



Above: Local Area Coordinators from the Geraldton office of the Disability Services Commission.

Geraldton Visit Makes a Mark

Two senior OHR staff members recently visited Geraldton in WA's mid-west to hold conciliation meetings with consumers and health service providers.

To make full use of the visit, conciliators Harley White and Tricia Dewar also took part in outreach activities with a range of stakeholder organisations that service the region.

One of these groups was the Disability Services Commission, where Ms Dewar met a number of Local Area Coordinators.

Local Area Coordinators, or LAC's as they are commonly known, assist people with disabilities by acting as service coordinators, helping them to plan and select support and services.

The DSC staff, each of whom have around 60 clients, felt that the level of services available for disabled people in the region was generally good.

The Geraldton DSC staff did note that there had been an increase in the number of clients in recent years, which they felt was due to better diagnoses by medical and educational staff.

OHR also met with Terry Brennan, who is the Chief Executive Officer of the Aboriginal Medical Service.

Mr Brennan, who has spent many years working and living in Aboriginal communities, provided Mr White with some valuable insights into issues faced by Aboriginal people in their dealings with health providers.

Some of these insights included the importance of establishing community trust as an organisation and strongly-held cultural views related to making complaints.

Ms Dewar and Mr White noted that being able to meet with stakeholders who they might normally only deal with over the telephone or via email made a worthwhile change for everyone involved, and highlighted the benefits of being able to meet in person.

OHR is planning future options for travelling within the state to meet stakeholders throughout WA's regions (another visit recently took place when Ms Dewar visited Karratha - see story this page).

Mr White will be visiting Christmas Island in June and the Cocos Islands later in the year. The trips to the Indian Ocean Territories are part of OHR's commitment to a Federal Government agreement to provide a health and disability complaints service to the region.

Karratha Visit Another Regional Success

As part of OHR's regional outreach activities staff member Tricia Dewar recently travelled to Karratha to meet service providers and consumers in the northwest town and surrounding areas.

Ms Dewar's visit began with meeting staff from local health and disability service providers. They discussed how they handle complaints and the role of OHR in helping providers and consumers resolve disputes.

Ms Dewar noted the apparent dedication of the local staff to their work and their commitment to providing quality services to consumers.

Due to her liaison with the local Shire prior to her visit, Ms Dewar found that she had been earmarked for an interview with ABC North West radio's Niki Morell for the local Breakfast Show.

This gave Ms Dewar an opportunity to talk about the role of the Office and the type of complaints that OHR deals with, as well as discussing the public meeting that was being organised for later in the day.

Ms Dewar also visited Roebourne for a meeting with community leaders and members of the public.

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Welcome to the fourth edition of the Office of Health Review's newsletter: *The Health Review*.

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Any feedback or suggestions are welcome and can be sent to:
mail@healthreview.wa.gov.au



Seminar Series for Disability Services Staff Begins

The collaborative National Disability Services, OHR and Disability Services Commission seminar series for people working in disability services is now underway, with the training beginning in late February and running until mid-June.

The overall theme for the seminars, 'Managing Complaints in Disability Services,' was developed in response to a perceived need across the disability services industry for staff training in this area. The seminars are open to all staff working in the disability services industry who want to improve their capacity to effectively prevent and respond to complaints. The organisers are also considering running a future series in regional locations.

The seminars are being held in four separate series, each of which features four workshops that are held once every two weeks for eight weeks. The workshop topics are:

- Workshop 1: Prevention is the key - how to help, not hinder.
- Workshop 2: Understanding needs - minimising barriers
- Workshop 3: Improving systems - learning from experience
- Workshop 4: Dealing with difficult situations.

For further information regarding the seminars, please phone National Disability Services on 9242 5544.

Karratha Visit (continued from Page 1)

Some issues of concern for the community were discussed, particularly in relation to transport to and from other medical services (for example Port Hedland and Perth) and the level of funding and the criteria for assisted travel.

A lunchtime meeting organised by Dr Jan Kapetas, Community Development Officer with the Roebourne Shire was attended by members of the public who were interested in the provision of health and disability services to the region. At the meeting, concerns were raised about the lack of facilities compared to larger centres, and also the issue of Port Hedland being the hub for medical services, despite the travelling distance of more than 200 kilometres.

The trip to Karratha was a short but busy one, and has set the agenda for further trips throughout the rest of WA.



Above, OHR staff member Tricia Dewar (centre, standing) with some of the attendees at the Karratha public meeting.

Planning Day to Lead the Way

The Office of Health Review recently held a full day planning workshop to help staff focus on their (and OHR's) priorities for the coming year.

The day was planned according to a formula devised by OHR staff that employed project management techniques so that problems or issues could be quickly identified, analysed and solutions planned within the one-day time frame that catered for the event.

Issues that staff identified as needing attention included:

- Assisting mental health complainants.
- Reaching diverse groups such as Aboriginal people and culturally and/or linguistically diverse people.
- Assisting disability service complainants.

Once these areas had been identified, staff plotted out how they could best be addressed using appropriate resources including time, funding and existing skills.

The planning day also gave staff the opportunity to recognise past achievements, and consider how the Office could capitalise on past success.

The issues that came up during the workshop will be aligned to the five strategic directions that the Office developed in 2006: Increased Community Awareness, Increased Partnerships and Networks, Innovative Strategies for Consumers and Providers, Improved System Changes and Well Equipped Staff and Facilities.

Staff judged the planning day to be an overwhelming success, and the general opinion was that it will lead to OHR becoming a more customer-focussed organisation.

OHR Case Studies

In each edition of *The Health Review*, we like to bring our readers case studies of issues that we have dealt with that show the results we have achieved through conciliating complaints. The two cases below both relate to infections following surgery, but with different results following conciliation.

Case Study 1

OHR recently dealt with a case where a patient entered a major public hospital for a routine operation that would normally carry a small risk of complication or infection. Following the operation, however, the patient began to suffer from night sweats, dizziness and general malaise.

The symptoms continued for a number of months until the patient attended an emergency department due to severe abdominal pain. The patient was found to have an infected liver and an infarcted spleen.

Further tests revealed that the patient had developed an infection on a heart valve. The patient underwent emergency open-heart surgery to have the valve replaced. While the patient's heart surgery was successful, acute abdominal pain continued, which was apparently caused by the infarcted spleen.

The patient and the patient's partner claimed that they repeatedly asked nursing staff in the cardiothoracic ward to monitor the patient's spleen, however the patient eventually went into cardiac arrest, following rupture of the spleen.

The patient's partner, a qualified nurse, performed cardio-pulmonary resuscitation before a response team attended to the patient. The patient was then required to undergo an emergency splenectomy to remove the ruptured spleen.

The patient's continued recovery was long and subsequent treatment brought about further complications, including antibiotics causing damage to the inner ear. The patient must also now take medication indefinitely, and undergo continued immunisation therapy.

After bringing a complaint to OHR, the patient identified a number of issues to be addressed in order to achieve a satisfactory resolution. These included:

- The hospital acknowledging the patient's unhappiness regarding what had happened under their care.
- The hospital briefing staff on better communication across specialisation and departments in order to create a more holistic approach to patient care.
- The hospital to create a coordinated approach to patient care.
- Compensation for pain and suffering.

A conciliation meeting was held between, among others, the patient, an OHR staff member and a Clinical Director from the hospital.

During the meeting, the Clinical Director agreed to a number of the patient's requests and facilitated the request for compensation by asking the patient to enter into the hospital's established process for compensation applications.

Probably the most beneficial result that was to come from the patient's complaint was the formation of a review team whose role is to review all long stay patients and patients being treated by multiple teams at the hospital. The team, made up of senior hospital staff, also has the brief of facilitating interdisciplinary care, progressing patients to discharge and post-discharge care.

Case Study 2

A complainant injured a knee playing sport and was diagnosed with a fracture of the right leg. After being admitted to a large metropolitan teaching hospital, the complainant had surgery for reduction of the fracture, a bone graft and application of a plate.

The complainant attended an outpatient clinic on a number of occasions following discharge, however continuing pain led the complainant to consult a General Practitioner who diagnosed infection at the site of the wound.

The complainant was admitted to hospital and treated for the infection by having the wound washed out and an intravenous line inserted to provide a continual dose of antibiotics for a six-week period.

The complainant raised a complaint with OHR claiming that the surgical registrar who conducted the surgery failed to diagnose the post-surgical infection at the outpatient clinic and that this resulted in a more serious infection developing, prolonging recovery and resulting in pain, suffering and financial loss.

The complainant sought a number of outcomes in raising these issues with OHR, including a change in hospital practices to ensure that infections are picked up sooner, and compensation for expenses incurred during the extended period of treatment for the infection.

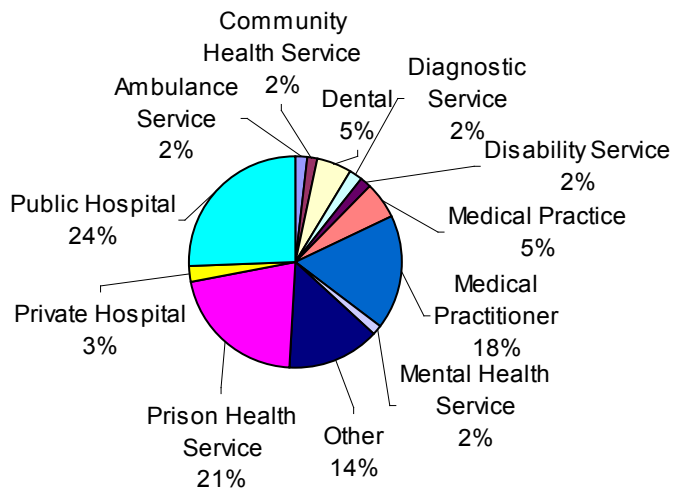
A conciliation meeting was held with the hospital, while compensation was sought directly from the insurer.

During the conciliation meeting, a senior orthopaedic consultant stated that while with the benefit of hindsight it was possible to see that an infection was present, there were no clinical indicators of an infection at the complainant's outpatient appointments.

The complainant eventually received a financial settlement from the insurer, however it was for an amount that was approximately half of the original claim.

Ultimately the complainant was dissatisfied with the outcome of the complaint, as the financial settlement was considerably lower than the amount originally claimed, and the hospital did not admit liability for the serious infection developing.

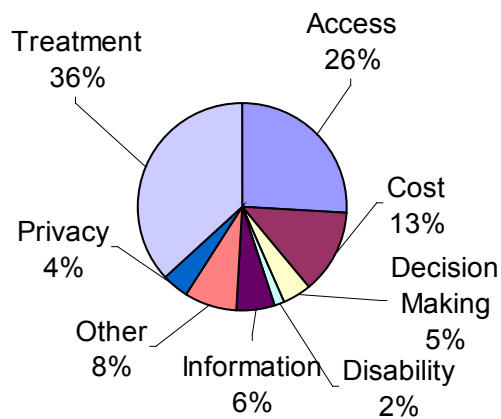
Complaint Statistics First Quarter 2008



Complaints by Provider Type, Jan - Mar 2008

The period January 1 - March 31 2008 saw the Office close 464 cases, a figure which is slightly higher than in the same period for 2007. As indicated in the chart (above left), the percentage of complaints received for OHR's standard complaint categories are:

- Ambulance Services - 2%
- Community Health Services - 2%
- Dental - 5%
- Diagnostic Service - 2%
- Disability Service - 2%
- Medical Practice - 5%
- Medical Practitioner - 18%
- Mental Health Service - 2%
- Prison Health Service - 21%



Complaints by Category, Jan - Mar 2008

- Private Hospital - 3%
- Public Hospital - 24%
- Other - 14%

As indicated in the chart (above right), the percentage for complaint categories for the same period, by type, are:

- Access - 26%
- Cost - 13%
- Decision Making - 5%
- Disability (Services) - 2%
- Information - 6%
- Other - 8%
- Privacy - 4%
- Treatment - 36%

Five-Year Review Provides Historical Insight Into Customer Complaints and Issues

OHR recently undertook a review of our complaint data from the past five years, in order to gain an understanding of how complaint issues may have changed or evolved over time.

In terms of medical specialty for complaints received, general Practitioners and general medicine were the areas that received the most complaints (this is to be expected, considering that these areas conduct the greatest overall proportion of medical business).

After general practice and general medicine, the areas receiving the most complaints (in descending order) were: psychiatry, the Prisons Health Service, dental services, emergency medicine and obstetrics/maternity/neonatal.

The complaint categories that incoming complaints relate to were dominated by (in descending order) issues relating to

treatment, access and cost. Privacy and issues related to patient information also rate highly in complaint data.

Public hospital complaints predictably showed the greatest number of complaints against the large teaching hospitals, which see the greatest number of admissions (especially emergency and trauma cases). Similarly, complaint numbers against private hospitals reflected those that deal with the greatest number of patients.

The five-year analysis also showed a large jump in total complaint numbers in 2007 following a five-year low in 2006.

Overall, the review of our complaint data showed a great deal of consistency in complaint categories and issues, and perhaps the need to deal with these issues pro-actively with providers.



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

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

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

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