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HCCA Submission on the Draft Managing Consumer and Carer Feedback Policy and Standard Operating Procedures

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The **Health Care Consumers' Association (HCCA) of the ACT** was formed over 30 years ago to provide a voice for consumers on local health issues and now provides opportunities for health care consumers in the ACT to participate in all levels of health service planning, policy development and decision making.

HCCA involves consumers through:

- Consumer representation
- Consultations
- Training in health rights and navigating the health system
- Community forums
- Information sessions about health services
- Advocating for issues of concern to consumers

HCCA welcomes the opportunity to respond to the *Draft Managing Consumer and Carer Feedback Policy* and *Standard Operating Procedures*. Our comments are informed by consultation with our membership.

Overall, HCCA is pleased with the ACT Health Directorate's continued commitment to effectively and appropriately managing consumer and carer feedback regarding its services.

However, there are ways in which the Policy, Standard Operating Procedures and process itself can be improved. Issues raised by consumers include:

- The use and clarity of language in the documents;
- Addressing systemic failings;
- Barriers to providing feedback;
- Evaluating the effectiveness of the feedback process itself.

Health consumer feedback is a key component in ensuring the safety and quality of health care services. In their 1995 report, *The Role of Patient Satisfaction Surveys in a National Approach to Hospital Quality Management*, Mary Draper and Sophie Hill wrote about the importance of consumer feedback, asserting that its core aim was to “improve the way health services provide care”.¹ The Picker Institute assesses the role of patient feedback in a similar manner, arguing that it drives service improvements.² With this increasing recognition on the important benefits of the effective use of consumer complaints, comments and suggestions, it is necessary for health services to have a robust and responsive process in place for managing feedback.

The ACT Health Directorate’s Draft Managing Consumer and Carer Feedback Policy and Standard Operating Procedures (SOPs) are solid foundation documents for the appropriate management of consumer feedback. In particular, the emphasis on patient confidentiality, accountability and transparency, and the importance of clear communication is to be commended.

However, we have identified four major areas of concern which the current policy and SOPs fail to adequately address. These are , the inappropriateness of the language and layout of the policy documents; the failure to address concerns around systemic issues; the need to recognise (and support consumers to overcome), the barriers which impede or prevent consumers from providing feedback; and the effectiveness of the process itself.

Language and layout

The language employed in the two draft documents is highly bureaucratic, which may discourage front-line staff from taking an interest in, and having a comprehensive understanding of, the very policies and procedures with which they are expected to comply. Clarity of language for non-bureaucrats is crucial, because it is generally doctors and nurses who provide a conduit for facilitating consumer feedback, rather than administrative staff who are likely to be more familiar with the language of these documents. The Policy and SOPs would be far clearer if ‘translated’ into staff-friendly and motivational phrasing, a process which has proved invaluable for many private and public-sector service delivery groups across Australia.

The Policy and SOPs should be simple and engaging, and should clearly explain the importance of effective feedback management and its vital role in improving service delivery. There should be an emphasis on staff as partners in this process, providing staff with an incentive to understand feedback as an integral part of the quality and safety process. The process should be presented in an easy to follow format, so that staff can easily and quickly refer to the procedures. If front-line staff cannot access

¹ Mary Draper and Sophie Hill, “Joint Submission (NHHRC)”, <[http://www.health.gov.au/internet/nhhrc/publishing.nsf/Content/500/\\$FILE/Joint%20Submission%20-%20Mary%20Draper%20and%20Sophie%20Hill.pdf](http://www.health.gov.au/internet/nhhrc/publishing.nsf/Content/500/$FILE/Joint%20Submission%20-%20Mary%20Draper%20and%20Sophie%20Hill.pdf)> (2008) accessed 5 April 2012.

² “Using patient feedback”, *The Picker Institute Europe* <<http://www.pickereurope.org/Filestore/Quality/Guides/QIFull.pdf>> (2009) accessed 5 April 2012.

and understand the Policy and SOPs, they will fail to deliver meaningful results on the ground.

In addition, the document focusses heavily on complaints, despite purporting to refer to all feedback, positive, as well as negative. As the Draft Policy itself says, feedback encompasses “complaints, compliments and comments” – it is not limited to criticisms.³ Equating feedback with complaints is likely to discourage staff from welcoming feedback because they see it as a threat.⁴ The document should focus on the deeper dimension of feedback and clearly explain the process for using constructive suggestions to improve health service delivery.

The use of particular phrases and words also raised concerns with consumers. The SOPs discusses aspects of a consumer response letter, with an offer to meet with the key staff involved “if appropriate”.⁵ This phrase is ambiguous and gives the reader little insight into how this assessment is arrived at. Similarly, the Policy outlines the process for “declining” consumer feedback if the complaint is “vexatious”.⁶ The definition provided for this term, is vague and gives no indication of how or by whom this judgement is applied. The phrase “declining feedback” is also confusing, and HCCA suggests the use of a less dogmatic phrase, such as the Health Directorate “deciding to take no further action”.⁷ Use of words like “amicably” and “locally” could be replaced for enhanced clarity.⁸ Furthermore, the language around the scope of the Policy should be reviewed to make it clear where the policy actually applies.

Systemic issues

The Policy and SOPs seem to make little provision for the resolution of systemic issues. The Policy articulates that the Health Directorate may decline to investigate feedback if “[t]he same issue has been raised, investigated and responded to several times by the same consumer”, without acknowledgement that this situation may be caused by a systemic failing, rather than simply a “vexatious” complaint.⁹ There is no outline provided for a mechanism to recognise the systemic nature of some complaints, even if they are raised repeatedly by the same consumer or carer. The Policy states that the Consumer Feedback and Engagement Team (CFET) issues Health Directorate Divisions with biannual reports on trends but it is not clear how

³ “Draft Consumer/Carer Feedback Management Policy”, *ACT Health Directorate* (2012) 2.

⁴ “Listening and Learning: ACT Consumer Feedback Project May 2002 to Aug 2003”, *ACT Consumer Feedback Project Team* (2003) 8.

⁵ “Draft Standard Operating Procedure Managing Consumer/Carer Feedback”, *ACT Health Directorate* (2012) 5.

⁶ “Draft Consumer/Carer Feedback Management Policy”, 2.

⁷ *Ibid.*

⁸ *Ibid.*, 1.

⁹ *Ibid.*, 2.

system-wide issues are incorporated into this process. It is also unclear how complaints about systemic issues from different consumers are synthesised for appropriate escalation.

The role of the CFET, as the body with oversight for the feedback process, needs to be clearly articulated. CFET must ensure that all relevant staff respond appropriately to feedback and address those concerns raised.

The Policy makes provision for the Division Executive Director to implement “changes in practice based on feedback received”.¹⁰ However, there is no mention of the monitoring and periodic reviewing of these feedback-initiated changes once they are in place. Although this is not currently within the scope of these documents, linkages must be made with existing relevant policy documents to ensure the effectiveness of service improvement initiatives.

Barriers to providing feedback

There must be recognition of the barriers faced by consumers and carers to providing feedback. There are pre-existing barriers such as language, and social and cultural differences; and there are those created by the health system itself. Consumers often access health services when they are at their most vulnerable, both physically and emotionally and they must be appropriately supported to provide constructive feedback.

We welcome the provision of the Aboriginal and/or Torres Strait Islander Liaison Office which is an acknowledgement of the different social and cultural circumstances and needs of this social group. However, the Policy does not discuss consumers from culturally and linguistically diverse (CALD) backgrounds. CALD communities can have differing social and cultural circumstances and thus require a different level of support with regard to the consumer feedback process. Language is an obvious barrier to providing feedback. Interpreter services are limited and are not always accessible. CALD communities need the same level of support to that which is provided Aboriginal and Torres Strait Islander consumers.

The Migrant Health Unit Review Consumer Consultation, run by HCCA in 2011, raised issues around feedback to the Health Directorate. The number one barrier identified was that the feedback was expected to be in written or spoken English. There is no indication on the form or in the policy regarding how consumers from diverse backgrounds can be assisted to provide feedback in a language other than English. The number two barrier was fear of being treated poorly after making a complaint. Particularly when the consumer may need to use the service again or will need on going contact because of a particular condition. Another barrier was consumers coming from countries where making a complaint or giving feedback is not part of the culture. There were no avenues to assist consumers increase their

¹⁰ “Draft Consumer/Carer Feedback Management Policy”, 4.

skills and willingness to give feedback or make a complaint in a culturally appropriate environment.¹¹

In March 2012, HCCA was invited to present a session on “How to Make a Complaint and be heard” for the Chronic Disease Coalition. Feedback from this workshop indicated the following barriers. This workshop cannot be considered definitive “research” but it does give an interesting insight into the recent experiences of a group of consumers who have had constant contact with Health Directorate Services because they are living with chronic conditions. This workshop was run in a framework of promoting health literacy and providing consumer skills, knowledge and empowerment. The workshop indicated that:

- Most participants had had some issues with their contact with Health Directorate Services that could have been valuable feedback but not one of the participants had ever given feedback using the process outlined in the SOP.
- Some participants had tried to raise issues directly with staff but were generally unhappy with the response from the staff they approached. No participant reported being referred to the next level as indicated to in the SOP or given a feedback form or the phone number of the consumer feedback team or ever independently finding the feedback forms at TCH or other Health Directorate Services
- Workshop participants expressed fear of being “paid back” by poor service or lack of access if they complained about a service. Particularly if they needed ongoing access. They were afraid of being labelled as “difficult”, “uncooperative”, “time wasting” or “ungrateful”. No one reported being encouraged or supported to give feedback or make a complaint by direct care Health Directorate staff.
- Workshop participants reported issues as examples from helpful suggestions to quite serious incidents that adversely affected the outcome of care. None of these issues from the most basic to complex issues had been reported through the SOP or picked up by Health Directorate staff.
- Workshop participants were generally interested in giving feedback or making complaints not just to benefit their own care but the future care of other consumers and felt generally frustrated that they could not “change” or influence the Health Directorate.

Currently, consumers perceive that staff who are providing direct care to the consumer lack a willingness to be open to hearing initial feedback from the consumer and to participate in helping to resolve the issue or to refer the issue raised by the consumer as indicated in the SOP. The role of front-line staff in the feedback process must be clarified. While the Policy lists the staff responsibility of “encourag[ing] consumers to escalate their feedback”, the correct procedure for undertaking this task is not outlined.¹² Similarly, the instigation of the feedback

¹¹ “Migrant Health Unit Review: Consumer Consultation.” Unpublished and incorporated in the Migrant Health Unit Review . The review has not been released by the Health Directorate.

¹² Ibid, 3.

mechanism should not rest solely with the consumer. Staff should be proactive in seeking feedback, and view this as an integral part of the health service experience.

The following de-identified case studies demonstrate some of the failings of the current system.

Joe Smith

Joe was 16 and had been in pain from a knee injury and had been waiting for surgery. He received a letter to attend the hospital and was prepared for knee surgery. As he was waiting with his family members before going into surgery, a theatre staff member came out and told him to go home as he would not be having surgery today. Joe's family members became angry and verbally abusive to the staff member. The family said if they had been informed of the reason why the surgery had been cancelled and were advised of when Joe should return, they would not have been so angry. Joe's family were worried because he was in pain and his independent movement was restricted. Joe and his family were uncertain of how long the waiting period would be.

Selena Brown

Selena was born with a life-threatening condition that requires daily complex treatment first in hospital, with the parents then trained to do the treatment at home. Selena's parents reported that the support in the wards and clinics was excellent, but the parents had problems when the child had to be taken to the Emergency Department, which happened about once a month. Selena's parents made a complaint that the Emergency Department did not follow the guidelines set by Selena's care team, but were not happy with the response as it failed to address the system-wide issues.

Effectiveness of the feedback process

Having coherent and effective feedback policies in place is only part of the process of appropriately managing feedback within the health system. The process itself must be clear and responsive to the needs of consumers. Consumers must be confident that the process is robust, or they will not take the time to lodge feedback. A negative experience with the feedback process may discourage some consumers from providing feedback.

Many consumers feel the current process is time-consuming and not always flexible enough to deal with immediate issues. The Draft SOPs list as an outcome measure that "80% of complaints are responded to within 35 calendar days", but there is no mention of the remaining 20%.¹³

The quality of the responses received by consumers is also a major issue. Some consumers said responses were inadequate, because they failed to indicate

¹³ "Draft Consumer/Carer Feedback Management Policy", 4.

acceptance of responsibility on the part of the Health Directorate and there was no demonstration of change of practice. Consumers also felt frustrated because official responses do not always address the issue at hand. The Policy needs to ensure that responses are always appropriate and do not undermine consumer concerns or gloss over the issues raised.

Conclusions

A strong framework for managing consumer feedback is vital to the safety and quality mechanisms of health services. Staff and consumers need to be supported by strong governance mechanisms in order to make this process effective and meaningful. There needs to be recognition of the various barriers faced by consumers in terms of submitting feedback, and more detail to address concerns about the management of systemic issues .

Consumers must be confident that their comments will be taken seriously and make a positive difference, otherwise they will not take the time to provide valuable feedback, which often leads to a real improvement in the quality and safety of health service delivery.

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