

AUSTRALIAN COUNCIL FOR SAFETY AND QUALITY IN HEALTH CARE



Better Practice Guidelines on Complaints Management for Health Care Services

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The Australian Council for Safety and Quality in Health Care was established in January 2000 by the Australian Government Health Minister with the support of all Australian Health Ministers to lead national efforts to improve the safety and quality of health care, with a particular focus on minimising the likelihood and effects of error. The Council reports annually to Health Ministers.

This document provides better practice guidelines on complaints management for health care services. It is an attachment to the Council's fifth annual report to Health Ministers, *Maximising National Effectiveness to Reduce Harm and Improve Care, Fifth Report to the Australian Health Ministers' Conference, 29 July 2004*.

Copies of this document and further information on the work of the Council can be found at www.safetyandquality.org or from the Office of the Safety and Quality Council on telephone: +61 2 6289 4244 or email to: safetyandquality@health.gov.au.

Acknowledgements and Note

The Australian Council for Safety and Quality in Health Care acknowledge the significant role played by the Australasian Council of Health Care Complaints Commissioners in the development of these Guidelines. The Council also acknowledge the Health Issues Centre and the Royal Australasian College of Physicians for input into the project. In addition stakeholders involved in the consultation and development of the Guidelines are acknowledged with particular thanks to the Project Steering Committee and Expert Panel.

Note: the Australasian Council of Health Care Complaints Commissioners is made up of health care complaints commissioners of each Australian state and territory, the Commissioner for Complaints (Aged Care), the Private Health Insurance Ombudsman and the New Zealand Health and Disability Commissioner. The Commissioners meet biannually.

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Preface

The Australian Council for Safety and Quality in Health Care aims to reduce harm to patients and improve the safety and quality of health care.

The Council's vision for a safer system is one that places consumers at the centre of the system and harnesses the experiences of patients and their carers to drive improvements. The Council is also committed to improving responsiveness of the health system to the needs and concerns of consumers.

Consumers (including patients and carers) have a unique expertise in relation to their own health and their perspective on how care is actually provided. Consumer complaints are therefore a unique source of information for health care services on how and why adverse events occur and how to prevent them. As well as reducing future harm to patients, better management of complaints should restore trust and reduce the risk of litigation, through open communication and a commitment to learn from the problem and prevent its recurrence.

In 2003, Council funded the *Turning Wrongs into Rights: learning from consumer reported incidents* project as a practical way to promote better practice in complaints management by Australian health care services, with a focus on using complaints to improve safety and quality.

The Council engaged the NSW Health Care Complaints Commission to undertake the project on behalf of the Australasian Council of Health Care Complaints Commissioners, working with the Royal Australasian College of Physicians and the Health Issues Centre.

The project reviewed research on good complaints management, surveyed 53 health care organisations, conducted consultations and drew upon existing policies, standards and laws to develop the ***Better Practice Guidelines on Complaints Management for Health Care Services***. The project also developed an accompanying complaints management handbook to provide practical information for anyone seeking to use the ***Guidelines***.

The *Guidelines* are intended to provide practical assistance to organisations wanting to develop or improve their complaints management systems and to promote positive attitudes to complaints as part of a wider consumer feedback strategy.

Better Practice Guidelines on Complaints Management for Health Care Services

Consumers and quality improvement

Consumer complaints provide health care services with a unique source of information. Open discussion of the needs of consumers and their concerns about the quality of care helps health care professionals and services understand potential problems and how they can improve their service.

Complaints and incident monitoring

The aim of the Guidelines is to promote better complaints management practice by health care services and to improve the links between complaints management and safety and quality improvement. For complaints to be taken seriously as a source of information on the quality of care, they need to be part of incident reporting and review systems. In such systems, consumer concerns and complaints are regarded as ‘consumer reported incidents’.

Incident monitoring is an important part of risk management, ensuring that health care services collect information to identify, assess, manage and minimise risks. This process supports a preventive approach by monitoring all events that have or may lead to unintended harm, complaint, loss or damage.

In the health care sector, inadequate communication is a major cause of complaint or legal claim and, therefore, is an inherent risk. Consumers experiencing an adverse event are less likely to commence legal action or complain if they understand their diagnosis and the risks associated with their treatment, and have a good relationship with their health care professional.

Dispute management

Responding appropriately to complaints is an important way of restoring trust in a service and preventing a minor grievance escalating into a major incident. Lack of proper acknowledgment and poor follow up of consumers’ concerns are among the most common areas of dissatisfaction with complaints management. A joint problem-solving approach to complaints management involves a dialogue with consumers about their

concerns and the outcomes they are seeking, rather than just announcing to them what has already been decided.

The most commonly sought-after outcomes from a complaint to a health care service are an explanation, an apology, a request for the health care provider to show they care, reassurance and sympathy, and to prevent the same thing happening to other people.

Changing attitudes

International research has found that health care professionals have had a tendency to dismiss complaints as an unjustified or unwelcome challenge to their professional competence and commitment. Therefore, promoting positive attitudes to consumer feedback about the quality of care, including complaints, is crucial.

Consumers are generally reluctant to express dissatisfaction about health care services for a range of reasons. They need to be encouraged to provide feedback, whether it is a complaint, a suggestion, a compliment or a comment on whether their needs are being met.

A successful strategy adopted by many services is to deal with complaints as part of promoting feedback from consumers, enabling the collection of positive and negative comments.

How to use the Guidelines

The Guidelines provide assistance to health care services when they are developing or improving their complaints management system. Their application will vary according to the size and nature of the service but, they are designed to be useful for all types of health care settings.

The Guidelines provide a national framework for better practice complaints management for health care services, and incorporate relevant policies of Australian state and territory departments of health, the national *Open Disclosure Standard 2003*, standards of accreditation programs, and relevant Australian and International Standards (see back page for full list). The Guidelines also take into account applicable laws and policies of professional indemnity organisations and professional standards.

Indicators describing practices consistent with each guideline are included. As 'better practice' guidelines, they support a continuous improvement approach, rather than a fixed performance standard or benchmark. The

indicators assist health care services measuring improvements in their performance over a period of time.

A *Complaints Management Handbook* provides practical information on how to implement the practices described in the Guidelines and indicators.

How the Guidelines were developed

The Guidelines are an initiative of the Australian Council for Safety and Quality in Health Care (the Council), working in partnership with the Australasian Council of Health Care Complaints Commissioners and others.

The Guidelines are the result of the *Turning wrongs into rights: learning from consumer reported incidents* project, conducted during 2003 and 2004. The project conducted research on better practice complaints management in Australia and internationally, and consulted with a wide range of interest groups. The Council engaged the Health Care Complaints Commission NSW (on behalf of the Australasian Council of Health Care Complaints Commissioners) to conduct the project, with the Health Issues Centre and the Royal Australasian College of Physicians.

The project based the Guidelines and the Handbook on the following research:

- an *Annotated Literature Review*, 2003, reviewing Australian and international research on good complaints management in a range of industries;
- a *Survey of examples of better practice complaints management by Australian health care services*, 2003, outlining the complaints management systems of 53 health care services;
- a *Briefing paper* providing an overview of relevant policies, standards and programs on complaints management and quality improvement in health care services; and
- *Turning wrongs into rights*, the keynote address by Professor Linda Mulcahy, Birbeck College, University of London, 2003.

A Project Steering Committee guided the project's work and an expert panel provided advice on the research and the Guidelines. Stakeholders provided comment on the draft Guidelines during October and December 2003.

The project sponsored a visit by Professor Linda Mulcahy to Australia. Professor Mulcahy, an international expert on complaints and legal claims in the health sector, gave the keynote address at the project's National Consultative Workshop in October 2003. Information about the project and copies of the research papers are available at the Health Care Complaints Commission website, www.hccc.nsw.gov.au

Terms and definitions

'Adverse event' is defined by the Council's Shared Meanings project as 'incidents that result in harm to a person while receiving health care'.

'Incident' is defined by the Council as 'an event or circumstance which could have, or did lead to unintended and/or unnecessary harm to a person, and/or a complaint, loss or damage'.

'Harm' is defined by the Council as 'death, disease, injury, suffering, or disability experienced by a person'. 'Suffering' includes 'experiencing anything unpleasant'.

'Carer' is used to refer to family members, guardians or friends who have an interest in, or are responsible for, the care of a consumer.

'Complaints' is defined to include expressions of dissatisfaction or concerns about a health care service made by consumers, their carers or others. All complaints and concerns are included, whether they are formal written complaints, a concern expressed during discussions with a health care professional, or views expressed as part of a consumer feedback survey.

'Leaders' of a service refers to principal partners, executive managers and directors—the people with ultimate responsibility for clinical, financial and other aspects of governance.

'Open disclosure' is described in the Council's Open Disclosure Standard (2003) as the 'open discussion of incidents that result in harm to a patient while receiving health care'. The elements of open disclosure are an expression of regret, a factual explanation of what happened, the potential consequences of the incident, and the steps taken to manage the event and prevent recurrence. The Standard (2003) provides guidance to hospitals for implementing open disclosure procedures.

‘Service’ means health care services, being any service that provides for a person’s health or well-being, including primary and office-based health care, community health care, residential aged care and nursing homes, and acute health care services.

Information on the Council’s Shared Meanings project is available at www.safetyandquality.org/definition/smhome.htm

The Guidelines

1. Commitment to consumers and quality improvement

Leaders in the health care service promote a consumer-focused approach to complaints as part of a continuous quality improvement program.

2. Accessible

The service encourages consumers to provide feedback about the service, including concerns and complaints, and makes it easy to do so.

3. Responsive

The service acknowledges all complaints and concerns and responds promptly and sensitively.

4. Effective assessment

The service assesses complaints to determine appropriate responses by considering risk factors, the wishes of the complainant and accountability.

5. Appropriate resolution

The service deals with complaints in a manner that is complete, fair to all parties and provides just outcomes.

6. Privacy and open disclosure

The service manages information in a fair manner, allowing relevant facts and decisions to be openly communicated while protecting confidentiality and personal privacy.

7. Gathering and using information

The service records all complaints to enable review of individual cases, to identify trends and risks, and report on how complaints have led to improvements.

8. Making improvements

The service uses complaints to improve the service, and regularly evaluate the complaints management policy and practices.

Better Practice Indicators

The indicators set out below describe practices that are consistent with the Guidelines. The Complaints Management Handbook provides a self assessment tool for services to assess how their complaints management system measures up against the indicators and where they need to improve.

Guidelines

Indicators (practices)

1. Commitment to consumers and quality improvement

Leaders in the health care service promote a consumer-focused approach to complaints as part of a continuous quality improvement program.

- 1.1 Leaders in the service promote consumer-focused care as part of continuous improvement and maintenance of the quality and safety of care and service. ^{1, 2, 5, 8, 9, 11, 12}
- 1.2 All managers of the service hold responsibility for, and have an understanding of, effective complaints management. ^{1, 2, 5, 7, 8, 9, 10, 12}
- 1.3 The service has a complaints management policy and procedures, which staff can describe and routinely use, appropriate to their role and responsibilities. ^{1, 2, 5, 6, 7, 8, 9, 10}
- 1.4 The service provides adequate resources to maintain the complaints management system, especially for staff training, appropriate administrative support and staffing. ^{1, 2, 7, 8, 9, 10, 12}
- 1.5 The service has a policy on informed consent, which is understood by relevant staff. ^{5, 6, 10}
- 1.6 An appropriately skilled and senior member of staff is responsible for the complaints management system, and reports to senior management. ^{2, 6, 7, 8, 9, 10}

Guidelines

Indicators (practices)

2. Accessible

The service encourages consumers to provide feedback about the service, including concerns and complaints, and makes it easy to do so.

- 2.1 The service makes information available to consumers in a range of ways, so consumers are aware of the complaints management policy, what they can expect when lodging a complaint and the availability of independent health care complaints commissioners. ^{1, 2, 5, 6, 7, 8, 9, 10, 12}
- 2.2 The service actively seeks feedback from consumers and their families and offers a range of methods for them to raise concerns, complaints and suggestions for improvement. ^{1, 2, 6, 7, 8, 9, 10, 12}
- 2.3 The service provides for complaints to be made anonymously. ^{7, 8, 9, 10}
- 2.4 The service provides assistance to consumers who have special needs, such as people who cannot write in English, so they are able to make a complaint and understand the process. ^{1, 2, 8, 9, 10}
- 2.5 The service takes steps to facilitate complaints from people who, for reasons of culture or health status, are less likely to complain, appropriate to the service's consumer base. ^{1, 2}

Guidelines

Indicators (practices)

3. Responsive

The service acknowledges all complaints and concerns and responds promptly and sensitively.

- 3.1 Clinicians and other staff are able to resolve complaints at the point of service, and refer complaints that require further action, consistent with the complaints policy of the service. ^{1, 2, 7, 8, 9}
- 3.2 Clinicians and staff are able to respond appropriately to minimise the likelihood of dispute or conflict. ^{1, 3}
- 3.3 The service acknowledges within 48 hours complaints not resolved at the point of service (formal complaints) and informs complainants about the complaints process, what they can expect and the availability of external health care complaints commissions. ^{1, 2, 7, 8, 9, 10, 12}
- 3.4 The service resolves complaints promptly, within reasonable target time frames that are set out in the complaints policy, and within this timeframe in 80 per cent of cases. ^{1, 2, 7, 8, 9, 10, 12}
- 3.5 The service monitors the progress of complaints that are not resolved at the point of service and keeps complainants informed at each stage of the process. ^{1, 2, 7, 8, 9, 10}

Guidelines

Indicators (practices)

4. Effective assessment

The service assesses complaints to determine appropriate responses by considering risk factors, the wishes of the complainant and accountability.

- 4.1 The service assesses all complaints to determine the most appropriate dispute resolution process, taking into account the seriousness and complexity of the complaint and the wishes of the complainant. ^{1, 2, 4, 8, 11}
- 4.2 The service has a risk management program, which includes strategies for managing complaints as part of incident monitoring, with tools to support routine identification and classification of risk (for example, a Severity Assessment Code or Seriousness Assessment Matrix). ^{4, 5, 8, 9, 10, 11}
- 4.3 The service has a system to notify senior management of serious risks rapidly and effectively, enabling prompt and appropriate action. ^{2, 4, 7, 8, 9, 10, 11}
- 4.4 The complaints policy of the service sets out the circumstances where external bodies, such as professional registration boards, health care complaints commissions, coroners, police and other regulators, will be consulted or notified. ^{1, 2, 4, 7, 8, 9, 10, 11, 12}

Guidelines

Indicators (practices)

5. Appropriate resolution

The service deals with complaints in a manner that is complete, fair to all parties and provides just outcomes.

- 5.1 The complaints resolution and investigation processes of the service are simple and clear, and can be easily understood by complainants and staff. ^{2, 7, 8, 9, 10, 12}
- 5.2 The service emphasises joint problem solving in the resolution of complaints. ^{1, 3}
- 5.3 The service reviews formal complaints to determine the events that occurred, the underlying causes of the complaint and corrective strategies. ^{4, 8, 11}
- 5.4 Investigations of complaints made by the service are complete and based on facts, using relevant documentation, policies and information provided by complainants, clinicians and staff directly involved in a complaint. ^{1, 2, 3, 11}
- 5.5 When investigating a complaint, the service seeks to establish the events that occurred, to identify the underlying causes or contributing factors, and to recommend preventative strategies. ^{1, 2, 11}
- 5.6 The complaints resolution process used by the service is equitable, objective and fair to all parties. ^{1, 2, 6, 7, 8, 9, 10, 12}
- 5.7 The service informs complainants and staff of the outcomes of investigations and provides reasons for its decisions. ^{1, 2, 8, 9, 10, 11}
- 5.8 The service provides just outcomes for complainants that are appropriate to the circumstances. ^{1, 11}

Guidelines

Indicators (practices)

6. Privacy and open disclosure

The service manages information in a fair manner, enabling relevant facts and decisions to be openly communicated, while protecting confidentiality and personal privacy.

- 6.1 The service investigates and resolves complaints in a confidential manner. ^{2, 7, 8, 9, 10, 12, 13}
- 6.2 At the time a formal complaint is first acknowledged the service informs complainants about how their personal information is likely to be used. ¹³
- 6.3 The service collects and stores complaints records separately from patient medical records and ensures identifying personal information in the records is accurate, and stored and used in accordance with privacy obligations. ^{10, 13}
- 6.4 The service is able to respond promptly to requests from consumers and their authorised representatives, for access to personal health records and to amend errors in the record. ^{7, 8, 9, 10, 11, 13}
- 6.5 The service has a documented open disclosure policy that is understood by relevant staff. ¹¹
- 6.6 The service provides complainants and clinicians and staff involved in a complaint with the known facts, a summary of the factors contributing to the complaint, information on what will be done to avoid repetition and how changes will be monitored. ¹¹

Guidelines

Indicators (practices)

7. Gathering and using information

The service records all complaints to enable review of individual cases, to identify trends and risks, and report on how complaints have led to improvements.

- 7.1 The methods used by the service to record complaints facilitates review of individual complaints and analysis of trends and patterns in complaints for the purpose of clinical governance and quality improvement. ^{1, 2, 4, 5, 7, 8, 9, 10, 11, 12}
- 7.2 The service uses a risk management system to identify, analyse, evaluate, and manage risks in a way that enables minimal losses and maximum opportunities. ^{1, 2, 4, 7, 11}
- 7.3 The service collects sufficient information to allow monitoring and review the complaint management system and compare performance with relevant policies and standards. ^{1, 2, 4, 5, 6, 7, 8}
- 7.4 The service regularly provides complaints information to clinicians and staff and offers a forum for staff to discuss the outcomes of complaints, the lessons learned from complaints, and how recommendations resulting from complaints have been implemented and monitored. ^{8, 9, 11, 12}
- 7.5 The service periodically provides public information about its consumer feedback, including complaints, as part of quality improvement reporting. ^{7, 8, 9, 10, 11}

Guidelines

Indicators (practices)

8. Making improvements

The service uses complaints to improve the service, and regularly evaluates the complaints management policy and practices.

- 8.1 Executive management or principals of the service routinely use complaints information as part of clinical governance, quality improvement, planning, and to inform staff training and professional development. ^{4, 5, 8, 12}
- 8.2 Senior clinicians and managers respond to complaints after completing the risk assessment, and conduct appropriate investigation, reporting, analysis, review and follow up. ^{4, 5, 11}
- 8.3 The service monitors complainant and staff satisfaction with the complaint resolution process and the outcomes of complaints resolution. ^{1, 2}
- 8.4 The service continuously monitors and regularly compares the performance of the complaints management system with the complaints management policy and external standards. ^{1, 2, 5, 7, 8, 9, 10}
- 8.5 The managers of the service regularly evaluate policies and practices on complaints management, informed consent and open disclosure to determine their effectiveness, and make improvements when required. ^{1, 2, 5, 7, 8, 9, 10}
- 8.6 The service involves consumers and staff in the design and evaluation of the complaints management system. ^{1, 4, 5, 12}

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