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SOUTH EASTERN SYDNEY  
ILLAWARRA  
NSW HEALTH

Ref: D08/7544

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

Dear Professor Baggoley

I write in response to your letter of 22 January 2008 concerning the call for written submissions on a draft National Patient Charter of Rights.

The draft charter was distributed to staff and consumer representatives within South Eastern Sydney Illawarra Health (SESIH). Attached please find submission from SESIH as requested

Should you require any further information, please do not hesitate to contact Dr Wendy Cox, Director of Clinical Governance on 4253 4930.

Yours sincerely

A handwritten signature in black ink, appearing to read "Terry Clout".

**Terry Clout**  
Chief Executive

Date: 6/3/08

Attachment

## Comments related to the specific consultation questions

1. National Patient Charter of Rights and National Patient Charter principles

Both documents are useful, suitable for the target audience and the language used is appropriate.  
The concept of a uniform national charter is enthusiastically supported.

The charter needs to be available to both the general public and health organisation in formats which facilitate broad dissemination amongst staff, patients and carers.
2. Rights included in the Charter

The eight key rights expressed are sufficiently comprehensive to cover areas of patient concern when receiving health care. They appear broadly applicable, including in the Mental Health setting.
3. Points included in the Principles

The explanations are written clearly and appear comprehensive enough for the principles to be carried forward into other contexts within the AHS (Education, Accreditation etc.)
4. Rights and Responsibilities

Consideration could be given to expanding the 'responsibilities' section of the charter, to encourage more active patient and carer participation in the health care process.  
Specifically, in regards to the following:

**Respect** – Patient carer(s) are also entitled to be treated with respect, dignity and consideration. There is also an opportunity here to include that respect for staff includes not behaving in a violent manner.

**Safety** – from the responsibilities perspective, it may be helpful to include an expectation that patients have a responsibility to participate in treatment in a safe manner

**Communication** – the inclusion of the nominated carer, with the patient's permission, in the communication process; particularly in instances where the carer has authority to act as a substitute decision maker.

Timely communication (i.e. at the time that is appropriate and effective) is often as important as open and appropriate communication and may warrant being specified.  
It may also be helpful to include an expectation that patient's will communicate all information which could impact on their care to the healthcare worker(s) in order to assist with decision making.

**Information** - the above comment also applies here.

In addition, there is opportunity to highlight the importance of passing on information to nominated care providers (both professional and personal) who are taking over care of the patient. In many instances (i.e. where a patient is discharged back to the community) ensuring the (personal) carer is made aware of all relevant information, including triggers for seeking assistance can be critical in ensuring the patient's safety and well-being.

**Redress** – consideration about adding a statement that the patient has the right to have a nominated carer follow up their behalf.
5. Existing Charters

Consistency of information for both private and public facilities is fully endorsed. Many of the principles of the charter are reflected in existing service plans and policy.
6. Possible uses of the Charter

The use of the charter to inform and set the pitch / standard for other initiatives and agreements in the health care sector is acknowledged. It reflects and compliments other current state and national initiatives such as open disclosure, handover and communication initiatives.

It would be very useful for a national community education plan / program to support release and implementation of the charter.
7. How the charter applies in different sectors and settings

The detail provided in the charter is clear; however some parties may wish to explore further detail if it were available – e.g. as supporting documentation on the commission's website.

The charter appears adaptable to a broad range of healthcare settings