

3 August 2007

Research Director  
Health Quality and Complaints Commission  
Select Committee  
Parliament House  
George Street  
BRISBANE 4000

**RE: Submission – Performance of Health Quality and Complaints Commission (HRCC)  
The Operation of the Health Quality and Complaints Commission Act 2006**

Mater's feedback specifically in relation to points (b) and (c) on the Queensland Parliament publication - *Health Quality and Complaints Commission Select Committee of the Queensland Legislative Assembly, the Role and Functions of the Committee* is as follows. This submission has been completed in consultation with Mater's Clinical Safety and Quality Unit (CSQU). CSQU has and continues to liaise directly with the Commission in relation to health care standard development, health service delivery, complaints coordination and otherwise.

(b) whether the Commission has made satisfactory progress towards implementation of:

- ***Policies, procedures and systems to resolve complaints in a timely and responsive manner.***

Background Information

In keeping with Mater's mission and philosophy Mater takes every opportunity to participate in the alternative dispute resolution processes offered by the *Health Quality and Complaints Commission*. Mater's complaint related internal processes are focused on the expeditious local resolution of health care related concerns and therefore are consistent with relevant objectives outlined in the *Health Quality and Complaints Commission Act 2006*. In this context Mater in many instances refers patients to the Commission and in all relevant situations ensures that patients are informed of their right to approach the Commission.

Issue re Approach To Complaint Resolution

Since the commencement of the Act, Mater has informed various HQCC complaints handling personnel including complaints officers and conciliators that the time frames by which health care professionals and health care facilities are now required to respond to complaints are more often than not, unable to be met. Also, that nominated timeframes for initial submissions in reality don't allow health care facilities/services to investigate the complaint in detail and in turn respond in the same way. To elaborate, limited time frames can make it very difficult for health care facilities to consult with all relevant personnel and in doing so consider the complaint in detail. It is relevant to note that complaints personnel at HQCC, including conciliators, have acknowledged to those Mater personnel coordinating submissions in response to complaints that the issue of unrealistic timeframes has been raised by other health services and also by their legal representatives. Overall, staff at HQCC are understanding and have been accommodating in terms of it being necessary for Mater in many cases to approach the Commission for an extension of time.



- **State wide access to the commissions services for consumers and providers**

(c) whether the current functions and powers of the commission can be improved and any changes are required to the Act.

- *Functions and powers of the commission*

In terms of section 13, (b), (c) & (d) of the *Health Quality and Complaints Commission Act 2006*, Mater considers that it would be fruitful for key personnel most directly associated with complaints coordination at local tertiary health facilities, to attend the Commission on say a quarterly basis. The purpose of such meetings would be to liaise with intake officers, complaints coordinators and conciliators to discuss complaint coordination and resolution issues in an effort to improve the coordination. Mater would suggest that discussion be entertained using a trouble shooting approach in an effort to refine processes with patient outcomes in mind. Such consultation in Mater's view is integral to the day-to-day operations of the alternative dispute resolution aspects of the Commission's function.

Mater's Patient Representative has indicated that points relevant for discussion in this context might include:

- Interpretation of data
- Consistency and therefore usefulness of the data collated
- What difference does the data collected make to the care of patients
- Number of complaints resolved at Health Service and how many become HQCC complaints
- Number of substantiated complaints to number received.

- ***Mater would recommend that changes required to the HQCC Act include:***

1. Steps need to be taken to make health professionals and consumers specifically aware of the Commission's function, and, in particular communication needs to occur to foster a general awareness and understanding of the alternative dispute resolution processes governed by the Act.
2. Time frames relevant to all areas of complaint handling should be reviewed and revised after direct consultation has occurred with those personnel at health facilities commonly associated with complaints coordination. In this regard relevant personnel from Mater, namely Mater's Patient Representative, Director of Clinical Safety and Quality Unit and Mater's Legal Counsel would be happy to meet with the Review Committee to elaborate on this.
3. To put mechanisms in place on a yearly basis to review:
  - a) The usefulness of data collected by the Commission;
  - b) The impact which has resulted in terms of change/improvement to patient care;
  - c) Tracking and feedback systems re improvements ie. regarding the communication of policy changes and implementation of same where issues have arisen which may have identified a need for reconsideration in other facilities and change across the board.

Having provided the feedback above in relation to complaints turnaround times, Mater considers it important to acknowledge that it does appreciate that competing interests exist in this regard. Those interests include:

- (i) the need for the patient/their family to receive a response to their complaint as soon as possible;
- (ii) the need for the health service to investigate the complaint in detail and in doing so consult with all relevant staff and to identify and address any patient safety related considerations including policy change;
- (iii) the need for the health service to formulate a detailed response to the Commission/patient/family as a follow on to the detailed investigations referred to at (ii) above.

- ***Systems to monitor and report on the quality of health services***

- ***Consumer engagement strategies about consumer rights and quality improvement in health care services***

Mater's Patient Representative, engages with both consumers and health professionals on a day to day basis and is therefore well placed on Mater's behalf to comment and provide feedback on consumer rights and areas in need of improvement. Roxanne, having considered the objectives of review, has indicated that patients who raise health care related issues are introduced to the HQCC more so by Mater, ie. by Mater's referral, than otherwise having had a pre-existing awareness of the Commission and its functions.

- ***Strategies to pro actively engage providers and other entities about the quality of health services, including the making of standards and quality improvement processes***

HQCC has engaged with Mater in a significant way since its formation under the *Health Quality and Complaints Commission Act 2006*. Examples of the engagement I have referred to are listed as follows:

- (i) The Commissioner, CEO and Director of Standards Development (HQCC) visited Mater in April 2007 to meet with members of Mater's Patient Safety Sub Committee, Mater's CEO and other interested Mater stakeholders to discuss the Standards and to seek feedback from members present about the Standards.
- (ii) Additionally, members from the HQCC Quality Monitoring Unit visited Mater and conducted four face-to-face meetings with clinicians. Compliance mechanisms were addressed and in particular the self assessment document which is due to be completed in October 2007. These face to face presentations were limited to key small groups which varied in membership depending on the standards being discussed. It should be noted also that this included the HQCC having a small face-to-face session with Mater's Patient Representative.
- (iii) HQCC also visited Mater as a follow on to the Standards related feedback that was sent to the Commission in the consultation period so that direct consultation could occur with Mater in relation to the detailed attached submission Mater prepared. Mater certainly appreciates the time that the Commission has taken to meet with members of Mater staff, including clinicians as it provided Mater with an opportunity to gain further insight and/or clarification pertinent to the standards developed in accordance with the Act.

We would welcome the opportunity to meet with Health Quality and Complaints Select Committee members to expand on these comments contained in our written submission.

Thank you for the opportunity to respond.

Yours faithfully

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