



SYDNEY
ADVENTIST
HOSPITAL

SUBMISSION

National Charter of Patient Rights

Date: 6th March 2008

Consultation questions

1. National Charter of Rights and National Patient Charter Principles

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

Comment

Definitely useful

- Charter provides clear, simple guidelines
- Principles provide further guidance for education and communication

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

Comment

The draft “Patient Charter of Rights” and Principles are targeted predominantly at Patients, and does not currently meet provider needs.

To ensure that the charter is suitable for both patients and providers, the charter needs to be broadened to cover “Healthcare Charter of Rights” which includes both patient rights and provider rights.

Query as to the appropriateness of using the word “Patient” – should consider changing this to “Consumer” to cover all consumers of healthcare across various settings.

Query as to how “ACCESS” rights apply to private healthcare providers & consumers

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

Comment

In general, the language needs to be made more consumer friendly

Eg: ACCESS Point 4 (Principles) - “A decision by a health service regarding access to care that is transparent and accountable”. Is this understandable by consumers? ‘REDRESS’ – what does this mean to the consumer? Suggest that the word ‘Feedback’ would be more appropriate

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

Comment

The Charter needs to be in simple language, easy to read, with good visual appeal – predominantly aimed at consumers

The Charter Principles need to be in a format which provides further explanation and understanding in simple language - meeting the needs of consumers, healthcare providers and educators

2 Rights included in the Charter

- Whether the rights included in the charter are sufficient to cover the range of patient and human rights

Comment

Core rights are covered in points 1 - 8.
Additional rights could be added for certain sectors of Health care.
Should consider including 'Quality' aspects of rights
Provider rights are not adequately addressed

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

Comment

Change the word 'Redress' to Feedback

3 Points included in principles

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

Comment

In general - Yes
The rights of providers need to be more clearly articulated in the principles

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

Comment

More specifics could be added such as:

- Rights for consumers to access healthcare records
- SAFETY (point 3). Care should be provided by appropriate health care professionals (not the most appropriate)
- PARTICIPATION (point 4). Consumers should be able to seek further opinions not just a second opinion
- REDRESS. It is not clearly articulated that consumers have the right to provide feedback and make complaints regarding their care. The current principles refer primarily to the process.
- Many of the principles are covered by Legislation, and where relevant – these should be referenced

4 Rights and Responsibilities

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

Comment

No – the existing charter is focused primarily on consumers.

The charter needs to be broadened to include the rights of providers as well as consumers across all categories.

Some examples include:

- the right for healthcare providers and other consumers to be treated with respect, dignity and consideration
- the right for healthcare professionals to work in a safe environment while caring for consumers
- the right for healthcare providers to be provided with adequate and correct information regarding the consumers they are treating
- the right for healthcare providers to expect cooperation and participation of consumers (and their carers) in the delivery of healthcare wherever possible

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

Comment

Yes – these should be included.

Could be addressed through adding consumer responsibilities or alternatively, adding Rights for Healthcare Providers (as discussed above)

- 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

Comment

The rights should be able to be expanded / added to in each healthcare setting as appropriate to reflect individual facility / strategy needs

5 Existing charters

- The relationship between existing charters, the new charter and principles

Comment

Would prefer to see a national charter that covers the core, basic rights that apply across all healthcare settings – allowing existing or new charters to adopt these rights and add other rights as applicable to individual settings

- The extent to which the National Charter and Principles creates gaps or overlap with other charters

Comment

See comment above

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

Comment

A National Charter of Rights would promote:

- consistency of expectations regarding consumer & provider rights cross all healthcare settings
- improved education
- improved compliance

- How the Charter and Principles could be used to support existing charters

Comment

The Charter and Principles could be put forward as a national 'gold standard' for use when reviewing / updating / developing healthcare charters

6 Possible use of the charter

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

Comment

If the charter is accepted as the national 'gold standard' then this could be integrated to the following settings:

- ACHS & other accreditation standards
- Professional codes of practice
- Healthcare agreements
- Education would become a natural flow on effect from the above

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

Comment

Yes – see above

- The potential of the Charter and Principles to be used to inform the review of private hospital Charters

Comment

Yes – see above

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

Comment

Yes – see above

- Other preferred options for implementing and enacting the Charter and Principles

Comment

The acceptance and implementation of a national charter is contingent on obtaining buy in from the appropriate professional and industry bodies including consumers.

For example:

- APHA
- AMA
- GPs
- Nursing
- Federal / State ministries of Health
- Consumer representative groups

Other options include:

- seeding funding to implement
- appropriate implementation packs for different healthcare settings – incorporating various levels of healthcare provision such as strategy, operational, and individual

7 How the charter applies in different sectors and settings

- Whether more detail is needed to make the Charter and Principles applicable in practice

Comment

Yes - further information would be required re what the principles mean in practice and guidance on how to apply in different settings eg: strategy, operational, individual

- 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

Comment

Yes – if the national charter is kept to the basic, core rights, and specific health care settings are enabled to expand on these as required (with supporting resources)