

Using Consumer Groups in an Audit of Complaints

Helen Varney, Maura Conneely and Suzanne Phillips

Feedback from consumers about their experience of health care is widely recognised as being valuable for quality improvement. But there is little published guidance on how to make this happen—how to use consumer comments to make a better quality service. This article describes a pilot of an audit of one form of feedback—complaints—in the Victorian breast cancer screening program. The core activity of the audit was the use of consumer groups to review individual consumers' complaints.

BreastScreen Victoria is a publicly funded program set up in 1991 as part of the national breast cancer screening program BreastScreen Australia. The program offers a free screening mammogram every two years to women aged 50 and over. Where an abnormality is found on screening, BreastScreen Victoria provides women with clinical assessment to the point of diagnosis. Screening is delivered through eight services (most having a number of screening sites) and two Mobile Screening Service vans.

BreastScreen Victoria has had a Melbourne-based consumer committee for well over a decade, while several of its eight services across the state have formed similar groups in recent years. Currently, most of these consumer groups are not called on to review service users' feedback (including complaints) in any depth. The pilot was designed to engage BreastScreen Victoria's service managers and consumer groups in a joint effort to make better use of complaints through stimulating discussion that would look both at and beyond the individual complaint in order to identify possibilities for service improvement (Cornwall & Romios 2004).

Identification of areas for change is of no value unless change is implemented, and the pilot audit process included an implementation phase. In this article, however, implementation is not discussed in any detail. The focus is primarily on the collaboration between the consumer groups and the service managers.

Background

Two project workers at BreastScreen Victoria had previously analysed routine feedback offered by women through responses on *After Your X-ray* forms. Despite the brevity of most comments, the women's feedback included some vivid accounts and clear indications of what they saw as quality in a breast screening service. This experience suggested that consumer feedback could routinely be built into BreastScreen Victoria's quality improvement process.

Complaints were chosen as the initial type of feedback to be trialled, as the eight service managers across the state were already reporting them regularly. A pilot audit of complaints was designed in 2004, aiming to involve consumers in the quality improvement process in three different ways:

1. As initiators of feedback (complaints).
2. As members of local consumer groups attached to the screening services.
3. As members of the state Consumer Advisory Committee.

Two service managers and their consumer groups volunteered to take part; one service being in regional Victoria and the other in the metropolitan area. The audit required the managers to discuss with their consumer group a selection of recent complaints that had already been settled. The handling of individual complaints was not the focus of the audit; the question of interest was the effect of this collaboration in identifying potential for quality improvement.

Ethics approval was not sought for the pilot as it did not require direct contact with service users other than those on standing consumer committees. There was no disclosure of information that could identify women whose complaints were reviewed. The Terms of Reference for consumers on BreastScreen Victoria committees include the requirement to respect confidentiality.

The Pilot Audit of Complaints

For the pilot, the service manager first reviewed complaints settled during the period from April–June 2004, then selected six for further investigation. This stage of the audit involved re-reading the woman's screening history file; speaking to the staff member concerned; and sometimes retrieving the appointments schedule for the day the woman attended. At one service, six complaints was the average number received each quarter; at the other, there were always more than six complaints every quarter since this service records every spoken comment as complaints, as well as the more usual letters and phone calls. So if a woman said, "Ouch, that hurt!" during her mammogram, this was registered as a complaint about pain on compression.

A report form was supplied to the service managers so that responses would be in a standard format across sites. The form required the woman's actual words to be quoted where possible; factors seen as contributing to the complaint listed; and notes made about subsequent improvements carried out or planned. The service manager then discussed the selected complaints with the local consumer group at their next meeting and recorded any of their recommendations.

The final audit report from each service was to be sent to the BreastScreen Victoria coordination unit where the state Consumer Advisory Committee would discuss it before sending it on to the Board of Management, along with their own recommendations for service improvement. The last step in the quality improvement cycle would be the implementation of recommended changes by the local service or the coordination unit (Steps 4–8 in process; see Figure 1). If the pilot proved to be successful, the cycle could then be repeated annually.

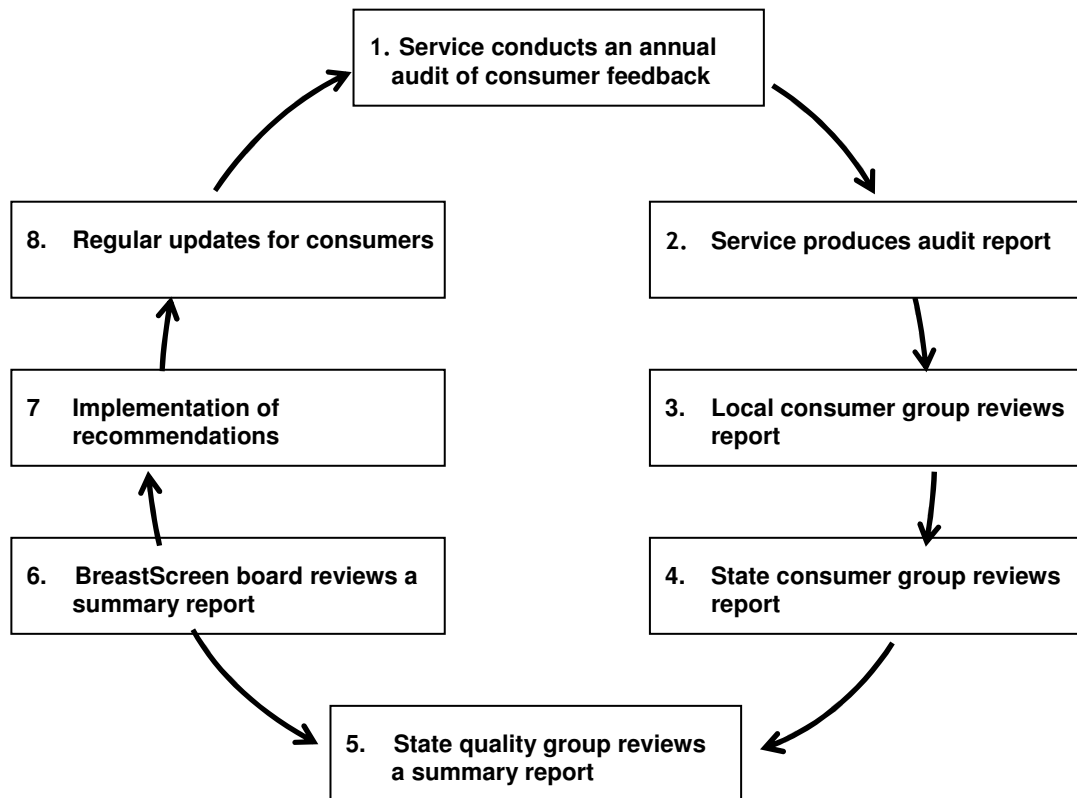
Although the primary reason for the pilot of the audit was to see if service improvement could be achieved by this method, it was also necessary to show that the process itself was workable. That is, service managers and consumers had to demonstrate their willingness to devote time and efforts to complaints review.

An interim measure of the pilot's success would be the production by managers and consumer groups of audit forms containing recommendations for service improvement. To evaluate whether the process was workable, the project staff acted as participant observers, attending twice at the metropolitan and once at the regional service. In addition, there were a number of conversations with the service managers. Informal conversations were also held with consumers at each service during tea breaks.

For another viewpoint on the feasibility of the process, conversations were also held during the pilot with an experienced consumer representative from a service not participating in the audit. This consumer belongs to a local BreastScreen group and the state Consumer Advisory Committee, as well as a small breast cancer support group. Her role on the local BreastScreen group is to examine all complaints each quarter with the service manager and another consumer, and then report back to the whole group—and, where necessary, to the state consumer committee. Comments and decisions are in turn passed back along her chain of contacts. These discussions helped to indicate factors that could influence the "workability" of the audit process, for

example, the setting of agendas for consumer groups and the scope for extended discussion at these meetings.

Figure 1. Consumer Feedback



Lessons Learnt: What Worked and What Did Not

Recommendations for Service Change

Several specific proposals for service improvement at local services and across the state-wide program were identified. Improvements recommended by managers and consumer groups included training in communication skills for clinicians and wider implementation of one service's protocol for addressing pain on compression.

One aspect of the report form that consumers endorsed was the primary importance of recording a woman's actual words where possible, so as to get the flavour of the original complaint. This has wider implications for how services gather complaints and feedback from consumers, and the quality of the audit reports and process.

Thinking beyond the Complaint

One of the local consumer groups was particularly concerned about a complaint regarding the temporary lack of gowns for women attending one site within their service. The group put their view that privacy and dignity were important values for women taking part in screening, and recommended that BreastScreen Victoria's images of women having a mammogram should always show a gown being used.

Different Views among Consumers

A few consumers were highly vocal about their reluctance to engage with complaints. They expressed gratitude for what they themselves experienced as a high quality program and did not accept the idea that they were being asked to help make a good service better. This gratitude may be part of what motivates women to join a BreastScreen consumer committee. For any future audits, however, the team has decided not to rely only on group discussion, but to ask members to pair off to talk over their initial response to each complaint. This may lessen the chance of one view dominating the group.

Need for Training

The project team believed that some less experienced members of the local groups might be more ready to speak up for change if they had some training. As a Consumer Focus Collaboration report points out:

"People will need mentoring and guidance to move beyond their own personal experiences to the policy issues arising from those experiences"
(Commonwealth of Australia 2004).

At the state level, most members of the Consumer Advisory Committee have had the benefit of the Science and Advocacy training initiated by the National Breast Cancer Centre. The advocacy section of this course could be adapted for local consumer group members as a way to empower women in local consumer groups to take a critical stance where necessary.

Creating Links between the Centre and the Services

One of the local consumer groups asked if the dialogue that had begun during the pilot of the audit could be extended to include the state Consumer Advisory Committee. There were topics where the local group were unsure what to recommend and wanted input from others. This group saw the audit as providing a two-way route to the state committee, from which they had previously felt somewhat isolated.

The Problem of Time

The pilot took much more time than anticipated, with several visits to each service before the consumer meeting and telephone discussions with service managers. One manager calculated that it took her an hour to research each of the six complaints. However, she felt that this would lessen with practice, and decided that for any future audit, she would write up each selected complaint as it was settled, thus spreading the reporting load.

Time was also a problem in one of the consumer groups' meetings. This group appeared to have a tradition of a full agenda so that at the meeting when the complaints audit was on the agenda, less than half the meeting time was available for this work. But at the other service, the agenda was flexible enough to allow a whole meeting to be devoted to the audit; in addition, members of this consumer group requested (and received) a follow-up report at their next meeting.

Reflections

The evaluation of the audit pilot showed that collaboration between service managers and consumers is a viable method of complaints review for BreastScreen Victoria services. As the recommendations from these reviews are implemented, service improvement should become apparent.

It is clear that the success of the pilot depends to some extent on helpful aspects of the context. Most of the consumers displayed a willingness to offer their views and engage in debate. Their involvement supported the view that

a service consumer who complains is often motivated by the wish that their input will prevent the same thing occurring to other users of the service; in other words, that the quality of service will improve in a particular respect (Mulcahy 2003). In practical terms, the audit of complaints was perceived as relevant work for consumers; not only were their views being sought, but they could expect follow-up from their recommendations. Since many members of these groups are well women, attending BreastScreen only once every two years, some of them had struggled to identify areas in the consumer group's agenda where their input could make a difference. The audit met this need.

For the service managers who participated, the audit emerged as a potential way to meet one of the National Accreditation Standards under which the BreastScreen Victoria program works: "A process for reviewing, evaluating and incorporating feedback is documented and implemented".

For the future, the complaints review process could be improved by adapting the method indicated by a consumer informant who, along with another consumer, currently views all the service's complaints in the presence of the service manager. This suggests the possibility that consumer groups and managers could together choose which complaints to review, and could also develop criteria for selection, so there is less chance of omitting an example that consumers believe to be valuable.

Conclusion

At the time of writing (second half of 2005) the audit of complaints is being implemented in other BreastScreen Victoria services around the state. Encouragement for the process has come from consumers at both the local and state levels. The audit appears to be one way of involving consumers at a higher level of participation than some have experienced before; power has been shared with the service managers in an exercise that both believe to be of value in identifying areas for service improvement.

Helen Varney is a Research Officer with BreastScreen Victoria and a former member of the state Consumer Advisory Committee.

Maura Conneely is a Project Officer working with program standards and accreditation.

Suzanne Phillips is a breast cancer consumer representative who has been a member of many working parties and committees, and is currently on the BreastScreen state Consumer Advisory Committee.

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