INQUIRY INTO HEALTH CARE COMPLAINTS AND COMPLAINTS HANDLING IN NSW

Organisation: NSW Ministry of Health
Name: Ms Deborah Hyland
Date Received: 22/02/2012
Dear Mrs Williams

Inquiry into Health Care Complaints and Complaints Handling in NSW

I refer to your letter of 1 December 2011 to the Minister of Health inviting a submission from NSW Health in relation to the Committee’s Inquiry into Health Care Complaints and Complaints Handling in New South Wales.

Please find attached a NSW Health submission for consideration by the Committee. The initial extension of time for submissions was appreciated and I apologise for any inconvenience that delay in this final submission may have caused.

Should you require further information in relation to this matter please do not hesitate to contact me on 9391 9642.

Yours sincerely

Deborah Hyland
Director
Strategic Relations and Communications

Encl NSW Health submission
NSW Health
Submission to Parliament of NSW

Committee on the Health Complaints Commission

Inquiry into Health Care Complaints and Complaints Handling in NSW

Operations of the Health Care Complaints Act 1993

February 2012
Overview

NSW Health is committed to providing high quality, safe health care for the NSW community.

Complaints and compliments provide unique information about the quality of health care from the perspective of patients, families and carers with individual and collective views highly valued to support improvements in care.

The comparative analysis of complaints and the availability of this information for decision makers at all levels of the health care system is an important component of an effective patient safety and clinical quality program. NSW Health’s complaints management systems are under ongoing review to ensure that where patients, families and carers have a concern with their care, these concerns are listened to, and acted upon, with compassion and competence. Referral for independent investigation for serious complaints is a key feature.

Complaints Handling Processes in NSW

The NSW public health system supports all aspects of health care from promotion of healthy lifestyles to individual treatment for acute/chronic disease or end of life care. The framework for resolution of complaints or concerns about health care provided by the public health system is comprehensive with roles articulated for health services; Local Health Districts/Networks (LHD/N); the NSW Clinical Excellence Commission; the NSW Ministry of Health, NSW Health Professional Councils and the NSW Health Care Complaints Commission (HCCC). Accreditation mechanisms also support this framework through standards for complaints management processes.

While patients should always be advised of how to escalate a concern or make a complaint, a keen focus of effort has been on encouraging complaints to be addressed at the point of care with the relevant clinician or health care service involved. This immediacy is preferred by consumers and is supported through NSW Health policies, including those dealing with requirements for open disclosure and apology following serious adverse events.

The NSW Open Disclosure process requires that when an incident related to a patient in care has occurred, that the patient, and/or their family or carer, is informed of the incident within 24 hours. Where the adverse event is serious, an investigation is required with advice to patients, families/carers of the results of the investigation as part of continued open disclosure.

Every NSW hospital has a contact point for complaints with at least one Patient Representative available in each Local Health District to support patients, families/carers who are seeking information about their care or wish to make a complaint. Where a serious adverse event occurs, the local hospital will establish a team to review what happened and begin the open disclosure process.

When complaints are made, they are registered into the state wide Incident Information Management System. The incident management system provides a comprehensive, systematic mechanism to enable incidents to be notified, with complaints regularly reviewed locally to ensure that system learnings are being actioned.

Should a complaint not be able to be managed at a local service level, escalation is available to the Local Health District or State level. If escalated, Local Health Districts will investigate and attempt to resolve the complaint to the satisfaction of the complainant and the health service involved. The Local Health District will also ensure that any complaints requiring referral to the HCCC or other statutory organisations have been undertaken. Where complaints involve serious adverse events relating to
Clinical care. Clinical Governance Units in each Local Health District are available to support these processes as part of the Patient Safety and Clinical Quality Program.

Local Health Districts/Networks support improvements in complaints handling through review of performance at their Clinical Councils and quality committees. Local Health Advisory Councils ensure strong community input to processes with Local Community and Consumer Participation Frameworks developed following wide consultation. This ensures a broad approach to better engagement with community and patients, families/carers which also assists in reducing complaints.

The NSW Clinical Excellence Commission works closely with Local Health Districts/Networks to promote and support improvements in patient safety and clinical quality. Concerns on serious adverse events relating to clinical care are reviewed by the Clinical Excellence Commission (CEC) through their State Clinical Risk Review Committee structures. Where the CEC does receive complaints about individuals, or organisations, these are referred to the appropriate Local Health District, other NSW health services or the Ministry of Health for investigation. The Clinical Excellence Commission’s Partnering with Patients Advisory Committee and Consumer Advisors Panel support this work.

The NSW Ministry of Health Patients and families/carers can submit comment direct to the Director General or Minister for Health on any concern. Letters and verbal complaint processes are supported by the Ministry with all Ministerial correspondence logged and responded to within agreed timelines. Where complaints are of a serious nature they are assessed for local or state investigation with referrals to the HCCC; relevant health professional councils; Workcover; Ombudsman; Privacy Commissioner or the Independent Commission against Corruption as necessary.

The Ministry responds to requests for information that may arise from a HCCC investigation; prepares advice to the Director-General for a consolidated NSW Health response to the final report on investigations referred to it by the HCCC; and assists in the implementation of recommendations made by the HCCC where these are supported. In addition, as part of the Performance Agreement, the Ministry monitors performance of Local Health Districts on a number of complaints handling process indicators.

NSW Health Professional Councils manage concerns about the performance, conduct and health of individual health professionals registered under National health practitioner registration laws. This includes receiving complaints, administering impairment and performance programs, publishing policies and other resources related to conduct, standards and regulations. The Councils work with the HCCC in a NSW based ‘co-regulatory system’ that operates within the national law framework, but in accordance with NSW standards and processes.

The Health Care Complaints Commission acts to protect public health and safety by dealing with complaints about health service providers in NSW. The HCCC plays an important role in maintaining, promoting and improving health standards and the quality of health care services in New South Wales. The HCCC undertakes education of health staff to support better management of patient complaints and this action is highly valued by the health system.

Early intervention in the complaint process not only supports patients and their families/carers in providing appropriate and immediate resolution to concerns, but assists in ensuring the type of complaint referred to the HCCC, or other public organisation, is appropriate for that level of investigation.
Response to Terms of Reference

NSW Health's submission is structured in response to the Inquiry's terms of reference:

**TOR (a)** *A comparative analysis of complaints lodged with the Health Care Complaints Commission by regional and metropolitan consumers, including the quantity and nature of complaints and consumer satisfaction.*

Based on information provided by Local Health Districts, specialty networks and other services, for the period 1 January 2011 to 31 December 2011, the HCCC notified Health Services of a total of 925 complaints, of which 774 have been finalised. A total of 24 complaints were lodged by Local Health Districts with the HCCC during the same period.

Complaints by Metropolitan, Rural and Regional, and Specialty Networks and Other Services are outlined in Table 1 below.

Table 1: HCCC notified complaints 1 January 2011 to 31 December 2011

<table>
<thead>
<tr>
<th>Health Services</th>
<th>Complaints lodged by Health Service with HCCC</th>
<th>Complaints HCCC notified to Health Service</th>
<th>Finalised complaints HCCC notified to Health Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metropolitan Local Health Districts:</td>
<td>5</td>
<td>438</td>
<td>367</td>
</tr>
<tr>
<td>Rural &amp; Regional Local Health Districts:</td>
<td>16</td>
<td>326</td>
<td>254</td>
</tr>
<tr>
<td>Specialty Networks &amp; Other Services:</td>
<td>3</td>
<td>161</td>
<td>153</td>
</tr>
<tr>
<td>TOTAL</td>
<td>24</td>
<td>925</td>
<td>774</td>
</tr>
</tbody>
</table>

Source: Health Services data collection as at 27 January 2012

Analysis of the nature of complaints for 2011 would be available from the HCCC.

Patient Satisfaction Surveys

*State wide surveying*

Every year for the last 4 years, over 200,000 people who use all types of NSW Health services have been asked to complete the NSW Health Patient Survey and each year over 75,000 people respond. The Survey collects information from patients, families and carers about their experiences across the State at the same time as providing information on how to provide comment on more serious concerns or complaints. With regard to a review of overnight inpatients in NSW public hospitals in 2009, the Bureau of Health Information (BHI) found that ninety percent of respondents rated care as good (22%), very good (34%) or excellent (34%) with 8% rating care as fair and 3% rating care as poor.\(^1\) Further analysis by the BHI identified that most people who responded to the emergency department patient survey in 2009 rated their care as excellent (26%), very good (32%) or good (25%) with 12% rating it fair or poor (5%)\(^2\). Surveying continues

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\(^1\) Insights Into Care At a Glance, Bureau of Health Information, May 2010 p 2 (Submission Attachment 2)

\(^2\) Hospital Quarterly Performance of NSW Hospitals April to June 2010, Bureau of Health Information 2010, p29

on a regular basis. By surveying consumers regularly, NSW Health is able to better understand patient views on the public health system and proactively use this information to reduce complaints or concerns.

The NSW Health Patient Survey is also an important vehicle for feedback to frontline clinical staff, allowing local services to focus on issues identified by patients, as well as gauging how well improvements and reforms are being implemented and received by the community.

The survey provides advice for patients on how to make a complaint about service delivery to either the Local Health District or the HCCC directly. To ensure that complaints are captured and addressed during any surveys, the Patient Survey uses a strict complaints protocol. Patients and families/carers can express their concerns or issues in their survey response or by ringing a toll free number.

Specific complaints expressed on surveys are assessed based on patient risks. Where the immediate risk is considered high, the verbatim comment along with patient demographics is forwarded to an identified person in the Local Health District for immediate management of the complaint. The person making the complaint is also provided with contact details of their Local Health District’s complaints area and the HCCC.

Local Patient Surveys
To support good feedback on how systems are performing a number of LHDs have undertaken surveys specific to how consumers have rated them on complaints handling.

As an example, Northern NSW and Mid North Coast Local Health Districts undertook a consumer survey regarding complaints coming into the Districts and the management of these complaints. Thirty-eight percent (38%) of those asked to complete the survey responded. While these two LHDs continue to undertake work to improve their performance, the results from that survey noted:

- 71% felt they were treated with respect when lodging a complaint
- 68% said information was provided in a timely manner (within 35 days)
- 73% were given a contact name and telephone number to contact for further information if required
- 78% were aware of their rights and responsibilities as a consumer / patient.

The Central Coast Local Health District (CCLHD) recently developed an audit form to provide to consumers to monitor their satisfaction with the complaints management process. The Mental Health Consumer Perceptions and Experiences of Services questionnaires also include questions on consumer satisfaction on the complaint management process. The Mental Health Drug and Alcohol Complaints and Issues Manager sends out client satisfaction surveys to complainants who directly lodge a complaint with Mental Health Drug and Alcohol Directorate. Approximately four different client satisfaction surveys were sent out in 2011. The CCLHD Mental Health Drug and Alcohol Complaints and Issues Manager is working with the Mental Health Drug and Alcohol Community Participation Coordinator to review the role of Consumer Workers in advocating for consumers in the complaint management process.

Where someone is dissatisfied with the way their complaint has been handled, LHDs may undertake a number of processes. As an example, in Southern NSW Local Health District, the LHD has undertaken further investigations and provided additional information; addressed the complaint through a resolution or conciliation process; or managed the complaint in line the NSW Ombudsman’s guide to managing unreasonable complainant conduct.
TOR (b) Consumer awareness and understanding of the complaint handling systems and processes available to them both within the hospital system and in relation to external systems.

Consumer awareness and understanding of the mechanisms available to them to make a complaint forms an important part of the complaint management system.

State level policies and guidelines support best practice and consistency in application of patient rights and responsibilities documentation which clearly outline avenues for complaint, including the HCCC.

At a local level patient representatives and complaints officers have a variety of brochures and support documentation available to help patients and families/carers understand the complaint management process. There are also dedicated people to respond to complaints in person or by written correspondence. Bedside information is also generally available in hospitals, with advice on how to raise any concern included in patient orientation to a hospital ward.

NSW Health Policies and Guidelines
NSW Health has published a number of policies and guidelines on complaints processes to ensure consistency in how local health services manage and respond to complaints.

All public health organisations are required to implement complaints procedures and ensure that effective local complaint management systems, including the provision of relevant information, are in place and functioning to the satisfaction of health services and local communities.


Box 1: Complaints Policy in NSW Health


Complaint Management Guidelines have been published to help health workers with implementation of complaint systems. The guidelines aim to ensure that identified risks arising from complaints are managed appropriately; that issues are addressed satisfactorily, and that effective action is taken to improve subsequent care for all patients. (http://www.health.nsw.gov.au/policies/gl/2006/GL2006_023.html)

The Your Health Rights and Responsibilities Policy Directive outlines how patients, families/carers can comment, provide a compliment or make a complaint. Options include making a complaint to the patient support officer, the health service manager, designated complaints officer, and/or the Health Care Complaints Commission (HCCC). For out of hours complaints the contact is noted as the senior nurse on duty. http://www.health.nsw.gov.au/policies/pd/2011/pdf/PD2011_022.pdf).

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Local Initiatives
The NSW Public Health System undertakes a range of actions to assist consumers and their families and carers in understanding the avenues available to them to make a complaint.

- Hospitals within Local Health Districts/Networks have a key contact point for complaints. Posters are generally available in public areas advising of the role of Complaints Managers / Patient Representatives and their contact numbers. General processes comprise:
  - As part of the complaint management process, contact is made with complainants to outline complaint management processes. Complainants are made aware of their rights to contact the HCCC if they are unhappy with the complaint investigation outcome or process and the Local Health Districts facilitate this process as required.
  - Acknowledgment letters are sent to consumers who raise concerns regarding the healthcare service provided to them containing information on the complaints management process.
  - Complaints Managers / Patient Representatives provide education to staff and managers on how to prevent and manage complaints so that they are able to inform patients, resolve complaints or put patients in touch with the right people to manage their complaint. This is done through formal sessions as well as on an ad hoc basis as required and requested at various services.
  - Phone numbers for receipt of consumer complaints are provided by Local Health Districts, along with other means of communication including postal/email addresses, and web based forms for making complaints.

- Consumers are encouraged to discuss any concerns with their local patient representative or facility manager in the first instance.
  - Patient brochures provide patients and their families with details on how to raise concerns, queries or complaints. This information is available in hospitals and is a key part of the patient orientation process. In certain facilities, this is further reinforced with a free patient television channel via a looped patient information program which reinforces the same message, often including a translation of key points in community languages.
  - A number of dedicated 1800 lines are available for notification of consumer complaints. The numbers are advertised throughout specific health facilities and on the respective LHD websites.
  - A dedicated complaints email address is also offered to consumers wishing to make a complaint.
  - When forums are held with the community, the information on how to make a complaint is made available to participants.

- Your Rights and Responsibilities brochures are designed to be made available in wards and reception areas in health facilities and on respective websites. The brochures outline how patients and their families can make a complaint.
  - The brochure is available in different languages, large print, Braille and audio/CD.
  - Posters are displayed in visible areas with details on how concerns can be addressed and who to contact to raise concerns.
  - There are systems in place to ensure the “Your Rights and Responsibilities” brochure is distributed to patients. For example, in one LHD the Adult Admission and Discharge Assessment form requires acknowledgement that this information has been provided to the patient.
Box 2: Strategies used at Hunter New England (HNE) Local Health District:

- Distribution of Health Care Complaints Commission’s brochures, magnets, large posters as well as the HNE Health complements and complaints feedback brochure to all inpatient and outpatient facilities. A dedicated 1800 HNE Health Complaints Line is available.
- Easy access to information on how to make a complaint via the local website at http://www.hnehealth.nsw.gov.au/cq2/executive_support_service_including_complaints_management/complaints_and_compliments
- Education at District Management Forum involving complaint handling, management and compliance with NSW Health and District Policy and Procedures.
- On-line education for all staff through the local ‘myLink’ Learning Portal on Complaints Management.
- ‘Complaint Management Awareness’ training at orientation sessions for all new employees, including providing education on the use of Incident Information Management System (IIMS) for the recording and management of complaints, and distribution of the District’s Complaints and Compliments Brochure and Complaint Management Toolkit for Managers.
- Attendance by key personnel who have direct liaison with the HCCC’s personnel on a regular basis at education sessions on the management of complaints.
- Inclusion of Complaint Management Sessions at Junior Medical Officer Orientation, Training and Education Programs.
- Customers seeking investigation of complaints external to the health service are advised of services available by the HCCC and details of contact points given via 1800 feedback line, which acts as a single point of entry for the consumers for complaints and/or compliments.

Selected Local Health District Strategies

Southern NSW Local Health District:
- Posters displayed in community and healthcare facilities with information on how to provide feedback to the Local Health District.
- Details of the Chief Executive’s office are included in the poster, along with a consumer feedback email address, dedicated 1800 complaints line and contact details for the independent Health Care Complaints Commission.
- Details of the Local Health District’s 1800 complaints line, Chief Executive’s office and consumer feedback email address are also available on the website.

Northern NSW Local Health District:
- 1800 telephone line directly to Consumer Relations (Complaints) Unit widely publicised.
- Patient/client brochures seeking consumer feedback made available.
- All consumer feedback received on the website is managed, and responses are sent back to the consumer within 24 hours of receiving the feedback.
- Advice and support regarding complaints provided to Consumer and Clinician participation forums.
- Fully developed communication networks and working relationships with internal and external consumer stakeholders.
- Ongoing education and training for staff.
- Provision of education resources through e-learning tools on the Intranet, and also via annual face to face education.
**Sydney Children’s Hospital Network**
- Parents and patients and encouraged to speak to the Nursing Unit Manager (NUM) on the ward in the first instance, if they wish to make a complaint. A picture of the NUM is placed on the entrance of each ward with a contact number encouraging complainants to raise issues early with the NUM.

- Information on Complaints Management is provided to patients and families through the handbooks and brochures which have been developed for each campus. These brochures encourage families if they have concerns to approach the ‘Patient’s Friend’, a hospital employee responsible for actioning queries and concerns expressed by patients and families. Information on contacting the HCCC is also provided. This information is also available on the hospital’s website.

- Suggestion boxes are located on each ward and in some departments; the bottom of the form refers patients/carers to the Clinical Governance Unit which manages formal complaints.

- Complaint management processes and feedback are also communicated to staff at orientation and available on the intranet to ensure that all staff have the necessary understanding to be able to appropriately respond to queries regarding the complaints process.

**Justice Health**
- The provision of information to patients in custody involves a range of approaches which are not solely about complaints about health care, given the interface between health, custodial and legal issues.

- Inmates are orientated to complaints mechanisms by both Justice Health staff and custodial staff. A patient information booklet outlines processes for health care complaints.

- Patients are encouraged wherever possible to contact staff at the health centre to address their complaint at the patient interface.

- Patients in custody have direct telephone access to a number of complaint services. The Arunta telephone system within correctional centres includes direct dial to:
  - Corrective Services Support Line (who refer to Justice Health for health matters)
  - NSW Ombudsman
  - Health Care Complaints Commission.

- Corrective Services NSW operate regular meetings (Inmate Development Committees) with designated inmate representatives who are delegated to raise complaints about any matters (including health care) at face to face meetings. Health care staff may attend these meetings at the invitation of Corrective Services NSW, and/or health related matters are referred to local health staff.

- Families/friends of patients may access the Client Liaison Officers by telephone or email – the contact details for doing so are available on the Justice Health internet site, or contact may be made via the switchboard. Patients and families may also contact the 24 hour Mental Health Hotline, with any complaints voiced to this service referred on.

- Consumers also have access to refer complaints through the Consumer & Community Group, a Board sub-committee. Forms are available at health centres and Inmate Development Committees. This committee routinely scrutinises complaints data.
Ambulance Service

- The updated Ambulance Service of NSW website ensures consistency with the new structure implemented for the Ambulance Service, focusing on ensuring the public are directed to the correct area if they wish to make a complaint. The Ambulance Service website also includes information regarding access to the HCCC.

- Callers to the dedicated Ambulance service complaints phone number are provided a short menu of options when they call and are then diverted to the appropriate person.

- Training for the complaint call takers, particularly administrative staff in the Divisions; improved telephony to ensure proper follow up of calls; and a random audit of complaints received in the development.

- The Ambulance Service participates in the annual survey of patient satisfaction conducted by the Council of Ambulance Authorities. All ambulance services in Australia and New Zealand participate. The Ambulance Service of NSW recorded an overall rating of "satisfied or very satisfied" on 98% of responses. This is consistent with the high community standing of the Ambulance Services and is consistent with the rates of satisfaction achieved in other states and territories.

Attachments

Attachment 1: Compliments and Complaints: Information for patients and their families, Hunter New England Local Health District, March 2009

Attachment 2: Your Health Rights and Responsibilities, NSW Health, April 2011

Attachment 3: Insights Into Care At a Glance, Bureau of Health Information, May 2010
Compliments and Complaints
Information for patients and their families

March 2009

Contact the Executive Support Service
Feedback in writing can be posted to:
Executive Support Service
Hunter New England Health
Locked Bag 1, New Lambton NSW 2305
or fax: 02 4921 4959
or phone: (toll free) 1800 605 172

Have your say
You can provide feedback by completing the form on the back of this brochure. When completed, submit to the service or facility concerned or send to the Executive Support Service at the above address.

Dissatisfied with the way your complaint was handled?
If you have any concerns about the management of your complaint you can contact the manager of the service or facility, General Manager, Executive Support Service, Area Senior Complaints Officer or Chief Executive.

If you are dissatisfied with the way HNE Health has managed your complaint you can contact the Health Care Complaints Commission, which is independent of the Health Service.

Health Care Complaints Commission
Locked Mail Bag 18,
Strawberry Hills NSW 2012
Email: hccc@hccc.nsw.gov.au
Phone: (toll free) 1800 043 159

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Hunter New England Health Feedback Form

Name (optional):

Address (optional):

Contact phone (optional):

Contact email (optional):

Service or facility:

Your comments: (attach another page if required)
Hunter New England Health welcomes your feedback, whether it is a compliment or complaint. All feedback is viewed as an opportunity to improve your healthcare service.

**Compliments**
If you receive care or attention which you feel warrants complimenting please register this with us in writing, by phone or in person. Compliments can be lodged directly with the service or facility concerned or in writing to:

Chief Executive
Hunter New England Health
Locked Bag 1
New Lambton NSW 2305

**Complaints**
We want to ensure that an efficient, fair and accessible mechanism exists for dealing with complaints. Complaints can be made in person, in writing or by phone. Wherever possible complaints should be resolved directly with the staff or manager of the service concerned.

If you are uncomfortable with talking to the staff directly about a complaint you should ask to speak to a manager. Complainants are protected from any repercussions, reprisals or victimisation as a result of making a complaint.

If you have made a complaint, or provided information regarding a complaint, and feel you have been disadvantaged as a result, you should contact a Senior Manager or the Executive Support Service by phone on (toll free) 1800 605 172.

**Senior Complaints Officer**
The Senior Complaints Officer or delegate can be contacted on 1800 605 172 during business hours. If it is outside business hours, ask to speak to an After Hours Manager at the hospital or service, as they can assist in managing your complaint and if required escalate to the appropriate level. The Director Clinical Governance is the designated Senior Complaints Officer for dealing with serious complaints.

**Outcome of your complaint**
It is important you tell us what you expect to occur as a result of your complaint. This will assist staff in resolving your complaint. For example, you may want an apology, explanation, or change to occur that will prevent other patients or clients experiencing the same issue. If we are unable to meet your expected outcome, you will be advised of this, including the reason why.

**Interpreter services**
Assistance is available from the Interpreter Service if required. Contact the service by:

* Telephone the Health Care Interpreter Service (HCIS) on 4924 6285 or 4924 6286 and arrange three way interpreting

* Arrange for an ‘on site’ interview using a health care interpreter

* Writing down the information for the HCIS to translate.

**Timeframe for response**
We are committed to responding to complaints in the following timeframes.

* Your complaint will be acknowledged within five days of receipt. For complaints made in person this will usually occur at the time the complaint is lodged. Where complaints are lodged in writing, a manager will contact the complainant and/or patient to discuss the concerns.

* If not resolved by 20 working days after receipt of complaint, you will be kept informed of progress of the investigation.

* Your complaint should be resolved within 35 days after receipt of complaint, although more complex complaints may take longer. Management will advise you if this is the case.

**Confidentiality**
Staff involved in complaints handling are required to treat all information as confidential. The name/s of complainants or any other identifying information will only be provided to staff involved in managing the complaint and may be provided to a staff identified as a respondent to a complaint.
The Bureau of Health Information’s inaugural report *Insights into Care: Patients’ Perspectives on NSW Public Hospitals* looks closely at the care experiences of the patients who spend a day, or one or more nights, in NSW public hospitals each year.

The report helps us understand patients’ views on care in NSW public hospitals and how to improve care. It tells us what matters most to patients is teamwork – doctors and nurses working together. To the patients of NSW excellence in hospital care is more than professional competency and appropriate use of technology – it is about a caring culture.

The report provides comparative information across large public hospitals about the key care experiences that matter to patients:

- Staff teamwork
- Courtesy of nurses
- Courtesy of the person who admitted the patient
- Treated with dignity and respect
- Cleanliness of the room
- Hospital well organised
- Availability of nurses.

...what matters most to patients is teamwork – doctors and nurses working together to create a caring culture...
What we did

In 2009 over 20,000 people completed the NSW Health Patient Survey to share information about their experiences in public hospitals. The survey included extensive information and the Bureau analysed the responses to determine what mattered most about care experiences from the patients’ perspective.

The Bureau’s analyses focused on three key areas:

• First, it examined the responses from patients who reported high quality of care, with the aim of identifying the key drivers of excellence and to underline what people working in hospitals are doing well and should continue to do.

• Second, it focused on the feedback from people who offered fair or poor ratings of care to identify circumstances that healthcare workers should avoid if they are to improve care experiences for all patients.

• Third, it compared area health services and large public hospitals in NSW. It did this as fairly as possible by taking account, in the comparisons, of differences between regions and hospitals in patient characteristics, such as age, that influence ratings.

What we learnt

Most patients across NSW have positive care experiences

Most overnight patients (individuals who stayed for one or more nights in a public hospital) rated their care as excellent (34%), very good (34%) or good (22%). A minority reported it to be fair (8%) or poor (3%).

Most day only patients (individuals who spent the day in a public hospital receiving a test, surgery or other procedure) rated care as excellent (42%), very good (36%) or good (17%), while a minority reported it to be fair (4%) or poor (1%).

Staff teamwork matters most to patients

Among patients who offered excellent ratings and patients who offered poor or fair ratings, how well the doctors and nurses worked together was the main factor that influenced their rating.

Many overnight patients rated staff teamwork as excellent (29%) and a larger proportion of day only patients rated staff teamwork as excellent (38%).

Less than two per cent of patients who gave poor or fair ratings to overall care rated staff teamwork as excellent.

Public hospitals with higher patient ratings are located across NSW

The Bureau identified hospitals with higher and lower patient ratings of overall care from the 38 large public hospitals in NSW.

The percentage of overnight or day only patients who gave excellent ratings to care was twice as high in the highest performing hospital as in the lowest performing hospital.

Figures 1 and 2 show patient ratings of overall care in hospitals with higher and lower patient ratings for overnight and day only patients, respectively.

There is no region that is home to all of the large public hospitals that are higher or lower performing in terms of patient ratings of care.

The percentage of overnight or day only patients who gave excellent ratings to care was twice as high in the highest performing hospital as in the lowest.
Hospitals with higher patient ratings are those in the top 20 per cent of large public hospitals. Hospitals with lower patient ratings are those in the bottom 20 per cent.

**Public hospitals with higher patient ratings**

- Mt Druitt Hospital, Sydney West
- St Vincent's Hospital, Darlinghurst, South Eastern Sydney Illawarra
- The Tweed Hospital, North Coast
- Royal Prince Alfred Hospital, Sydney South West
- Manning Base Hospital, Hunter New England
- Concord Hospital, Sydney South West
- Calvary Mater Newcastle Hospital, Hunter New England
- Dubbo Base Hospital, Greater Western

**Public hospitals with lower patient ratings**

- Campbelltown Hospital, Sydney South West
- Orange Base Hospital, Greater Western
- Fairfield Hospital, Sydney South West
- Royal North Shore Hospital, Northern Sydney Central Coast
- Bankstown/Lidcombe Hospital, Sydney South West
- Liverpool Hospital, Sydney South West
- Wagga Wagga Base Hospital, Greater Southern
- Blacktown Hospital, Sydney West

**Day only patient ratings of care by hospital and region in 2009**

**Public hospitals with higher patient ratings**

- Calvary Mater Newcastle Hospital, Hunter New England
- Ryde Hospital, Northern Sydney Central Coast
- St Vincent's Hospital, Darlinghurst, South Eastern Sydney Illawarra
- Canterbury Hospital, Sydney South West
- Mt Druitt Hospital, Sydney West
- Lismore Base Hospital, North Coast
- Port Macquarie Base Hospital, North Coast
- Manning Base Hospital, Hunter New England

**Public hospitals with lower patient ratings**

- Bankstown/Lidcombe Hospital, Sydney South West
- Wagga Wagga Base Hospital, Greater Southern
- Gosford Hospital, Northern Sydney Central Coast
- Royal North Shore Hospital, Northern Sydney Central Coast
- Blacktown Hospital, Sydney West
- Liverpool Hospital, Sydney South West
- Wollongong Hospital, South Eastern Sydney Illawarra
- Fairfield Hospital, Sydney South West

* Hospitals with higher patient ratings are those in the top 20 per cent of large public hospitals. Hospitals with lower patient ratings are those in the bottom 20 per cent.
The way forward

This first report from the Bureau of Health Information shows clearly that patients are calling out for improvements, and that improvement in staff teamwork, between doctors and nurses, is the action most likely to change a fair or poor patient care experience into an excellent one.

This report provides strong evidence about what determines patients’ perspectives of excellence in care and areas where improvements are still necessary. It also gives insight into issues in care that could lead to significant improvements in patients’ experiences. By learning about the first-hand experiences that most matter to patients, and observing that these insights are also raised at a clinical and system management level, people who work in healthcare can better focus their efforts to improve care.

What’s next?

In 2010 the Bureau of Health Information will publish regular reports on the performance of the NSW public health system. In August it will release information on the performance of hospitals including emergency and surgical care sectors. Later in the year it will release an annual report that benchmarks the performance of the NSW public health system against other comparable health systems.

Download the report


The suite of products includes:

- *Insights into Care: Patients’ Perspectives on NSW Public Hospitals*
- *Insights into Care: NSW Area Health Services Report*
- *Insights into Care: NSW Public Hospitals Report*
- *Insights into Care: Data Quality Supplement*
- *Insights into Care: Technical Supplement*.

About the Bureau

The Bureau of Health Information was established following the *Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals* (Garling inquiry) to report on quality and safety of patient care.

The Bureau is an independent, board-governed organisation established by the NSW Government to be the leading source of information on the performance of the public health system in NSW.

The Bureau will provide the community, health care professionals and the NSW Parliament with timely, accurate and comparable information about the performance of the NSW public health system in ways that enhance the system’s accountability and inform efforts to increase its beneficial impact on the health and well-being of people in NSW.

How to contact the Bureau

Email: enquiries@bhi.nsw.gov.au
Telephone: +61 2 8644 2100
Your Health Rights and Responsibilities

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Publication date  20-Apr-2011
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Clinical/ Patient Services - Information and data
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File No.  09/1914
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Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for NSW Health and is a condition of subsidy for public health organisations.
YOUR HEALTH RIGHTS AND RESPONSIBILITIES

PURPOSE

Your Health Rights and Responsibilities policy directive outlines the rights and responsibilities of NSW Health services and staff, and patients and carers. Basic rights are detailed in the policy, including; Access, Safety, Respect, Communication, Participation, Privacy, and the right to Comment. The Policy Directive has been produced to set out NSW Health’s Public Patients’ Hospital Charter and Commitment to Service. The publication incorporates the principles of the Australian Charter of Healthcare Rights and is consistent with the National Healthcare Agreement (NHCA) 2009.

MANDATORY REQUIREMENTS

All health professionals delivering healthcare services within NSW Health must be made aware of the detailed rights and responsibilities outlined in this publication.

IMPLEMENTATION

Chief Executives must ensure:

- that information about patients' rights and responsibilities is provided to health professionals and stakeholder agencies concerned with treatment and healthcare provision;
- associated documents are displayed and available to healthcare professionals, consumers, carers, and visitors.

REVISION HISTORY

<table>
<thead>
<tr>
<th>Version</th>
<th>Approved by</th>
<th>Amendment notes</th>
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<tbody>
<tr>
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</tr>
</tbody>
</table>

ATTACHED DOCUMENTS

2. Your Health Rights and Responsibilities – Poster
Your Healthcare

Rights and responsibilities

A guide for
NSW Health staff
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>ii</td>
</tr>
<tr>
<td>Access</td>
<td>1</td>
</tr>
<tr>
<td>- The right to receive health care</td>
<td></td>
</tr>
<tr>
<td>Safety</td>
<td>3</td>
</tr>
<tr>
<td>- The right to safe and high quality care</td>
<td></td>
</tr>
<tr>
<td>Respect</td>
<td>4</td>
</tr>
<tr>
<td>- The right to be treated with respect, dignity and consideration</td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td>5</td>
</tr>
<tr>
<td>- The right to be informed about services, treatment and options in a clear and open way</td>
<td></td>
</tr>
<tr>
<td>Participation</td>
<td>7</td>
</tr>
<tr>
<td>- The right to be included in decisions and choices about health care</td>
<td></td>
</tr>
<tr>
<td>Privacy</td>
<td>9</td>
</tr>
<tr>
<td>- The right to privacy and confidentiality regarding personal information</td>
<td></td>
</tr>
<tr>
<td>Comment</td>
<td>10</td>
</tr>
<tr>
<td>- The right to comment on care and have concerns addressed</td>
<td></td>
</tr>
<tr>
<td>Appendix</td>
<td>11</td>
</tr>
<tr>
<td>- Legal framework</td>
<td>11</td>
</tr>
</tbody>
</table>
Introduction

In Australia everyone shares a fundamental right to basic health care. In 2008 Australian Health Ministers agreed to a national charter and the seven basic rights summarised in the Australian Charter of Healthcare Rights:

These rights contribute to the formation of partnerships between patients and public healthcare providers, and lead to the best outcomes. Recognising an individual’s rights places a responsibility on others to respect those rights. Productive partnerships operate within a climate of mutual respect.

This policy outlines how these rights are achieved in New South Wales. NSW Public Health employees play a vital role in the process, as people seeking or receiving care are not always in the position to achieve their rights. Staff are encouraged to fully understand the contents of this policy and support patients in realising their rights wherever possible.

Access
The right to receive health care

Safety
The right to safe and high quality care

Respect
The right to be treated with respect, dignity and consideration

Communication
The right to be informed about services, treatment and options in a clear and open way

Participation
The right to be included in decisions and choices about health care

Privacy
The right to privacy and confidentiality regarding personal information

Comment
The right to comment on care and have concerns addressed
Access

The right to receive health care

Access to health care is a fundamental right for everyone in Australia. NSW Health provides a range of community and public hospital services. These services are offered in a way that ensures equal access regardless of gender, marital status, disability, culture, religious beliefs, sexual orientation, age or geographic location. In this section the funding arrangements are outlined for these services.

Public Patients

Under the Medicare scheme, basic health services are subsidised or provided free of charge. In New South Wales these services are defined under the National Healthcare Agreement Act and include:

- professional treatment in a public hospital as an admitted public patient for inpatient care, as well as some outpatient and community health services (where available)
- payment of all, or part, of the cost of care from a doctor, a medical specialist or an optometrist and, under some circumstances, a psychologist, dentist, nurse practitioner or midwife
- payment of part of the cost of most prescription medicines through the Pharmaceutical Benefits Scheme

Access to these services in New South Wales is governed by clinical need within a time framework that appropriately meets that need.

Private Patients

Individuals in public hospitals can elect to be treated as either public or private patients regardless of their health insurance status.

Those who choose to be treated as private patients will be responsible for the costs of their treatment. It is the patient’s responsibility to ask doctors involved in their care, their health fund (if they are a member of a fund) and the hospital providing treatment, for information on the costs before going to hospital.

Services not covered by Medicare or Private Insurance

Hospital admission offices must provide information on fees not covered by Medicare and/or private health insurance. These might include personal expenses such as TV hire, telephone calls and outpatient services, including prescription drugs, surgical supplies, aids and appliances. In an emergency situation, patients or relatives/carers should be advised of these costs.

Ambulance services

Ambulance services are not covered by Medicare. People treated and/or transported by paramedics are responsible for paying any associated fees, regardless of whether or not they were the one who requested the ambulance.

Some private health insurance funds offer ‘ambulance cover’ as part of their hospital cover or as ‘ambulance only’ cover.

For further information contact the Ambulance Service of NSW:

- website - www.ambulance.nsw.gov.au
- email - generalenquiry@ambulance.nsw.gov.au

Ambulance transport is provided at no charge if the person involved:

- holds a Pensioner, Veterans’ Affairs or Health Care Card
- is covered by Third Party or Workers Compensation Insurance.

Ambulance transport is provided, at no charge, as part of the public hospital to public hospital inter-facility patient transport service.
Emergency care
Treatment in public hospital Emergency Departments is free to all permanent Australian residents.

People presenting to Emergency Departments for treatment are assessed by highly qualified health care professionals to determine the urgency and seriousness of their illness or injury and the type of immediate treatment required. Once patients are assessed they are categorised according to the level of urgency requiring attention, not on the basis of who arrives first.

When the required treatment resources are not available locally, the patient will be transferred or referred to a service able to deliver the appropriate care.

Non-emergency care
Individuals with minor, non-urgent illnesses or injuries should visit a general practitioner or an after-hours medical centre for assessment and treatment. General practitioners can provide advice about any further specialist medical treatment required. Patients may have to wait for non-emergency specialist treatment depending on the urgency and the availability of the particular care required.

healthdirect Australia, a 24-hour telephone health advice line is also available where Registered Nurses provide expert health advice. The number is 1800 022 222.

Those waiting to be admitted to hospital and worried about the waiting time can contact the Waiting Time Coordinator in each hospital or Health Service. Contact details are listed on the NSW Health website at: www.health.nsw.gov.au/hospitals/waitingtimes/index.asp

Alternatively these patients can contact the Surgery Access Line -1800 053 456.

Access to NSW Health Services by non-Australian residents

Reciprocal Agreements
Australia has Reciprocal Health Care Agreements with some countries whereby visiting citizens of those countries are entitled to Medicare cover for immediate and necessary treatment.

Refugees and Asylum Seekers
Refugees are eligible for health care under Medicare. Asylum seekers may be subject to their conditions of entry into Australia.

Further information about eligibly criteria to access services covered under Medicare is available by contacting Medicare:
- telephone contact 132 011
- email: medicare@medicareaustralia.gov.au
- website at www.medicare.gov.au
Safety

A right to safe and high quality care

People using public health services in New South Wales have the right to be cared for safely and appropriately. This means that they will:

- have access to the range of services required
- receive health care on the basis of their assessed need regardless of their financial situation or whether they hold private health insurance
- receive immediate care in a public hospital when urgent treatment is needed to prevent loss of life
- receive care at an appropriate time based on the urgency of their case. Those patients who are sickest will be looked after first
- have access to a healthcare interpreter or telephone interpreter if needed.

Managing Safety

NSW Health gathers information on any incident that might affect patient safety, even if the incident did not result in harm. This information is analysed and where appropriate used to make changes in the way things are done.

A patient involved in an incident during treatment receives an apology and explanation. They are treated with empathy and honesty in an environment where health employees can openly discuss with the patient, relatives and/or carer what has happened, the effects, and what will be done to prevent it happening again.

The National Open Disclosure Standard provides principles to address the interests of everyone involved. These include:

- openness and timeliness of communication
- acknowledgement of the incident
- expression of regret/apology
- recognition of the reasonable expectations of the patient and their support person
- health employees need for support
- confidentiality.

Respect

The right to be treated with respect, dignity and consideration

Everyone seeking or receiving health care and those who provide that care have the right to be treated with respect. Health care will be provided in a manner that shows courtesy and consideration for a person’s culture, religious beliefs, sexual orientation, issues arising from a disability and right to privacy.

To support staff in the use of accurate, appropriate and non-offensive language when communicating with Indigenous peoples NSW Health has published, Communicating positively - A guide to appropriate Aboriginal terminology. The brochure provides advice on how to show cultural respect when working with Aboriginal people and communities. A copy is available at www.health.nsw.gov.au/hospitals/healthcare/index.asp.

Unacceptable Behaviour

NSW Health has a zero-tolerance approach to threatening, abusive or violent behaviour by any person. In all cases, whether located on health service premises or during health visits, appropriate action will be taken to protect patients, health employees, visitors and health service property.


Visiting rights

NSW Health respects the right of patients to receive visitors and be given privacy. NSW Health Staff should respect that some cultures may require visiting family members to take greater responsibility for the patient’s needs than usual.

NSW Health supports the rights of people with guide dogs to visit patients and any other approved visits involving pets.

Respect for others

All patients, health employees and visitors are asked to:

- respect all policies and practices, such as visiting hours, infection control measures, smoke-free zones and limitations on the use of mobile phones around medical equipment
- not damage or take without permission, any health service equipment, stores or property
- not harass, abuse, threaten or put any person at risk of physical or psychological harm.
Communication

The right to be informed about services, treatment and options in a clear and open way

Healthcare providers contribute to the right of communication by providing open, complete and timely information to patients about their treatment throughout the period of care, and by ensuring that pertinent patient information is gathered.

Patients have a responsibility to be honest and open in providing information and to ask questions about their care. It is recognised that they may not always be in the position to do this. NSW Health employees have a role in assisting patients in achieving this right.

Providing and obtaining information
To ensure the best health care, it is important that patients are supported in:

- confirming their name, date of birth and other details as requested before any procedure or surgery is undertaken and whenever there is a transfer of care. This allows health services to correctly identify patients and ensure they are booked in for the right procedure, by the right person, at the right time throughout their patient journey
- telling the healthcare provider the name and contact details of the person who can provide medical consent in a situation where they may not be able to do this themselves
- asking questions and consulting with their other healthcare providers and relatives, before making a decision about a health care procedure
- giving their healthcare provider as much information as possible about their health, including any allergies or medical conditions. This should include full and accurate details about any prescription medications, complementary medicines, homeopathic and natural remedies, use of alcohol, tobacco or other drugs as these may compromise or interfere with treatment
- telling their healthcare provider if they are being treated for the same problem by someone else
- telling their healthcare provider about any changes to their condition and any reactions to the treatment
- following treatment directions given by their healthcare provider or letting their healthcare provider know that they are not going to follow the treatment regime
- telling their healthcare provider if religious or cultural beliefs make it difficult for them to have treatment
- telling their healthcare provider if they have disability related issues that should be considered when making a decision about treatment
- letting their healthcare provider know if they want to be treated as a private patient and asking for an estimate of the costs.

Ensuring information about treatment is understood

The healthcare provider
Healthcare providers will clearly explain to the patient his or her condition, the proposed treatment, the material risks and the alternatives. Patients and/or their carers will be given ample time to ask questions about the suggested treatment, the risks involved and alternative choices.

The patient
Patients should ensure that all questions have been asked, particularly those of greatest importance to them. Before giving consent for treatment, they should fully understand the processes involved in their treatment. If necessary, a healthcare interpreter, family member or authorised person should be present to clarify information.

Carer involvement
Patients must give permission for a carer being consulted and included in healthcare discussions. Once this permission is given healthcare providers must listen to carers and give them the opportunity to provide and receive information about the patient’s condition.

Carers should be informed about the patient’s discharge from hospital and be included in any consultations about the discharge planning process.
Carers will be asked about their ability and willingness to care for the patient at home. Appropriate support options should be put in place.

Primary Carers under 18 years of age will also be recognised and included in a patient’s treatment and ongoing care. These carers will be provided with information about where to obtain support with their caring role. For more information contact the health service’s Carer Support Officer.

People with disabilities have a range of support needs. Family members, carers and disability support health employees may assist with support needs in consultation with health professionals. However, they are not obliged to assist.

**Access to medical records**

Patients have the right to request a copy of their medical record or to speak to a healthcare worker about what is contained in their record.

Requests to view or obtain a copy of a medical record are made to the Clinical Information Department or the Manager of the health service attended by the patient. The health service should provide a response within 20 days of the request being received.

Access to the medical records of another person, such as a family member, can also be requested by a legal guardian or authorised representative for the patient. Those wishing to view a medical record will need to make an appointment and complete a release of information form.

It may be recommended that the person making the request review the information in the presence of a doctor, usually the patient’s general practitioner. In this case the health service will provide the designated general practitioner with the medical record.


**Legislation governing access to health records**

There are some circumstances where the law does not compel health services to provide access to records, such as where there is information about a third party or if in the opinion of the patient’s doctor, information in the file may affect the patient’s physical or mental wellbeing. People denied access to their medical information have the right to pursue the matter further.

**NSW Health Privacy legislation (s12.3) provisions**

The patient or authorised person can request the medical record be reviewed by a third party, such as an independent medical practitioner. The independent medical practitioner will determine whether the patient should be allowed to view all or part of the medical record.

If the independent medical practitioner decides against viewing the record, the person making the request has the right to request an internal review of this decision by more senior managers in the health service. If they are not satisfied with the outcome, they have the right to complain to the Privacy Commissioner. Complaints can also be made to the Privacy Commissioner if records have been disclosed improperly to a third party.

**Access under the Government Information (Public Access) Act 2009**

People can also apply for access to medical records under the Government Information (Public Access) Act, which governs internal reviews of the situation under separate laws.

If a person is not satisfied with the results of an internal review governed by either of the above acts then they have the right to a review by the Administrative Decisions Tribunal. More information is available at: [www.lawlink.nsw.gov.au/adt](http://www.lawlink.nsw.gov.au/adt)

The Clinical Information Department, or the Manager of the health service where the patient is receiving treatment, provides information about ways to access health records.

The office of the Information Commissioner can also provide information and advice. More information is available at: [www.informationcommissioner.nsw.gov.au](http://www.informationcommissioner.nsw.gov.au)
Participation

The right to be included in decisions and choices about health care

Healthcare providers contribute to the right of participation by encouraging those who use the health system to make fully informed decisions. Throughout the patient's visit, healthcare providers will discuss with the patient treatment plans.

Patients are encouraged to take part in the decision making process, including transfers to other services and/or discharge from hospital. Healthcare Interpreter Services will be arranged if required.

Patients have the right, where circumstances permit, to have a relative or other support person with them at all times.

**Consent**

Patients must give consent before receiving treatment. In most cases this will be verbal consent. It is NSW Health policy that written consent is given for some procedures, such as surgery.

Patients have the right to withhold consent. In this case they will not receive treatment. In a life-threatening emergency where the patient is too ill or unconscious, consent is not required.

**Consent by minors**

The consent of a parent or guardian is required for treatment for children under the age of 14 years. After this age, children may seek treatment and give consent on their own behalf, provided they fully comprehend what is proposed.

The decision to give consent can be made jointly with parents. Usually, unless the child objects, a parent or legal guardian is asked for consent where a child is between 14 years to 16 years. In most cases a person aged 16 and over is capable of providing informed consent.

**Consent by a ‘person responsible’ or Guardian Tribunal**

A ‘person responsible’ may be a parent (when the patient is under 18), a guardian, a spouse (including de-facto or same sex partner), a carer, a close friend or relative.

If an adult is unable to give consent for treatment due to an accident or disability, the ‘person responsible’ can consent to most forms of treatment on the patient's behalf.

If there is no ‘person responsible’ or that person is not available, the Guardianship Tribunal can give consent to medical and dental treatment on behalf of the patient. These issues can be discussed with the patient's doctor and the hospital's Social Work Department.

‘Persons responsible’ and the Guardianship Tribunal can only consent to treatment that is in the patient's best interests. More information is available on the Tribunal's website at: www.gt.nsw.gov.au or by telephone: Toll free: 1800 463928, Main switch: (02) 9556 7600 or Telephone typewriter: (02) 9556 7634.

**Consent to the use of aspects of personal health information**

Aspects of personal health information may be used or disclosed without patient consent for public interest research projects. Any use of patient information must comply with strict protocols and be approved by a Human Research and Ethics Committee.

**Seeking a Second Opinion**

Patients who have doubts about treatment or procedures explained to them have the right to talk to their general practitioner and seek a second opinion. Subject to the nature of the illness, the health service will provide advice on the availability of an alternative medical practitioner.
10 Tips for Safer Health Care has been developed by NSW Health to help patients take a responsible role in decisions affecting their health care. The pamphlet can be downloaded at: www.health.nsw.gov.au/quality/10tips/index.html

**Student Education**

It is not unusual for patients in teaching hospitals to be asked if students or health employees in training can be present while care or treatment is provided. This practice contributes to improving professional skills.

Patients have the right to say no to this request. Their decision will have no bearing on their treatment or access to services at the time or in the future, and will not be added to records.

**Health and Medical Research**

Health and medical research leads to improvements in health care. Health and medical research regularly occurs within the public health system and patients may be asked to participate. They will be given information about the research and asked to decide if they want to take part.

Patients have the right to say no to this request. Their decision will have no bearing on their treatment or access to services at the time or in the future, and will not be added to records.

**Community Involvement**

NSW Health has a clear mandate for involving communities in the planning and delivery of health care across NSW. Structures are in place in every health service to support community participation in health service planning and delivery on an ongoing basis. Individuals, who would like to become involved, can contact the Consumer and Community Participation Office at their local health service to find out more.
Privacy

The right to privacy and confidentiality regarding personal information

All health employees are required to keep information about patients and their health care confidential. Aside from special circumstances, privacy laws covering access to patient records require that only healthcare employees can view and share this information for the purposes of providing care. The information is kept secure to prevent unauthorised access and misuse.

Special circumstances where information may be disclosed
The health service treating a patient may disclose personal health information in other situations as required by law. These include where:

- the law requires that a report is made to another government agency, such as in the case of suspected child abuse, or to notify infectious diseases
- it is necessary to prevent or lessen a serious and imminent threat to a person’s health or welfare
- there is evidence that an offence may have been committed, and the disclosure is necessary to the functions of a law enforcement agency
- it is necessary to find a missing person
- it is necessary for the funding, management and planning of the health service
- a court order such as a warrant or subpoena is issued.

Aspects of personal health information may also be disclosed for public interest research projects. Any use of patient information must comply with strict protocols and be approved by a Human Research and Ethics Committee.

Breach of Privacy
Individuals who believe a health service has breached the terms of privacy laws with regards to personal health information have the right to request an internal review in accordance with the Health Records and Information Privacy Act 2002 and the NSW Privacy and Personal Information Protection Act 1998.

Further details are available in the publication, Information Sheet for Privacy Internal Review. This brochure is available from the health service privacy contact officer or at: www.health.nsw.gov.au/policies/gl/2006/GL2006_007.html

Privacy Appeals
Individuals not satisfied with the outcome of an internal review conducted by the health service have the right to lodge an application with the Administrative Decisions Tribunal for a review of the health service’s conduct. For more information go to: www.lawlink.nsw.gov.au/adt

Privacy Complaints
The NSW Privacy Commissioner can investigate complaints about privacy. For more information go to: www.lawlink.nsw.gov.au/privacy
Comment

The right to comment on care and have concerns addressed

NSW Health believes it is important for patients, families, carers and visitors to comment on health care and have any concerns dealt with properly and promptly. This feedback contributes to our capacity to improve and deliver better health care.

When things go right
It is important to know when things are going right as well as when things require improvement. Satisfied patients, families, carers and visitors are encouraged to let the health service know when they have received excellent treatment. Compliments provide a clear indication of what is valued by people seeking or receiving health care services. Compliments also boost morale and encourage health employees to provide excellent service again. The health service will make sure that these compliments are passed on. More information is available on “Your Health Care Concerns” website at www.health.nsw.gov.au/hospitals/healthcare/index.asp

Ways of making a complaint

Tell the hospital or service concerned
It is best in the first instance for the person with the complaint to tell the hospital or service concerned. This can be done in person or by telephone. Experience shows that complaints are best resolved locally. Resolving concerns locally also helps maintain good relationships between those using health services and those providing them.

Those voicing a concern or making a complaint are encouraged to remain calm and to be clear about what happened, when it happened, their concern and what they want the health service to do about it. It is useful to keep a note of the time and date of the discussion, what was discussed, the outcomes of the conversation, and what, if any, agreement was reached.

Contact the health manager or patient support officer
Individuals may prefer to discuss concerns with the Hospital’s designated complaints officer. The complaints contact officer will:

- identify the main concerns about care received
- assist with any specific needs the patient might have while in hospital
- answer any questions regarding services, hospital policies and procedures
- ensure the complaint is treated confidentially
- keep those making the complaint informed about the process and outcome.

Complaints contact officers are available Monday to Friday, during business hours. For assistance outside of these hours, contact the director of nursing or senior nurse on duty.

Contact the health service directly, preferably in writing
People not satisfied with how their complaint has been managed can write to the Director of Clinical Governance of the health service. A copy should be kept for their records.

The Health Care Complaints Commission (HCCC)
The Health Care Complaints Commission is independent of the public health system. Anyone can lodge a complaint with the HCCC. Officers will explain the process of making a complaint and provide assistance if required. Complaints must be in writing.

For information about making a complaint or to contact the HCCC go to: www.hccc.nsw.gov.au

Those requiring an interpreter can phone the HCCC Telephone Interpreter Service on 131450 and ask for assistance.
Appendix: Legal Framework

The following legislation is applicable to the rights and responsibilities of patients in NSW public health services:

- National Health Act 1953 (Cth) - Privacy Guidelines for the Medicare Benefits and Pharmaceutical Benefits Programs
- Medicare Australia Act 1973 (Cth)
- Health Insurance Act 1973 (Cth)
- Government Information (Public Access) Act 2009 (NSW)
- Health Care Complaints Act 1993 (NSW)
- Health Services Act 1997 (NSW)
- Privacy and Personal Information Protection Act 1998 (NSW)
- Health Records and Information Privacy Act 2002 (NSW)
- Mental Health Act 2007 (NSW).

1. This means public hospital services as defined by the National Healthcare Agreement (NHCA).
NSW Health is committed to ensuring that the health care you receive is safe, efficient, effective, and respects your rights as an individual.

Access
You have a right to health care.

Safety
You have a right to safe and high quality health care.

Respect
You have the right to respect, dignity and consideration.

Communication
You have the right to be informed about services, treatment, options and costs in a clear and open way.

Participation
You have the right to be included in decisions and choices about your care.

Privacy and Confidentiality
You have a right to personal information being kept private and confidential.

Comments, Compliments and Complaints
You have the right to comment on care and have your concerns addressed.

www.health.nsw.gov.au

For more information, contact:

The Your Health Rights and Responsibilities brochure is available at the enquiries desk and is in the following languages: Arabic, Chinese, Greek, Indonesian, Italian, Korean, Spanish, Tamil, Thai and Vietnamese.
Your Healthcare

Rights and Responsibilities

A guide for patients, carers and families
Contents

Your Healthcare:
Rights and Responsibilities:
A guide for patients, carers and families ............ 3

Access:
You have a right to health care ....................... 4

Safety:
You have a right to safe and high quality health care .................................................. 7

Respect:
You have the right to respect, dignity and consideration ............................................. 9

Communication:
You have the right to be informed about services, treatment, options and costs in a clear and open way ......................... 10

Participation:
You have the right to be included in decisions and choices about care .................. 12

Privacy and Confidentiality:
You have a right to personal information being kept private and confidential .......... 16

Comments, Compliments and Complaints:
You have the right to comment on care and have your concerns addressed .......... 19
Your Healthcare

Rights and Responsibilities:
A guide for patients, carers and families

Everyone seeking or receiving healthcare in Australia has certain rights and responsibilities. They include the right to access, safety, respect, communication, participation, privacy and to comment on their care.

This booklet provides information on how these rights are achieved in the NSW public health system and the responsibilities that come with them.

Everyone has an important role to play in achieving healthcare rights and contributing to safe, high quality care.

Genuine partnerships between those receiving care and those providing it lead to the best possible outcomes.
Access

You have a right to health care

In NSW, the public health system offers high quality services for a range of health care needs. You will be given access to services on the basis of a medical assessment of your condition and the urgency of your need for treatment.

Health care services are open to everyone regardless of gender, marital status, disability, culture, religious beliefs, sexual orientation, age or where they live in NSW. If the care required is not available locally you will be transferred.

Under Medicare some of these services are free or subsidised.

Emergencies

In the event of a medical emergency, ring Triple Zero (000) and ask for an ambulance. Treatment is free at public hospitals to permanent Australian residents.

Highly qualified health care professionals will determine the urgency and seriousness of your condition and the type of treatment you require. Patients are treated according to who is the sickest and needs the most immediate attention, not on the basis of who arrives first.

Visitors to Australia, who require immediate and necessary treatment, may be entitled to Medicare cover under Reciprocal Health Care Agreements with their country. For information about Medicare eligibility go to: www.medicare.gov.au or ring 132 011.
Non-urgent health care
If you have a minor illness or injury you should visit a general practitioner or an after-hours medical centre. If you can’t get to a doctor or after hours medical centre you can ring healthdirect Australia, a 24-hour telephone health advice line 1800 022 222. A Registered Nurse provides expert health advice.

Access to surgery
If your treatment requires surgery and is not urgent you may need to wait. If you are waiting to be treated in hospital and are worried, contact the Waiting Times Coordinator for your health service. For contact details visit: www.health.nsw.gov.au/hospitals/waitingtimes or ring the Surgery Access Line on 1800 053 456.

Ambulance services
Ambulance services are not covered by Medicare. You are responsible for paying any fees regardless of whether or not you requested the ambulance. For further information about ambulance fees visit: www.ambulance.nsw.gov.au
You will not be charged with ambulance fees if you
- hold a Pensioner, Veterans’ Affairs or Health Care Card
- are covered by Third Party or Workers Compensation insurance
- need to be transferred from public hospital to public hospital for service or care.
Public and Private health care

You have the right to use public services as a public or private patient. If you choose to be treated as a private patient you are responsible for the cost.

Some items such as TV hire, particular prescription drugs and appliances, are not covered by Medicare or Private insurance. Contact the admissions office at your hospital to find out.

In an emergency you, or the people supporting you, will be told about these costs by the hospital’s admissions office.
Safety

You have a right to safe and high quality health care

You will be given access to the services you require. Your treatment and care will be based on your assessed needs, regardless of your financial situation or whether you hold private health insurance.

If you require urgent care to prevent loss of life you will receive it immediately.

It is important to tell your health care provider your medical history including allergies and any medications taken.

Open Disclosure

NSW Health is continually reviewing the way things are done to ensure the safest and highest quality care. We gather information on any incident that might compromise care even if it did not cause harm.

If something goes wrong with your treatment or care we will tell you about it as soon as possible. We will apologise, explain what happened, tell you about the possible effects and what we are doing to prevent it happening again.

Respect

You have the right to respect, dignity and consideration

You will be treated in a manner that shows courtesy and consideration for your culture, beliefs, values and any personal characteristics, such as gender or disability.

Visitors

Your right to receive visitors will be respected and you will be given privacy.

You have the right to have visitors with guide dogs.

Respecting others

You have the right to be treated with respect and we ask that you show this courtesy to others. We ask people seeking or receiving care, their families, support people and visitors to:

- respect all policies and practices, such as visiting hours, infection control measures, smoke-free zones and limitations on the use of mobile phones around medical equipment
- not damage or take without permission, any health service equipment, stores or property
- not harass, abuse, threaten or put any person at risk of physical or psychological harm.

NSW Health has a zero-tolerance approach to threatening, abusive or violent behaviour by any person. We will take appropriate action to protect people and property.

Communications

You have the right to be informed about services, treatment, options and costs in a clear and open way

Health care providers will explain your condition, the proposed treatment, as well as the risks and the alternatives. They will also ask questions to make sure they provide the best possible care. You can contribute by being open, honest and asking questions when you do not understand.

**Interpreter Services**

You can have an interpreter if you speak another language. This is a free service. Translation services can be provided in person or by phone and are available seven days per week. Ask staff to arrange an interpreter for you. AUSLAN Interpreters are also available.

**Support people**

You can have a relative, carer or other support person to help you communicate with health professionals but you must agree to that person being involved in your affairs.

NSW Health recognises that sometimes your support person may be under 18 years of age. We respect the role of younger carers. They will be included in your treatment and ongoing care and given information on where to get support.

We also recognise that people with disabilities have a range of support needs. In this case, family members, carers and other support people may be asked to
assist you and the healthcare staff. However they are not obliged to help.

You will also be asked to provide the name and contact details of the person who can give consent for procedures if at any time you are too ill to give that consent yourself.

Providing information

Give your health care provider as much information as possible about your health, including any allergies, medical conditions or disabilities. Tell them if you use other medicines or remedies and whether you smoke, use alcohol or other recreational drugs.

Tell your health care provider:

- about any changes to your condition and any reactions during treatment
- if you are being treated for the same problem by someone else
- if you do not understand why you have been referred for tests or treatments
- if religious or cultural beliefs make it difficult to have treatment
- if you want to be treated as a private patient and ask for an estimate of the costs
- if you have made a decision not to follow treatment advice and not attend appointments.

You will be regularly asked to confirm your name, date of birth and other details before any procedure or surgery and whenever you are transferred to another service for care. This ensures that you are correctly booked in for the right procedure by the right person at the right time throughout your treatment.
Participation

You have the right to be included in decisions and choices about care

Throughout your visit, health care providers will discuss treatment plans with you. You are encouraged to take part in these plans, including transfers to other services and your discharge from hospital.

You are encouraged to ask questions and talk with your other health care providers and relatives before making decisions.

You have the right, where circumstances permit, to have a relative, carer or other support person with you at all times.

10 Tips for Safer Health Care has been developed by NSW Health to help patients take a responsible role in decisions affecting their health care.

The pamphlet can be downloaded at: www.health.nsw.gov.au/quality/10tips

Seeking a second opinion

You have the right to seek a second opinion on treatment that has been recommended for you. Depending on the nature of your condition the health service will provide advice on the availability of an alternative medical practitioner.
Consent

You must give consent before receiving treatment. In most cases this will be verbal consent. Written consent is required for some procedures, such as surgery.

You have the right to withhold consent. In this case you will not receive treatment. In a life-threatening emergency where you are too ill or unconscious, consent is not required.
**Consent by others**

Children under the age of 14 years must have the consent of a parent or guardian.

Children between the ages of 14 to 16 years usually give their consent jointly with their parents or guardians; however they can give sole consent as long as they show that they fully understand the proposed treatment.

If you are unconscious or too ill to give consent yourself, a relative, carer or other person close to you can give consent for treatment considered by qualified health professionals to be in your best interests.

If this person is unavailable the Guardianship Tribunal can give consent. For more information visit: [www.gt.nsw.gov.au](http://www.gt.nsw.gov.au) or ring: 1800 463 928.

**Research and education**

You may be asked if students or health employees in training can be present while you are receiving care or treatment. This practice contributes to the development of professional skills. You may also be asked to participate in medical research.

You have the right to say no to these requests. Your decision will not be put in your records and will have no bearing on your treatment or access to services in the future.
Community involvement

NSW Health seeks to involve the local community in the planning and delivery of local health services. If you would like to be involved contact the consumer and community participation office at your local health service.
Privacy and Confidentiality

You have a right to personal information being kept private and confidential

Your medical information will be kept secure. The information may be shared with other health care providers to help make decisions about your treatment.

You have the right for the confidentiality of your condition and treatment to be maintained.

The right to medical record information

You have the right to speak to a healthcare worker about the information contained in your medical record. You can also request a copy of your medical record.

Requests to view or obtain a copy of a medical record are made to the Manager of the health service you attended.

Other people, such as a family member or legal guardian can view your medical record if authorised. For further information go to: www.health.nsw.gov.au/policies/pd/2005/PD2005_593.html

Breach of privacy

Sometimes your doctor may decide that the information contained in your health records may adversely affect your physical or mental wellbeing. At other times the contents of the record might breach another person’s privacy. In these cases you might be denied access to your records.
You, and others who are authorised, have the right to take the matter further.

Under *Health Privacy Legislation (section 12.3)* you can ask for an independent doctor to review the contents of the medical record and make a recommendation. If access is still denied you can request more senior managers in the health service conduct an internal review.


The NSW Privacy Commissioner can also investigate complaints about privacy. For more information go to [www.lawlink.nsw.gov.au/privacynsw](http://www.lawlink.nsw.gov.au/privacynsw)

If you are not satisfied with the outcome of an internal review you have the right to apply to the Administrative Decisions Tribunal. For more information go to [www.lawlink.nsw.gov.au/adt](http://www.lawlink.nsw.gov.au/adt)
Special circumstances where medical information may be disclosed

Aspects of medical information can be released in special circumstances. These include:

- notifying infectious diseases
- notifying suspected child abuse
- where there is a serious threat to a person's health or welfare
- finding a missing person
- where there is a court order or when offences have been committed and the information is necessary for law enforcement.

Aspects of personal health information may also be disclosed for research projects. In this case the use of patient information must comply with strict protocols and be approved by a Human Research and Ethics Committee.

Comments, Compliments and Complaints

You have the right to comment on care and have your concerns addressed.

NSW Health wants to hear your comments on health care. It is important to know when things require improvement and when they are going well.

Compliments

Compliments provide a clear indication of what you seek in high quality care. They also boost morale and encourage health employees. Health services make sure compliments are passed on.

Complaints

It is best to resolve complaints with your healthcare provider in the first instance. Try to remain calm and be as clear as possible about what happened and how you would like it resolved.

It is a good idea to keep a note of the time and date of the discussion, what was discussed and what agreements might have been reached.

Alternatively you can contact the health manager or patient support officer during business hours. Out of these hours you can contact the senior nurse on duty. These people will ensure your complaint is treated confidentially as well as:

- answer questions about services, policies and procedures
- help you identify concerns
- assist with any specific needs you have in hospital
- keep you informed about the complaint process and outcome.

If you are not satisfied with the outcome you can contact your health service.

**Health Care Complaints Commission (HCCC)**

The HCCC is independent of the public health system. Anyone can lodge a complaint with the HCCC. Complaints must be in writing and there are officers who can assist you. Visit: [www.hccc.nsw.gov.au](http://www.hccc.nsw.gov.au)

The HCCC has a Telephone Interpreter Service. Ring 13 14 50.

For Further information regarding this brochure, please contact:
The Bureau of Health Information’s inaugural report *Insights into Care: Patients’ Perspectives on NSW Public Hospitals* looks closely at the care experiences of the patients who spend a day, or one or more nights, in NSW public hospitals each year.

The report helps us understand patients’ views on care in NSW public hospitals and how to improve care. It tells us what matters most to patients is teamwork – doctors and nurses working together. To the patients of NSW excellence in hospital care is more than professional competency and appropriate use of technology – it is about a caring culture.

The report provides comparative information across large public hospitals about the key care experiences that matter to patients:

- Staff teamwork
- Courtesy of nurses
- Courtesy of the person who admitted the patient
- Treated with dignity and respect
- Cleanliness of the room
- Hospital well organised
- Availability of nurses.

...what matters most to patients is teamwork – doctors and nurses working together to create a caring culture...
What we did

In 2009 over 20,000 people completed the NSW Health Patient Survey to share information about their experiences in public hospitals. The survey included extensive information and the Bureau analysed the responses to determine what mattered most about care experiences from the patients’ perspective.

The Bureau’s analyses focused on three key areas:

• First, it examined the responses from patients who reported high quality of care, with the aim of identifying the key drivers of excellence and to underline what people working in hospitals are doing well and should continue to do.

• Second, it focused on the feedback from people who offered fair or poor ratings of care to identify circumstances that healthcare workers should avoid if they are to improve care experiences for all patients.

• Third, it compared area health services and large public hospitals in NSW. It did this as fairly as possible by taking account, in the comparisons, of differences between regions and hospitals in patient characteristics, such as age, that influence ratings.

What we learnt

Most patients across NSW have positive care experiences

Most overnight patients (individuals who stayed for one or more nights in a public hospital) rated their care as excellent (34%), very good (34%) or good (22%). A minority reported it to be fair (8%) or poor (3%).

Most day only patients (individuals who spent the day in a public hospital receiving a test, surgery or other procedure) rated care as excellent (42%), very good (36%) or good (17%), while a minority reported it to be fair (4%) or poor (1%).

Staff teamwork matters most to patients

Among patients who offered excellent ratings and patients who offered poor or fair ratings, how well the doctors and nurses worked together was the main factor that influenced their rating.

Many overnight patients rated staff teamwork as excellent (29%) and a larger proportion of day only patients rated staff teamwork as excellent (38%).

Less than two per cent of patients who gave poor or fair ratings to overall care rated staff teamwork as excellent.

Public hospitals with higher patient ratings are located across NSW

The Bureau identified hospitals with higher and lower patient ratings of overall care from the 38 large public hospitals in NSW.

The percentage of overnight or day only patients who gave excellent ratings to care was twice as high in the highest performing hospital as in the lowest performing hospital.

Figures 1 and 2 show patient ratings of overall care in hospitals with higher and lower patient ratings for overnight and day only patients, respectively.

There is no region that is home to all of the large public hospitals that are higher or lower performing in terms of patient ratings of care.

The percentage of overnight or day only patients who gave excellent ratings to care was twice as high in the highest performing hospital as in the lowest.
**Overnight** patient ratings of care by hospital and region in 2009

Figure 1 Comparisons of standardised ratings of **overnight** patients’ care experiences in large public hospitals with higher and lower patient ratings*

<table>
<thead>
<tr>
<th>Public hospitals with higher patient ratings</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very good</th>
<th>Excellent</th>
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<tbody>
<tr>
<td>Mt Druitt Hospital, Sydney West</td>
<td>24%</td>
<td>16%</td>
<td>35%</td>
<td>43%</td>
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</tr>
<tr>
<td>St Vincent’s Hospital, Darlinghurst, South Eastern Sydney Illawarra</td>
<td>25%</td>
<td>17%</td>
<td>36%</td>
<td>41%</td>
<td></td>
</tr>
<tr>
<td>The Tweed Hospital, North Coast</td>
<td>25%</td>
<td>18%</td>
<td>36%</td>
<td>39%</td>
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<tr>
<td>Royal Prince Alfred Hospital, Sydney South West</td>
<td>5%</td>
<td>18%</td>
<td>36%</td>
<td>39%</td>
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<tr>
<td>Manning Base Hospital, Hunter New England</td>
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<td>19%</td>
<td>37%</td>
<td>36%</td>
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<tr>
<td>Concord Hospital, Sydney South West</td>
<td>6%</td>
<td>19%</td>
<td>37%</td>
<td>36%</td>
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<tr>
<td>Calvary Mater Newcastle Hospital, Hunter New England</td>
<td>6%</td>
<td>20%</td>
<td>37%</td>
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<tr>
<th>Public hospitals with lower patient ratings</th>
<th>Poor</th>
<th>Fair</th>
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<th>Very good</th>
<th>Excellent</th>
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<tbody>
<tr>
<td>Campbelltown Hospital, Sydney South West</td>
<td>3%</td>
<td>9%</td>
<td>26%</td>
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<tr>
<td>Orange Base Hospital, Greater Western</td>
<td>3%</td>
<td>9%</td>
<td>26%</td>
<td>36%</td>
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<tr>
<td>Fairfield Hospital, Sydney South West</td>
<td>3%</td>
<td>9%</td>
<td>26%</td>
<td>36%</td>
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<tr>
<td>Royal North Shore Hospital, Northern Sydney Central Coast</td>
<td>3%</td>
<td>9%</td>
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<tr>
<td>Bankstown/Lidcombe Hospital, Sydney South West</td>
<td>3%</td>
<td>9%</td>
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<td>Liverpool Hospital, Sydney South West</td>
<td>4%</td>
<td>10%</td>
<td>28%</td>
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<tr>
<td>Wagga Wagga Base Hospital, Greater Southern</td>
<td>4%</td>
<td>11%</td>
<td>29%</td>
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<tr>
<td>Blacktown Hospital, Sydney West</td>
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**Day only** patient ratings of care by hospital and region in 2009

Figure 2 Comparisons of standardised ratings of **day only** patients’ care experiences in large public hospitals with higher and lower patient ratings*

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<thead>
<tr>
<th>Public hospitals with higher patient ratings</th>
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<td>9%</td>
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<td>Ryde Hospital, Northern Sydney Central Coast</td>
<td>10%</td>
<td>32%</td>
<td>56%</td>
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<td>St Vincent’s Hospital, Darlinghurst, South Eastern Sydney Illawarra</td>
<td>11%</td>
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<td>Canterbury Hospital, Sydney South West</td>
<td>13%</td>
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<td>Mt Druitt Hospital, Sydney West</td>
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<td>Lismore Base Hospital, North Coast</td>
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<td>Port Macquarie Base Hospital, North Coast</td>
<td>15%</td>
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<td>Manning Base Hospital, Hunter New England</td>
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<tr>
<td>Wollongong Hospital, South Eastern Sydney Illawarra</td>
<td>7%</td>
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<tr>
<td>Fairfield Hospital, Sydney South West</td>
<td>7%</td>
<td>25%</td>
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* Hospitals with higher patient ratings are those in the top 20 per cent of large public hospitals. Hospitals with lower patient ratings are those in the bottom 20 per cent.
The way forward

This first report from the Bureau of Health Information shows clearly that patients are calling out for improvements, and that improvement in staff teamwork, between doctors and nurses, is the action most likely to change a fair or poor patient care experience into an excellent one.

This report provides strong evidence about what determines patients’ perspectives of excellence in care and areas where improvements are still necessary. It also gives insight into issues in care that could lead to significant improvements in patients’ experiences. By learning about the first-hand experiences that most matter to patients, and observing that these insights are also raised at a clinical and system management level, people who work in healthcare can better focus their efforts to improve care.

What’s next?

In 2010 the Bureau of Health Information will publish regular reports on the performance of the NSW public health system. In August it will release information on the performance of hospitals including emergency and surgical care sectors. Later in the year it will release an annual report that benchmarks the performance of the NSW public health system against other comparable health systems.

Download the report

The report, Insights into Care: Patients’ Perspectives on NSW Public Hospitals, related reports and supplements are available at www.bhi.nsw.gov.au.

The suite of products includes:

- Insights into Care: Patients’ Perspectives on NSW Public Hospitals
- Insights into Care: NSW Area Health Services Report
- Insights into Care: NSW Public Hospitals Report
- Insights into Care: Data Quality Supplement
- Insights into Care: Technical Supplement.

About the Bureau

The Bureau of Health Information was established following the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals (Garling inquiry) to report on quality and safety of patient care.

The Bureau is an independent, board-governed organisation established by the NSW Government to be the leading source of information on the performance of the public health system in NSW.

The Bureau will provide the community, health care professionals and the NSW Parliament with timely, accurate and comparable information about the performance of the NSW public health system in ways that enhance the system’s accountability and inform efforts to increase its beneficial impact on the health and well-being of people in NSW.

How to contact the Bureau

Web: www.bhi.nsw.gov.au
Email: enquiries@bhi.nsw.gov.au
Telephone: +61 2 8644 2100