



Members of the HCCN workshop ideas presented to them by international health consumer expert Dr. John Øvretveit.

Health Consumer Complaints Network receives international aid



Dr. John Øvretveit.

The Health Consumer Complaints Network (HCCN) was recently treated to a morning workshop conducted by Norwegian health policy expert Dr. John Øvretveit.

The HCCN, which is comprised of complaints officers from the major Perth public hospitals and includes representatives from the Office of Health Review, meets on a monthly basis to discuss common and emerging issues in the consumer health environment.

Dr. Øvretveit was visiting Australia as part of a national tour, holding seminars in a number of cities. He is an expert in patient safety, and has made significant

contributions to the fields of health service quality, health management and inter-professional cooperation and health reform.

The purpose of the workshop was to provide an opportunity for the HCCN to review and develop their agenda for the next year. This involved a review of individual aspirations and how these individual aspirations can impact on the group.

The workshop and the ideas presented by Dr. Øvretveit revealed the foundation of his work: Organisations and their management can alternatively bring out the best and worst in people.

At the conclusion of the workshop the group identified two main agendas. The first related to professional development that enabled complaints coordinators to more effectively manage and bring resolution to complaints. The second agenda was to review information in complaints databases about the nature of complaints to address the issues, preventing similar complaints in the future.



OHR staff with trainer Barbara Holland

Training day boosts staff skills

Office of Health Review staff recently took part in a training day with Barbara Holland from Performance Boosters WA.

The training, which was held as part of a strategic direction to enhance the skills and abilities of OHR staff, focused on dealing with challenging behaviour when working with consumers and providers.

In the workshop, staff began by identifying the support mechanisms that they have available to them in the workplace, and how to effectively work with extreme emotions often expressed by people working through complaint.

The team then analysed what it means to be successful in their roles and how that positively impacts on their work and their life in general.

After looking at how to deal with challenging behaviour, the workshop moved on to establishing trust with people and how to connect with clients to deliver empowerment and enhance their problem-solving skills.

The latter part of the workshop focused on staff skill enhancement. OHR staff left the training feeling refreshed and validated, ready to take on the challenges of their work with renewed vigour and an increased awareness of their own skills.

Welcome to the first edition of The Health Review, the 'new' newsletter from the Office of Health Review.

In this publication we hope to keep our stakeholders informed of developments within the Office, in touch with the work that we do and provide information on some of the collaborative efforts that we have achieved with other organisations.

Any feedback or suggestions are welcome - please send them to mail@healthreview.wa.gov.au. For further information about OHR, please visit our web site at www.healthreview.wa.gov.au.

Handling Complaints

It may seem like a long time ago now, but in 1993 US President Bill Clinton and Vice President Al Gore started a revolution in US federal agencies with an Executive Order titled 'Setting Customer Service Standards.'

Despite its prosaic title, the Order initiated sweeping changes through federal agencies by directing them to examine the needs of their customers, and more specifically determining what kind of service customers wanted and whether they were getting it.

While what Clinton put in motion and the processes behind it are government-focused, the changes that were made in service delivery and the studies that they were founded on provide lessons that any service provider, in any industry, can learn from.

One of the main features of the US government's agenda was putting the customer first. This notion was to be implemented at the highest levels, by integrating customer service standards and measures into strategic plans, organisational business plans and key performance indicators across all agencies.

The study began by developing benchmarks that were based on the organisations that were determined to be doing the best in customer complaint resolution, and then working out the short-fall between the best organisations - and the rest. It then set about looking at how to improve customer service delivery.

Make it easy for the customer to complain The study showed that the organisations that dealt with customer complaints in the best fashion actually wanted customers to complain, because they recognized the learning experience that can result from listening to a customer's complaint. Acknowledging a customer's complaint and resolving it will not only turn the situation around for the customer, but also provide the opportunity for you to improve your practice.

It is also worth acknowledging the well-established rule that an unhappy customer will tell twice as many people

about their experience as a happy customer. In the health sector, many people seek the recommendations of friends and family when making a decision about which service to use. Many service providers can't afford to have unhappy customers.

Respond to complaints quickly and with courtesy If a customer has a complaint, they should still remain loyal if you rectify the situation. Responding to a complaint quickly and with politeness indicates efficiency and concern for the customer.

Resolve complaints at the first step

Resolving complaints at the first point of contact, that is, when the complaint is raised, will:

- Increase efficiency by eliminating further time-costly contacts, and,
- Build customer confidence.

Customers want their complaint to be resolved as quickly as possible. Customers especially dislike having to deal with a complaint with more than one person, which usually involves having to reiterate the complaint and often leads to unsatisfactory communication.

Improving Complaint Handling: A Quick Guide

Issue a statement (circulated to all staff) that says your organisation will embrace complaints and view them as opportunities.

Develop a plan for handling complaints that identifies the stages involved, escalation and the responsible staff members.

Establish a tracking system that keeps complaints in a separate file or location in order to capture the lessons learnt.

Empower front-line employees to resolve complaints at the first contact.

Develop recommendations to improve customer service.

Develop an action plan for implementing the recommendations and assign individual staff to perform the necessary tasks.

Utilise technology Utilising technology to handle complaints will enable you to determine trends and resolve them. The best operators in the study compiled

customer complaint information and presented it to everyone in the workplace, in order to better understand how to align the business to customer's expectations.

Hire the best front-line staff and train them well Staff at service counters and reception desks are at the front-line and will often talk to customers as much as practitioners. Some customers may even feel more comfortable talking to them than you, and the front line staff will often be the first contact when complaints arise.

It is important to not only maintain strong lines of communication with your staff, but also to develop a plan with them, even if it is a basic one, for dealing with complaints. This could include simple elements such as giving them the authorisation to refund a consultation fee if they feel it is warranted and would resolve the complaint.

What does this mean for the health professional?

Many health professionals see their work as more of a calling or vocation rather than a job, and the patients and indeed the practitioners are often the better for this outlook.

However, in today's economic climate of competition and consumer choice, it is important to note that the relationship between a health professional and a patient is now like that of a provider and a client.

Health is now an industry like many others. The customer pays you for performing a service, and just like any other customer they have universal rights and you, as a provider, have obligations. While many people place implicit trust in health-care providers, you still have a duty to provide your clients with as much information as possible, so that they can make an informed decision.

Complaints against any organisation, be it in an international bank or a corner shop, are usually the result of poor communication. And the best way to resolve any kind of complaint is through open and positive communication. If you consider adopting some of the ideas outlined in this article, you and your enterprise will be well-placed to deal with complaints in the future.

Grant Approval to Benefit Disability Service Providers



Members of the Disability Services Network (l-r) Fran Tyler (Disability Services Commission), Monique Williamson (National Disability Services) Anne Donaldson (Office of Health Review) and Leonie Walker (People With Disabilities)

Staff from National Disability Services (previously ACROD) and the Office of Health Review recently celebrated the award of a grant that will benefit staff working in the disability sector.

The \$22 000 grant from the Disability Services Commission will be used to fund training for staff working in Western Australia in the area of disability services.

The training will be conducted via a series of seminars, providing attendees with professional development in the area of best practice in complaints management.

The training will focus on topics such as dealing with difficult behaviour, developing listening skills, complaint mediation and using complaints to improve service performance.

The seminars will be offered to all disability service providers in WA who would like to attend.

Staff from National Disability Services are currently developing a project to cater for the planning that will go into the seminar series, which will ensure that the grant funds are used to get the best value-for-money training.

The planning that will go into the seminar series caters for analysing the needs of the sector, as well as discussing those needs with key stakeholders such as the Disability Services Commission.

"We will talk to providers, trainers and consumers to ensure that we identify any gaps that may exist in current service

delivery" said National Disability Services Officer Monique Williamson. "We also want to look at support systems for providers. We can develop training that will guide providers in turning a complaint from a criticism into an opportunity to improve their service."

Ms Williamson discussed the grant at a meeting of the Disability Services Network, (pictured above) who were delighted to hear of the grant.

Ms Williamson noted that around 30% of her organisation's provider are in regional areas, and efforts will be made to provide training to those providers, through developing a video package and planning for regional seminars.

The various members of the network will provide their own input and guidance for the upcoming seminars.

For further information regarding the seminars, visit the National Disability Services (WA) web site at: <http://www.nds.org.au/WA/default.htm>.

Helpful links - WA Registration Boards

[Medical Board of WA](#)

[Dental Board of WA](#)

[Chiropractors Registration Board](#)

[Nurses Board of WA](#)

[Occupational Therapists Registration Board](#)

[Optometrists Registration Board](#)

[Physiotherapists Registration Board](#)

[Podiatrists Registration Board](#)

[Psychologists Board of WA](#)

Gap Fees Cause Health Fund Member's Angst

According to a recent article in the Sydney Morning Herald, uninsured 'gap fees are an issue of concern to many people who have private health insurance.

The uninsured gap fee is the difference in cost between what an individual may be covered for by their private health insurer, and the actual cost charged for a service by a health care provider. This leaves the customer with a sometimes significant charge that makes up the difference between the two.

The article goes on to note that in 16 per cent of private hospital cases gap charges come as a surprise to patients who were not aware that they would be charged additional fees.

The article suggests that the Federal Government is considering conducting a survey into the issue, fuelling speculation that fee disclosure may be made compulsory in the future.

Health funds' spokesman Dr. Michael Armitage was quoted as saying: "These are patients...not informed of the gap charges, who are sick, vulnerable, often in pain and anxious and often in no fit state to be faced with further pressure over what they have to pay."

NSW private hospital patients paid an average gap fee of \$861 last year. A 2006 government survey found that lack of disclosure was more likely to be associated with higher gaps, with 7 per cent of patients nationally reporting unexpected gaps of more than \$1000.

The survey found in 84 per cent of cases doctors did inform patients, compared with 79 per cent in a survey in 2004.

The article quotes Federal Health Minister Tony Abbott as saying that unless the rate was much closer to 100 per cent he would introduce measures legally binding on doctors.

OHR has dealt with a number of complaints regarding informed financial consent. Our 2006/07 Annual Report will cover the issue in more detail, providing statistics for the financial year.

Office of Health Review - Case Studies

OHR often deals with issues that are worth “bringing to the table.” Here are some examples of complaints that we have dealt with:

Case Study One

A patient voluntarily presented at the emergency department of a large Perth public hospital, following a suicide attempt that involved the consumption of a large quantity of over the counter medication. The patient was admitted under the Mental Health Act as it was considered that the patient was at the risk of self-harm.

The day after admission, the patient was given a battery of tests that included Hepatitis B, C and HIV. While a hospital doctor requested the test, the request was not documented in the patient’s medical records, nor was there any record of discussion between the patient and any staff regarding the test.

The patient claimed that the first he knew of the HIV test was when he was informed by his GP a few weeks later that he had tested negative to a test instigated by the hospital.

At the time the complaint was raised, the hospital was unable to provide OHR with any clinical guidelines or policy regarding how patients are tested for HIV.

The Department of Health has produced guidelines stating that all patients must be able to make informed consent prior to an HIV test, and that they also must have pre-test and post-test counselling. The Department also recommends that these actions be documented.

The Office of Mental Health also advises that unless patients are completely incapable of making a decision or speaking for themselves, they must be offered informed consent and, at the very least, pre-test counselling.

This case raises a number of important issues including ‘informed consent’, which is something that OHR intends to look at more closely in the future.

At the time that the patient was admitted, the hospital did not have clinical practice guidelines or any policies in place to direct medical practitioners when testing for HIV.

Since OHR dealt with the complaint, however, the hospital has introduced a policy for HIV testing.

Case Study Two

A consumer had surgery at a public hospital on one of her feet to correct persistent clawed toes which were causing her pain and discomfort.

The woman returned for a consultation 4 weeks later and was referred for surgical shoes as she was suffering from

persistent clawing of her toes. She consulted her GP who sent her to another surgeon for a second opinion. The surgeon suggested amputation of the toes, which was not the patient’s preferred option.

The woman then made a complaint to the Office of Health Review, as she was still experiencing pain and discomfort. The patient claimed that despite the corrective surgery, if anything, her situation was worse because she had been told she had to wear surgical shoes.

During conciliation, the consumer said that she did not want to meet with the surgeon. OHR prepared written correspondence outlining the consumer’s complaint and sent it to the hospital, which sent a copy of the complaint to the surgeon. The surgeon provided a written response, a copy of which was sent to OHR and the consumer.

The surgeon claimed that the patient’s problems had been aggravated by the type of shoes she wore which were unsuitable and crowded her toes – he reiterated that she should have surgical shoes and that he had no plans for further surgery.

The OHR conciliator discussed various avenues for resolution with the hospital’s Consumer Liaison Officer and the consumer. As her desired outcome from her complaint was for her foot to be “fixed”, the CLO arranged for a consultation with another surgeon at another hospital.

The woman was satisfied with the consultation and agreed to have corrective surgery carried out by that surgeon. She also requested that a report be sent to the original surgeon so that he was made aware of what had transpired. Surgery was scheduled to take place mid-June, and the consumer was happy with the outcome of her complaint.

Complaints Statistics

Between 1 January 2007 and 31 May 2007, OHR closed 716 health and disability complaints. They related to the following issues:

- Treatment - 43%
- Access - 26%
- Cost - 12%
- Information - 7%
- Other Issues - 12%

During the same period, the Office received 703 new complaints and 218 complaints were accepted into the conciliation process.

In terms of provider ratios, the most significant proportions of current complaints relate to prison health services and metropolitan public hospitals.

Disability Service Complaints

Unlike complaints regarding health services, most of the complaints OHR receives regarding disability services are lodged by representatives of a person with a disability.

It is also significant that most of the complaints are made by family members, usually parents of adults or children with disabilities, who are not necessarily the primary carers.

The Disability Services Act 1993 has provisions that enable OHR to accept complaints made by family members and to recognise an advocate for a person with a disability if that person is personally unable to complain.

Representatives of people with intellectual disabilities make up the majority of disability service complaints, with an increasing number from parents of children with autism spectrum disorder. Most of the disability service complaints OHR receives relate to services provided by non-government organisations that receive some form of funding from the Disability Services Commission.

Complaints about disability services are dealt with through a conciliation process involving an informal meeting between the complainant and the service provider, which is facilitated by a staff member from OHR.

The issues for discussion at the meeting are agreed between the parties and outcomes achieved can be, for example: an apology; an explanation; improvements in service provision; or, a change to policy or procedure.

While OHR assists in the resolution of individual complaints, the Office has an on-going commitment to improve service provision wherever possible.

OHR recently conciliated a complaint regarding inadequate oral hygiene provided to a young person living in supported accommodation. Following the conciliation process, the service provider introduced new policies and procedures to ensure six-monthly reviews of oral hygiene and annual dental reviews for all residents.

OHR and Registration Boards Collaborate

As part of an ongoing stakeholder consultation process, OHR has continued to hold regular meetings with representatives of the various registration boards for health professionals in Western Australia.

Director Anne Donaldson said that meetings with groups such as the registration boards is an important component of OHR's communication strategy: "Without this kind of consultation, we would be working in the dark as far as our stakeholders are concerned. It's very important for us to maintain links with organisations like the boards so that we can offer them the opportunity to collaborate in areas where we might have common aims."

At a recent meeting attended by staff from the Nurses, Medical, Pharmaceutical, Chiropractor's and Psychologist's registration boards, a number of issues that impact health providers, consumers, the Boards and OHR were discussed.

One topic that came up for discussion was the impact of recently-revised legislation that will affect the laws governing the practice of a range of health professions.

The Boards and OHR were especially interested in the legislation relating to complaint handling, and the proposed formation of Complaints Assessment Committees. It was agreed that a guest speaker with a legal background would be sought to address the next meeting, to gain some clarification of the new legislation and its implications for consumers and providers.

The attendees also agreed to look at collaborating on a range of publications to assist consumers and providers in dispute conciliation.

A number of the board representatives also suggested that they would appreciate assistance from OHR in developing guidelines for a conciliation function.

For more information regarding the registration boards and their roles, visit their web sites, the links to which have been provided on page 3 'Helpful Links.'



The **Office of Health Review** is an independent State Government agency established to deal with complaints about health and disability services.

Our mission: To make health and disability services better through the impartial resolution of complaints.

For more information about the Office, please visit our website at: www.healthreview.wa.gov.au

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