

# Office of the Health Services Commissioner Report



January - March 2005 Quarter

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## COMMISSIONER'S REPORT

The start of the new calendar year brought a slight increase in the number of enquiries received, from 1397 last quarter to 1412. Interestingly, the number of confirmed complaints dropped by 28 from the previous quarter. An analysis of these trends is available further in the report.

The South Australian Government has introduced the *Health and Community Services Complaints Act 2004* and I was pleased to be part of the selection panel to appoint the first South Australian Health and Community Services Complaints Commissioner, following an Australia wide advertising and search process. Ms Leena Sudano has been appointed as the new Commissioner and I look forward to working closely with her.

In February I received a visit from officers of the National Population and Family Planning Commission of China who were keen to gain an insight into the workings of the Office of the Health Services Commissioner. The exchange of information between us was most interesting.

Recent presentations have included the keynote address at the Australian Medico-Legal Congress held in Sydney and International Women's Day functions and presenting at Maryborough and Kyneton Town Halls. The Maryborough function was organised by Women Out and About and culminated with the opening of an art exhibition.

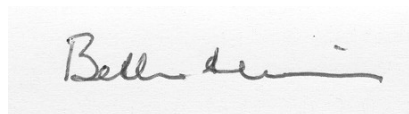
The office continued promoting its services to a number of diverse groups of the Victorian community with stands at the 'Midsumma' festival and also the 'Lunar New Year' festival over the weekend of the 12<sup>th</sup> & 13<sup>th</sup> of February.

My office has a strong working relationship with Privacy Victoria and this continues with the two organisations jointly hosting the 10<sup>th</sup> meeting of the Privacy Officers Network with the theme being "Privacy and Health". Dr Helen Szoke, CEO of the Equal Opportunity Commission and Associate Professor Harry Minas Director, Victorian Transcultural Unit & Centre for International Mental Health, University of Melbourne provided entertaining and interesting presentations to the Network.

The biannual meeting of the National Health Complaints Commissioners took place during the quarter and as usual included valuable workshopping, exchanges of information and mutual problem sharing and solving.

During the quarter the office was alerted to two breaches of the *Health Records Act 2001* where health service practitioners had closed their practice and left behind medical records breaching the privacy of their patients. I am pleased to report my staff were proactive and visited both premises where the breaches occurred and in one instance retrieved the discarded medical records. In both instances the health professionals were contacted and appropriate arrangements made for the safe storage of the records averting what could have been a serious privacy breach.

In the quarter reported on the Commissioner gave twenty-four presentations and seven media interviews.



Beth Wilson  
**Health Services Commissioner**

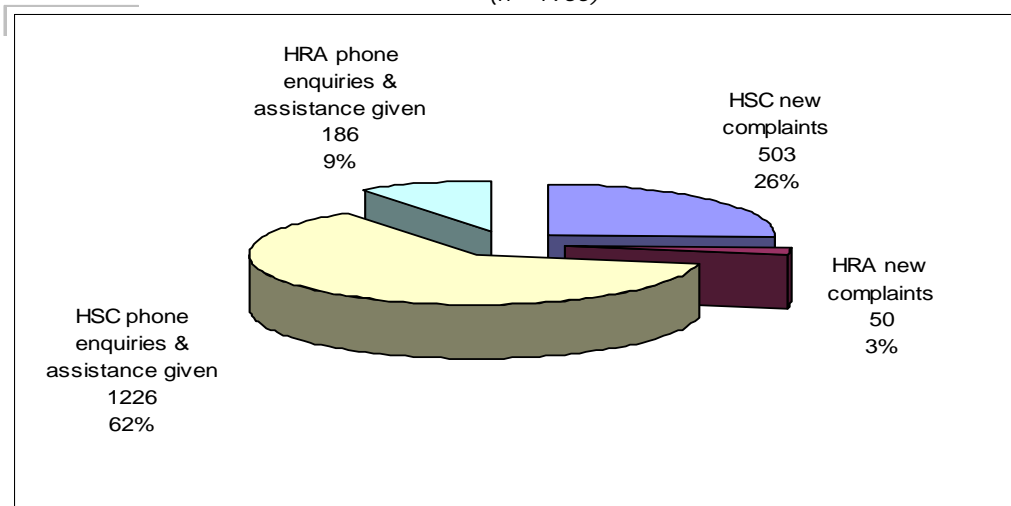
## ANALYSIS OF COMPLAINTS TRENDS

For the three months from January to March 2005 the OHSC received 1,412 phone enquiries compared to 1,397 for the previous quarter in 2004. Of the enquiries regarding health records 25% related to privacy information, 59% to access to records, 5% to fees, 4% were to the FOI Act and 4% were requests for brochures. Of the other health related enquiries 34% were referred to other agencies or organisations for assistance, 16% related to food and environmental health issues, 9% to fees, 4% to health insurance, 1% to hospital waiting lists and 34% related to other issues.

The numbers of complaints have decreased slightly, with 553 complaints received in the 2005 quarter compared with 581 in the previous quarter. There is always a seasonal variation at this time of year, however this is more than 100 complaints less than for the same quarter in the previous year. This pattern may be due to the effects of news of wide spread disaster arising from the Tsunami as a similar drop in complaints was noted after the 9/11 terrorist attack in New York. There may also be other reasons and the trend will need to be monitored.

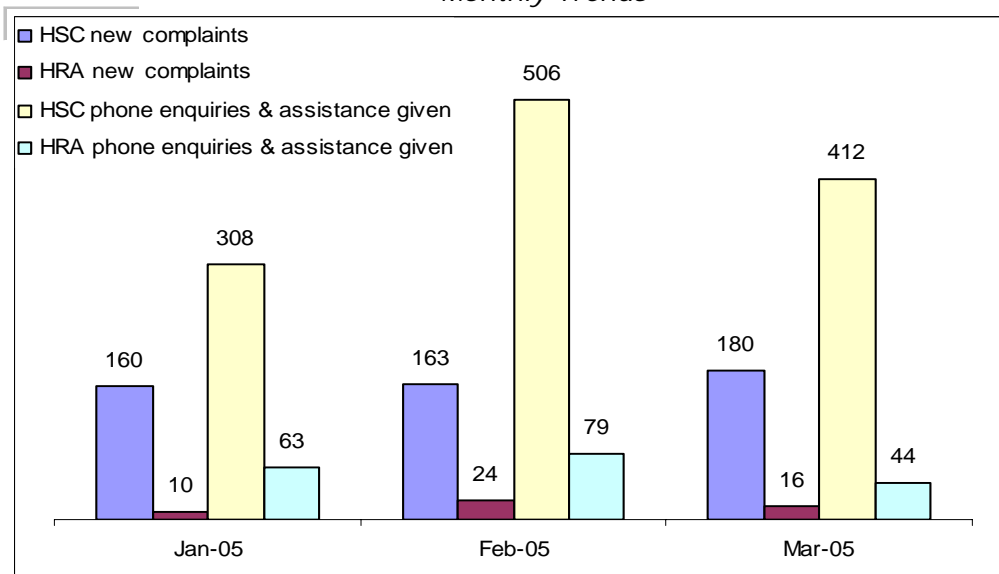
### New Complaints & Telephone Enquiry Comparisons 1 January to 31 March, 2005

Figure 1  
New Enquiries & Complaints  
(n= 1965)



As in previous reports, approximately 30% of calls are registered as potential complaints, and most of these (90%) are complaints under the Health Services (Conciliation Review) Act.

Figure 2  
Monthly Trends



While January is traditionally a quieter time for complaints and enquiries, the number of calls has usually increased by March, however this has not been the case this quarter.

Table 1: Comparative analysis

	Current Quarter					Previous Quarter		Previous Year	
	Jan-05	Feb-05	Mar-05			Oct - Dec 2004		Jan - Mar 2004	
<i>Health Services (Conciliation &amp; Review) Act 1987</i>									
<b>New complaints lodged</b>	<b>160</b>	<b>163</b>	<b>180</b>	<b>503</b>	<b>26%</b>	<b>512</b>	<b>19%</b>	<b>604</b>	<b>32%</b>
<b>Enquiries &amp; Assistance given</b>									
Access to records	0	0	0	0		0		8	
Brochure	0	9	16	25		4		10	
Fees	39	37	36	112		144		156	
Food & environmental health issues	49	83	68	200		170		102	
Health insurance	7	17	20	44		25		12	
Hospital waiting lists	3	2	6	11		9		5	
Other	116	172	126	414		430		511	
Referred elsewhere	94	186	140	420		404		788	
	<b>308</b>	<b>506</b>	<b>412</b>	<b>1226</b>	<b>62%</b>	<b>1186</b>	<b>60%</b>	<b>1592</b>	<b>60%</b>
<b>HSC Total</b>	<b>468</b>	<b>669</b>	<b>592</b>	<b>1729</b>	<b>88%</b>	<b>1698</b>	<b>86%</b>	<b>2196</b>	<b>83%</b>
<i>Health Records Act 2001</i>									
<b>New complaints lodged</b>	<b>10</b>	<b>24</b>	<b>16</b>	<b>50</b>	<b>3%</b>	<b>69</b>	<b>3%</b>	<b>53</b>	<b>2%</b>
<b>Enquiries &amp; Assistance given</b>									
Access to records	26	56	28	110		137		108	
Brochure	1	1	6	8		2		1	
Fees	4	4	2	10		29		15	
Privacy Information	26	15	6	47		38		251	
Referred to Federal Privacy Commissioner	0	0	0	0		0		17	
Referred to FOI Act	3	3	2	8		5		0	
Referred to State Privacy Commissioner	3	0	0	3		0		0	
	<b>63</b>	<b>79</b>	<b>44</b>	<b>186</b>	<b>9%</b>	<b>211</b>	<b>11%</b>	<b>392</b>	<b>15%</b>
<b>HRA Total</b>	<b>73</b>	<b>103</b>	<b>60</b>	<b>236</b>	<b>12%</b>	<b>280</b>	<b>14%</b>	<b>445</b>	<b>17%</b>
<b>Total complaints &amp; enquiries</b>	<b>541</b>	<b>772</b>	<b>652</b>	<b>1965</b>	<b>100%</b>	<b>1978</b>	<b>100%</b>	<b>2641</b>	<b>100%</b>

This quarter produced a small decrease in the number of HSC complaints from 512 in the previous quarter to 503 in this quarter. However, the number of HSC complaints decreased by 100 in comparison to the same period last year. The numbers of HRA complaints decreased from 69 last quarter to 50 this quarter which is similar to the number for the same quarter last year. The difference in the number of enquiries between this quarter and the same period last year seems to be in the HRA area of information on privacy where there are 200 fewer enquiries. Perhaps education in this area has contributed to the decline.

## Primary Issues in Complaints

Figure 3: HSC Complaint Issues

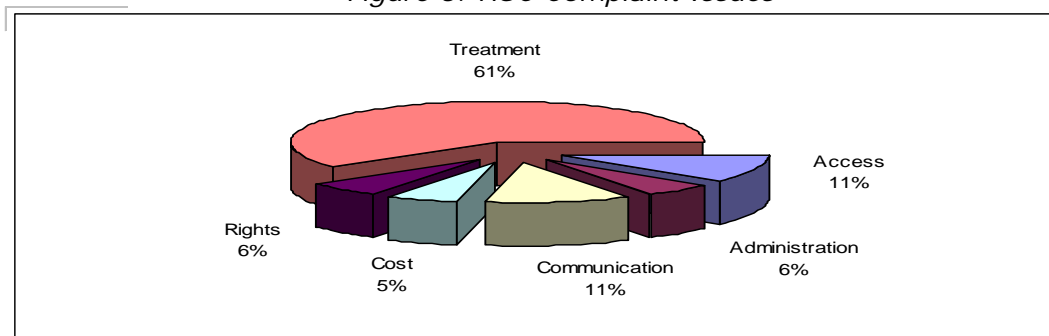


Table 2: HSC Issues

	3rd Qtr 2004/5	2nd Qtr 2004/5		3rd Qtr 2004/5	2nd Qtr 2004/5
<b>Access</b>		<b>Cost</b>			
Communication breakdown	5	3	Amount charged	6	6
Delay in admission	4	4	Billing practices	14	23
Delay in treatment	17	5	Information on costs	4	9
Discharge arrangements	1	5	Fraud	0	0
Discharge/Transfer	4	3	Over servicing	0	2
Transfer unsuitable	0	0	Over servicing - treatment	0	0
No/inadequate service	17	19	Public/Private election	0	0
Non attendance	0	0	Private health insurance	1	0
Non attendance - service busy	0	0	Public health insurance	0	0
Refused to refer	0	2	Unnecessary treatment	1	0
Other	0	1	Other	1	0
Refused admission	3	1			
Transport	1	2			
Waiting list	2	1			
	<b>54</b>	<b>46</b>		<b>27</b>	<b>40</b>
<b>Administration</b>		<b>Rights</b>			
Management practices	3	3	Access to records	4	5
Advertising	1	1	Accuracy of records	4	1
Failure to provide certificate	0	3	Assault	1	2
Hygiene	3	2	Discrimination	4	5
No/inadequate response	11	8	No/insufficient consent	3	0
Other	5	1	Other	2	1
Policy	2	1	Privacy/confidentiality	3	3
Quackery/legality	3	1	Refusal to treat	1	7
Retaliation	0	0	Unprofessional conduct	9	12
	<b>28</b>	<b>20</b>		<b>31</b>	<b>36</b>
<b>Communication</b>		<b>Treatment</b>			
Absence of caring	12	11	Inadequate diagnosis	42	47
Failure to consult	6	7	Inadequate treatment	108	100
Inconsiderate/undignified service	12	11	Medication	25	31
Other	2	4	Negligent treatment	62	61
Poor attitude/discourtesy	12	23	Other	3	7
Wrong/misleading Information	12	11	Rough treatment	6	6
			Unskilful/incompetent treatment	34	29
			Wrong diagnosis	12	10
			Wrong treatment	4	7
	<b>56</b>	<b>67</b>		<b>296</b>	<b>298</b>
			Not Specified	11	5
		<b>Grand Total</b>		<b>503</b>	<b>512</b>

The issues in HSC complaints were similar to previous quarters with treatment the most frequently named at 59%.

Figure 4: HRA Complaint Issues (n=69)

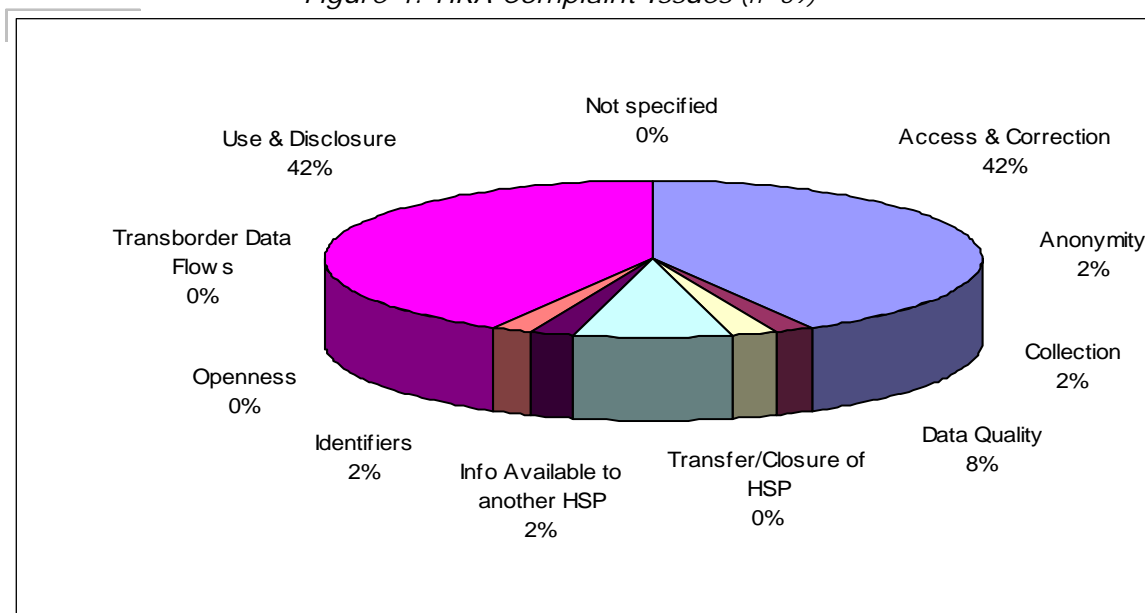


Table 3: HRA Issues

	3rd Qtr 2004/5		2nd Qtr 2004/5		3rd Qtr 2004/5		2nd Qtr 2004/5	
<b>Access &amp; Correction</b>			<b>Info available to another HSP</b>					
Access refused	17	30	Information refused	1	1			
Amended statement not appended	0	0	Unreasonable time in delivery	0	0			
Correction refused	3	1	Excessive fee	0	1			
Inaccurate information not concealed	1	3		1	2			
No amendment advise	0	0	<b>Identifiers</b>					
No written reason for refusal	0	4	Misuse	1	0			
	21	38	<b>Openness</b>					
<b>Anonymity</b>			Policies unavailable, unclear or inadequate	0	0			
Refusal of anonymity	1	2	Insufficient details given	0	1			
<b>Collection</b>				0	1			
Breach of in-confidence details	1	0	<b>Transborder data flows</b>					
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	<b>Transfer/Closure of HSP</b>					
Unnecessary collection	0	0	Inadequate notification	0	0			
	1	0	Unsafe storage of records	0	1			
				0	1			
<b>Data Quality</b>			<b>Use &amp; Disclosure</b>					
Data inaccurate, incomplete or out of date	1	0	Disclosure - Inadequate consent	19	21			
Deleted without notation	0	0	Disclosure - Inadequate disclosure	2	2			
Destruction of information of non HSP	0	0	Use - Insufficient information	0	0			
Transferred without notation	0	0		21	23			
Unlawful deletion	0	1	Not specified	0	0			
Unsatisfactory protection	3	1						
	4	2	Total	50	69			

The issues for HRA were refusal of access and disclosure of information without consent, similar to the previous quarter. Complaints about refusal of access decreased by 50%, and complaints about disclosure decreased by 27%. Again we hope that this is a result of education and growing awareness of the Act.

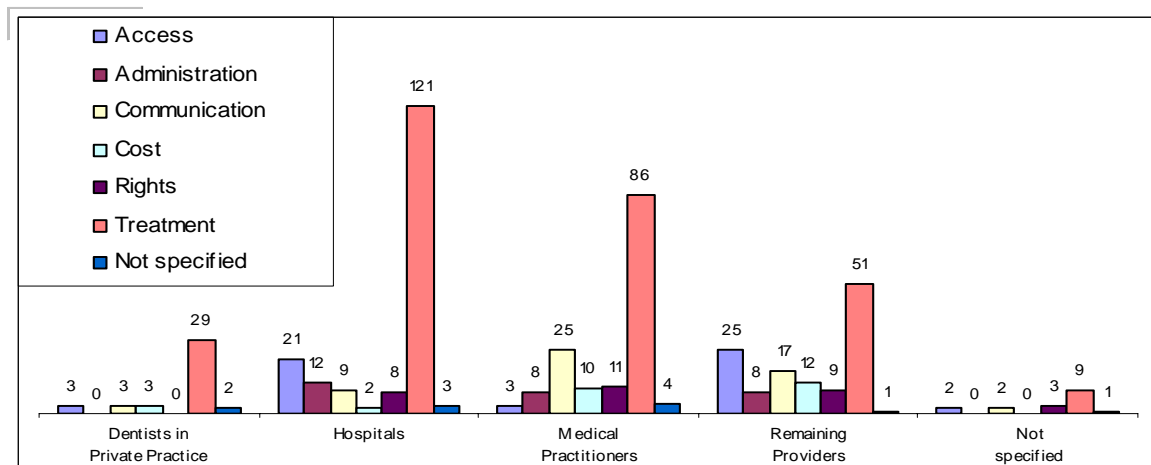
Table 3a - Consumer Profile

Age Range	Female	Male	Unknown	Total
0 to 01	1	2	0	3
01 to 04	1	5	0	6
05 to 14	8	7	0	15
15 to 24	11	4	0	15
25 to 34	18	11	0	29
35 to 44	22	15	0	37
45 to 54	18	12	0	30
55 to 64	18	14	0	32
65 to 74	13	9	0	22
75 +	13	20	0	33
Unknown	191	139	1	331
Total	314	238	1	553

There is a tendency for more complaints to be made about services provided to women (57%) across all age groups until the age of 65 when they are more equally distributed. This is most probably because women use health services more than men.

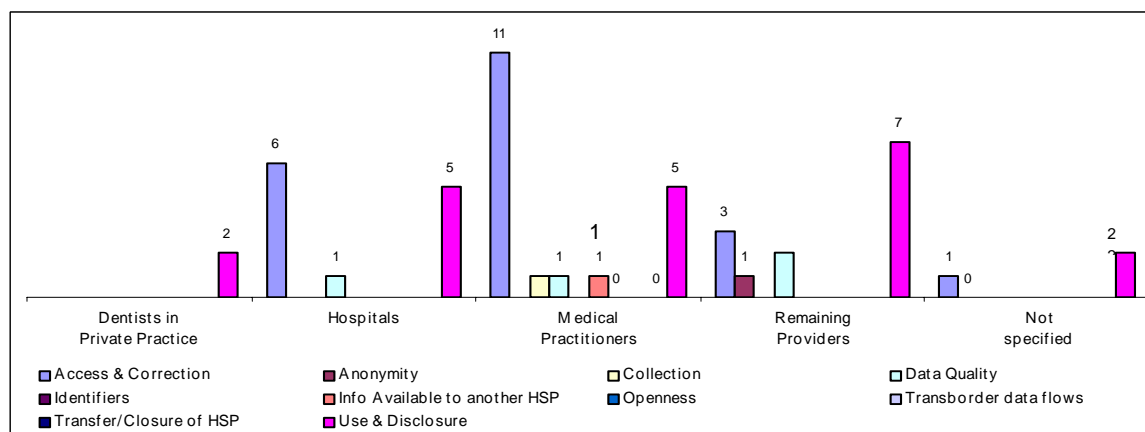
### Respondent Analysis by Primary Issue

Figure 5: HSC Respondent by Issue Category (n=503)



the largest category of complaints was made against hospitals (35%) and most (69%) of these complaints are about treatment issues.

Figure 6: HRA Respondent by Issue Category (n = 50)



More than half (55%) of the HRA complaints are about access to records and half of these were made against medical practitioners.

Table 4 – Respondent Type by Issue Category

	3rd Qtr 2004-5							2nd Qtr 2004-5						
	Dentists in Private Practice	Hospitals	Medical Practitioners	Remaining Providers	Not specified			Dentists in Private Practice	Hospitals	Medical Practitioners	Remaining Providers	Not specified		
<b>HSC</b>														
Access	3	21	3	25	2	<b>54</b>	10%	2	14	8	21	1	46	8%
Administration	0	12	8	8	0	<b>28</b>	5%	0	6	6	7	1	20	3%
Communication	3	9	25	17	2	<b>56</b>	10%	2	14	38	7	6	67	12%
Cost	3	2	10	12	0	<b>27</b>	5%	7	9	11	8	5	40	7%
Rights	0	8	11	9	3	<b>31</b>	6%	0	14	10	8	4	36	6%
Treatment	29	121	86	51	9	<b>296</b>	54%	31	91	106	49	21	298	51%
Not Specified	2	3	4	1	1	<b>11</b>	2%	0	2	0	3	0	5	1%
	<b>40</b>	<b>176</b>	<b>147</b>	<b>123</b>	<b>17</b>	<b>503</b>	91%	<b>42</b>	<b>150</b>	<b>179</b>	<b>103</b>	<b>38</b>	<b>512</b>	88%
<b>HRA</b>														
Access & Correction	0	6	11	3	1	<b>21</b>	4%	0	5	19	11	3	38	7%
Anonymity	0	0	0	1	0	<b>1</b>	0%	0	0	0	1	1	2	0%
Collection	0	0	1	0	0	<b>1</b>	0%	0	0	0	0	0	0	0%
Data Quality	0	1	1	2	0	<b>4</b>	1%	0	1	1	0	1	2	0%
Identifiers	0	0	0	0	0	<b>0</b>	0%	0	0	0	0	0	0	0%
Info Available to another HSP	0	0	1	0	0	<b>1</b>	0%	0	0	2	0	0	2	0%
Openness	0	0	0	0	0	<b>0</b>	0%	0	0	1	0	0	1	0%
Transborder data flows	0	0	0	0	0	<b>0</b>	0%	0	0	0	0	0	0	0%
Transfer/Closure of HSP	0	0	0	0	0	<b>0</b>	0%	0	0	0	0	0	1	0%
Use & Disclosure	2	5	5	7	2	<b>21</b>	4%	1	7	7	8	0	23	4%
Not specified	0	0	0	0	1	<b>0</b>	0%	0	0	0	0	0	0	0%
	<b>2</b>	<b>12</b>	<b>19</b>	<b>13</b>	<b>4</b>	<b>50</b>	9%	<b>1</b>	<b>13</b>	<b>31</b>	<b>20</b>	<b>4</b>	<b>69</b>	12%
<b>Grand Total</b>	<b>42</b>	<b>188</b>	<b>166</b>	<b>136</b>	<b>21</b>	<b>553</b>	100%	<b>43</b>	<b>163</b>	<b>210</b>	<b>123</b>	<b>42</b>	<b>581</b>	100%
	8%	34%	30%	25%	3%	100%		8%	28%	36%	21%	7%	100%	

## HOW COMPLAINTS ARE MANAGED

Table 5: Comparison by Stage of Closure

Stage of Complaint Process	3rd Quarter 2004-5				2nd Quarter 2004-5			
	HRA	HSC	Total	%	HRA	HSC	Total	%
Closed in Enquiry (Single Contact Complaints)	29	223	252	44%	26	239	265	46%
Closed in Assessment	23	208	231	41%	33	210	243	43%
Closed in Conciliation	10	77	87	15%	11	50	61	11%
Closed in Investigation	0	0	0	0%	0	1	1*	0%
<b>Complaints closed</b>	<b>62</b>	<b>508</b>	<b>570</b>	<b>100%</b>	<b>70</b>	<b>500</b>	<b>570</b>	<b>100%</b>

Of the 570 cases closed this quarter 44% were closed in enquiry and 41% in assessment. The enquiries are cases registered as potential complaints but not confirmed by the time of this report. Some may still become confirmed cases if documents are received. There were 285 confirmed cases closed in this period and 73% of these were closed in assessment and the remainder in conciliation. (\*There were no files closed in investigation in this quarter.)

## Primary Issue In Complaint By Seriousness Rating At Closure

Table 6: Issue by Seriousness

	3rd Quarter 2004-5					2nd Quarter 2004-5				
	High	Medium	Low	Total	%	High	Medium	Low	Total	%
<b>HSC</b>										
Access	2	13	34	49	9%	0	14	29	43	8%
Administration	1	7	17	25	4%	0	4	19	23	4%
Communication	1	14	49	64	11%	1	30	49	80	14%
Cost	0	7	21	28	5%	0	8	33	41	7%
Rights	3	6	24	33	6%	1	12	32	45	8%
Treatment	28	125	147	300	53%	22	120	111	253	44%
Not specified	1	4	4	9	2%	0	7	8	15	3%
	<b>36</b>	<b>176</b>	<b>296</b>	<b>508</b>	<b>90%</b>	<b>24</b>	<b>195</b>	<b>281</b>	<b>500</b>	<b>88%</b>
<b>HRA</b>										
Access & Correction	0	14	18	32	6%	0	15	22	37	6%
Anonymity	0	0	2	2	0%	0	1	1	2	0%
Collection	0	0	0	0	0%	0	0	2	2	0%
Data Quality	0	0	1	1	0%	0	0	2	2	0%
Identifiers	0	0	1	1	0%	0	0	0	0	0%
Info Available to another HSP	0	1	1	2	0%	0	0	2	2	0%
Openness	0	1	0	0	0%	0	0	1	1	0%
Transborder data flow	0	0	0	0	0%	0	0	0	0	0%
Transfer/Closure of HSP	0	0	1	1	0%	0	0	0	0	0%
Use & Disclosure	1	14	7	22	4%	3	11	10	24	4%
Not specified	0	1	0	1	0%	0	0	0	0	0%
	<b>1</b>	<b>30</b>	<b>31</b>	<b>62</b>	<b>10%</b>	<b>3</b>	<b>27</b>	<b>40</b>	<b>70</b>	<b>12%</b>
<b>Total Complaints Closed</b>	<b>37</b>	<b>203</b>	<b>323</b>	<b>570</b>	<b>100%</b>	<b>27</b>	<b>222</b>	<b>321</b>	<b>570</b>	<b>100%</b>

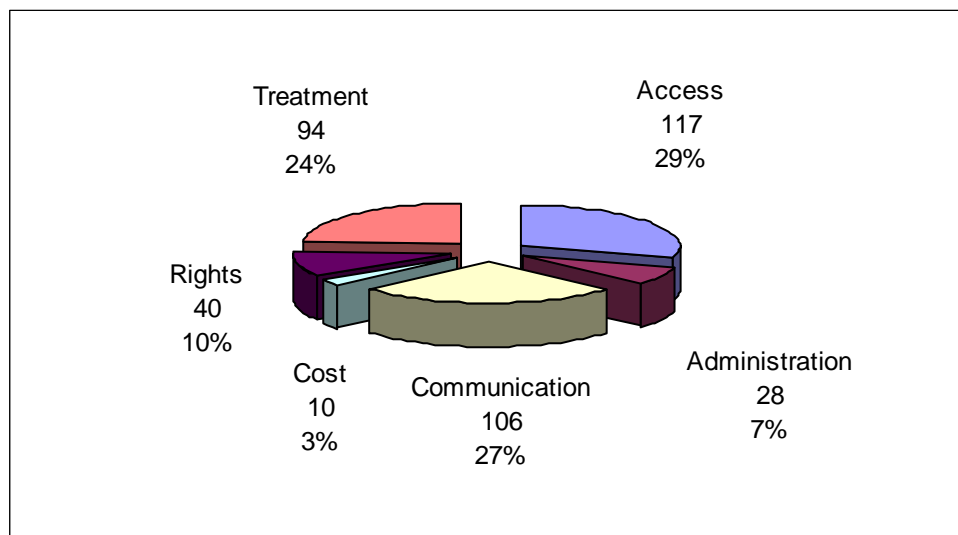
There was an insignificant variation in the numbers of complaints classified as low medium or high in seriousness.

## HOSPITAL HEALTH COMPLAINTS DATA

During the period under review 36 hospitals that use the Health Complaints Information Program (HCIP) submitted data containing 797 complaints. This report includes access, administration (management practises), communication, cost, rights and treatment issues. Complaints concerning atmosphere/hotel issues such as environmental standards, car parking, size of food portions etc. that are recorded using the Health Complaints Information Program (HCIP) have been excluded from this report

### Issues in Complaints

Figure 7: Issues in HCIP Complaints (n=797)



### Primary Issue in Complaint by Seriousness Rating

Table 7: Issue by Seriousness

2nd Quarter 2004-5

	Trivial	Minor	Routine	Substantial	Serious	Total	
Access	0	117	44	34	2	<b>197</b>	25%
Administration	0	28	4	5	0	<b>37</b>	5%
Communication	0	106	65	49	1	<b>221</b>	28%
Cost	0	10	3	8	0	<b>21</b>	3%
Rights	0	40	19	12	2	<b>73</b>	9%
Treatment	0	94	93	58	3	<b>248</b>	31%
<b>Total</b>	<b>0</b>	<b>395</b>	<b>228</b>	<b>166</b>	<b>8</b>	<b>797</b>	<b>100%</b>
	0%	50%	29%	21%	1%	100%	

## REGISTRAR

A total of 227 complaints were discussed with the Registrarion Boards during the last quarter. The number of complaints received by the Health Services Commissioner and discussed with the Boards was 73 relating to six Boards. The Boards' complaints discussed were more than double that of the HSC, a total of 154, relating to nine Boards. Of this 131 complaints were about medical practitioners while 47 were about dental practitioners. Following consultation 2 HSC complaints were formally referred to the Medical Practitioners Board of Victoria while 12 complaints were received by the Commissioner from 3 Boards, as detailed below. Regular consultations have occurred with several other agencies and 2 complaints were received by the Commissioner from the Victorian WorkCover Authority during this period. One Freedom of Information request was processed.

*Table 8: Registration Board Contacts*

<b>Registration Boards</b>	<b>HSC Complaints discussed with Boards</b>	<b>Board Complaints discussed with HSC</b>	<b>HSC Complaints formally referred to Boards</b>	<b>Board Complaints formally referred to HSC</b>
Chinese Medicine Registration Board	0	4	0	0
Chiropractors Registration Board of Victoria	1	5	1	0
Dental Practice Board of Victoria	17	30	3	0
Medical Practitioners Board of Victoria	52	79	8	2
Medical Radiation Technologists Board of Victoria	0	0	0	0
Nurses Board of Victoria	0	9	0	0
Optometrists Registration Board of Victoria	1	3	0	0
Osteopaths Registration Board of Victoria	0	1	0	0
Pharmacy Board of Victoria	1	15	0	0
Physiotherapists Registration Board of Victoria	0	0	0	0
Podiatrists Registration Board of Victoria	1	0	0	0
Psychologists Registration Board of Victoria	0	8	0	0
	<b>73</b>	<b>154</b>	<b>12</b>	<b>2</b>

## ASSESSMENT & INVESTIGATION

There has been an unanticipated decrease in the numbers of enquiries and complaints received this quarter. As a similar downturn was noted soon after the September 2002 terrorism in New York, it is possible that this reflects the public response to a world catastrophe. This trend will be monitored over this next quarter and it is possible that complaint numbers will be down for this year.

The decrease in the numbers of enquiries and complaints under the HRA may be due to growing awareness of privacy issues and will also be monitored, however it does not explain the overall decrease in numbers of complaints.

## CONCILIATION

This quarter once again there was an increase in the number of cases that came to fruition. The number of closures compared to the previous quarter is up by 43%??. One can never predict the time frames in conciliation. Conciliators endeavour to ensure that all the parties involved in conciliations are given sufficient time to explore their concerns and process the information provided in a manner that's supportive and comfortable, even if unpalatable, for the participants.

Approximately 12% of complaints closed in conciliation were HRA matters where refusal of access and disclosure of information without consent, continue to be the main issues of concern. The remaining HSC complaints continue to show that poor communication remains a common source of complaints in combination with poor or untimely diagnosis and/or treatment. The open and honest exchange, which is encouraged during the conciliation process, goes a long way towards addressing these problems.

## ABORIGINAL OUTREACH PROGRAM

This quarter, the Aboriginal Liaison Officer focused on dealing with existing complaints made by Aboriginals & Torres Strait Islanders to this Office. A number of complaints were resolved and finalised within conciliation.

### Indigenous Youth Expos

We also had a stall at the Indigenous Expo "Share the Knowledge", in Drouin, which was quite successful. We will continue to attend these Expos in the next quarter with 8 such visits planned across the regions in the State in Bairnsdale, Mildura, Ballarat, Bendigo, Portland, Warrnambool, Geelong and Melbourne.

### Newspaper Article

An article entitled "Getting it together – resolving health care complaints", featuring the Health Services Commissioner and the Aboriginal Liaison Officer, talking about the OHSC, was submitted to the National Indigenous Times as part of their Health Feature. It is hoped that this coverage will increase awareness of this Office in areas we ordinarily may not reach and gauge further need for privacy training in Aboriginal organisations in Victoria.

### Meetings, Conciliations, Speaking Engagements, Training

17 January	Meeting with complainant
1 February	Meeting with provider
3 February	Attendance at the Koori Hospital Liaison Officer In-Service, VUT Convention Centre, Sunshine
9 February	Meeting with complainant. Complaint lodged
15 February	Meeting with Beth Wilson
16 February	Meeting with complainant
22 February	Conciliation meeting
23 February	Outreach work in Drouin
24 February	"Share the Knowledge" Indigenous Job Fair in Drouin
1 March	Meeting with Beth Wilson
8 March	Meeting with provider
11 March	Conciliation meeting in Bendigo
22 March	Attendance at Indigenous Women's Justice Forum
24 March	Death Education Training with Prof. Allan Kellehear & Dr. Bruce of Latrobe University
31 March	Meeting with complainant
31 March	Article published in the National Indigenous Times

Table 9: Provision of information (ATSI)

<b>Enquiries &amp; Referrals</b>	
Request for brochures & reports	18
Speaking engagements	4
Food, environmental health enquiries	0
Health Insurance enquiries	0
Referral to Federal Privacy Commissioner	0
Referral to State Privacy Commissioner	0
Referral to Aboriginal Legal Service	3
Referral to other dispute settlement service	3
Referred elsewhere	3
Other enquiries	50
	<b>53</b>

Table 10: Complaints (ATSI)

<b>HSC Complaints</b>		<b>HRA Complaints</b>	
Access	2	Access & Correction	1
Administration	0	Anonymity	0
Communication	0	Collection	0
Cost	0	Data Quality	0
Rights	1	Identifiers	0
Treatment	5	Info Available to another HSP	0
None	1	Openness	0
		Transborder data flows	0
		Transfer/Closure of HSP	0
		Use & Disclosure	0
	<b>9</b>		<b>1</b>

## 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.

### Infomed

The OHSC continues to utilise the services of Infomed, which displays patient information in over 300 medical centres throughout Victoria. We rotate our generic brochure, advising patients of our role, with a brochure on the HRA explaining patient's rights and the obligations of health services providers in handling health information. The number of brochures distributed in the quarter are shown below.

Month	Uptake	No. of Patients	No. of Doctors
January 2005	364	756,000	1,609
February 2005	396	756,000	1,609
March 2005	496	756,000	1,607

Table 11: HRA Requests

Requests	
Published articles	0
Consultation in office	1
Presentation to a group	8
Response to question	2
Telephone inquiries	131
Review policy documents	14

Table 12: HRA Contacts

HRA Team Contacts	
No of posters sent	1
Amount of people attending presentations	257
Access to records brochures sent out	1097
HRA brochures sent out	1774
HSC brochures sent out	1921

## Website

The office website ([www.health.vic.gov.au/hsc](http://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 2005. This is a very dramatic drop in the number of visitors compared to the previous quarter where over 6700 visitors viewed our site.

Table 13: Website Statistics

Month	Pages Viewed	Sessions	Visitors
Jan	3,121	2,102	1,799
Feb	3,977	2,589	2,186
Mar	4,794	3,265	2,520
Average	2,978	1,994	1,630
Totals	11,915	7,969	3,689

## Staff Training and Development

During the quarter OHSC staff attended an in house session on 'working with grieving people' presented by Professor Allan Kellehear and Dr Bruce Rumbold from the Palliative Care Unit at Latrobe University. This informative session provided practical tips on dealing with people who are suffering trauma or grief in various situations.

## Conferences

Three staff attended a seminar on 'Hot Topics in Medical Negligence' and another staff member attended the 'Healing Chronic Traumatization Conference'

## APPENDICES

### *APPENDIX 1 - Providers by Type*

<b>Dentists in Private Practice</b>		42
<b>Hospitals</b>		188
<b>Medical Practitioners</b>		166
<b>Remaining Providers</b>		
Aboriginal Health Worker	1	
Allied Health	3	
Alternative therapist	3	
Ambulance Service	2	
Beauty Therapy Clinic	1	
Community Health Centre	8	
Complementary Health	1	
Corrections Health	45	
Dental Prosthetist	1	
Diagnostic Service	6	
Health Insurance	18	
Not a health service provider (organisation)	1	
Nurse	2	
Nursing Home	1	
Nursing service	4	
Occupational therapist	1	
Optical Dispenser	4	
Optometrist	1	
Pharmacists	4	
Pharmaceutical supplier	2	
Physiotherapist	2	
Psychiatric Health Service	3	
Psychologist	1	
Alternative Therapist Clinic	3	
Business	1	
Government	1	
Insurance Company	1	
Dpt of Human Services	1	
Podiatrist	1	
Hostel	1	136
Not specified		21
<b>Total</b>		<b>553</b>

## ***APPENDIX 2 - Medical Practitioner Specialities***

<b>Speciality</b>	<b>Total</b>
Anaesthetist	2
Cardiologist	1
Dermatologist	2
Ear, Nose and Throat	3
Gastroenterologist	2
General Practitioner	59
General surgeon	2
Group Practice	7
Mens Health	5
Neurological surgeon	2
Neurologist	2
Not specified	42
Obstetrician/Gynaecologist	10
Orthopaedic surgeon	2
Paediatrician	1
Physician	3
Plastic surgeon	3
Psychiatrist	6
Radiologist	2
Surgeon	7
Urologist	1
Vascular surgeon	2
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