

DRAFT NATIONAL PATIENT CHARTER OF RIGHTS

Consultation Paper

22 January 2008

This Consultation Paper is available on the website of the Australian Commission in Safety and Quality in Health Care, www.safetyandquality.org

The Commission will be accepting written submissions up to 7 March 2008. Submissions marked "National Patient Charter of Rights" should be forwarded to:

GPO Box 5480

Or emailed to:

SYDNEY NSW 2001

mail@safetyandquality.gov.au

Please be aware that in order to ensure transparency and promote a robust discussion, all submissions will be published on the Commission's website, including the names of individuals and /or organisations making the submission. The Commission will consider requests to withhold the contents of any submissions made in whole or part.

This document is part of a priority program initiated by the Australian Commission on Safety and Quality in Health Care in its 2007-2008 work plan. The content of the document has not been endorsed by Commission members, Health Ministers or State and Territory Health Departments.

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Introduction

The Australian Commission on Safety and Quality in Health Care (the Commission) was formed in 2006 to lead and coordinate improvements in safety and quality. For its work in 2007-2008, the Commission has adopted a number of Priority Programs, one of which is to develop a national patient charter of rights.

Purpose of the initiative

The Commission is developing a national patient charter of rights that sets out the key rights of patients when receiving health care. The Commission will also articulate a nationally agreed set of principles to underpin the provision of health care, wherever the care is delivered.

Existing patient charters

The Australian Government has required States and Territories to provide a patient charter for public hospital patients since the 1993-1998 Australian Health Care Agreements. The 1998-2003 and 2003-2008 Agreements required jurisdictions to review and update their patient charters.¹ States and Territories are required under the Agreements to have their patient charters reviewed by the Commission.

A Private Patient's Hospital Charter has also been developed by the Department of Health and Ageing. Many private hospitals have also developed their own patient charters. In addition, some of the State and Territory independent health care complaint handling agencies have developed a patient charter, or are required to do so under their legislation.²

Scope of the initiative

The Commission recognises that States and Territories and a range of other organisations have devoted significant resources to the development of their own charters. The Commission will build on this work and will not repeat the extensive development and consultation that has already occurred.

The focus of this program is to develop a charter that is applicable in all health care settings nationally; work on individual health service charters or requirements for specific groups or contexts is not included within this program.

About this document

The purpose of this document is to present the draft National Patient Charter of Rights for consultation and discussion. To inform the consultation process, the document also provides information about:

- ▶ the reasons for developing the Charter
- ▶ the process for developing the Charter
- ▶ possible uses for the Charter.

Why a national patient charter of rights?

As noted earlier, there are already a number of patient charters in place. State and Territory health departments, health service providers, private hospitals, health care complaints commissions and other organisations have devoted considerable effort to developing their own charters. Given this context, it is important to understand why the Commission is developing a national patient charter. The reasons for this are set out in this section.

The role of the Commission in safety and quality

The Commission was established to lead and coordinate national improvements in safety and quality. The health system exists to serve its patients, so articulating the entitlement of each patient from the system is fundamental to the relationship between patient and provider. One of the Commission's roles is to secure safer, more effective and more responsive care for patients. It considers that a uniform articulation of patient entitlements – and appropriate obligations – is a basic requirement for a safe and high quality healthcare system. A national patient charter of rights will accordingly underpin the provision of safe and high quality health care and support a shared understanding of the rights and responsibilities of patients, consumers and health care providers.

Informing and empowering individuals, families and communities

All people have fundamental human rights. In Australia there is a socially and culturally diverse population and everyone shares a fundamental right to basic health care. A patient charter of rights is one way that governments, health authorities and health care providers can inform individuals, families and communities about their right to health care, and empower them to obtain the best possible care.

Patient charters vary across and within public and private health care sectors

All States and Territories have adopted patient charters, but they are not consistent in content or implementation. There is also a marked difference in content, focus and tone between public hospital charters and the Private Patient's Hospital Charter. Local level content and implementation also vary.

A national patient charter will provide a unitary agreed set of principles to be adopted or used by States and Territories and other organisations when reviewing existing charters and will constitute a consistent basis for the ongoing development of specific jurisdictional, disease and health service charters.

The context of the Australian Health Care Agreements

As noted earlier, the Australian Government has required States and Territories to provide a patient charter for public hospital patients since the 1993-1998 Australian Health Care Agreements. The 1998-2003 and 2003-2008 Agreements required them to review and update their patient charters.

State and Territory Health Ministers have for some time requested clarification of the minimum standards that public patients' hospital charters must meet.³ There is support for extending coverage to all designated health services and encompassing services outside the traditional hospital sector. A national patient charter will address these issues.

Role of national charter in reviewing public patient charters

The Australian Health Care Agreements also require that States and Territories have their public patients' hospital charters reviewed by the Commission.

A national charter will provide a model for the content, development, communication, implementation, review and updating of public patients' hospital charters. It will also facilitate linkages between public and private charters.

Raising the profile of patient charters

Feedback from the Consumers' Health Forum and health services suggests that consumer knowledge of the existence of charters and what they mean when seeking health services is highly variable.⁴ A review of the Patient's Charter in the National Health Service in the United Kingdom found that few patients were aware of the contents of patient charters and that there was only a vague awareness of the existence of a charter.⁵ There is an opportunity to raise the profile of patient charters in the Australian health care system through the development of a national patient charter. Publicity associated with the initiative has the potential to improve access to and knowledge of charters.

Draft National Patient Charter of Rights

Introduction

The purpose of the National Patient Charter of Rights is to support safe and high quality care by articulating the key rights of all patients when seeking health care anywhere in Australia.

The Charter is based on eight rights:

- ▶ **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

To identify these key rights the Commission reviewed national and international patient charters and other similar instruments. There was considerable overlap between these documents, and a set of common principles was identified that formed the basis of the rights included in the Charter.

Two documents are presented for consultation here. The first is the **National Patient Charter of Rights**. The Charter is a concise statement of the eight rights noted above. It is targeted specifically at patients, and expresses these eight rights as statements about what patients are entitled to expect from the health system.

The second document, the **National Patient Charter Principles**, is an explanation of the principles underpinning the rights included in the Charter. The purpose of the Principles is to provide more information about the rights included in the Charter, and what the rights could mean in practice. 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.

Neither the Charter nor the Principles provide detailed information about how the rights and entitlements should be applied to individual patients, or in specific health care settings. This is because the focus of the Commission initiative is a set of broad, national principles that could apply in any context. More detailed documents could be prepared using the rights and entitlements described in the Charter and Principles.

National Patient Charter of Rights

The national patient charter of rights describes what a patient is entitled to expect from the health system. The rights included in the Charter are essential to the provision of quality and safe health care and treatment wherever and whenever care is provided.

When talking about 'patient rights', the Charter is based on the understanding that there are different roles and responsibilities for both patients and providers. The Charter applies to all parts of the health system and is intended to guide the relationship between patients, families, carers and providers of health care. The Charter also recognises the important role of family and community in delivering care to patients.

The Charter acknowledges that Australia is a socially and culturally diverse society and applies across this diversity. The Charter exists within a broader framework of human rights and the basic right to health care, as set out in the United Nations Universal Declaration of Human Rights, to which Australia is a signatory.

<i>What can I expect from the health system?</i>	
MY RIGHTS	WHAT THIS MEANS
1. ACCESS: I am entitled to have access to public health care	Access to public health services based on clinical need, not the ability to pay
2. RESPECT: I am entitled to respect, dignity and consideration	Mutual respect, dignity and consideration between patient and provider during the provision of care that is respectful of culture, beliefs and values
3. SAFETY: I am entitled to safe and competent care	Health care services provided with professional care, skill and competence in a safe environment
4. COMMUNICATION: I am entitled to clear communication throughout the period of care	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: I am entitled to be informed about services, treatment and care	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: I am entitled to be included in making decisions and choices about care	Patients being involved in decision making about care, including informed consent prior to any procedure with discussion of the options available
7. PRIVACY: I am entitled to confidentiality of my personal information	Confidentiality of personal health and other information gathered from patients by health providers
8. REDRESS: I am entitled to comment about my care and have my concerns addressed	Provision of information on how to comment about care, opportunity to make a complaint and concerns dealt with properly and promptly

National Patient Charter Principles

The National Patient Charter Principles expands on the principles underpinning the patient rights and entitlements set out in the National Patient Charter of Rights.

The Principles are largely expressed in terms of patient rights and entitlements. However they are based on the understanding that any interaction with the health system involves expectations of patients, as well as expectations of health care providers and the system itself. In some cases expectations of patients have been described in the Principles.

The principles included here apply wherever and whenever care is provided. The Principles recognise the important role that families and communities play in receiving and delivering care, and these rights, entitlements and expectations also apply to families, carers and other nominated support people where appropriate. Accordingly, in the Principles the word “patient” includes, as appropriate, families, carers and other nominated support people.

1. ACCESS: Equity of access to public health care

A patient 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 or a private patient
- ▶ 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

2. RESPECT: Respect, dignity and consideration

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

A patient 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 and gender
- ▶ relief from suffering, including palliative care, that is dignified, comforting and supportive

3. SAFETY: Promoting safe and competent care

A patient is entitled to:

- ▶ health care services provided with professional care, skill and competence
- ▶ care that is informed 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

4. **COMMUNICATION: communicating clearly throughout the period of care**

A patient is entitled to:

- ▶ open and appropriate communication throughout the period of care, particularly when plans change or if something goes wrong
- ▶ information in a language that can be understood
- ▶ access to a qualified health interpreter, where possible
- ▶ 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

5. **INFORMATION: being informed about services, treatment and care**

A patient is entitled to information:

- ▶ about their health care
- ▶ that explains the difference between accessing public hospital services as a public or a private patient
- ▶ 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 service providers
- ▶ that satisfies them about any proposed treatment and medication, including the possible risks and alternatives
- ▶ about who is providing care, particularly in a public teaching hospital or health facility where the health care team can vary
- ▶ about their care being handed over to the next health care provider, with regard for confidentiality, where possible
- ▶ 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 in hospital

Patients (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 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

6. **PARTICIPATION: informed decision making and informed choices**

A patient 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 and incidence of side-effects for each option
- ▶ 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 public hospital by clinicians in training
- ▶ ask for further information if there is any uncertainty about their care

7. PRIVACY: ensuring personal information is secure

A patient 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

8. REDRESS: commenting on care and having concerns addressed

A patient 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

Process to develop the National Charter

The development of the charter has five major steps:

1. *Reviewing existing charters and developing a draft charter:* In developing the National Patient Charter of Rights the Commission reviewed existing Australian and international charters in September 2007. A summary paper of Australian charters was prepared. Included in it were State and Territory public patients' hospital charters, the Private Patients' Hospital Charter and charter instruments produced by some jurisdictional health care complaints commissions. Based on this review key rights were identified to form the basis of the Charter.
2. *Initial consultation:* To inform the development of the National Patient Charter of Rights the Commission established a Reference Group of key stakeholders from consumer, nursing, allied health, medical and other organisations. An initial working draft Charter was reviewed by the Reference Group, Commission members and Commission Inter-Jurisdictional and Private Hospital committees. in October and November 2007. Feedback from this initial consultation was used to modify the Charter in December 2007.
3. *Consultation process:* This consultation paper containing the draft Charter will be circulated widely in January 2008. Consumer organisations, health services, complaints commissions, medical indemnity organisations, accreditation bodies, and health professional groups will be invited to provide submissions on the Charter. In addition, in February 2008 the Commission will hold meetings with a number of specific consumer groups to discuss the Charter, and hold round table discussions with consumers and health service providers to discuss the Charter and its implementation.
4. *Preparation of final Charter:* Based on the input received as part of the consultation process the existing Charter will be revised with input from the Reference Group in March 2008. A revised draft Charter will be prepared for submission to Commission members and committees in April 2008. A final draft will be prepared based on their input.
5. *Presentation to Health Ministers:* Once the final draft has been endorsed by Commissioners the Charter will be presented to Health Ministers for endorsement in July 2008.

This process is summarised on the following page.

Aug-Sep 2007	Oct-Dec 2007	Jan 07-Feb 08	Mar-Apr 2008	Jun-Jul 2008
Initial review Initial working draft	Initial consultation	Consultation process	Preparation of final charter	Present to Health Ministers
Review charters Prepare Summary Paper Prepare initial working draft				
	Review by Reference Group Circulate to Commission members and committees Revise Charter and develop Consultation Paper			
		Circulate Consultation Paper Meet with consumer and community groups		
			Revise Charter Review by Reference Group Circulate to Commission members and committees Prepare final draft	
				Provide final draft Charter to Health Ministers for endorsement

Possible applications for the National Charter

As well as agreeing on the content of the National Patient Charter of Rights and National Patient Charter Principles, it is important to consider how they will be used in practice. Options for the use of the Charter and Principles at national, jurisdictional and organisational levels are discussed in this section.

Accreditation

Accreditation is an important driver of safety and quality improvement. The assessment of health service providers against agreed standards can provide a more uniform approach to service delivery. Incorporating the Charter into national accreditation standards would support the application of the Charter by accredited health service providers, and provide a process to monitor the use of the Charter.

Education and training curricula

One of the aims of the Charter and Principles is to support a shared understanding of the rights and responsibilities of patients, consumers and health care providers. It is therefore important for health care providers to be aware of the information included in these documents. The Charter and Principles will assist in the development of curricula focussing on issues such as communication with patients, involving patients in decision making and cultural awareness. This work could be linked with the existing National Patient Safety Education Framework which includes information on these topics.

The Australian Health Care Agreements

The rights included in the Charter and Principles could be incorporated into future Australian Health Care Agreements, if there continues to be a requirement for States and Territories to produce public patient charters. This could provide clear guidance for States and Territories regarding the content of their patient charters.

Private Patient's Hospital Charter review

The Australian Department of Health and Ageing Private Health Insurance Branch is responsible for the review of the Private Patient's Hospital Charter and provides an important link to the use of this charter in private health care organisations. The Charter and Principles could be incorporated into the ongoing review of the Private Patient's Hospital Charter.

Charter use by jurisdictions and other organisations

The National Patient Charter of Rights and the National Patient Charter Principles may be used by States and Territories and other organisations when developing or reviewing patient charters. The Charter and Principles will provide a consistent basis for the ongoing development of jurisdictional, disease and health service specific charters.

The new National Patient Charter of Rights and National Patient Charter Principles will provide impetus for the development, updating, review, dissemination and implementation of existing charters. Some may no longer be required. One important area of future focus is the implementation of charters by States and Territories and in local health care services.

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

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

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

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

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

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

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

References

¹ Australian Government Department of Health and Ageing, 2003-2008 Australian Health Care Agreement, Schedule D – Public Patients’ Hospital Charter and Complaints Body, 1998, <http://www.health.gov.au/ahca>, accessed 24/7/07.

² Queensland Health Quality and Complaints Commission, *Draft Code of Health Rights Q and Responsibilities*, http://www.hrc.qld.gov.au/uploads/74442HRR-code_COMPLETE.pdf, accessed 7/12/07.

³ State and Northern Territory Governments joint submission to the Senate Community Affairs Legislation Committee. *Health Legislation Amendment (Health Care Agreements) Bill 1998*, May 1998, Commonwealth of Australia.

⁴ Consumers’ Health Forum of Australia, *Revision of the Private Patients’ Hospital Charter*, October 1999.

⁵ Kent, Ann (1998) ‘Few patients are aware of contents of patient’s charter,’ *BMJ* 317:5, 5 December, 1543.

