

Office of the Health Services Commissioner Report



Jan - March 2008 Quarter

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COMMISSIONER'S REPORT

During the quarter under review the Aboriginal Liaison Officer joined with the rest of the Office of the Health Services Commissioner (OHSC) staff to mark Sorry Day. The apology to indigenous people was screened at the OHSC and staff from other offices in Marland House were invited to attend. I was on annual leave in Portland so was able to attend an afternoon tea at the Aboriginal Collective in Heywood in South West Victoria.

During the quarter under review the OHSC staff farewelled Mark McPherson, a senior conciliator, and thanked him for his service.

In March we celebrated the OHSC's 20th anniversary with a cocktail party at the Sir Redmond Barry Room. The happy gathering was addressed by Robyne Schwarz, President of the Health Services Review Council, the Hon Daniel Andrews MP, Minister for Health and myself. Our colleagues were also entertained by the fabulous *Disinfectors* singing their infection control song "There Ain't No Bugs on Me." *The Disinfectors* were joined by Dr Paul Nisselle (an accomplished musician in his own right) and Louise Johnson, Chief Executive Officer of the Infertility Treatment Authority. Many thanks to everyone who made the occasion so successful, in particular Jacqui Hoepner, Jill Aitken, Julie-Anne Balash and Michael McDonald.

Information and assistance on complaints handling was provided to Dental Health Services, patient representatives, complaint liaison officers and quality improvement officers from several health services and hospitals. I was also involved in advising the Royal Australasian and New Zealand College of Psychiatry on how to deal with members who have been disciplined by the Board.

During the quarter under review interviews were held for investigation review panel nominees. Selections were made and training provided and the investigation review panels have begun their work at various registration boards, including the Medical Practitioners Board of Victoria and the Dental Practice Board of Victoria. Thanks are due to Maree Wilson and Jacqui Hoepner for their assistance with this.

I attended the funeral of Dr Eric Cunningham Dax who died in his 100th year after serving the community in psychiatric services. Dr Dax made a significant contribution to community based care and to psychiatric art. He assisted me with information when I was researching psychosurgery and electroconvulsive therapy.

Consultations continued to be held with various agencies to assist in protecting the public. In particular useful discussions have been held with the ACCC and Consumer Affairs Victoria. These cooperative ventures ensure that problem providers are dealt with appropriately in the public interest.

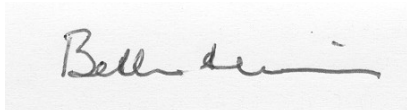
The OHSC is an industry partner with Professor David Studdert who is applying for an ARC grant to fund an informed consent study. I thank the Department of Human Services (DHS) for their support for this project.

I gave evidence to the Victorian Law Reform Committee public hearing into Alternative Dispute Resolution and I attended working parties of the Australian Law Reform Commission in its investigation into privacy.

During the quarter under review a new initiative was piloted in the Office. This involves triaging of new complaints in meetings with the executive team and the Registrar. The Manager, Assessment and Investigation and the Registrar advise

the meeting on new complaints. Discussions have been held with various representatives of organisations on privacy issues including Victoria Police and the Victorian AIDS Council. I also attended the DHS Participation Monitoring Committee meetings which monitor the progress of consumer participation.

Addresses given by me to conferences and other meetings include the Medico Legal Congress 2008 held in Sydney, Probus Clubs, VIEW Clubs, Senior Citizens Clubs, an Evening for Women in Molyullah and an address to the staff of the State Ombudsman's Office. I am a member of the Disability Services Board and Robyne Schwarz attended the April meeting to help determine the direction the Board will take. OHSC staff met to determine strategic directions and values and have produced some documentation to support this.

A handwritten signature in black ink, appearing to read "Beth Wilson", is centered within a light gray rectangular box.

Beth Wilson
Health Services Commissioner

ANALYSIS OF COMPLAINTS TRENDS

Complaints Lodged this Quarter

Table 1: New Complaints lodged with OHSC
(Complaints received complaint forms sent out)

	Current Quarter					Previous Quarter		Previous Year	
	Jan 2008	Feb 2008	Mar 2008			Oct - Dec 2007		Jan - Mar 2007	
HSC&R	124	172	129	425	92%	398	93%	495	90%
HRA	11	19	8	38	8%	32	11%	49	10%
Total	135	191	137	463		430		544	

New complaints lodged this quarter increased by approximately 8% in comparison with the last quarter, however the numbers of complaints decreased by 15% in comparison with the same period last year.

Single Contact Complaints this Quarter

Table 2: Single Contact complaints
(Complaints closed because no complaint form returned)

	Current Quarter					Previous Quarter		Previous Year	
	Jan 2008	Feb 2008	Mar 2008			Oct - Dec 2007		Jan - Mar 2007	
HSC&R	50	57	74	181	87%	201	92%	184	86%
HRA	15	3	10	28	13%	17	8%	30	14%
Total	65	60	84	209		218		214	

As for the same period last year, approximately 50% of all complaints were not confirmed by the return of a completed complaint form and authority.

Accepted Cases this Quarter

Table 3 Accepted cases
(Complaint Forms received and approved for assessment)

	Current Quarter					Previous Quarter		Previous Year	
	Jan 2008	Feb 2008	Mar 2008			Oct - Dec 2007		Jan - Mar 2007	
HSC&R	73	104	74	251	92%	231	95%	299	94%
HRA	6	9	6	21	8%	13	5%	18	6%
Total	79	113	80	272		244		317	

The number of accepted cases for this quarter increased by 10% compared to last quarter but were 12% less than the same period in 2007.

Table 4 - Consumer Profile of accepted

Age Range	Female	Male	Total	%
0 To 01	1	2	3	1%
01 to 04	2	0	2	1%
05 to 14	2	4	6	2%
15 to 24	6	4	10	4%
25 to 34	23	5	28	10%
35 to 44	21	13	34	13%
45 to 54	21	7	28	10%
55 to 64	24	21	45	17%
65 to 74	12	11	23	8%
75 +	13	17	30	11%
Unknown	25	38	63	23%
Total	150	122	272	100%

Figure 1 Consumer Gender



There were similar ratios of male (45%) to female (55%) service users reported for this quarter as for the previous quarter.

Primary Issues in Accepted Complaints

Figure 2: HSC Accepted Complaint Issues (n=251)

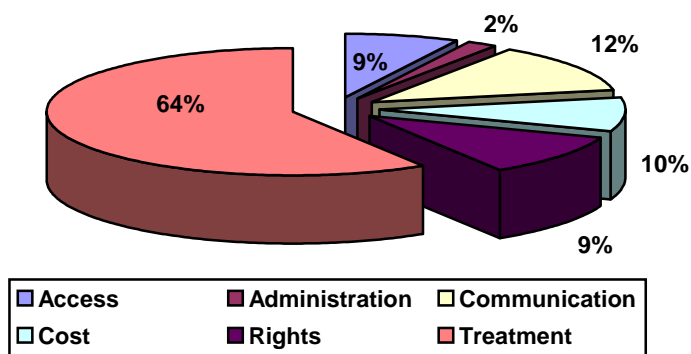


Table 5: HSC Issues

	3 rd Qtr 2007/8	2 nd Qtr 2007/8		3 rd Qtr 2007/8	2 nd Qtr 2007/8
Access			Cost		
Communication breakdown	1	0	Amount charged	4	6
Delay in admission	1	1	Billing practices	8	1
Delay in treatment	5	7	Information on costs	8	0
Discharge arrangements	3	5	Fraud	0	0
Discharge/Transfer	2	1	Over servicing	0	2
Transfer unsuitable	0	0	Over servicing - treatment	0	0
No/inadequate service	5	6	Public/Private election	1	0
Non attendance	1	0	Private health insurance	0	0
Non attendance - service busy	0	0	Public health insurance	0	1
Refused to refer	0	1	Unnecessary treatment	0	0
Other	0	1	Other	1	0
Refused admission	0	1			
Transport	1	0			
Waiting list	0	1			
9%	19	24	10%	22	10
Administration			Rights		
Management practices	0	0	Access to records	1	1
Administration	2	5	Accuracy of records	2	0
Advertising	2	0	Assault	3	0
Failure to provide certificate	0	2	Discrimination	1	1
Hygiene	0	1	No/insufficient consent	7	1
No/inadequate response	0	2	Other	3	1
Other	1	2	Privacy/confidentiality	1	0
Policy	0	0	Refusal to treat	0	2
Quackery/legality	0	0	Unprofessional conduct	8	6
Retaliation	0	0			
2%	5	12	9%	26	12
Communication			Treatment		
Absence of caring	11	2	Inadequate diagnosis	16	15
Failure to consult	3	7	Inadequate treatment	45	48
Inconsiderate/undignified service	3	3	Medication	9	11
Other	5	8	Negligent treatment	46	35
Poor attitude/discourtesy	7	8	Other	7	12
Wrong/misleading Information	2	2	Rough treatment	7	4
			Unskilful/incompetent treatment	9	6
			Wrong diagnosis	6	6
			Wrong treatment	2	2
12%	31	30	64%	147	139
			Not Specified	1	4
			Grand Total	251	231

Table 5 reflects the issues raised by complainants rather than those identified in the assessment of the complaint. Treatment issues constituted 59% of issues raised.

Figure 3: HRA Accepted Complaint Issues (n=21)

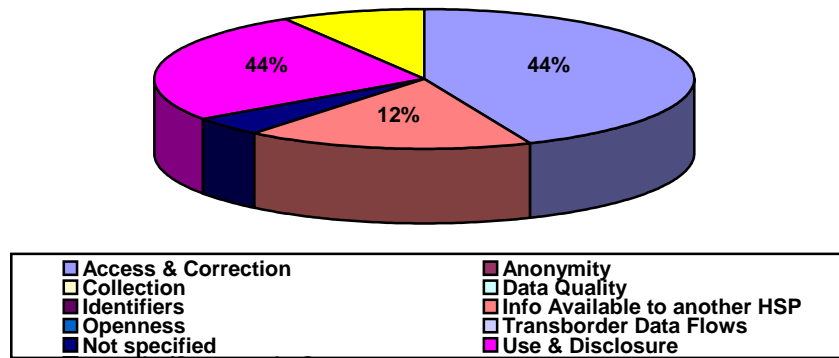


Table 6: HRA Issues

	3 rd Qtr 2007/8	2 nd Qtr 2007/8		3 rd Qtr 2007/8	2 nd Qtr 2007/8
Access & Correction		Info available to another HSP			
Access refused	9	3	Information refused	2	0
Amended statement not appended	0	0	Unreasonable time in delivery	1	0
Correction refused	0	0	Excessive fee	1	0
Inaccurate information not concealed	1	0		4	0
No amendment advise	0	0	Identifiers		
No written reason for refusal	0	1	Misuse	0	0
	10	4	Openness		
Anonymity		Policies unavailable, unclear or inadequate		0	0
Refusal of anonymity	0	1	Insufficient details given	0	0
Collection					
Breach of in-confidence details	0	0	Transborder data flows		
Unlawful/Intrusive collection	0	0	Unauthorised Transborder transfer	0	0
Third party collection	0	0	Transborder dataflow unreasonable	0	0
Third party collection - Notification	0	0		0	0
Inadequate collection statement	0	0	Transfer/Closure of HSP		
Unnecessary collection	0	0	Inadequate notification	0	0
	0	0	Unsafe storage of records	0	0
Data Quality					
Data inaccurate, incomplete or out of date	0	1	Use & Disclosure		
Deleted without notation	0	0	Disclosure – Inadequate consent	5	5
Destruction of information of non HSP	0	0	Disclosure - Inadequate disclosure	1	1
Transferred without notation	0	0	Use - Insufficient information	0	0
Unlawful deletion	0	0		6	6
Unsatisfactory protection	0	0	Not specified	1	1
	0	1	Total	21	13

In this quarter, access to records and transfer of records between providers account for two thirds of *Health Records Act* complaints. In comparison with the previous quarter there were 8 additional complaints on these issues.

Respondent Analysis by Primary Issue

Table 7 – Respondent Type by Issue Category

	3rd Qtr 2007-8						2nd Qtr 2007-8											
	Dentists in Private Practice	Hospitals	Medical Practitioners	Remaining Providers	Not specified		Dentists in Private Practice	Hospitals	Medical Practitioners	Remaining Providers	Not specified							
HSC																		
Access	0	10	2	2	5	19	7%	0	10	3	9	2	24	10%				
Administration	0	3	1	1	0	5	2%	0	5	3	3	1	12	5%				
Communication	1	12	12	1	5	31	11%	1	16	5	6	2	30	12%				
Cost	5	3	5	2	7	22	8%	4	0	1	4	1	10	4%				
Rights	0	12	4	4	6	26	10%	1	3	4	1	3	12	5%				
Treatment	11	52	46	9	29	147	54%	12	52	43	24	8	139	57%				
Not Specified	0	0	0	0	1	1	0%	0	3	0	1	0	4	2%				
	17	92	70	19	5	251	93%	18	89	59	48	7	231	95%				
HRA																		
Access & Correction	1	1	7	1	0	10	4%	0	0	3	1	0	4	2%				
Anonymity	0	0	0	0	0	0	0%	0	0	0	0	1	1	0%				
Collection	0	0	0	0	0	0	0%	0	0	0	0	0	0	0%				
Data Quality	0	0	0	0	0	0	0%	1	0	0	0	0	1	0%				
Identifiers	0	0	0	0	0	0	0%	0	0	0	0	0	0	0%				
Info Available to another HSP	0	0	3	1	0	4	1%	0	0	0	0	0	0	0%				
Openness	0	0	0	0	0	0	0%	0	0	0	0	0	0	0%				
Transborder data flows	0	0	0	0	0	0	0%	0	0	0	0	0	0	0%				
Transfer/Closure of HSP	0	0	0	0	0	0	0%	0	0	0	0	0	0	0%				
Use & Disclosure	0	1	2	1	2	6	2%	0	0	3	3	0	6	3%				
Not specified	0	0	0	0	1	1	0%	0	0	0	0	1	1	0%				
	1	2	12	3	3	21	7%	1	0	6	4	2	13	5%				
Grand Total	18	94	82	22	5	6	272	100	%	19	87	67	52	1	9	244	100	%
	7%	35%	30%	8%	21%	100%		8%	36%	27%	21%	8%	100%					

The issues identified for each of the respondent types are similar to those raised in previous quarters. The largest proportion of complaints is about treatment provided by hospitals, medical practitioners and others.

HOW COMPLAINTS ARE MANAGED

Table 8: Comparison by Stage of Closure

Stage of Complaint Process	3rd Qtr 2007-8				2nd Qtr 2007-8			
	HRA	HSC	Total	%	HRA	HSC	Total	%
Closed in Assessment	10	191	201	82%	16	180	196	79%
Closed in Conciliation	3	39	42	18%	1	52	53	21%
Closed in Investigation	0	0	0	0%	0	1	1	0%
Complaints closed	13	230	243	100%	17	233	250	100%

Most (83%) complaints were closed in assessment, with the remaining cases closed in conciliation.

Primary Issue in Complaint by Seriousness Rating At Closure

Table 9: Issue by Seriousness

	3rd Qtr 2007-8				2nd Qtr 2007-8					
	High	Medium	Low	Total	High	Medium	Low	Total		
HSC										
Access	4	4	12	20	8%	1	8	17	26	10%
Administration	0	2	9	11	5%	0	4	12	16	6%
Communication	2	9	16	27	11%	4	9	15	28	11%
Cost	0	5	12	17	7%	1	1	10	12	5%
Rights	4	10	11	25	10%	1	0	13	14	6%
Treatment	19	73	37	129	54%	20	71	41	132	53%
Not specified	0	1	0	1	0%	0	0	1	1	0%
	29	104	97	230	95%	27	94	112	233	93%
All HSC	12%	43%	40%	95%		11%	38%	45%	93%	
HRA										
Access & Correction	0	3	5	8	3%	0	3	3	6	2%
Anonymity	0	0	0	0	0%	0	0	0	0	0%
Collection	0	0	0	0	0%	0	0	1	1	0%
Data Quality	0	0	0	0	0%	0	1	0	1	0%
Identifiers	0	0	0	0	0%	0	1	0	4	1%
Info Available to another HSP	0	0	3	3	2%	0	0	0	0	0%
Openness	0	0	0	0	0%	0	0	0	0	0%
Trans border data flow	0	0	0	0	0%	0	0	0	0	0%
Transfer/Closure of HSP	0	0	0	0	0%	0	0	0	0	0%
Use & Disclosure	0	0	1	1	0%	0	5	3	7	4%
Not specified	0	0	1	1	0%	0	0	0	0	0%
	0	3	10	13	5%	0	10	7	17	7%
All HRA	0%	1%	4%	5%		0%	4%	3%	7%	
Total Complaints Closed	29	107	107	243	100%	27	104	119	250	100%
All complaints	12%	44%	44%	100%		10%	42%	48%	100%	

There was no significant variation in the proportion of cases reported as serious.

Assessment & Investigation

Table 10 - Resolution in assessment

	HSC	HRA	Total	%
Apology	15	0	15	7%
Compensation	4	0	4	2%
Declined	83	5	88	43%
Explanation	66	1	67	32%
Fees/Cost waived or reduced	7	1	8	4%
HRA - Access to records	0	0	0	0%
HRA - Dismissed	0	0	0	0%
Quality change	7	1	8	4%
Referred Out	14	0	14	7%
Service obtained	2	1	3	1%
Withdrawn	0	0	0	0%
Grand Total	198	9	207	100%
	96%	4%		

As in previous reports most complaints resolved in assessment received an apology and or an explanation. There were four quality change outcomes recorded and eleven complainants received a refund or cost reduction.

Table 11 – Reason for decline in assessment

	HSC	HRA	Total	%
19 (1) The complaint is frivolous, vexatious or trivial	9	0	9	10%
19 (2) The complaint has been determined elsewhere	13	0	13	15%
19 (3) The incident occurred more than 12 months ago	1	0	1	0%
19 (4) (a) The complaint was not confirmed in writing	32	0	32	36%
19 (4) (b) The complaint contains insufficient detail	3	0	3	3%
19 (5) Reasonable steps not taken	9	0	9	10%
19 (6) The complaint has been referred to a registration board	4	0	4	5%
19 (7) The complaint has been referred to an external person, organisation or agency	3	0	3	3%
19 (8) (a) The complaint was rejected (Outside of jurisdiction)	7	0	7	8%
45 (4) Complaint not confirmed in writing	0	3	3	3%
51 1(a) Not an interference with the privacy of an individual	0	0	0	0%
51 1(b) Complaint made by unauthorised individual	0	1	1	0%
51 1(e) Complaint frivolous, vexatious, misconceived or lacking in substance	0	1	1	5%
51 1(h) Respondent dealing/dealt with or hasn't had opportunity to deal with complaint	0	0	0	0%
51 1(f) Complaint is subject to another enactment, court or tribunal	0	0	0	0%
52 (1) Complaint referred to Registration Board	0	0	0	0%
Outside jurisdiction	2	0	2	2%
Grand Total	83	5	88	100%
	94%	6%		

The largest group of complaints declined in assessment were due to insufficient detail being provided. When this happens, HSC telephones or writes to the complainant seeking further information but occasionally this is not provided.

Conciliation

This Quarter there was an unusually high number of settlements involving compensation and/or refunds or waivers of fees, along with an unusually low number of 'service obtained' outcomes.

Table 12 - Resolution in Conciliation

	HSC	HRA	Total	%
Apology	18	0	18	25%
Compensation	15	0	15	21%
Explanation	20	1	21	29%
Fees/Cost waived or reduced	4	0	4	5%
HRA - Access to records	0	0	0	0%
HRA - Dismissed	0	0	0	0%
Non-conciliable	5	0	5	7%
Quality change	3	0	3	4%
Referred Out	0	0	0	0%
Service obtained	1	0	1	1%
Withdrawn	6	0	6	8%
Grand Total	72	1	73	100%
	99%	1%		

Registrar

A comparison of the figures in this quarter with that of the previous quarter reveals a similar pattern of complaint/notification numbers received and discussed between the Registration Boards and the HSC.

During this quarter a total of 246 matters were discussed with the Boards as opposed to 248 in the last quarter and of this total 195 were about medical and dental practitioners as opposed to 194 in the October to December quarter. Nine Boards forwarded 159 notifications to the HSC for comment while the HSC sought comments on 87 complaints. During the previous quarter these figures were 158 and 90 respectively. Again, the majority of notifications and complaints (221 of the 246) belonged to four of the Boards.

Of the 87 complaints lodged with the HSC 9 were formally referred to the Medical Practitioners Board for attention while the remaining five referrals went to four Boards for consideration by them. As the chart below outlines, three Boards formally referred a total of 6 notifications to the HSC for consideration.

Three Freedom of Information requests were received during this period.

Table 14 Registration Board Contacts

Registration Boards	Board Complaints discussed With HSC	HSC Complaints discussed with Boards	HSC Complaints formally referred to Boards	Board Complaints formally referred to HSC
Chinese Medicine Registration Board	6	1	0	0
Chiropractors Registration Board of Victoria	2	0	0	0
Dental Practice Board of Victoria	30	20	1	1
Medical Practitioners Board of Victoria	90	55	9	4
Medical Radiation Technologists Board of Victoria	0	0	0	0
Nurses Board of Victoria	4	3	2	0
Optometrists Registration Board of Victoria	0	1	0	0
Osteopaths Registration Board of Victoria	3	0	0	0
Pharmacy Board of Victoria	11	1	0	1
Physiotherapists Registration Board of Victoria	1	4	1	0
Podiatrists Registration Board of Victoria	0	0	0	0
Psychologists Registration Board of Victoria	12	2	1	0
	159	87	14	6

Prisoner Complaints

Table 15– breakdown of prisoner complaints

	Jan-08	Feb-08	Mar-08	Total	
Access	0	3	0	3	16%
Administration	0	0	0	0	0%
Communication	0	0	0	0	0%
Cost	0	0	0	0	0%
Rights	0	0	1	1	5%
Treatment	8	4	3	15	79%
Total	8	7	4	19	100%
	42%	37%	21%	100%	

The number of prisoner complaints was the same as last month. Treatment (79%) and access to treatment (16%) were the most frequent issues.

Psychiatric Services

Table16 Psychiatric Services

	Jan-08	Feb-08	Mar-08	Total	
Hospitals	3	5	3	11	44%
Medical Practitioner	3	3	1	7	28%
Physiotherapist	1	0	2	3	12%
Psychiatric Health Service	3	1	0	4	16%
Total	10	9	6	25	100%
	40%	36%	24%	100%	

Figure 4: Types of Service

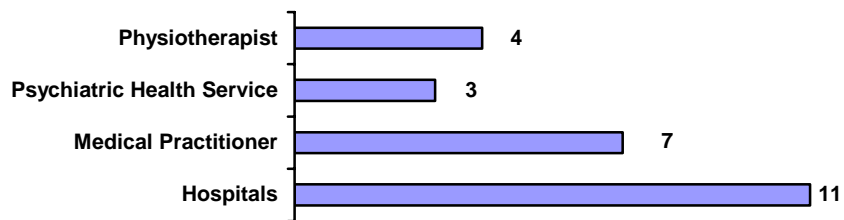
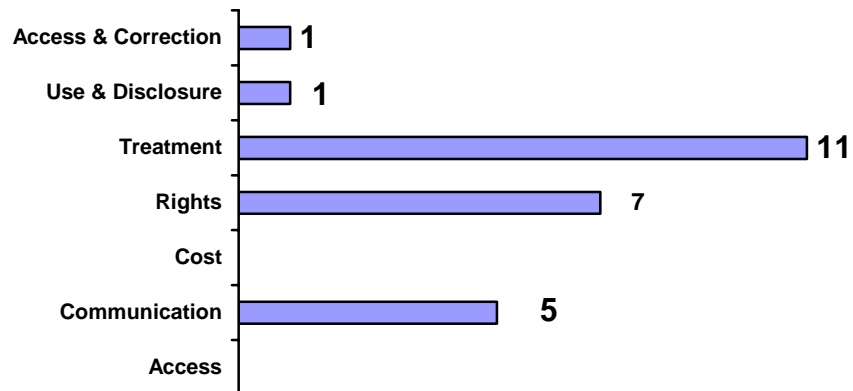


Figure 5: Issues in Psychiatric Complaints



ABORIGINAL LIAISON OFFICER'S REPORT

During this quarter the Aboriginal Liaison Officer (ALO) was absent for a significant period of time due to serious illness. Detailed below are Outreach activities performed.

Outreach Activities January – March 2008

Outgames Picnic

The Aboriginal Liaison Officer (ALO) attended the Asia Pacific QLBTIQ Outgames Picnic in the Park on Saturday 2 February, liaising and connecting with the Indigenous gay and lesbian community members about the Office's services. The event was well attended with a number of general enquiries made about issues effecting Indigenous gays and lesbians in their health care.

The Apology

The Health Services Commissioner marked the historic day of 13th February 2008 by screening The Prime Minister Mr Kevin Rudd's apology on behalf of the Commonwealth to Australia's indigenous peoples at our premises. The screening was attended by a number of staff from Marland House with the Aboriginal Liaison Officer (ALO) later attending events held at Federation Square to mark the historic event.

Indigenous Human Rights Forum

The ALO attended and participated in the Human Rights Forum, hosted by the Victorian Equal Opportunity and Human Rights Commission and the Victorian Aboriginal Legal Service at the Aborigines Advancement League on 19 March 2008. Keynote speakers included Mr Brian Tee, Parliamentary Secretary for Justice and Ms Larissa Behrendt, Professor of Law and Director of Research at Jumbunna Indigenous House of Learning at the University of Technology and Mr Frank Guivarra, Chief Executive Officer, Victorian Aboriginal Legal Service.

The event was attended by Indigenous community members, community workers and government employees exploring the importance and relevance of the human rights charter for Indigenous Victorians. A significant issue discussed during the workshops was access to adequate health care for Indigenous Victorians. Also discussed was the relevance of the Human Rights Charter in the course of the OHSC dealing with Indigenous complaints about matters that include a component of human rights issues, eg. psychiatric care, prisoner health care etc.

Enquiries

In total the ALO met in person with 8 Indigenous people making enquiries about their health care. Issues enquired about included:

- treatment
- misdiagnosis
- access to services (banned from a community health care centre)
- concerns about constitutional discrepancies at an Aboriginal Community health care centre
- industrial concerns relating to an Indigenous persons employment at an indigenous organisation where they also receive health care services

Two of these enquiries were later confirmed as complaints with advice given in other circumstances and appropriate referrals made.

Provision of information (ATSI)

Table 18 - Complaints (ATSI)

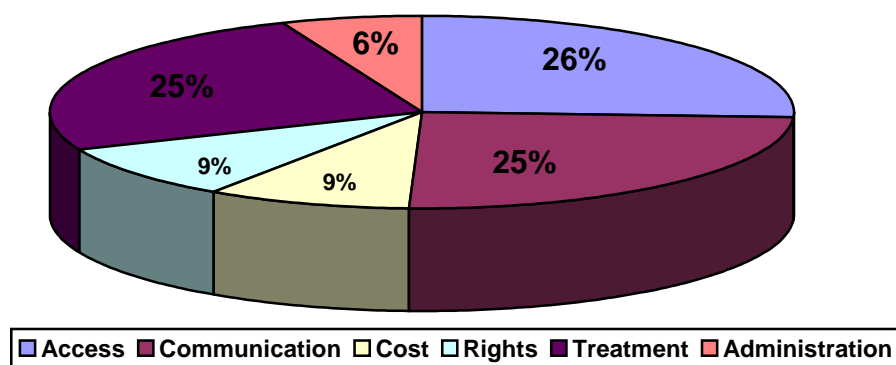
HSC Complaints		HRA Complaints	
Access	0	Access & Correction	0
Administration	0	Anonymity	0
Communication	1	Collection	0
Cost	0	Data Quality	0
Rights	1	Identifiers	0
Treatment	3	Info Available to another HSP	0
None	0	Openness	0
		Transborder data flows	0
		Transfer/Closure of HSP	0
		Use & Disclosure	0
	5		0

HOSPITAL HEALTH COMPLAINTS DATA

During this quarter 28 hospitals/community centres provided complaints data, which showed they received 1380 complaints. The major area of concern to people was access making up 26% (358), treatment 26% (350) and communication 26% (339).

Issues in Complaints

Figure 6: Issues in HCIP Complaints (n=1380)



Primary Issue in Complaint by Seriousness Rating

Table 19: Issue by Seriousness

	Access	Admin	Communication	Cost	Rights	Treatment	Total	
Trivial	0	0	0	0	0	0	0	0%
Minor	338	81	301	112	123	298	1253	91%
Routine	12	1	28	12	2	35	90	7%
Substantial	8	1	10	1	0	17	37	3%
Serious	0	0	0	0	0	0	0	0%
Total	358	83	339	125	125	350	1380	100%
	26%	6%	25%	9%	9%	25%	100%	

Most complaints (96%) were of a minor nature or considered routine.

Table 20: Site by Issue

	Access	Admin	Communication	Cost	Rights	Treatment	Total	
Admissions	91	5	6	2	3	0	107	8%
Aged Care	4	2	0	0	1	3	10	1%
Day Procedure Unit	1	0	4	0	0	3	8	1%
Emergency department	19	9	28	1	3	55	115	8%
Hospital grounds	93	0	6	26	12	9	146	11%
Intensive care unit	0	0	4	0	0	6	10	1%
Operating theatre	0	0	2	0	0	2	4	0%
Other	78	33	89	18	32	97	347	25%
Outpatient clinic	52	11	78	0	7	19	167	12%
Ward	20	23	122	78	67	156	466	34%
Total	358	83	339	125	125	350	1380	100%
	26%	6%	25%	9%	9%	25%	100%	

Nearly 1/2 of all complaint happens in the wards or in other (not specified) location. Emergency department and the outpatient clinic accounted for another ¼ of all complaints.

Table 21: Outcome by Issue

	Access	Admin	Communication	Cost	Rights	Treatment	Total	
CHANGE IN POLICY	0	1	0	0	0	1	2	0%
LAPSED	11	7	69	5	27	101	220	13%
NOT UPHELD	18	4	8	6	8	24	68	4%
REFERRED	16	13	15	14	11	19	88	5%
REMEDIAL	15	13	16	13	11	22	90	5%
RESOLVED	386	61	344	92	94	277	1254	73%
Total	446	99	452	130	151	444	1722	100%
	26%	6%	26%	8%	9%	26%	100%	

EXECUTIVE SERVICES

The Executive Services Unit comprises two staffing streams and provides corporate support services for the office including Finance, Human Resources, Information Technology, Purchasing, Vehicle Management, Building Services and Reception Services. It is also responsible for the operation of the *Health Records Act 2001*(Vic) (HRA) and the provision of legal advice to the Commissioner and staff.

Health Records Act 2001

The office continues to offer training, education and support to holders of health information and consumers on their respective responsibilities and rights under the legislation. These organisations include health services providers, government departments and agencies, local government, employers and many other holders of health information. During the quarter nine presentations were provided to organisations including the Australian Podiatry Association, the Baker Heart Research, Monash IVF and the Numurkah District Health Service. A joint training session with Privacy Victoria was held for over 50 staff of various organisations.

Table 22: HRA Requests

Requests	
Published articles	0
Consultation in office	5
Presentation to a group	12
Response to question	0
Telephone inquiries	53
Written inquiries	20
Review policy documents	1

Table23: HRA Contacts

HRA Team Contacts	
HRA brochures sent out	1287
HSC brochures sent out	1938
Access to records brochures sent out	890
No of posters sent	7
Amount of people attending presentations	300

Website

The office website (www.health.vic.gov.au/hsc) is featured prominently in all of the office promotional material. It is a source of information for the community on the role of the OHSC and includes publications produced by the office, appropriate links and the latest information.

The following table is for the period 1 January to 31 March 2008.

Table 24: Website Statistics

Month	Pages Viewed	Sessions	Visitors
Jan	4755	1439	1197
Feb	5671	1658	1369
Mar	5218	1667	1411
Average	5215	1588	1326
Totals	15644	4764	3977

APPENDICES

APPENDIX 1 - Providers by Type and Specialities

Grouping	Type of organisation	Speciality	Sub speciality				
Dentists in Private Practice	18	Dental Surgery	1				
		Dentist	17				
Hospitals	94	Hospitals	94 <i>Dental</i>	2			
			<i>Private</i>	13			
			<i>Public</i>	54			
			<i>Not specified</i>	5			
			<i>Psychiatric</i>	11			
			<i>Specialist</i>	5			
			<i>Women's</i>	4			
Medical Practitioners	82	Medical Clinic	9				
			<i>24 Hour Clinic</i>	0			
			<i>Group Practice</i>	4			
			<i>Laser Eye Clinic</i>	0			
			<i>Mens Health</i>	1			
			<i>Not specified</i>	4			
			Medical Practitioner	73	<i>Anaesthetist</i>	1	
					<i>Cardiologist</i>	1	
					<i>Dermatologist</i>	1	
		<i>Ear, Nose and Throat</i>			0		
		<i>Gastroenterologist</i>			0		
		<i>General Practitioner</i>			32		
		<i>Locum</i>			0		
		<i>Medico-legal Examiner</i>			0		
		<i>Neurologist</i>			3		
		<i>Not specified</i>			8		
		<i>Obstetrician/Gynaecologist</i>			3		
		<i>Oncologist</i>			0		
		<i>Ophthalmologist</i>			1		
		<i>Paediatrician</i>			0		
		<i>Psychiatrist</i>			7		
		<i>Radiologist</i>			1		
		<i>Rehabilitation medicine</i>			0		
		<i>Respiratory Medicine</i>			0		
		<i>Rheumatologist</i>			1		
		<i>Urologist</i>			2		
		<i>Surgeon</i>			12		
						General	2
						Neurological	0
						Not specified	2
				Orthopaedic	1		
				Plastic	5		
				Vascular	2		
Not specified	23						

Remaining Providers	55		
Age Care	1		
Aboriginal Health	0		
Alcohol & Drug Service	0		
Allied Health	0		
Alternative therapist	1	Acupuncture	0
		Masseur	0
		Magnetic therapy	0
		Naturopath	0
		Other	1
Ambulance Service	3		
Audiologist	0		
Beauticians/ laser therapists	0		
Beauty Therapy Clinic	1		
Chiropractic Service	0		
Community Health Centre	7		
Complementary Health	0		
Corrections Health	19	Not specified	0
		Private	5
		Public	14
Counsellor	0		
Dental Prosthetist	0		
Diagnostic Service	6	Diagnostic Imaging	1
		Not specified	3
		Pathology	2
Dep't of Human Services	1		
Education	0		
Health/Insurance	0		
Law Firms	0		
Locum Service	0		
Not a health service provider (individual)	0		
Not a health service provider (organisation)	0	Educational institution	0
		Employer	0
		Govt Dept/Agency	0
		Not specified	0
		Other	0
Nurse	0		
Nursing Home	0	Not specified	0
		Private	0
Nursing service	2		
Occupational therapist	0		
Optical dispenser	1		
Optometrist	1		
Osteopath	0		
Pharmaceutical supplier	1		
Pharmacist	0		
Physiotherapist	3		
Podiatrist	0		
Podiatry Service	0		
Police	0		
Psychiatric Health Service	4		
Psychologist	2		
Radiographer	1		
Rehabilitation Service	0		
Statutory Authority	1		
Grand Total	272		

Health Services Commissioner

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