

The Private Hospitals Association of Queensland is the peak body representing the interests of Private Hospitals operating in the State of Queensland. Whilst our organisation does not have direct dealings with the Office of the Health Ombudsman in terms of complaints management; in response to the call for submissions regarding this inquiry, we have received member feedback regarding some current issues and suggested solutions which are the subject of this short submission.

In 2012-2013, three independent reviews were undertaken to assess the then Health Quality and Complaints Commission as there had been criticism in relation to the HQCC's management of complaints. As a result of these reviews, the Queensland Government committed to strengthening the health complaints management system in Queensland by establishing the Office of the Health Ombudsman (OHO).

Our members have expressed a view that the OHO appears to have some inefficiencies and less than optimal complaints management processes. Listed below are some examples of continued inefficiency together with a constructive solution based recommendation for consideration, in an effort to improve current practices. These comments and suggestions are offered with the intent of collaboratively improving the response to complaints submitted by patients across Queensland.

Issue 1 - TIMEFRAMES

It is considered that the timeframes within the OHO legislation are unreasonable.

Upon receiving a complaint, the OHO has seven (7) calendar days to decide whether to accept or refuse the complaint. OHO must then complete an assessment of a complaint within thirty days (30) of deciding to carry out the assessment. OHO may extend the period for assessing the complaint to sixty days (60) if the case is large or complex, or there is a delay in receiving submissions or information.

The health provider has fourteen days (14) from the giving of notice, to provide the requested information and submissions.

This timeframe is difficult to comply with for many reasons including staff movement between health facilities, limitations on resourcing - for example, photocopying large volumes of clinical records, and the fact that comprehensive submissions take time to complete and finalise.

OHO consistently follow up the health providers if outside the fourteen-day timeframe, however, OHO's own timeliness for reviewing complaints extends well beyond its statutory requirements, including decision-making, even where the matter is trivial.

Given that the purpose of the OHO is to strengthen the health complaints management system in Qld, with the assigned time frames a key feature of the implementation of the OHO, the timeframes should be strictly followed by all parties and not just by the health provider.

Suggested Solution

The timeliness of responding and progressing complaints could be resolved by extending the 'calendar days' rule within the legislation to 'business days'. PHAQ is of the view that this is a simple solution which would benefit both OHO and all health providers within the jurisdiction and enable a rigorous and transparent assessment of the complaint.

If OHO is unable to meet the legislative timeframe requirement, then it should be obligated to provide appropriate explanations to the health provider as to why not.

Issue 2 - TRIAGE

It is considered that the complaints management process could be significantly enhanced if improvements were made to the current triaging of complaints, with lower level complaints referred back to the provider for attempted local resolution.

Suggested Solution

Most complaint management systems have an identifiable assessment matrix to assist in determining the category of a complaint – an example of which is noted below.

Complaints can fit into categories of being negligible, minor, moderate, major or extreme. It is recommended that those complaints that fall into negligible, minor or moderate, be considered for referral back to the health facility for attempted local resolution. It is considered that this would expedite the complaint process and restore the patient's confidence in the health provider.

| |
|---|
| Extreme: Issues about potential serious adverse events likely to cause permanent harm or death that may require comprehensive assessments and investigation. |
|---|

| |
|---|
| Major: Significant issues causing lasting detriment that may require comprehensive assessment and investigation. |
|---|

| |
|---|
| Moderate: Issues that may require assessment or investigation. |
|---|

| |
|---|
| Minor: Issues resolvable at the point of service. Can or should be able to be investigated and resolved at the point of service. |
|---|

| |
|--|
| Negligible: Resolvable at the point of service. |
|--|

Issue 3 – INVESTIGATIONS

OHO is required to complete any investigation as quickly as is reasonable in all the circumstances and, in any case, within a year. There is a lack of consistency in reporting back to health providers if this time frame cannot be met.

Suggested Solution

For investigations that are anticipated to take longer than 12 months it is recommended that OHO implement a risk based priority system so that protracted investigations are actively monitored and worked upon so that resolution as close to time lines may be possible.

Issue 4 – COMMUNICATION

Communication with staff

Our members have expressed a view that there is inconsistency in the communication style of OHO officers undertaking reviews. Whilst the majority were courteous and professional in their approach, PHAQ was advised that there had been a few occasions when the interviewing style of the assessing officer was aggressive and in consequence it had been a confronting experience for the staff members concerned.

Suggested Solution

It is suggested that OHO ensures that appropriate communication protocols are in place and that all staff, particularly new employees, are aware of the need to ensure procedural fairness in the conduct of assessments and investigations.

Communication with Patients

In circumstances where a health provider is undertaking a Root Cause Analysis following an incident, and the OHO is aware that this is occurring, it is strongly recommended that the OHO should liaise with the relevant health provider before contacting the patient/family independently as it can cause confusion to the patient and/or their family, if both the OHO and the health care provider are making contact.

END OF SUBMISSION