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Turning wrongs into rights:
learning from consumer reported incidents

Summary
Annotated literature review

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Summary - annotated literature review

1. Background

The Australian Council for Safety and Quality in Health Care has sponsored the *Turning wrongs into rights* project to improve the way consumer complaints are managed by health services and to ensure they are linked to quality improvement. The Project will develop Interim Better Practice Guidelines on Complaints Management in Healthcare Services based on evidence of good practice in Australia and internationally.

The project will be conducted between April and December 2003. It will prepare:

- a review of literature on good practice in complaints management, across customer service industries in Australia and internationally;
- a survey of Australian health care services have better practice in complaints management,
- Interim Better Practice Guidelines and Performance Indicators on Complaints Management, and
- detailed recommendations for implementation and future action.

The project team is comprised of the Health Care Complaints Commission (representing the Australia New Zealand Council of Health Complaints Commissioners), the Royal Australasian College of Physicians (representing the Committee of Presidents of Medical Colleges), Resource Resolution Network and the Health Issues Centre.

The Health Issues Centre has been engaged to complete a literature review as an initial step in the Project to identify and analyse information on innovation and better practice in complaints management. The review will inform the other work of the project - a survey of better practice in complaints management by Australian health care services, Interim Better Practice Guidelines and recommendations for implementation of the Guidelines.

2. Aims

The review aims to bring together current knowledge about consumer complaints management processes, in particular principles of good practice and effective use of complaints to drive systemic improvement.

The review was commissioned to answer the following questions:

1. What are the key principles in nationally significant consumer complaints handling standards and policies?
2. What evidence is there of processes that directly link consumer complaints to systems for organisational or service improvement?
3. What are the models of ‘better practice’?
4. What are the key elements of those ‘better practice’ systems?
5. What difference have these better practice complaints management systems made to the way that organisations do their business? What performance indicators are used to measure success?
6. What research is there on the staff competencies in complaints management and the position of front line complaints management staff within organisations (perceived and actual)?

7. What information is there of effective strategies to implement complaints management processes, such as staff training, information technology tools and other initiatives?

3. Search Strategy

The literature search focused on the last five years using a combination of strategies including searching computerised databases via websites and libraries, and contacting key people working in the area of health care complaints including key international authors. Unpublished and harder to find literature was identified through key networks of the project team. Specialist collections of the Health Issues Centre and National Resource Centre for Consumer Participation in Health were excellent sources of literature from the consumer perspective. Once identified the research literature was obtained from the Latrobe University Library and the National Library of Australia.

Rich sources of literature on complaints management were located in databases with a social sciences focus. Clusters of databases, plus databases that indexed the contents of many thousands of journal titles, for example Ingenta, were the most fertile sources of literature. Sources, which provided access to full text literature online, were invaluable saving time and money in acquiring resources.

4. Findings

4.1 Context

The literature review appraises Australian and international literature on complaints, and complaints management. It does this in the context of overall developments in health care which currently focus attention on firstly, recognising consumer rights and enhancing their voice in the health care system; and secondly, on rates of medical error and adverse events in health care and the need to improve patient safety. It aims to investigate evidence that directly links consumer complaints to systems for organisational or service improvement. By drawing attention to aspects of complaints management in health care, the review pulls together themes that need be addressed in the development of the Draft Interim Guidelines and associated key performance indicators. More specifically it draws together information to assist the project understand what constitutes good practice and the issues to be considered in the implementation of the Draft Interim Guidelines.

Learning from other sectors

The literature review aimed to examine complaints management across customer service sectors, such as financial services, retail, telecommunications and transport. A comprehensive analysis of the differences in complaints management between health care and other sectors was not undertaken, but there are some insights to be found.
In customer service sectors other than health there is a clear emphasis on the use of complaints to improve quality, the benefits of customer focus and the alignment of the organisation toward building customer relationships. It appears prioritising customer feedback and identifying core practices and processes impacting on customer experience are established practices, and are considered integral to the broader quality management system and improving quality overall.

**Developments in health sector**

A number of developments in the health sector have generated much of the literature:

(a) The discovery in the early 1990s of the unacceptable level and rate of adverse events in the provision of medical care and health services to patients, frequently with catastrophic consequences—death or serious harm. These discoveries were made in the US, followed by Australia, UK, and New Zealand through a series of landmark studies of error rates through hospital file reviews of large numbers of patients. The famous ‘Harvard Study’1 was first. The Australian Adverse Events Study followed in 19952.

(b) Such initiatives ‘kick-started’ the policy attention from individual to a systems approach to improving safety, risk management and quality of health care and led to the establishment of the Council.

(c) The general heightened concern about consumer issues and rights and in particular the establishment in Australia of health care complaints commissions in each State and Territory to provide independent ombudsmen for health care in the mid-1990s. The main objective of the commissions is to resolve complaints through conciliation. The commissions also have an increasing role in promoting good practice in complaints management by healthcare services, particularly by larger organisations such as hospitals and Area or District Health Services.

(d) Most Australian State and Territory Governments have developed or are developing policies, standards or guidelines on complaints handling by healthcare services. The Queensland, Western Australian, New South Wales, and the ACT documents are included in this review. A policy is currently being developed in Victoria.

(e) The British Government and the National Health Services (NHS) have undertaken a comprehensive series of reviews and policy developments on complaints since the early nineties, as part of their ‘Citizen’s Charter’ commitment to ‘customer excellence’.

(f) There has also been considerable attention paid to identifying and dealing with the ‘epidemic’ of medical litigation.

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2 See Wilson et al 1999 -Summary No. 50
4.2 Themes

**Individual and systems approach**
The literature reflects two approaches to complaints resolution in the health care sector. The traditional approach focuses on the individual consumer or their carer and the health care providers directly involved. The outcomes of complaints are not routinely examined and translated into broader lessons for the health service, the health system and the community.

The quality improvement approach promotes risk management and quality improvement by recognising the systemic nature of most adverse events and by promoting open communication with patients and carers when things go wrong.

The literature supports the view that promoting a quality improvement approach requires information about complaints to be integrated into other adverse event reporting and claims analysis. It also requires the creation of an organisational culture and associated systems that ensure that adverse events and consumer feedback generate opportunities for learning. This needs to occur at all stages of the process, from the reporting stage to documentation and analysis, through to embedding the necessary changes in clinical practice.\(^3\)

**Principle of good practice**
The complaints handling standards, guidelines and policies included in this review incorporate statements of principles. The complaints policies cover the health sector, community and child protection services; police; retail/customer service; law and financial services. The principles aim to ensure a consistent method of management, monitoring of reporting complaints, actions and practices to improve service standards.\(^4\)

Common elements of good practice documents focus on:
- Organisational commitment
- Leadership
- Openness
- Accessibility of complaints management process
- Rights of patients and consumers to complain
- Impartiality of the complaints process
- Timeliness
- Confidentiality
- Support for staff (training, debriefing etc.)

**Complaints management and quality improvement**
Literature about complaints and quality falls into two main areas.
1. Complaints management per se mostly offers ‘typologies’ of complaints (which activities in health care are complained about) and discussion of

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\(^3\) See Schneider 2000- summary no. 72

\(^4\) The review also made attempts to determine the British Standard, and the JCAHO accreditation standards in the US around complaints management. These standards have commercial value and are hard to access; at the time of the Writing, WEB search, plus emails to each Standard organisation failed to produce a response.
management processes, primarily focused on resolution. On the whole these identify the notion of linking complaints to quality improvement as 'a good idea' and identify this as one of main concerns of consumers and complainants – (“I wouldn’t want it to happen to anyone else”) but neglect to set out clear pathways or processes whereby this link can be effectively made.

2. Other literature focuses on quality and safety improvement in clinical care and how this may be achieved – complaints may or may not be mentioned as part of the ‘matrix’ of clinical information upon which quality improvement processes rely.

The literature indicates that complaints management with a quality improvement component is a comparatively recent innovation in health services. There is evidence from the literature that the introduction of complaints management is enhancing the capacity of health services to identify issues on which to base analysis and improve practices, but it remains at an early stage. Some health complaints tools have been developed to assist with the implementation of complaints management and in particular to offer a guide about the various strategies available to identify and analyse issues within a systems framework and within individual clinician practice. The activities described in the toolkits include:

- Incident reporting
- Peer review meetings
- Audits
- Sentinel event management
- Clinical indicators
- Conciliation and resolution

There are a few articles that attempt to directly link consumer complaints to providing opportunities to strengthen service improvement. These provide some examples of health services introducing appropriate recording of complaints and their outcomes, employing risk management strategies and reportedly meeting the concerns of consumers.

The only evaluative studies found of complaints management are those undertaken by the UK National Health Service in the General Practice setting. One study compared formal NHS processes with informal ‘on the spot’ complaints resolution processes involving patient participation. It found that the informal processes were more effective.5

**Risk management**

The literature on risk management focuses on reducing system failure and managing for its inevitability, whether caused by technology, human error, or procedurally. Complaints data can become part of the whole data system for risk management, feeding information about errors, mistakes, system failures and near misses into processes that can best act upon it.

Complaints are seen as particularly important in the risk management literature because they constitute the main consumer input into this process. Additionally they engage the service provider as accountable

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5 See Pietroni et al 1994-Summary no. 42
directly to the ‘customer’ – the recipient and beneficiary of clinical care for whom things have gone wrong.  

**Consumers’ and providers’ experience of complaints**

The literature confirms consumers’ requirements for open and timely communication when things go wrong in the provision of health care and the need to provide undertakings that lessons have been learned to prevent a recurrence. Research on complainants’ experiences of lodging complaints across a range of industries illustrates the crucial importance of communication and staff attitudes.

The literature reflects the anxiety and difficulty experienced by clinicians when dealing with consumer complaints. Complaints are experienced as an attack on their professional competence. As a consequence they adopt defensive strategies such as denial. There is a tendency on the part of clinicians to concentrate on the technical aspects of complaints, rather than issues emphasised by complainants. These findings suggest that clinicians’ responses are critical in the establishment of a quality improvement culture.

In all the literature authors identify what constitutes good practice in the handling of complaints and argue that systems should work well for all stakeholders.

**Education and training**

The literature available mainly concentrates on medical training; stressing the importance of training at postgraduate levels to develop new knowledge and skills in clinicians currently practicing. The issue of undergraduate training of medical students is also stressed, in particular the need to alter curricula, and the need to promote a change from a medical culture (which emphasises no error – deemed as unachievable) to one where open learning from mistakes is encouraged as part of achieving excellence.

**Diversity of consumers**

The findings in this area are limited. Few studies address consumer diversity specifically as it relates to accessibility, the specific measures required or current performance of complaints management processes. Literature is included from the Northern Territory Health Complaints Commission that identifies the difficulties. It promotes a targeted process for handling complaints from Aboriginal peoples. As well, several states produce guidelines to providing health care services in a multicultural environment generally. However they do not make specific reference to complaints. Finally, some literature on managing ‘difficult’ (mentally ill) complainants and complaints concerning children is included.

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6 The starting point for risk management in health care is taking the lessons from approaches to risk management in other high risk activities, such as aviation, and applying similar principles to standards of clinical care. See Helmreich 2000- summary no. 47
7 See Berwick et al 1992 -summary no. 77