Lessons from losses:

How to improve patient care and reduce complaints in ART service delivery

INQUIRY INTO ASSISTED REPRODUCTIVE TREATMENT IN VICTORIA: FINDINGS AND NEXT STEPS

VARTA Webinar, 1 December 2021

Dr Rosalind Hearder, Principal Policy Officer – Strategy,
Health Complaints Commissioner

WHAT DOES THE HCC DO?

- Resolve health complaints as an independent and impartial body; compile complaints data
- Investigate providers who pose a serious risk to public health, safety or welfare
- Investigate breaches of health privacy
- Conduct Inquiries under s.103 of the *Health Complaints Act 2016*.

OFFICIAL

PURPOSE OF ART INQUIRY

1. Gorton Review: *Helping Victorians create families with assisted reproductive treatment: Final Report of the Independent Review of Assisted Reproductive Treatment* (2019)

2. HCC inquiry:

- the current state of the provision of ART services in Victoria
- the lived patient experience of ART.

Final Report: find it through the HCC website – www.hcc.vic.gov.au or at the following link

INQUIRY DATA SOURCES

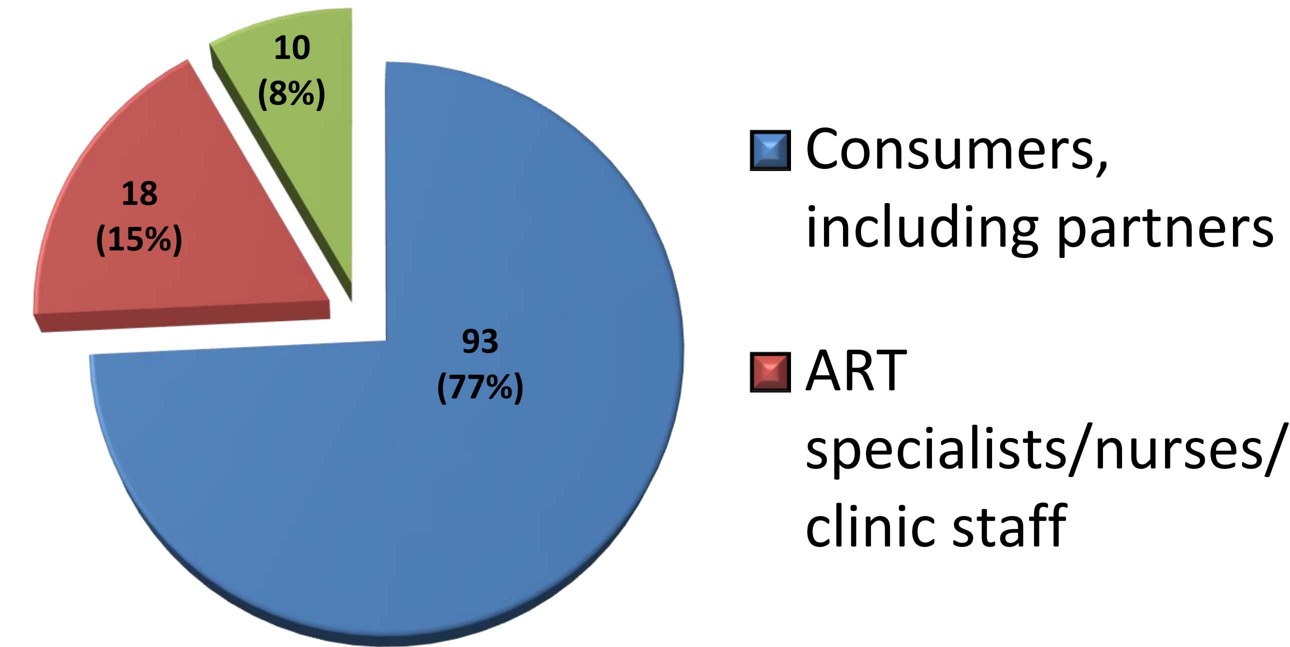
- 121 voluntary submissions through statements and semi-structured surveys to the public and providers
- Statements made in consultation forums with the public and providers in Melbourne and Ballarat in 2019
- Analysis of ART-related complaints to the HCC from January 2017-September 2019
- National and international reports on ART and academic literature

INQUIRY REPORT SUMMARY

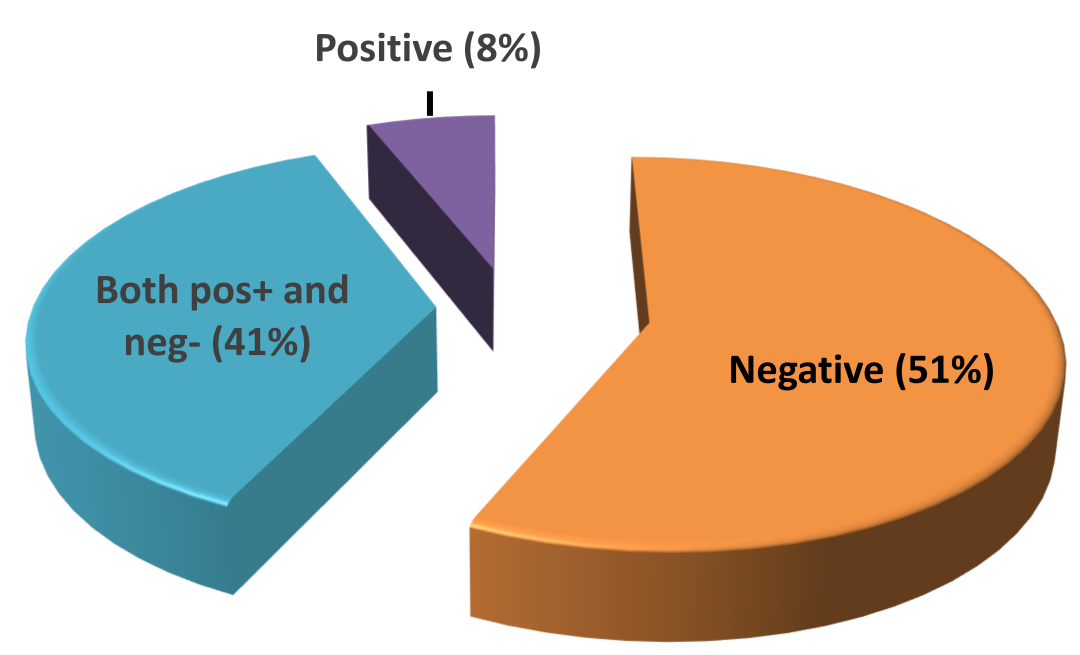
The report made **17 recommendations,** including relating to:

1. Communication between patients and providers
2. Complaints handling
3. Adverse events
4. Counselling services
5. The use of adjuvant or ‘add-on’ treatments

WHO MADE SUBMISSIONS?



OVERALL ART EXPERIENCE (CONSUMERS n=93)



WHY A NEGATIVE EXPERIENCE?

Reason

Costs
Counselling
Unsuccessful treatment
Communication with provider
Adverse Event

0 5 10 15 20 25

No of consumers

Primary complaint   Secondary complaint

COMMUNICATION – MAIN ISSUES

- Aftercare
- Information about treatments
- Side effects and adverse events
- ‘Success’ rates
- Treatments offered
- Medical errors
- Procedures not performed by chosen specialist

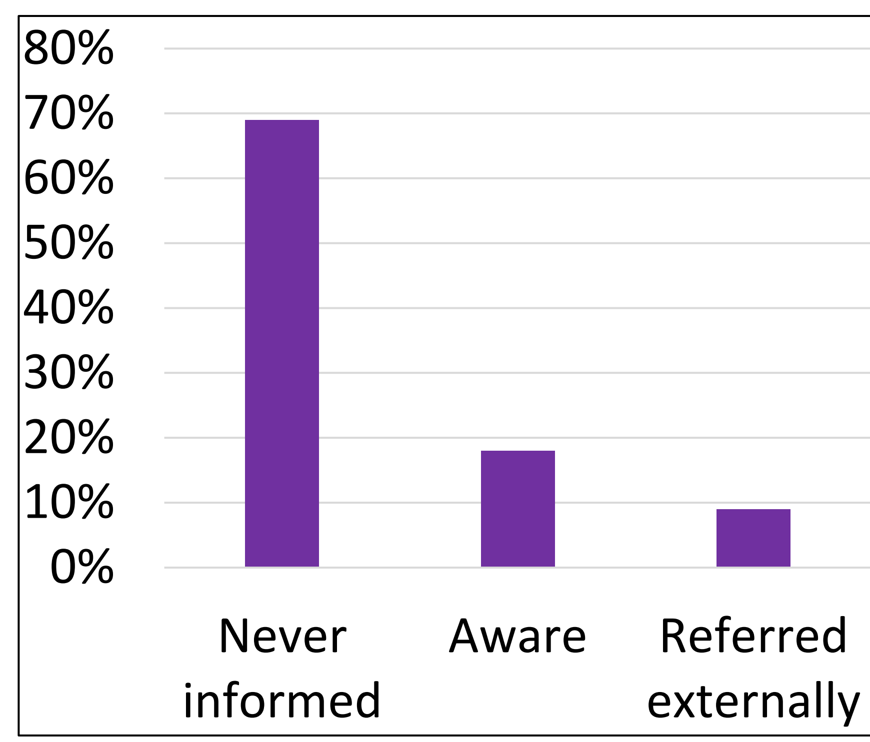
EXAMPLES OF POSITIVE COMMUNICATION

‘I felt very supported by [provider] and my specialist at the time… They always promptly returned phone calls. I never felt like I was pestering them. They ALWAYS called in the time frames they said they would. In all my treatments I never once remember not being called back or having to chase someone.’

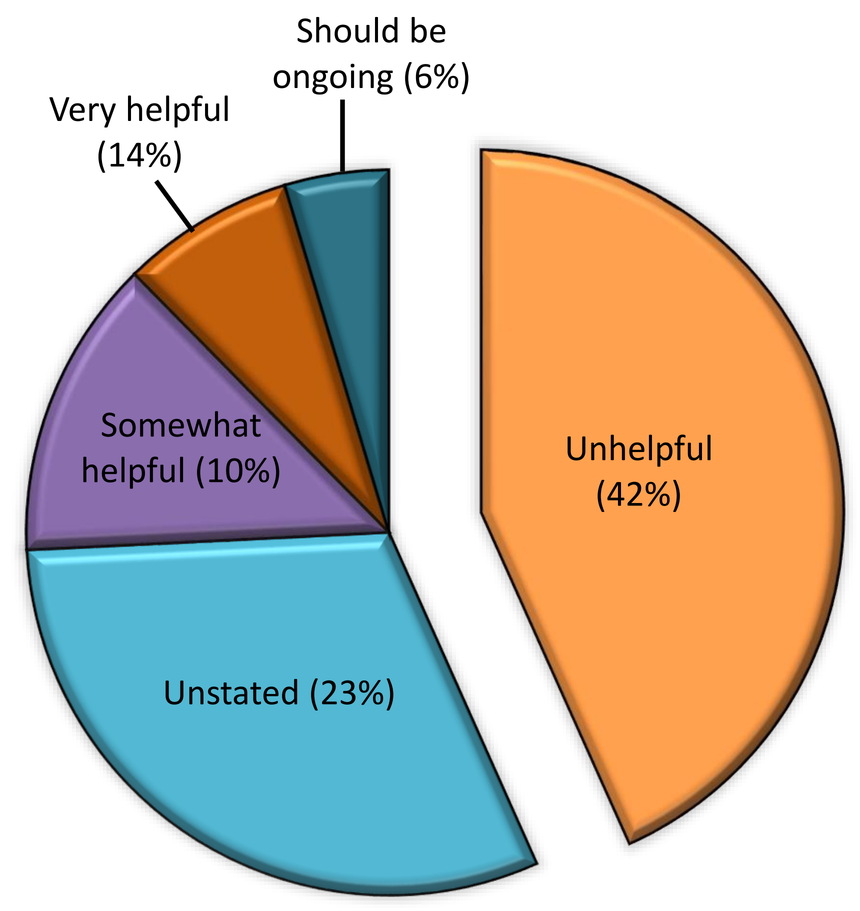
‘My doctor has a fantastic team that have gotten to know me personally, which makes you feel known and cared for. The worst thing is when you feel like a number, not a person.’

‘Communication was strong … Lots of follow up calls and information. They were responsive to my needs as they unfolded. For example: the second time they changed from a frozen to fresh transfer. My doctor was even on holiday and he made sure to contact the clinic to inform me.’

COMPLAINTS HANDLING AWARENESS

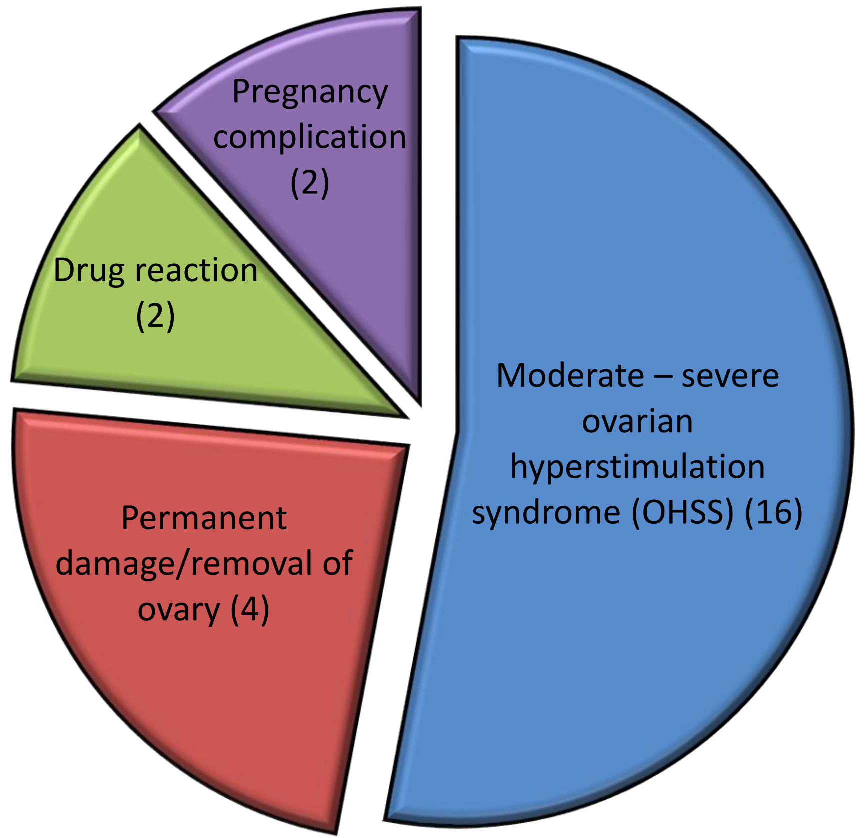


TOP RESPONSES TO COUNSELLING



TOP FOUR ADVERSE EVENTS

29 (24%) of 93 consumers reported an adverse event



OTHER PERSPECTIVES

- Need for more inclusive practices and cultural safety for LGBTQIA+ patients, Aboriginal patients, solo patients and low-income patients
- Better access to ART in rural and regional areas
- Men often feel left out even though male infertility is a big issue; want targeted support for partners

WHERE TO NOW?

The HCC Inquiry showed:

- The ART sector is committed to providing supportive treatment journeys and positive outcomes for their patients
- But there is room for improvement – particularly around COMMUNICATION and COMPLAINTS HANDLING.

Next steps for the HCC:

- Work together with ART providers and regulatory authorities to improve the patient experience, drawing on the expertise offered by the HCC.

For further information, please visit www.hcc.gov.au
or call 1300 582 113

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Person-Centred Care

Anna MacLeod – VARTA CEO

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ABN 94 021 324 852

VARTA is an independent statutory authority funded by the Victorian Department of Health

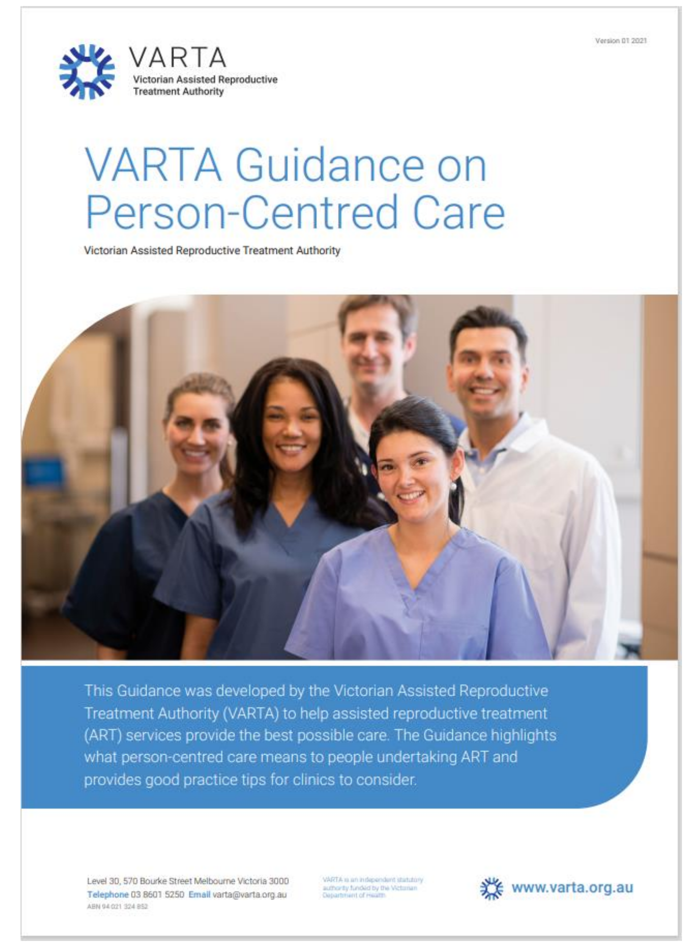
VARTA’S Guidance on Person-Centred Care

The Gorton Review of ART (2019) concluded

- clear need for comprehensive information and good communication to allow people to make the best choices for themselves and their families.

The Minster for Health

- Requested VARTA produce guidance for ART clinics on person-centred care.



Version 01 2021

VARTA
Victorian Assisted Reproductive Treatment Authority

VARTA Guidance on Person-Centred Care

Victorian Assisted Reproductive Treatment Authority

This Guidance was developed by the Victorian Assisted Reproductive Treatment Authority (VARTA) to help assisted reproductive treatment (ART) services provide the best possible care. The Guidance highlights what person-centred care means to people undertaking ART and provides good practice tips for clinics to consider.

Level 30, 570 Bourke Street Melbourne Victoria 3000
Telephone 03 8601 5250 Email varta@varta.org.au

www.varta.org.au

What is person-centred care?

Person-centred care

- respectful of and responsive to the preferences, needs and values of patients and those supporting them.
- The widely accepted dimensions of such care are:

respect	continuity and transition
emotional support	care coordination
physical comfort	involvement of family and carers
information and communication	and access to care.

Benefits

POTENTIAL BENEFITS FOR PATIENTS

- Increased satisfaction and emotional wellbeing
- Enhanced ability for self-care
- Better understanding of and compliance with treatment protocols
- Higher chance of continuing treatment until a viable pregnancy is achieved

POTENTIAL BENEFITS FOR STAFF

- Fewer complaints from patients
- Increased job satisfaction
- Less stress and more pride in their job
- Increased engagement and retention

POTENTIAL BENEFITS FOR CLINICS

- More patients persisting with treatment
- More positive patient reviews and recommendations to others
- Fewer negative reviews

Good practice tips – access to information

Providing both written and verbal information

Allow enough time for consultations so patients don't feel rushed and have time to ask questions

Make education materials available in a range of formats (brochures, illustrated guides, audio, video etc.)

Contact patient after treatment to provide relevant information based on outcomes

The Risk Communication Institute

5822 NW 91st Boulevard • Gainesville, FL 32653 • (352) 377-2142
www.trci.info or www.riskcomm.com

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Presenting information

95% fat free

Or

Contains 5% fat?

What do you tell patients?

99% safe

OR

1 in 100 risk

Presenting information

Comment to Patient	Definitely would proceed	Probably	Probably not	Definitely not
'99% of patients undergoing procedure do not have any of these complications'	25	57	15	3
'These complications are seen in 1 out of 100 people who undergo the procedure'	7	43	45	5

Gurm & Litaker, Academic Medicine, Vol 75, No.8 / August 2000

Good practice tips – attitudes and competence of staff

- Make person-centred care an integral component of staff KPIs
- Listen to patients' questions and concerns and act in reasonable timeframes
- Demonstrate a high level of attention to detail
- Include training in person-centred care in induction programs for new staff
- Ensure staff hold membership of their relevant professional organisations
- Survey patients at least annually for continuous improvement

VIEWS AND REVIEWS

Teaming in the contemporary fertility clinic: creating a culture to optimize patient care

Danielle A. Lukish, B.S., Chantel I. Cross, M.D., Megan E. Gornet, M.D., and Mindy S. Christianson, M.D.

Division of Reproductive Endocrinology and Infertility, Johns Hopkins University School of Medicine, Baltimore, Maryland

When a diverse group of individuals is working together in the contemporary fertility clinic to provide time-sensitive and complex care for patients, a high degree of coordination and collaboration must take place. When performed dynamically, this process is referred to as *teaming*. Although the positive impact of teamwork in health care settings has been well established in the literature, the concept of teaming has limited foundation in the clinic. This review will provide an overview of how teaming can be used to improve patient care in today's fertility clinics. Approaches to integrating teaming into the clinic that will be discussed include framing, the creation of a psychologically safe environment for staff input, and facilitating collaborative constructs to support teaming. Best practices to implement teaming and how to address challenges to teaming in today's clinical environment will also be addressed. (Fertil Steril® 2021;■:■–■. ©2021 by American Society for Reproductive Medicine.)

Key Words: Group processes, leadership, patient care team, teaming

DIALOG: You can discuss this article with its authors and other readers at https://www.fertstertdialog.com/posts/33949

arch 2020 will likely be ... though most clinics had extensive ... but they were practicing a powerful

Good practice tips – coordination and continuity of care

Appoint at least one senior member of staff to lead and manage the approach to person-centred care

Assign one or two points of contact for each patient (i.e. case manager, dedicated nurse) and provide contact details

Advise patients of all staff likely to be involved in their care

Ensure patients have access to information about their treatment plan, appointments, medication and test results

OHSS Audit

	Original OHSS cases reported to VARTA	OHSS cases identified by the audit (not previously reported to VARTA)	Total OHSS incidents
2018/19	35	54	89
1019/20	18	71	89
2020/21	30	95	125
Total	**83**	**220**	**303**

Good practice tips – providing a comfortable physical environment and protecting patient privacy

Review clinic environment to ensure it's comfortable for all patient groups

Protect patient privacy in clinic processes, including before and during treatment, conversations and calls

Good practice tips – effective and inclusive communication

- Demonstrate effective communication and inclusive policies and processes
- Train staff to communicate in a way that conveys high levels of knowledge, empathy and sensitivity
- Comprehensive clinic guidelines around handling complaints
- Appoint staff champions to liaise with key patient groups (single people, LGBTQIA+, CALD)
- Ensure information is appropriately tailored for specific user groups, as well as the partners of those seeking treatment
- Provide regular gender and sexual diversity training for staff
- Consult community experts and organisations to enhance cultural understanding and competence
- Offer interpreter services to linguistically diverse patient groups and provide information in relevant languages

Quote

"There is significant trauma leading to my decision to seek fertility services as a single woman.

I am not 'socially infertile' or any of the other vile terms used by the fertility clinic and my health insurance provider to describe my situation.

I wasn't treated 'badly' in a medical sense, but as a result of being treated as if I was part of the major patient group, and not according to my circumstances in any way, **I will never NEVER go back for additional rounds of treatment**."

VARTA person-centred care survey participant

Good practice tips – emotional support for patients

Offer patients emotional support at key stages of the treatment cycle and provide appropriate referral pathways

Give patients the option of working with a counsellor to develop a support plan

Create a "duty counsellor system" where a counsellor is available quickly if needed

Ensure support is provided as needed and is not limited to a single session

Provide staff with appropriate training to keep up to date with best practice

A sperm donor's experience – feedback

Think about every aspect of the donor’s journey, including:

- Parking
- Facilities
- Accuracy of information
- Avoid pressuring
- Gratitude

Implementation and feedback

- Additional resources are available in the Guidance and on the VARTA website to assist clinics with implementation.
- VARTA encourages clinics to review the Guidance and use the self-assessment tools to benchmark how they are tracking.
- VARTA is keen to build on this Guidance and welcomes feedback for future iterations and ideas for additional resources.

Supporting safe and professional practice

Anthony McEachran

1 December 2021

What we do

Ahpra works in partnership with 15 National Health Practitioner Boards and accreditation authorities to administer the National Scheme.

Professional standards

Provide policy advice to the National Boards about registration standards, codes and guidelines for health practitioners.

Registration

In partnership with the National Boards, we ensure that only health practitioners with the skills and qualifications to provide competent and ethical care are registered to practise.

Notifications

Manage complaints and concerns raised about the health, performance and conduct of individual health practitioners.

Compliance

Monitor and audit registered health practitioners to make sure they are complying with Board requirements.

Accreditation

Work with accreditation authorities and committees to ensure graduating students are suitably qualified and skilled to apply to register as a health practitioner.

Nationally 16 registered health practitioner groups & 15 boards

1. Aboriginal and Torres Strait Islander Health Practitioners
2. Chinese Medicine Practitioners
3. Chiropractors
4. Dental practitioners
5. Medical Doctors
6. Medical Radiation Practitioners
7. Nurses
8. Midwives

(7. Nurses and 8. Midwives: one board)

9. Occupational Therapists
10. Optometrists
11. Osteopaths
12. Paramedics
13. Physiotherapists
14. Pharmacists
15. Podiatrists
16. Psychologists

* Registrants as at 1 December 2021

Objectives of the legislation

- Protection of the public
- Workforce mobility
- High quality education and training
- Rigorous and responsive assessment of overseas trained practitioners
- Facilitate access to services
- Enable a flexible, responsive and sustainable health workforce and enable innovation

Queensland

Health Practitioner Regulation National Law (Queensland)

Current as at 1 March 2020

Reprint note
The Health Practitioner Regulation National Law is applied (with modifications) as a law of Queensland by the *Health Practitioner Regulation National Law Act 2009* (Qld). This version is the Law as it applies in Queensland—see the *Health Practitioner Regulation National Law Act 2009*, section 4. It is intended a new reprint of the National Law will be prepared by the Office of the Queensland Parliamentary Counsel when any change in the National Law takes effect.

National scheme legislation may not be entirely consistent with Queensland's current drafting style.

26.2% of registered practitioners in Victoria

8,653 (1.0%) in NT

168,279 (20.4%) in Qld

825,720 registered health practitioners at 30 June

82,411 (10.0%) in WA

233,387 (28.3%) in NSW

63,830 (7.7%) in SA

14,895 (1.8%) in ACT

19,741 (2.4%) registered health practitioners have no principal place of residence (includes overseas-based registrants)

216,134 (26.2%) in Vic

18,390 (2.2%) in Tas

Victorian health practitioners accounted for **26%** of the **825,720** registered health practitioners in Australia*.

There are currently **216,134** health practitioners registered in Victoria, compared to **209,797** in 2019/20, an increase of **9.7%**.

* Registrants as at 1 July 2021 include those on the pandemic response sub-register

National Scheme Strategy 2020-2025

Vision: Our communities have trust and confidence in regulated health practitioners

Purpose: Safe and professional health practitioners for Australia

Values:
Integrity
Respect
Collaboration
Achievement

Regulatory effectiveness

- Efficient and effective core regulatory functions
- Responsive accreditation systems
- Strengthened risk-based regulatory practices
- Sustainable financial framework
- Enhanced digital capability

Trust and confidence

- Eliminating racism for Aboriginal and/or Torres Strait Islander Peoples
- Enhanced safety of vulnerable communities
- Supported professional learning and practice
- Enhanced community collaboration, engagement and communication
- Strengthened contribution to sustainable healthcare

Evidence and innovation

- Consistent and evidence-based standards, codes and guidelines
- Strengthened proactive use of our data and intelligence
- Enhanced capability to change and improve our regulatory model

Capability and culture

- Service focus
- Safe and inclusive work culture that fosters diversity
- Capability, learning and development of our people
- Embedding cultural safety

What is a notification?

A notification can be any concern about a practitioner's

- conduct
- performance
- health

Ahpra and the relevant National Board

Receive and understand a concern about a practitioner, including speaking to the notifier

Review information we hold about the practitioner, including regulatory history

Speak directly to the practitioner to gather information about their practice setting and context

Validate any steps taken by the practitioner and/or their organisation to manage any risk to the public

Take regulatory action when practitioner risk is not sufficiently managed by individual and/or organisation risk controls

When should you *notify us*?

What circumstances might you determine that you as an employer or as a supervisor or colleague decide that you can't manage the risk?

Impaired & posing a substantial risk of harm – and not insightful or not seeking help

Practising while intoxicated

Sexual misconduct

Significant departures from professional standards

Types of risks and reporting thresholds for different groups

Impairment	Intoxication	Departure from standards	Sexual misconduct
Treating practitioners must report practitioners who:			
are practising with an impairment, and place the public at substantial risk of harm *See page 10*	are practising while intoxicated by alcohol or drugs, and place the public at substantial risk of harm. *See page 13*	are significantly departing from professional standards, and place the public at substantial risk of harm. *See page 15*	have engaged in, are engaging in or might engage in sexual misconduct connected to their practice. *See page 17*
Non-treating practitioners must report practitioners who:			
are practising with an impairment, and place the public at risk of substantial harm. *See page 19*	are practising while intoxicated by alcohol or drugs. *See page 21*	by significantly departing from professional standards, and place the public at risk of harm. *See page 22*	engage in sexual misconduct connected to their practice. *See page 23*

We *assess* concerns

Receive a notification

Discuss the notification with the notifier and practitioner named in the notification

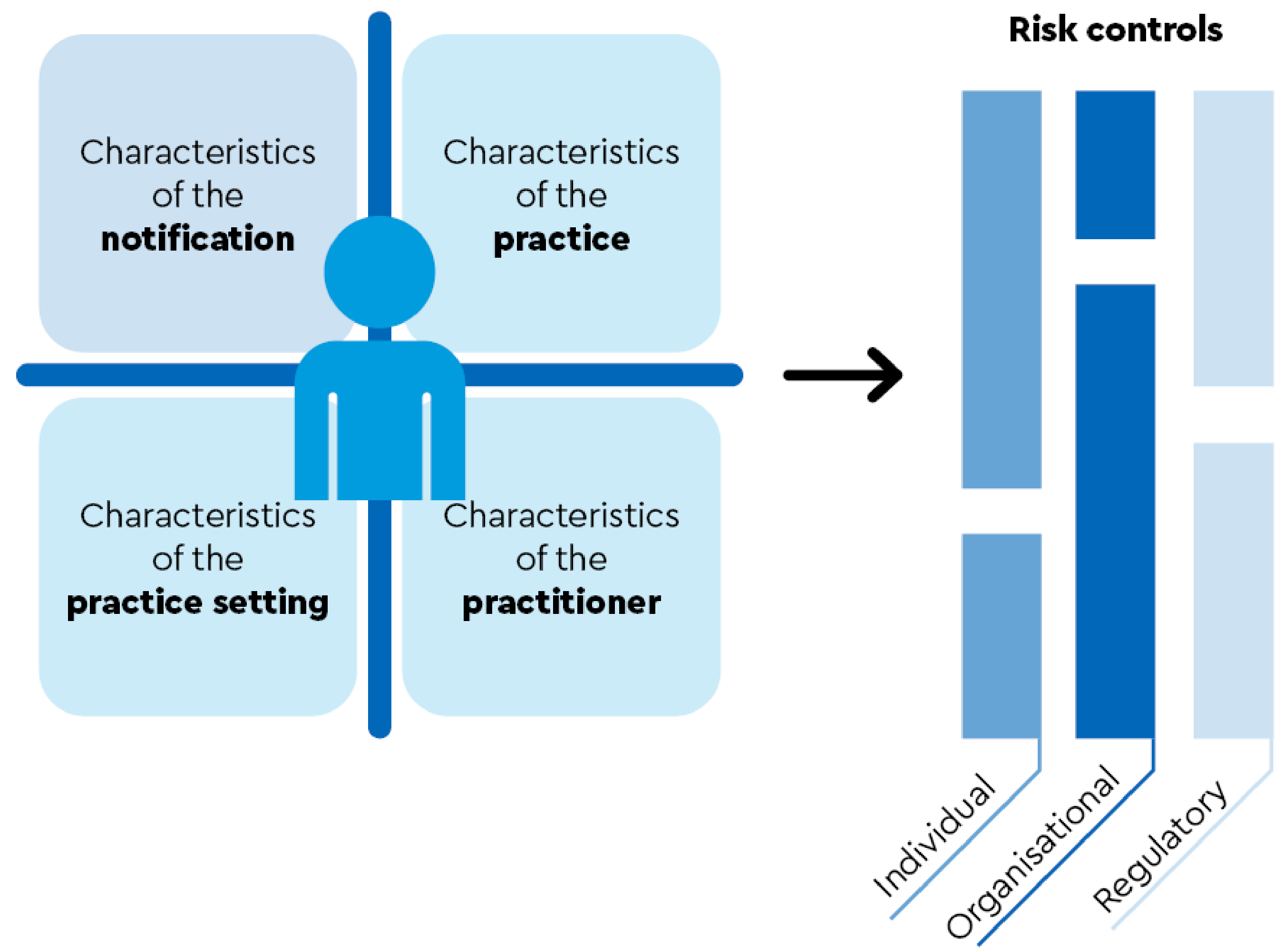
Undertake a risk assessment

Present the notification, information from our engagement with the notifier and practitioner & risk analysis to a committee of the Board

Indemnity providers offer the best support to practitioners to make these discussions most successful

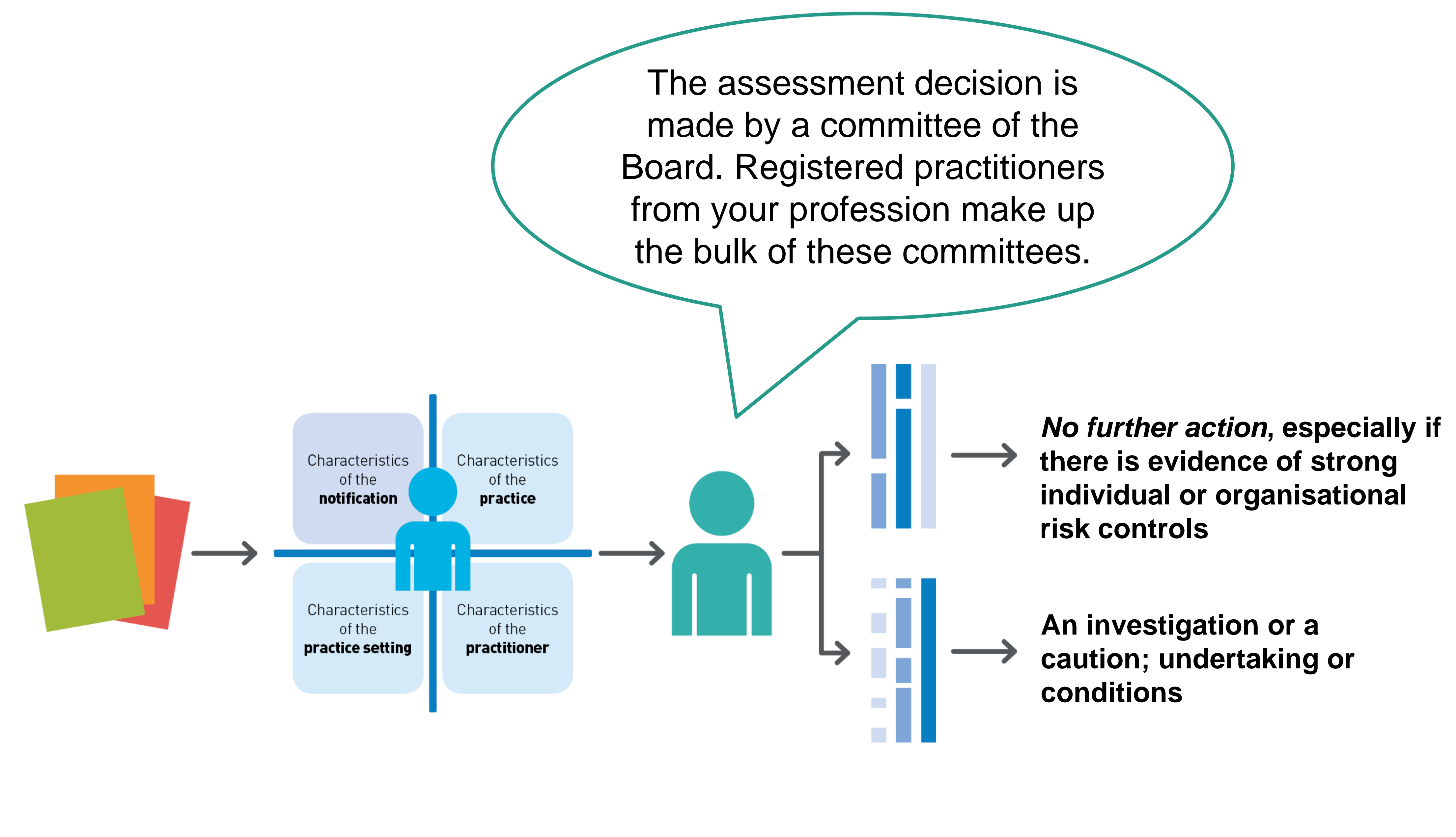
The assessment decision is made by a committee of the National Board

How we assess *risk* when assessing a notification



Check point: Red flags – indicators of presumptive high risk

- Alleged boundary violation or sexual assault.
- Alleged criminal or unethical behaviour.
- Allegation the practitioner has practiced while affected by alcohol or drugs.
- Allegation patients are at risk of harm due to the practitioner having an impairment.
- Prima facie the practitioner has placed the public at risk of harm because they have practiced the profession in a way that constitutes a **significant** departure from accepted professional standards.
- The notification raises concerns about care provided to a person who identifies as Aboriginal or Torres Strait Islander.


The assessment decision is made by a committee of the Board. Registered practitioners from your profession make up the bulk of these committees.
Characteristics of the notification
Characteristics of the practice
Characteristics of the practice setting
Characteristics of the practitioner
No further action, especially if there is evidence of strong individual or organisational risk controls
An investigation or a caution; undertaking or conditions

Practitioners
Ahpra
& National
Boards
Health services and practices
Safe professional practice
Professional peers and teams
Other regulators

Effective risk management by practitioners

- Proactively maintain knowledge and skills relevant to scope of practice
- Exercise sound judgement about work undertaken vs referred on, according to knowledge and skills
- Confer or refer where appropriate
- When something goes wrong or an error occurs
  - Recognises and responds to patient care needs
  - Reflects and strengthens practice to reduce risk of recurrence

Practitioners

Health services and practices

Safe professional practice

Effective risk management by health services

- Strong clinical governance, policies and procedures
- Investigate and review the incident
- Restriction of practice where appropriate:
  - Scope or activities
  - Supervision of others
  - Vulnerable patients
- Education and training to improve performance
- Assessment or re-credentialing where relevant
- Supervision of the practitioner
- Organisational responses to adverse events and supporting quality and safety
- Notify AHPRA – according to seriousness and risk

Professional peers and teams

Other regulators

Managing risk and supporting professional practice

	Practitioners	Employers, Health Services, Practices	National Boards and Aphra
Serious departure from accepted standards *Respond to increasing concerns or risks*	Comply with regulatory and organisational requirements to respond to risk Recognise, reflect and respond to risks in own practice Give priority to obligations for patient safety Initiate and actively participate in risk management within the practice / organisation Change or limit practice, update knowledge or skills according to risk Engage with peers for support and assistance	Notify regulator about serious concerns or those that extend beyond, or can not be managed by, the practice / health service Restrict privileges Require supervision, training, re-credentialing Performance management and disciplinary processes Monitor, analyse and respond to indicators of increasing practitioner risk	Refer to tribunal for possible misconduct Take interim action where necessary to manage serious risk Monitor compliance with regulatory conditions Refer to police or other agencies where necessary Take regulatory action targeted to unmanaged risk – conditions, restrictions undertakings. Make findings for unsatisfactory performance or conduct
Respond to adverse events, errors, quality concerns	Recognise, reflect and respond to adverse events, errors and near misses Respond with openness and priority for patient safety Participate in open disclosure and adverse event reporting Initiate and participate in quality activities Act to improve practice and minimise risk of recurrence Reflect on and respond to patient complaints	Monitor respond to and report complications, adverse events, complaints Open disclosure Take actions to respond to risks and support safety Supervision and peer review Education, policy development, system changes Ensure culture and team support for quality and safety Protections and supports for patients who are more vulnerable than most Processes that invite and respond to patient or carer complaints	Take account of individual practitioner and organisational actions to manage risk. Prompt and suggest practitioners respond to poorly managed risk, gaps in professionalism or quality of practice Refer relevant concerns to health complaints entity Refer system concerns to health service or system regulator Analyse regulatory data to identify clusters of risk and share with others who can respond
Promote safe professional practice and manage inherent risks	Maintain professional knowledge and skills Practice within scope and competence Exercise sound judgement about work undertaken vs referred on, according to knowledge and skills Engage with the profession Participate in quality activities Be aware of and adhere to standards	Clinical audit Clinical effectiveness Research and development Openness Risk management Education and training	Audit compliance with registration standards Standards, codes and guidelines Engage with and reflect community expectations for health professionals in our standards
	Individual risk controls	**Organisational risk controls**	**Regulatory risk controls**

Can you prevent having a notification made about you?

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www.coag

Ms Gill Callister PSM

Ms Renee Owen

Distinguished Professor Charlie C. Xue
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Mr Mark Marcenko
Associate Professor Lynette Cusack
Ms Julie Brayshaw
Mr Ian Bluntish
Dr Nikole Grbin

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Mr Brett Simmonds
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MELBOURNE VIC 3001

Chair, Australian Health Practitioner R
Agency Management Committee
Chair, Aboriginal and Torres Strait Islan
Practice Board of Australia
Chair, Chinese Medicine Board of Austra
Chair, Chiropractic Board of Australia
Chair, Dental Board of Australia
Chair, Medical Board of Australia
Chair, Medical Radiation Practice Boar
Chair, Nursing and Midwifery Board o
Chair, Occupational Therapy Board of
Chair, Optometry Board of Australia
Chair, Osteopathy Board of Australia

Chair, Paramedicine Board of Austr
Chair, Pharmacy Board of Australia
Chair, Physiotherapy Board of Aus
Chair, Podiatry Board of Australia
Chair, Psychology Board of Austr

Dear Colleagues

At its meeting on 31 October and 1 November 2019, the COAG Heal
issue two policy directions to Ahpra and National Boards to m
administering the National Registration and Accreditation Scheme
public protection is paramount, and to require consultation with pa
health care consumer bodies on new and revised registration
guidelines. These policy directions are given under section 11 of
Regulation National Law 2009, as in force in each state and territor

The policy directions are as follows.

POLICY DIRECTION 2019-1

Paramountcy of public protection when administering the National Sc

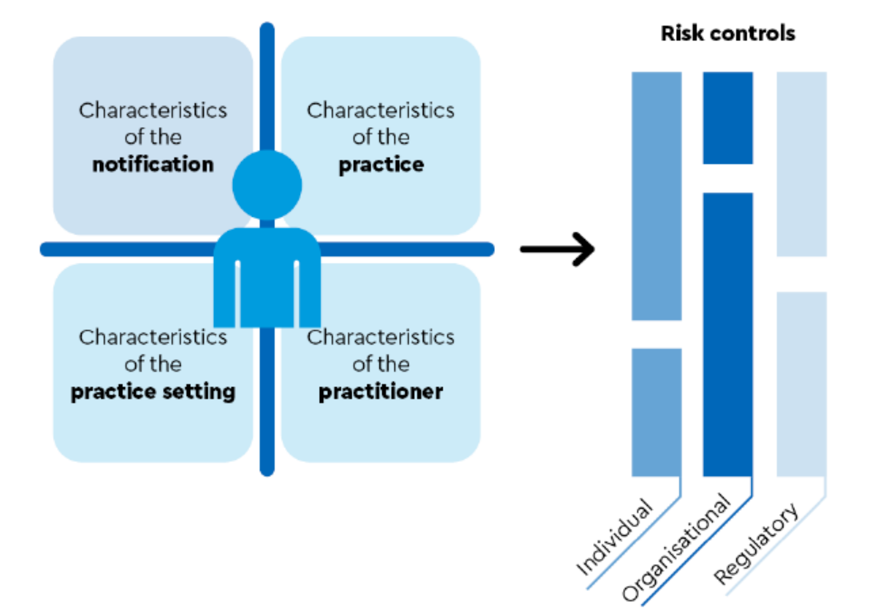
The purpose of this policy direction is to provide clarity to the Au
Regulation Agency (Ahpra) and the National Boards on the
principle for the National Registration and Accreditation Schem
of the National Law. This principle requires that *restrictions*
profession are to be imposed under the scheme only if it i
services are provided safely and are of an appropriate quality.

1

Regulatory risk assessment tool

Version 2.0 September 2020

INTERNAL WORKING DOCUMENT ONLY



Regulatory principles
...he National Scheme

...latory principles underpin the work of the Boards and AHPRA in regulating Australia's health
...s, in the public interest. They shape our thinking about regulatory decision-making and have been
...encourage a responsive, risk-based approach to regulation across all professions.

...ards and AHPRA **administer and comply with the Health Practitioner Regulation National**
...in force in each state and territory. The scope of our work is defined by the National Law.

...ct the **health and safety of the public** by ensuring that only health practitioners who are
...rained and qualified to practise in a competent and ethical manner are registered.

...alance all the objectives of the National Registration and Accreditation Scheme, **our**
...**nsideration is to protect the public.**

...considering an application for registration, or when we become aware of concerns
...h practitioner, **we protect the public by taking timely and necessary action under the**

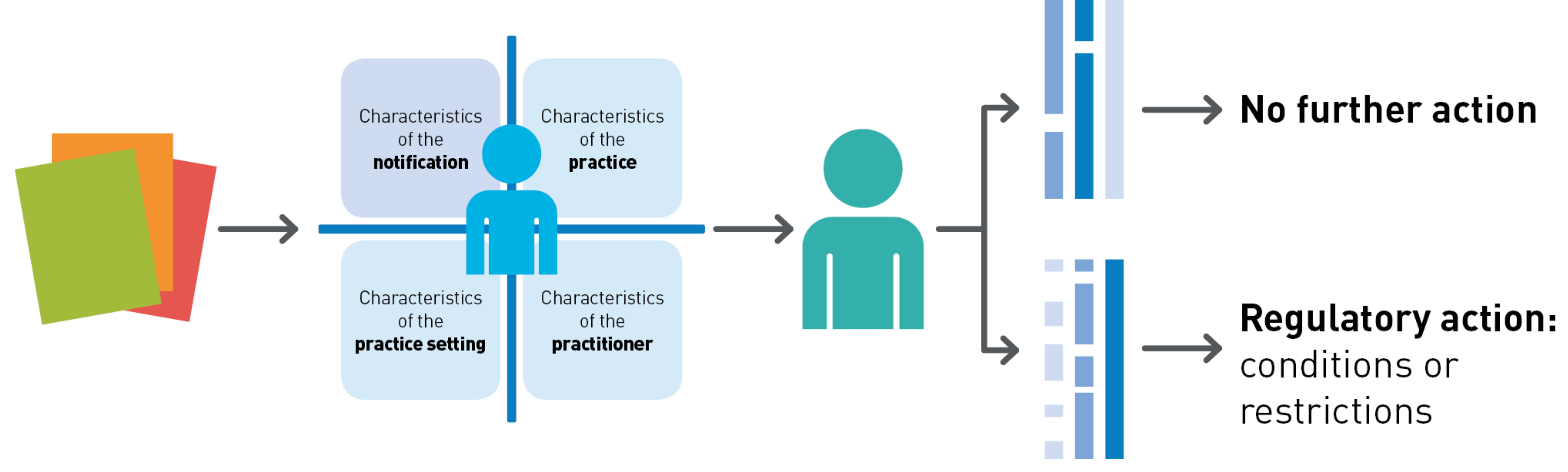
...our work we:
...**risks** that we are obliged to respond to
...**kelihood and possible consequences** of the risks, and
...**ays that are proportionate and manage risks** so we can adequately protect the

...apply to the way in which we manage individual practitioners but in all of our
...n-making, including in the development of standards, policies, codes and

...about practitioners, **we use the minimum regulatory force appropriate to**
...ed by their practice, to protect the public. Our **actions are designed to protect**
...**punish practitioners.**
...not intended to punish, we acknowledge that practitioners will sometimes feel
...nitive.

...in health practitioner regulation is important. Our response to risk considers
...**essional standards and maintain public confidence in the regulated health**

...**olders**, including the public and professional associations, to achieve good
...**We do not represent the health professions or health practitioners.**
...practitioners and their representatives to achieve outcomes that protect


Characteristics
of the
notification
Characteristics
of the
practice
Characteristics
of the
practice setting
Characteristics
of the
practitioner
No further action
Regulatory action:
conditions or
restrictions

New Regulatory Guide

Explains how the National Law may be applied by Ahpra and the National Boards in the management of notifications about a practitioner's performance, conduct or health

Questions?

Thank you.

- **Telephone** 03 8601 5250
- **Email** varta@varta.otg.au
  - ABN 94 021 324 852
    - VARTA is an independent statutory authority funded by the Victorian Department of Health