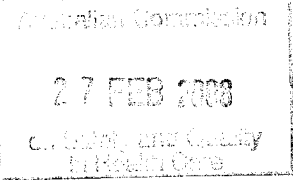




Department of Human Services



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24 FEB 2008

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

Dear Professor Baggoley

Thank you for your letter dated 22 January 2008 inviting the Victorian Department of Human Services' input into the Commission's initiative to develop a National Patient Charter of Rights.

Enclosed for your consideration is the Victorian Department of Human Services' written submission on the draft National Patient Charter of Rights consultation paper.

As per our previous correspondence the department has assisted in the promotion of this initiative through the Statewide Quality Branch which has made available to the Commission relevant Victorian data bases and appropriate networks for the distribution of the consultation paper, and by responding to specific requests made by the Commission.

Further to our submission we wish to inform you that we are in the process of establishing a review of the existing Victorian Public Hospital Patient Charter as required under the 2003-08 Australian Health Care Agreement. As well, through a separate process we are considering the congruency of the existing Charter with the Victorian Government's Charter of Human Rights and Responsibilities Act 2006.

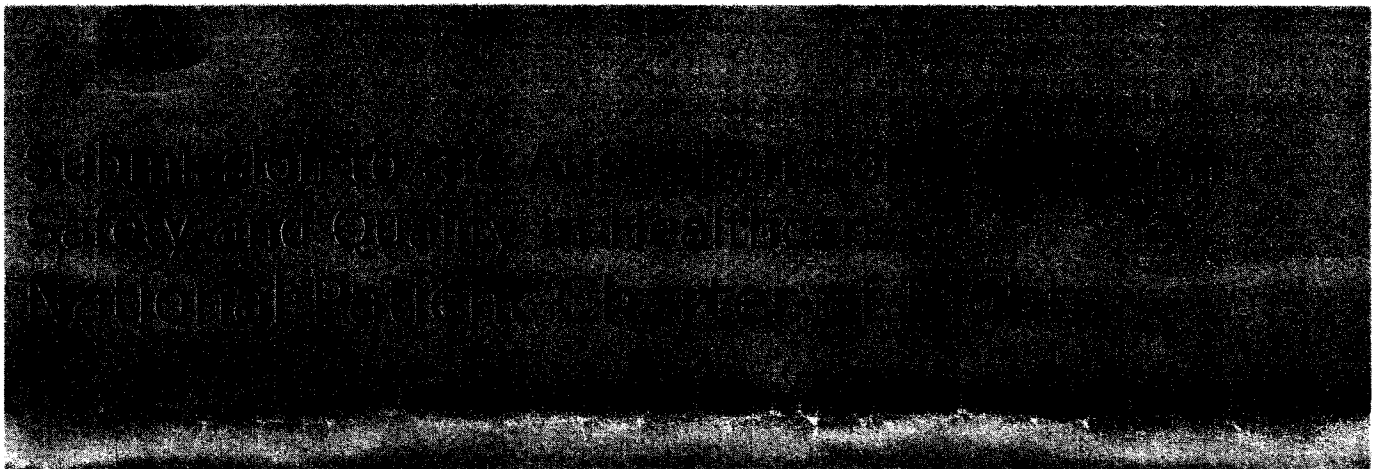
I would like to take this opportunity to thank the Commission on its excellent progress towards the development of a National Patient Charter of Rights and look forward to receiving the National Charter upon completion.

Yours sincerely

FRAN THORN
Secretary

Encl





The Department of Human Services on behalf of the Victorian Government welcomes the opportunity to submit a response to the draft National Patient Charter of Rights, and commends the Australian Commission on Safety and Quality Healthcare's (the 'Commission') initiative thus far.

We support the contention that a national and uniform articulation of patient entitlements through a National Patient Charter of Rights is an important foundation for the provision of a "safe and high quality health care system". This will serve to strengthen and enhance a shared understanding of the rights and responsibilities of patients, consumers and health care providers, and promote the consistent provision of safe and high quality health care across Australia.

Our response to the consultation paper is as follows:

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

- *Whether the existence of both the Charter and Principles is useful*

We are pleased that the Commission has developed a statement of rights and that its emphasis is on patients' experience of the healthcare system. The inclusion of principles is useful in so far as they serve to give greater clarity to, and specify, the parameters to the statement of rights.

- *Suitability of the Charter and Principles for use by patients and providers*

It is unclear from the consultation paper how the Charter will be presented to both patients and providers, i.e., in terms of its format, style and content. We suggest that the information and content require further simplification and clarification for the document to be accessible to patients, consumers, carers and community groups.

- *Whether the language used in the Charter is and the Principles is appropriate*

The overall language of the rights and principles requires simplification and brevity. In its current form, the wording of the rights and the principles (some of which have considerable detail) are, in some cases, ambiguous and may not be accessible, understandable, or appropriately cater to Australia's socially, culturally and linguistic diverse population.

Currently, the document is geared towards providers rather than patients, in terms of language complexity. We, therefore, ask if the Commission has tested the appropriateness of the language with a variety of consumer, carer and cultural and linguistically diverse groups, organisations and communities? This is also pertinent in relation to the translatability of the Charter into relevant community languages. For example, the word 'REDRESS' is not used in common expression but the words 'complaints and complements' are more commonly used.

On another level, the detail included in the principles in some instances requires additional information and in others, simplification. For example, the right of "*Communication: Communicating clearly through the period of care*" should be expressed much more clearly and simply. It is well documented that communication is at the heart of many issues in the health sector. The phrase "a period of care" is unclear and may not be readily understood by communities, consumers and carers unfamiliar with the health system and health specific terminology (in particular immigrant and refugee communities). A statement in plainer English is required. For example: 'COMMUNICATION: I am entitled to clear communication at all times' is preferable.

- *Preferred options (including structure, style and presentation) for articulating patient rights and entitlements for patients and providers*

We suggest that the structure, style and presentation of the Charter be clear and accessible for patients and consumers, as well as for providers. It is, therefore, imperative that the Charter of rights and principles be focus group tested with patients and communities. These should be inclusive of low literacy, diversity, disability, Indigenous peoples and should a range of culturally and linguistically diverse communities. The same principle should be applied to groups of health professionals and providers.

Presentation of the Charter should include: simple - age 12 years language; use of internationally recognized symbols; specific Aboriginal and Torres Strait Islander art work to be developed with communities; translation into a range of community languages and educational material in these languages should all be provided. Access for members of the blind and deaf community should be provided electronically and in hard copies.

2. Rights included in the Charter

- *Whether the rights included in the Charter are sufficient to cover the range of patient human rights*

The right to an accredited or qualified interpreter should be included as a definitive right in itself. (It is a definitive right in the current Victorian Public Hospital Patient Charter). The current wording "access to a qualified health interpreter, where possible" is problematic for the following reasons.

Firstly, the words 'where possible' are ambiguous and serve to indicate access to an interpreter as 'optional' rather than 'required'. Recent international research has clearly illustrated the links between patient safety, culture and English language proficiency, suggesting that people with limited English language proficiency are disproportionately at risk of experiencing a trajectory of accident opportunity within the health care system. Moreover, access to an interpreter and therefore clear communication for all patients, is the basic foundation for the remaining rights and principles – indeed, they cannot be supported if a communication breakdown or miscommunication occurs. This is furtherer borne out by 'communication' cited as a key criterion in adverse events and sentinel reporting.

Secondly, the phrase "health interpreters" is also ambiguous. Within Australia, NAATI accreditation qualifications for interpreters are generic and correspond to levels, such as Level 2 (paraprofessional) and Level 3 (professional). Individual interpreters may choose to specialise in particular sectors such as health; however, this occurs through choice and experience in a particular field rather than its recognition as a 'specialist qualification'. In Victoria, for instance, interpreters are described as 'qualified, accredited and or unaccredited interpreters' who work within the health care system. We suggest that the phrase 'qualified interpreter' is more appropriate.

Regarding "3. SAFETY: I am entitled to safe and competent care", we suggest that the wording be strengthened by adding 'quality' to avoid misconceptions of competence as inferior to quality.

- *The extent to which the rights represent patient concerns when receiving health care*

There is an inadequate focus on patients having the right to 'appropriate' care: receiving the right care, at the right time and avoiding over and under provision of care and treatment. This should be added to the listed rights or expanded upon under the principles for "3. SAFETY: Promoting safe and competent care".

3. Points included in the Principles

- *Whether the explanations included in the Principles assist in understanding the rights and responsibilities of patients and providers*

Overall, we agree that the explanations included in the Principles do assist in understanding the rights and responsibilities of patients and providers. Exceptions to this are elaborated upon in the following point.

- *Whether there are additional points that should be included in the Principles to adequately explain the meaning and application of the rights*

Under the principles relating to both Safety and Information, there is no inclusion of obligations under Open Disclosure guidelines. We suggest, therefore, that additional principles be included here. Example 1 "3 SAFETY: promoting safe and competent care" should include a further principle: a patient is entitled to 'a detailed explanation of an adverse outcome and how and why this has occurred'. Example 2 "INFORMATION: being informed about services, treatment and care" should also include the principle: a patient is entitled to 'information about their care including timely and appropriate communication when there are planned or unplanned changes'. Please refer to our earlier comments in relation to strengthening the right to 'appropriate' care.

4. Rights and Responsibilities

- *Whether the balance between the roles, rights and responsibilities of patients and providers is appropriate in the Principles*

We support the current balance of rights and responsibilities. The Commission and its reference committee have developed a well balanced Charter.

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

We believe the Charter in its current format is well balanced. Patients, in the majority, are using a service and receiving care when they are most vulnerable, least likely to be able to advocate for themselves and in an environment in which they place their trust in an expert – the health professional. Victoria believes the rights and the tone of the document are in keeping with open communication and appropriate for all parties in the health care relationship. They do not demean the health care professional and at the same time they clearly inform the patient about what they have a right to expect. A corresponding list of responsibilities would not be effective and would detract from the primary purpose of the Charter.

- *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*

i) In conjunction with the right to a qualified interpreter, patients also have the right to receive culturally appropriate and responsive health services and health care. It is well established that understandings of and responses to health and illness are shaped by cultural beliefs. A major challenge for health providers is the cultural appropriateness or cultural competence of health care provision specifically. Current research in the UK, USA and Canada has focused on the design, implementation and evaluation of culturally competent programs and health care. This includes building health workforce cultural competence as strategies for appropriate provision of care and to provide equal access to high quality and safe health care, and reduce health disparities for diverse populations.

This implies a systems approach. The benefits of this may include improved access and equity for all groups, improved patient and consumer health literacy, compliance with treatment, reduced errors or adverse events, reduced inefficiencies through failure to attend appointments and or readmissions, and therefore improved patient safety and quality assurance. We suggest that in the Principles under "3. SAFETY: Promoting safe and competent care" a statement such as 'the provision of culturally appropriate or culturally competent care' should be added.

ii) As previously identified there needs to be due emphasis placed on the right to 'appropriate' care. This should be incorporated as another right or an additional principal(s) under "3. SAFETY: Promoting safe and competent care". The patient has a right to expect that evidence is used to choose the right care at the right time and in a manner that does not over or under utilize treatments.

5. Existing Charters

- *The relationship between existing charters, the new Charter and Principles*

The Department supports the Commission's intention that the new Charter and Principles provide "a model for the content, development, communication, implementation, and review and updating of public patients' hospital charters". In Victoria a review of the current Public Hospital Patient Charter is underway and will include the broadening of scope of the Charter to be inclusive of all public healthcare settings, congruence with the Victorian Charter of Human Rights and Responsibilities, and the evaluation of the Open Disclosure Statewide Pilot project.

The National Patient Charter of Rights will be used a benchmark to guide the development of the new Victorian Charter.

- *The potential value added by having a National Patient Charter of Rights*

All states could potentially benefit from having a National Patient Charter of Rights as a statement of minimum standards to be guided by, whilst providing the capacity to develop their own Charters in response to specific state requirements.

6. Possible uses of the Charter

- *The potential role for the Charter and Principles in standard setting, accreditation, education and training*

We support the idea of a National Patient Charter of Rights as a vehicle for the setting of minimum standards of information for patients and for the provision of and adherence to quality and safety in health care. The dissemination of patient charters and patient and consumer knowledge of their contents and application can be diverse; a National Charter with an accompanying education package to facilitate implementation could serve to address this issue. Further, we support the use of the Charter as a criterion in accreditation standards.

The charter also highlights the importance of enhancing the communication skills and capabilities of health care professionals, particularly in the context of providing culturally appropriate or culturally competent care. Inclusion of the charter and principles in curricula at undergraduate, graduate, and organisational professional development opportunities is important. This should be promoted strongly in relation to providing care to people from Aboriginal and Torres Strait Islander backgrounds and people who rely on communication aids.

- *The potential for the Charter and Principles to be used to inform, develop or review public hospital charters*

The Department supports the Commission's initiative and leadership in extending coverage to all designated health services, and encompassing services outside the traditional hospital sector. Victoria provides public health services from hospitals and from community health services, but the existing title of the Charter 'Victorian Public Hospital Patient's Charter' excludes the latter. Similarly, provision of the Charter has been through not only hospitals, but has included consumer groups, Divisions of General Practice and health care services since June 2002. The National Patient Charter of Rights will inform the review of the Victorian Public Hospitals Patient Charter to enable it to be applicable to and more inclusive of all health care settings. As many of our large health services, public hospitals, also provide services from community settings and in-the-home care we view the Charter as assisting the review process across Victoria.

- *The potential for the Charter and Principles to inform the review of private hospital charters*

The current document does discuss some of the issues in relationship to public and private care and hence inform the review of the private hospital patient charter. However, greater consideration of the rights of patients moving between the systems needs to be given.

- *The use of the Charter and Principles to support any requirements included in the next round of discussions about the Australian Health Care Agreements*

The Charter and Principles should inform and be consistent with any future developments in national standards with respect to future Australian standards for quality and safety in healthcare. The eight rights listed should guide agreed upon standards and be reflected in any agreement about how care is to be provided.

7. How the Charter applies in different sectors and settings

- *Whether more details are needed to make the Charter and Principles applicable in practice*

In this regard, a comprehensive education package, with possible strategies for dissemination, implementation and evaluation of usage and adherence is suggested. We also refer you to our earlier comments on presentation to different community groups.

- *Whether the Charter and Principles will be able to be adapted to meet the needs of specific health care settings or patient or community groups.*

It is not sufficiently clear how this Charter will impact upon the Private Patients Hospital Charter and whether this Charter will apply to patients that move between both private and public health services, and those patients who are private patients in a public hospital system. Focus group testing with patients who use the private health system and providers of this system is recommended.