

Health Review



Amendments pave the way for improved services

The Office of Health Review welcomes recent legislative amendments passed by State Parliament, which will strengthen our capacity to resolve health and disability complaints.

The Office has been working on the amendments for some time and has consulted with a wide range of stakeholders to bring about changes that will have a positive impact on consumers and providers of health and disability services.

Among other benefits, the legislative changes mean that the Office will be able to:

- change its name to the Health and Disability Services Complaints Office (HaDSCO) to better reflect the functions of the Office;
- include negotiated settlement as another means to resolve complaints during assessment or conciliation;
- remove statutory inconsistencies between the respective health and disability complaints legislation;
- increase the time period for making a health complaint from one to two years; and
- authorise a person to be recognised as a health consumer's representative in the complaints process if the consumer has died.

While the Bill was introduced in the Legislative Assembly in August 2009, several further amendments were incorporated in the following months as a result of ongoing liaison with stakeholders and Members of Parliament.

During debate in the Legislative Assembly the Bill received strong support from the Government, the Opposition and independent Members of Parliament. This is illustrated in the comments made by Roger Cook MLA, Shadow Minister for Health, who as lead speaker for the Opposition stated:

"I am sure that every member in the chamber is very pleased to see this legislation come forward..."

This is an unusual piece of legislation because everyone is sitting around, as they say, in furious agreement."

After the amendments come into effect on November 30 the Office will revise its complaints management policies and procedures to reflect the new legislative framework.

The Office will also work closely with stakeholders to assist their understanding of the amendments and how they will impact on everyone involved, particularly consumers and providers.

What's in a name?

The Office will officially become the Health and Disability Services Complaints Office (HaDSCO) on 30 November, which is when the legislative amendments (see left) come into effect.

Compared to our current title of Office of Health Review, it is hoped that the name change to HaDSCO will increase the visibility of the Office's role in resolving complaints, and make the Office's role clearer to people and organisations who may want to use our services.

The Office has also traditionally received a low proportion of complaints regarding disability services compared to health services. While the Office has worked to increase its visibility in the disability sector through a number of avenues, it is anticipated that the inclusion of disability in the Office's title will also make our role in resolving disability complaints more apparent.

Renaming the Office has also involved rewriting and rebadging our publications and web site, the majority of which will be available for downloading or ordering from November 30.

Welcome to the final edition of the Health Review - we will be back in the next quarter with our new newsletter.

| | |
|--|--------|
| Amendments pave the way... | Page 1 |
| What's in a name? | Page 1 |
| OHR Annual Report | Page 2 |
| Registration boards go national | Page 2 |
| Are we getting through to you? | Page 2 |
| Annual Report reflects 'better practice' | Page 2 |
| OHR case studies | Page 3 |
| Annual Report highlights | Page 4 |

2009/10 OHR Annual Report released



The 2009/10 OHR Annual Report was recently tabled in State Parliament. The Report provides a summary of OHR's activities during the reporting period, and gives readers a detailed analysis of how we worked with consumers and service providers during the year to resolve complaints.

This will be the final annual report that is produced under the OHR banner, as we move toward the launch date of November 30 for HaDSCO. To view or download a copy of the report, please go to the publications page of our web site by using the following link:

www.healthreview.wa.gov.au/publications.



Annual report reflects better practice

OHR was listed by the WA Auditor General as a 'better practice' agency for the 2009/10 financial year.

To qualify for this category, OHR demonstrated efficient and effective financial controls and reporting. This result is specially pleasing as this year the Auditor General raised the bar for their assessment of State Government agencies' achievement of better practice status.

The Audit Results Report was tabled by the Auditor General in State Parliament on 10 November and is available for viewing at: www.audit.wa.gov.au.

Registration boards now national

As of 18 October 2010, Western Australia's health professionals are registered by national boards that come under the umbrella of the National Registration and Accreditation Scheme.

The new national scheme, which has been designed to ensure uniform registration and accreditation standards across the country, is supported by the Australian Health Practitioner Regulation Agency (AHPRA).

The Office will work cooperatively with the boards to ensure that people making a complaint will have their matter dealt with by the appropriate organisation. If the board members and the Office agree that a complaint may be better dealt with through conciliation, the complaint may be referred to the Office. Likewise, the Office may refer matters to the board, depending on the issues at hand.

The national scheme is responsible for the registration of the following health professions; medical practitioners, nurses and midwives, chiropractors, dentists, optometrists, osteopaths, pharmacists, physiotherapists, podiatrists and psychologists.

For more information visit the Australian Health Practitioner Regulation Agency at www.ahpra.gov.au



Are we getting through to you?

The Office is currently re-writing and re-designing all current publications and our web site in preparation for our name change.

This will be more than a re-branding exercise, as we have taken the opportunity to look at the information that we provide to our stakeholders to ensure that it is relevant, useful and up-to-date.

We encourage all of our readers to view our web site at www.healthreview.wa.gov.au and, if you are able, provide feedback regarding the site and our publications. Your feedback will be used as we redevelop our publications now and in the future. Please send any comments you may have to mail@healthreview.wa.gov.au.

OHR case studies

In each edition of Health Review, we like to provide examples of complaints we have dealt with, to give readers some idea of how we work with consumers and providers to resolve complaints.

When we introduce the option of negotiated settlement as a way of resolving consumer complaints, OHR Officers will be able to act as a mediator during the conciliation process, eliminating the need for the consumer and provider to meet to discuss the issue.

One of the main benefits to everyone involved in a negotiated settlement should be a reduction in the amount of time it takes to resolve a complaint. It may also suit consumers and providers in rural and regional areas who are not able to travel, and those who do not feel a face-to-face meeting would be beneficial.

Below we highlight two cases that we dealt with recently. The first was accepted into conciliation and the second dealt with in the assessment stage. Both are examples of how the Office will use negotiated settlement in the future.

Endodontist complaint

A consumer went to an endodontist for specialist treatment. The consumer stated he was given a verbal quote for the treatment which would take a number of visits to complete and he consented to the treatment on the basis of the quote he was given.

The final cost of the treatment came to considerably more than the original quote that the consumer had been given, and the consumer complained to the endodontist. The endodontist suggested that the quote would never have been as low as what the consumer recalled, and would have been within the range of what he was originally charged. The consumer was unhappy with this response and lodged a complaint with the Office.

The complaint was accepted into conciliation and a Case Manager was assigned. The case manager contacted both parties to discuss the complaint. The endodontist explained that the consultation fee was not included in the original quote and that the treatment was more involved than originally anticipated. He also advised that he had already subsidised the treatment by a substantial amount.

To resolve the complaint, the endodontist offered to partially reimburse the consumer as a good-will gesture. He also agreed to change his procedures and provide health care plans to all patients as standard. The consumer accepted the offer and the complaint was closed.

This is an example of a case that could be dealt with through negotiated settlement. As this case illustrates, the consumer and provider were able to reach agreement through a shuttle

process conducted by the Case Manager over the telephone. Cases like the above, which can be resolved through the provision of factual information or a small monetary settlement, may be particularly suited to quick resolution through negotiated settlement.

Ambulance service complaint

A consumer was found lying on the road by a passer-by who called an ambulance for him. The consumer was a minor. The Police asked if he wanted his father notified. The consumer indicated he did not want his father contacted. Several weeks later his father received a bill for over \$700 from the Ambulance service.

The consumer's father (the complainant) complained to the Ambulance service. He stated that if he had have been called he could have picked his son up and taken him to hospital himself. He also explained that he could not afford the account. He was informed that the service is not obligated to notify him as his son is fifteen years old and has the right to privacy if requested and his request for a payment plan of \$10.00 a week was denied.

As the complaint could not be resolved with the Ambulance Service, the complainant contacted this Office.

As part of the assessment process an Assessment Officer contacted the ambulance service and enquired into the matter. The service confirmed that the consumer did have the right to privacy and that they were not obligated to notify the father. The Assessment officer queried whether the service provider would be willing to review the account as the complainant was on a Disability pension.

The case was reviewed by the Accounts department at the ambulance service and the complainant received a letter stating that as long as he met certain criteria he would receive a 50% discount,. They were also willing to accept \$20 a fortnight rather than the standard \$50 if he agreed to settle the account. The complainant remained concerned that his son was transported to hospital without an adult being informed, but accepted the offer to settle the account. The case was closed.

This case is another example of how negotiated settlement can work. Rather than accepting the complaint into conciliation, the Assessment Officer achieved a positive and quick resolution to the matter by using a shuttle process.

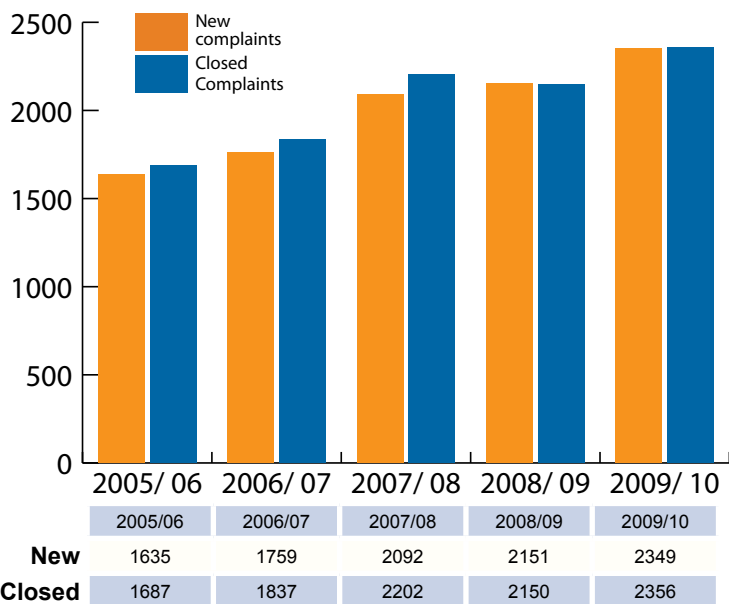
The telephone exchange between the Officer and the provider enabled the exchange of information about each party's position and their interests in the matter. The outcome was that the complaint could be resolved directly between the service provider and the complainant.

2009/10 OHR Annual Report highlights

The 2009/10 OHR Annual Report provides a detailed analysis of the complaints that we helped to resolve during the year, as well as highlighting some of the achievements we have made in other areas such as service improvement and community relations.

Complaints and enquiries 2009/10

During 2009/10 the Office received 2349 complaints and enquires from people seeking assistance; a nine per cent increase from the previous year. This increase conforms with an upward trend in enquiries and complaint numbers the Office has experienced over the past five years, which the graph below indicates:



The increase in the number of complaints can be partly attributed to the significant stakeholder engagement and regional outreach programs that the Office has implemented. In 2009/10, this included information presentations to consumers and providers about OHR services, engaging with Disability Services Commission local area coordinators, and updating and simplifying information pamphlets and brochures.

It is likely that there will be a significant increase in enquiries and complaints following the Office's name change to the Health and Disability Services Complaints Office, which more clearly reflects the role of the Office in resolving complaints about health and disability services.

Some of the highlights for the complaints management area included:

- Conciliating 145 complaints about health and disability services: 65 per cent more than in the previous year.
- A significant increase in the number of complaints successfully resolved at conciliation; agreement between parties was reached in 57 per cent of cases.
- Costs were partially refunded or waived in over 50 per cent of conciliated complaints involving dental services.
- 55 service improvements were implemented across the health and disability services sector as a result of OHR complaints resolution activities

Service improvement and community relations

During the year, the Office continued to build effective working relationships with health and disability service providers, as well as registration boards, insurers and professional bodies. This was achieved through engaging in community outreach programs and collaborative research partnerships.

Some of the key achievements for the year included:

- A new complaints clinic was initiated to inform service providers about the role of the Office and good complaints management practices.
- A major project was commenced to identify barriers preventing Aboriginal people from making complaints, and ways of better engaging with Aboriginal communities.
- Data was collected from health service providers about complaints they dealt with during the year.
- A seminar was held on the legal aspects of Open Disclosure, attended by a large number of clinicians, health administrators, lawyers, insurers and health consumers.
- A campaign to inform disability services consumers and their families about OHR services was initiated in partnership with the Disability Services Commission.
- Improved communication processes were established with the Department of Corrective Services regarding accessing information, prisoner complaint issues, and prisoner access to medical treatment.
- A medical practitioner was engaged to provide medical opinions to staff.



Government of **Western Australia**
Office of Health Review

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

Our vision: Promoting leadership in the delivery of health and disability services through effective communication.

For more information about the office, please visit our web site at: www.healthreview.wa.gov.au

Office of Health Review
Post: PO Box B61 PERTH WA 6838
Ph: (08) 9323 0600
Fax: (08) 9221 3675
Country Freecall: 1800 813 583
email: mail@healthreview.wa.gov.au
web: www.healthreview.wa.gov.au