HCASA
Health Consumers Alliance of SA Inc

Consumers at the centre of health in South Australia

Managing consumer complaints using a quality improvement approach – a literature review

October 2018

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Health Consumers Alliance of SA Inc (HCA) acknowledges the Traditional Custodians of Country. We pay respect to Elders past and present, and recognise that their cultural heritage, beliefs and relationship to Country are important for sustaining health and wellbeing.

Search Strategy

A structured literature search was used across different sources of published literature to identify international best practice in health care complaints and improvement services. The search was conducted between March and September 2018. It examined relevant Australian and international peer-reviewed research and grey literature, including government reports and other unpublished, non-commercial reports encompassing best practice frameworks and guidelines.

Search topics included: *health consumer complaints, patient complaints, patient complaints management, healthcare complaints, health complaints management, quality improvement* and *complaints handling and quality improvement.*

The literature search was not intended to be systematic - it was structured to identify:

- evidence/best practice and research that responded to the key question in relation to *current best practice in managing consumer complaints to drive quality improvement.*
- national and international frameworks/toolkits and guidelines currently implemented.
- evidence of successful strategies/measures/attributes of health organisations driving quality improvement.

Introduction

Consumer (patient) engagement has been considered critical to improving the quality of care provided by health care services.[1] Consumer complaints provide a valuable source of insight into safety and quality related problems within healthcare organisations.[2] [3] [4]

Consumers' perspectives are unique given their firsthand experience, at every stage of the care pathway. Consumers are legitimately positioned, through this experience, to evaluate the care and services received in terms of whether their care goals, needs and expectations have been met, and their assessment of their outcomes of care.[5]

Health consumers are sensitive to, and able to recognise, a range of problems in healthcare delivery,[6] some of which are not identified by traditional systems of healthcare monitoring (eg incident reporting systems, retrospective case reviews) or observable by staff who do not view the service through a '*service user'* perspective. Thus, consumer complaints can provide important and additional information to healthcare organisations on how to improve consumer safety and implement quality improvement. Furthermore, analysing data on negative consumer experiences strengthens the ability of healthcare organisations to detect systemic problems in care.[7]

A consumer complaints mechanism serves a number of purposes. It should: create a dialogue between an organisation and its consumers, that allows individuals to give feedback when they are dissatisfied with a product or service; resolve problems and provide appropriate redress; provide feedback to the provider to make improvements; and provide evidence at a systemic level for the organisation to take action and potentially to escalate a complaint where identified, to external complaints bodies such as consumer complaints commissions/commissioners, health regulators and/or government to take action.

In a study aiming to explore how health services can use complaints to trigger quality improvement[8], it was noted that of literature published in relation to patient complaints, minimal studies (five out of 58 studies – approximately 8.5%) addressed organisational behaviours and strategies to improve quality. There is therefore, limited evidence of best practice in how complaints management can be used to drive quality improvement.

The literature commonly identifies that health services tend to resolve health consumer complaints on a case-by-case basis. They do not act on these complaints as a collective group to identify systemic problems and deficiencies and to drive quality improvement.[9] [10] Relatively few studies however explore health service organisational policy and practice, and complaints handling mechanisms and strategies to address this deficit.[11] There is a perceived need for guidance on managing complaints in a quality improvement framework.[12] [13] [14] While case by case complaints handling allows for the concerns of specific consumers to be met and for solutions to be designed for solving case-specific problems, individual complaints, when analysed at a systemic level, can provide insight into system-wide problems and deficiencies in care and allow for comparisons across services and between healthcare organisations to identify best practice.[15] [16]

Crucially, when consumer complaints are considered at an aggregate level (eg a regional health service), they potentially indicate problematic trends in healthcare provision. Rigorous and systematic analytical processes are essential if learning from consumer complaints is to facilitate improvement and can be used to identify safety and quality issues within healthcare systems or conditions (eg management problems) that increase the likelihood of poor care.[17] [18]

There has been growing international interest in harnessing consumer complaints and dissatisfaction[19] to address problems with quality in health care. Increasing attention is being paid to using complaints data to improve service quality, with a shift in thinking toward adoption of strategic and responsive approaches to complaints governance. These approaches take into account the complexity of adverse health events and consumer complaints by tailoring responses to the individual circumstances and the local environment.[20] [21]

The New Zealand Health and Disability Commission (HDC) *Statement of Intent (2017-2021)* identifies its responsibility and objectives for complaints management through a quality improvement approach:

> *Systems, organisations, and individuals learn from complaints, prosecutions and other interventions, and improve their practices. The objective of quality improvement has self-evident intrinsic value, but also plays a part in effective complaints resolution, as the express motivation of many complainants is to see change occur so that what happened to them does not happen to others. Quality is improved by using the learning from complaints to promote best practice and consumer-centred care. Providers are also held to account for their own quality improvement through HDC's monitoring and audit of the recommendations made.*[22]

The New Zealand response has been formative in shifting the focus of complaints handling toward quality improvement. Reported in 2006, the Health and Disability Commissioner linked information on service quality complaints (lodged with the Commissioner) with data gathered in the New Zealand Quality and Safety Health Care Study. Together, these two datasets permitted estimation of how frequently adverse events led to complaints, and a description of the characteristics of consumers who did and did not complain to the Commissioner.

This evidence identified that complaints rates are low when measured against preventable adverse events and confirmed complaint patterns, comparing people's experiences who do and do not complain about perceived problems with treatment. It further found that most complaints (93%) involving an adverse event were preventable.[23] As a result of this research, the structure and mechanisms for complaints management in New Zealand, *although designed to provide consumers with a means to resolve individual complaints, is also intended to serve as a catalyst for improving patient safety*.[24]

Reported consumer complaints represent only the tip of the iceberg of consumer adverse events and health service failures. Dissatisfied consumers can exert either a minor or a major influence on a health service's reputation. The literature shows that one of the

principle benefits of effectively handling consumer complaints is to enhance standards of care to drive service improvements, as well as to improve consumer care.[25] The way in which a health organisation responds to complaints is an indicator of the organisation's use of complaints to drive improvement. Consumer complaints provide a valuable source of insight into safety-related problems within healthcare organisations.[26] Thus, consumer complaints can provide important and additional information to healthcare organisations on how to improve service provision and consumer safety.[27]

Why consumers complain – and what stops them

Motivation to make a complaint

The literature demonstrates that consumers are more likely to express their complaints if they feel justice will be done and an improvement in the quality of care will result from their complaint. [28] [29]

A study conducted in the Netherlands[30], including responses from over 400 patients, found the most important motivation for consumers to make a formal complaint in a health care setting is to prevent the same incident from occurring to other patients. Consumers express strong feelings of having been wronged, and many feel it is their duty to make a complaint as a statement of concern and a feeling of injustice, to highlight issues of risk and safety, and to improve the service.

Whilst initial triggers for making complaints are driven by a short-term desire to correct an issue or resolve a problem that is affecting the individual consumer, other consumers hope to achieve longer term intrinsic changes (service and/or organisational). Some complaints are made as a point of principle. This can be as a result of consumers believing that they have been misinformed, treated unfairly, or that they have received poor customer service (either in relation to the service itself, or in how the organisation reacted to their initial concerns or complaint). Some consumers may be motivated by the wish to gain some form of redress against the organisation, particularly if they feel they have been treated badly, misled or lied to, or that a promise (or an expectation of a certain level of care) has been broken.[31]

When deciding to make a complaint, consumers expect fair procedures and process of complaint handling, a review of the incident from an impartial position, and to be treated with respect, a fair communication process and a fair outcome.[32]

Furthermore, consumers expect that the health service will respond to their complaint using the principles and practices of open disclosure. Most consumers want the staff and the service to acknowledge when something has gone wrong, to change their work practices in the future, and for this change to reflect service improvement and be communicated across other prevalent practice and policy.[33] Consumers also want clinicians to be aware of the effect this has had on them and their experience. Many consumers report emotional pain and suffering, anger, distress, worry and depression as a result of major clinical incidents.[34] The Netherlands study concluded that complaint handling that does not allow for change is unlikely to meet consumers' expectations.

For some consumers, a complaint is made to prompt an outcome specifically for the complainant (eg an acknowledge and/or apology), whilst others may be seeking to prevent the situation happening to others, especially those they see as the more vulnerable members of society, such as an improvement in service provision, or for the organisation to accept responsibility and take corrective action. Ultimately, consumers hope their complaints will lead to longer term changes.

Barriers to making a complaint

In order to help ensure that consumer needs relating to complaint making are met, it is important to understand not only why they complain, but also what the issues are that prevent them from complaining.

Whilst there are common barriers to making a complaint, the evidence indicates there are certain socio-demographic factors that lead to a propensity to complain, with non-complainants being more likely to be older persons, persons living with disability, and residing in socio-economically disadvantaged areas and rural populations.[35]

Some of the main barriers for consumers making a complaint are about lack of information and process and in particular:[36]

- the lack of visibility and access to the complaint process/procedure and information on how to take action
- not knowing how to initiate a complaint
- the complexity of the complaint process (and concerns the process will be complicated and cumbersome)
- not knowing the complaint management process (ie how it is handled and resolved)
- the time it will take to make the complaint (and concerns it will take too long to resolve)
- the format of the complaint (ie does it have to be made in writing, complicated forms, can it be made over the phone, in person etc)
- potentially having to deal with a call centre or online process and have no direct contact with a person in authority
- concerns the complaint process will be stressful and add to their poor health or other stressors
- concerns the process will be disordered (they will be passed from one person to another and have to deal with people with no authority to address their complaint).

Consumers also have concerns about the potential outcome of the complaint including:

- a lack of confidence in the outcomes – leading them to believe the effort will be futile
- concerns that the outcomes will not justify the effort of complaining
- a belief that their complaint won't make a difference (particularly in a large organisation)
- fear of worse/lesser treatment as a result of the complaint about staff

- concerns that staff may respond defensively and confrontationally
- lack of confidence to make a complaint – and deal with potential resistance/even aggression from service
- consumers lack confidence or the belief that they will have the support they need to see the complaint through.[37]

Benefits of consumer experience feedback to improve quality

Consumer experience measures also have an important role as part of local/service mechanisms for quality improvement and should be part of regular clinical quality reporting and review. Real time consumer feedback can play a central role in the quality monitoring process and in determining the perceived level of service provided. Collecting as near as possible real-time feedback results in feedback that can be assessed quickly and offers the opportunity to make quality improvements promptly.[38]

Engaging patients and families in improving health care safety and quality means creating effective partnerships between those who provide care and those who receive it.[39] Consumers have insights into the processes of care (positive and negative) through direct experience that health services and clinicians lack, as they are the provider not the receiver or carer. Consumers can identify changes/differences in the practices of individual clinicians, which may indicate errors in procedure.

There is increasing evidence that consumers can recognise safety risks and incidents, some of which are not otherwise identified by existing monitoring systems. They are also willing and able to report this information reliably. This enables health care organisations to detect systemic problems in care and identify priorities for safety and quality improvements.[40]

Analysing data on negative consumer experiences strengthens the ability of healthcare organisations to detect systemic problems in care and improve safety and quality systems and practices, and is linked to other quality dimensions of patient care including accessibility, effectiveness and efficiency).[41] This has been most significantly highlighted in the UK through the *Robert Francis Report (2013)* into the 1200 unnecessary deaths that occurred over a three-year period and the failings at the Mid Staffordshire NHS Foundation Trust.

The report found that over the duration of the incidents identified in the Francis Report, written consumer complaints had identified the problems of neglect and poor care, yet deficiencies in complaint handling meant critical warning signs were missed, and numerous challenges in using consumer complaint data to improve patient safety were highlighted. The report found also that complaints, their source, their handling and their outcome provide an insight into the effectiveness of an organisation's ability to uphold both the fundamental standards and the culture of caring. They are a source of information that has hitherto been undervalued as a source of accountability and a basis for improvement. [42]

In Australia, the *Turning Wrongs into Rights*[43] Project (sponsored by the then Australian Council for Safety and Quality in Health Care) found the literature supports the introduction of complaints management to enhance the capacity of health services to identify issues on which to base analysis and improve practices. The Project Report suggested that patient complaints should be seen as 'consumer reported incidents' and should be reviewed as part of the critical incident reporting and review system. The report recommended consumer complaints should be used as instruments to improve quality of care within institutions, and reporting and examining complaints data might help to prevent adverse events in health care.

Consumers have been described as being *the extra sets of eyes and ears that should be integrated into the safety processes of all healthcare organisations.*[44] There are clear identified benefits, reported in the literature, of engaging consumers in improving their own care quality and safety identified as consumers:

- know their symptoms and their responses to treatments better than anyone else
- are highly invested in their own well-being and outcomes
- are always present in their own care, unless impaired by factors beyond their control
- are the first to know or feel when a symptom changes or they experience treatment impacts, and they can communicate these to their care team
- have the courage and resilience to inspire and energize their care team
- often have insights into the processes of care that providers lack because the providers are focusing on getting the job done.[45]

An *Australian Commission on Safety and Quality in Health Care (ACSQHC) Literature Review (2018)*[46] identified that high-performing person-centred organisations embrace and foster learning, evaluation, and continuous improvement as core to their culture. It identified that part of being a learning organisation that embraces a culture of continuous improvement is information transparency for improvement, rather than transparency for blame. ACSQHC identifies a learning organisation as one that uses its data and information about patient experiences – both positive and negative - to inform improvement. There is a no blame culture and mistakes are used as an opportunity to improve systems and services.

Measurement, including complaints handling, and driven by a quality improvement approach, can be acted on to improve consumer outcomes and reflect what is important to consumers and communities.

Therefore, consumer feedback (in all forms - complaints, compliments, suggestions, ideas, and consumer-reported satisfaction and experience) should be central to the business decisions of all healthcare organisations. The collection and use of feedback should be built into the local quality improvement strategy and framework. It should also be a central component of the organisation's overall strategy, linking directly to its organisational development and engagement strategies.[47]

The focus of consumer experience data provides for a level of intelligence (a detailed expression of the person's own experience, in their own words, and its impact on them) that can be acted on to improve services. This requires health services and their staff to

understand what matters to consumers and to respond to this in new ways, making sure that every contact with a consumer counts towards delivering the highest-quality services.[48]

There are advantages and disadvantages of quantitative and qualitative feedback which should also be considered. By effecting immediate changes, based on real-time consumer experience data, it should also be possible for organisations to better understand what actions have had what specific effect.

There are two factors that are critical to the effective use of consumer experience feedback. First, data should be gathered using robust methods, from a cross-section of different groups, in ways that are acceptable to consumers and are appropriate to their particular circumstances. Second, those data should be fed back to staff and used by them to improve the consumer experience.[49]

The Beryl Institute[50] reports that consumer experience has shifted focus "*to a true understanding that experience represents the integrated nature of a healthcare encounter – the sum of all interactions – and that experience encompasses all that occurs across the continuum, across touchpoints and transitions, in quality, safety and service efforts, in the implications of cost and the issue of access*."

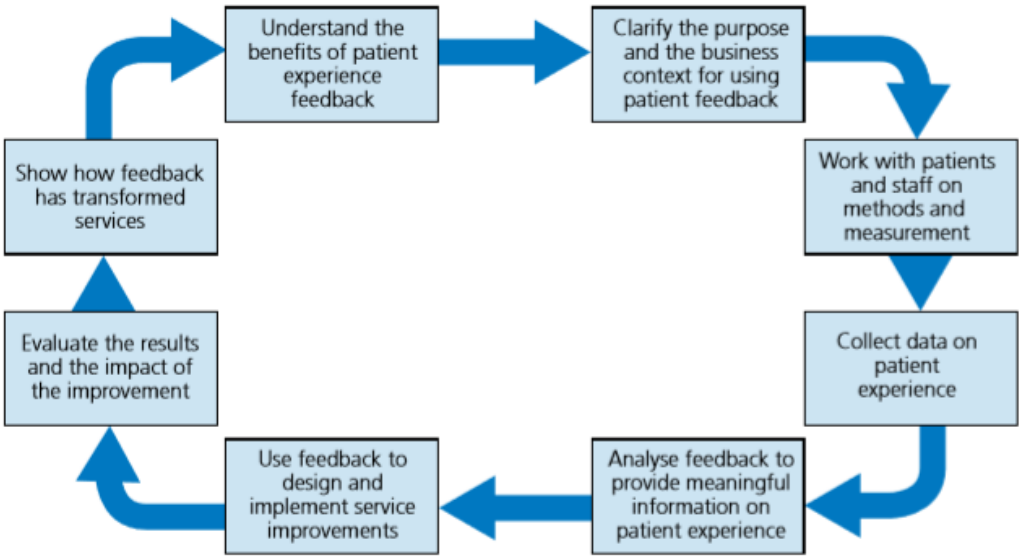
The Beryl Institute study into patient experience[51] highlighted that consumer experience is ultimately the "*wrapper encompassing the integration of quality, safety and service."* The study emphasised that quality improvement cannot be isolated as a tactical element of care delivery but must be woven into the broader strategic conversation about what matters to consumers, their family and the community.

There are a range of benefits of consumer feedback, positive or negative. Consumer feedback helps:

- to improve communication between health providers/clinicians and consumers
- to build trust in the health service when clinicians and leaders demonstrate their commitment to acting on feedback
- to directly inform service planning, development and improvements
- the organisation to provide more accessible and responsive services
- to enable consumers to shape the services they use (and therefore contributes to codesign and shared decision-making).

In *Understanding What Matters: a guide to using patient feedback to transform services*, the process for collecting and using consumer experience feedback is shown as a quality improvement cycle (*Figure 1*).[52]

Figure 1: The consumer experience feedback cycle



Understanding what matters: A guide to using patient feedback to transform services (2009) Department of Health UK

The Department of Health UK Report outlines that commitment by a health organisation to collecting and using consumer experience feedback and complaints can deliver clear and powerful messages to consumers, the community, to staff and other stakeholders as it:

- informs consumers and the community that the organisation is both actively seeking consumer feedback and actively responds to feedback by actioning change and quality improvement.

- sets the culture and tone of organisational culture and models to staff, that consumer feedback is part of a commitment to consumer and community engagement, that staff are integral to supporting consumers to provide feedback and demonstrates to consumers that staff act on their feedback promptly.

- demonstrates to all stakeholders that the organisation is committed to quality and works in partnership with consumers and the community to show how their feedback contributes to better care and better outcomes.

Further, consumer experience guides and informs quality improvement by enabling health services to:

- understand current problems in care delivery, and design quality improvement initiatives to address them
- monitor the impact of quality improvement initiatives
- allow benchmarking of their service or organisation against others
- demonstrate their accountability for safety and quality (to the public, regulators and government).

Factors that impede effective use of complaints data for quality improvement

A principle research study explored factors that might impede quality improvement arising from consumer complaints. The study identified managerial, operational and technical factors that may impede the effective use of complaints data for quality improvement (*Table 1*) [53]. The study also identified several major factors influencing the responsiveness of the hospital to patient complaints.

Fundamentally, consumer complaints processes tended to focus on case-by case-complaints management, from investigating the complaint and referring it to respective unit/department for redress. This meant units/departments complained against were not actively involved in any clinical quality improvement activities, and data analysis of complaints trends were not directly linked to quality management systems.

Table 1: Factor hampering complaints management to drive quality improvement
Factors hampering the use of patient complaints to improve quality: An exploratory study (2009)

Governance	• Lack of protocols governing complaints handling • Insufficient attention paid by top hospital management to complaints handling • Complaints not welcomed by the mindset of organisation (not part of organisational culture) • Existence of blame and defensive culture (punitive response to complaints) • Inadequate training for complaint handlers • Insufficient empowerment of complaint handlers • No review of complaints handling system so no improvement of the system itself • No feedback sought from consumers about satisfaction of the complaints processes itself so consumers not able to inform complaints process • No staff training (other than for complaints handlers) about dealing with a complaint (eg active listening, empathising, being tolerant and open about complaints)
Operational	• Lack of systematically handled documentation related to complaints management • No standardisation of complaints-handling procedures • Lack of mechanism for sharing of complaints-handling information or experiences among staff • Inadequate reporting/monitoring of complaints handling across departments • Internal communication problems at the heart of majority of consumer complaints • Poor knowledge of complaints handling procedure (ie knowledge held by complaints handlers only) • Not all complaints logged (staff had different understanding so if complaint dealt with at local level – may not be logged) • Poor dissemination of complaints information for consumers across all areas • Poor feedback to complainant about compliant process, timeframes, outcomes and resolution

	• Lack of identification of underlying trigger to complaint – to identify real issues • Trust between staff affected how openly they were able/willing to discuss complaints information and experience and how much they could learn from each other about effective complaints handling (reflective of organisational culture)
Implementation	• Limited use of quality improvement techniques to assist the handling and management of complaints • Lack of knowledge of improvement methods and techniques as well as lack of supportive resources to implement quality projects limited the effectiveness of quality improvement activities in response to complaints • Evidence that quality improvement techniques rarely applied to complaints handling • Absence of an electronic complaints management system • Absence of requirements for recommendations (quality indicators) for quality improvement raised or documented as part of complaint resolution system • Absence of complaints management system

How complaints handling can drive quality improvement

Consumer complaints are low compared to preventable adverse events. Raising consumer awareness about complaints processes and how to access them, therefore, is important. How best to collect and harness complaints data to systematically improve service quality is a significant theme within the literature.[54] Adequate response to each complaint is an essential attribute of effective complaint handling systems.[55] Evidence also suggests that for complainants, an assurance that their complaint will lead to improvement and change is as important as personal resolution and redress of their complaint.[56]

The literature identifies the need for a common or linked database and mechanisms for complaints handling and quality improvement.[57] Collecting and resolving consumer complaints, no matter how effectively, in and of itself has no intrinsic value.[58] Although consumer complaints should be dealt with on their individual merits, there must be a systematic and transparent process that ensures and measures: satisfactory resolution of each complaint; quality improvement action; the consumers' experience of the complaint handling process; and the outcome of the complaint. It must ensure a systematic relationship between analysing complaints data to inform safety and quality improvement and catalysing appropriate action.

To do this, health services should establish clear organisational processes for coordinating data collection, analysis, dissemination, action planning and resolution. A strategy should make clear who, within the organisation, is responsible and accountable for improvement activity, and for disseminating results. Further, actioning quality improvements based on other consumer feedback (compliments, suggestions and ideas) usually has no urgency or impetus to drive change, however such changes may be relatively cost effective and simple to implement and demonstrate a culture of responsiveness to consumer feedback.

Four key strategies for complaints to drive quality improvement

There are four key strategies to improve complaints handling and drive quality improvement. The first two strategies focus on the need to improve complaint collection and analysis. The remaining strategies focus on actioning change and communication with consumers as a structured process.

1. Improving collection of complaints

Strategies to improve collection of complaints have interrelated aims. Firstly, there are those aimed at improving consumers' initial awareness of, access to and willingness to make a complaint – this includes clear information about complaints processes (and the willingness of the organisation to hear them); and information about how to make a complaint. Secondly, those strategies aimed at ensuring an appropriate policy and process framework to support staff to receive complaints - this includes the capacity of front line staff to communicate effectively with consumers about complaints (and their confidence to take on and respond to negative feedback); and the capacity of complaints handlers to receive, document, process and resolve complaints. These strategies require both a system change and a behavioural change of both consumers and providers.[59]

There is an identified absence in the literature with regard to staff behaviour to manage consumer complaints[60], although there is substantial evidence regarding consumer behaviour. The research indicates that for consumers there are three key behaviours identified – opportunity (access to information, awareness of the complaints process and support to complain); capability (the consumers' capacity to act with agency and resources available to them to do so); and motivation (as previously discussed, the most reported motivation for consumers to complain is to prevent further error from occurring to someone else, to achieve a sense of justice and to gain apology). Target strategies to support and elicit consumer complaints focused on these three behaviours will improve consumers' willingness to complain.[61]

Health services must provide consumers with clear information about how to make a complaint. They must make it clear to consumers that the health service wants to know what consumers think, that they are actively listening, and that they are focused on quality improvement as a direct outcome of complaints and other feedback from consumers. Further, a mixed-method system that enables consumers to make complaints, using a method that they are comfortable using and that is accessible to them, is important.

One example of a widely available complaints mechanism to improve the consumer voice is the national programme implemented by the Minister of Health and Family Welfare in Bangladesh. Consumers can provide feedback about health services using a short messaging service (SMS), in addition to a more traditional use of suggestion boxes in health facilities. All SMS texts go into a publicly available national web portal: http://app.dghs.gov.bd/complaintbox/?actn=lstmsg .
The SMS feedback system is monitored by the Ministry. Each SMS is subsequently followed up with a phone call to the sender, and to the local authority of the health facility that the feedback was about.[62]

Strategies that provide opportunity and effectively improve consumers' ability to complain include:

- raising community and consumer awareness of rights and availability of complaints channels
- implementing actions, strategies and resources that promote and raise consumer awareness of the complaints process
- linking the complaints process to acknowledgement of consumer rights
- outreach-based complaints mechanisms that actively seek complaints (eg visible information such as signs about complaints, website, toll free hotline
- proactive staff at all levels with clear knowledge and information about the complaint process, who can actively link and support the consumer to access the process
- community-based complaints data collection - evidence indicates that collecting feedback when the consumer is unwell or feeling vulnerable is more likely to suspend capability to complain - so post follow up, community accessible complaints information and access
- user-friendly complaints information, processes and channels
- consumer involvement in codesign of the process and the information (including the complaints forms)
- implementing a broad range of processes to gather consumer feedback (complaints, compliments, suggestions and ideas)
- appropriate policy that clearly identifies the expected role of staff (at all levels) in gathering consumer feedback and the process for capturing, reporting and actioning responses
- staff training in complaints handling (for clinical staff and dedicated complaints management staff) including communication skills, responding to negative feedback, recognising patterns in complaints etc
- identifying the role of health service volunteers in recording and reporting complaints, given their front-line role is also important (in particular informal complaints raised by consumers as they interact with volunteers, eg as guides, which are generally not captured)

2. Improving analysis of complaints

Consumers, their families and carers collectively observe a huge amount of data points within health care settings across all the services they access. Consumers also have access to information through their direct experience with health care, including continuity of care, communication failures, dignity and respect issues, and consumer-centred care. Further, as they are external to the organisation, they have more freedom to speak up and provide an external and independent assessment that is reflective of the norms and expectations of the community/society.[63]

Increasing research evidence has focused on the need to ensure appropriate logging (registration and documentation) of complaints against a standardised taxonomy. [64] [65]

Healthcare organisations receive huge volumes of complaints which can: focus on diverse problems (from issues that may be outside of the health service's control such as car parking and other transport concerns, to significant safety outcomes such as medicines prescribing errors); describe different types of harm (eg physical, mental, emotional, financial); have legal or malpractice implications; and have different underlying aims (eg resolving dissatisfaction, creating change, preventing future issues).

The level of standardisation of techniques used to analyse consumer complaints however is unclear. [66] Review of the literature identifies critical limitations in the way in which consumer complaints are analysed, minimal standardisation of procedures and no tool to assess complaint severity.[67]

A systematic review of patient complaints in healthcare systems[68] found that there is little standardisation of the procedures for analysing complaints (eg training) or the purpose of data collection (ie for redressing individual complaints or system-wide issues). Further, the process of who handles and codes complaints differs considerably between studies, with little data on coding reliability. The process of complaint coding varies widely, with different codes and frameworks (or none at all) being used. The review showed that analysis of healthcare complaints has been limited to frequency of problem occurrence (regardless of severity).

A further study undertaken as a result of the patient complaints systematic review*, The Healthcare Complaints Analysis Tool (HCAT*) [69] (*Figure 2 page 18*) was developed from a taxonomy of healthcare complaints reported in the systematic review and tested and refined for reliability. One of the main innovations of HCAT is the ability to reliably code severity within each complaint category. Examples of the application of the tool demonstrate the capacity to categorise against a standardised framework (*Figure 3 page 19*).

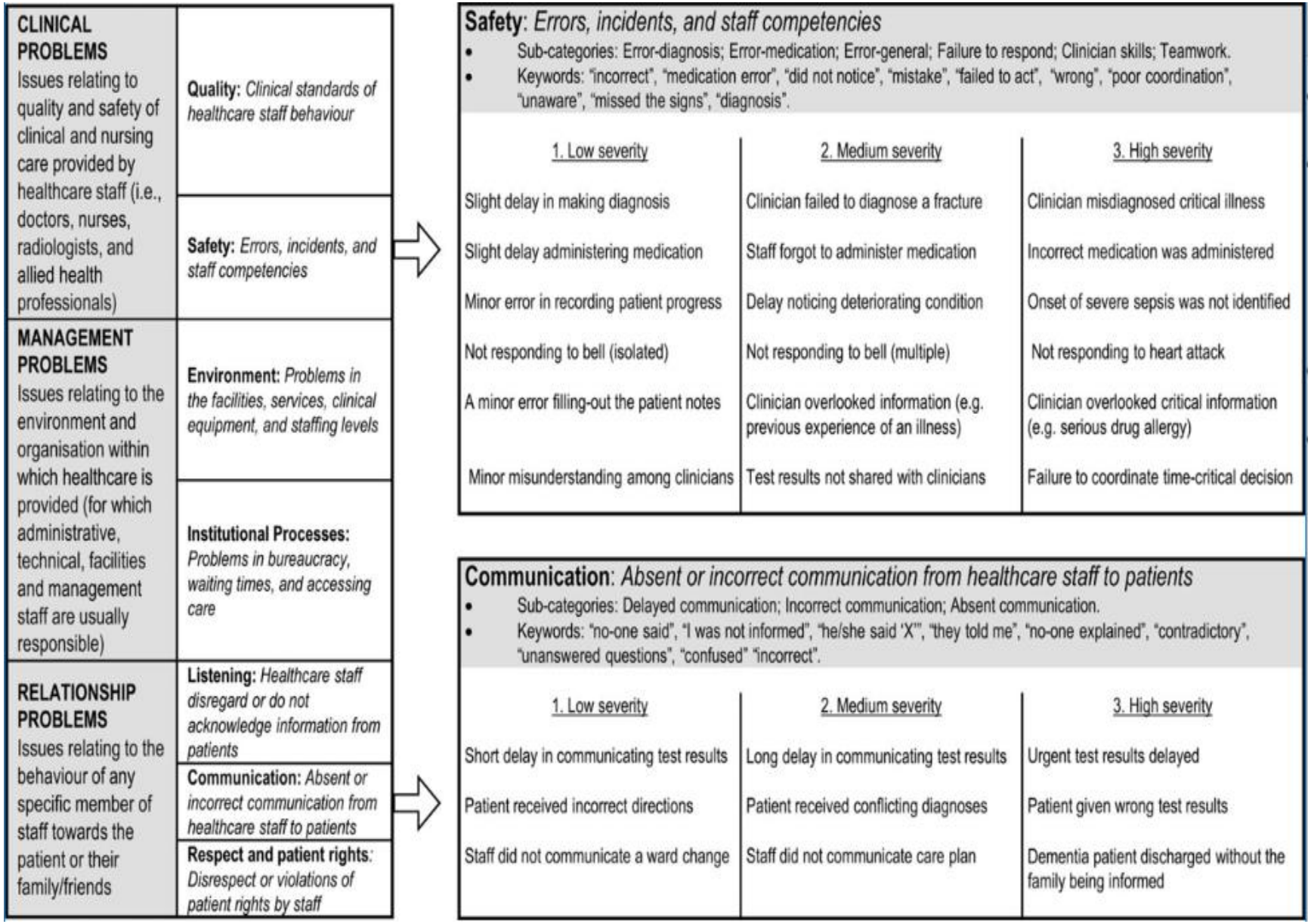
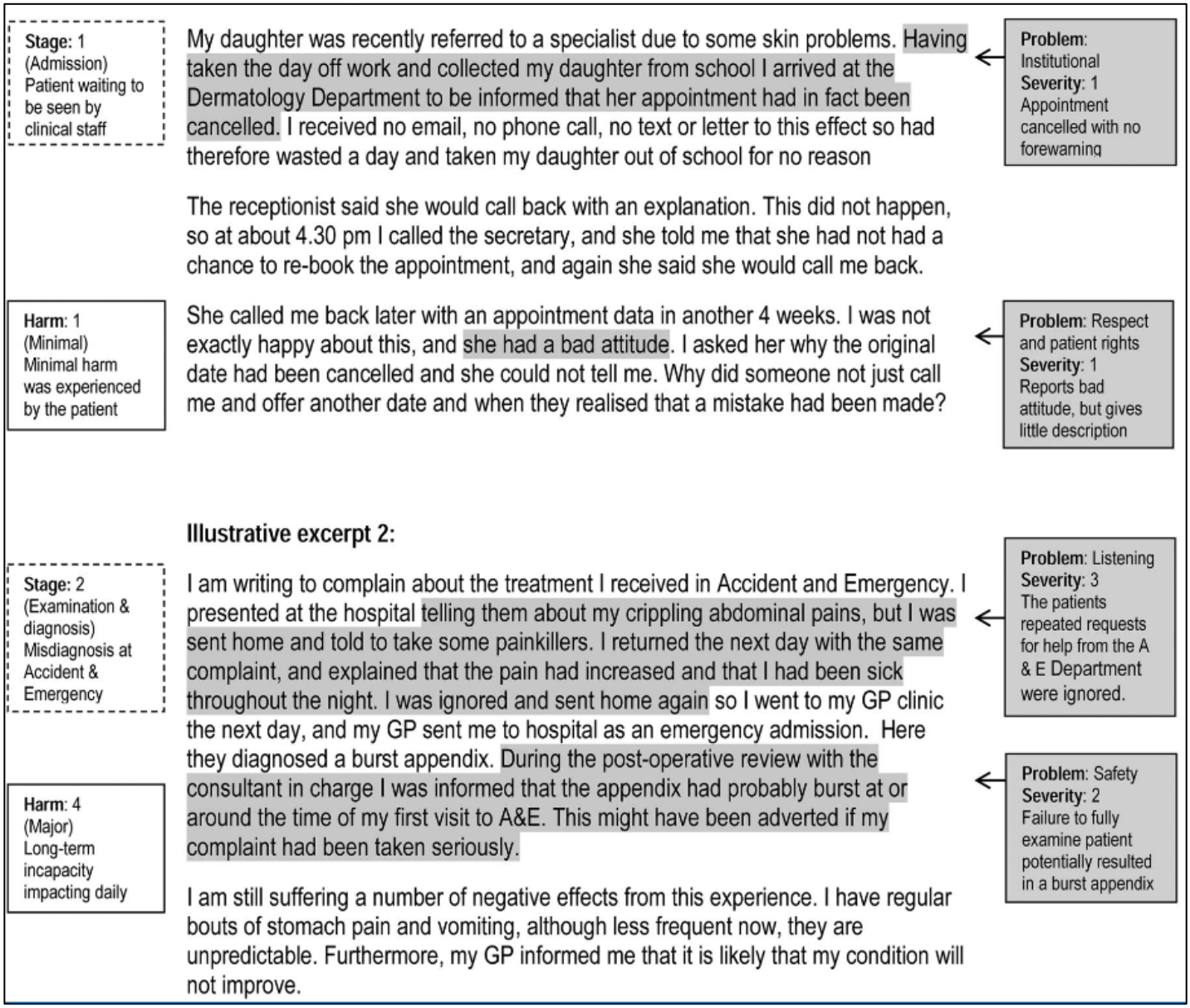


Figure 2: *The Healthcare Complaints Analysis Tool (HCAT) Figure 3: The Healthcare*

The Healthcare Complaints Analysis Tool: development and reliability testing of a method for service monitoring and organisational learning (2016)

Figure 3: Complaints Analysis Tool (HCAT) Illustrative examples



The Healthcare Complaints Analysis Tool: development and reliability testing of a method for service monitoring and organisational learning (2016)

Other studies have identified the need for: standardised templates and procedures for complaints related to phone calls and emails[70] ; investigation methodologies and clarification/categorisation of complaints that could/should be handled locally (by clinicians, direct care staff); and indicators for escalation of complaints to designated complaints handlers (in services where these roles exist) to reduce confusion and inconsistent practice about complaint handling responsibility.

3. Improving actioning of complaints

Complaints are a valuable source of feedback for the health service; they provide an audit trail and can be an early warning of failures in service delivery. When handled well, complaints provide an opportunity for organisations to improve their service and reputation. The UK Parliamentary and Health Service Ombudsman argues that poor complaints handling itself constitutes maladministration or service failure leading to an injustice or hardship for the consumer.[71]

The literature identifies the need to establish and ensure systematic actioning of complaints that includes protocols inclusive of:

- clear delegations and procedures and training for staff to deal with complaints and provide remedies
- clear levels of authority for designated complaints handlers (eg Consumer Advisors) roles to enable them to actively resolve complaints and require/compel responses to investigations (and how to deal with unreasonable conduct of staff/services the (and understanding of reporting requirements for professional misconduct)
- designated complaints handling staff at all levels (direct care to clinical governance and other front-line staff)
- clarification of when complaints should/can be handled at service level, and indicators for prioritising and when to escalate
- clearly outlined accountability at all levels
- training and procedures for staff for when to how to log/report complaints
- identification of / recommendation for quality improvement action for each complaint (independent on severity level)
- standardised procedures for actioning complaints (to whom, how, when, what, why)
- diverse avenues, systems and format for receiving complaints and referring them to the appropriate role and system (including processes for internal and external complaints and complaints from carers and consumer representatives, advocates)
- time sensitive target response protocols – for acknowledging receipt, communicating with complainant, anticipated investigation process, outcomes and actions, reporting and finalising with complainant
- systematic, standardised complaints handling mechanisms (whilst not overlooking or discounting the individual experience of the complainant)
- objective investigation mechanisms that are transparent and fair and ensure complainant confidentiality
- mechanisms that ensure complaints data and recommendations/proposed actions/improvements to practice or service delivery are part of the organisations internal reporting and planning processes (including consumer advisory bodies and safety and quality committees, executive meetings and strategic and operational planning and decision-making)
- processes to respond to complaints from specific communities/groups in an appropriate manner (ie respectful of cultural and linguistically diverse communities, children etc)

- opportunities/mechanisms for the complainant to present their position, experience, expectations and comment on findings and identified actions for resolution (and be able to voice lack of satisfaction and options for escalation both internal and external)
- building a culture than enables and empowers staff and designated complaints handlers to appropriately action complaints
- provision for independent internal review of complaint handling process and outcomes
- an appeal process.

4. Communicating with complainants

The literature identifies two key priorities for effective interventions to improve actions on complaints. These can be distinguished as 1) mutually acceptable (satisfactory) resolution with the consumer and 2) improving the use of complaints data to improve quality. An adequate response to the consumer's complaint which ensures prompt communication, clear information about the process of complaint handling, and ongoing clarification of the progress and outcome of the complaint with the consumer is essential. Early identification of the expectations and motivation of the consumer in making the complaint, assists in understanding the basis for the complaint and the outcome being sought.

Communicating with consumers about the actions taken to address their complaint is especially important, as is involving consumers in the complaints handling process itself. One review highlighted that over two-thirds of all complaints involve dissatisfaction with human interaction.[72] Therefore, any measures that involve learning from complaints for quality improvement should also draw on the participation, co-operation and initiatives of clinicians and other front-line staff.

Structured and more active participation of the consumer, and open disclosure about outcomes, actions for change and organisational learning from the complaint helps drive quality improvement. Complainant participation acts to reduce any gap between the consumer's expectations and actual actions for improvement, as it ensures the complainant is given feedback on any changes resulting from their complaint and remains informed throughout the process.[73] Details of external rights of review or appeal for unresolved complaints should also be made available to complainant.

An honest commitment to learning from consumer complaints, and an understanding and culture within the organisation that complaints inform the organisation of ways to improve the services it provides and enhance its accountability, is also essential. Consumer complaints should be recognised within the same group of service quality improvement issues, indicators and measures (eg clinical incident reporting, medicines errors etc).

Publication of consumer complaints data, in a format that is accessible/interpretable to the public, should also occur as it demonstrates responsiveness to consumer needs and respect for consumers rights, autonomy and dignity (as no different from health service reporting of infection control measure, staff rates of hand hygiene etc). Consumer complaints data is therefore reported as a method of quality improvement and a measure of service quality.[74]

Whilst centralised handling of complaints may aid in identifying systemic issues at individual, procedural and/or organisational level, this should not detract from the need to ensure front facing staff support consumers in making complaints. Staff must be supported and capable of understanding and appropriately responding to local/service level issues and where identified, implementing quality improvements at a clinical and service level. This needs to occur without undue delay, and at the very least, acknowledgment, apology and/or explanation. This promotes a speedy and timely response and avoids complex response processes that may not be necessary for all complaints. Identified actions for change must not be delayed because of the complaint management process. Further processes for directing quality improvement and change should not rely solely on the outcomes of complaints.

The UK Parliamentary and Health Service Ombudsman (the Ombudsman) has developed *Principles of Good Complaint Handling*[75] with the aim to, and recognition that, good complaints handling matters because it is an important way of ensuring customers receive the service they are entitled to expect (*Figure 4).*

Figure 4: Principles of Good Complaint Handling - UK Parliamentary and Health Service Ombudsman

Principle 1: Getting it right

Good complaint handling requires strong and effective leadership. Those at the top of the Health Service [sic][1] should take the lead in ensuring good complaint handling, with regard to both the practice and the culture. Senior managers should:

- set the complaint handling policy, and own both the policy and the process
- give priority and importance to good complaint handling, to set the tone and act as an example for all staff
- develop a culture that values and welcomes complaints as a way of putting things right and improving service
- be responsible and accountable for complaint handling
- ensure that effective governance arrangements underpin and support good complaint handling
- ensure the policy is delivered through a clear and accountable complaint handling process
- ensure learning from complaints is used to improve service.

Principle 2: Being customer focused

Health Services should do the following:

- Ensure their complaints procedure is simple and clear, involving as few steps as possible. Having too many complaint handling stages may unnecessarily complicate the process and deter consumers [sic] from pursuing their concerns.
- Ensure that their complaint handling arrangements are easily accessible to their consumers [sic].
- Let their consumers know about any help or advice that may be available to them if they are considering making a complaint. (For example, Health and Community Services Complaints Commission South Australia, Australian Health Practitioner Regulation Agency)
- Deal with complaints promptly, avoiding unnecessary delay, and in line with published service standards where appropriate. Resolving problems and complaints as soon as possible is best for both consumers and the Health Service.
- Acknowledge the complaint and tell the consumer how long they can expect to wait to receive a reply. Health Services should keep the consumer regularly informed about progress and the reasons for any delays and provide a point of contact throughout the course of the complaint.
- Treat consumers sensitively and in a way that takes account of their needs.

[1] Note: Changes to key terms of these Principles to reflect local relevance including 'public body' changed to Health Service; 'customer' changed to consumer; 'complainant' changed to consumer; UK examples of health complaints bodies changed to examples of Australian bodies

- Use language that is easy to understand and communicate with the consumers in a way that is appropriate to them and their circumstances. For example, Health Services should make arrangements for consumers with special needs or those whose first language is not English.
- Listen to and consider the consumer's views, asking them to clarify where necessary, to make sure the Health Services understands clearly what the complaint is about and the outcome the consumer wants.
- Respond flexibly to the circumstances of the case. This means considering how the Health Services may need to adjust its normal approach to handling a complaint in the particular circumstances.
- Ensure, where complaints raise issues about services provided by more than one public body, that the complaint is dealt with in a coordinated way with other providers. If a Health Service cannot respond, it should refer the consumer quickly to other sources of help.

Principle 3: Being open and accountable

Health Services should do the following:

- Ensure that information about how to complain is easily available. They should provide clear, accurate and complete information to their consumers about the scope of complaints the organisation can consider; what consumers can and cannot expect from the complaint handling arrangements, including timescales and likely remedies; and how, when and where to take things further.
- Be open and honest when accounting for their decisions and actions. They should give clear, evidence-based explanations, and reasons for their decisions. When things have gone wrong, public bodies should explain fully and say what they will do to put matters right as quickly as possible.
- Create and maintain reliable and usable records as evidence of their activities. These records should include the evidence considered and the reasons for decisions. Health Services should manage complaint records in line with recognised standards to ensure they are kept and can be retrieved for as long as there is a statutory duty or business need. This can include the need to respond to complaints or to provide relevant information to an external complaints body [sic].
- Handle and process information properly and appropriately, in line with the law and relevant guidance. So, while their policies and procedures should be transparent, public bodies should also respect the privacy of personal and confidential information, as the law requires.
- Take responsibility for the actions of their staff and those acting on behalf of the Health Service.

Principle 4: Act fairly and proportionately

Public bodies should do the following:

- Understand and respect the diversity of their consumers and ensure fair access to services regardless of background or circumstances.
- Investigate complaints thoroughly and fairly, basing their decisions on the available facts and evidence, and avoiding undue delay. Health Services should deal with complaints objectively, fairly and consistently, so that similar circumstances are handled similarly. Any different decisions about two similar complaints should be justified by the circumstances of the complaint or consumer who made the complaint.
- Seek to ensure, where a complaint relates to an ongoing relationship between the Health Service and consumer, that staff do not treat the consumer any differently during or after the complaint.
- Avoid taking a rigid, process-driven, 'one-size-fits-all' approach to complaint handling and ensure the response to an individual complaint is proportionate to the circumstances. This means taking into account the seriousness of the issues raised, the effect on the consumer, and whether any others may have suffered injustice or hardship as a result of the same problem.
- Ask a member of staff who was not involved in the events leading to the complaint to review the case. The Health Service can still put things right quickly for the consumer where appropriate.
- Act fairly towards staff as well as consumers. This means ensuring members of staff know they have been complained about and, where appropriate, have an opportunity to respond.

A minority of consumers can be unreasonably persistent or behave unacceptably in pursuing their complaints. Health Services should have arrangements for managing unacceptable behaviour.

Principle 5: Putting things right

Providing fair and proportionate remedies is an integral part of good complaint handling. Where a public body has failed to get it right and this has led to injustice or hardship, it should take steps to put things right. There is a wide range of appropriate responses to a complaint that has been upheld. These include:

- an apology, explanation and acknowledgement of responsibility
- remedial action, which may include
    - reviewing or changing a decision on the service given to an individual complainant
    - revising published material
    - revising procedures, policies or guidance to prevent the same thing happening again
    - training or supervising staff
    - or any combination of these

- financial compensation for direct or indirect financial loss, loss of opportunity, inconvenience, distress, or any combination of these.

Principle 6: Seeking continuous improvement

Reporting on complaint handling performance can help to:

- motivate staff
- promote achievement
- drive improvement in service delivery
- boost public confidence in the complaint process
- encourage potential consumers to access the scheme properly
- enable Health Services to identify patterns in complaints

Public bodies should ensure they:

- tell the consumer when lessons have been learnt as a result of their complaint
- state any changes they have made to prevent the problem recurring.

Note: this is an abridged summary. The full Principles can be accessed at https://www.ombudsman.org.uk/about-us/our-principles/principles-good-complaint-handling

Impetus for change

The four major factors shown to impede quality improvement driven complaints handling have been identified as:

- mechanisms of using consumer complaints to improve quality had not been recognised at a policy level
- a fundamental disconnect between the consumer complaints system and the quality improvement system
- a lack of structural mechanisms to directly link any communication between the consumer complaints management system and the quality management system and
- no clear protocol requiring practical change. [76]

Given the identified impediments, the following key strategies therefore, provide impetus for change and strategies to implement a system where using consumer complaints trigger quality improvement;

- develop systemic policy and procedure that embeds consumer complaints in quality improvement processes and link directly with clinical governance systems and practices
- implement structural links between the complaints handling system and the safety and quality system (including shared/linked database, issues/patterns identification and analysis, staff collaboration)
- ensure systematic documentation of complaints data, including documented recommendations for quality improvement
- measure and monitor long term goals and strategies for using complaints data with appropriate oversight, including reporting to and recommendations from governance, senior management, safety and quality oversight committees and consumer advisory bodies
- conduct systematic evaluation and review of the complaints management policy and practice – including participation of complainants and other consumers

- ensure consumer participation (membership) of complaints management and safety and quality committees – including their participation in systemic issues and patterns analysis
- shift the focus from case-by-case management-driven response (focused on the individual consumer relationship) to a quality systems management-driven response (focused on analysis at a systemic level)
- actively lead a cultural shift away from complaints damage control to recognition of enhancing quality and accountability
- support dedicated complaints handling staff who have training in all aspects of complaints handling and in quality management (decentralised)
- promote and foster *systems thinking* and *pattern analysis* of complaints (in both dedicated complaints handling staff and front-line staff responding to complaints) and include this in complaints management training and education
- implement mechanism for local/service level complaints handling – and organisations have a centralised complaints management structure – ensure capacity building and clear protocols and indicators for complaints management for front line staff
- implement processes for prompt actions for change at service level, where identified (without over-reliance on the complaints mechanism to trigger quality improvement)
- implement practices where staff/clinicians are directly involved in quality improvement activities to close the loop between service complaints and actions for change
- ensure structured complainant participation in the complaint management process (including eliciting the complainant's motivation for the complaint and expectations of outcomes and closed loop feedback upon resolution of the complaint and implementing/communicating actions for quality improvements)
- recognise and acknowledge where a 'blame culture' has existed and that defensive staff routines and responses exist in this context; identify barriers associated with complaints reporting and response from staff
- actively shift the culture, led by senior managers, away from reactive and defensive complaints handling response to damage control toward a culture of enhanced public accountability and quality service
- recognise that training is required to effectively deal with consumer complaints, which includes the need for certain skill development such as communication skills, dealing with and responding to negative feedback, emotional resilience, investigation processes, complaints analysis and quality management (don't assume this is the skill set of health clinicians)
- empower dedicated complaints handling staff with the appropriate level of authority to act - to gather information; investigate complaints; direct others to act (including senior staff); enforce quality improvement actions; and monitor, review and respond directly to consumers to do what is necessary to correct and/or resolve a mistake
- recognise the pivotal role of dedicated complaint handling staff and implement mechanisms for them to assist and encourage staff and systems to learn from mistakes

- recognise and mitigate the potential conflicting expectations between dedicated complaints handling staff and leadership, staff and services, that may cause misunderstanding or barriers to complaint handling and further impede actions for quality improvement
- implement mechanisms and channels of communication between dedicated complaints handling staff, complainant and service staff to ensure open and reciprocal information flow
- share information about complaints, their handling and resolution, the motivation and expectations of complainants and the actions for change, to inform a culture of learning from mistakes – embed this in training packages, team meetings, safety and quality committees, complaints management staff meetings, executive and senior leadership committees and meetings and learning labs
- publish consumer complaints data, in a format that is accessible/interpretable to the public
- implement open and diverse channels for making complaints and provide prominent information about the willingness of the organisation to receive and act on complaints
- actively demonstrate the willingness of the organisation to recognise the value of and use consumer complaints to improve quality in creative and innovative ways.

Conclusion

This paper clarifies the critical role consumer engagement plays in improving the quality of care provided by health care services. Active and meaningful consumer engagement requires a transparent and accessible consumer complaints process to provide a valuable source of insight into safety and quality related problems within healthcare organisations. Consumers are legitimately positioned, through this experience, to evaluate the care and services received in terms of whether their care goals, needs and expectations have been met, and their assessment of their outcomes of care.

A rigorous and effective consumer complaints mechanism serves to create a dialogue between an organisation and its consumers, that allows individuals to give feedback when they are dissatisfied with a product or service; resolve problems and provide appropriate redress; provide feedback to the provider to make improvements; and provide evidence at a systemic level for the organisation to take action. Further, there are clear identified benefits, reported in the literature, of engaging consumers in improving their own care quality and safety identified as consumers.

The evidence however indicates that health services tend to resolve consumer complaints on a case-by-case basis rather than acting on complaints as a collective group to identify systemic problems and deficiencies and to drive quality improvement. This means that units/departments complained against are more likely not to be actively involved in any clinical quality improvement activities. Further, data analysis of complaints trends is not likely to be directly linked to quality management systems.

There are four key strategies to improve complaints handling and drive quality improvement. These include improving all stages of the complaints process from collection; analysis; actioning and communication.

Several major factors however, impede quality improvement driven complaints. These include: lack of organisational policy mechanisms for complaints to drive quality improvement; systemic disconnect between consumer complaints and quality improvement systems; lack of structural mechanisms to directly link communication (including data and reporting) between complaints management and quality management systems; and no clear protocol requiring practical change.

Significantly, designated complaints handling staff require the agency and authority to act to gather information; investigate complaints; direct others to act (including senior staff); enforce quality improvement actions; and monitor, review and respond directly to consumers to do what is necessary to correct and/or resolve a complaint and to action change in policy and practice.

The way in which a health organisation responds to complaints is an indicator of the organisation's use of complaints to drive improvement. This requires a conscious shift from case-by-case management focus to a policy driven, systematic complaints management protocol that requires systems thinking and pattern analysis. It requires standardised mechanisms at all stages or the complaints process that are linked to quality improvement systems and processes. Further, it requires systematic evaluation and review of the complaints management policy and practice. Structured, outcomes focussed participation and communication with the complainant with a closed feedback loop upon resolution must embedded in the process so that consumers are able to provide feedback and seek an appeals process if they are not satisfied with the outcome.

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October 2018

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