

Question on Notice
No. 412
Asked on 28 March 2006

MR COPELAND asked the Minister for Health (MR ROBERTSON)-

QUESTION:

With reference to the recent Patient Satisfaction Survey conducted by Roy Morgan Research which revealed that patients were most dissatisfied with hospital discharge and follow-up procedures, and of those patients only 12 per cent were satisfied with the way their complaint was handled—

Will he outline what actions have been taken to date by the Principal Referral and Specialised Hospitals in Queensland (reported separately) to address the high levels of patient dissatisfaction with discharge and follow-up procedures and what action has been taken by the Government and each Principal Referral and Specialised Hospital (reported separately) since the survey results were released to address the dissatisfaction levels of complaint resolution?

ANSWER:

The 2005 State-wide Patient Satisfaction Survey followed the pilot survey conducted in 2001 and was undertaken to provide hospitals with current data which can be used to measure their comparative performance in the area of patient satisfaction. In total, 16,705 completed questionnaires were returned and processed. The overall satisfaction rate of 92% (patients who were either fairly satisfied or very satisfied with their hospital experience) is slightly higher than previous results. The more sensitive and comprehensive Overall Care Index state-wide result was 67, which falls into the “good” performance score range.

The following distinction should be noted: patients who were dissatisfied with hospital discharge and follow-up procedures are distinguished from those patients (12%) who were satisfied with the way their complaint was handled. These two issues should be interpreted as follows:

- of the six indices derived from the survey questions, the discharge and follow-up index rated the lowest state-wide; and
- of the patients who were “not too satisfied” or “not satisfied at all” with their hospital stay, and who made a complaint, only 12 % were satisfied with the way their complaint was handled.

The question therefore was presented to districts in the following format:

1. Actions taken to improve discharge and follow-up procedures; and
2. Actions taken to improve satisfaction with complaint resolution procedures.

The attached responses have been provided by Principal Referral and Specialised Hospitals.

The Queensland Health Systems Review and the Queensland Public Hospitals Commission of Inquiry both made strong recommendations in relation to the reform and development of complaints management within Queensland Health. In response to this, the Reform and Development Division of Queensland Health has undertaken a project to identify and implement reforms consistent with these recommendations.

The establishment of the Health Quality and Complaints Commission has been endorsed by Cabinet and Dr John Youngman has been appointed until 30 June 2006 to manage the implementation of the Commission's quality and safety function. The Health Quality and Complaints Commission is expected to be operational in July 2006.

Attachment

Hospital/District	Actions to improve Discharge and Follow-up Procedures	Action to improve satisfaction with complaint resolution procedures
Cairns Base Hospital	<p>Cairns Health Service District (CHSD) has extended the Community Hospital Interface Program (CHIP) nurse numbers, hours of service and roles. This improves coordination of care as patients can be discharged with follow-up over a wider timeframe.</p> <p>CHSD has introduced a Hospital in the Nursing Home (HINH) program. HINH staff are working in conjunction with Cairns Base Hospital and Community Health to provide expert clinical guidance to staff providing residential aged care.</p> <p>CHSD has scheduled medical rounds earlier in the day to facilitate earlier discharge. Follow-up rounds are also conducted later in the day, to consider late discharge of patients who would otherwise have waited until review the following day.</p> <p>CHSD has reviewed hours and usage of the Patient Transit Lounge. Processes have become more streamlined and supportive, and its use has been promoted throughout the facility. CHSD has received support to implement Lean Thinking Principles in the Emergency Department.</p> <p>CHSD has received approval to 'purchase' nursing home beds in private facilities in Cairns.</p> <p>CHSD is implementing eVici across the facility, with Paediatrics Ward as pilot. eVici is a program that will enable electronic discharge summaries to be completed and forwarded into the community.</p>	<p>CHSD have examined the complaints procedure in the light of Queensland Health's Patient Satisfaction Survey 2005, and have looked at ways of improving responsiveness to any complaints.</p> <p>CHSD records all complaints to enable review of individual cases, to identify trends and risks, and to report on how complaints have led to improvements.</p> <p>CHSD uses complaints to improve the service, and regularly evaluates the complaints management policy and practices.</p> <p>CHSD employs a full time Patient Liaison Officer who coordinates and processes complaints to resolution.</p>
Gold Coast Hospital	<p>The Lean Thinking Unit established to review patient flow through the Emergency Department and Medical Division: mapping and tracking of a number of patients has commenced as a first step in analysing flow and identifying opportunities to improve discharge processes.</p>	<p>Currently reviewing the Patient Liaison Officer (PLO) roles within the District to ensure the Patient Liaison Service is adequately provided district wide.</p> <p>Future plans to increase PLO hours at</p>

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	<p>Extension of HOME Discharge Service to Robina Campus.</p> <p>Chronic Disease Management Programs will provide further improvements in relation to patient discharge from the acute settings</p> <p>Implementation of new QH Pharmacy Information System which will provide improved medication profiles for consumers on discharge.</p>	<p>Robina Campus due to the increase in services planned (new ED opening in 2007).</p> <p>Continue education and support for staff in regards to Complaints Management. Aim to increase earlier intervention, decrease reporting and responding timeframes for all levels of staff.</p> <p>Develop strategies to increase the profile of the PLO and the Patient Liaison Service for both staff and consumers, and to promote 'how to make a complaint' through increasing marketing and promotion.</p> <p>Ongoing review and enhancement of current District Complaints Database to assist in management of complaints and to improve complaint reports (format, data provided etc) for staff.</p> <p>District will participate in the implementation of the QH PRIME Consumer Feedback Database when available.</p> <p>The Gold Coast Health Service District discharge and follow up index was significantly higher than the index for the peer group overall. Initiatives implemented in the past few years can be attributed to these positive results. Further initiatives have been identified in recent action plans as part of a review of complaint management awareness for patients. As part of the District's continual improvement processes, the Patient Satisfaction survey results will continue to be reviewed for the purpose of progressing actions to improve services. The District also intends promoting the positive survey results to staff and patients.</p>

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Royal Children's Hospital	83% of patients surveyed for the Royal Children's hospital expressed satisfaction with post-discharge arrangements and 87% expressed satisfaction with the information provided on the care of the condition at discharge. Given the high satisfaction levels no specific action is planned, although continuing focus on discharge will ensure that patients and their families receive appropriate care and follow-up.	For RCH, 89% of respondents to the survey said that staff had responded to their complaint and 88% of staff were reportedly willing to listen to their complaint. Given these high ratings no specific action is planned. The induction of all new employees involves an explanation of a patient/family centred approach to care and the need to treat families with respect and courtesy.
Mater Health Services	The Mater Adult Hospital is in the process of recruiting a Patient Flow Coordinator. The aim of this role is to improve both the whole episode of care management and specifically, the discharge and follow up process.	The Mater Health Services has established a Patient Feedback Management Committee to review all facets of complaint management. The Patient Representative is in liaison with the hospital Marketing Department to print brochures on 'how to make a complaint.' It is understood that the brochure will be available throughout all facilities of the Mater Health Services in the near future. As well as continuing to offer and conduct general information / educational sessions regarding complaint management to staff through the Mater Health Services, the Patient Representative is also liaising with IT Services about including information on the hospital's web page on how to make a complaint. This is expected to be operational in the new financial year.
Princess Alexandra Hospital	The District achieved high results in many aspects of discharge planning as described below: <ul style="list-style-type: none"> • 91% of respondents were told what to do if they had a problem or needed help; • 91% of respondents were given a follow up appointment to see a doctor or clinic; 	The Princess Alexandra Hospital executive staff continually monitor issues raised through patients and their families from reports presented at executive meetings. In addition to the Queensland Health wide patient satisfaction surveys, the Quality Unit administers a replica survey at the mid point between these State wide surveys.

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	<ul style="list-style-type: none"> • 92% of respondents rated explanation by staff of medicines required post discharge as positive; • 92% of respondents indicated that they had someone who could care for them if required post discharge at home; • 86% of respondents rated the amount of time given to planning return home as positive; and • 81% of respondents rated the provision of follow up services after discharge as positive. <p>Overall, the feedback regarding Discharge Planning was positive. The District is committed to improving discharge planning and continues to work with patients and their families to ensure appropriate care and follow up is undertaken for all patients.</p>	<p>Initiatives to address the area of informing patients and their relatives of the process to follow if they are unsatisfied with their care include:</p> <ul style="list-style-type: none"> • posters outlining the process have been developed and displayed in all clinical areas and on notice boards in public lift foyers; • a patient information booklet is sent to all patients admitted via the elective booking office and includes information on the process for patients and relatives to follow should they have concerns; • staff education presentations outlining the complaint process which includes details relating to the volume of complaints received and the areas where patients are expressing concerns ; and • in March 2006, a “Have your Say” brochure has been developed for patients to express their view on the services provided. These are forwarded to the Quality Improvement Unit for compilation and analysis. <p>Information for Princess Alexandra Hospital from the most recent survey conducted by Ray Morgan research revealed:</p> <ul style="list-style-type: none"> • 90% of patients believed that staff responded well to their problems; and • 88% of patients believed that staff demonstrated a willingness to listen to their complaint. <p>Of the 431 responses received for this survey 19 patients made a complaint (5%) and 8 patients (41%) were satisfied with how the complaint was managed. The main area for patient complaints for the Princess Alexandra Hospital relate to “Access to Services”. A number of initiatives are</p>

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		<p>in place to reduce waiting times for patients who require elective surgery and to improve delays in treatment.</p> <p>Significant reductions in the volume of complaints related to "Communication with Clinicians" have been demonstrated over the past 12 months.</p>
<p>Nambour General Hospital</p>	<p>Improvements in discharge planning processes have been made through the introduction of the Community and Hospital Interface Program (CHIP) to the Emergency Department, and through the review of its Risk Assessment Tool. Having a CHIP nurse in the Emergency Department, along with the updated Risk Assessment Tool, enables earlier assessment of patients with complex conditions, patients 'at risk' (aged over 70), as well as those who are more suited to be returned to the community for their ongoing care.</p> <p>Ongoing staff education emphasizes the value of providing written information in view of statistical data that has shown that the general retention of verbal communication is only 10%. The use of a Hospital Patient Discharge Checklist, which provides the patient with written documentation of discharge arrangements, is now well utilized for discharge purposes. The CHIP nurses ensure that verbal information is followed up by written referrals, which include a discharge summary/referral.</p> <p>On discharge, patients are generally referred back to their general practitioners (GPs) or private specialists, unless they require follow-up with a Consultant at the hospital Outpatient Clinic, which is arranged by the hospital. The hospital does not book patient appointments with their GP or Private Specialist following discharge.</p> <p>'At risk' mothers are identified during antenatal visits and followed up through</p>	<p>The Patient Satisfaction Survey was conducted on patients discharged from hospital between December 2004 and May 2005. Many patients were not previously aware that they could make a formal complaint to the hospital. A Patient Liaison Officer has since been appointed, and this position is responsible for providing on-going education to staff regarding patient complaints handling and feedback, as well as central coordination of the complaints handling process. This position sits within the Clinical Governance Unit. Signage has been introduced to all hospital areas to inform and encourage comment and feedback from patients.</p>

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	<p>Family Care. A Lactation Nurse (specialist nurse for breastfeeding) has now been appointed and provides education, support and advice to mothers and nursing staff. Over 50% of maternity patients are referred on for child and family health for follow up. A 24 hour telephone service is available to provided support.</p>	
<p>The Prince Charles Hospital</p>	<p>The Prince Charles Hospital (TPCH) has utilised the 2001 and 2005 Patient Satisfaction Surveys as key tools for the development and prioritisation of quality improvement activities based on the survey results. In the 2001 survey , TPCH scored 68 out of a possible 100 on the ‘Discharge and Follow-up’ index. Although TPCH scored significantly higher than all of the other Principal Referral and Specialised Hospitals in the 2001 survey, the Hospital further enhanced its services by developing common principles required in discharge plans and these requirements are outlined in a District procedure. The procedure used the Queensland Health Guidelines for Pre-Admission, Discharge Planning and Transitional Care, General Practitioners Advisory Committee and the Continuity of Care Planning Framework for Queensland as reference documents.</p> <p>These activities have resulted in the ‘Discharge and Follow-up’ index at TPCH improving from 68 for the 2001 survey to 72 for the 2005 survey.</p> <p>In the 2005 survey, TPCH is again the highest scoring of the Principal Referral and Specialised Hospitals in the ‘Overall Care’ index and in the ‘Discharge and Follow-up’ index. TPCH continues to improve the systems for discharge and follow up. In consultation with GP Partners (formerly Brisbane North Division of General Practitioners.</p>	<p>TPCH has had a Patient Liaison Officer position in place for some time. Significant work has been undertaken in the Hospital to improve the systems and processes for handling complaints.</p> <p>In the 2001 survey, 18% of respondents indicated that they “... had reason to make a complaint whilst in hospital” and 9% indicated that they actually made a complaint during their stay. Of the 9% who indicated they had made a complaint, 40% were satisfied with the way the complaint was handled.</p> <p>The 2005 survey results for TPCH show a significant improvement from the 2001 survey with 7% of respondents having a reason to make a complaint (down from 18% in 2001), with only 4% actually making a complaint (down from 9% in 2001). Forty-five (45%) of those who made a complaint were satisfied with the way the complaint was handled (up from 40% in 2001).</p> <p>TPCH is the highest performing hospital overall in the Principal Referral and Specialised Hospitals category. The Hospital continues to develop the complaints management systems and processes.</p>

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<p>Townsville General Hospital</p>	<p>The Patient Satisfaction Survey has been widely distributed across the Health Service and is a standing agenda item of monthly Institute meetings to determine what actions have been taken to address the issues highlighted in the Survey.</p> <p>The Day Surgery Unit has a mechanism whereby patients are contacted post-discharge. This process has been in place to some years.</p> <p>Inpatients on discharge are referred back to their General Practitioner for ongoing health management, or if ongoing specialist management required, relevant clinic appointments are made.</p> <p>Currently, the Townsville Health Service is concentrating its efforts on accreditation, to be conducted in June 2006, and is working towards meeting the Australian Council on Healthcare Standards criteria for discharges and follow-up procedures. As such the Patient Satisfaction Survey will be managed through the Quality Management System.</p>	<p>The Townsville Health Service District has a full time Client Liaison Officer whose role it is to investigate complaints. It is acknowledged that complaints have increased since the strong media focus on Queensland Health. It is the District's policy to manage complaints at a service level and if this cannot be achieved, issues are referred to the Client Liaison Officer. There are posters displayed throughout facilities to advise the public of the availability of the Client Liaison Officer.</p> <p>Complaints for the District are recorded on a data base and trends monitored. Complaints are classified according to seriousness, and work within the Queensland Health Complaint Management Framework.</p>

PLEASE NOTE THAT THIS ANSWER REPLACES THE PREVIOUS
ANSWER TO QUESTION ON NOTICE NO. 412 TABLED ON 27 APRIL
2006.