

Office of the Health Services Commissioner Report



October - December 2004 Quarter

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COMMISSIONER'S REPORT

The October – December 2004 quarter saw a slight increase in the number of complaints received, from 559 in 2003 to 581 in 2004.

Once again treatment issues are the most frequent, however communication failures tend to be a strong feature of all complaints as a secondary issue. Complaints received under the Health Records Act have remained at the same level as in the 2003 quarter, although these declined slightly from the 2004 July – September quarter. The primary issues are refusal of access and disclosure of information without consent.

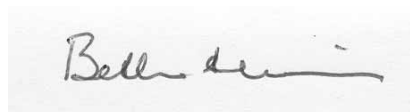
Most complaints, 55%, are received from women. This is not surprising given that women come into contact with health care services more frequently than men, especially during reproductive years. Women are also most likely to be carers for other people. Most of the lack of access complaints were made against medical practitioners. Similarly, seriousness ratings remain very similar to the previous periods with most complaints being rated as low seriousness. This report also provides complaints data provided to HSC from 39 hospitals that use the information program developed and supported by the Commission. These can be found on page 11.

HSC continues to have a good relationship with the Registration Boards. Complaints received by HSC are discussed with the relevant Registration Board with a view to determining which is the best body to handle them. Complaints that are suitable for conciliation are usually retained by the Commissioner, and those requiring further investigation, disciplinary action, or which contain allegations of professional misconduct are forwarded to the Boards.

HSC continues to rely heavily on conciliation and mediation procedures to resolve complaints only rarely having to use our powers of investigation. That did not vary in this quarter. In conciliation there was a good outcome in terms of finalisation, with the numbers of closures compared with the previous quarter being almost double.

The HSC is fortunate in having the services of a full time Aboriginal Liaison Officer, whose Outreach work means we have been able to provide services to an important section of our community, which would otherwise not use us. Melanie Fraser's report appears on page 13.

In the quarter reported on the Commissioner gave thirty presentations, six of which were at Health Service AGMs. The Commissioner also performed two launches and two keynote speeches including the Michael Kirby Oration which is available on our website at www.health.vic.gov.au/hsc. Media involvement included four interviews on 3RRR Radio Therapy Program.



Beth Wilson
Health Services Commissioner

ANALYSIS OF COMPLAINTS TRENDS

For the three months from October to December 2004 the OHSC received 1,154 phone enquiries compared to 1,483 for the same quarter in 2003. The numbers of complaints have increased slightly, with 581 complaints received in the 2004 quarter compared with 559 in the 2003 quarter. Of the enquiries regarding health records in the October to December 2004 quarter 52% related to privacy information, 38% to access to records, 8% to fees, 1% were to the FOI Act and 1% were requests for brochures. Of the other enquiries received during the October to December 2004 quarter 56% were referred to other agencies or organisations for assistance, 10% related to food and environmental health issues, 8% to fees, 1% to health insurance, 1% to hospital waiting lists and 24% related to other issues.

New Complaints & Telephone Enquiry Comparisons 1 October to 31 December, 2004

Figure 1
New Enquiries & Complaints
(n= 1978)

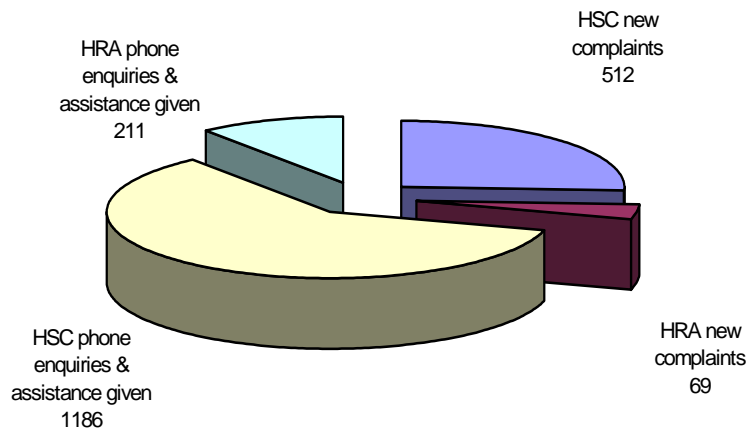


Figure 2
Monthly Trends

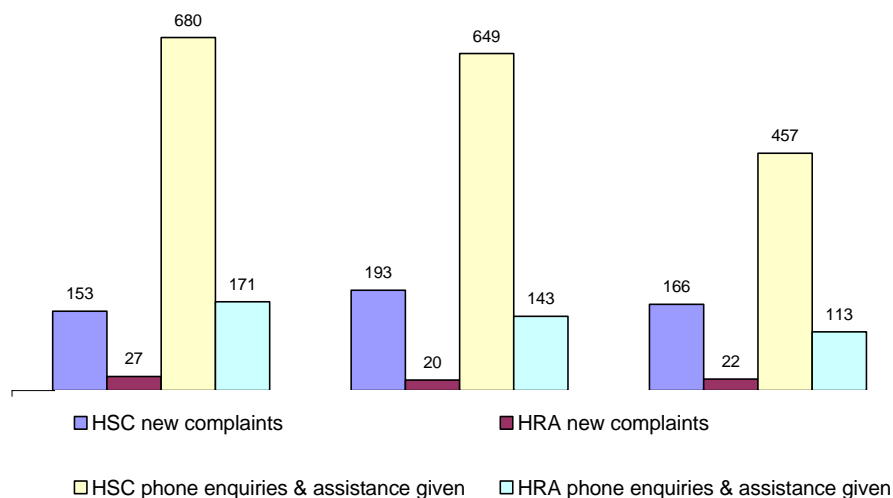


Table 1: Comparative analysis

	Current Quarter					Previous Quarter		Previous Year	
	Oct 2004	Nov 2004	Dec 2004			Jul - Sept 2004		Oct - Dec 2003	
<i>Health Services (Conciliation & Review) Act 1987</i>									
New complaints lodged	153	193	166	512	19%	564	27%	490	24%
Enquiries & Assistance given									
Access to records	0	0	0	0		1		36	
Brochure	2	2	0	4		3		24	
Fees	66	47	31	144		160		125	
Food & environmental health issues	75	59	36	170		152		175	
Health insurance	11	11	3	25		19		59	
Hospital waiting lists	2	4	3	9		9		2	
Other	184	160	86	430		424		406	
Referred elsewhere	340	366	298	404		403		402	
	480	449	257	1186	60%	1171	56%	1229	61%
HSC Total	633	642	423	1698	86%	1735	82%	1719	85%
<i>Health Records Act 2001</i>									
New complaints lodged	27	20	22	69	3%	76	4%	69	3%
Enquiries & Assistance given									
Access to records	63	47	27	137		184		128	
Brochure	0	1	1	2		3		2	
Fees	12	11	6	29		38		42	
Privacy Information	17	14	7	38		53		47	
Referred to Federal Privacy Commissioner	0	0	0	0		0		2	
Referred to FOI Act	2	0	3	5		16		32	
Referred to State Privacy Commissioner	0	0	0	0		0		1	
	94	73	44	211	11%	294	14%	254	12%
HRA Total	121	93	66	280	14%	370	18%	323	15%
Total complaints & enquiries	754	735	489	1978	100%	2105	100%	2042	100%

This quarter produced a small decrease (3%) in the number of HSC complaints from 564 in the previous quarter to 512 in this quarter. The numbers of HRA complaints decreased by 9% from 76 last quarter to 69 this quarter.

Primary Issues in Complaints

Figure 3: HSC Complaint Issues

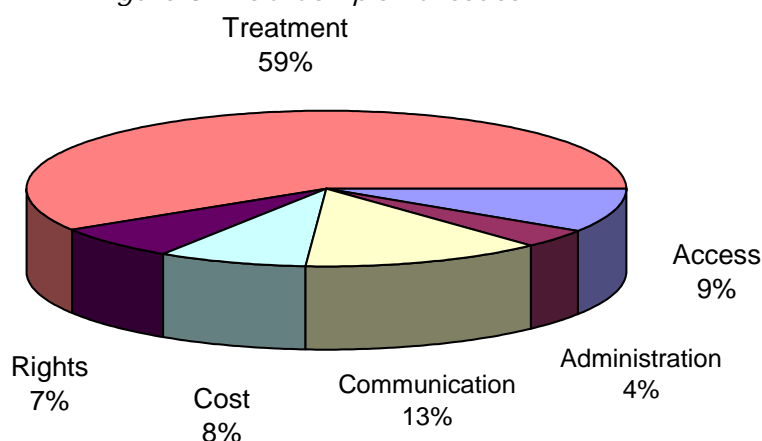


Table 2: HSC Issues

	2 nd Qtr 2004/5	1 st Qtr 2004/5		2 nd Qtr 2004/5	1 st Qtr 2004/5
Access			Cost		
Communication breakdown	3	2	Amount charged	6	14
Delay in admission	4	3	Billing practices	23	13
Delay in treatment	5	9	Information on costs	9	8
Discharge arrangements	5	1	Fraud	0	0
Discharge/Transfer	3	0	Over servicing	2	2
Transfer unsuitable	0	0	Over servicing - treatment	0	0
No/inadequate service	19	13	Public/Private election	0	0
Non attendance	0	1	Private health insurance	0	1
Non attendance - service busy	0	0	Public health insurance	0	0
Refused to refer	2	0	Unnecessary treatment	0	0
Other	1	0	Other	0	3
Refused admission	1	0			
Transport	2	0			
Waiting list	1	3			
	46	32		40	41
Administration			Rights		
Management practices	3	4	Access to records	5	0
Advertising	1	0	Accuracy of records	1	1
Failure to provide certificate	3	2	Assault	2	4
Hygiene	2	1	Discrimination	5	7
No/inadequate response	8	9	No/insufficient consent	0	8
Other	1	2	Other	1	8
Policy	1	0	Privacy/confidentiality	3	2
Quackery/legality	1	1	Refusal to treat	7	5
Retaliation	0	0	Unprofessional conduct	12	16
	20	19		36	51
Communication			Treatment		
Absence of caring	11	10	Inadequate diagnosis	47	43
Failure to consult	7	11	Inadequate treatment	100	122
Inconsiderate/undignified service	11	15	Medication	31	28
Other	4	3	Negligent treatment	61	51
Poor attitude/discourtesy	23	22	Other	7	1
Wrong/misleading Information	11	16	Rough treatment	6	16
			Unskilful/incompetent treatment	29	34
			Wrong diagnosis	10	6
			Wrong treatment	7	5
	67	77		298	306
			Not Specified	5	38
			Grand Total	512	564

The primary issues in HSC complaints showed similar patterns to previous quarters with treatment the most frequently named issue comprising 59%.

Figure 4: HRA Complaint Issues (n=69)

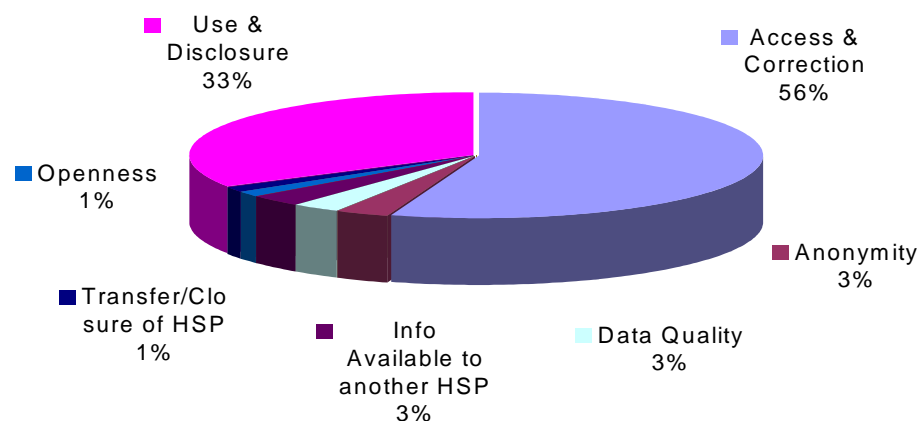


Table 3: HRA Issues

	2 nd Qtr 2004/5	1 st Qtr 2004/5		2 nd Qtr 2004/5	1 st Qtr 2004/5
Access & Correction			Info available to another HSP		
Access refused	30	37	Information refused	1	0
Amended statement not appended	0	0	Unreasonable time in delivery	1	0
Correction refused	1	2	Excessive fee	0	1
Inaccurate information not concealed	3	0		2	1
No amendment advise	0	0	Identifiers		
No written reason for refusal	4	2	Misuse	0	0
	38	41	Openness		
Anonymity			Policies unavailable, unclear or inadequate	0	0
Refusal of anonymity	2	1	Insufficient details given	1	1
Collection				1	1
Breach of in-confidence details	0	1	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	1	Unsafe storage of records	1	0
Data Quality				1	0
Data inaccurate, incomplete or out of date	0	0	Use & Disclosure		
Deleted without notation	0	0	Disclosure - Inadequate consent	21	26
Destruction of information of non HSP	0	0	Disclosure - Inadequate disclosure	2	4
Transferred without notation	0	0	Use - Insufficient information	0	0
Unlawful deletion	1	0		23	30
Unsatisfactory protection	1	1	Not specified	0	0
	2	1	Total	69	76

The primary issues for HRA were refusal of access and disclosure of information without consent, similar to the previous quarter.

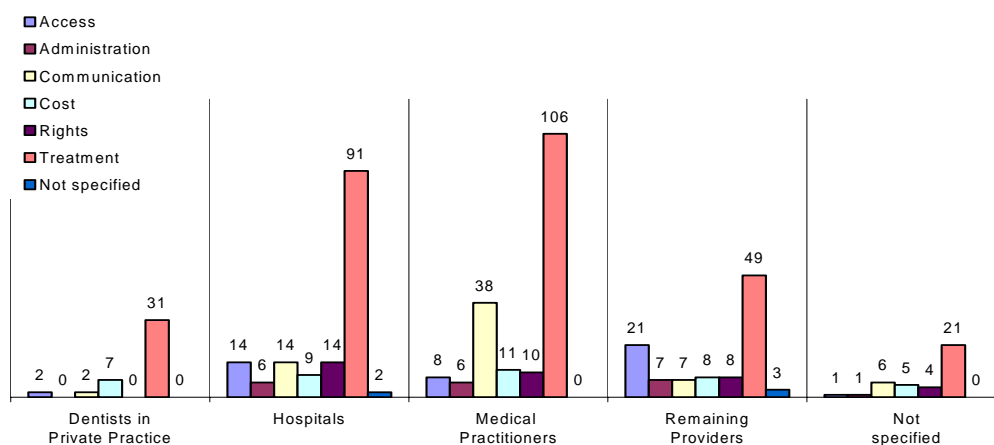
Table 3a - Consumer Profile

Age Range	Female	Male	Total
0 To 01	0	4	4
01 to 04	4	2	6
05 to 14	7	4	11
15 to 24	7	5	12
25 to 34	30	8	38
35 to 44	21	20	41
45 to 54	31	22	53
55 to 64	17	10	27
65 to 74	8	8	16
75 +	11	13	24
Unknown	184	165	349
Total	320	261	581

There is a tendency for more complaints to be made about services provided to women (55%) 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.

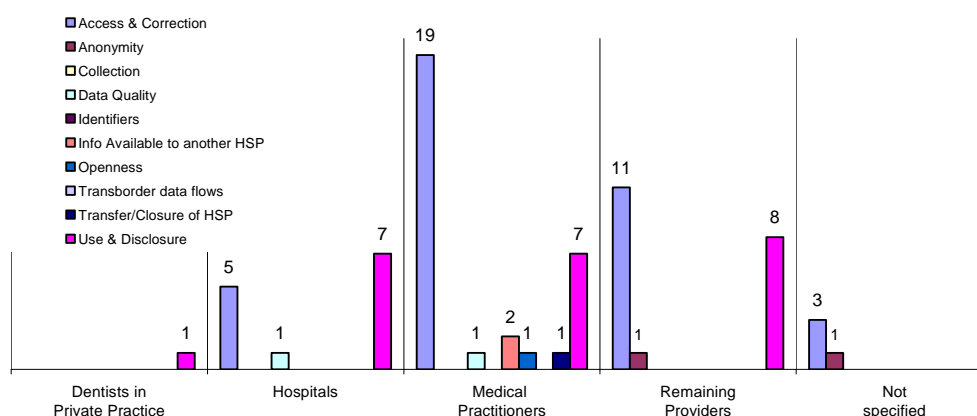
Respondent Analysis by Primary Issue

Figure 5: HSC Respondent by Issue Category (n=512)



There is no change in the pattern of the largest category of complaints being made against doctors (35%) and most of these complaints are about treatment issues.

Figure 6: HRA Respondent by Issue Category (n = 69)



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

	2nd Qtr 2004-5							1st 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		
HSC														
Access	2	14	8	21	1	46	8%	0	15	6	9	2	32	5%
Administration	0	6	6	7	1	20	3%	1	3	5	8	2	19	3%
Communication	2	14	38	7	6	67	12%	7	24	31	13	2	77	12%
Cost	7	9	11	8	5	40	7%	5	8	14	12	2	41	6%
Rights	0	14	10	8	4	36	6%	2	12	18	14	5	51	8%
Treatment	31	91	106	49	21	298	51%	31	89	88	68	30	306	48%
Not Specified	0	2	0	3	0	5	1%	3	11	9	9	6	38	6%
	42	150	179	103	38	512	88%	49	162	171	133	49	564	88%
HRA														
Access & Correction	0	5	19	11	3	38	7%	2	5	24	10	0	41	6%
Anonymity	0	0	0	1	1	2	0%	0	0	0	1	0	1	0%
Collection	0	0	0	0	0	0	0%	0	0	0	1	0	1	0%
Data Quality	0	1	1	0	0	2	0%	0	0	0	0	1	1	0%
Identifiers	0	0	0	0	0	0	0%	0	0	0	0	0	0	0%
Info Available to another HSP	0	0	2	0	0	2	0%	0	0	1	0	0	1	0%
Openness	0	0	1	0	0	1	0%	0	0	0	1	0	1	0%
Transborder data flows	0	0	0	0	0	0	0%	0	0	0	0	0	0	0%
Transfer/Closure of HSP	0	0	1	0	0	1	0%	0	0	0	0	0	0	0%
Use & Disclosure	1	7	7	8	0	23	4%	0	6	5	15	4	30	5%
Not specified						0	0%	0	0	0	0	0	0	0%
	1	13	31	20	4	69	12%	2	11	30	28	5	76	12%
Grand Total	43	163	210	123	42	581	100%	51	173	201	161	54	640	100%
	7%	28%	36%	21%	7%	100%		8%	27%	31%	25%	8%	100%	

HOW COMPLAINTS ARE MANAGED

Table 5: Comparison by Stage of Closure

Stage of Complaint Process	2nd Quarter 2004-5				1st Quarter 2004-5			
	HRA	HSC	Total	%	HRA	HSC	Total	%
Closed in Enquiry (Single Contact Complaints)	26	239	265	46%	37	270	307	54%
Closed in Assessment	33	210	243	43%	31	198	229	40%
Closed in Conciliation	11	50	61	11%	3	30	33	6%
Closed in Investigation	0	1	1	0%	0	1	1	0%
Complaints closed	70	500	570	100%	71	499	570	100%

Of the 570 cases closed this quarter 90% were closed either in enquiry or in the assessment stage. The total includes cases which were registered as potential complaints but not confirmed by the time of this report. There were 305 confirmed cases closed in this period and 80% of these were closed in assessment or investigation and the remainder in conciliation.

Primary Issue In Complaint By Seriousness Rating At Closure

Table 6: Issue by Seriousness

	2nd Quarter 2003-4				1st Quarter 2002-3					
	High	Medium	Low	Total	High	Medium	Low	Total		
HSC										
Access	0	14	29	43	8%	1	16	14	31	5%
Administration	0	4	19	23	4%	0	2	11	13	2%
Communication	1	30	49	80	14%	3	23	44	70	12%
Cost	0	8	33	41	7%	0	10	27	37	6%
Rights	1	12	32	45	8%	1	10	24	35	6%
Treatment	22	120	111	253	44%	25	135	115	275	48%
Not specified	0	7	8	15	3%	2	23	13	38	7%
	24	195	281	500	88%	32	219	248	499	88%
HRA										
Access & Correction	0	15	22	37	6%	1	15	14	30	5%
Anonymity	0	1	1	2	0%	0	0	1	1	0%
Collection	0	0	2	2	0%	0	4	0	4	1%
Data Quality	0	0	2	2	0%	0	3	1	4	1%
Identifiers	0	0	0	0	0%	0	1	0	1	0%
Info Available to another HSP	0	0	2	2	0%	0	0	1	1	0%
Openness	0	0	1	1	0%	0	0	1	1	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	1	1	0%
Use & Disclosure	3	11	10	24	4%	1	19	8	28	5%
Not specified				0	0%				0	0%
	3	27	40	70	12%	2	42	27	71	12%
Total Complaints Closed	27	222	321	570	100%	34	261	275	570	100%

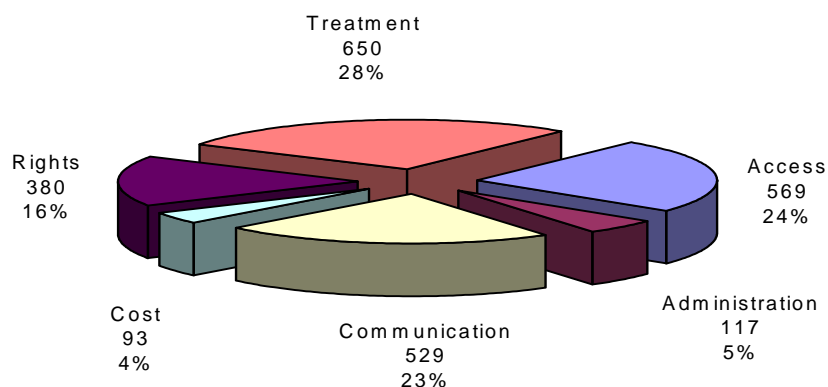
There was only slight variation in the numbers of complaints classified as being low medium or high seriousness.

HOSPITAL HEALTH COMPLAINTS DATA

During the period under review 39 hospitals that use the Health Complaints Information Program (HCIP) submitted data containing 2,338 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=2338)



Primary Issue in Complaint by Seriousness Rating

Table 7: Issue by Seriousness

2nd Quarter 2004-5

	Trivial	Minor	Routine	Substantial	Serious	Total	
Access	0	313	199	54	3	569	24%
Administration	0	68	24	24	1	117	5%
Communication	0	313	169	45	2	529	23%
Cost	0	35	48	9	1	93	4%
Rights	0	162	173	39	6	380	16%
Treatment	0	292	261	84	13	650	28%
Total	0	1183	874	255	26	2338	100%
	0%	51%	37%	11%	1%	100%	

REGISTRAR

During the last quarter a total of 275 complaints were discussed with the Registration Boards. Of this total 97 complaints were received by HSC and 10 Boards received 178 complaints. A total of 162 were about medical practitioners, 44 about dentists and 17 about pharmacists. HSC referred 13 of these complaints to the relevant Board and received 2 for management by HSC. This indicates that complainants are generally receiving helpful advice when they call this Office or the Boards' to decide where to send their complaints.

Table 8: Registration Board Contacts

Registration Boards	HSC Complaints discussed with Boards	Board Complaints discussed with HSC	HSC Complaints formally referred to Boards	Board Complaints formally referred to HSC
Chinese Medicine Registration Board	0	6	0	0
Chiropractors Registration Board of Victoria	0	5	0	0
Dental Practice Board of Victoria	14	30	0	0
Medical Practitioners Board of Victoria	72	92	9	1
Medical Radiation Technologists Board of Victoria	1	0	0	0
Nurses Board of Victoria	5	9	1	1
Optometrists Registration Board of Victoria	3	0	1	0
Osteopaths Registration Board of Victoria	0	1	0	0
Pharmacy Board of Victoria	0	17	0	0
Physiotherapists Registration Board of Victoria	0	3	1	0
Podiatrists Registration Board of Victoria	0	2	0	0
Psychologists Registration Board of Victoria	2	13	1	0
	97	178	13	2

ASSESSMENT & INVESTIGATION

This quarter produced a small decrease (3%) in the number of HSC complaints from 564 in the previous quarter to 512 in this quarter. The numbers of HRA complaints decreased by 9% from 76 last quarter to 69 this quarter. At the same time enquiries for HSC rose 50% from 1171 to 1786 and for HRA 22% from 294 to 358.

The primary issues in HSC complaints showed similar patterns to previous quarters with treatment the most frequently named issue comprising 59%. The primary issues for HRA were refusal of access and disclosure of information without consent, similar to the previous quarter.

Of the 570 cases closed this quarter 90% were closed either in enquiry or in the assessment stage. The total includes cases which were registered as potential complaints but not confirmed by the time of this report. There were 305 confirmed cases closed in this period and 80% of these were closed in assessment or investigation and the remainder in conciliation.

CONCILIATION

This quarter many more cases came to fruition. The number of closures compared to the previous quarter is almost double. 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 7% of complaints closed in conciliation were HRA matters where refusal of access and disclosure of information without consent were 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

Provision of information (ATSI)

This quarter largely focused on the dissemination of materials produced in the previous quarter to Victorian Aboriginal communities. The following materials were sent to all the major Aboriginal organisations across the State:

- "Health Privacy – It's Our Business" A guide for Aboriginal Communities on privacy laws.
- "Health Care Issues?" Calico Bag
- "Health Care Issues?" Poster
- "Problem with a health service? brochure
- "Privacy laws protect our communities" brochures
- "Problem with a health service?" fridge magnets

Health Privacy Information Sessions

An information session on Health Privacy was held at the Victorian Aboriginal Community Controlled Health Organisation on 28 October 2004. The session was well attended by Aboriginal people working in various health related fields. A number of issues were raised by participants including:

- The importance of privacy in small close-knit communities and the difficulties those circumstances pose when dealing with privacy.
- The difficulties privacy laws pose when the provision of service relates to relative and friends.

Feedback on the privacy publication was favourable and it is anticipated that more sessions will be held in the new year.

Meetings/Training attended by the ALO

8 October	Presentation to the Health Services Review Council
15 October	Outreach and complaint work in Kerang
28 October	Privacy Presentation at VACCHO
9 November	Meeting at the Medical Practitioners Review Board of Victoria
11 November	Recorded radio interview for "Deadly Health" on 3KND
18 November	Outreach and complaint work in Drouin.
26 November	Commenced annual leave.

Table 9: Provision of information (ATSI)

Enquiries & Referrals	
Request for brochures & reports	53
Speaking engagements	7
Food, environmental health enquiries	0
Health Insurance enquiries	0
Referral to Federal Privacy Commissioner	0
Referral to State Privacy Commissioner	2
Referral to Aboriginal Legal Service	8
Referral to other dispute settlement service	2
Referred elsewhere	8
Other enquiries	38
	118

Table 10: Complaints (ATSI)

HSC Complaints		HRA Complaints	
Access	3	Access & Correction	1
Administration	0	Anonymity	0
Communication	1	Collection	0
Cost	0	Data Quality	0
Rights	1	Identifiers	0
Treatment	2	Info Available to another HSP	0
None	0	Openness	0
		Transborder data flows	0
		Transfer/Closure of HSP	0
		Use & Disclosure	0
	7		1

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.

Shopping Centre Displays

One aspect of our strategy to educate Victorians about their rights and the role of the Health Services Commissioner was to provide displays, in conjunction with Privacy Victoria, at Westfield Shopping Centres at Airport West and Doncaster during the quarter.

Table 11: HRA Requests

Requests	
Published articles	0
Consultation in office	1
Presentation to a group	11
Response to question	4
Telephone inquiries	147
Review policy documents	21

Table 12: HRA Contacts

HRA Team Contacts	
HRA brochures sent out	841
HSC brochures sent out	3820
Access to records brochures sent out	635
No of posters sent	3
Amount of people attending presentations	187

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 October to 31 December 2004.

Table 13: Website Statistics

Month	Pages Viewed	Sessions	Visitors
Oct	4,786	2,942	2,379
Nov	4,472	2,681	2,190
Dec	3,768	2,636	2,162
Average	4,342	2,753	2,244
Totals	13,026	8,259	6,731

Staff Training and Development

During the quarter OHSC staff attended an in house session on the Management of Violence and Aggression International Training. This provided practical tips on dealing with difficult, violent or aggressive clients in various situations.

Conferences

Two members of the Executive Services team attended the National Health Information Summit held on the 6 & 7 December in Melbourne.

This summit was co hosted by Professor Andrew Coats Chair, Australian Health Information Council and Ms Patricia Faulkner Chair, National Health Information Group and Secretary, Department of Human Services.

The intent was to inform about new developments across the health Information Management and Information and Communications Technology (IM&ICT) landscape.

Four staff attended the 4th National Complaints Conference held in Sydney in October. Two staff attended a compliance and research skills workshop conducted by the Law Institute of Victoria.

APPENDICES

APPENDIX 1 - Providers by Type

Dentists in Private Practice		43
Hospitals		163
Medical Practitioners		210
Remaining Providers		
Aboriginal Health Worker	10	
Allied Health	1	
Alternative therapist	2	
Ambulance Service	2	
Beauty Therapy Clinic	2	
Community Health Centre	14	
Complementary Health	1	
Corrections Health	27	
Dental Prosthetist	7	
Diagnostic Service	8	
Health Insurance	2	
Not a health service provider (organisation)	8	
Nurse	2	
Nursing Home	4	
Nursing service	2	
Occupational therapist	1	
Optical Dispenser	5	
Optometrist	1	
Pharmacists	2	
Pharmaceutical supplier	4	
Physiotherapist	1	
Psychiatric Health Service	6	
Psychologist	3	
Alternative Therapist Clinic	1	
Business	1	
Government	1	
Insurance Company	1	
Dpt of Human Services	1	
Podiatrist	2	
Hostel	1	123
Not specified		42
Total		581

APPENDIX 2 - Medical Practitioner Specialities

Speciality	Total
Anaesthetist	2
Cardiologist	4
Ear, Nose and Throat	4
Gastroenterologist	2
General Practitioner	81
Group Practice	6
Medico-legal Examiner	1
Mens Health	2
Neurologist	1
Not specified	49
Obstetrician/Gynaecologist	8
Ophthalmologist	5
Paediatrician	1
Physician	2
Psychiatrist	17
Respiratory Medicine	1
General Surgeon	12
Neurological Surgeon	2
Orthopaedic Surgeon	2
Plastic Surgeon	7
Vascular Surgeon	1
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Health Services Commissioner

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