them to me at my email, g.hann@alfred.org.au.

Future Conferences/Seminars:

1. HSLA - The Victorian Charter of Human Rights & Responsibilities. What you need to know and how it will affect you - a seminar.

Friday 4th July 2008 at the offices of the Health Services Commissioner, Level 30, 570 Bourke Street, Melbourne. \$95 includes lunch – see PDF for more information.



2008.07.04 - HSLA
VIC Charter of Human

2. HSLA – Complaint handling in health services.

Rural Seminar to be held Friday 5th September at Ararat Hospital, a campus of the East Grampians Health Service.

Stay tuned for further information.

3. Bold Aims – Bold Outcomes

6th Australasian Conference on Safety and Quality in Health Care. 1–3 September 2008, Christchurch, New Zealand. Hosted by the Australasian Association for Quality in Health Care. For more information, visit: <http://www.aaqhc.org.au/>

4. Visit <http://www.changechampions.com.au> for further information about the following three conferences:

- Improving Patient Flows: diagnostics and investigations to be held on 19-20 June 2008 at Shangri-La, The Rocks, Sydney, NSW Australia.
- 3rd Improving Patient Flows: elective surgery, 7-8 August 2008. Gold Coast, QLD
- Managing Emergency Demand: alternatives to the Emergency Department (call for abstracts open), 3-4 September 2008. Sydney, NSW.

Interesting websites:

1. National Health and Hospital's Reform Commission

<http://www.nhhrc.org.au/>

On 25 February 2008, the Prime Minister Kevin Rudd and the Minister for Health and Ageing (Jenny Macklin) announced the establishment of the National Health and Hospitals Reform Commission.

The Commission has been tasked by Cabinet to provide an interim report on a long-term health reform plan to the Commonwealth Government by the end of 2008, and a final plan in mid 2009.

Following formal appointment by Cabinet, Dr Christine Bennett has today been appointed to Chair the National Health and Hospitals Reform Commission. Dr Bennett will chair a ten member NHHRC. Commission members have been selected to represent the vast range of experiences within the Australian health system.

The NHHRC has developed an extensive engagement program to seek input from the public, frontline health workers, professional and consumer groups, and other interested people and organisations.

The first stage of engagement was a public call for submissions. This stage ceased on 30th May 2008, with some 500 submissions received. The second stage of engagement is now in progress with a series of forums of 2-3 hours duration each in all capital cities and 5 rural and regional centres.

Attendance at these forums is generally by invitation, and the Commission is working with consumer groups, professional bodies, unions and other organisations seeking broad engagements from a wide variety of people.

2. Complaint agencies in each Australian state

ACT: <http://www.hrc.act.gov.au/>
Human Rights Commission

New South Wales: <http://www.hccc.nsw.gov.au/>
Health Care Complaints Commission

Northern Territory: http://www.nt.gov.au/omb_hcsc/hcsc/index.htm
Health and Community Services Complaints Commission

Queensland: <http://www.hqcc.qld.gov.au/home/default.asp>
Health Quality and Complaints Commission

South Australia: <http://www.hcsc.sa.gov.au/cgi-bin/wf.pl>
Health and Community Services Complaints Commissioner

Tasmania: <http://www.healthcomplaints.tas.gov.au/>
Health Complaints Commissioner

Victoria: <http://www.health.vic.gov.au/hsc/>
Office of the Health Services Commissioner

Western Australia: <http://www.healthreview.wa.gov.au/home/index.cfm>
Office of Health Review

3. Spotlight on Complaints, a report on Second stage complaints about the NHS in England April 2008

http://www.healthcarecommission.org.uk/db/documents/5632_HC_V18a.pdf -

In their April 2008 *Spotlight on Complaints* report the Healthcare Commission in the UK calls on NHS organisations to learn from patients' complaints. The report also highlights patients have concerns about complaints handling, and want trusts to say sorry more often.

Issues raised most commonly related to the safety and effectiveness of practices (24% of the 10,000, up from 22% in 2006). This was followed by complaints about communication and information given to patients (17%, compared to 16% last year). The third most frequent issue raised was complaints handling, which accounted for 16% of the total, up significantly from 5% the previous year.

This suggests patients are increasingly concerned about the processes trusts follow, as well as the care itself.

In particular, the Commission highlights the need for trusts to acknowledge errors and say sorry where necessary. Their research suggests that 52% of complainants simply want either an apology, a better explanation or recognition of the event. Twenty one per cent want improvements to services or for the same thing not to happen to other patients. Only 18% are looking for action to be taken against staff, compensation or reimbursement of fees.

The report says the largest number of complaints reviewed by the Commission related to primary care (38.4% of the total), followed by hospital trusts (34.5%), foundation trusts (17.9%), mental health trusts (7.3%) and ambulance trusts (0.7%).

A breakdown by major areas revealed the following themes:

- **Hospitals** – 30% deal with the fundamentals of nursing care, such as unmet personal hygiene needs, a lack of privacy when receiving intimate care, inadequate help with eating, and nurses being “abrupt” or “sharp”, making the patient feel they were a nuisance
- **GP practices** – 43% of complaints about GPs related to clinical treatment, with many patients saying their examination was of poor quality, often because it was so brief. A further 23% complained of failed or delayed diagnoses, with the condition involved usually cancer. Twenty percent were about GPs’ poor attitude to patients, including rudeness and neglecting to give full information about treatment because of fears that the patient “could not cope”
- **Dental surgeries** – 34% of complaints were about the quality of treatment. In many of these cases, inexperienced dentists underestimated the difficulty of the cases involved.
- **Mental health services** - a significant number of complaints related to the lack of help for people in crisis. Complaints included people not knowing who to contact in times of crisis, crisis resolution teams having a “poor attitude” and being reluctant to assess people in their homes and poor communication between staff, service users and their families about how to access services.
- **Palliative care** – frequent issues complained about included families not being fully informed and the seriousness of an illness not being conveyed to patients or their relative.
- **Accident and emergency** – frequent complaints related to the failure of staff to recognise or act on abnormal vital signs and the lack, or insufficient use, of pain relief.
- **Maternity services** – common themes included women saying staff did not listen to them when they expressed their needs, women being left alone in labour without pain relief and midwives being too busy and having poor attitudes.

The Healthcare Commission has recently published guidance to help NHS trusts improve complaints handling. Called “*The Complaints Toolkit – Handling Complaints in NHS*”, the guide provides advice to NHS bodies and primary care providers on best practice in handling complaints at a local level. The Commission recommends that procedures should be:

- Accessible to everyone and easy to use
- Sympathetic to the concerns raised
- Focused on resolving matters
- Non-adversarial
- Able to give a robust examination of the issues
- Able to ensure an appropriate remedy is provided if a problem is found
- To the trust’s improvement agenda to help prevent complaints being made about services in the future.

Recent journal articles of interest:

1. Trusts need to improve their handling of complaints, commission says

This article summarises the Healthcare Commission report “*Spotlight on Complaints*”

O’Dowd, A. *BMJ* 2008; 336:795 (12 April)

2. Press Ganey - Satisfaction Snapshots

April 2008 edition - sharing results of customer satisfaction surveys will help you get the results you want. Regularly providing information about customer satisfaction in a consistent manner will keep staff informed and connected to the process. The April Satisfaction Snapshot provides a guide to focus on sharing patient/resident satisfaction information within your healthcare organisation. The same strategies and tactics can be applied to the communication of any performance improvement data—including quality data, employee satisfaction, doctor satisfaction, and anything where results depend upon the behaviours of the audience. This guide is designed to help you with the basics of information sharing: identifying which staff should receive results and how often, deciding what types of results to share, and forming the best ways to share survey results with your staff.

See: snapshot@pressganey.com.au

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 asked HSLA Committee member, Charlotta Ziems what makes her tick!

Here it goes.....



Name: *Charlotta Ziems*

Position: *Patient Representative – Royal Victorian Eye and Ear Hospital*

How long have you been in this job? *Since September 2002*

How did you get into this line of work?

Unlike a lot of people who are in a role similar to mine, I have no clinical background at all. My history is in the area of Alternate Dispute Resolution. Most of my career to up until coming to the Eye and Ear was centred around Human Rights and Equal Opportunity,

with quite a long stint at the Victorian Equal Opportunity Commission as a Senior Conciliator, Manager of investigation and finally as the Manager Complaints Resolution. I left the Commission in 2000 to work for a private company and then to go out on my own. The work I was involved in prior to starting with the Eye and Ear Hospital was around workplace conflict issues, mediation and conciliation in elite sport such as the AFL (in Racial and Religious Vilification complaints), and worked a lot in Aged Care complaints, working with the Federal Aged Care Complaints Resolution Scheme on the development of their national complaints manual.

It was my work with aged care that shifted my focus from anti-discrimination to health care issues. Due to serious ill-health of my husband, and with 4 children to provide for I was compelled to move from private consulting back to a fixed, secure wage, which found me applying for and being offered my current job. I have never looked back.

What is the favourite part of your job?

Not knowing what the next phone call, letter or page will bring to my day.

What gets under your skin in your job?

Meetings.

What would make your job easier or better?

At least one 'patient free' day a week so I can catch up on my paperwork – not going to happen.

How do you relax & look after yourself?

Go to AFL footy with my daughters to watch Melbourne play – although I can't say there is much enjoyment in that at all.

Play Free Competition Poker at the local club on Tuesdays where no-one knows what I do for a job and don't care. They only complain when I beat them on the River.

Watching and being involved in my children's many sporting activities.

Nana naps with a good book on a Sunday Afternoon.

What are you exultant about?

The prospect of being able to retire in the next 15-20 years.

Favourite book?

Anything in the genre of murder/thriller/forensics spattered with Jodi Pichoult type books for a change.

Favourite movie or TV show?

TV – At the moment 'Amazing Race'. Go Figure.

Movie: Lord of the Rings Trilogy. Stand By Me

How do you deal with stress?

Smoke cigarettes and whinge with my mates.

Favourite word?

Serendipity

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

Squeaky Wheel (two words I know).

Tell us about the funniest situation that you encountered?

In retrospect, a lot of things that happen have a funny side. “If you don’t laugh, you might actually cry’.

When I first came to the job this anonymous note was slipped under my door. “Fish normally swim in schools. It is very cruel to keep such a fish on it’s own in such a tiny aquarium. Please re-think your decoration policy. I feel embarrassed seeing such an outdated item in a public area.” Obviously everything else had gone well for this patient.

What have you learnt from your work?

The average age of a patient at the Eye and Ear is 76. As a rule the aged do not like to complain, they are gracious and grateful for the care we provide and will comply with the processes and procedures of the hospital without complaint as they ‘do not want to get into trouble’. They are completely vulnerable and sometimes our systems take advantage of their compliance.

Thank goodness for those of our generation who have no trouble complaining about how our parents, our children, our partners, ourselves are treated.

What I have learnt from my job is that we have a responsibility to look out for those who do not complain but may still need our assistance in navigating what is becoming an increasingly process driven system that may leave some groups behind, in particular the socially isolated aged population.

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