THE HEALTH REVIEW
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Above: John Pintabona at the forum.

Open Disclosure Community Forums

In February 2009 OHR and a number of industry partners hosted Open Disclosure Community Forums in Perth and Bunbury. The aim of the Community Forums was to discuss what makes open disclosure effective for health professionals and patients.

Facilitated by the Director of the Office of Safety and Quality Dr Dorothy Jones and OHR Director Anne Donaldson, the forums were based around experiences shared by Professor Peter Kendall, Managing Director Insurance Commission of WA (ICWA) Vic Evans and health consumer representative John Pintabona. Professor Alfred Allan provided an overview of the theory behind why open disclosure and a meaningful apology is important.

The presenters gave insightful commentaries that allowed others to understand their perspectives and experiences dealing with adverse events and the importance of open disclosure. Together they presented a compelling study of the similar need for open communication shared by each person involved in an adverse outcome.

The forums were a successful event, strongly attended by people from the health, legal and insurance industries. The feedback that OHR received commended the quality and variety of the presenters, and the content that they covered.

OHR appreciates the time and effort the presenters gave for both the Perth and Bunbury forums. For more information about the forums, please contact: angela.caple@healthreview.wa.gov.au

Open Disclosure

The basic themes that constitute open disclosure following an adverse event; an expression of regret, an explanation and taking steps to ensure the same thing doesn't happen again, have always been an important part of health care.

It is only recently, however, that Open Disclosure has been recognised as a distinct model for communication. Open Disclosure standards have been developed by a number of state and federal government agencies. To view the national standard developed by the Australian Council for Safety and Quality in Health Care, go here http://tinyurl.com/cfw3db.

Conciliation Meetings Bring Success

Conciliation meetings where complainants and service providers meet face-to-face are proving to be more successful than 'paper-based' conciliations, a review of OHR statistics has shown.

OHR made personal meetings the preferred option for dispute conciliation a little over two years ago. At the time, the main reason for this new approach was an attempt to reduce the amount of time involved in resolving disputes. An unexpected benefit has been greater success in achieving an agreed resolution for consumers and providers.

Our statistics showed that of the complaints conciliated between July 2008 and March 2009, 37% involved conciliation meetings between the complainant and the provider, while the remaining 63% of complaints did not.

Of the complaints where a meeting was held, 81% of those resulted in agreement being reached. The complaints where no meetings were held between the parties reached an agreement in 52% of cases. While these figures may also indicate that people willing to meet may also be more likely to favour reconciliation, it is an encouraging sign for OHR's team of conciliators that their active involvement appears to pay dividends.

Welcome to the sixth edition of the Office of Health Review's newsletter, *The Health Review*. Any feedback or suggestions are welcome and can be sent to: mail@healthreview.wa.gov.au

Regional Visit: Kalgoorlie-Boulder

OHR visited Kalgoorlie-Boulder as part of a Regional Awareness and Accessibility program on May 4, 5 and 6. The visit was conducted in conjunction with the State and Commonwealth Ombudsman, The Office of Public Sector Standards Commission and the Freedom of Information Commission.

The aim of OHR's visit was to connect with local health and disability service providers, consumers and government agencies through a series of complaint clinics, seminars, workshops and meetings.

A series of complaint clinics for consumers provided an opportunity for local people with a complaint about a health or disability service to personally discuss their issue with an OHR staff member.

OHR held a special presentation for local health and disability service providers on the night of May 4. The presentation introduced OHR and the services we provide, looked at some case studies, discussed complaint prevention and handling and suggested how OHR can help consumers and providers to resolve complaints. The presentation attracted pleasing numbers and was attended by a range of practitioners.

OHR staff also met with representatives from the local hospital and disability service providers to discuss local issues affecting providers and their clients.

The agencies also co-hosted a number of group events for local government departments and community groups. Each agency discussed their roles and services and how they benefit the public and support government agencies and community groups.

A workshop for local indigenous representatives was also conducted by the agencies, which identified topics of interest amongst local indigenous people and provided ideas

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Disability Service Complaints

Despite being the Office of *Health* Review, OHR also accepts complaints regarding disability services. OHR is able to conciliate disability service complaints in an impartial way that aims to achieve benefits for both the consumer and the provider.

The Office can accept complaints regarding a wide range of disability services such as:

- Accommodation
- In-home support
- Respite services (in-home and residential)
- Therapy services
- Employment services (other than those funded by the Commonwealth)
- Day activities
- Recreation and leisure services
- Advocacy services

OHR can accept complaints from consumers themselves, or from someone who represents a consumer, such as an advocate, carer or family member.

The Office can deal with a disability service complaint if the provider has acted unreasonably in:

- Providing or not providing a disability service
- Denying or restricting access to records
- Disclosing records or confidential information
- Not complying with the Carers Charter

While OHR can only accept written complaints, OHR staff can help consumers to complete complaint forms on their behalf. Complaints can also be lodged online at our web site, www.healthreview.wa.gov.au. To speak to us, phone 9323 0600 or country free call 1800 813 583.

PATS Changes to Benefit Regions

The State Government has announced a number of changes to the Patient Assisted Travel Scheme, including increasing funding by $7.7 million per year over 4 years.

Minister for Health Dr Kim Hames noted on ABC radio that the PATS scheme has been a "major problem" for people living in the regions, but he was positive about the future of the scheme.

PATS provides financial assistance to WA country residents who have to leave their homes so they can use specialist medical services.

The changes include increasing fuel and accommodation subsidies, removing the patient personal contribution requirement and a greater range of benefits for people with cancer.

More information regarding the changes to PATS can be found at: www.wacountry.health.wa.gov.au

OHR Case Studies

In each edition of *The Health Review*, we like to bring our readers case studies of issues we have dealt with that show the results we have achieved through conciliating complaints.

OHR receives a significant number of complaints in relation to treatments that are supposed to improve or restore sexual function in men. Many of the complaints that we receive in regards to these treatments are of a contractual nature, while some relate to the actual treatment involved, specifically the prescription of various drugs. In our case studies for this edition of *The Health Review* we will look at two recent complaints regarding these treatments.

Case Study One

A young man who believed he had erectile dysfunction visited a suburban clinic. He had an appointment with a nurse who took his blood pressure and some other details. During the appointment, the nurse telephoned a doctor in the eastern states, who then talked directly to the man. The doctor apparently told the man that the treatment offered would resolve his problem and he was led to believe it would be successful.

The man was then presented by the nurse with a direct debit agreement that included an 18-month payment plan. While the man was concerned about the agreement, he was led to believe that the treatment offered (which totalled $2995.00) was the only solution to his problem.

After using the treatment for approximately one month the man found that he had gained no benefit from the medication, and had suffered some minor side effects. The man phoned the clinic he originally visited and he was put through to a doctor. A drug was prescribed by the doctor, which the man soon began taking.

The man began feeling mentally unwell but continued to take the medication. Taking advice from a counsellor, he went to see a local General Practitioner. The doctor expressed surprise that his medication had been prescribed via telephone, and informed him that the drug was an antidepressant.

The doctor also told him that the drug was available on standard prescription through the Pharmaceutical Benefits Scheme and that if that medication were required, an ordinary prescription would be much less expensive than what he was already paying.

The man eventually gave permission for a member of his family to represent him in all future communication with the provider. The family member contacted the provider and told them that a General Practitioner had advised the drug prescription was not required. A copy of a letter from the General Practitioner was also sent to the provider.

The man cancelled the payment arrangement with his bank, whereupon he received a number of phone calls from the provider seeking reinstatement of the arrangement. The man told the callers that he had been advised by a doctor to cease taking the medication.

It was about this time that the family member contacted OHR seeking help. The outcomes that the complainants were seeking included cancellation of the payment plan and a full refund of what had been paid to date. The complainants' justification for this was they felt that the man had not received a proper consultation for the treatment prescribed.

The provider and the customer eventually agreed on a settlement to resolve the matter, which involved the payment plan being cancelled. However, the provider was not prepared to refund the customer for what he had already paid.

Case Study Two

A middle-aged man attended a suburban clinic. He saw someone who took his blood pressure and some personal details, and he then spoke with another person about his sexual dysfunction problems. He told the person during this interview that he was taking antidepressants, and that he had been using them for some time.

During the second interview, the person that the man was speaking to telephoned someone who the man was led to believe was a doctor. The man then spoke to the doctor and was told that he was suited to the treatment offered by the clinic.

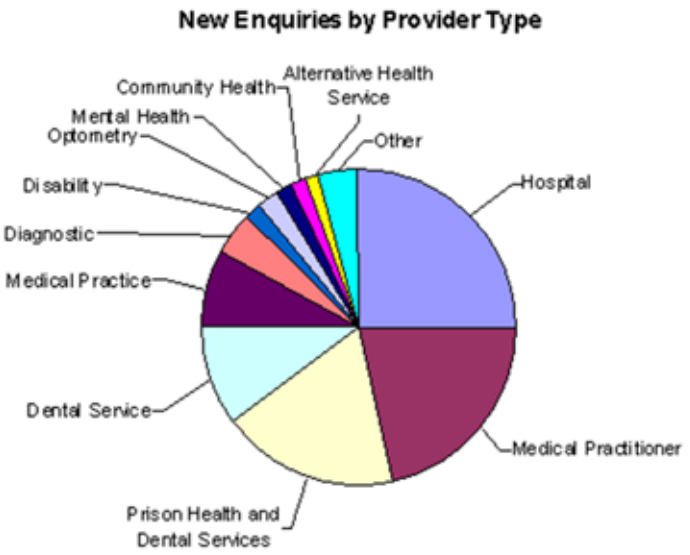
The man began using the treatment provided to him, but he found that it produced some side effects including nausea and anxiety. The man and his partner contacted the clinic by phone but they were referred back to printed literature that was given to them earlier.

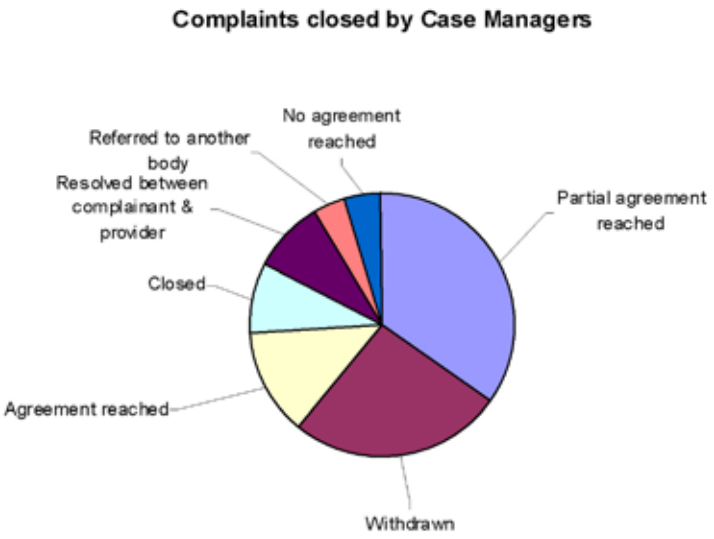
The man's partner made some further enquiries and discovered that the medication that had been prescribed by the clinic should not have been taken in conjunction with his antidepressants (it stated this in the literature that had been given to him by the provider).

This situation caused some concern for the man and his partner, and he contacted the provider, seeking to have the payment arrangement cancelled. This proved to be difficult and at this point the man's partner contacted OHR. The outcomes that the complainants were seeking included a refund and cancellation of the payment arrangement.

When OHR contacted the provider, a full refund and cancellation of the payment plan was arranged.

Complaint Statistics 1st Quarter 2009





New Enquiries

OHR received 541 new enquiries between January and March 2009.

Of those, 115 were not related to health or disability services and were redirected to other agencies in the community that could help.

Of the remaining new enquiries that were within our jurisdiction, most were related to hospitals (26%) and Medical Practitioners (21%).

The higher proportion of enquiries about these providers makes sense, considering the high volume of services delivered by these providers compared to others.

Complaints closed by our Case Managers

Our Case Managers closed 23 complaints between January and March 2009. Over half of these complaints (57%) achieved a complete or partial agreement between each party in conciliation, or were resolved between the complainant and provider themselves.

Only one complaint closed during the period did not reach an agreement. The remaining complaints were withdrawn, closed, or referred to another body.

Reasons for a complainant withdrawing their complaint included deciding to take legal action instead, and the provider no longer being employed at the site the complaint was made against.

(Kalgoorlie Boulder Visit, continued from page 2)

for improving accessibility to the agencies for indigenous people.

One of the key messages that OHR and the other agencies got from everyone who attended these events was that they appreciated the fact that agencies and staff based in Perth had made the effort to visit a regional centre.

On a similar note, OHR and all of the agencies who visited Kalgoorlie-Boulder appreciated local people taking the time to contribute to this program.

In the future, the intention of the Regional Awareness and Accessibility Program is to visit other regional centres including Geraldton and Mandurah.

For more information about the program, please visit the WA Ombudsman's web site here: http://www.ombudsman.wa.gov.au/raap.html

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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