

*A GUIDE FOR THE
MANAGEMENT OF HEALTH
CONSUMER COMPLAINTS
COMPLAINTS MADE TO
WESTERN AUSTRALIAN
COUNTRY HEALTH SERVICES*

**Developed by Rural Consumer Participation Project Officer
Health Consumers' Council WA Inc.**

A Guide for the Management of Complaints made to Western Australian Country Health Services

Introduction

The Health Consumers' Council is an independent community based organisation representing the consumers' 'voice' in health policy, planning, research and service delivery. The Council advocates on behalf of consumers to government, doctors, other health professionals, hospitals and the wider health system.

More information is available on the Council website www.hconc.org.au

The Council has three key activities:

- Advocacy for individuals having difficulty navigating the health system
- The recruiting, training and maintaining of consumer representatives on a range of local, state and national committees
- The review of health policy from a consumer perspective.

The Health Consumers' Council WA has been working in the management of complaints about the health system and health services since 1995. We have knowledge and understanding of best practice complaints management from a consumer perspective. The Health Consumers' Council has developed this modest resource to assist WA Country Health Services to more effectively manage complaints. Our complaint handling suggestions are based on International Standard ISO 10002.

Complaints are something that most people try to avoid whether it is as a complainant or a respondent. Many of us are reluctant to make a complaint even when there are good grounds.

Consumers understand that adverse events occur but the critical factor for consumers is how the adverse event is managed. Often health service providers withdraw from consumers at the time when they need the most support.

The main reason why consumers are motivated to make a complaint is so that they feel that the same experience will not happen to someone else. Therefore it is important to see complaints as an avenue of reviewing health service delivery and making changes when and if necessary.

While receiving a complaint can be stressful and our instinct is maybe to become defensive, it is important that complaints are managed transparently and efficiently. Otherwise the original issue can become obscured by how the complaint has been received and handled. This can lead to increased feelings of alienation by the consumer if they believe that their complaint is not being taken seriously and handled fairly.

This paper provides a simple approach to handing a complaint effectively. There are case studies provided as examples to highlight the points made.

GUIDELINES FOR COMPLAINTS MANAGEMENT

Complaints by health consumers that are managed well can ensure that patients/consumers maintain positive feelings towards the service and health care providers generally. Information obtained from complaints can contribute to increased safety and quality of health care. Complaints are best seen as a way of examining and where necessary, making improvements to the way services are delivered.

The following are good practice principles to adopt when managing a complaint from a health consumer.

1 An Open and Engaging Approach

This shows the consumer that you have an open attitude when receiving the complaint; a willingness to believe that an error or service problem could have happened and an open attitude will be adopted during the investigation of the complaint.

Mistakes or poor performance can happen to any practitioner, for a range of reasons, so it is best to resist dismissing out-of-hand that such things can occur.

2 Investigation

Without exception, each complaint needs to be investigated and managed formally rather than informally in accordance with an established WACHS wide procedure.

[Note: Resist the inclination to immediately pick up the phone and talk to the respondent informally without thinking through the correct procedure as this makes it very difficult to later assert a formal approach]

3 Consumer First

After considering the complaint and ensuring you have a proper process in mind, contact the consumer to get the whole story before initiating any other action. Avoid reacting or defending at this point. Listen without interruption – listen in a way that enables them to tell their story. Do this before starting any investigation.

[Note: A written complaint will always lack useful contextual information and the ability to convey the true extent of feelings involved. You strengthen the relationship with the complainant by going to them first.]

4 Maintain an Open Mind

If possible obtain supporting evidence such as written records and statements from other people to support the health service professional's account of what happened.

[Note: Always try to secure evidence to corroborate the health service practitioner's version. The lack of corroboration means that there is no

evidence supporting the health professional or consumer's account of the event.]

5 The Letter

Your letter of response needs to address the key issues identified by the consumer. Have someone check whether you have done this before posting the letter out.

[Note: Remember that you need to link the total story together, whether or not the evidence supports the consumers' complaint (or not). Generally consumers raise an issue so it will not happen to others. In your response demonstrate empathy and an understanding of the complainant's intent.]

6 Timely Response

A willingness to keep the consumer fully informed of progress of the complaint in accordance with the Complaints Management Policy 3.5 and using those timelines as a minimum benchmark.

The following principles from the Western Australian Complaints Management Policy apply to the above:

- 3.1.1 Patients/clients can expect to be treated with respect, dignity and consideration for their privacy
- 3.1.2 Patients/clients can expect to have complaints treated as genuine and properly investigated
- 3.4.1 The complaints process will ensure that the type and depth of the investigation is appropriate for each complaint, is complete and demonstrates accountability by the health service
- 3.4.3 The complaints process will ensure that complaints and those against whom a complaint is lodged are afforded procedural fairness and natural justice throughout the course of the investigation.
- 3.5.1 Acknowledging complaints within 5 working days of receipt of complaint
- 3.5.2 Informing the complainant of the of the approximate time that it will take to resolve complaint
- 3.5.3 Commencing an investigation of complaints within 5 working days of receipt
- 3.5.4 Resolving complaints as soon as practicable in the best interests of all parties, ideally within 30 working days of receipt; and
- 3.5.6 Advising the complainant if there is a delay and providing updates on the progress of the investigation at 15 day intervals.

CASE STUDIES

The management of complaints/concerns raised by health consumers is often a difficult process. Staff in health services are often under pressure and the first instinct maybe to defend their actions when a complaint is made. However, it is important to respond to complaints with an open mind and ensure that complaints are investigated and seen as opportunities for improvement in the delivery of health services rather than a nuisance that has to be dealt with.

The following case studies are examples of effective and non-effective responses to concerns/complaints raised by health consumers.

CASE STUDY ONE

A consumer is admitted for a knee reconstruction and expects to be in hospital for one week. However he develops an antibiotic resistant infection and his hospital stay extends to 6 weeks. The consumer believes that the infection was due to one of the nurses not always washing his hands before and after attending to patients.

The consumer has written to the Health Service Manager asking for an apology from the hospital for the inconvenience caused by the additional length of stay in hospital.

Effective Response

Upon receiving the letter from the consumer the Manager reflects on the policy and process then telephones the consumer to gain further information. The Manager listens to what the patient is saying without interruption and notes the distress that the patient is expressing. The Manager advises the consumer that she will investigate the complaint and then will contact the consumer again.

The Health Service Manager contacts the Manager of the ward to discuss the complaint and gain an understanding of the hand washing practices of staff. The Manager also speaks to the nurse named in the complaint and other staff on the ward.

The complaint is discussed by the Ward Manager and Quality Coordinator/relevant others and they put in place appropriate strategies such as education, signage audits etc.

The Health Service Manager telephones the consumer to inform him about the outcome of his complaint, acknowledging that inadequate hand washing along with other sources can cause infection. The Manager advises him that a letter will follow his telephone call.

A letter is written with the following information:

- An acknowledgement that infection can be caused by inadequate hand washing

- An apology for the distress and inconvenience that the consumer has experienced
- A reassurance that the health service is taking steps to ensure that all possible sources of infection are minimised including hand washing
- An expression of appreciation for bringing the matter to the attention of health service management so that the safety and quality of healthcare for other patients will be improved.

Ineffective Response

Upon receiving the letter of complaint from the consumer to the Health Service Manager responds immediately in writing stating that the hospital has a protocol for hand hygiene, which is followed by all staff and therefore there is no reason to have an investigation into the complaint.

OR

There is no personal contact and the consumer feels that his complaint has not been taken seriously and that it was a waste of time writing to the health service. However, he talks about the issue in the community and soon there are many community members questioning the safety and quality of the service.

CASE STUDY TWO

A woman who has recently moved to a country town makes a written complaint to the Health Service Manager stating that she had tried to get help with a mental health issue at the local hospital on a Saturday evening. When she had visited outpatients the nurse on duty had been quite abrupt in her manner telling her that there were no mental health facilities at the hospital and she would have to travel to a larger regional hospital. When the woman pointed out that this was not possible as she had two small children and no transport the nurse offered no other options and generally appeared unsympathetic.

Effective Response

Upon receiving the letter the Health Service Manager considers the policy and mind maps a process then telephones the woman and asks her whether she would like to have a face-to-face meeting or is a telephone call more convenient as she has small children. The woman says that a telephone call would be her preference and she is happy to talk now. The Health Service Manager asks the woman to tell her story again and listens patiently. The woman retells what she had written in her letter but also adds that she felt worse due to the nurse's attitude.

The Health Service Manager tells the woman that she needs to make enquires and will get back to her. She then speaks to the nurse involved who informs the Health Service Manager that she hadn't meant to be abrupt with the patient but had felt unable to provide assistance in the situation. When asked if she would like some training on how to deal with similar situations the nurse replies that that would be helpful to her.

The Health Service Manager telephones the Regional Mental Health Service to see if arrangements can be made to provide a mental health service locally and this is put into place along with upskilling for nurses. The Health Service Manager telephones the woman back to give her the following information:

- That she has spoken to the nurse who is sorry about her abrupt manner and wishes an apology to be given to the woman
- That the nurse's manner was due to her inexperience in dealing with stressful situations and that she would be given training to help her be more appropriately responsive in future
- That a psychiatrist/health service provider will visit on request and the contact details for the woman to make an appointment.

The Health Service Manager then writes to the woman reiterating what she has told her on the telephone, apologising for the incident and telling her that procedures will be put in place to reduce the chance of this happening again.

The woman feels that someone does care and is motivated to contact the psychiatrist so that she can receive on-going health care.

Ineffective Response

The Health Service Manager telephones the woman acknowledging that there are no mental health services available locally but that is the way it is with so many service demands and inadequate staff. She also justifies the nurse's attitude telling the woman that staff are under a lot of stress.

When the woman says that she would like to take the matter further the Health Service Manager reluctantly agrees to speak to the nurse. She then speaks informally with the nurse who says she doesn't believe that her manner towards the woman was inappropriate at all.

The Health Service Manager believes that this is the end of the matter. However, the woman telephones again asking for the outcome of her complaint. The Health Service Manager tells her that the nurse has told her she doesn't believe that there was any problem with her manner and that is the end of the matter.

The woman feels that it has been a waste of time making a complaint, that she is no better off and she is certainly not getting the health care she needs. She shares her story with family and friends who also share the story with others.

CASE STUDY 3

A consumer with a hearing disability who is also a type 2 diabetic is admitted to hospital with an infected toe. His diabetes being unstable has caused the infection. The consumer's daughter is his carer and tells the hospital staff this when he is admitted. She also informs the staff that her father is deaf and can staff please include her in her father's care plan.

The consumer is in hospital for a week and the daughter is kept informed of what is happening. However, when he is discharged she is given no information about his treatment when he is at home. When she asks the staff for information she is informed that the consumer has been given the information and that he can tell her. Although she protests that this is unsatisfactory and under The Carers Charter she is entitled to information about her father as he is under her care and this impacts on her, she is unable to get any further information.

The consumer goes home but his health deteriorates and he is re-admitted to hospital. The daughter tells the staff that she believes that the need for re-admission is because she was not fully informed about her father's on-going care. She is advised to speak to the Health Service Manager about the matter.

Effective Response

The daughter telephones the Health Service Manager who arranges an appointment for them to meet face to face to discuss the daughter's concerns. She listens to what the daughter has to say without interruption. It appears that the daughter is very stressed by her role in caring for her father and that this has been the last straw. The Health Service Manager acknowledges that the daughter should have been fully informed of all aspects of her father's health care with no exceptions.

The Health Service Manager apologises for the distress that has been experienced by the father and daughter. She informs the daughter that The Carers Charter will be displayed in all wards and departments and staff will receive training on its implementation.

The daughter leaves the meeting feeling that by raising her concerns with health service management, changes will be made and other carers are not likely to have the same experience.

Ineffective Response

The daughter telephones the Health Service Manager who tells her if she wants to make a complaint then she must put it in writing. Feeling that the Health Service Manager is not really interested in her concern she nevertheless writes a letter. On receiving the letter the Health Service Manager immediately writes back saying that staff believed that the consumer understood what he was being told. She feels that there is no need to investigate the matter and that staff acted reasonably. The daughter is upset and feels that next time she won't bother to make a complaint as it didn't make any difference. The daughter shares her story with neighbours, friends and family who share the story with others.

CASE STUDY 4

A man has telephoned the Health Service Manager to make a complaint after his wife has had a gynaecological operation at the hospital. English is not the

couple's first language and they had not really understood the information that was given to them before the operation. The woman was to have her left ovary removed because of cysts but when the doctor performed the operation he had found cysts on the right ovary as well and had removed both ovaries. The couple were upset that they had not been told that this might happen.

Effective Response

On receiving the telephone call from the husband the Health Service Manager asks the couple to come in for a meeting with her. A meeting is arranged and the man and wife tell the Health Service Manager that while they had been prepared for the removal of one ovary, the doctor had not explained the possibility of the removal of both ovaries had not been explained to them by the doctor and they were now unsure about the effect on the woman of the removal of both ovaries. They felt that they had not provided informed consent to the operation that was subsequently performed and were very unhappy with the outcome.

The Health Service Manager advises the man and his wife that she will speak with the doctor and then talk with them again. She meets with the doctor who tells her that he thought that the husband was acting as an interpreter for his wife and that there was no need for a professional interpreter. He said that he had explained all possible outcomes of the operation and had thought the couple fully understood what could happen. The Health Service Manager advises the doctor that the couple indicated that they had not understood and that a meeting should be held between the couple, the doctor and herself with an interpreter present.

A meeting is subsequently arranged between the parties concerned with a telephone interpreter participating as well. At the meeting the man and wife explain to the doctor that they had not understood fully what could happen during the operation and although they had signed the consent they had felt obligated to do so. They also state that they would like an explanation about the effects of the removal of both ovaries and what needs to happen in the future. The doctor explains about the future treatment needed by the woman and also apologises for his assumption that they fully understood and for acting without prior consent. This communication is done through the telephone interpreter and before the meeting closes the Health Service Manager checks through the interpreter that the couple now have all the information they require and are satisfied with the meeting. Information is provided on external agencies that can offer assistance if the couple need further support.

As a follow up to this incident the Health Service Manager implements refresher training for hospital staff on the protocols for use of interpreters. ?? legal implications

Ineffective Response

On receiving the telephone call from the husband the Health Service Manager tells him that the couple should have said that they didn't understand what was happening and needed an interpreter. She also states that it is often difficult to get an interpreter at short notice and so the doctor had assumed that the husband's interpretation and understanding would be sufficient. The Health Service Manager indicates that they wish to take the matter further they will need to make a formal complaint in writing.

The couple feel that their complaint was not fully understood and they do not have any clear idea about how to take the matter further and get the assistance they need.

Conclusion

Complaints are a source of stress and concern for consumers and health service providers. Effective handling of complaints reduces the stress associated with the handling of complaints and provides an opportunity to improve service safety and quality.

Unresolved or inadequately handled complaints are a source of further stress to the consumer and their story will be shared with many others who then may form a negative opinion about the health service.

If you need more information about the handling of complaints please contact the Quality and Safety person for the health service or go to:

Office of Health Review

Web: www.healthreview.wa.gov.au

Telephone: 1800 813 583 (Freecall)

Health Consumers' Council (WA) Inc.

Web: www.hconc.org.au

Telephone: 1800 620 780 (Freecall)

Disability Services Commission

Web: www.dsc.wa.gov.au

Telephone: 1800 998 214 (Freecall)

Equal Opportunity Commission

Web: www.equalopportunity.wa.gov.au

Telephone: 1800 198 149 (Freecall)

Office of Safety and Quality

Web: <http://www.health.wa.gov.au/safetyandquality>

Telephone: 08 9220 4080