

Thank you for the opportunity to provide comment regarding the boosting of incident reporting as a result of such tragedy.

The feedback provided is my personal observations after working in complaints management for over 15 years in public health and community.

I think the difficulty specifically for small public hospitals or private for that matter is the wearing of many hats which can often reduce levels of accountability. For example you will often find the DON is the contact for complaints and quality. This is of course due to the increasing costs associated with employing staff however, it lessens the accountability when multiple hats are worn.

I would question if there was a process around Whistleblowers where staff could have been empowered to escalate their concerns regarding issues that were not being addressed by senior medical staff. I know that it is not necessarily the gold standard however it may have given staff an option.

Lack of education of patients regarding the escalation process of complaints management when issues felt unaddressed. The Australian Charter of Healthcare Rights helps with guidelines for patients/consumers to look for an alternative if they feel that their issues remain unresolved. It would also be appropriate that the Health Services Commissioner was adequately advertised by the hospital to ensure that patients were fully informed.

There are some changes in play with the Health Services Commissioner that may assist patients and staff to access and report as the Commissioner is expanding their complaints model to anyone who would like to make a complaint about an observation or issue at a Public Hospital. Again this is only as good as it is advertised.

I believe that the Commissioner could also expand to include compulsory monthly reporting of all public hospitals on complaints received. This is not compulsory at the moment and could have assisted in identifying a trend that had started to arise regarding complaints around birthing models (if patient's had infact accessed the complaints process properly).

There is some level of accountability regarding VMIA. If all incidents are reported to VMIA on a monthly basis through download, why wasn't the trend identified at that third party level. My only thoughts are that they were not all reported.

I think that the tragedy is that if monthly reporting is going to the board, this has also been ignored. There is opportunity to question process when you have themes that are coming out of board reports. Actions/requests for RCA's should have been minuted and then followed up on an action log.

Ultimately its about empowerment. If your staff in your hospital know that complaints are taken seriously, that the consumer liaison officer is interested and engaged with staff and patients, then complaints rise. This is because access is good. If you are expecting senior members of staff to own all aspects around the hospital journey, the process becomes blurred and ineffective.

I would also hazard a guess that patient centred care training was lacking, including the importance of complaints management and accessibility. There is lots of options that are low/no

cost to provide this information to staff via an inservice from Health Issues Centre, VMIA and the Health Services Commissioner. Most of these groups will come out for free to talk.

I think also the implementation of a mentor/resource sharing public hospital culture needs to be improved. For smaller hospitals having the opportunity to use resources from other hospitals (not reinventing the wheel) and having a network connection where complaints and incidents can be discussed in a safe forum to troubleshoot and discuss at length. I think in public health we often become a bit precious about sharing information. It should stop.

If your medical base is VMO then the further issue is that the level of accountability is minimal compared to salaried medical staff. It is a challenge to instill accountability in this group and often a consumer liaison officer can be powerless in their role because they are not taken seriously by the medical group. I think that during education of nursing and medical staff there needs to be a compulsory subject on complaints management/legal aspect and moral responsibility.

I wish you all the best with your investigation. It is tricky to change culture and I know that financially hospitals struggle to employ complaints staff however it is a good thing to have on board and I believe that there is a lot of benefit in assisting in the prevention of serious incidents.

Sincerely

Debbie Hailes
Consumer Liaison Officer