

Analysis and benchmarking of complaints and suggestions management in the Spanish National Health System. Summary



GOBIERNO
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MINISTERIO
DE SANIDAD
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Plan de **Calidad**
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The Quality Agency of the National Health System thanks the Spanish Health Regions' professionals and the rest of participants for their collaboration in this study.

This publication should be cited as: [Analysis and benchmarking of complaints and suggestions management in the Spanish National Health System. Summary](#). Madrid: Ministerio de Sanidad y Consumo; 2008.

This study has been conducted by ANTARES Consulting through a contract with the Spanish Ministry of Health and Consumer Affairs.

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May, 2008

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1 Introduction and objectives

1.1 Introduction

In recent years there has been a general increase both in complaints and in suggestions for improvements made by users of healthcare services. This is directly related to the increasingly high demands placed by citizens on any public or private service, and healthcare services are no exception to the rule.

Citizens today enjoy higher socioeconomic levels, they are more and better informed and, as healthcare service “consumers” or “users”, they expect from their healthcare providers the same level of service that they receive from service providers in other areas. They are increasingly more demanding, and they demand answers in the form of results and improvements; simply listening to their complaints or suggestions is no longer enough.

In consequence, collecting, processing and replying to complaints and suggestions is no longer something that is done simply because the law requires it to be done; rather it has become a key activity in healthcare organizations. The information obtained from complaints and suggestions says a lot about an organization and is extremely valuable for identifying key areas for improvement.

Complaints and suggestions for improvement may relate to a broad range of matters: personal attitudes and behaviour, physical comfort, safety, etc. Nevertheless, in line with Strategy Num. 8 of the Spanish National Health System (NHS) Quality Plan (aimed at improving patient safety in Spain’s public sector hospitals), the Ministry of Health and Consumer Affairs is especially interested in identifying the measures adopted by the Spanish Regions to improve patient safety, and the measures that could be adopted on the basis of the information obtained from complaints lodged and suggestions made.

Up to 2001, the Spanish National Health Institute (INSALUD) promoted projects for standardization of complaints and suggestions. However, following transfer of powers to the Health Regions, the administrative processes and data systems connected with complaints and suggestions were subsequently developed in each individual region, and in some regions within each individual healthcare organization. Accordingly the processes and systems developed are likely to be different among all the 18 Health Regions.

For this reason, the Ministry of Health and Consumer Affairs, through the NHS Quality Agency, as part of its aim to ensure that all citizens throughout Spain receive equal treatment, is keen to obtain information on how Spanish healthcare providers deal with complaints and suggestions, and to identify best practice in healthcare or in other industries, to encourage all possible improvements throughout the country.

1.2 Objectives

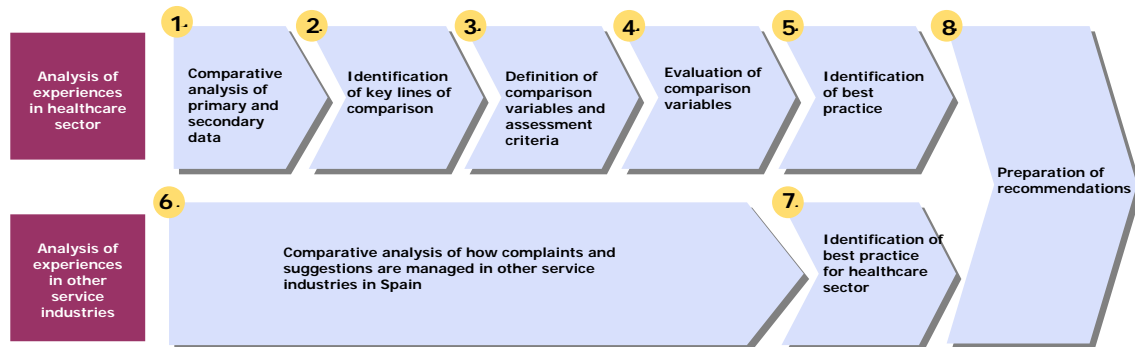
The main objective of this project is to analyze and compare the experiences of the different Regional Health Authorities and identify best practice in the management of complaints and suggestions, both in the healthcare sector and in other industries that may be used as a model for the entire Spanish National Health System.

Specific objectives:

1. Analyze, in each region, the regulatory framework, functional processes (for receipt and analysis of complaints and suggestions, information flows, monitoring and response), IT tools (data systems used throughout the process), monitoring indicators and classification methods (principles, methods and aims of classification of all complaints and suggestions) used, as well the communication policies and procedures relating to legal action.
2. Identify best practice in management of complaints and suggestions in the healthcare sector.
3. Identify best practice in management of complaints and suggestions in other service industries.
4. Learn how the Health Regions use the information obtained from complaints and suggestions to develop policies specifically aimed at improving patient safety.
5. Prepare general recommendations for the Health Regions and the Health Ministry, designed to make optimum use of the information obtained from the complaints and suggestions received.

2 Methodology

In terms of methodology, the project consisted of eight stages:



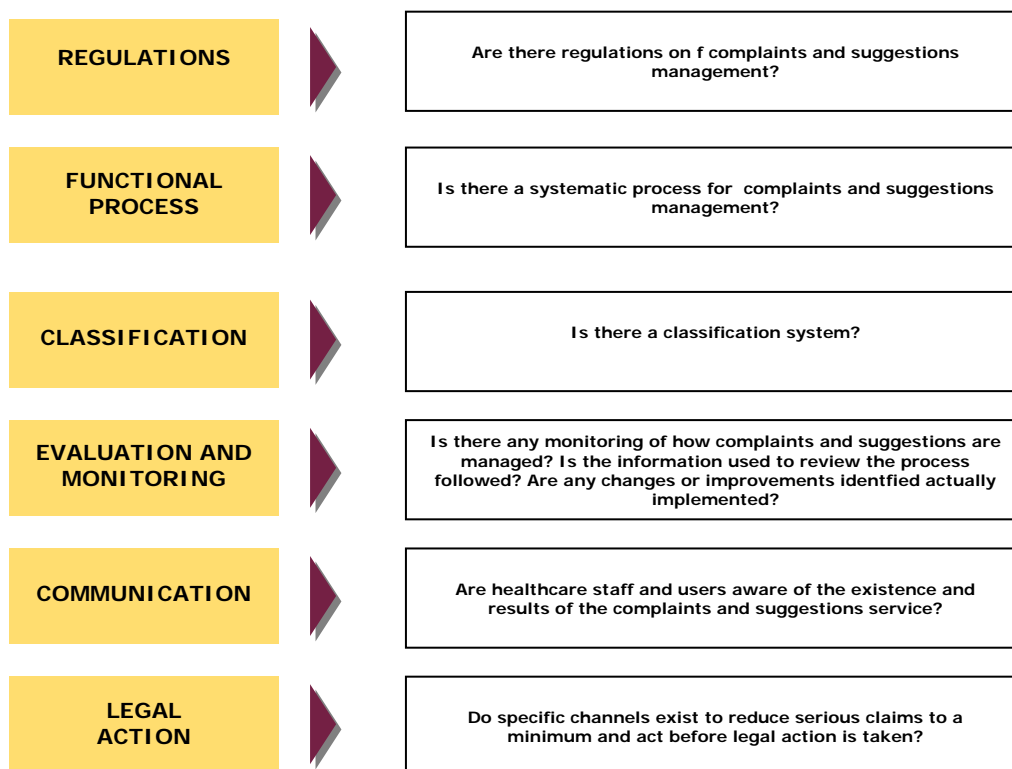
Stage 1: Comparative analysis of primary and secondary data

For the purposes of analysis and comparison of how complaints and suggestions are managed in all Spain's regional health services:

- Analysis of primary data:
 - A total of 18 Health Regions took part in the study.
 - A total of 58 research interviews were held, with Primary and Specialist Care and Central Services staff.
 - The aim of these interviews was to gain as much information as possible on how complaints and suggestions are managed.
- Analysis of secondary data:
 - Before the interviews were conducted, various bibliographical sources were reviewed to identify and clarify the set of activities that make up the management process of complaints and suggestions:
 - All regulations on complaints and suggestions management published in the Official Gazettes of the corresponding Health Regions were analyzed.
 - Internal company rules on complaints and suggestions management in other service industries were analyzed.
 - Details of the regulations and other useful reports consulted are included in the Bibliography section of this report.

Stage 2: Identification of key lines of comparison

To facilitate comparison between the different Regional Health Services, the criteria for analysis of complaints and suggestions management were grouped into six key lines:



Stages 3 and 4: Definition of comparison variables and their assessment criteria and evaluation of comparison variables

A series of variables was defined for each of the six key lines of comparison; these will form the basis for comparison of the way in which complaints and suggestions are managed in the Health Regions analyzed.

Three assessment levels were established for each variable, based on the differences found between the Health Regions analyzed. The following table outlines the comparison variables identified and the corresponding assessment levels.

VARIABLES	+++ (100%)	++ (50%)	+ (0%)
1.1. Regulations on complaints and suggestions management	Specific regulations exist for Healthcare Services	Regulations exist, but not specific to Healthcare Services	No regulations
1.2. Existence of User Ombudsman	Health Service Ombudsman	User Ombudsman, not specific to Healthcare Services, or General Ombudsman	No User or General Ombudsman
2.1.1. Channels for complaints or suggestions receipt	In person or by post, by telephone or fax, by e-mail or the internet	In person or by post, by telephone or fax	In person or by post
2.1.2. Anonymous complaints management	Anonymous complaints are admitted and analyzed	Anonymous complaints are admitted but not analyzed, or they are only admitted when related to serious events	Anonymous complaints are not admitted
2.1.3. System for complaints or suggestions recording	There is a centralized computer recording system for Primary and Specialist care	There is a centralized computer recording system for each individual Healthcare Area	Each healthcare centre has its own computer recording system
2.2.1. Feedback	Users are informed of the progress made and of the process followed by their complaints	Users are informed of the progress made by their complaints when the reply is likely to be delayed	Users are not informed of the progress made by their complaints, but they may request this information
2.3.1. Response time	≤ 30 days	31-60 days	> 60 days
2.4.1. Training of staff responsible for complaints and suggestions management	Training in management process and in personal skills to deal with users	Training in management process or in personal skills to deal with users	No training
2.5.1. Measures to improve functional process	The functional process is assessed internally and improvement measures are periodically introduced	Improvement measures are introduced on the basis of day-to-day experience	No improvement measures are introduced
2.6.1. Measures to determine level of user satisfaction with functional process	Specific measures are taken regularly to determine the level of user satisfaction with the functional process	The annual survey on user satisfaction with Healthcare Services includes questions to determine the level of user satisfaction with the functional process	No measures are taken to determine the level of user satisfaction with the functional process
3.1. Classification of complaints	Primary and Specialist care share a multi-level classification system	Primary and Specialist care have separate multi-level classification systems	Primary and Specialist care have shared or separate single-level classification systems, or separate classification systems, one of which is single-level

VARIABLES	+++ (100%)	++ (50%)	+ (0%)
4.1. Quality indicators	Quality indicators related to time taken to reply to complaints and other quality indicators (eg. quality of report prepared by staff member concerned, etc.)	Quality indicators related to time taken to reply to complaints, as required in the corresponding regulations/management contracts, and quality indicators related to time taken to reply designed by the individual healthcare centres	Only quality indicators related to time taken to reply to complaints as required in the corresponding regulations/management contracts
4.2. Reports on complaints and suggestions managed	Regular reports (eg. monthly, quarterly, half-yearly)	Annual reports	Reports only issued when requested by management
4.3. Improvement measures	Areas for improvement and possible measures are identified and all improvements introduced are monitored	Areas for improvement and possible measures are identified but there is no monitoring of improvements introduced	Areas for improvement are not identified
5.1. Internal communication system providing information on the unit responsible for complaints and suggestions management	Regular information is provided to raise awareness of the unit responsible for complaints and suggestions management	Information is provided only to new staff	No information is provided
5.2. Internal communication of reports prepared by the unit responsible for complaints and suggestions management	Communication directly or via healthcare organization intranets to all staff	Internal communication only to management	No internal communication
5.3. External communication to users on the existence of a unit responsible for complaints and suggestions management	Information on the unit responsible for complaints and suggestions management and the functional process	Only information on the unit responsible for complaints and suggestions management	No information
6.1. Specific process for management of serious complaints	Specific process for management of serious complaints	Serious complaints are managed via the same process and are notified to the corresponding management body or legal department	No specific process for management of serious complaints

Stage 5: Identification of best practice

An exhaustive search was conducted in Spain's Regional Health Services to identify best practice in complaints and suggestions management.

- Specific experiences that have improved or favoured complaints and suggestions management in healthcare organizations were identified through the interviews conducted with the healthcare staff involved in this process in the Health Regions that took part in the study.
- The key experiences identified were classified in accordance with the key lines of comparison established.
- Finally, experiences that had a favourable outcome and that implied easy-to-introduce solutions were selected.

Best practice:

Measures that have a significant positive impact on the outcome of complaints and suggestions management, that can be easily introduced into the organization and that face few barriers to implementation

Stage 6: Comparative analysis of how complaints and suggestions are managed in other service industries in Spain

This analysis was conducted in two phases:

- Identification of companies in other industries that have the best system for the management of users' complaints and suggestions:
 - For this purpose, contact was made with various consumer associations.
 - These associations identified companies in other service industries that have developed and implemented effective systems for complaints and suggestions management.
- Research interviews:
 - Four persons from three service industries took part in the study:
 - Banking;
 - Tourism;
 - Miscellaneous services.
 - The aim of the interviews was to gain as much information as possible on how the systems for complaints and suggestions management worked and to identify best practice applicable to the healthcare sector.

Stage 7: Identification of best practice for healthcare sector

Analysis and comparison of experience in complaints and suggestions management in other service industries in Spain will allow us to identify market trends, and thus to act in advance.

- In each of the companies selected, specific experiences that improved or favoured the process of complaints and suggestions management were identified.
- All the experiences applicable to the healthcare sector were then analyzed.
- Finally experiences applicable to the healthcare sector that had a favourable outcome and that implied easy-to-introduce solutions were selected.

The aim is to identify, compare and learn from best practice in other industries in connection with complaints and suggestions management

Stage 8: Preparation of recommendations

Recommendations were prepared on the basis of five identified areas for potential development: concern with the improvement of patient safety; a culture targeting continued improvement; classification systems for complaints and suggestions; indicators used to measure results; and taking advantage of suggestions made.

Concern with the improvement of patient safety

- Do the regions have a system for correct and detailed classification of complaints related to patient safety failings?
- Are complaints related to patient safety failings managed via specific functional processes?
- Are the staff involved in managing complaints and suggestions aware of the importance of patient safety failings?

Culture targeting continuous improvement

- Are complaints and suggestions processed as a mere formality or are they granted the importance they deserve as a means for identifying and making improvements in the organization?

Classification systems for complaints and suggestions

- Is there a common classification system for all the Healthcare Services of each Region?
- Is there a common classification system between the different Regions?

Indicators used to measure results

- Do we know how users value the different elements of the complaints and suggestions management process?
- Do the indicators meet users' expectations for each type of complaint?

Taking advantage of suggestions made

- Do the organizations encourage users to make suggestions?
- Are suggestions managed in the same way as complaints?

3 Definitions and general considerations

3.1 Definitions

For the purposes of this study, the following terms are defined as follows¹:

COMPLAINT ("RECLAMACIÓN"):

- Exercise of users' rights, irrespective of whether or not they are interested parties, in light of any event that they may deem inappropriate or anomalous in the working of the healthcare services, or any breach of the rights established in the corresponding regulations in healthcare institutions and services.
- Lodged in writing by users indicating their discontent, and granting entitlement to receive a written reply.

PROTEST ("QUEJA"):

- Indication by users of their dissatisfaction with the working of the healthcare services, the treatment received and/or patient care, whether or not connected with care-related aspects.
- Made verbally, not recorded in writing, and granting no entitlement to a written reply.

SUGGESTIONS:

- All proposals that aim to encourage improvements in compliance with and observance of users' rights and duties, in the working, organization and structure of healthcare centres, services or institutions, in the way in which users are treated and, in general, in any other aspects that may imply enhanced quality or higher satisfaction on the part of users in their relations with healthcare services or institutions.
- These are communications made by users containing specific ideas designed to enhance the quality and operation of healthcare services.

3.2 General considerations

¹ In the regulations in force in some regions the terms "reclamación" and "queja" are used to mean the same. In these cases both terms have been understood to mean written notice by users of their discontent with the working of the health services.

One region understands the term "queja" to refer to written notice in which patients simply express their dissatisfaction with the services provided, and the term "reclamación" to refer to liability claims, claims for refund of expenses, claims against hospital discharge and disciplinary charges against healthcare staff.

Translator's note: In this context, "complaint" is the standard translation for both "reclamación" and "queja". Accordingly, the term "queja" has been translated as "protest" to respect the distinction made in the study.

There are differences between all Spain's Regional Health Services insofar as the organic structure of the units responsible for complaints and suggestions management and their reporting lines are concerned:

- Each Health Region has a different organization model with specific management organization diagrams.
- Accordingly, the units responsible for complaints and suggestions management report to different supervision bodies in each case.

The regulations on the management of suggestions are also different in each of Spain's Regional Health Services:

- In general, all Regions are obliged to reply to complaints, but there is no obligation to reply to suggestions.
- Nevertheless, the Regions believe it appropriate and positive for users to receive written replies to their suggestions.

In the great majority of Spain's Regional Health Services there is little information on the content of the suggestions received:

- There is no "culture" in Spain of healthcare service users making suggestions.
- Moreover, in many cases the suggestions made by users are highly subjective and are not evaluated; that is, the service is not used correctly.
- In consequence, the suggestions made by healthcare service users are generally few in number and highly disparate in content.

Evaluation and monitoring by the units responsible for complaints and suggestions management focuses on complaints:

- All evaluation and monitoring activities focus on complaints:
 - In general, almost all the quality indicators are designed to monitor response times to complaints.
 - The reports prepared by the units mainly focus on statistical analysis of complaints.
 - The corrective measures identified generally derive from analysis of complaints.

- Some Health Regions do have specific measures for evaluation or monitoring of suggestions.

Rapid response is the key aspect of the complaints management process:

- The regulations on the management processes for users' complaints and suggestions establish deadlines within which complaints must receive written replies.

4 Results

4.1.1 Most common complaints and suggestions

The majority of complaints at the Specialist care level are concerned with waiting lists, while the majority of complaints at the Primary care level relate to organizational aspects and regulations:

SPECIALIST CARE	PRIMARY CARE
<ul style="list-style-type: none"> 1) Waiting lists 2) Organization and regulations 3) Delay in providing care 4) Dissatisfaction with care and/or treatment received 5) Personal attitudes or behaviour 	<ul style="list-style-type: none"> 1) Organization and regulations 2) Personal attitudes or behaviour 3) Dissatisfaction with care and/or treatment received 4) Delay in providing care 5) Waiting lists

Waiting lists: complaints connected with how long patients have to wait for an appointment with a consultant, diagnostic tests, surgery, etc.

Organization and regulations: complaints regarding planning, organization, coordination, etc. of the different structures and levels of the healthcare network.

Personal attitudes or behaviour: complaints relating to the way in which healthcare staff treat users and to communication between the parties.

Dissatisfaction with care and/or treatment received: in cases in which users consider that the healthcare received has been insufficient.

Delay in providing care: complaints connected with a lack of punctuality in hospital and GP appointments, with how long patients have to wait to be seen in A&E departments and with how long it takes to receive medical care at home, results from tests, etc.

In the case of suggestions, at the Specialist care level the majority are concerned with problems of accessibility, and at the Primary care level with organization and regulations:

SPECIALIST CARE	PRIMARY CARE
1) Accessibility 2) Physical conditions	1) Organization and regulations 2) Insufficient staffing levels

Accessibility: suggestions relating to the location of services, the means of transport available and actual access to the healthcare centre.

Organization and regulations: suggestions relating to planning, organization, coordination, etc. of the different structures and levels of the healthcare network.

Physical conditions: dissatisfaction with the physical conditions of the healthcare centre.

Insufficient staffing levels: failure to provide healthcare due to insufficient staffing levels.

4.1.2 Overall result of benchmarking of complaints relating to patient safety failings

The concept of patient safety has still not been taken fully on board by the units responsible for complaints and suggestions management. Accordingly, there are insufficient data to establish a basis of comparison between the different Health Regions.

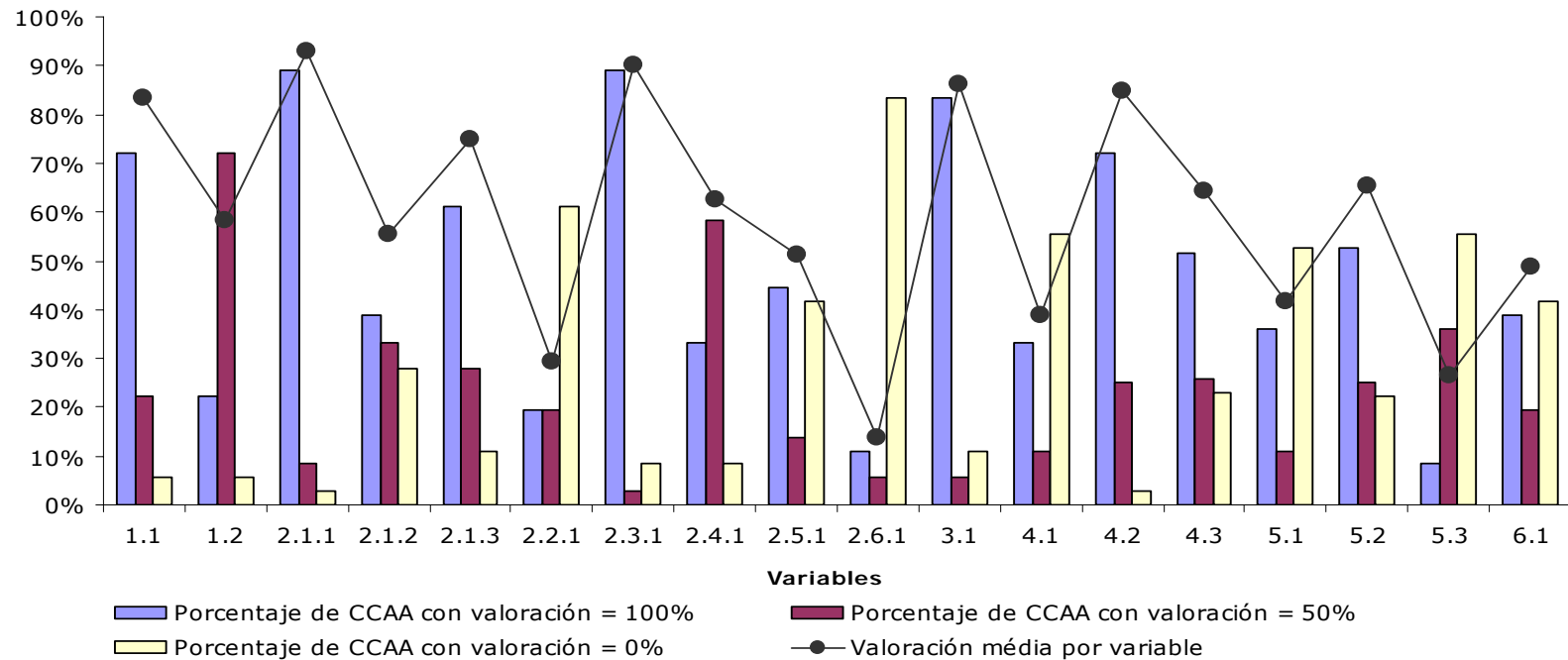
The following aspects have been analyzed in each Health Region:

1. Categories in which complaints relating to patient safety failings are classified:
 - None of the Health Regions has a classification system with a specific category for complaints relating to patient safety failings.
 - The categories in which these complaints are usually included are:
 - Dissatisfaction with care received and/or personal attitudes or behaviour and/or diagnosis;
 - Bodily injury;
 - Healthcare error;
 - Complaints relating to complications;
 - Patient death.

2. The most common complaints relating to patient safety failings at the Specialist and Primary care levels:
- Complaints relating to patient safety failings are more frequent in Specialist than in Primary care.
 - Most common complaints relating to patient safety failings at the Specialist care level:
 - Falls;
 - Medication errors;
 - Patient identification errors;
 - Failure to provide appropriate care;
 - Dissatisfaction with treatment received and/or follow-up;
 - Adverse events.
 - Most common complaints relating to patient safety failings at the Primary care level:
 - Delayed or incorrect diagnosis;
 - Delay in treatment.

4.1.3 Analysis of results by variables¹

Resultados por variable



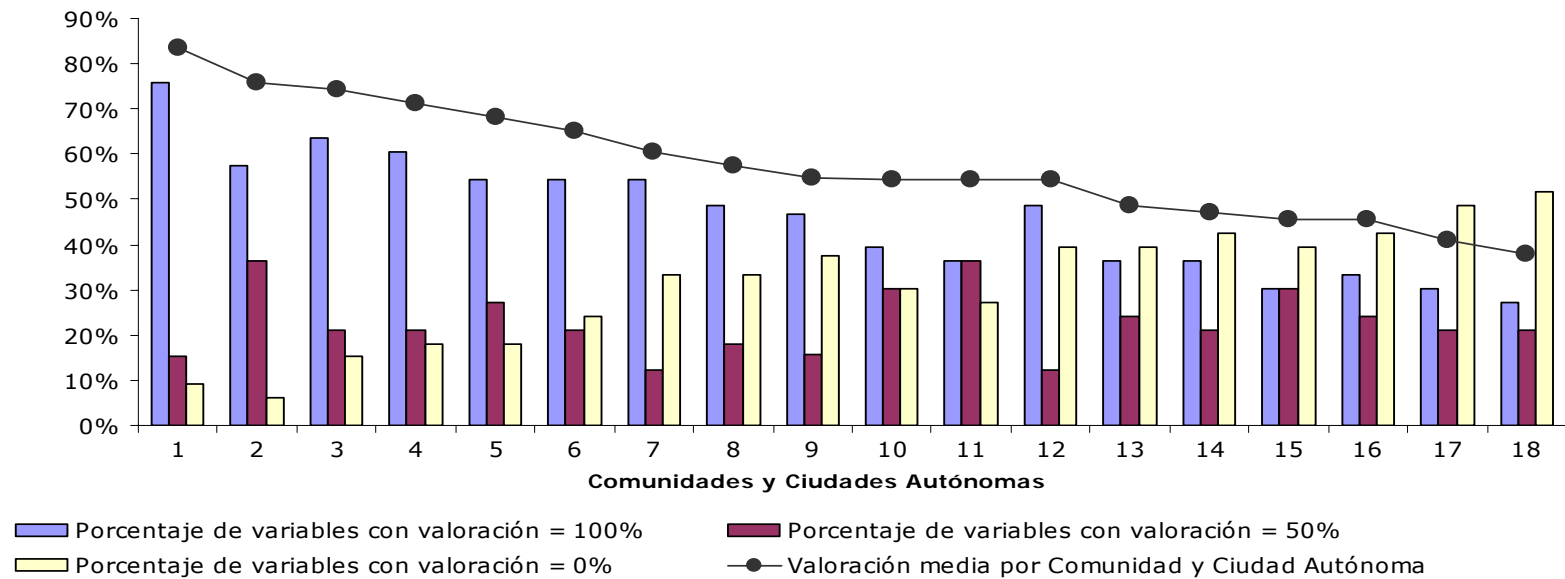
- There are just seven variables that receive the same score in more than 70% of the Health Regions analyzed:
 - 1.1. Specific regulations exist for management of complaints and suggestions by healthcare services.
 - 1.2. User Ombudsman, not specific to healthcare services (may be the General Ombudsman).

¹ Figure:
 Blue bar: % Health Regions scoring 100%
 Yellow bar: % Health Regions scoring 0%
 Red bar: % Health Regions scoring 50%
 Black dot: Variable average score

- 2.1.2 Various channels for receipt of complaints and suggestions: in person or by post, by telephone or fax, by e-mail or the internet.
 - 2.5.1. Response time determined as less than or equal to 30 days.
 - 4.1. Primary and specialist care share a multi-level complaints classification system.
 - 4.3. Regular reports issued on complaints and suggestions (eg. monthly, quarterly, half-yearly).
 - 2.6.1. No measures are taken to determine the level of user satisfaction with the complaints and suggestions management process.
- The three variables with the highest average score are:
 - 2.1.2. Channels for receipt of complaints or suggestions.
 - 2.5.1. Response time.
 - 4.1. Classification of complaints.
 - The three variables with the lowest average score are:
 - 2.6.1. Measures to determine the level of user satisfaction with the functional process.
 - 5.3. External communication to users on the existence of a unit responsible for complaints and suggestions management.
 - 2.2.1. Feedback to users.

4.1.4 Analysis of results by Health Regions¹

Resultados por Comunidad y Ciudad Autónoma



¹ Figure:
 Blue bar: % variables scoring 100%
 Yellow bar: % variables scoring 0%
 Red bar: % variables scoring 50%
 Black dot: Health Region average score

Analysis of the results shows that there are important differences within Health Regions:

- There is just one Health Region in which more than 70% of the variables receive the same score.

It also shows that there are important differences between Health Regions:

- The average scores of each Health Region analyzed range from 83% to 38%.

4.1.5 Complaints and suggestions management in the regions by groups of variables analyzed¹

GRUPOS DE VARIABLES	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18	
	AE	AP	AE	AP	AE	AP	AE	AP	AE	AP	AE	AP	AE	AP	AE	AP	AE	AP	AE	AP	AE	AP	AE	AP	AE	AP	AE	AP	AE	AP	AE	AP	AE	AP		
1.Normativa	75%		75%		100%		75%		75%		100%		75%		75%		75%		50%		50%		100%		100%		75%		25%		50%		75%		25%	
2.Proceso Operativo	81%	75%	69%	69%	69%	69%	63%	63%	75%	75%	63%	75%	56%	56%	50%	50%	69%	63%	50%	44%	63%	63%	75%	75%	38%	38%	50%	56%	38%	50%	50%	38%	50%	50%	56%	44%
3.Taxonomía	100%		100%		100%		100%		100%		0%		100%		100%		100%		100%		100%		100%		100%		50%		0%		100%		100%			
4.Seguimiento y evaluación	83%	83%	100%	100%	67%	83%	83%	83%	67%	67%	50%	100%	67%	67%	67%	67%	67%	0%	83%	50%	50%	83%	17%	50%	83%	67%	17%	17%	50%	50%	67%	50%	50%	50%	67%	33%
5.Comunicación	100%	100%	67%	83%	67%	67%	67%	67%	67%	67%	33%	50%	50%	33%	50%	33%	83%	0%	83%	33%	50%	17%	17%	17%	50%	33%	50%	33%	83%	0%	50%	0%	0%	0%	0%	0%
6.Demandas	100%	50%	50%	50%	100%	100%	100%	100%	0%	0%	50%	100%	100%	100%	100%	100%	0%	0%	50%	50%	0%	0%	0%	0%	0%	0%	100%	0%	50%	100%	###	100%	0%	0%	0%	0%
TOTAL	83%		76%		74%		71%		68%		65%		61%		58%		55%		55%		55%		55%		48%		47%		45%		45%		41%		38%	

¹ Table text:
Groups of variables
AE: Specialized care (SC)
AP: Primary care (PC)
1. Regulations
2. Functional process
3. Classification
4. Monitoring & evaluation
5. Communication
6. Legal action

5 Recommendations

Five key areas were identified which, if better developed, may help the healthcare sector to take advantage of the complaints and suggestions received:

1. Concern with the improvement of patient safety

To make better use of complaints and suggestions to enhance the data available and hence improve patient safety, the Health Regions should develop three key aspects:

- a) Training. The healthcare staff involved in the management of complaints and suggestions lack specific patient safety knowledge. Training in patient safety could raise their awareness when it comes to identifying and classifying safety-related complaints or suggestions and assessing their importance, to help them become more confident and more precise in their work.
- b) Classification. In most Spanish Health Regions complaints relating to patient safety are classified under the heading "Dissatisfaction with care and/or treatment received", but with no details of the specific problems experienced. The existence of a specific heading for complaints relating to patient safety failings, including the necessary level of detail, would provide the healthcare services with information on the most frequent causes of these failings, enabling them to identify areas for improvement and implement corrective measures relating to patient safety failings.
- c) Separate management process. In most cases, complaints relating to patient safety failings are managed and processed in the same way as all other complaints. Given the importance and implications of these complaints (serious complaints and those which are followed up by legal action are generally connected with patient safety), it would be appropriate to introduce a separate process for the management of these complaints to ensure:
 - Exhaustive investigation of the facts;
 - Involvement of all the staff concerned and corresponding management areas;
 - A speedy response;
 - Involvement of the legal department in preparing the response.

2. A culture targeting continuous improvement

Although healthcare organizations are increasingly introducing initiatives to ensure continuous improvement, there are still obstacles to the creation of a genuine quality culture.

Changes in the formal elements of an organization's culture (procedures, regulations and policies laid down in writing) can be made in the short term. For example, in the specific case of complaints and suggestions management, by making changes in the complaints classification systems, indicators, etc., most of which continue to be more focused on meeting response times and

desired quality levels than on using the complaints and suggestions received to identify potential improvement areas in the organization.

However, changes are also needed in the informal elements of an organization's culture, that is, in elements which exist but which are not documented or formally established. These are the most difficult changes to make, but they are also the ones that have the most impact on an organization, as employees are directly involved in their implementation.

The difficulty lies in the need for a profound transformation that will have a direct impact on the values and behaviour of the organization's employees. When they see a direct threat to the values and behaviour that are habitual in the organization and that have been socially acceptable for so long, they will tend to erect barriers of resistance that prevent effective change, withdrawing into "comfort zones".

In order for cultural changes to be implemented successfully, they must be introduced from the top down, starting at the top of the hierarchical structure and gradually working down. And they must have the support, throughout the process, of agents of change whose leadership style will ensure that the changes are well received in the different working groups.

Implementing a cultural shift is not an easy task, for all the reasons indicated above. But however complicated it may be, primarily because it is so dependent on the human factor, it is not an impossible task, but it does require forward planning, thought and great care and it must meet the genuine needs of the organization.

3. Classification systems for complaints and suggestions

Up to 2001, the Spanish National Health Institute (INSALUD) promoted projects for standardization of complaints and suggestions. However, following transfer of powers to the regions, the administrative processes and data systems connected with complaints and suggestions were subsequently developed on a decentralized basis in each individual Health Region, and in some Regions within each individual health organization. Accordingly, a wide range of experiences between each Health Region or healthcare organization was to be expected.

The lack of uniformity in the way in which complaints and suggestions are managed in the different Spanish Health Regions makes it difficult to compare results and experiences between them. This is unfortunate, as comparison is a powerful tool for identifying areas of improvement and prioritizing measures.

Accordingly, the Health Ministry should launch two initiatives to help develop classification systems for complaints and suggestions and make them more uniform:

- Establish a working group to design a "model" classification system which could serve as a guideline for the Health Regions.
- Organize annual seminars for comparison of results and exchange of experiences (difficulties faced, needs, best practice, etc.) and to encourage continuous improvement of the classification system, in order to make maximum use of the information obtained from the complaints and suggestions received.



4. Indicators used to measure results

The great majority of the indicators used by the Health Regions to monitor complaints and suggestions are concerned with measuring response times.

Indicators of this kind are very limited. The important thing is to identify the aspects that are most highly valued by users, and to adapt the indicators used to these expectations. For example, in some cases users may place more value on the quality of the response, or on information on the progress of their complaint, than on the response time.

Moreover, the targets set in each indicator should be adapted to each complaint. Users' tolerance of how long it takes to receive a response and their expectations, for example, regarding the channel or quality of the response, vary according to the nature of the complaint filed.

In this respect, a study could be conducted by the Health Ministry, including:

- Determination of the aspects that are most highly valued by users, according to the nature of the complaints filed.
- Definition of indicators in accordance with real user expectations.
- Design of a methodology to determine specific indicator targets for each complaint, in accordance with user sensitivity criteria.

5. Taking advantage of suggestions made

- In the healthcare services sector there is still no culture of suggestions for possible improvements among users; most Health Regions coincide in the view that very few suggestions are actually made. This is probably related to a lack of faith on the part of users who do not believe that their views will be studied and potentially used as a basis for improvement.
- In some regions suggestions made by users are not processed in the same manner as complaints. In general, suggestions do not necessarily receive written replies and the events to which they relate are not necessarily investigated.
- But in many cases suggestions can be forewarnings of future complaints, and for this reason it is recommended that they be granted more importance by:
 - Launching campaigns to encourage suggestions;
 - Making proactive requests for suggestions;
 - Managing suggestions in the same way as complaints, providing feedback to users on the pertinence of their suggestions and on implementation of the corresponding measures;
 - Designing specific quality indicators to monitor the suggestions received.

6 Best practice

6.1 Best practice in healthcare

With a view to improving the management of complaints and suggestions in Spain's Regional Health Services, an exhaustive search of best practice was made.

The examples of best practice identified were grouped together in accordance with the key lines of comparison used in this comparative analysis of Spain's Regional Health Services:

Functional process

BEST PRACTICE	BENEFITS
<ul style="list-style-type: none"> Existence of protocols for handling complaints and suggestions drawn up by the healthcare staff involved in this process 	<ul style="list-style-type: none"> Although the regions have regulations on the procedures for handling complaints and suggestions, the existence of working protocols that describe and define the elements that make up this functional process facilitates: <ul style="list-style-type: none"> Increased uniformity of the work of the staff responsible for this process. Training of new staff entering the unit responsible for handling complaints and suggestions.

Functional process - receipt of complaints and suggestions

BEST PRACTICE	BENEFITS
<ul style="list-style-type: none"> Identification of the member of staff who records the entry of complaints or suggestions (paper or computer records) 	<ul style="list-style-type: none"> When filing complaints or making suggestions in person, users can provide "subjective" information that is not recorded in the standardized form or computer entry. Identification of the member of staff who records the entry enables the unit responsible for handling complaints and suggestions to clarify the events to which they relate.
<ul style="list-style-type: none"> Presence of staff belonging to the unit responsible for handling complaints and suggestions in A&E 24h a day 	<ul style="list-style-type: none"> The presence of staff belonging to the unit responsible for handling complaints and suggestions in the A&E department makes the service more accessible to users, allowing them to file complaints or make suggestions on the spot and at any time of the day or night. This initiative foments communication with users and helps to banish the feeling of "abandonment" that can be experienced in A&E, especially at night.

Functional process– handling of complaints and suggestions

BEST PRACTICE	BENEFITS
<ul style="list-style-type: none"> • Requests for reports from the healthcare units or staff involved in the events to which the complaints relate to be signed by Management 	<ul style="list-style-type: none"> • In many cases, handling of complaints and suggestions is delayed as a result of having to wait for the reports requested from the healthcare units or staff involved in the events to which the complaints relate. • Requiring that the requests for the reports clarifying these events be signed by Management demonstrates its commitment to quality; it demonstrates the importance of the reports and the level of Management commitment. • The immediate effect of this initiative is to reduce the time it takes the staff involved to prepare their reports, and to enhance the quality of the content of these reports.

Functional process - response

BEST PRACTICE	BENEFITS
<ul style="list-style-type: none"> • Copy of response sent to user also sent to staff concerned 	<ul style="list-style-type: none"> • The staff concerned are obliged to prepare reports explaining the events to which complaints relate. • But in most cases, they are not informed of the response issued or of any improvement measures proposed in light of the complaint. • Sending a copy of the response to the members of staff concerned would enable them to learn whether or not the response is in their favour, and if not, the corrective measures that are to be taken. • Thus staff will gradually become more aware of the implications of their actions on users' perception of quality.

Evaluation and monitoring

BEST PRACTICE	BENEFITS
<ul style="list-style-type: none"> Meetings between Management and staff involved in a significant number of complaints 	<ul style="list-style-type: none"> Meetings between Management and staff involved in a significant number of complaints make it possible to: <ul style="list-style-type: none"> Obtain direct information on the causes of and reasons for the complaints. Involve staff in Management's commitment to handling complaints and suggestions. Raise awareness among staff of the importance of quality issues.
<ul style="list-style-type: none"> Indicators connected with improvement measures 	<ul style="list-style-type: none"> To determine the number of complaints filed by users in which improvement measures are detected, complaints are classified between: <ul style="list-style-type: none"> Those in which no areas of improvement are detected. Those in which areas of improvement are detected, in which case: <ul style="list-style-type: none"> The complaints are settled but the basic problem remains. A global action plan is drawn up which may affect more than one unit in the organization and is designed to provide a definitive solution to the problem that was the source of the complaint. These indicators reflect the path an organization is taking, in favour of solving problems as and when they arise or of introducing continuous quality improvements.
<ul style="list-style-type: none"> Integration of data on volume of complaints and suggestions with data on activity levels in each organization 	<ul style="list-style-type: none"> For a more accurate interpretation of data on the volume of complaints and suggestions received, this volume must be analyzed in proportion to the volume of activity of each area / organization / staff member. The aim is to facilitate identification of anomalies, such as healthcare centres with a low level of activity and a high volume of complaints and suggestions.

Classification

BEST PRACTICE	BENEFITS
<ul style="list-style-type: none"> Working parties to clarify doubts on classifications used 	<ul style="list-style-type: none"> The regions use different classification systems for complaints and suggestions, but there are no explanatory documents to clarify the classification categories. In many cases an identical complaint or suggestion may be filed in different categories and the end classification will depend on the criteria of the member of staff recording the complaint or suggestion. In addition to clarifying any doubts that may arise regarding classification of a particular complaint or suggestion, these working parties would also serve to unify criteria.

Legal action

BEST PRACTICE	BENEFITS
<ul style="list-style-type: none"> Meeting between users intending to file legal action and the staff involved 	<ul style="list-style-type: none"> Some serious complaints may develop into legal action if users are not treated correctly, that is, if they do not receive direct personal attention and if the information on the corresponding events is not provided in the most appropriate manner. Organizing personal meetings with users who intend to bring legal action after receiving the response to their complaints can sometimes dissuade them from doing so.

Patient safety

BEST PRACTICE	BENEFITS
<ul style="list-style-type: none"> Recording of incidents by staff in the event of an important patient safety failing 	<ul style="list-style-type: none"> In some cases staff may be aware of an important patient safety failing and may be able to anticipate the filing of a complaint. Advance knowledge of the possibility of a serious complaint being filed enables the unit entrusted with handling complaints and suggestions to: <ul style="list-style-type: none"> Know the staff's version of events before the complaint is filed. Compile and investigate all possible information on the events. In this way, when a serious complaint is received, the unit entrusted with handling complaints and suggestions is already informed of the problem and is prepared to deal with the specific case in point. This enhances the quality of communication with users and reduces the possibility of legal action being taken.

IT systems

BEST PRACTICE	BENEFITS
<ul style="list-style-type: none"> • Include field for recording of monitoring steps taken during handling of complaints or suggestions 	<ul style="list-style-type: none"> • The aim is to provide all staff involved in handling complaints or suggestions with real-time data on their position. That is, to allow them to know whether or not the staff involved have been asked to file a report, when this request was sent, if the report has been received, etc. • It also enables users, if they so wish, to obtain immediate information on the progress of their complaints or suggestions.
<ul style="list-style-type: none"> • Include field for recording of improvement measures identified and monitoring of their introduction 	<ul style="list-style-type: none"> • In general, once replies have been sent to the corresponding users, complaints records are closed. • However, this initiative means that files (records) cannot be closed until the date of implementation of the corresponding improvement measure is entered. To close the file, the following information is required: <ul style="list-style-type: none"> - Date of determination of improvement measure to be implemented. - Person responsible for improvement measure. - Description of improvement measure. - Date of implementation of improvement measure. • In this way the unit responsible for handling complaints and suggestions also becomes involved in monitoring implementation of improvement measures identified.

6.2 Best practice in other industries

Analysis of experience in other industries was used to identify current trends in handling of complaints and suggestions.


Four persons from three companies in the following industries took part in the study:

- Banking;
- Tourism;
- Miscellaneous services.


The aim of the interviews conducted was to gain as much information as possible on how complaints and suggestions are handled and to identify best practice applicable to the healthcare sector.

The best practice identified applicable to the healthcare sector is described below, broken down by key lines of comparison:


Functional process

ORGANIZATION	BEST PRACTICE	BENEFITS
	<ul style="list-style-type: none"> Staff can make suggestions from their point of view as employees of the organization 	<ul style="list-style-type: none"> This permits identification of internal areas of improvement (back office processes, etc.) that may have an impact on customer service. In this way the organization implements corrective measures and anticipates possible complaints and suggestions by users.



Functional process – handling of complaints

ORGANIZATION	BEST PRACTICE	BENEFITS
	<ul style="list-style-type: none"> The entire process is computer-based 	<ul style="list-style-type: none"> Computer-based records of complaints facilitate all necessary processes and offer the following key benefits: <ul style="list-style-type: none"> In keeping with the current trend in healthcare organizations in favour of paperless management. A flexible and safe process: eliminates the risk of reports being mislaid or lost; makes all steps taken traceable; permits the use of computer alerts, etc.


Functional process – training of staff involved in handling complaints

ORGANIZATION	BEST PRACTICE	BENEFITS
	<ul style="list-style-type: none"> Regular accredited training (with evaluations) for new staff, continued training and retraining 	<ul style="list-style-type: none"> Regular training and evaluations ensure that the staff involved in handling complaints have the level of knowledge desirable to enable them to do an excellent job. It also raises staff involvement and enhances safety in the execution of day-to-day tasks.


Functional process – internal communication

ORGANIZATION	BEST PRACTICE	BENEFITS
	<ul style="list-style-type: none"> Regular reports sent to staff describing the sources of the most frequent complaints, with specific guidelines on how to act when faced with a complaint of this kind 	<ul style="list-style-type: none"> All staff regularly receive reports on the causes of the most frequent complaints. This initiative has two main aims: <ul style="list-style-type: none"> To involve staff in the search for definitive solutions to the problems that cause these complaints. To ensure that all the organization's staff act in accordance with the same guidelines.
	<ul style="list-style-type: none"> Information sent to all staff on the results of customer satisfaction surveys and the number of complaints received 	<ul style="list-style-type: none"> All staff receive information on the complaints filed. Staff are thus made more aware of the impact of their work on the customers' perception of quality, fomenting and strengthening their involvement in the search for excellence in their work.

Functional process – monitoring & evaluation

ORGANIZATION	BEST PRACTICE	BENEFITS
	<ul style="list-style-type: none"> Use of quality indicators based on the degree of severity of the events to which the complaints relate 	<ul style="list-style-type: none"> The use of quality indicators that assess complaints on the basis of degree of severity enables the organization to prioritize the introduction of corrective measures. It also means that the available data are more relevant for assessment of the quality of the organization: an increase in the number of minor complaints is not as critical as an increase in the number of serious complaints.

Functional process – classification

ORGANIZATION	BEST PRACTICE	BENEFITS
	<ul style="list-style-type: none"> Classification of complaints in accordance with the organization's business process management 	<ul style="list-style-type: none"> In the case of organizations based on process management, the use of a classification system based on the same processes (ie each process has categories of causes of complaints) makes it easier to identify areas of improvement and future corrective measures. It also enables intervention strategies to be defined at the different business process levels. For example: a business process that attracts an excessive number of serious complaints can be re-engineered; a working party can be assigned to a business process that attracts a few one-off complaints; etc.



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