



australian
nursing federation

20 March 2008

Dr Nicola Dunbar
Policy Team Manager
Australian Commission on Safety and Quality in Health Care
GPO Box 5480
SYDNEY NSW 2001

Dear Dr Dunbar,

Re: Australian Nursing Federation (ANF) comments on the Draft National Patient Charter of Rights

Thank you for your invitation to provide comment on the Australian Commission on Safety and Quality in Health Care (ACSQHC) Draft National Patient Charter of Rights and the opportunity to participate in the round table workshops conducted in Sydney and Melbourne.

Please find enclosed the ANF response to the consultation paper and questions. I trust this feedback will be of assistance to you. Should you require any additional information or wish to discuss this matter further please contact Julianne Bryce, ANF Federal Professional Officer on (03) 9602 8520 or julianne@anf.org.au.

Yours sincerely

A handwritten signature in black ink, appearing to read "Jill Iliffe".

JILL ILIFFE
Federal Secretary

Encl.

The industrial and professional organisation for nurses and midwives in Australia

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Consultation questions

The Commission has consulted a number of individuals and groups in preparing the draft National Patient Charter of Rights and National Patient Charter Principles. The Commission is now circulating these draft documents to a wider range of individuals and groups to gain additional input about the Charter and Principles.

The Commission is interested in receiving feedback on the Charter and the Principles to ensure that they include an agreed set of key patient rights and that they are structured to provide clear information. The Commission would like to receive general comments and responses to any or all the issues below relating to specific elements of the charter.

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

Two documents have been presented for comment, the National Patient Charter of Rights and National Patient Charter Principles. The Charter is a concise statement of patient rights that is targeted specifically at patients. The Principles contain more detail about these rights, and could be used by health services and providers as well as patients.

The Commission is seeking feedback on:

- Whether the existence of both the Charter and Principles is useful
- Suitability of the Charter and Principles for use by patients and providers
- Whether the language used in the Charter and the Principles is appropriate
- Preferred options (including structure, style and presentation) for articulating patient rights and entitlements for patients and providers

A National Charter of Rights, as a means of providing a shared understanding between health consumers and health care providers of consumer's rights when receiving health care, is an important foundation for health care delivery in Australia.

The scope of the Charter and Principles should be broadened. The Charter should apply to all people in Australia receiving health care. The use of the term 'patient' in the title of the Charter implies use only in the acute health sector. The title should be amended to the "National Charter of Rights for the Health Consumer" to encompass all health care settings, but should refer to people or persons throughout. The documents should detail the rights of health consumers across the whole of health.

The numbering of the rights should be removed to ensure that this list of rights in no way suggests a list in priority order, that the right to respect is not necessarily more important than the right to information or safety. The priority or importance of such rights would no doubt be dependent on individual circumstance.

The Charter should include a definition of the health consumer and who this term may include or exclude.

2. Rights included in the Charter

The National Patient Charter of Rights is based on eight key patient rights.

These are:

- Access:** Equity of access to public health care
- Respect:** Respect, dignity and consideration

- Safety:** Promoting safe and competent care
- Communication:** Communicating clearly throughout the period of care
- Information:** Being informed about services, treatment and care
- Participation:** Informed decision making and informed choices
- Privacy:** Ensuring personal information is secure
- Redress:** Commenting on care and having concerns addressed.

The Commission is seeking feedback on:

- Whether the rights included in the Charter are sufficient to cover the range of patient and human rights
- The extent to which the rights represent patient concerns when receiving health care

Access: Equity of access to health care (remove public)

Respect: Respect, dignity and consideration

Safety: Providing safe and competent care (it is the provision not the promotion of safe and competent care that is the right of the health consumer)

Communication: communicating clearly throughout the period of care

Information: being informed about services, treatment and care

Participation: informed decision making and informed choices

Privacy: ensuring personal information is secure

Feedback: ensuring comments and concerns can be provided and addressed (this right is more appropriately identified as feedback than redress with the explanation of this right amended accordingly)

3. Points included in the Principles

The National Patient Charter Principles provides further details about the meaning and application of the patient rights included in the Charter.

The Commission is seeking feedback on:

- Whether the explanations included in the Principles assist in understanding the rights and responsibilities of patients and providers
- Whether there are additional points that should be included in the Principles to adequately explain the meaning and application of the rights

Access: Equity of access to health care (remove public)

A **person** 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 patient (remove 'as a public or private patient' as this is a government policy or regulation not a broad principle)
- equitable access to public health services regardless of place of residence
- a decision by a health service regarding access to care that is transparent and accountable (clarity of the meaning of this statement is sought)
- access to health records and the ability to have them amended where appropriate and necessary (this should be included in the explanation of the meaning and application of this right)

Respect: Respect, dignity and consideration

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

(These sentences should be removed. This document concerns the rights of the health consumer).

A **person** 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, gender and ethnicity.
- relief from suffering that is dignified, comforting and supportive (palliative care should be removed with no clinical area highlighted as all persons should be equally entitled to this principle).

Safety: Providing safe and competent care (it is the provision not the promotion of safe and competent care that is the right of the health consumer)

A **person** is entitled to:

- health care services provided by skilled, competent, and appropriately educated health care professionals
- care that is evidence based and clinically appropriate
- care that is provided by the most appropriate health care professional
- effective continuity of care and appropriate referrals
- an environment where systems and staff are working to ensure patient safety
- an environment that is both safe and clean (this should be included in the explanation of the meaning and application of this right)

Communication: communicating clearly throughout the period of care

A **person** is entitled to:

- open, honest and appropriate communication throughout the period of care, particularly when plans change or if something goes wrong (add 'honest' as it is important to include the need for truthful/factual information)
- information in language that can be understood (remove 'a' as this can extend to terminology that can be understood)
- access to a qualified health interpreter, where possible
- information and 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
- coordinated care involving all relevant health care professionals (this should be included in the explanation of the meaning and application of this right)

Information: being informed about services, treatment and care

A **person** is entitled to information:

- about their health care
- that explains the difference between accessing health services as a public or private patient (should not make reference to a particular setting 'public hospital services')
- 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 services
- that satisfies them about any proposed treatment and medication, including the possible risks and alternatives

- about who is providing care, particularly in a health care setting where the health care team can vary (should not make specific reference to a particular setting 'public teaching hospital')
- about their care being handed over to another health care provider, with regard for confidentiality, where possible (should replace 'the next health care provider' with 'another health care provider')
- 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 receiving care (should not make specific reference to the hospital setting)

Health consumers (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 person

Health consumers are expected to follow plans that have been agreed with the health care provider and to report any changes in their condition

The above two sentences should be removed from the Charter of Rights. Consumer expectations/responsibilities should not be detailed in this document.

Participation: informed decision making and informed choices

A **person** 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, risk and incidence of side-effects for each option (the concept of risk should be included in the explanation of the meaning and application of this right)
- 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 health service by clinicians in training (should remove specific reference to public hospitals)
- ask for further information if there is any uncertainty about their care

Privacy: ensuring personal information is secure

A **person** 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

Feedback: ensuring comments and concerns can be provided and addressed (this right is more appropriately identified as feedback than redress with the explanation of this right amended accordingly)

A **person** is entitled to:

- have access to processes to comment on the care received
- receive information about how to lodge a complaint

- have their concerns dealt with properly and promptly
(The concept and process of open disclosure needs to be better articulated in the explanation of the meaning and application of this right. The entitlement to receive communication about the outcome of the process should also be included)

4. Rights and responsibilities

While the Charter is specifically designed to express the rights of patients, the Principles aim to balance patient and provider roles, rights and responsibilities.

The Commission is seeking feedback on:

- Whether the balance between the roles, rights and responsibilities of patients and providers is appropriate in the Principles
- Whether the Charter could have more of an emphasis on patient responsibilities as well as rights
- Whether there are other rights, roles and responsibilities that impact on patients and providers that should be included in either the Charter or the Principles

The National Charter should provide clarity regarding the rights of health consumers and the associated obligations of health care providers, including health professionals that come with those rights. This document should inform consumers of their basic human and democratic rights to health care in Australia and in so doing seek balance between the roles of consumers and health care providers. The responsibilities of the health consumer should not be articulated as the emphasis of this national charter should be on the health consumer's rights. There should be a separate charter developed for the rights of health care professionals and /or the obligations of people receiving health care.

5. Existing charters

The Charter and Principles are based on the content expressed in public and private patient charters, and other charter instruments, both within and outside Australia.

The Commission is seeking feedback on:

- The relationship between existing charters, the new Charter and Principles
- The extent to which the National Charter and Principles creates gaps or overlap with other charters
- The potential value added by having a National Patient Charter of Rights
- How the Charter and Principles could be used to support existing charters

The National Charter should provide a shared understanding between health care providers and health consumers of the consumer's rights when engaging with the health care system in Australia. These rights should be consistent across all jurisdictions to provide clear messaging to health consumers and health care providers alike. The National Charter should supersede state and territory charters to reduce confusion and repetition. These nationally applicable principles should be available and utilised in all settings encompassing public, private and community health care in all geographical locations.

6. Possible uses of the charter

The Charter and Principles aim to support high quality and safe care by articulating the key rights of patients when receiving care in Australia. The way the Charter and Principles are used are equally as important as the content of

these documents.

The Commission is seeking feedback on:

- The potential role for the Charter and Principles in standard setting, accreditation, education and training
- The potential for the Charter and Principles to be used to inform, develop or review public hospital charters
- The potential for the Charter and Principles to inform the review of private hospital charters
- The use of the Charter and Principles to support any requirements included in the next round of discussions about the Australian Health Care Agreements
- Other preferred options for implementing and enacting the Charter and Principles

In order for the Charter and Principles to be comprehensively applied to practice it is essential that the Charter be broadened to apply to all settings where health care is delivered. Implementation of the National Charter and Principles should be mandatory with a requirement included in the next round of Australian Health Care Agreements, national standards, accreditation processes and undergraduate preparation of health care professionals. There should be a national campaign to inform people of the existence of the National Charter and a copy provided to all health consumers when they access health care.

7. How the charter applies in different sectors and settings

The Charter and Principles have been developed as broad documents that apply to all patients receiving care regardless of where the patient may be or the type of health service involved.

The Commission is seeking feedback on:

- Whether more detail is needed to make the Charter and Principles applicable in practice
- Whether the Charter and Principles will be able to be adapted to meeting the needs of specific health care settings or patient or community groups

It may be appropriate in certain circumstances that more detail is required for application to practice at a local level. In these situations more detailed locally responsive/culturally appropriate/age appropriate adaptations could be developed. It is optimum that the National Charter and Principles be implemented in all health care settings and it is suggested that it be linked to the Australian Health Care Agreements, national standards, health care accreditation and health professional education and training to ensure broad and consistent national application.