

**LA Patient and  
Nursing Advocacy**

**PNA**

# **PROCEEDINGS**



## **REPORTING PERIOD**

**January 1 through December 31**

**2004**



<b>1. PREFACE .....</b>	<b>3</b>
<b>2. ABOUT THE PNA.....</b>	<b>4</b>
A) GENERAL INFORMATION .....	4
B) ORGANIZATION .....	4
C) STAFFING SITUATION .....	5
D) STAFF CHANGES .....	6
E) OUR DUTIES AND RESPONSIBILITIES .....	7
F) WORKING PARTY OF PATIENT ADVOCATES .....	8
G) 10 YEARS LA PATIENT AND NURSING ADVOCACY .....	8
<b>3. OUR MISSION STATEMENT .....</b>	<b>12</b>
<b>4. BUSINESS CASES .....</b>	<b>13</b>
A) DISTRIBUTION OF BUSINESS CASES COMPARED TO PREVIOUS YEAR. ....	15
B) LOWER AUSTRIAN HOSPITALS .....	17
C) DEVELOPMENT DURING THE LAST 4 YEARS IN LOWER AUSTRIAN HOSPITALS .....	19
D) THE 3 HOSPITALS WITH THE LOWEST FREQUENCY OF COMPLAINTS .....	20
E) DISTRIBUTION OF HOSPITAL COMPLAINTS AMONG PARTICULAR SPECIALIST AREAS .....	21
F) DISTRIBUTION OF SPECIALIST AREAS COMPARED TO PREVIOUS YEAR.....	22
G) DISTRIBUTION AMONG OFFICE-BASED PHYSICIANS.....	23
H) DISTRIBUTION OF COMPLAINTS AMONG OFFICE-BASED PHYSICIANS COMPARED TO PREVIOUS YEAR 24	
<b>5. RESULTS .....</b>	<b>25</b>
A) DAMAGES .....	25
B) PATIENT COMPENSATION FUND .....	26
C) MEDICAL TREATMENT ERRORS IN 2004.....	27
D) RESULTS OF ARBITRATION BOARDS .....	29
E) RESULTS DIRECTLY ACHIEVED WITH LIABILITY INSURANCE COMPANIES .....	31
F) NUMBER OF DISCUSSIONS AT THE ARBITRATION BOARD OF THE CHAMBER OF PHYSICIANS .....	34
<b>6. COMMUNICATION AND INTERACTION.....</b>	<b>35</b>
A) TELEPHONE CALLS.....	35
B) NUMBER OF DISCUSSIONS WITH PATIENTS OR RELATIVES .....	36
C) MEDIA WORK .....	38
D) LECTURES .....	39
E) HOMEPAGE .....	40
<b>7. EVENTS – PROJECTS.....</b>	<b>42</b>
A) ETHICS FORUM LOWER AUSTRIA .....	42
B) NETWORK – PATIENT OMBUDS OFFICES .....	45

## 1. PREFACE

*„Ich weiß nicht, ob es besser wird,  
wenn es anders wird.  
Aber es muss anders werden,  
wenn es besser werden soll!“*

Georg Christoph Lichtenberg  
*(I do not know whether it will improve, if it changes.  
But it has to change, if it is supposed to improve!)*

The above quotation by Lichtenberg describes the basic attitude of the Patient Advocacy in the eventful year 2004: a fearless and unemotional reflection on and a cooperation for necessary reforms.

This year was characterized by the discussions and preparations for a comprehensive healthcare reform. The Lower Austrian Patient Advocacy was intensely involved in the preliminary work. Our **special thanks go to the Federal Minister, Mrs. Rauch-Kallat**, and her staff, who always tried for an open and active approach and the best possible implementation of the Patient Advocacy's proposals.

In addition to a participation in many working groups on a federal level, this involvement of the Lower Austrian Patient Advocacy was also reflected by the fact that I got the opportunity to play an active role as a speaker in three health dialogues. Thus I could bring in my experience and put forward my demands as a Patient Advocate and Representative in three presentations concerning the subject areas "Patient Orientation", "Quality" und "Health Agencies".

These demands have fallen on fertile ground, which is not only reflected in the new Health Quality Law (with this law also my demand for a new patient right with regard to the transparency of quality data has been implemented), but also in the completely new and strong structural integration of the patient advocacies in the newly created Health Commission (unique in Europe with voting right) and the Regional Health Platforms.

Therefore, I am looking ahead quite optimistically, though I am aware that the actual work of the detailed implementation of the healthcare reform is still impending and the patient advocacy has received a new responsibility for the overall system.



Yours,  
Dr. Gerald Bachinger  
LA Patient and Nursing Advocacy

## **2. ABOUT THE PNA**

This report should be considered as a continuation of the Proceedings provided as of 2000.

### **a) General information**

The Lower Austrian (LA) Patient and Nursing Advocacy was established in 1994. On July 1, 1994 Dr. Richard Wandl began his function as LA Patient and Nursing Advocate. Dr. Gerald Bachinger was appointed as a Patient and Nursing Advocate by the Provincial Government of Lower Austria as of October 1, 1999.

The new office of the LA Patient and Nursing Advocacy has been located in 3109 St. Pölten, Gate to the Landhaus, Rennbahnstraße 29, Glass Cube since October 2002.

### **b) Organization**

The LA Patient and Nursing Advocacy is an organ of the Province of Lower Austria. Its decisions are not bound by instructions and it is subject to the obligation of secrecy.

The responsible regional and municipal organs, as well as the hospital and nursing home staff members have to support the LA Patient and Nursing Advocacy in the performance of its duties and responsibilities and are obliged to transmit reports and statements on request, to allow access to records and to provide information.

Their legal obligation of secrecy is not effective in relation to the LA Patient and Nursing Advocacy.

## **c) Staffing Situation**

### **Permanent staff:**

**wHr (True Privy Councilor )**

**Dr. Gerald Bachinger, Jurist**

Patient and Nursing Advocate

**wHr (True Privy Councilor)**

**Dr. Alexander Ortel, Physician**

Deputy Patient and Nursing Advocate

**Martin Kräftner, Registered Nurse**

Nursing/Management

**Maria Prügl**

Office Manager

**Klaudia Rottensteiner,**

**Registered Social Worker**

(currently on maternity leave)

**Marion Schmidt (25 hrs)**

Administrator



**Front row, left to right:**

Jahn, Bachinger, Aigner

**Back row, left to right:**

Steindl, Ortel, Schmidt, Prunbauer, Prügl, Kräftner

Our permanent staff is temporarily supported by the following colleagues :

**Isabella Aigner**

Administrator

**Mrs. Belinda Jahn, Master of Law (20 hrs)**

Legal research

**Michael Prunbauer, Cand. jur. (20 hrs)**

Legal research

**Berta Steindl**

Social work interests (Substitute for Mrs. Rottensteiner)



Teamwork is of particular importance to us. The results we achieved in the last few years were for the most part only possible because we utilized and involved the interdisciplinary skills and experience of each of our staff members.

## **d) Staff Changes**

Mrs. **Ingrid Jez, Master of Law** worked with us for two years and has been attending her court traineeship in Vienna since August 1, 2004.

Mr. **Michael Prunbauer** has been working with us since September 1, 2004 with a 20 hours per week contract.



He is completing the last part of his legal studies and has chosen medical law as his major. He is Ambulance Officer and Emergency Medical Dispatcher of LEBIG. His main focus is on cooperation in legal problems, requests and complaints with regard to the Rescue Service, and support of the network Ombuds Offices and the Ethics Forum Lower Austria.

Mrs. **Klaudia Rottensteiner** has been on maternity leave since October 28, 2004. During her absence she is substituted by Mrs. Berta Steindl.



Mrs. **Berta Steindl** has been working at the Patient and Nursing Advocacy as a maternity leave substitute since October 25, 2004. She is a student in the 6<sup>th</sup> semester of her diploma studies for Social Work at the University of Applied Sciences in St. Pölten. Her main focus is on phone contacts with people seeking advice and on handling of complaints.

## **e) Our Duties and Responsibilities**

The duties and responsibilities of the LA Patient and Nursing Advocacy include the assurance of the protection of the rights and interests of the patients and the people in need of care in hospitals, nursing and retirement homes located in Lower Austria. Apart from this core area we deal with complaints related to the entire healthcare and social system.

**Our activities includes** (see also Mission Statement p. 12):

- ✓ Information and consultation concerning patient rights in Lower Austria
- ✓ Mediation in a wide variety of requests
- ✓ Clarification of complaints
- ✓ Extrajudicial representation in damage events.

Since 2000 one of our main focal points has been on the contribution to the structural and organizational area of the healthcare and social system. An integration of the Patient Advocacy's experience and perceptions is possible through a cooperation in different decision making committees of the Province of Lower Austria and the Federal Republic:

- ✓ as member of the Regional Health Council for Lower Austria
- ✓ as member of the LA Quality Assurance Commission
- ✓ as member of the LA Ethics Commission.

As current spokesman of the Working Party of Austrian Patient Advocates, Dr. Bachinger is also involved in the following decision making and advisory boards on a federal level:

- ✓ as advisory member of the Federal Structural Commission

A further main focus is on the administration and support of the Patient Compensation Fund, which belongs to the scope of responsibilities of the PNA as of the middle of 2001. We prepare separate proceedings with regard to this fund every year.

## **f) Working Party of Patient Advocates**

The experiences of the Patient Advocacies in the other Federal Provinces and in Lower Austria are shared throughout Austria.

The Working Party of the Patient Advocates, which includes all patient advocacies, holds a meeting in a different Federal Province at least twice a year. This year the meetings took place in Upper Austria and Carinthia. This year Dr. Bachinger was unanimously re-elected as a spokesman of the Working Party of the Austrian Patient Advocates.

## **g) 10 Years LA Patient and Nursing Advocacy**

On September 22, 2004 we celebrated our 10th anniversary in the Lower Austrian Government Hall. We presented the variety of our working fields and thus, in a manner of speaking, gave the opportunity to “see behind the scenes”.

A lot of guests gave us the honor of attending.

Among our guests were Deputy State Governor Mrs. Liese Prokop and District Governor Mr. Emil Schabl.

The event was introduced by a film produced by the PNA itself.

After the address of welcome by District Governor Mr. Emil Schnabl and the ceremonial speech by Deputy State Governor Mrs. Liese Prokop, Univ.Lector Dr. Michael Peintinger gave a ceremonial lecture entitled “From the silence of the lambs to Viribus unitis – The therapeutic partnership in the 21<sup>st</sup> Century”.

Thereafter, Univ. Prof. DDr. Christian Kopetzki talked about “Patient protection today and tomorrow – what is the role of law?”

Finally, there was a multimedia presentation about a “Retrospective on 10 years LA Patient and Nursing Advocacy” by the staff members of the PNA, Mrs. Klaudia Rottensteiner and Mr. Martin Kräftner.

The event was moderated by Mag. Richard Grasl (Chief Editor of the Austrian Broadcasting Corporation of Lower Austria). After the event, State Governor Dr. Erwin Pröll invited all participants to a reception.

Some key data from our previous activities:

1994 to 2004: 5,077 cases were dealt with

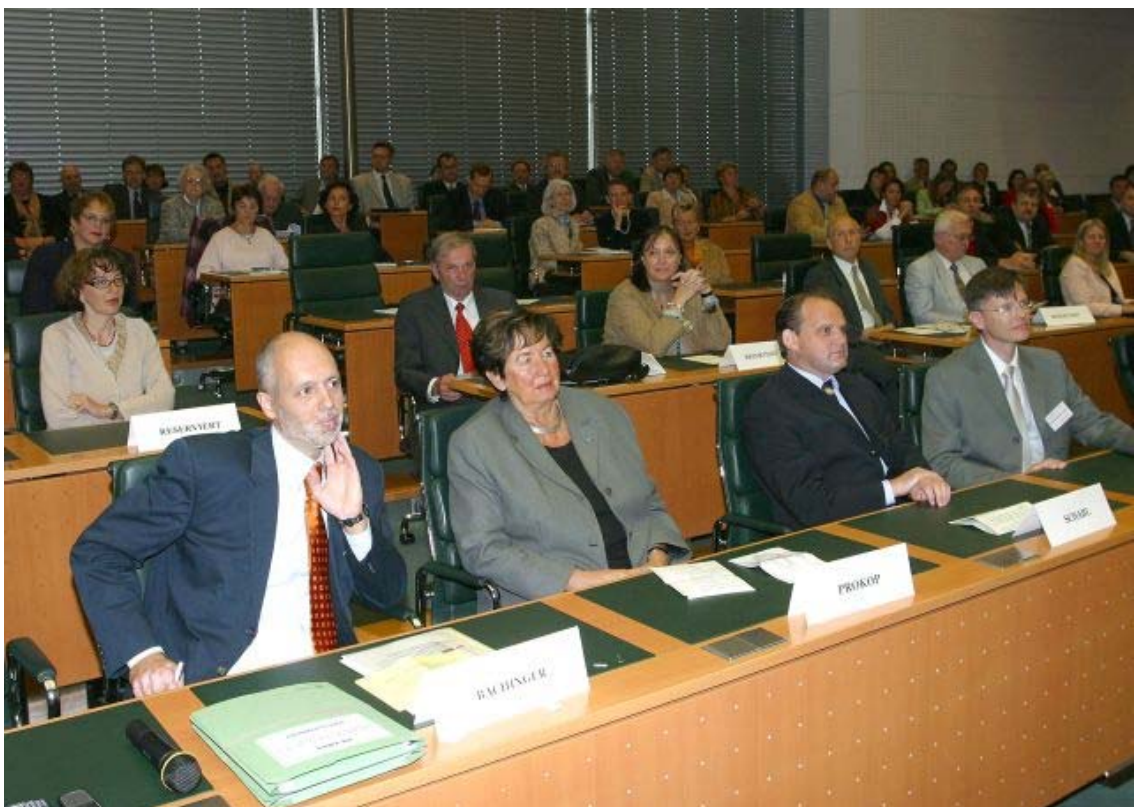
5.7 million Euro were paid to patients.

3,587 personal discussions with affected people took place.

Since 2001: our homepage has been available: [www.patientenanwalt.com](http://www.patientenanwalt.com), to which an average number of 2,300 accesses are registered each month.

In 2002: the LA Patient Compensation Fund was created, since it has been available, 128 cases were dealt with and a total amount of € 980,000.- was paid.

True to our motto, we will try to „learn from patients“ also in the future, as well as try to support and strengthen a faithful relationship between patients and healthcare professionals.





### 3. OUR MISSION STATEMENT

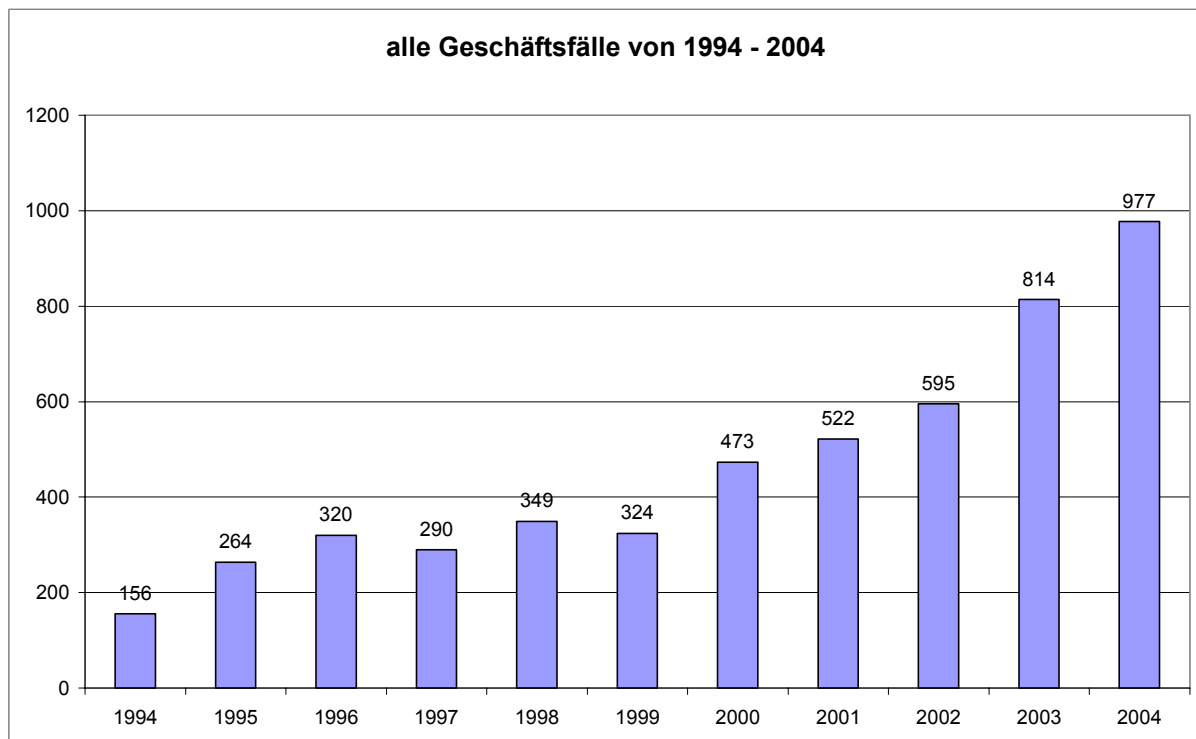
- We are the voice for patients.
- We seek for satisfactory solutions for patients and nursing homes residents; we do not search for culprits.
- We give feedback to healthcare professionals, thus enabling them to realistically evaluate their impact on patients and nursing home residents.
- We consider our feedback to healthcare and nursing institutions as a contribution to external quality assurance.
- We strive for a legal damage management, which allows all parties to regain and restrengthen trust.
- We take the patients' disappointment, grievance, aggression and agitation seriously and support them to recognize the factual and legal possibilities in their subjectively perceived situation.



## 4. BUSINESS CASES

The following graphs only include business cases which required a written input, and are also registered as written business cases; consultations, information and settlements of complaints by phone are not included here.

All business cases from 1994 to 2004



From 2003 to 2004 there was a further **increase of 20 %**.

We do not evaluate this increase as an indication of a sudden loss of quality of our healthcare or social system.

We rather believe that it is due to the fact that more and more people take their fate in their own hands and no longer tolerate and accept it without question. Moreover, there is a general public trend towards increased sensitivity and it can be observed that the population more and more actively claims its interests and needs and makes use of complaint management.

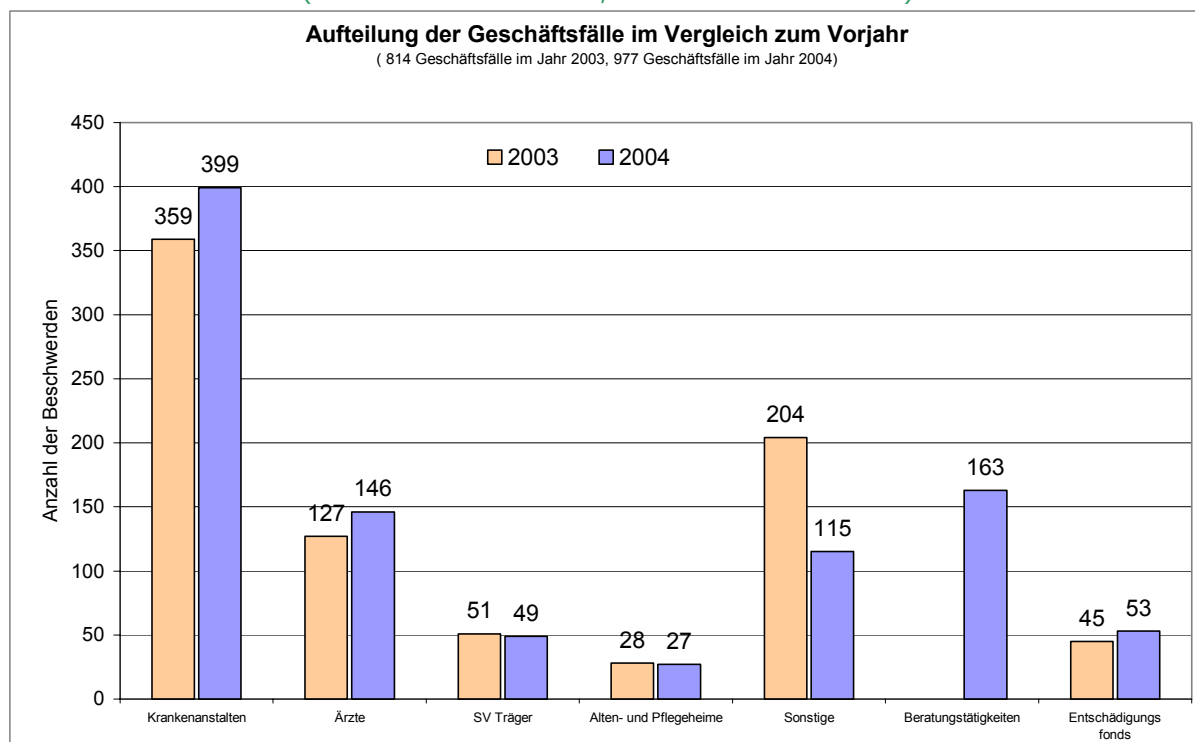
In addition, through a targeted information policy and PR work, the LA Patient and Nursing Advocacy has become more familiar to the concerned patients, nursing home residents and their relatives, which also causes an increase of complaints.

**However:** This does not create new complaints (where none are existing), but **the existing complaint potential is made visible.** Thus, we all get the opportunity to learn from the complaints in order to achieve a higher patient satisfaction in the future.

It is particularly important to us to give feedback to the concerned institutions on the experiences from these complaints. This happens by regular lectures in the hospitals and nursing homes, by reviews in brochures and articles und and by the monthly letters published on our homepage.

## a) Distribution of Business Cases Compared to Previous Year

Distribution of business cases compared to previous year  
(814 business cases in 2003, 977 business cases in 2004)



**No. of complaints**  
Hospitals/Physicians/Social Security Institutions/Nursing homes/Others/Consultations/Compensation Fund

Hospitals, i.e. both standard and special hospitals, account for the majority of complaints.

In this area we observed an 11% increase of complaints compared to the previous year.

As far as physicians are concerned, office-based general practitioners, specialists and also dentists are included. In this area, there was a 15% increase of complaints compared to the previous year (a detailed distribution among the individual specialist areas is shown on page 23).

With regard to the Social Security Institutions, most of the complaints we registered were related to the health insurance institutions. In this area we could observe a 4% reduction of complaints compared to the previous year, however.

We could also observe a 4% reduction of complaints concerning nursing homes (considering very low absolute numbers, however).

The category „Others“ includes complaints which cannot be allocated to the above mentioned areas, as well as complaints about rescue services, convalescent homes and home nursing services, and about general failings in hospitals and nursing homes.

In this category there was a 44% reduction of business cases compared to the previous year. The reason therefore is that we factored out the „Consultations“ from the category „Others“ and listed them in the new separate column „Consultations“ :

In this category all consultations performed by the LA Patient and Nursing Advocacy are recorded. Here the main focus is on information about patient’s disposals, but also on information about PEG tubes, nursing homes and nursing allowances.

At the Lower Austrian Compensation Fund there was an 18% increase of cases compared to the previous year.

More details are provided in the Proceedings of the Lower Austrian Compensation Fund.

## b) Lower Austrian Hospitals

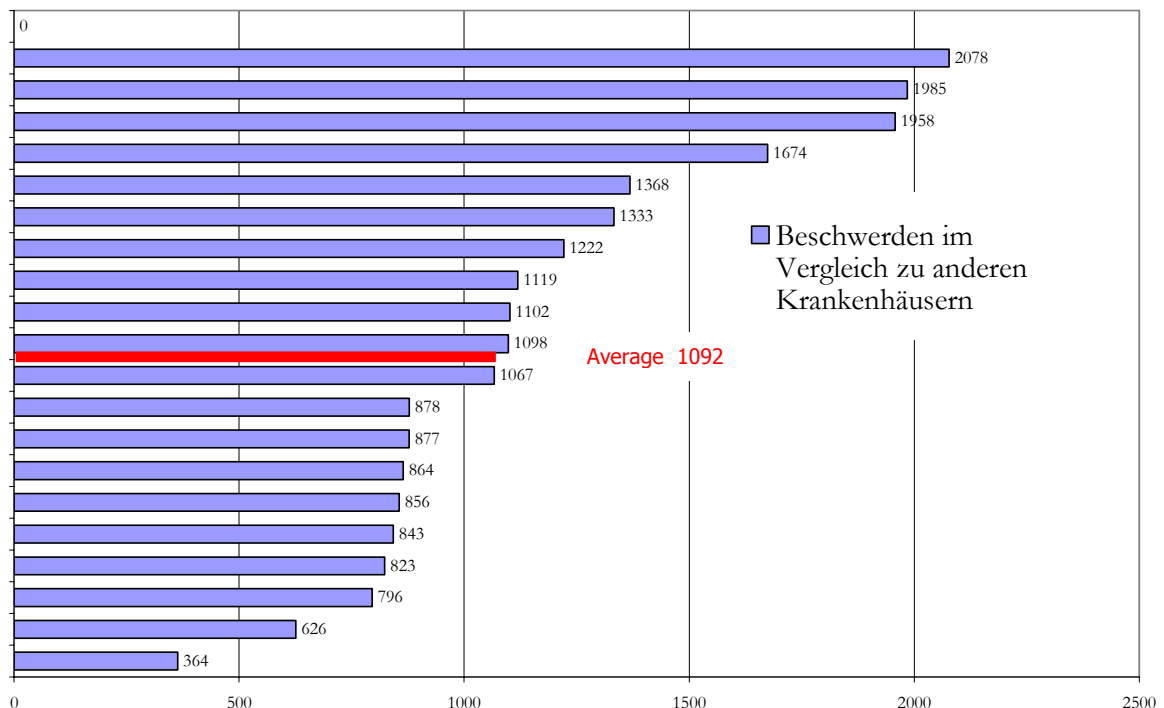
**Comparison of complaints among the individual hospitals,**  
in terms of benchmarking.

The graph below shows a comparison among the different hospitals with regard to the number of patients reporting complaints in relation to the total number of patients.

The combined average of all Lower Austrian general hospitals showed that only one from every 1,092 patients reported complaints. This clearly indicates the high patient satisfaction with the performance and services of the hospitals.

**Attention! Reading this graph it should be considered that the long bars refer to good results; the smaller the bar, the worse the result.**

**Example:** 2,078 means that in this hospital only one of every 2,078 patients reported a complaint.



Complaints compared to other hospitals

In the graph on the previous page all general hospitals of Lower Austria are included. We have not included the special hospitals Grimmenstein, LNK Gugging and LNK Mauer, since they are not comparable to general hospitals.

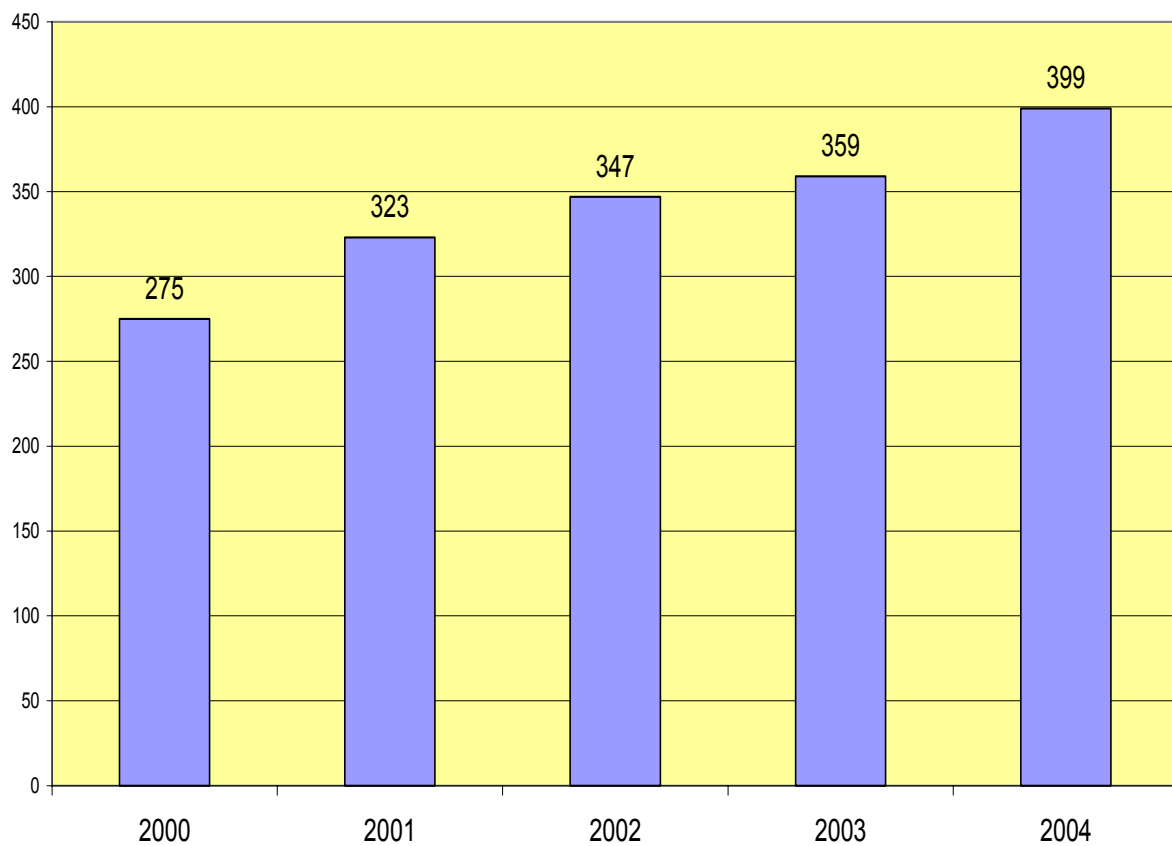
The complaints were linked to the patient frequency; these results are better comparable and more significant than those achieved by linking complaints to the number of beds.

The number of complaints showed a remarkably wide spectrum. It could be observed that in one hospital one of every 364 patients complained, whereas in other hospitals "only" one of every 2,078 patients complained or there were no complaints at all.

## c) Development during the Last 4 Years in Lower Austrian Hospitals

Number of complaints in the hospitals

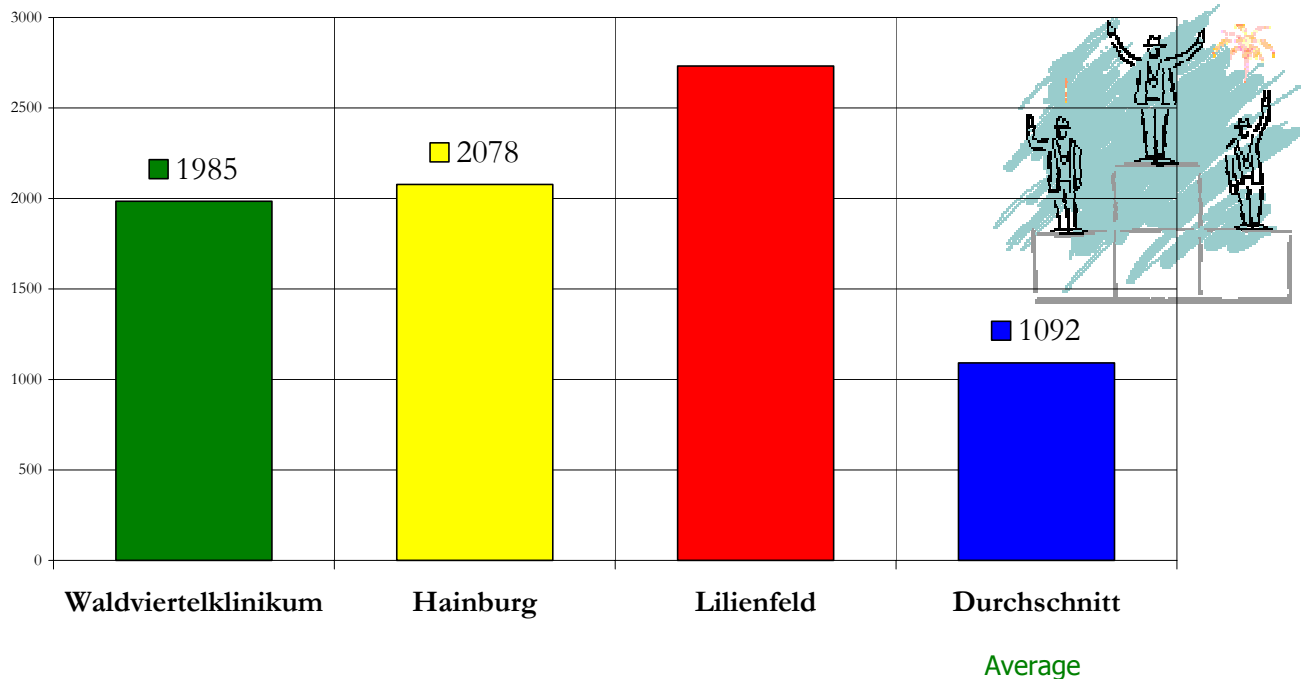
Anzahl der Beschwerden in den Krankenhäusern



## d) The 3 Hospitals with the Lowest Frequency of Complaints

The 3 hospitals with the lowest frequency of complaints in 2004

Die 3 KH im Jahr 2004 mit der geringsten Beschwerdefrequenz



Taking into account all LA hospitals (except for special hospitals), on average one of every 1,092 patients reported complaints in 2004.

Concerning the hospital of Lilienfeld we did not receive any complaint at all, in the hospital of Hainburg only one of every 2,078 patients reported a complaint and in the hospital Waldviertel Clinic only one of every 1,985 patients.

**Sincere thanks are given to all the staff members of the hospitals Lilienfeld, Hainburg and Waldviertel Clinic for their excellent commitment to their patients.**

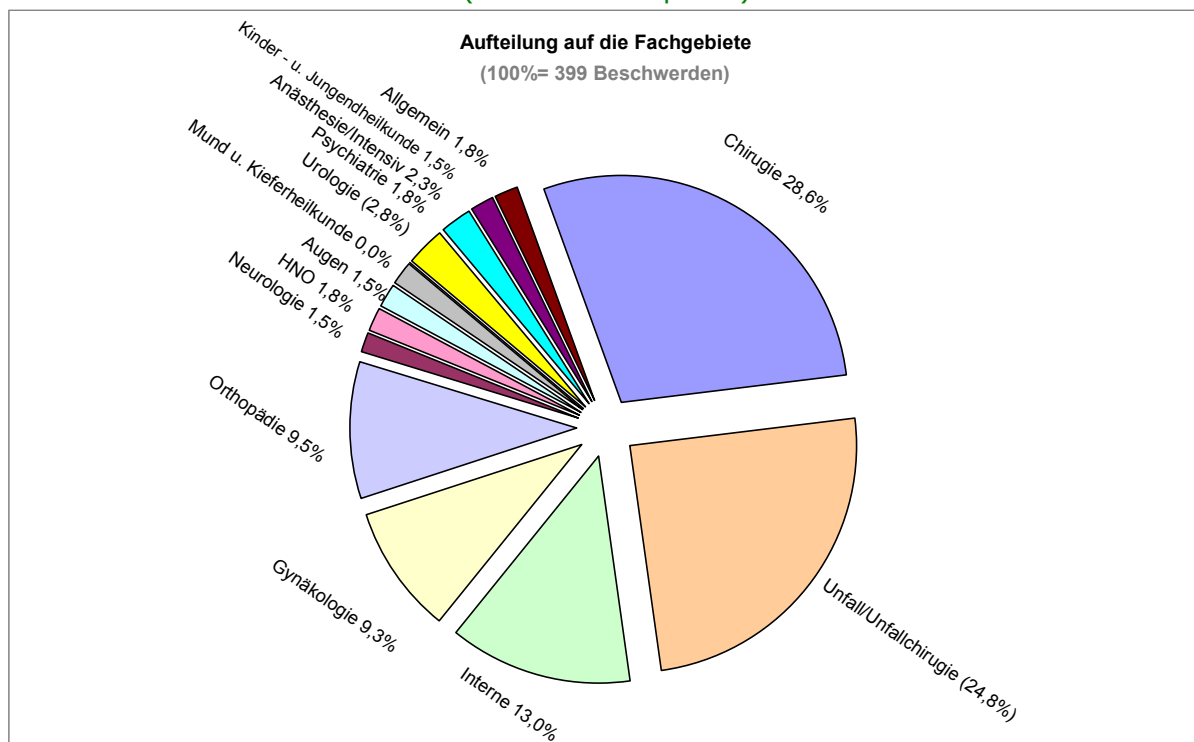
### But caution:

It would be wrong to make conclusions on the medical and nursing quality of a particular hospital only based upon the number of complaints; it would also be wrong, however, to argue that the frequency of complaints is not related to the medical or nursing quality. The truth probably lies in the middle.

**We postulate however that these frequencies of complaints demonstrate whether the complaint management of the particular hospital is patient-focused or not.**

## e) Distribution of Hospital Complaints among Particular Specialist Areas

**Distribution among specialist areas**  
(100%=339 complaints)



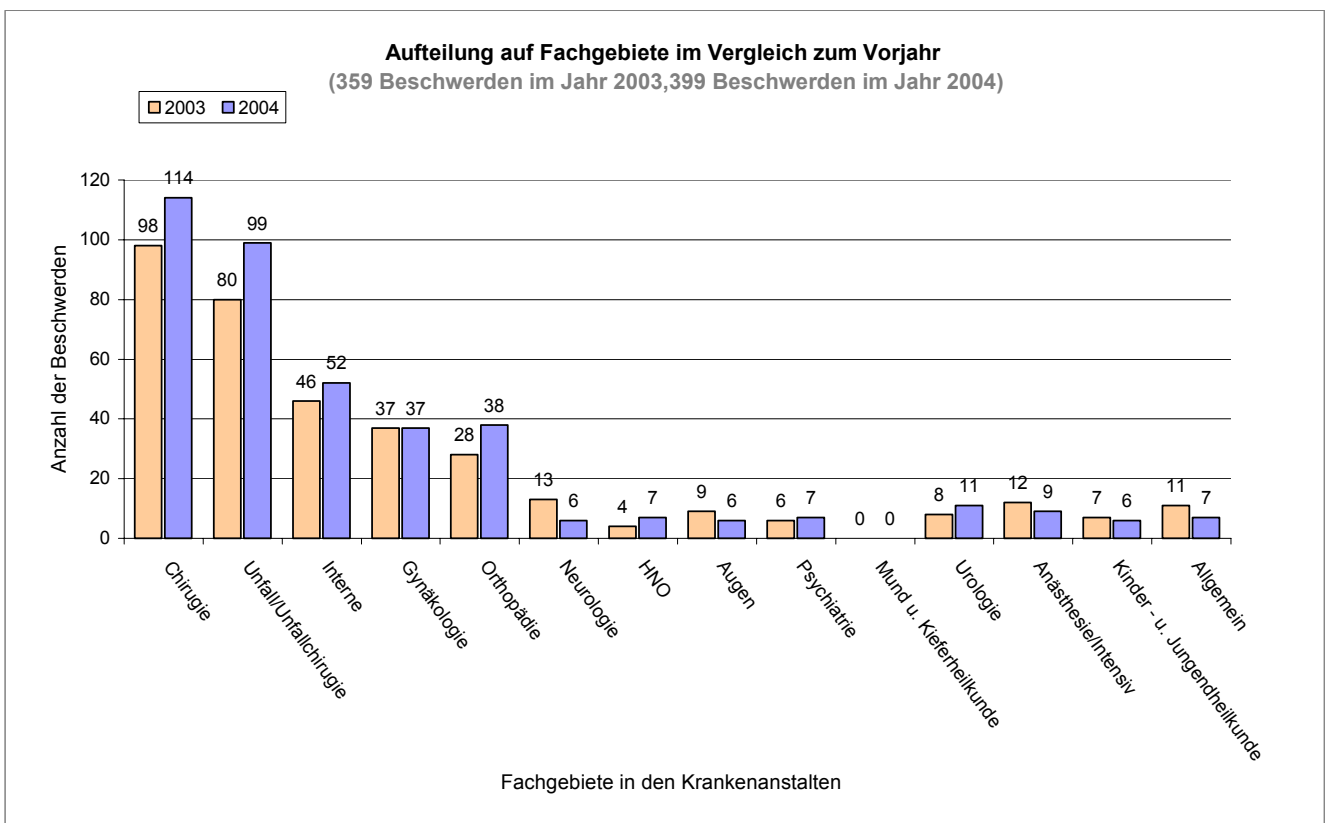
General medicine, Pediatrics, Anesthesiology/Intensive care, Psychiatry, Urology, Orodental medicine, Ophthalmology, Oropharyngeal, Neurology, Orthopedics, Gynecology, Internal medicine, Accident medicine and surgery, Surgery

In all LA hospitals together we recorded a total of 399 complaints in 2004, which corresponds to an 11% increase compared to the previous year.

The specialist areas surgery, accident surgery and internal medicine, followed by gynecology and orthopedics are front-runners (85 % of total complaints). One reason is that surgery and accident surgery are particularly risky and afflicted with complications, and that in these specialist areas a medical layperson more quickly suspects that "something is going wrong", if the therapy success fails to appear.

## f) Distribution of Specialist Areas Compared to Previous Year

Distribution of specialist areas compared to previous year  
(359 complaints in 2003, 399 complaints in 2004)



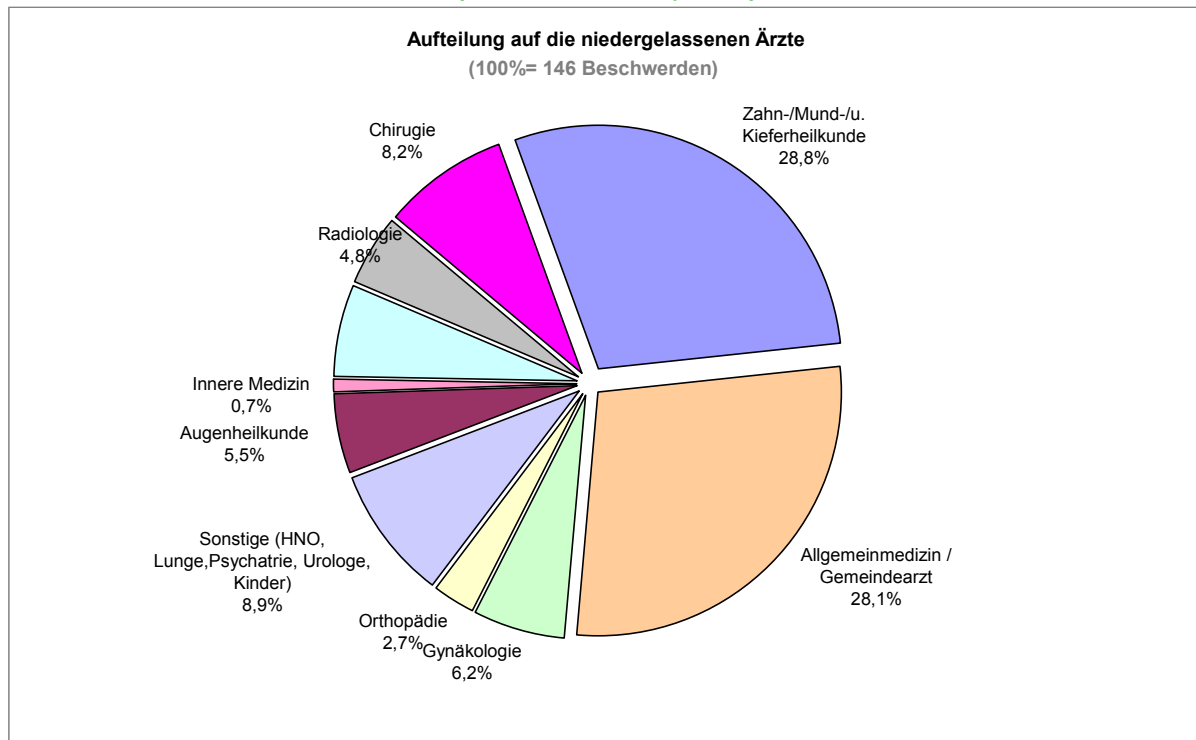
### Number of complaints

### Specialist areas in hospitals

Surgery, Accident medicine and surgery, Internal medicine, Gynecology, Orthopedics, Neurology, Oropharyngeal, Ophthalmology, Psychiatry, Oro-dental medicine, Urology, Anesthesiology/Intensive care, Pediatrics, General medicine

## g) Distribution among Office-Based Physicians

**Distribution among office-based physicians**  
(100% = 146 complaints)



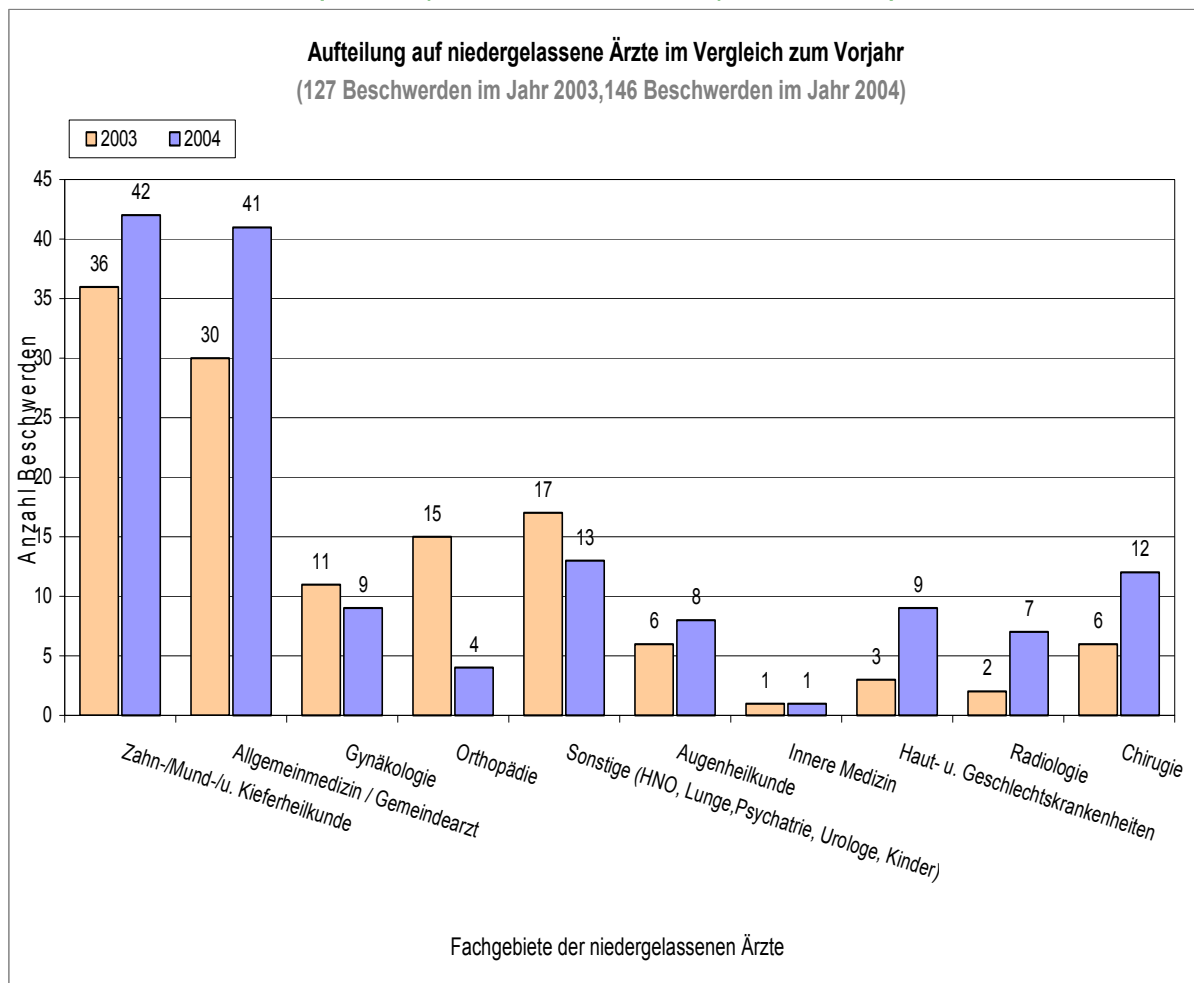
Orodental, General medicine/Community Physician, Gynecology, Orthopedics, Others (ENT, Pulmology, Psychiatry, Urology, Pediatrics), Ophthalmology, Internal medicine, Radiology, Surgery)

We registered a total of 146 complaints related to all office-based physicians in Lower Austria, which corresponds to a 15% increase. According to the LA Chamber of Physicians, Lower Austria had 2,018 general practitioners, 2,161 specialists and 584 dentists with cut-off date January 31, 2004.

The majority of complaints was related to the dentists (28.8%). The second-largest area was that of the general practitioners with 28.1%. The third-largest area was related to surgeons (8.2%).

## h) Distribution of Complaints among Office-Based Physicians Compared to Previous Year

Distribution among office-based physicians compared to previous year  
(127 complaints in 2003, 146 complaints in 2004)



Number of complaints / Office-based specialist areas  
Orodonal, General medicine/Community Physician, Gynecology, Orthopedics, Others (ENT, Pulmology, Psychiatry, Urology, Pediatrics), Ophthalmology, Internal medicine, Dermatology and Sexually transmitted diseases, Radiology, Surgery

Compared to the previous year, there was a 17% increase of complaints concerning dentists.

The second-largest area was related to the general practitioners and community physicians. In this area we had a 37% increase of complaints compared to the previous year.

## **5. RESULTS**

Clarifying the patients' requests, it is necessary to perform a comprehensive medical review in addition to an accurate legal examination; this was carried out in a competent manner in each individual case by our physician, Dr. Alexander Ortel. Also in nursing matters, it was necessary to carry out investigations; this was done in a competent manner by the registered nurse, Mr. Martin Kräftner.

Moreover, it was necessary in some cases to involve court certified experts to furnish both medical and nursing expert reports.

In 2004 a total of **109 expert reports were ordered** by the LA Patient and Nursing Advocacy.

Thus it is ensured that suspicious facts and assumptions concerning the existence of medical/nursing treatment errors are clarified. We consider it very important not only to inform the patients precisely of the result of the examination, but also to explain them in a simple and understandable manner which basic medical/nursing principles have led to this result.

### **a) Damages**

In damage events where we assumed a civil liability, we either negotiated directly with the liability insurance companies of the LA hospitals or tried to achieve compensatory damages via the arbitration board of the Chamber of Physicians for Lower Austria.

The LA Patient Advocacy closely cooperates with the arbitration board of the LA Chamber of Physicians. As can be seen from many examples, the arbitration board guarantees professionally unobjectionable, transparent, comprehensible and fair solutions both for the affected patients and for the concerned physicians.

In some damage events no compensation could be achieved for the affected patients via the arbitration board; this was the case, when e.g.

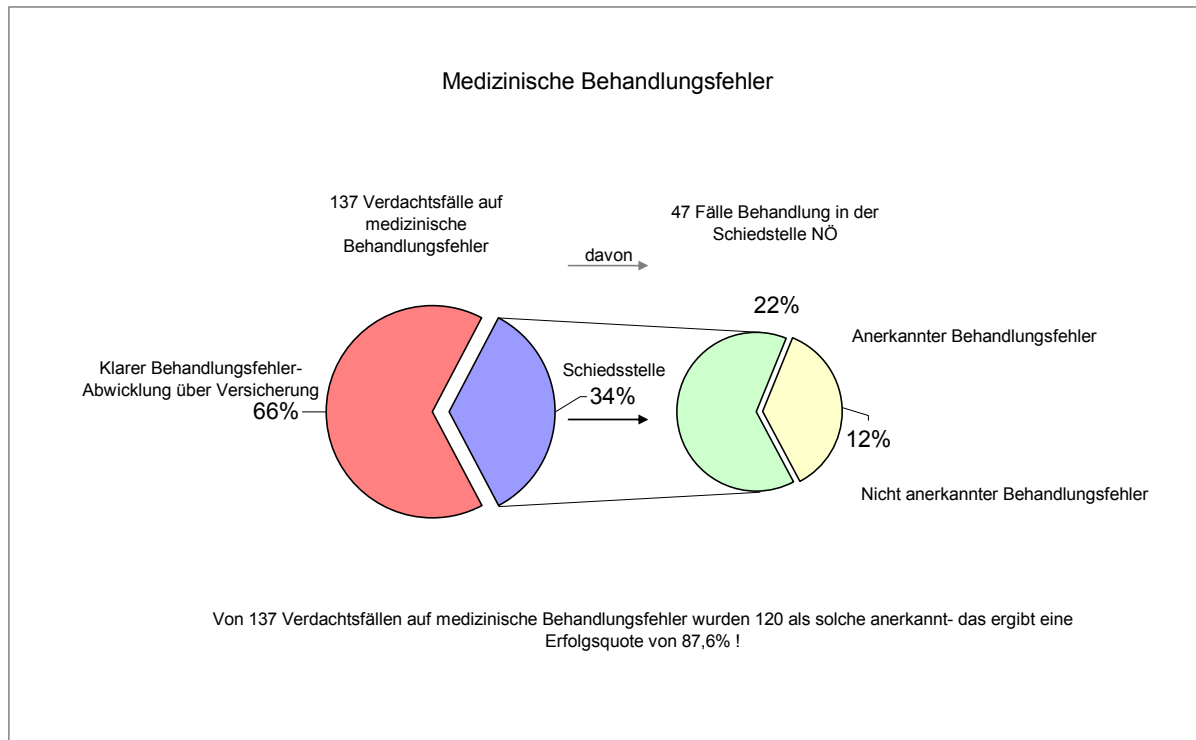
there was no treatment error, or when the arbitration board was not able to solve some difficult questions of the appraisal of evidence. We could solve most of these cases to the satisfaction of the patients in renegotiations with the liability insurance company or in intensive discussions explaining the reasons and the legal basis; only in a few exceptional cases, courts were involved.

## **b) Patient Compensation Fund**

Since 2001 it has been possible – in addition to the existing civil rights compensation model – to compensate patient damages at least partially by the LA Patient Compensation Fund. Details can be taken from the proceedings of the LA Patient Compensation Fund.

## c) Medical Treatment Errors in 2004

### Medical treatment errors



137 suspected cases of medical treatment errors, from those, 47 cases at LA Arbitration Board, 22% Acknowledged treatment errors, 12% Not acknowledged treatment errors, 34% Arbitration Board, 66% Clear treatment errors, Settlement with insurance companies

Of 137 cases with suspected medical treatment errors, 120 were acknowledged as such – this is equivalent to a success rate of 87.6%!

The chart demonstrates the route and the development of the complaints respectively, as well as their outcome, and the proportion of complaints evaluated as medical treatment errors.

Patients and their relatives reported a total of 545 complaints concerning hospitals and office-based physicians to the PNA, reasoning or assuming that from their point of view medical errors had occurred in the course of the treatment.

An examination by the PNA showed that:

**137 complaint cases** (out of 545) could be identified, in which based upon a first examination a medical treatment error was assumed or suspected.

In other words: In 408 complaint cases, a first legal or medical examination already showed that there were no indications for a

real treatment error. In these cases, other kinds of substantial errors (of course to be taken seriously) had happened, either on the level of communication or of interpersonal relations.

From these 137 suspect cases:

- a) **90** cases could clearly be understood as medical treatment errors. We directly negotiated them successfully with each particular liability insurance company and resolved them;
- b) the examination by the PNA showed in **47** cases, that there were clear indications (yet not immediately acknowledged by the liability insurance company) of the occurrence of medical treatment errors. These cases were forwarded to the arbitration board of the LA Chamber of Physicians, and **30** of these damage events were acknowledged as medical treatment errors.

**Summary:**

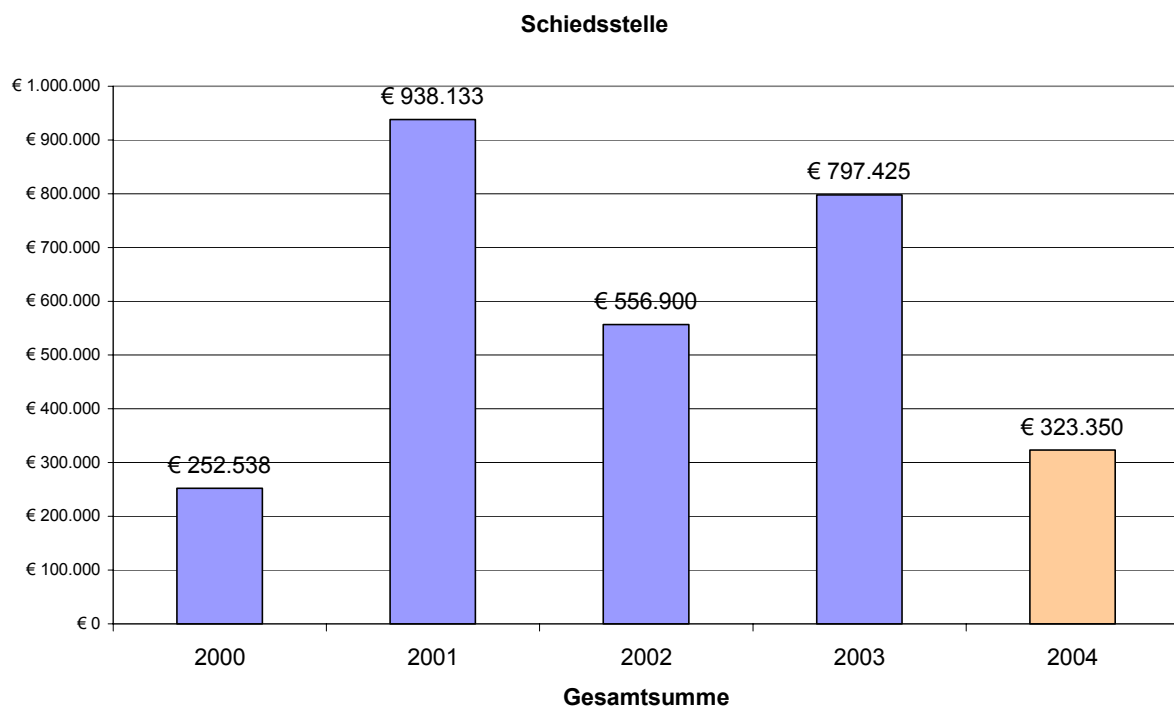
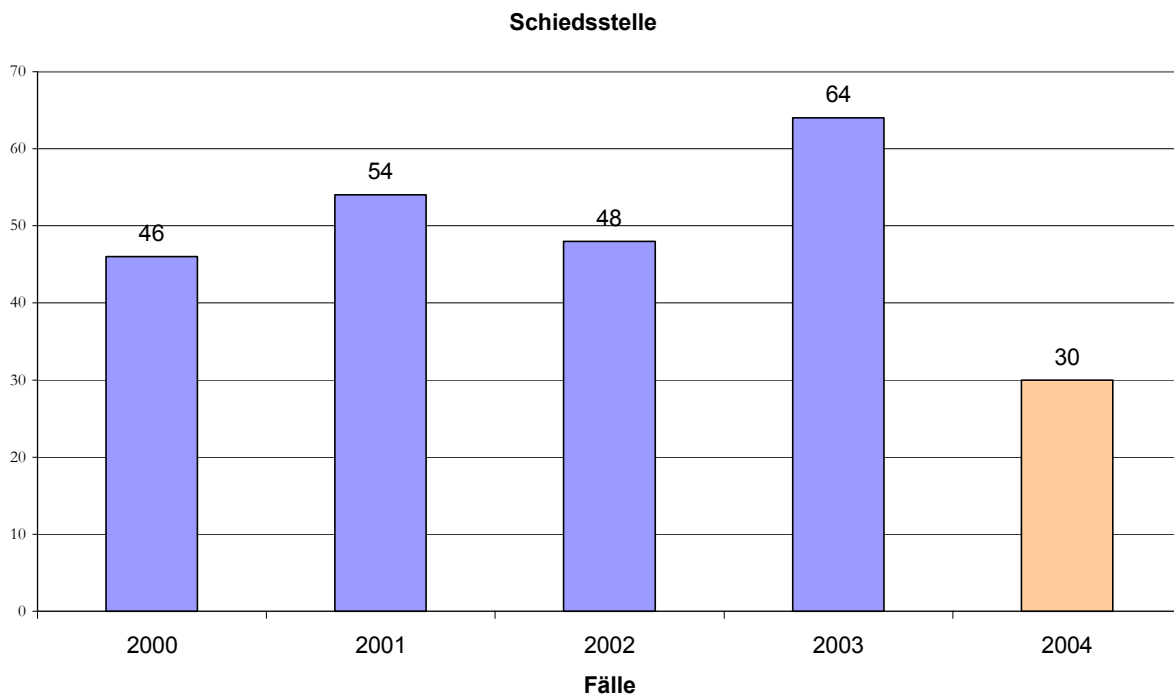
Thus, it was achieved that 90 out of 137 suspect cases could be directly acknowledged as medical treatment errors with the liability insurance companies and 30 via the arbitration board of the LA Chamber of Physicians.

This results in a number of 120 patient compensations achieved in 2004. The amounts of damages paid are listed in the following graphs.

## d) Results of Arbitrations Boards

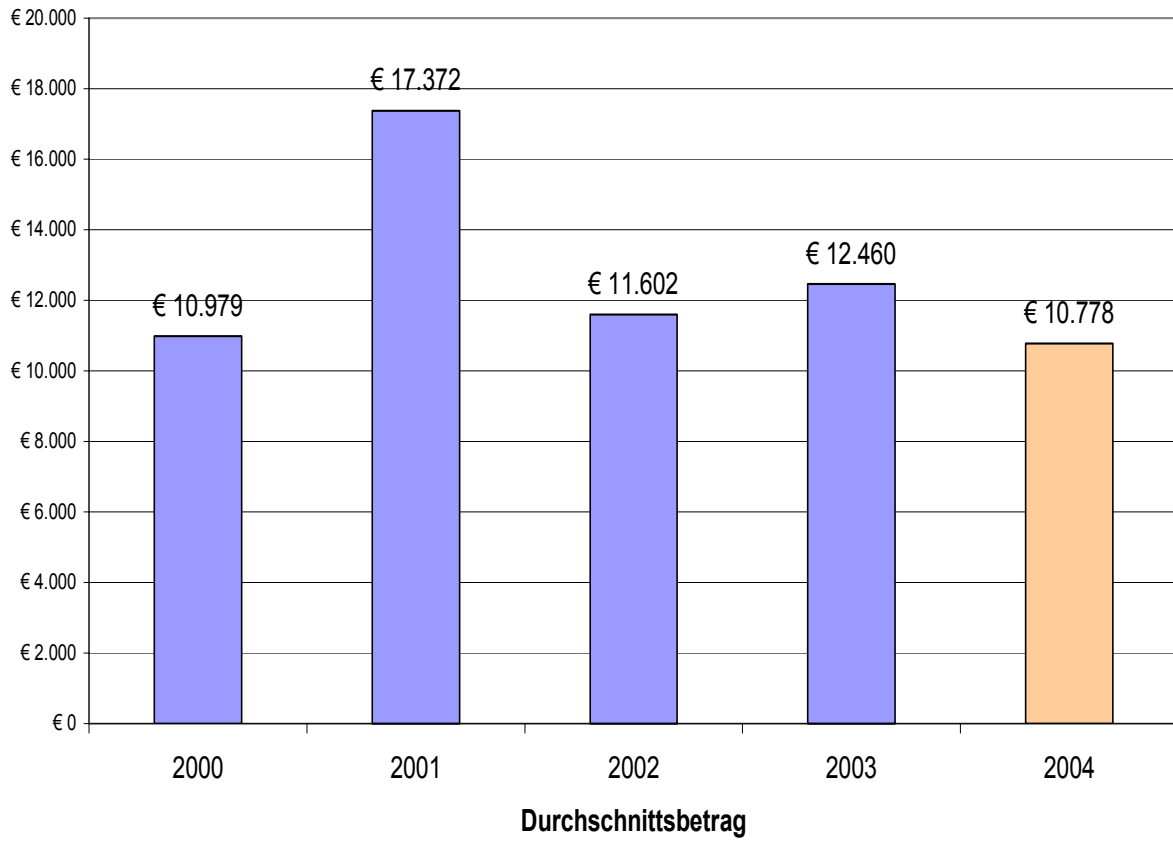
Solution proposals of the arbitration board based upon payment of damages.

Arbitration Board / Cases / Arbitration Board / Total amount



Arbitration Board / Average Amount

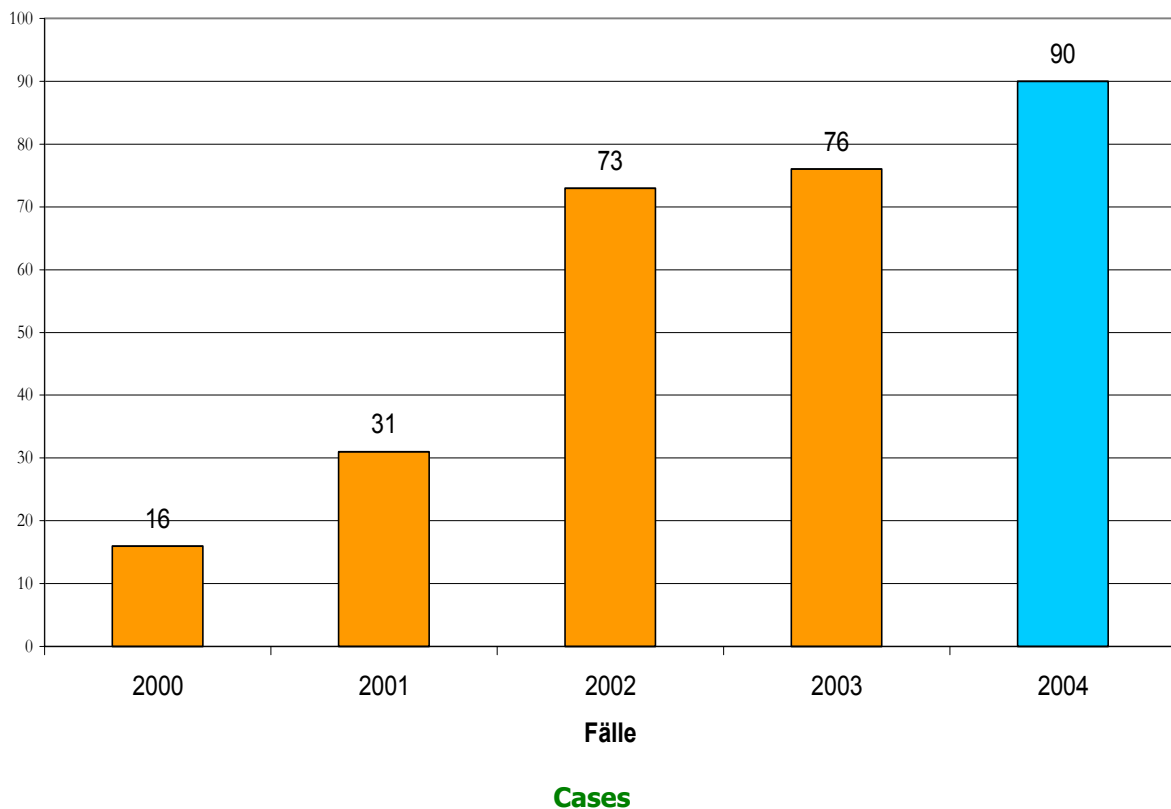
Schiedsstelle



## e) Results Directly Achieved with Liability Insurance Companies

Liability insurance companies

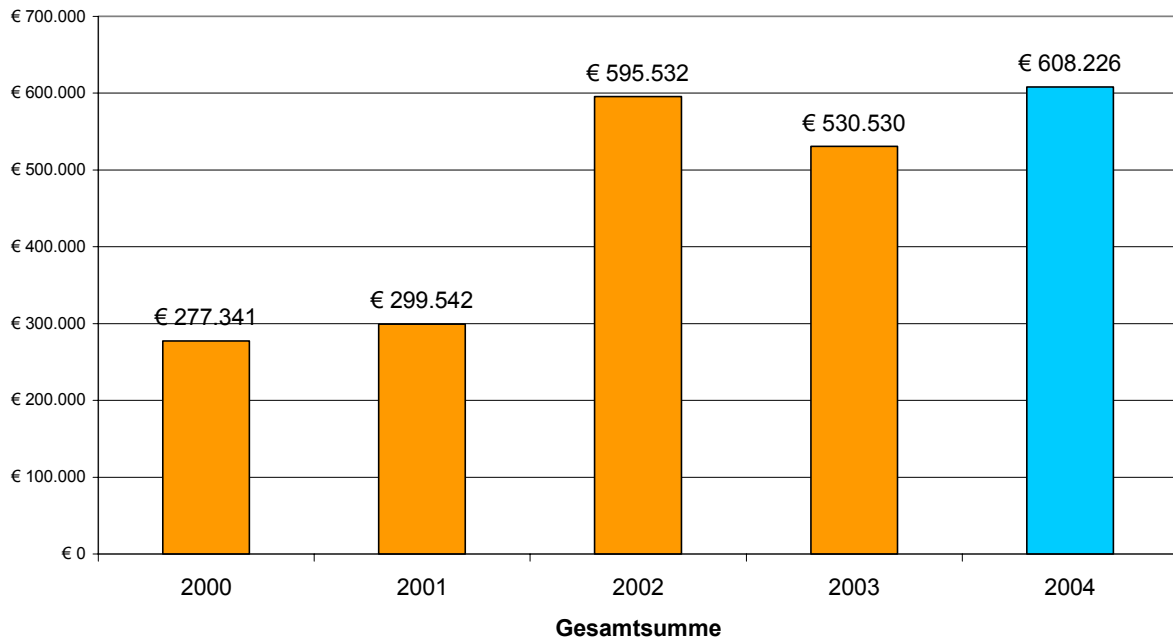
Haftpflichtversicherung



Number of compensation cases directly settled with the liability insurance companies.

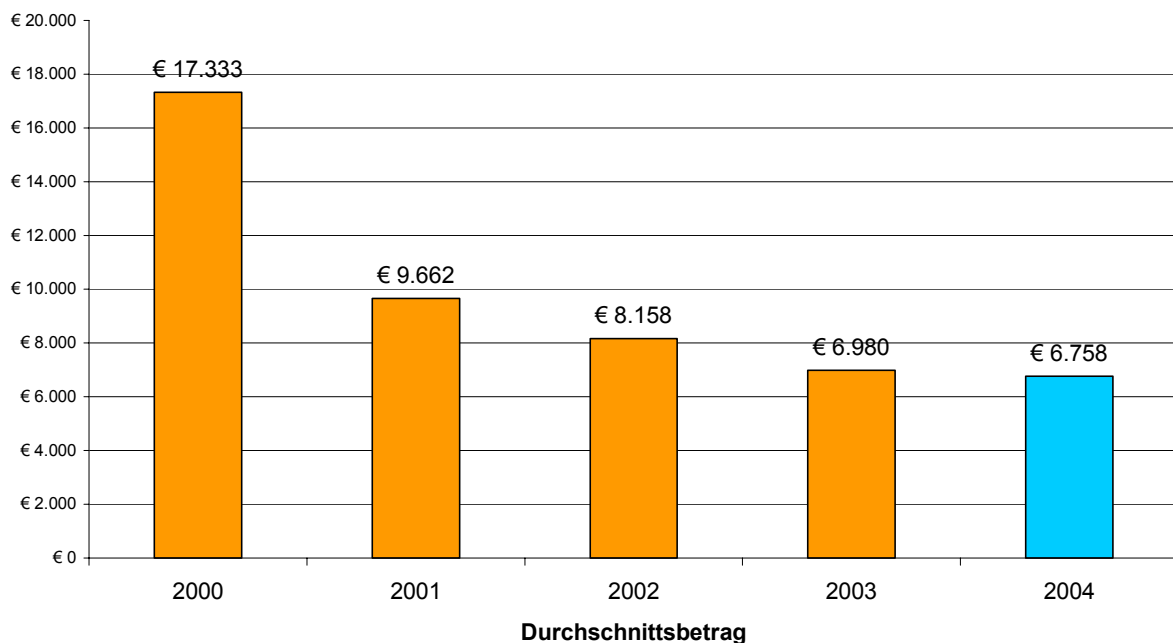
**Liability Insurance Company / Total amount**

**Haftpflichtversicherung**



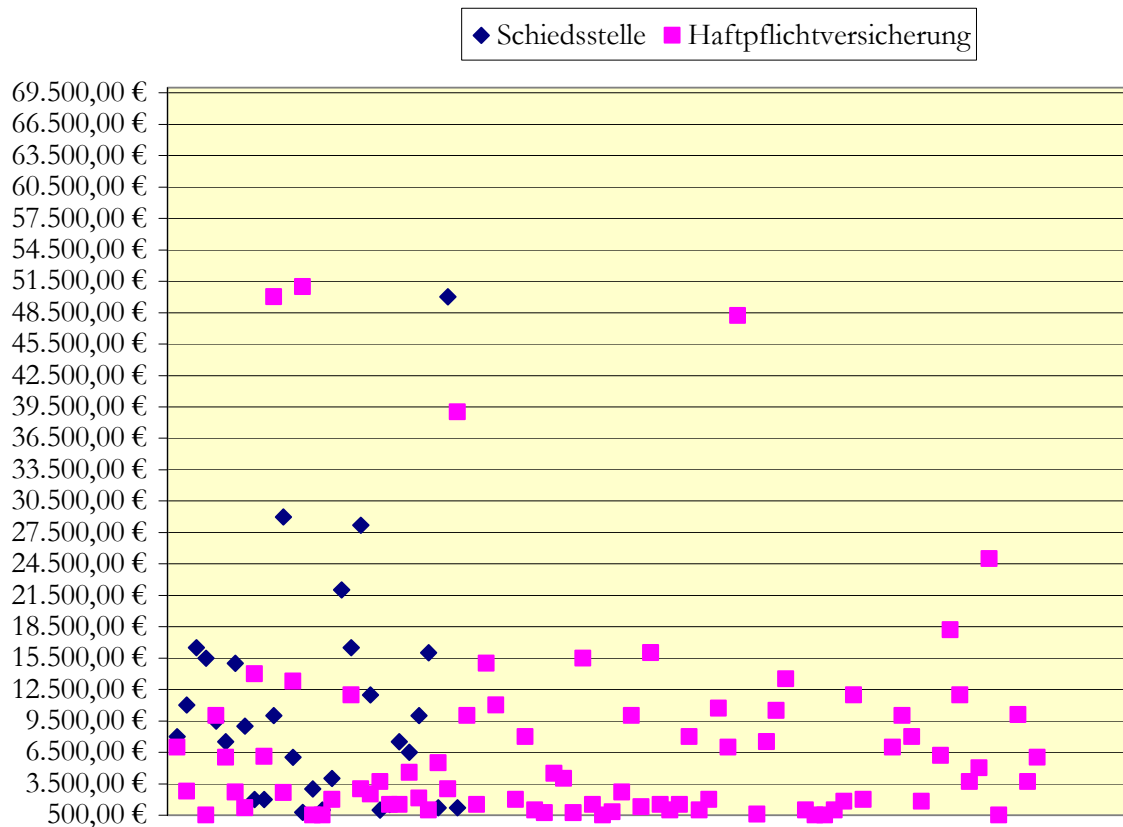
**Liability Insurance Company / Average Amount**

**Haftpflichtversicherung**



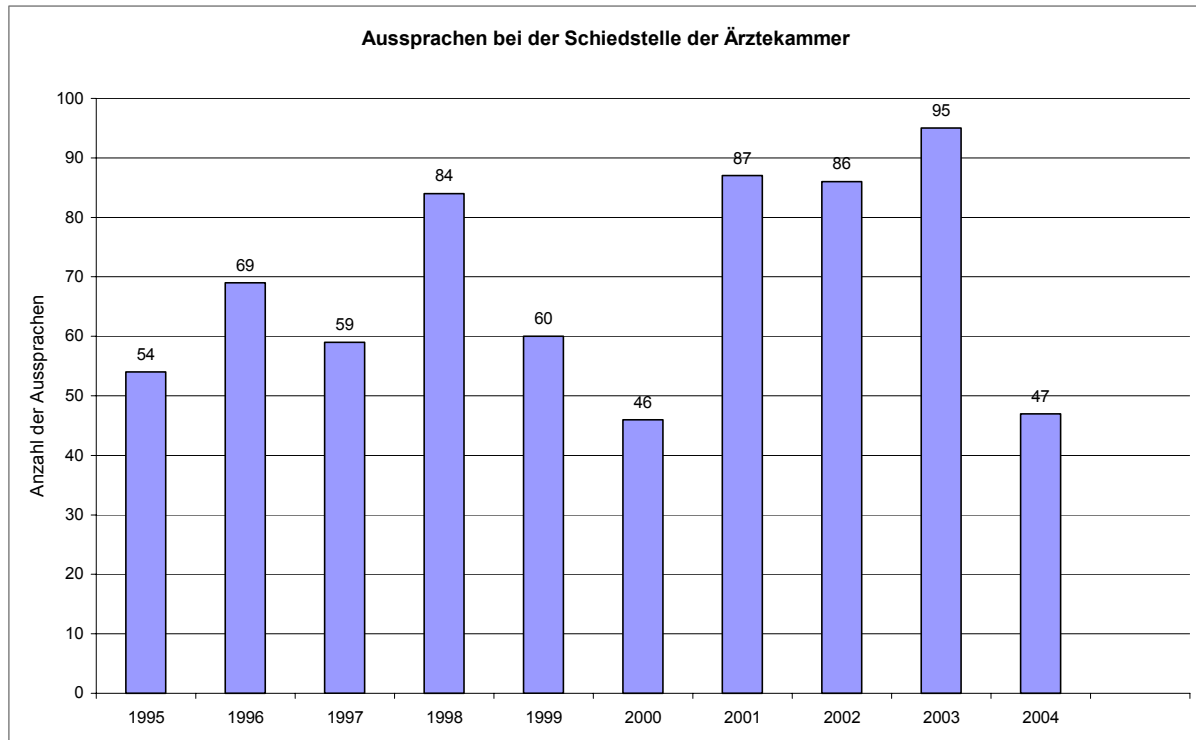
The distribution of the each of the financial compensations can be seen from the following chart. This shows that most amounts are in the range of € 20,000.- or less.

Arbitration Board / Liability Insurance Company



## f) Number of Discussions at the Arbitration Board of the Chamber of Physicians

### Discussions at the Arbitration Board of the Chamber of Physicians



In 2004, also the cooperation with the arbitration board of the Lower Austrian Chamber of Physicians went smoothly and without problems. Compared to the previous year, the number of discussions was reduced by 48.

The professionally qualified composition of the arbitration board ensures that solutions they propose usually can be accepted by all parties involved.

In some cases the Patient and Nursing Advocacy still had further negotiations with the insurance company of the hospital or the involved physician after the proposal of financial compensation by the arbitration board; in such cases the fine-tuning of the quantification of damage was primarily dealt with.

In a few single cases the patients do not agree with the proposals and take legal action. In very rare cases certain insurance companies do not accept the proposals of the arbitration board, in most of these cases their reasons are not comprehensible to us.

## 6. COMMUNICATION AND INTERACTION

### a) Telephone calls

A great deal of questions, problems and complaints could be settled immediately by direct phone communication with the involved persons.

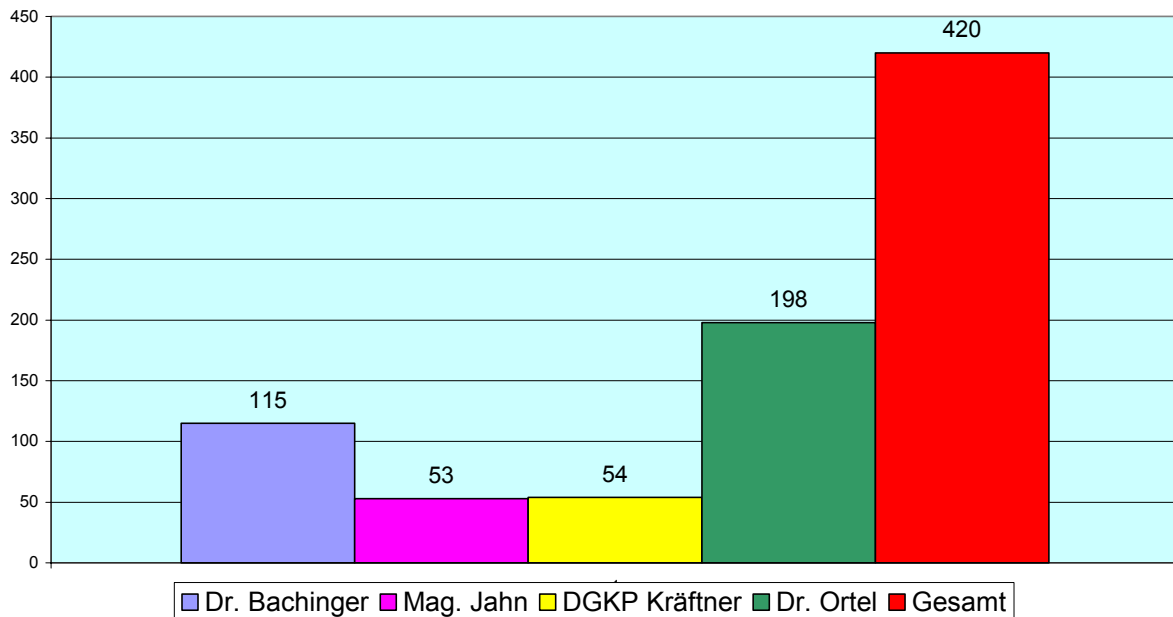


We had an average of **700 phone phone calls per month.**

## b) Number of discussions with patients or relatives

Personal discussions in 2004

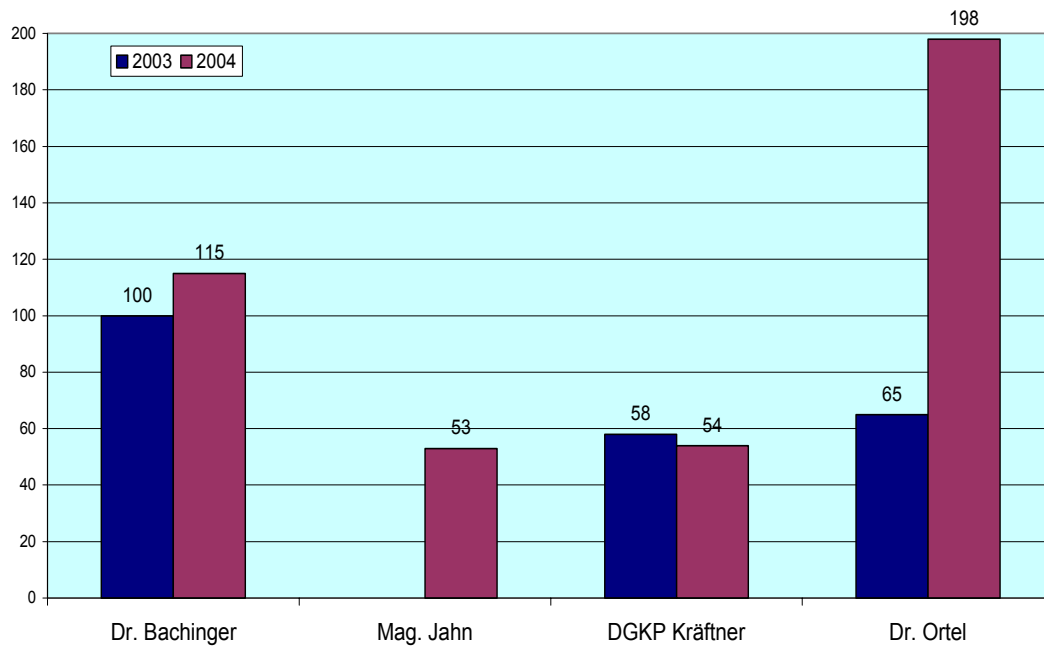
Persönliche Besprechungen im Jahre 2004



We attach great importance to the personal contact with the patients and their relatives, respectively. Only in a direct personal discussion it is possible to completely discern the actual reasons of complaints and to give the patients or relatives the feeling that their request is taken seriously.



**Persönliche Besprechungen im Vergleich zum Vorjahr**

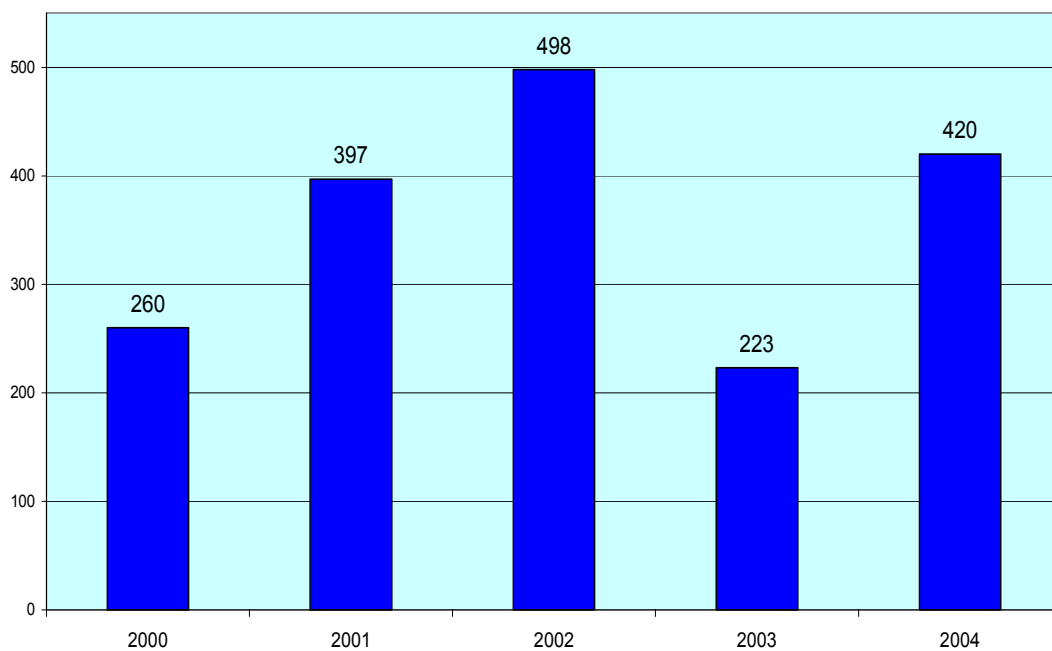


**Personal discussions compared to previous year**

Each discussion took on average 1 hour.

**Total number of discussions as of 2000**

**Gesamtbesprechungen ab dem Jahre 2000**



## **c) Media work**

Media contacts and public relations are important to us. Media belong to our essential partners and are an extremely good instrument to alert the general population and healthcare professionals to patient rights.



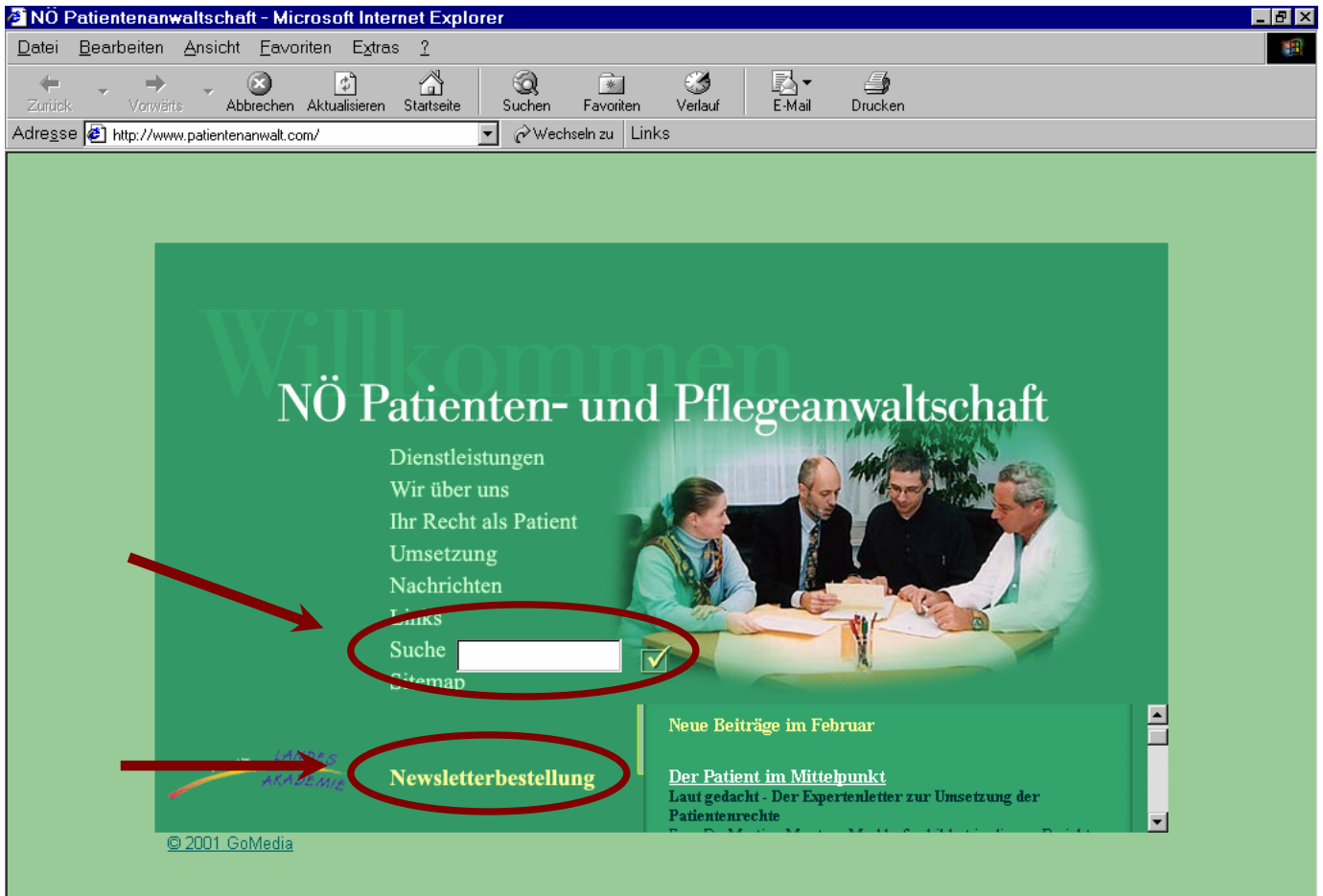
## d) Lectures

The direct contact to healthcare professionals in the individual hospitals and nursing homes is very important.

Also this year, we therefore held a number of lectures in the hospitals, nursing schools and nursing homes dealing with „The Patient Advocacy“, and „The Patient Rights“ in particular, but also concerning „The Patient’s Disposal“.



e) Homepage



Our homepage is an efficient, effective and inexpensive communication tool.

Every month, our homepage is updated and new articles are published. As a service, we also offer a **Newsletter** with free subscription.

Whereas we had 781 permanent subscribers in 2003, this number increased to 898 subscribers this year. This corresponds to an increase of 15 %.

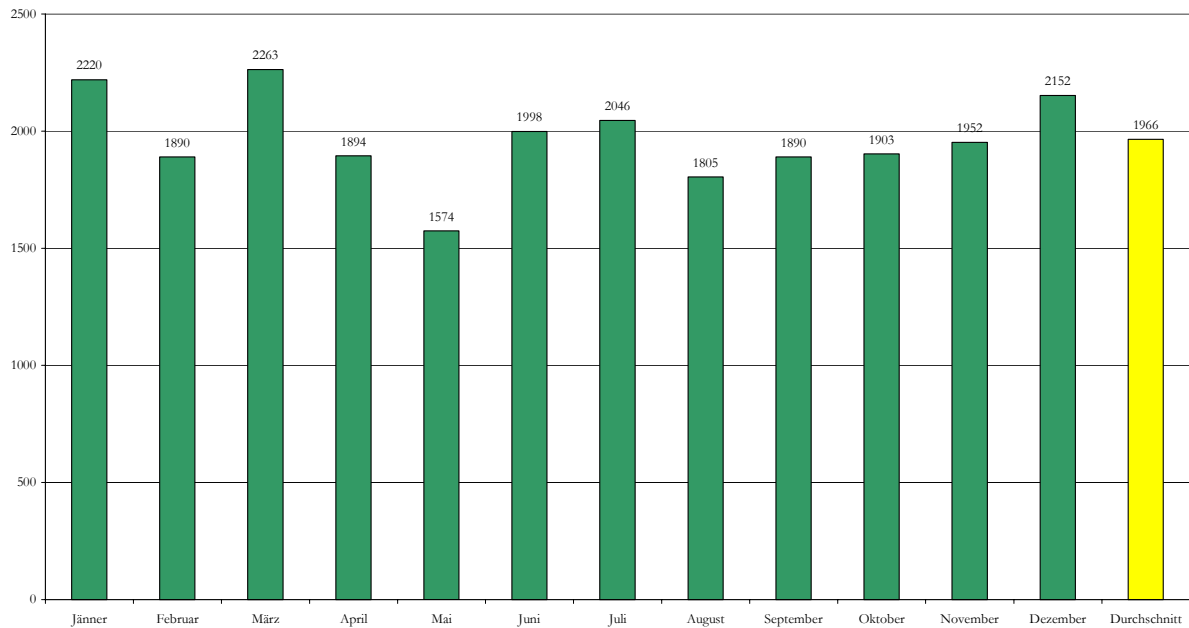
A lot of articles even continue to be up-to-date a long time after they were published on our homepage.

## The response is obvious:

In 2004 we had a total of 23,587 visitors to our homepage. This corresponded to an average of 1,966 accesses each month.

### Homepage accesses per month in 2004

Web Zugriffe 2004 pro Monat



**You are invited to visit our homepage:**  
**[www.patientenanwalt.com](http://www.patientenanwalt.com)**

## 7. EVENTS – PROJECTS

### a) Ethics Forum Lower Austria

On September 14, 2004 the members of the Lower Austrian Ethics Forum were invested in the LA Landhaus by Deputy State Governor Mrs. Liese Prokop and District Governor Mr. Emil Schnabl.



Left to right: Carmen Rist, Gerhard Reisner, Renate Apfler, Elisabeth Kapral, Emil Schabl, Kurt Hiess, Gerald Bachinger, Liese Prokop, Michael Peintinger, Margit Wukitsevis, Ingrid Nagode, Hans Kurz, Otto Huber, Birgit Kum-Tauchner, Andreas Wunsch.

In the first session, which took place on January 23, 2004, the terms and conditions of the LA Ethics Forum were agreed upon and the members were unanimously appointed.

With ordinance of the LA Provincial Government of May 25, 2004, the terms and conditions of the LA Ethics Forum were registered.

The Ethics Forum under the chairmanship of Dr. Bachinger is an interdisciplinary group of specialists offering decision support in ethical problems to hospital, nursing home and extramural (e.g. home nursing) staff.

Advice and support is offered in order to achieve in all conscience the „relatively“ best solution in the common ethical discourse. Requests can be informally directed to the PNA as the agency of the LA Ethics Forum.

The Ethics Forum has to be distinguished from the LA Ethics Commission, which evaluates clinical research of pharmaceuticals, medicinal products and new medical methods from an ethical point of view. The newly established Ethics Forum offers ethical reflection for “every day practice”.

### Ethics Forum Lower Austria – Members of the commission

	Members	
A representative of the Province of Lower Austria as largest legal entity of the institutions	Mag. Elisabeth Kapral	Head of the Section Nursing and Hospital Law
A registered nurse with nursing management responsibilities	Dir. Margit Wukitsevits	Nursing Manager of the Thermenklinikum Baden
A registered nurse involved in the daily work at a nursing care unit or nursing home	Reg. Nurse Mrs. Renate Apfler	Ward Nurse of the hospice at the LPPH Wiener Neustadt
A registered nurse involved in the daily work at a hospital	Reg. Nurse Mr. Andreas Wunsch	Male Intensive Care Nurse at the hospital of Mödling
A physician employed at a nursing home	OA Dr. Hans Kurz	Nursing Home Physician at the LLP Melk
A physician employed at a hospital	OA Dr. Birgit Kum-Tauchner	Senior Physician at the hospital of Scheibbs – Internal Department
A representative of the LA Patient and Nursing Advocacy	Dr. Gerald Bachinger	LA Patient and Nursing Advocacy
A representative of the Association of Solicitors in the capacity of an immediate patient representative	Mrs. Ingrid Nagode, Social Worker	Head of the Lower Austrian Association of Solicitors

A director of a nursing care unit or nursing home	Dir. Gerhard Reisner	Director of the LPPH Vösendorf
A member of the Umbrella Organization of Self Help Groups	Kurt Hiess	Chairman of the Umbrella Organization of Self Help Groups
A person with medical ethics competence	Dr. Michael Peintinger	Anesthesiologist and Senior Physician at the "Hospital of the Devine Savior"; President of the Ethics Commission of the hospital; Staff Member at the Institute for Ethics and Law in Medicine; Associate Lecturer for Medical Ethics at the University of Vienna
A representative of the extramural area	Carmen Rist	Area Manager of the Charity of the Archdiocese Vienna

## b) Network – Patient Ombuds Offices

The experiences of the LA Patient and Nursing Advocacy as central institution for the implementation of patient rights in Lower Austria have shown that the establishment of a decentral patient ombuds office in the individual hospitals is reasonable and necessary for a patient-oriented and comprehensive complaint management.

In order that the ombuds offices are able to work effectively and efficiently for the patients and their relatives, the know-how, assistance and support by the LA Patient Advocacy is necessary. In order to ensure an optimally functioning central and decentral complaint management in Lower Austria, the *Network Patient Ombuds Offices* was established in close cooperation with Marion Hoffmann, the patient ombudswoman of the Hospital of Hainburg.

On March 24, 2004 the first meeting took place in the rooms of the LA Patient Advocacy in St. Pölten.

As at August 23, 2005 ombudspersons from 13 hospitals and from the Lower Austrian Regional Health Insurance are represented in this network:

Ombuds offices:	Represented by:
General Hospital Hainburg	Mrs. Marion Hoffmann (Radiological Ass.)
Regional Hospital Center Krems	Mrs. Dr. Gabriela Kisling
Central Clinic St.Pölten	Mrs. Ingrid Zauner (Social Worker)
Donau ClinicTulln	Mrs. Gabriele Höckner (Reg.Nurse)
Waldviertel Clinic Horn	Mrs. Maria Steininger (Reg.Nurse)
General Hospital Klosterneuburg	Mrs. Dr. Renate Haushofer
General Hospital Neunkirchen	Mrs. Annemarie Kamper (Reg.Nurse)
Hospital Grimmenstein - Hohegg	Mrs. Barbara Merschitz (Social advice)
Weinviertel Clinic Mistelbach	Mr. Othmar Matzinger (Reg.Nurse)
Hospital Gmünd	Mrs. Dr. Elisabeth Dworschak
Hospital Lilienfeld	Mrs. Gertrude Gaal (Reg.Nurse)
Lower Austrian Regional Health Insurance Institution	Mrs. Renate Heger



Left to right:

Gertrude Gaal, Marion Hoffmann, Annemarie Kamper, Gerald Bachinger, Barbara Merschitz, Maria Steininger, Renate Haushofer, Elisabeth Dworschak, Gabriele Kisling, Othmar Matzinger, Gaby Höckner.

In this network, the LA Patient and Nursing Advocacy is coordination center and platform for Lower Austria and offers the following services:

- Assistance in establishment and operations of the ombuds offices
- Intensive information and training of the ombuds offices, establishment of a statewide information network
- Meeting to exchange experience at least twice a year
- Information on the homepage of the PNA



Working Session of the members of the network Ombuds offices

The tasks of the patient ombuds offices in the individual hospitals include:

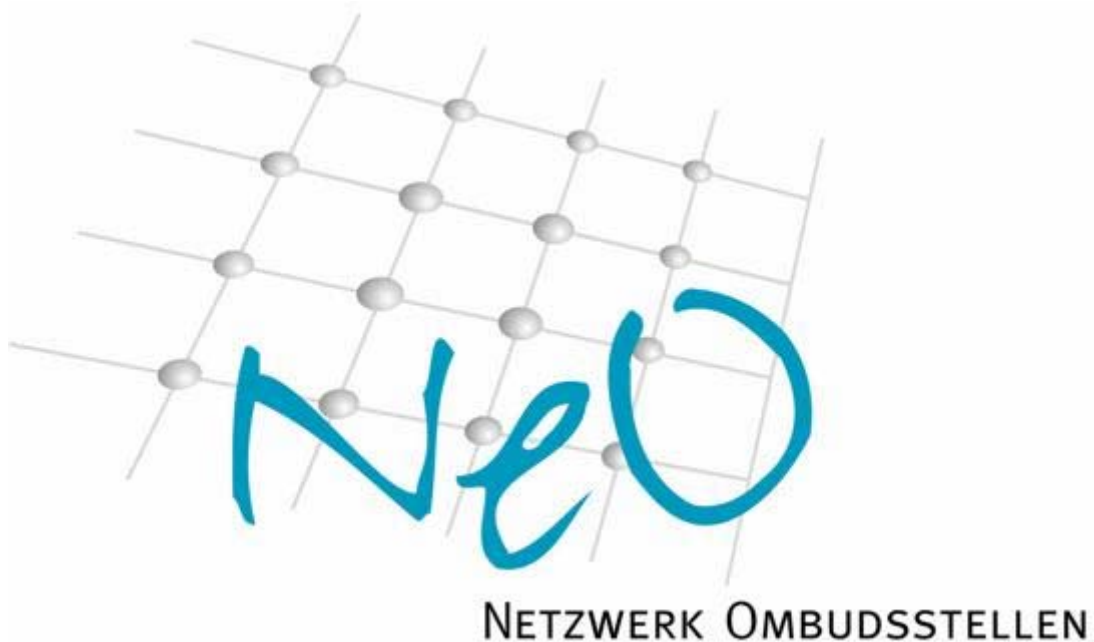
Contacts with, consultation and information of patients, relatives and hospital staff, as well as of the regional self help groups, preventive handling of complaints, complaint management, documentation and evaluation of complaints and establishment of a regional information network (for the extramural area).

All requests, concerns and complaints patients and their relatives want to report concerning the services of a hospital, are accepted.

Complaints with a medical or nursing background, are put forward to the relevant responsible persons of the hospital and, if necessary, prepared for the LA Patient and Nursing Advocacy and forwarded to it.

The establishment of these patient ombuds offices in the hospitals are considered as a creation of structures to ensure and improve the quality of the services in the hospitals.

**We expect that in the near future ombuds offices will be established in all hospitals, in order to further increase the quality of services for the patients and their relatives.**



For further information about the proceedings we are at your disposal.

Dr. Gerald Bachinger  
and his team