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# HCCA Submission on The Canberra Hospital and Health Services – Standard Operating Procedure: Multiple Chemical Sensitivities (MCS) – Care of Patients

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# **Background**

The **Health Care Consumers' Association (HCCA) of the ACT** was formed over 30 years ago to provide a voice for consumers on local health issues and now provides opportunities for health care consumers in the ACT to participate in all levels of health service planning, policy development and decision making.

HCCA involves consumers through:

- consumer representation
- consultations
- training in health rights and navigating the health system
- community forums
- information sessions about health services
- advocating for issues of concern to consumers

The HCCA is dedicated to the promotion of consumer-centred health care, which we believe can be successfully achieved through the application of five key principles:

- 1. Respect
- 2. Choice and empowerment
- 3. Consumer involvement in health policy
- 4. Access and support
- 5. Information

Our submission is strongly based on the values of these principles and was developed in consultation with our members, in particular with Alexa McLaughlin, who has valuable knowledge and experience in this area.

The HCCA welcomes the opportunity to provide feedback on the *Canberra Hospital* and *Health Services SOP for MCS – Care of Patients*. We acknowledge the importance of providing quality patient-centred care to individuals living with MCS and commend the Canberra Hospital and ACT Health on the lengths that have been taken to realise this goal.

HCCA would like to congratulate the Canberra Hospital on developing an SOP that clearly demonstrates a commitment to providing quality patient-centred care, which is reflected throughout all sections of the SOP. In particular, there is clear evidence

of effective communication with MCS patients, opportunities for patients to participate in their own health care and to provide feedback on the services they receive. This submission includes some suggestions we feel would further enhance the effectiveness of the SOP. To facilitate implementation, we enclose a revised version which incorporates these proposals.

#### Introduction

HCCA understands that patients with MCS often become frustrated with health care providers as a result of poor communication and a lack of understanding. This frustration is often experienced by clinicians as well. This can lead to scepticism and a failure to acknowledge, to the patients' satisfaction, the difficulties and distress caused by MCS. The new SOP for MCS patient care reflects a significant advancement towards developing awareness, sensitivity and respect for the needs of MCS patients<sup>1</sup>; this commitment could be more clearly stated in the SOP. A gesture of this nature would contribute greatly to improving the relationship between ACT health services and MCS patients, as it demonstrates respect for the individuals' condition and needs, in accordance with the Australian Charter for Heath Care Rights.

The Victorian Department of Health has included in their guidelines for MCS patient care a statement that explicitly recognises the significant distress and impairment caused by MCS and the importance of addressing the needs of MCS patients with respect and compassion.<sup>2</sup> HCCA suggests that a similar statement could be included in the first part of this SOP, in order to clearly demonstrate the commitment by The Canberra Hospital and Health Services to building mutual understanding and trust with individuals living with MCS.

## Scope

It may be worth considering extending the SOP to include strategies for MCS patient transport to hospital if required. In addition, MCS patients may require transport to other areas of the hospital, depending on the treatment they require. As such, they would need to have a path through the hospital containing minimal incitants. It may be worth advising cleaning staff to use appropriate cleaning products in areas through which the patient would be likely to be transported.

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<sup>&</sup>lt;sup>1</sup> "Multiple Chemical Sensitivity Syndrome (MCS), Appendix B – Southwest Community Health System Policy Guideline." 2006. National Institute of Building Sciences <a href="http://www.access-board.gov/research/ieq/rooms/app">http://www.access-board.gov/research/ieq/rooms/app</a> b.cfm> (accessed 13 April 2012).

<sup>&</sup>lt;sup>2</sup> "Multiple Chemical Sensitivity – a Guide for Victorian Hospitals". 2011. *Victorian Government, Department of Health* 1.

#### Pre-Admission/ On-Admission

HCCA is pleased to see the extensive communication with MCS patients that has been incorporated into this section. In accordance with the principles of consumercentred health care, we believe that open channels of communication are an essential aspect of health care provision and facilitate better health outcomes. Moreover, it is clear that efforts have been made to ensure that individual patient care plans will be developed in close consultation with the patient, providing them with the opportunity to participate in their health care. We also note that the Plan of Care will be offered to patients and family members, which is an excellent means of facilitating feedback and ensuring that MCS patients are made aware of the strategies being put in place for their safety.

HCCA also believes it is important to reassure patients that every effort will be made to minimise the chance of triggering an allergic reaction. We would also like to refer to the Victorian guidelines for MCS patient Care, which highlight the importance of becoming familiar with the patient and their condition so that the patient feels confident that their needs will be met. This applies to all members of the patients' medical team, especially doctors. An emphasis on patient-practitioner relationships is particularly important in this instance in order to reduce the frustration and mistrust often experienced by MCS patients and their medical teams.

# **Emergency Admissions**

It may be worth noting in this section that, as soon as possible, the MCS patient should be consulted regarding their condition in order to identify any further steps that could be taken for their ongoing care.

# **Ongoing Requirements**

The HCCA welcomes the inclusion of the wide range of hospital staff in addressing the patients' needs and the clear designation of responsibilities. However, we strongly recommend that the SOP includes an explicit reference to the responsibility of physicians in meeting the needs of MCS patients, as they also play a vital role in the provision of care and contribute significantly to the patients' overall experience with the hospital.

It may also be worth considering the possible role of social services for both psychological support as well as discharge planning, as is suggested in the National Institute of Building Sciences recommendations for MCS patient care.<sup>3</sup>

## **Evaluation**

<sup>&</sup>lt;sup>3</sup> "Multiple Chemical Sensitivity Syndrome (MCS), Appendix B – Southwest Community Health System Policy Guideline." 2006. National Institute of Building Sciences <a href="http://www.access-board.gov/research/ieg/rooms/app">http://www.access-board.gov/research/ieg/rooms/app</a> b.cfm> (accessed 13 April 2012).

HCCA strongly supports the inclusion of patient feedback as an outcome measure in this section. This is a fundamental aspect of consumer-centred health care and will facilitate the further improvement of mutual understanding with MCS patients. It will also be important to ensure that clear strategies are put in place for this feedback to be acted upon efficiently and effectively.

## Review

HCCA understands that this SOP is likely to be reviewed in the next twelve months, providing another opportunity to address the issues discussed above.