

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTHCARE

**Priority Program 1: National Patient Charter of Rights**

The aim of this program is to develop a national patient charter of rights that describes what a patient can expect from an encounter with the health system. The charter will include a nationally agreed set of principles to underpin the provision of health care, wherever it is delivered. The program will also consider how patient charters can be linked to Commission programs or other initiatives to ensure there are drivers in place to support their enactment throughout the health system.

The background to the Draft National Charter is very clearly set out – informative

The Commission is seeking feedback on:

- \_ Whether the existence of both the Charter and Principles is useful YES
- \_ Suitability of the Charter and Principles for use by patients and providers YES
- \_ Whether the language used in the Charter and the Principles is appropriate

With regard to differentiation between the Charter and the Principles – I see this as the Principles cover the key issues - that are summarised and presented succinctly in the Charter

So it is not that one (Charter) is for patients and their carers and families - and the other (Principles) is to inform healthcare providers and health services. They are part of the same.

The Principles and Charter are excellent in spelling out what a patient should 'expect' in health care

P2: Would be good to reference the WHO statement on health care as a basic human right up front on p2 (Universal Declaration of Human Rights, to which Australia is a signatory, is on p5)..

Use of Charter seen as a way to "inform individuals, families and communities about their right to health care in Australia – and empower them to obtain the best possible care" (ie assertiveness needed) – by governments, health authorities and healthcare providers - important others? (to raise profile of patient charters through publicity)

Are these minimum standards to expect? And in all designated health services in Australia?

P3: States it will facilitate linkages between public and private charters – does it have jurisdiction in both these systems? (has in public, I think)

P4, para 4: "The Principles could be used by health services and health service providers as well as patients. As well as expressing patient rights and entitlements, the Principles also highlight the responsibilities of patients in the health care system, and the responsibilities of health care providers in delivering care."

- Agree with each having a responsibility
- Does not talk about responsibilities of health service (governments, health authorities, healthcare setting) [p5 does state that the Charter applies to all parts of the health system]

The Charter is based on eight rights:

- \_ **Access:** Equity of access to public health care IE CARE PROVIDED BY THE STATE AND FEDERAL GOVERNMENTS
- \_ **Respect:** Respect, dignity and consideration
- \_ **Safety:** Promoting safe and competent care
- \_ **Communication:** Communicating clearly throughout the period of care AND RIGHT TO EXPLANATION
- \_ **Information:** Being informed about services, treatment and care
- \_ **Participation:** Informed decision making and informed choices

\_ **Privacy:** Ensuring personal information is secure. YET SHARED, AS REQUIRED, WITH OTHER HEALTHCARE PROVIDERS

\_ **Redress:** Commenting on care and having concerns addressed IN A TIMELY MANNER WITHOUT AFFECTING CARE

**In further detail (Table on p5)**

**'MY RIGHTS' - WHAT THIS MEANS:**

1. Access: Access to public health services based on clinical need, not the ability to pay
2. Respect: Mutual respect, dignity and consideration between patient and provider during the provision of care that is respectful of culture, beliefs and values
3. Safety: Health care services provided with professional care, skill and competence in a safe environment
4. Communication: Clear, open and adequate communication about health care and treatment in a language that can be understood, particularly when plans change or if something goes wrong
5. Information: Thorough information about services, treatment and care, who is providing the care, and information about what happens next and who to contact for additional information or advice
6. Participation: Patients being involved in decision making about care, including informed consent prior to any procedure with discussion of the options available
7. Privacy: Confidentiality of personal health and other information gathered from patients by health providers
8. Redress: Provision of information on how to comment about care, opportunity to make a complaint and concerns dealt with properly and promptly

**Comments in relation to the above:**

1. Not all health needs are 'clinical' especially as this states 'public health care' - concerned about the limitations placed by using the word 'clinical' rather than health needs? Would vaccinations; mental health; injury etc be included? – what definition is implied here? If there is one then spell it out.
2. .... and socioeconomic background
3. Important to have a rider for emergency situations – where may not be able to provide a safe environment
4. Rather than 'thorough' I would like to see 'clear and effective' information.... - 'including' rather than 'particularly' when plans change or things go wrong
6. "patients being involved in decision making about care" ADD: so they can take responsibility in their care such as by adhering to advice and taking medications as instructed.....
7. AND that this information is used for my effective health care (with due care about providing the information for research)
8. Important to add 'without affecting care'

**P6: addressed in greater detail again (Principles)**

– not sure that p5 table and section on pp6-8 would not be better combined in a big table

1. Access, 3<sup>rd</sup> dot point: there is an added issue here of whether a patient can afford to pay, even if they do have private health cover of some sort;
2. Respect, 2<sup>nd</sup> dot point: I would like to see 'pain and suffering' clearly spelled out
3. Safety, 3<sup>rd</sup> dot point: there is an issue here if antagonism develops between patient and provider ie 'most appropriate' needs some explanation

- with a view to quality improvement

4. Communication, 3<sup>rd</sup> dot point: add on 'if required or requested'; throughout entire period of health care

- with clear communication about length of stay in hospital (not under threat of being discharged before ready and without due consultation to free up a bed ie administrative of patient care staff – which would not involve the patient, whose job it is to recover)

- care that is holistic and not just focused on 'one part of the body' and ignoring other health issues

- care that is not diminished because of other health issues (mental or physical)

5. Information, 3<sup>rd</sup> dot point: AND associated costs

7<sup>th</sup> dot point: ...required healthcare provider (ie continuity of care and not just getting rid of a difficult case)

9<sup>th</sup> dot point: .....when about to leave hospital

"Patients (who are able) REMOVE THE BRACKETS – AS THERE ARE ALL SORTS OF REASONS WHY PEOPLE ARE NOT ABLE, INCLUDING PSYCHOLOGICAL AND EMOTIONAL STRESS 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" – AS LONG AS THEY HAVE BEEN MUTUALLY AGREED AND INCORPORATE PATIENT VALUES AND BELIEFS AND SOCIOECONOMIC CIRCUMSTANCES

6. Participation, 6<sup>th</sup> dot point: "choose to participate in teaching, training or research activities, apart from the normal care delivered in a public hospital by clinicians in training" – WITH THE RIGHT TO PROMPT REDRESS, IF APPROPRIATE

7. Privacy: use of the words: "collection, use, disclosure and storage" – need to add sharing with other healthcare providers, as appropriate. Even if this is implied in the present wording, it is not clear.

8. Redress, important to add: with open disclosure of any medical error, the actions taken to prevent this type of error from occurring again, and how this is reported back to the people affected.

P9: were hospital administrators included in the consultation process? – does not state clearly that this is the case yet this can be very important

The Commission is seeking feedback on:

\_ Whether the rights included in the Charter are sufficient to cover the range of patient and human rights

- Useful to see a paragraph on disadvantaged communities – and the Charter in relationship to them, at this moment in time (and maybe refer to how rights are being addressed eg in HealthConnect).

Rights included in the Charter

\_ The extent to which the rights represent patient concerns when receiving health care

To provide - safer, more effective and more responsive care for patients THIS IS THE KEY OVERARCHING STATEMENT

Points included in the Principles

Possible uses of the charter

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 YES
- \_ Whether there are additional points that should be included in the Principles to adequately explain the meaning and application of the rights SEE ABOVE

#### **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 YES
- \_ Whether the Charter could have more of an emphasis on patient responsibilities as well as rights YES

- Public hospitals already refer to patients' responsibility in decision making about health care already (see below for statement from Royal Melbourne Hospital 'Partnerships in Care' brochure)

- \_ 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 NOT SURE

#### **Possible uses of the charter**

The Charter and Principles aim to support high quality and safe care by articulating the key rights AND RESPONSIBILITIES 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 SUITABLE
- \_ The potential for the Charter and Principles to be used to inform, develop or review public hospital charters YES
- \_ The potential for the Charter and Principles to inform the review of private hospital charters YES
- \_ The use of the Charter and Principles to support any requirements included in the next round of discussions about the Australian Health Care Agreements NOT SURE
- \_ Other preferred options for implementing and enacting the Charter and Principles WEBSITES INCLUDING HEALTHINSITE

#### **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 WHO AND 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 NO
- \_ 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 A LOT OF WORK POSSIBLY UNLESS TAKEN UP BY THE RESPECTIVE PEOPL

## *How you can play your part*

### *You have a responsibility to*

actively participate as much as you can in your treatment, for example, by following your agreed treatment plan, asking questions about your care and raising any concerns you might have provide as much information as you can about your medical condition to assist the staff caring for you let staff know if you do not understand anything, need more information or feel unable, at any time and for whatever reason, to assist staff in your own care treat staff and other patients with consideration and respect, and ask your visitors to do the same understand that the health service is trying to meet the special needs of many patients at any one time. We aim to meet your needs as quickly and as well as we can, but we must attend to people with the highest needs first ensure that in exercising your rights, you do not restrict the rights of others ensure that your actions do not threaten or harm other patients, staff or visitors

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