



STANDING COMMITTEE  
15 NOV 2005  
ON HEALTH AND AGEING

PETER LINDSAY MP  
FEDERAL MEMBER FOR HERBERT  
PO BOX 226  
AITKENVALE Q 4814

Dear Mr. Lindsay,

INQUIRY INTO HEALTH FUNDING 2005

Thank you for writing to me seeking input regarding problems for hospitals.

As with any institution there are three problems:

- Inertia in having problems addressed,
- Problems with daily operations that are not addressed.
- The integration of recommendations where the major problem is that written, oral and technical communication that simply cannot or does not occur.

To overcome inertia, daily operational problems need to be addressed, recommendations have to be implemented, and the development of a culture of 'organizational willingness'. Staff needs to feel rewarded. Cross community integrated communication has to emerge.

In non-government agencies in the community a management committee sits and assists the running of the organization.

My suggestion is as follows:

That a similar communication management committee as happens in the non government sector be attached to each hospital. On this committee of about twenty sits sectors of the community who are stakeholders in the community of the hospital from emergency services, junior and senior staff medical, administration, union, blue, white and pink collar workers and a management officer with a history of solid communication skills who acts as the secretary.

From all these stakeholders and operational areas a representative comes and holds the different community stakeholders chair for three consecutive meetings and then it gets passed onto someone else, in that community or operational stakeholding. The idea of passing is to allow as many different perspectives and individual judgments on operations to develop, from the different community groups and to prevent stagnation by having the same individual representative all the time. It allows individuals in these groups to feel part of the process.

At every meeting (which should take no more than two hours) the stakeholder attendee comes with a list of suggestions in writing with full explanations as to why and how the change needs to operate from the stakeholders' perspective. These written implementations should be from the most minor to the widest ranging and perhaps limited to a summary of five hundred words. These recommendations are read out and then collected. By communication with the whole meeting, people hear what other people think and what is going on elsewhere in the system. Usual meeting procedure is used to adopt these minutes into recommendations for management.

These problem solving suggestions are all passed on to the respective government departments and addressed as to cost and viability. Response to the stakeholder is made by the government department. Communications about recommendations are held between stakeholder and department.


If after a period of three months these individual recommendations are not addressed by the department, the management committee is then free to send these to Cabinet. The purpose of this safeguard is to avoid a lack of political and governmental department cross purposes in a hospital serving a community.

In summary the problem is avoided of a compounding effect in communication in what is going wrong at all levels within the health aspect of the community. People who are stakeholders in the system know what is going on in their community and local hospital system, the state government department has the responsibility to immediately cost problems and the political representatives are informed. This response allows problems to be addressed up front.

I hope this is of assistance.

Thank you again for this opportunity,

Regards

  
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CHRISTINE CORNER B.A.(Hons)