

7 March 2008

Dr Nicola Dunbar  
National Patient Charter of Rights  
Australian Commission on Safety and Quality in Health Care  
GPO Box 5480  
SYDNEY NSW 2001

Dear Dr Dunbar

**Draft National Patient Charter of Rights – AHHA Submission**

The Australian Healthcare & Hospitals Association (AHHA) is pleased to submit a consultation response to the Australian Commission on Safety and Quality in Health Care's Draft National Patient Charter of Rights.

The AHHA is the only national organisation representing public healthcare providers and professionals in Australia across regional health services, hospitals, community health centres and aged care facilities. Members of the AHHA's National Council are senior health administrators, clinicians and academics. AHHA is affiliated with the International and Asian Hospital Federations.

In support of this role, the AHHA:

- advances excellence in public healthcare services in all settings by promoting the development and implementation of well-resourced evidence based policies;
- facilitates national industry networks and forums (eg. conferences, seminars and think tanks) for the exchange of ideas among professionals in academia, management, clinical and technical roles, creating a stimulating environment for analysis, review and development of health policy; and
- provides contemporary, relevant and high quality information about health policies, governance and systems via a range of paper-based and electronic publications.

A central policy of the AHHA is improving the safety and quality of all health care in Australia, with a view to minimising costs and adverse impacts on patients. The AHHA believes that a critical component of safe and high quality care is ensuring that patients understand their rights and responsibilities.

The AHHA expects that a National Patient Charter of Rights could contribute significantly to the standardisation of clinical practices, healthcare processes and consumer expectations. However in its current form there are several issues that require clarity prior to any implementation of the Charter.

Attached is the AHHA response to selected questions and issues contained in the Consultation Paper dated 22 January 2008. If you have any questions or require further clarification of the AHHA submission, please do not hesitate to contact me.

Yours sincerely



Prue Power  
Executive Director

# AHHA response to Consultation Paper

## 1. AHHA Contact Details



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## 2. Issues

The AHHA is concerned that no reference is made to the enforceability of the charter, what the consequences of non-compliance are, and, correspondingly who determines whether a right has been breached and what the appeals process is for both patients and clinicians/service providers. There is no clear legal basis for the development of these rights, though there are several expressions of patient rights through Australian and International charters and agreements. More information is required on the evidence base for the development of the Charter. Equally, clear responsibilities must be identified in terms of who will be the arbiter/s of the standards.

Currently there is no information on the proposed implementation of the Charter, or evidence of the analysis of existing Australian and international precedents. For example, while most hospitals already have a Charter, the extent to which they are used and impact on practice is unclear. If a National Charter is implemented, there will need to be a change management process that allows for consistent understanding, application and evaluation of the Charter. The AHHA expects this would entail a significant cost which has not been identified in the Consultation Paper.

## 3. National Patient Charter of Rights and National Patient Charter Principles

- ▶ *Whether the existence of both the Charter and Principles is useful*
  - Subject to the above, the AHHA supports the creation of a National Charter and more detailed Principles to back up the Charter. Nationally agreed patient rights and responsibilities will be particularly useful in standardising care and providing measures against which safety, quality and satisfaction can be assessed. The AHHA believes the most effective avenue for the implementation of the Charter across public health care will be through the Australian Health Care Agreements. This should also include a focus on primary health care settings and general practitioners through the MBS. However, there is a need to ensure clear procedures in place for service providers and clinicians.

- ▶ *Suitability of the Charter and Principles for use by patients and providers*
  - The AHHA believes that simplicity is the key to a successful Charter that will be suitable for all patients and providers, provided it is completely unambiguous and made widely available. The clarity must be backed up in the wording of the Principles, and must be further supported by the development of performance indicators against each key patient right to allow measurement of their effective implementation.
  - Not all rights are unconditional. There must be clarity within the Charter and Principles around implications for service providers and clinicians, and also an explicit balancing of the rights and responsibilities of both patients and clinicians (mutual obligation). For providers there will need to be further work undertaken in translating the patient rights into protocols and guidelines, particularly if progress against the rights will be evaluated. Providers and clinicians will need to be involved in developing the more detailed principles to ensure they are fully applicable in practice and not restrictive, time/resource intensive or likely to result in litigation.

#### 4. Rights included in the Charter

- ▶ *Whether the rights included in the Charter are sufficient to cover the range of patient and human rights*
  - The AHHA endorses the proposed rights and does not suggest any additional rights to be included. There should be an exercise undertaken to establish the legal basis for the rights (mapped against existing legal structures and national/international precedents in healthcare) and what implementation requirements there are for all healthcare providers. This cost should not be borne by the individual providers when they already have patient charters of rights in place. There are some points the AHHA believes should be included in the existing Charter wording:
    - ACCESS: should include specific reference to timeliness of care and treatment (not just in the Principles)
    - COMMUNICATION: should include specific reference to translation services for non-English speakers (not just in the Principles)
    - COMMUNICATION: instead of "in language that is understood" it could read "in plain English" – translation above assumes the communication translates from the plain English
    - INFORMATION: should include reference to accessing health information through electronic media as this becomes available to patients, so onus is not always on the health providers (relating to patient responsibilities)
  - The Charter should also be translated into other languages in printed form and be made available to all people seeking care through GPs, public and private hospitals, community health care centres and aged care providers.

#### 5. Points included in the Principles

- ▶ *Whether the explanations included in the Principles assist in understanding the rights and responsibilities of patients and providers*
  - The AHHA is concerned that there is not sufficient clarity about the responsibilities of patients, particularly to balance the expectations on service

providers as bearers of full responsibility. There are some points the AHHA believes should be included in the wording of the existing Principles:

- RESPECT: second point should also include specific reference to '**culturally appropriate**'
- COMMUNICATION: second point should state "information in a language **and format** that can be understood and **is easily accessible**", noting need for consistency with the Charter
- INFORMATION: fifth point should state "that satisfies them about any proposed **procedure**, treatment and medication, including possible risks and alternatives"
- INFORMATION: last two points should be swapped – in-hospital then continuing care
- INFORMATION: final paragraph should read "Patients are expected to follow plans that have been **mutually** agreed with the health care provider and to report any changes in their condition."
- PARTICIPATION: third point should be consistent with Information and read "give informed consent prior to any procedure **and treatment**..."
- PARTICIPATION: sixth point should read "**consent** to participate in teaching, training or research activities **without duress**, apart from..."
- REDRESS: third point should read "have their concerns dealt with properly, promptly **and with empathy**"

## 6. Existing charters

- ▶ *The potential value added by having a National Patient Charter of Rights*
  - The AHHA believes there would be significant value added by providing a national standard for patient rights. This would ensure consistency in application, accountability and comparability, and reduce duplication across jurisdictions and care settings. In line with the AHHA's other policies, the National Patient Charter of Rights would ensure national consistency and therefore drive improvements in quality, provided information on health service performance against the Charter is made available to the general public.

## 7. Possible uses of the Charter

- ▶ *The potential role for the Charter and Principles in standard setting, accreditation, education and training*
  - The AHHA believes such a Charter supported by clear Principles would have a key role in setting national standards for care and be integrated in education and training for all health professionals. Many of the rights contained in the Charter provide points of measurement against which performance can be gauged. Such a structure could provide the basis for evaluating national standards and reviewing them if necessary. Using the Charter to set national standards in clinical practice and education would certainly have a significant impact on creating a patient-centred approach to health care so that consumers can expect the same quality of care in any setting.
- ▶ *The potential for the Charter and Principles to be used to inform, develop or review public and private hospital charters*
  - The AHHA believes a national Charter would be highly useful for individual hospitals and health care providers to develop their own localised Charters,

and review those already in place. The proposed Charter provides a clear framework against which the 'basics' are ensured in any setting.

- ▶ *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 AHHA believes that the Charter and Principles provide several key measures of quality from a patient perspective that should be included in the AHCAs themselves, with individual hospitals required to report on their progress against a national benchmark that would need to be established beforehand. The requirement to use the national Charter as a basis for all public hospital patient charters should also be written into the AHCAs.