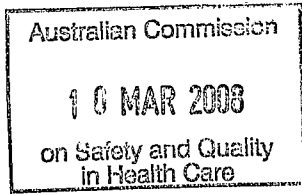


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Government**

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- COPY TO CHRIS B.

Queensland Health

Enquiries to: Justin Collins, A/Senior Director
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File Ref: DG050288

- 5 MAR 2008

Professor Chris Baggoley
Chief Executive
Australian Commission on Safety and Quality in Health Care
GPO Box 5480
SYDNEY NSW 2001

Dear Professor Baggoley

I refer to your letter dated 22 January 2008, providing Queensland Health with the opportunity to provide feedback to the draft National Patient Charter of Rights.

Queensland Health recognises that Draft National Patient Charter of Rights acknowledges the existing State and Territories Codes/Charters and does not wish to repeat the extensive development and consultation that has already occurred.

The feedback provided, see the attached Review of Draft Charter, from a health service user perspective is that the language is easy to understand and concise, the document reads well and is easy for consumers to follow.

Constructive comments draw attention to the fact that, while this is a draft Charter on Patient Rights, it lacks the completeness of current State/Territories existing Codes/Charters when defining responsibilities. Queensland Health does not believe that the two are mutually exclusive in a document with such scope and potential for nation wide use and consistency of terms.

We look forward to the outcome of the report to the Minister once the final consultation has been completed.

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Should you require further information, Queensland Health's contact is Mr Justin Collins, Acting Senior Director, Clinical Practice Improvement Centre, on telephone (07) 3636 9897.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Andrew Wilson', written in a cursive style.

Professor Andrew Wilson
Acting Director-General

Comments on the Draft National Patient Charter of Rights.

Existing Codes/Patient Charters for Qld Health.

Qld Health Current Public Patient Charter "Your Rights and Responsibilities".

Details Thirteen Rights and a further Eleven Responsibilities of Patients

<http://www.health.qld.gov.au/qhppc/documents/QHPPCbooklet.pdf>

Health Quality and Complaints Commission (HQCC) "Draft code of Health Rights and responsibilities.

Details integrated within 7 Criteria for Patient Rights and Responsibilities.

http://www.hqcc.qld.gov.au/uploads/74442HRR-code_COMPLETE.pdf

Australian Health Care Agreement between the Commonwealth of Australia and the State of Queensland 2003-2008

http://www.health.qld.gov.au/publications/aust_hlth_care_agreement/Queensland.pdf

Review Points.

- Queensland Health notes that the Draft clearly defines many rights patients have when receiving health care. It is appreciated that although the draft aims at listing patient "Rights" there is mention that...

"When talking about 'patient rights', the Charter is based on the understanding that there are different roles and responsibilities for both patients and providers."

This quote is fundamental to the relationship between patients and the health care provider, and the majority of feedback provided aims to either enhance, or provide counterpart information.

Queensland Health believes, despite the documents clear focus on patient rights, that there can be no true charter that does not encompass at least a basic understanding of both parties' responsibilities.

As an example, patients right to have access to public health care, should be balanced by the patients' responsibility to follow advice and treatment, take care with medication and help prevent the spread of infection etc.

It does not appear the Draft covers the broader concepts of patient/family responsibilities to the health service provider, to keep appointments, treat staff with dignity and respect etc.

- As stated in the Draft "the commission recognises that the state and territories and a range of other organisations have devoted significant resources to the development of their own charters. The Commission will build on this work and will not repeat the extensive development and consultation that has already occurred."

Where possible reference has been made to the material from existing Queensland Health governing charters/codes. An understanding that the aim of the Draft was not to rehash the existing information. However, as described, it appears the Draft leaves out much of the work already done by existing Queensland Health code/charters thereby limiting its potential.

- The Draft context stated that "State and Territory Health Ministers have for some time requested clarification of the minimum standards that public patients' hospital charters must meet" the Draft goes a long way to centralise and define the rights all patients should have, providing the States and Territories with strong support for their own charters.

However this leaves the States and Territories to define the patient's responsibilities, both to themselves and the health service provider, potentially diminishing the benefits of standardising definitions and rights in the first place.

Review of Draft Principles – National Patient Charter of Rights.

In reviewing the Draft National Patient Charter of Rights this Document reflects all Draft Principal Headings in **BLUE**, review comments in **RED** and Draft Principals in **BLACK**.

Principals

ACCESS: Equity of access to public Health care

A patient is entitled to:

- care that is appropriate, timely, and based on need, not the ability to pay
- be admitted to a public hospital as a public or private patient. This is based on **Clinical need** as described in the Australian Health Care Agreement 2003-2008 and for Medicare eligible patients only

Qld Health Current Public Patient Charter lists additional validations to this – not currently set out in the National Charter.

The Validations:

Once your choice to be admitted as a public or private patient has been made, you can't change it unless:

- you are admitted for a particular procedure but have complications
 - your hospital stay is longer than originally planned by the clinical staff treating you
 - your social conditions change while you are in hospital, for example loss of job.
- equitable access to public health services regardless of place of residence
 - A decision by a health service regarding access that is transparent and accountable

RESPECT: Respect, Dignity and Consideration

There must be mutual respect, dignity and consideration between a patient and a health care provider. This should be at all stages of health care and treatment.

A patient is entitled to:

- care provided in a manner that is respectful of a person's culture, beliefs, values and other personal characteristics such as age and gender

Health Quality and Complaints Commission "Draft code of Health Rights and Responsibilities details further define this point

- **2.2.1 Health service users** should inform the health service provider of reasonable needs, values and beliefs that may impact on the health care plan. They should acknowledge it may not be possible to accommodate some requests.
- relief from suffering, including palliative care, that is dignified, comforting and supportive, the right to refuse treatment – while covered in PARTICIPATION patients have the right to refuse palliative care as well as interventional treatment
- die with dignity (having clearly communicated preferences and needs, which include the refusal for life prolonging treatment, to the health care provider, family, carer and/or holder of health attorney)

SAFETY: Promoting safe and competent care

A patient is entitled to:

- health care services provided with professional care, skill and competence
- care that is informed and clinically appropriate
- care that is provided by the most appropriate health care professional
- effective continuity of care and appropriate referral
- an environment where systems and staff are working to ensure patient/staff safety

A patient:

- should adhere to relevant legislation and facility requirements regarding the safety and security of all those who use the facility, including the health service provider. (HQCC)
- should respect the facility's property and report any hazards that could compromise the health and safety of all who use the health service facility, including the health service provider and other users. (HQCC)

COMMUNICATION: communicating clearly throughout the period of care

A patient is entitled to:

- open and appropriate communication throughout the period of care, particularly when plans change or if something goes wrong
- information in a language that can be understood
- access to a qualified health interpreter, where possible
- advice on how to ask questions and obtain information about diagnosis, treatment and care from members of the health care team
- ask questions and receive a response that addresses their questions in an understandable, adequate and meaningful manner

INFORMATION: being informed about services, treatment and care

A patient is entitled to information:

- about their health care
- that explains the difference between accessing public hospital services as a public or a private patient
- on the estimated cost of a health provider's services prior to the delivery of treatment, where relevant and possible
- about estimated waiting times for a health provider's services, and, where known, information about alternative service providers
- that satisfies them about any proposed treatment and medication, including the possible risks and alternatives
- about who is providing care, particularly in a public teaching hospital or health facility where the health care team can vary
- about their care being handed over to the next health care provider, with regard for confidentiality, where possible
- about continuing health care, including medication, care planning, timely and appropriate referrals, convalescence, rehabilitation, and end of life care about discharge and continuing health care arrangements when in hospital
- Patients (who are able) are expected to provide information about their history, current treatment, medication and alternative therapies directly or through their family, carer or other nominated support person
- Patients are expected to follow plans that have been agreed with the health care provider and to report any changes in their condition
- Patients should accept that if a choice is made to leave a health care service against the recommendations of the health service provider and an injury or condition worsens, the provider will generally not be responsible (HQCC – Draft Code of Health Rights and Responsibilities)

PARTICIPATION: informed decision making and informed choices

A patient is entitled to:

- be involved in making informed decisions about treatment and care to the degree and extent that they choose
- involve family, carers or other nominated support people in health care treatment, support, decision-making, participation and communication
- give informed consent prior to any procedure, with discussion of options available, expected outcomes for each option, and success rates and incidence of side-effects for each option
- seek a second opinion
- withdraw consent or refuse further treatment, even if previous consent has been given to the treatment or procedure
- choose to participate in teaching, training or research activities, apart from the normal care delivered in a public hospital by clinicians in training
- ask for further information if there is any uncertainty about their care

PRIVACY: ensuring personal information is secure

- A patient is entitled to expect that the collection, use, disclosure and storage of their personal health and other information will be undertaken in accordance with relevant privacy legislation and remain confidential, unless legislation requires disclosure or they direct otherwise
- A patient needs to respect the confidentiality and privacy of others, and respect the right of other patients to receive treatment in an environment that provides confidentiality and privacy.

Health Quality and Complaints Commission “Draft code of Health Rights and responsibilities details indicate further responsibilities of the patient to complete confidentiality and privacy rights and responsibilities:

- **6.2.1 Health service users** should know their health history and be ready to provide that information to the health service provider upon request. Health service users should advise the health service provider/s of any changes to be made to the records (eg, a change of address).
- **6.3.1 Health service users** should nominate in writing other persons (eg, another health service provider) who can be given information about the health service user and the extent of that information.
- **6.4.1 Health service users** should outline reasonable requests for access to personal information, and timeframes and accept that private health service providers are entitled to recover the cost of reproducing records.

REDRESS: commenting on care and having concerns addressed

A patient is entitled to:

- have access to processes to comment on the care received either compliment, constructive relevant feedback, information regarding an adverse event, or issue with treatment or service.
- receive information about how to lodge a complaint
- have their concerns dealt with properly and promptly